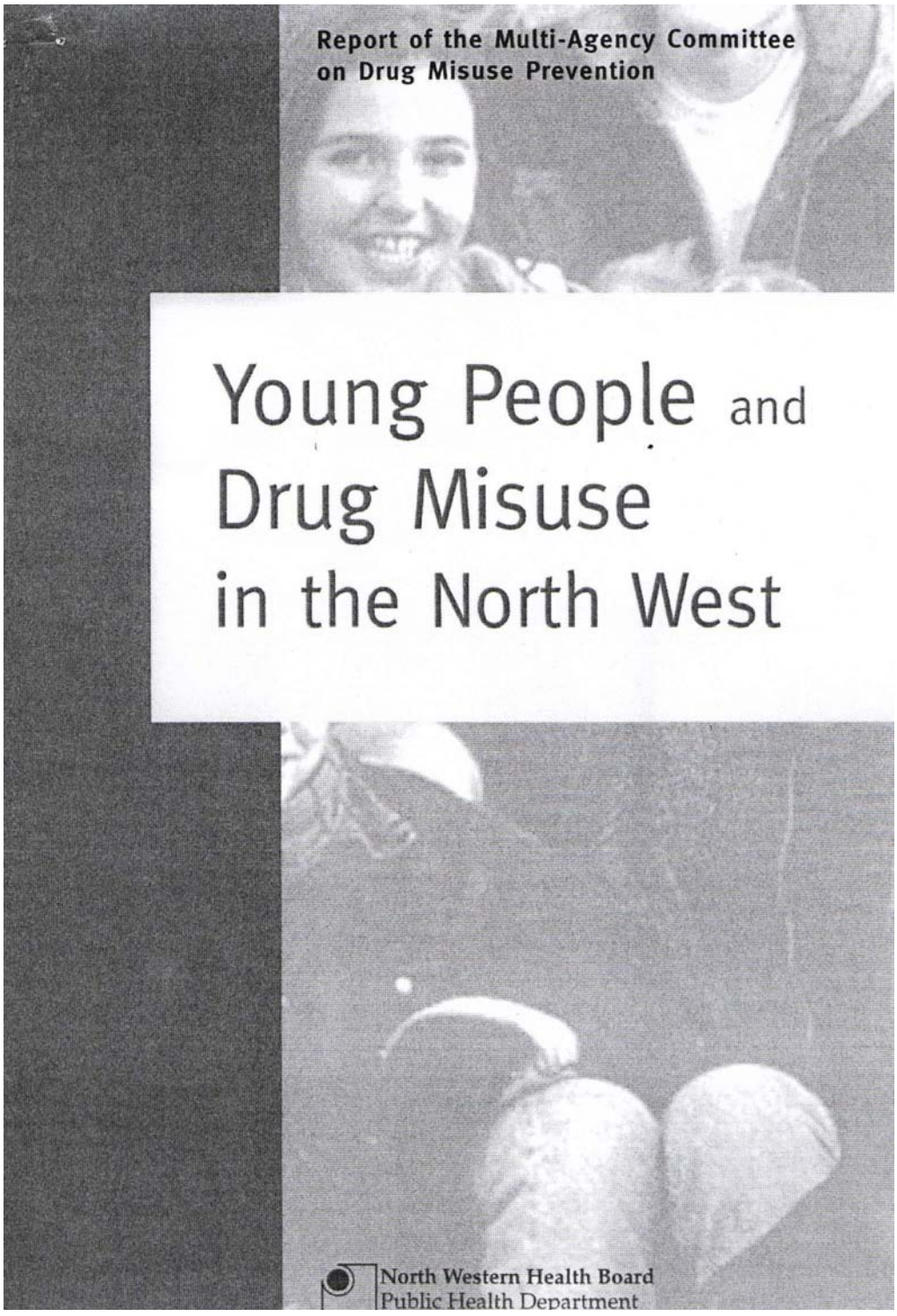


Report of the Multi-Agency Committee on Drug Misuse Prevention

Young People and Drug Misuse in the North West

North Western Health Board
Public Health Department

Acknowledgements

Many individuals and agencies were involved in the development of this strategy document.

A key element of the strategy is the views of young people in the Region.

To this end gratitude is extended to Carol Wilson and Ann Conlon who carried out focus groups with the young people with great diligence and enthusiasm.

Thanks also to the young people themselves for being so open and honest in sharing their views, experiences and opinions.

CONTENTS

EXECUTIVE SUMMARY

This report represents the work of a multi-agency committee on drug misuse in the North West. The group was established by the Chief Executive Officer of the North Western Health Board in October 1995.

The report is divided into three sections:

The first gives a background and context to the problem, using both local information and information gathered from research undertaken in Ireland and abroad.

The second section summarises the findings of research commissioned by the committee to establish the views, knowledge and experience of young people in relation to drug misuse.

The final section outlines recommendations for improving the response to preventing harm from drug misuse.

Finally, an appendix contains a school drug policy developed by the health promotion sub-group of the committee.

The research undertaken suggests that alcohol and smoking were found to be very much part of the young person's leisure scene, and drugs a part of the environment from an early age. It also revealed that knowledge of negative effects was not necessarily a deterrent to use.

The findings, taken with experience from elsewhere suggest the need for a wide scale, proactive approach to prevention, involving young people and focusing on developing "skills to refuse", and building on the success of the Lifeskills programme in schools.

The recommendations of the group include:

- ❒ The establishment of a multi-agency Regional Co-ordinating Group for Drug Misuse Prevention.
- ❒ The establishment of a Drug Misuse Prevention Coordinator.
- ❒ The extension and support of current parenting and schools programmes.

- ❒ Support for supply reduction measures.
- ❒ The development of guidelines for referral and treatment, and particularly for GPs and Accident and Emergency staff involved in providing emergency treatment.
- ❒ Collection and collation of comprehensive information on drug misuse.
- ❒ Further research into the needs of young people.

SECTION ONE: BACKGROUND AND CONTEXT

1.1 Introduction

There has been increasing concern within the region and the country as a whole about the problems associated with the misuse of illegal drugs. Whilst the North West has so far escaped the problems associated with major urban centres, there is a widely held belief, backed up with evidence from the Garda of increasing drugs seizures and arrests, that the use of "recreational" drugs particularly Ecstasy has increased rapidly. It is believed that this and other drugs such as cannabis are available in almost all parts of the region.

1.2 Drug Misuse Prevention Group

Following a query from the Department of Health, a Drug Misuse Prevention Group - a multi-agency task group - was established in the North West in October 1995. Issues which the group were to address include:

- The Extent of the Drug Problem
- The Adequacy of Services
- Health Promotion and Demand Reduction Measures
- Arrangements for Co-ordination Between Agencies
- Provision of a Central Contact Point
- Inhibiting Response

Research and current thinking demonstrates the importance of a multi-agency approach in tackling the problem of drugs misuse (Health Promotion Unit 1995, House of Commons, 1994, Hawkins & Catalano, 1993). The Interim Report on the work of the Group highlighted the benefits of taking a multi-agency approach. The Group undertook a review of health promotion activity and a research project.

1.2.1 A Health Promotion Review

A sub-group was appointed to review Health Promotion activity with the aim of developing better co-ordination, and identifying a number of pilot projects. Their work has informed and is drawn upon in this report and a schools drug policy designed by the group is included in Appendix 1.

1.2.2 Research:

A short research project was commissioned by the Group. This project used qualitative methods to try and ascertain the young person's perception of the problem and to identify appropriate health promotion strategies. The methods used and the findings of this research are presented in detail in Section Two of this report.

1.3 Drug Misuse in the North West

In the North West it is currently felt that heroin addiction is still rare. though occasionally present in people returning to the area. Cocaine and its derivatives are occasionally available, whilst amphetamines, cannabis, LSD and Ecstasy are widely available with few places lacking a ready supply source. Alcohol is still by far the biggest source of problems associated with misuse. A survey of second year post-primary students, conducted by the Joint Parents Council in Letterkenny in 1995 found that almost 40 per cent had taken alcohol and 16.5 per cent had used drugs or solvents. The solvents used ranged from petrol, glue, lighter fuel and cleaning solutions while drugs used were cannabis, ecstasy, LSD and pre-prescription. While these figures do not measure long term use and trends they do reflect the wider experience of young peoples use of drugs.

A comprehensive overview of statistics in relation to drug misuse in the region is not currently available. However, a sub-group of the multi-agency committee, focusing on health promotion, came up with some interesting statistics. Numbers of young people cautioned for underage

drinking and misuse of drugs while increasing is still quite low (Donegal 1994: 26 juvenile cautions for underage drinking, and 9 for drugs; 1995: 22 juvenile cautions for underage drinking, and 7 for drugs).

The Review Group also presented figures of young people seen in casualty departments in 1995 for drug and alcohol related problems. 53 admissions of young people (15-18 years) to Letterkenny General Hospital for having taken toxic substances were classified as non-accidental. Alcohol and analgesics were the main drugs used. There were no admissions for ecstasy or other illegal drugs. Two admissions were as a result of the use of magic mushrooms. In Sligo General Hospital there were 22 referrals of young people under 18 years. Again alcohol and painkillers featured as the main substances used. There were two admissions resulting from hallucinogenic drugs. Non-accidental figures for Letterkenny General still means an average of one admission per week which is significant. The numbers for Sligo General are remarkably small. This may be due to differences in data collection mechanisms, and further work in this area would be very useful. It is interesting to note that alcohol and painkillers are the main drugs resulting in admission/referral to Casualty Departments.

The experience of one addiction counsellor in Sligo is that alcohol is the main drug abused by young people referred. Ten males and two females under the age of 20 had been referred. The majority were young people who had left school early. Most were referred through Probation and the Courts with three referred by a Consultant Psychiatrist and two by parents. Overall young people account for a very small percentage of overall referrals to this addiction counsellor. The experience of a Consultant Psychiatrist in the region is similar in that cases referred tend to be older teenagers who are in trouble with the law.

The perceived feeling among such service providers is that they are only seeing the tip of the iceberg and that addiction problems in young » people do not become evident until they reach crisis stage or until they come into trouble with the law. There has been a perceived sharp rise in ecstasy use in the last two or three years, reflected by a corresponding rise in arrests and seizures. The liberalising of border traffic has made routes more open, despite very close co-operation between the enforcement agencies on both sides of the border.

There is a very strong concern and fear from parents, with a strongly perceived need for information and education. A survey of families carried out in Sligo in 1994 identified the threat/availability of drugs and alcohol as one of the key concerns identified by parents in relation to family life and identified parenting support, education and awareness as potential sources of support for these concerns. Recent local and national media attention to the area is increasing these concerns and increasing pressure for action. Local councillors are also increasing political .pressure to respond to perceived drug problems.

1.4 Demand Reduction and Education Activities

Activities to date in the area of demand reduction and education in the North West have concentrated on the following:

1.4.1 Lifeskills Programme for Schools

The North Western Health Board introduced its Lifeskills Programme to second level schools in 1980 on foot of a working party report. A Lifeskills Programme was introduced to Primary Schools in 1990. There was not then nor is there now, a concerted national strategy for schools' health education, consequently, the Board depended on its relationship with schools and the goodwill of the principals and teachers to have the programme implemented.

The Lifeskills Programme covers a range of health topics, including nutrition, personal relationships, tobacco and illegal drug use, physical fitness, safety and first aid, environmental health, and growth and development. These are taught in the context of a skills development programme which includes teaching young people about the skills of communication, relationship building, assertiveness, building and maintaining self-esteem, maintaining physical well-being, stress management and time management A recent independent evaluation of the programme concluded that it has a significant effect on young people in relation to alcohol consumption. Materials currently being revised for Senior Cycle students have a significant drug education component, and appropriate Drug Education units are also being written for the primary schools programme.

The initial focus of Lifeskills was on the organisation and training of schools staff, but parental involvement has now become a feature with the development of a peer led parenting programme for parents of primary school children. This programme is in its second year, and is about to embark on a second round of parent training. It is the only parent education programme in the country which has a direct link with the schools system, and which trains parents who have had no previous experience in the field of health education.

Over 60 teachers in the region have also participated in the Department of Education/Department of Health, Substance Abuse Prevention Programme (post-primary). The Board has organised, and/or taken part in a significant number of information sessions for parents and teachers, and was the first Board in the country to produce (in 1994) an information leaflet on the drug Ecstasy.

1.4.2 Community Programme:

The Healthy Cities initiative of the Health Board and Sligo Corporation is implementing a Health Promotion Unit programme entitled *Drugs Questions - Local Answers?* This programme is aimed at people working in the community, and it aims to contribute to drug education and the prevention of drug related problems at local level. It seeks to encourage community based responses to local drug problems.

A small number of local community groups in the region are directly addressing the issue of drugs misuse and young people through their own activities. In Sligo, the main urban centre in the North West, a Forum on Drugs is in place, with representatives from the Health Board, Community Groups, Politicians, Youth Services, Gardai and the Home Youth Liaison Service.

In relation to alcohol, the Board's Health Promotion Department has conducted a successful promotion to inform people about safe drinking limits which is on-going. A major employer of young people in the region is embarking on a Joint project with schools, set up by the Board, to prepare young people to deal with employment and alcohol.

1.4.3 Local Media:

The two main local radio stations in the region, which have a very high listenership, have regular features on drugs, and offer advice to parents and the community. The local media are also used to given information about the services available to support young people and parents who have questions about drugs. The print media have also given extensive coverage to any information sessions or seminars which are taking place in the region.

1.5 Drug Misuse Issues

The situation in relation to drugs misuse in the North West is similar to experiences elsewhere. In 1988 a survey of 13 year olds in three areas in Britain highlighted that alcohol use and misuse amongst young people is more of a serious issue than that of illicit drugs (Bagnall, 1988). A descriptive survey of substance use among of school going age adolescents in the Western Health Board area also indicated the high levels of drinking rates among adolescents in the West. This study found that the most common used illicit drugs were Cannabis (15.5%), followed by volatile substances (14%). Other substances included cough syrup (6%), magic mushrooms (5%), LSD (4%) and ecstasy (2%).

The Health Research Board (1994), noted in the greater Dublin area, an increase in the number of teenagers using opiates and found that regarding younger clients coming for treatment for the first time, a high proportion were using cannabis.

An ESRI study of post-primary students in Dublin found that nearly 22 per cent of the students had tried illegal substances. The most frequently used of these substances were solvents (like glue) and marijuana. In comparison with other countries the use of solvents is moderately high but the use of other substances is rather low.

In relation to drug related problems not coming to the attention of services until a crisis occurs there are a number of possible explanations. One is the young person's concerns around the repercussions of looking for help, A study on the demands of privacy among adolescent in multi-modal alcohol and other drug abuse treatment suggests that adolescents generally want a higher level of confidentially than they expect to receive. Another, more controversial explanation may be that the level of alcohol and drug use among young people does not always lead to significant problems. May (1993) states

that most youthful drinking is entirely problematic and that chronic alcohol-related problems amongst this age group are low. Hawkins et al (1992) in a review of risk and protective factors for drug abuse note that a relatively large proportion of teenagers try alcohol or other drugs without becoming involved in the frequent use of these substances or developing drug related problems.

1.6 Drug Misuse Prevention Issues

Drug education in itself is a popular preventive, however, much evidence exists to indicate that while such education influences knowledge and attitudes, it has little impact on behaviour. May (1993) argues that while recent debate has shifted away from a definition of effectiveness that is oriented to securing a reduction in consumption as the only way in which public health objectives may be met, educational interventions which emphasise the health and safety aspects of alcohol misuse frequently neglect the normality of youthful drinking and the moderation which most young people display in framing their alcohol consumption. Kinder et al, 1980, in a review of outcome studies of drug and alcohol education programmes highlighted that the assumption that increases in factual knowledge will lead to more positive attitudes and a subsequent decrease in drug usage had not been confirmed.

Kiernan (1995) produced a report on the prevalence of substance use among adolescents in the Western Health Board area. It was based on a descriptive survey of substance use among adolescents of second level school going age, approximately 12 to 18 years of age. A random sample of 37 schools throughout the Western Health Board and a cluster sample of students in a selected year in each school. The years selected were weighted to have more students from the senior cycle than the junior cycle. The survey was also carried out among all the training centres and community projects for early school leavers in the Western Health Board, 20 in total.

Factors which Kiernan found to be associated with alcohol and drug usage included:

- ease of access
- amount of weekly income or pocket money
- coming from the higher socio-economic groupings
- urban location
- perceived parental drinking and perceived parental approval of drinking/lack of disapproval of drugs
- perceived friends drinking and drug use and perceived friends approval of drinking and drug use
- favourable attitudes towards drinking on the part of the adolescent
- a lack of bonding to the family
- religion and school
- tolerance of deviance.

Hawkins et al, 1992, reviewed risk and protective factors for alcohol and drug problems in adolescence and early adulthood and discussed the implications for substance abuse prevention. The authors suggest that the most promising route to effective strategies for the prevention of adolescent alcohol and other drug problems is through a risk focused approach. This approach requires the identification of risk factors for drug abuse, identification of methods by which risk factors have been effectively addressed, and application of these methods to appropriate high risk and general population samples in controlled studies,

Hawkins et al defined, adolescent drug abuse as the frequent use of alcohol or other drugs during the teenage years or the use of alcohol or other drugs in a manner that is associated with problems and dysfunction. The definition recognises that a relatively large proportion

of teenagers try alcohol or other drugs without becoming involved in the frequent use of these substances or developing drug-related problems.

The authors contend that current knowledge about the risk factors for drug abuse does not provide a formula for prevention, but it does point to potential targets for preventive intervention. Implications for intervention are considered after a review of known risk factors for drug abuse in adolescence and early adulthood.

The risk factors reviewed are:

- ❒ Laws and Norms
- ❒ Availability
- ❒ Extreme economic deprivation
- ❒ Neighbourhood disorganisation
- ❒ Physiological factors
- ❒ Family drug behaviour
- ❒ Family management practices
- ❒ Family conflict
- ❒ Low bonding to family
- ❒ Early and persistent problem behaviours
- ❒ Academic – Failure
- ❒ Low commitment to school
- ❒ Peer rejection in elementary grades
- ❒ Association with drug-using peers
- ❒ Alienation with drug-using peers
- ❒ Attitudes favourable to drug use
- ❒ Early onset of drug use

The table below is adapted from a comprehensive table presented in the article which details risk factors, research evidence and implications of interventions.

Risk Factor	Effects of Interventions
1. Laws and Norms	Higher alcohol taxes was related to decreases In consumption and accompanying effects. Increasing age restrictions on alcohol purchases can reduce alcohol-related traffic facilities. Community health promotion associated with cessation or reduction of smoking. Saturation advertising accompanied increases In negative attitudes toward drugs, drug users; talking about drugs with parents, teachers, siblings among college students, children but less for 13 -17 year olds. Comprehensive school policies emphasising prevention restrictions on opportunities for use may reduce smoking. Some social Influence resistance programs include normative change components, (e.g. depicting drug use as socially unacceptable, use of peer leaders to teach curriculum. Norms antithetical to use are associated with reductions In prevalence of marijuana, other Illicit drug use.
2. Availability	*Relates to social Influences. See Risk Factor 14*
3. Extreme economic deprivation	Interventions with low-income families, including day care, pre-school, parenting, home visitors, health care, show promising effects on antisocial behaviour in adolescence, aggression, special education placements, criminal involvement. Early family support interventions have shown positive effects on child abuse, early school performance and attendance, family size, maternal employment. Follow-up of low-Income 5 - 6 year olds from Perry Pre-School Program at age 19 reveals less mental retardation, school drop-outs, crime and welfare reliance and greater literacy, employment, college/vocational school for participants.
4. Neighbourhood disorganisation	See risk factor no. 3
5. Physiological factors.	Evidence suggests targeting youngsters with certain central nervous system disorders r biochemical levels and with low socio-economic status and central nervous system disorders and children (especially boys) of alcoholics. No comment In article on effects of Interventions.
6. Family drug behaviour	Narcotic- and polydrug-abusing parents given parenting skills training developed more effective discipline methods; their children had fewer behaviour problems after treatment and reported decreased Intention to smoke and use alcohol. Social Influence resistance interventions can also target family drug use. See Risk Factor 14.
7. Family management practices	Early childhood Interventions including a parenting skills component produced positive outcomes for high-risk, low Income children. Parent skills training Improved family interaction, reduced child problem behaviours. Functional family therapy reduced delinquency for juvenile offenders; prevented delinquency for their siblings. Parenting skills training taught parents to monitor children's behaviour, to use contingent discipline for undesired behaviour, and to reward prosocial behaviour. Parenting skills, social skills for kindergarten boys reduced school adjustment problems and delayed delinquent behaviours. Parents participated in Midwestern Prevention Project; 80% of experimental families Involved In homework assignments. Parenting component not assessed separately, but program package associated with lowered rates of tobacco, alcohol and marijuana use. *Note here the possibility of evaluating some current activities e.g. school homework programme, parenting programme Lifestart.....* No effect on child smoking of four parent messages mailed home for students Involved In social Influence resistance program. Parent compliance level not measured. Parenting skills training reduced preadolescents' problem behaviours, suggesting that parenting skills training can buffer risk factor of childhood behaviour problems. Parent training groups improved parent-child Interaction, level of tobacco use, reduced depression for al-risk youths.
9. Low bonding to family	Effective early childhood and family support programs and parent training programme have been found to increase parent-child bonding. *'See risk factors, 3 and 7.*
10. Early and persistent problem behaviours	No effects on adjustment of social competence skills Intervention. Aggressive boys given anger management programme had lower alcohol, marijuana use, fewer negative consequences of alcohol at age 14(3 years postintervention, compared with matched group of untreated boys). No positive 3-year follow-up effects on aggression or general deviance. Social competence, skills training in 4th grade produced lower use of alcohol, cigarettes, marijuana especially In Grades 5-7
11. Academic Failure	Early childhood education and family support interventions resulted in higher school achievement *(See risk 3 and 7)* Parent involvement led to improved academic effort, grades, attendance in students with low school commitment. Student achievement gains linked to teacher's active Instruction, direct supervision of learning. Interactive teaching, proactive classroom management, and co-operative learning led to greater math achievement gains In seventh-grade students. Controlled studies showed positive effect of co-operative learning on achievement and attitudes toward school peers. "Jigsaw" co-operative learning method did not prevent drug use.

Academic Failure contd..	Tutoring of socially rejected, low achieving fourth graders produced Improvements In reading, math achievement and reduced peer rejection, disruptive behaviour. Gains in student academic achievement demonstrated over 12 year period after creation of school governance and management teams In urban school district. Co-operative learning, classroom management, student-teacher motivation, parent contacts, interactive teaching, discipline prevention resulted In improved academic achievement. Intervention to ease transitions to middle, junior high, and high schools, with advocacy and schools-within-schools to decrease fragmentation. Participating students had better academic performance than non-participating student in the same schools.
12. Low commitment to school	Parent involvement Improved effort and attendance of students with low school commitment. Teacher interactive teaching, proactive classroom management, co-operative learning resulted In higher commitment to school and fewer suspensions, expulsions in seventh grade experimental compared with control classrooms. Co-operative learning produced positive effects on attitudes toward school and peers. Co-operative learning produced reductions In suspensions, expulsion among low achievers. Multicomponent school program promoting shared decision making, student services, academic innovations produced lower rates of drug abuse, delinquency, alienation, higher rates of attachment to school, educational expectations, belief In school rules In experimental than comparison schools. Curriculum restructuring Increased positive self-concept, attachment to school, belief In rules, math scores; decreased school, belief In rules, math scores; decreased school rate of delinquency, drug use, suspension. School transition study results show lower absenteeism, drop out for participating students compared with non-participating students In the same schools.
13. Peer rejection in elementary grades	Social competency studies have produced positive effects on children's Interpersonal behaviour. In spite of positive alcohol and marijuana effects, there were not positive effects for aggressive behaviour or general behavioural deviance at 3 year follow up.
14. Association with drug-using peers	Reviews of social influence resistance strategies have found modest but significant reductions in the onset and prevalence of cigarette smoking for groups receiving training in comparison with untrained controls. Social Influence strategies showed beneficial effects in preventing or delaying the onset of alcohol and marijuana use. Social Influence resistance training groups led by peers achieved greater reductions in drug use than non-peer led groups. Lifeskills training to prevent smoking for African-American junior high students resulted in fewer post-test smokers In treatment than control group on the basis of adjusted means for smoking status In past month. Six year follow-up of social influence resistance smoking prevention programme found no overall differences between programme and control groups (Grade 8). Early programme effects had disappeared by Grade 12. Social influence resistance curriculum for seventh graders with eight grade booster programme, Results showed modest reduction In drinking, significant reductions in smoking and for marijuana, both initiation and current use were 50% to 60% lower for the treatment group. Bicultural competence drug abuse prevention programme for native American adolescents found greater substance use knowledge, attitudes. Interactive skills, lower self-report rates of drugs, tobacco, alcohol for participants than controls. Favour peer led social influences programme in restraining smoking. At 5 - 6 year follow up no programme effects.
15. Alienation and rebelliousness	Operating a school store did not prevent drug use in predominantly white middle-class eight, ninth graders. There Is some evidence that intensive programmes that empower high risk youths to master new skills are associated with Improved behaviour and achievement.
16. Attitudes favourable to drug use	*See risk factor 14 for early childhood, parent support, parent training interventions.*
17. Early onset of drug use	*See risk factor 3 & 7 for early childhood, parent support, parent training interventions.*

Hawkins et al suggest that a viable model of prevention should include simultaneous attention to a number of risk factors in different social domains to be addressed during the development period. They point out that while peer influence resistance skills training methods may have short term effects they do not change the basic developmental conditions experienced by children and may have little effect on drug abuse among higher risk groups.

The authors list some promising risk-focused approaches worthy of investigation for drug prevention effects. These are:

- ❒ early childhood education
- ❒ early family support
- ❒ parent training
- ❒ school-based social competence promotion
- ❒ school-based academic competence promotion
- ❒ school organisational change strategies
- ❒ coherent multiple-component comprehensive strategies.

The aim of this section was to provide an overview of current thinking around drug misuse prevention in the context of current activities in the North West. Section Two goes on to examine the perspective of the young person in relation to drug misuse.

SECTION TWO:

THE YOUNG PERSON'S PERSPECTIVE

2.1 Introduction

Whilst the Drug Misuse Prevention Group felt that it had been invaluable for groups such as the Garda, the Addiction Services, General Practitioners, and Health Promotion staff to meet and discuss the situation, there was one area where all concerned felt there was a real lack of information. This was the area of young people's experiences. O'Connor and Saunders (1992) in an appraisal of Drug Education approaches, stress that students' needs should be assessed in terms of their current drug-taking practices, intentions and skills.

> *"Rather than students being viewed as helpless victims of forces they are unable to resist, solicitation from them of that which they wish to change in their behaviour is vital".*

In order for any development strategies to have credibility with young people and therefore to be effective, it was thought essential that the experience and knowledge of young people be researched.

2.2 Research Aims and Objectives

2.2.1 Aims

1. To gain an understanding of the views, experience and knowledge of young people in relation to the misuse of drugs in the North West.

2. To use this knowledge to develop a multi-agency approach to strategies for supply and demand reduction.

2.2.2 Objectives

1. To gain knowledge of patterns of drug usage in young people in the North West.

2. To develop an understanding of the culture of drug usage in young people so that health promotion strategies can be developed which are more likely to be effective.

3. To involve young people in shaping health promotion and supply reduction strategies.

4. To produce a report for the Drug Misuse Group to enable them to develop credible and effective responses.

5. To disseminate the research findings to appropriate groups and agencies.

2.3 Methodology

In order to achieve the aims and objectives stated in an effective manner, a qualitative research methodology was used. A qualitative approach was chosen as the following characteristics of qualitative research were suited to the level of information that was being sought. Qualitative research:

- ⇨ allows emphasis on meanings, experiences and views of all participants
- ⇨ provides a key to exploring, explaining and understanding knowledge, beliefs, actions and behaviour
- ⇨ allows research to take place in natural settings
- ⇨ can measure the often “un-quantifiable”
- ⇨ provides reliable findings
- ⇨ allows the process involved in carrying out the research to take on an important element of the project.

2.3.1 Sample

Consideration in selecting the sample for this piece of research included:

- ❒ topic area and level of information required
- ❒ time-scale February - April 1996
- ❒ resources available
- ❒ need for convenient and easy access to a cross-section of the young population.

To this end, the sample was taken from a number of sources:

- ❒ Third Level Institution
- ❒ Early School Leaving Training Programmes
- ❒ Community Training Programmes
- ❒ Youth Centres/Clubs

Within this there was an attempt to achieve balance in the following areas of representation:

- ❒ Urban/Rural
- ❒ Age Range
- ❒ Male/Female
- ❒ Educational Background
- ❒ Socio-economic Background
- ❒ Cultural Background

2.3.2 Technique - Focus Group

As the primary aim was to *gain an understanding* of the views, experience and knowledge of young people a qualitative approach was adopted. Focus groups have the following benefits which were particularly useful in the context of this project:

- ❒ particularly suited to the study of attitudes and experiences
- ❒ suited to quota sampling of specific interest groups
- ❒ can overcome literacy difficulties, intimidation, feeling of being "investigated"
- ❒ open issues to wider discussion
- ❒ uses the process within the group to explore information.

Fieldworkers with a background in youth and groupwork were employed to conduct Focus Groups with groups of young people based in the young people's own settings. Focus Groups were chosen as the best method to allow young people voice their opinions in a safe environment, within their own settings and among their peers. It was felt that a survey approach, given the limited time and resources would not yield the level of information required.

Managers of these facilities were asked to organise a group of between ten and sixteen young people and advise them that they were being asked to take part in a project which aimed to find out their views, attitudes and knowledge on drugs.

2.3.3 Focus Groups: Structure and Themes

The fieldworkers spent approximately 1-2 hours with the groups covering the following topics:

- ⇨ Knowledge about drugs
- ⇨ Attitudes to drug usage
- ⇨ Experience of drug usage
- ⇨ Concerns and fears about drugs
- ⇨ Suggestions around education and information

The format and structure of groups differed significantly according to group size, age structure etc. However, the above themes provided the overall structure in a way that allowed for the development of other topics to emerge through discussion.

2.3.4 Confidentiality

It was agreed from the outset that no remarks quoted or used would be attributable to an individual or an institution. In order to adhere to this and allow anonymity for participants, the institutions who took part are not named nor their location revealed.

2.3.5 Participants

Six groups took part in the research with between 9 and 16 participants in each group. A profile of participating groups may be summarised as follows:

- ❒ Urban Rural Mix: three groups were based in an urban centre within the region, and three in primarily rural/small town areas. Sligo, Leitrim and Donegal were all represented in the sample.
- ❒ Age range: Participants were aged between 12-22 years.

- Education: Participants included school going (primary and secondary) young people, early school leavers and third level students at degree level.
- Gender: Some groups were primarily male, some primarily female and overall there was a balance of male/female representation.
- Culture: In one group out of the six, participants were from both Traveller and Settled communities.

2.3.6 Limitations

The group nature of discussions meant that incidence and patterns of drug use was not quantifiable. The value of the focus group approach was that it allowed young people to voice their views, opinions and concerns in a non-threatening environment. This was the aim of the approach.

2.3.7 Recording and Analysis

There is potential in using qualitative approaches to become concerned with "quantitative" concepts, e.g. "how many said xyz?", in an effort to "legitimate" the findings. This was not the function of this research exercise. The qualitative approach chosen has been proven to be a "legitimate" research tool (BMJ, Sage) and the benefits, outlined earlier, highlight its suitability to the overall process. One facilitator recorded the key issues raised by the young people and in one group which was in the younger age range, when it was felt that concentration and interest within the group was waning, the young people were given the opportunity to become involved in the recording of information themselves. The information was recorded only on the flip chart so that participants were aware of what was being recorded and could clarify issues with which they did not agree. Facilitators, after the group session, made explanatory notes and comments on the session. Data was analysed by common themes emerging.

2.3.8 Presentation of Findings

Findings from the groups are presented in a way that highlights the key issues that emerged overall instead of in relation to individual groups. Where it is felt that the make-up of the group had a strong effect on the findings or a strong correlation, this is noted in the presentation.

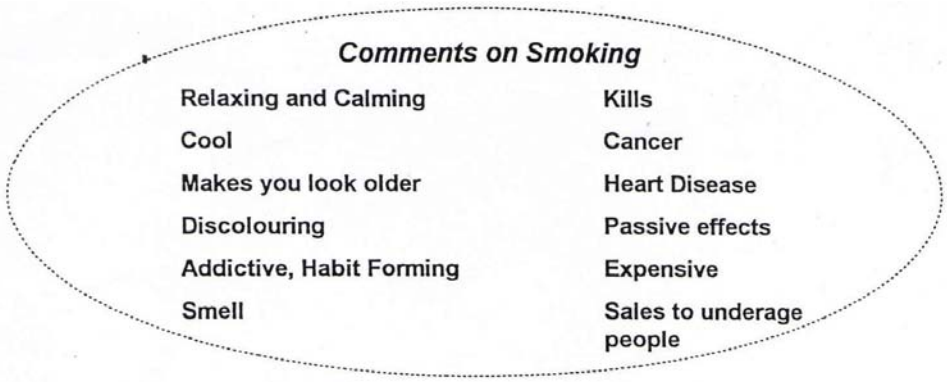
2.4 Key Issues Identified By The Young People

2.4.1 Knowledge

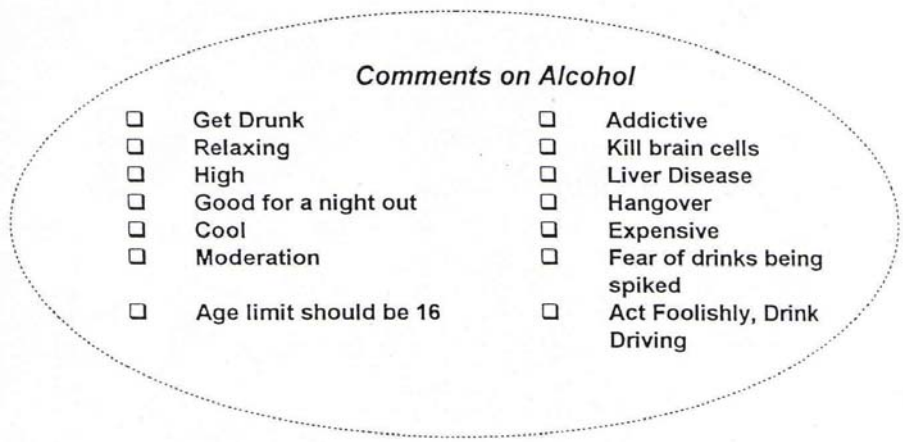
All groups were asked “what are drugs” and then their knowledge and experience were explored. drugs initially identified are listed below followed by a summary of issues raised about those drugs which were most discussed.

2.4.2 Alcohol and Smoking

Almost all groups identified cigarettes and alcohol as drugs and those who did were aware of their effects. Many of the young people smoked or had smoked at some particular time. They were well aware of the negative effects and many who were smoking wished they had not started. A common reason given for smoking was for its calming effect. The range of issues identified by participants in relation to smoking included:



Alcohol was widely used and easily accessed. Very few young people referred to social drinking but to drinking to get totally "blotto". The extent of alcohol use is apparent in one of the "benefits" stated for Ecstasy i.e. that at £15 a night it is cheaper than a night's drinking. Issues raised in relation to alcohol include:

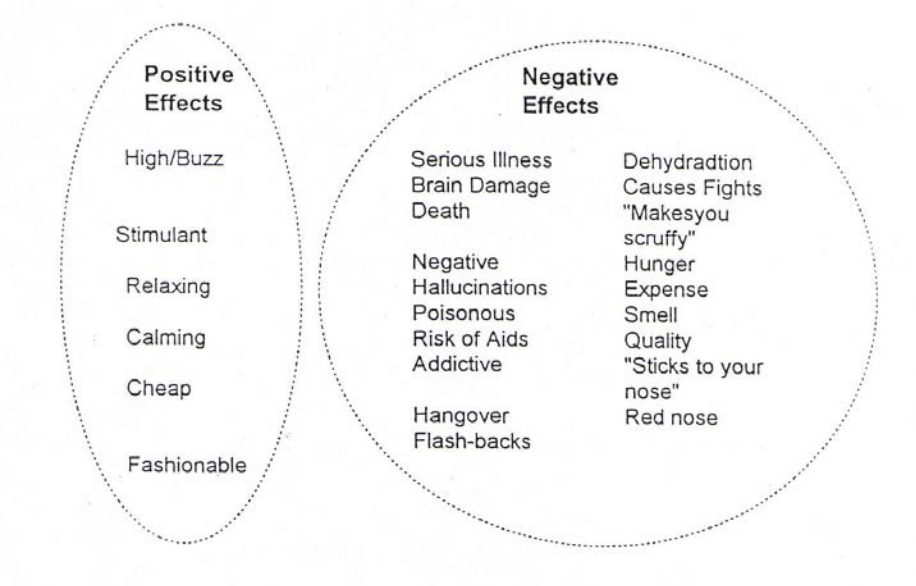


2.4.3 Drug Use a Part of Youth Culture

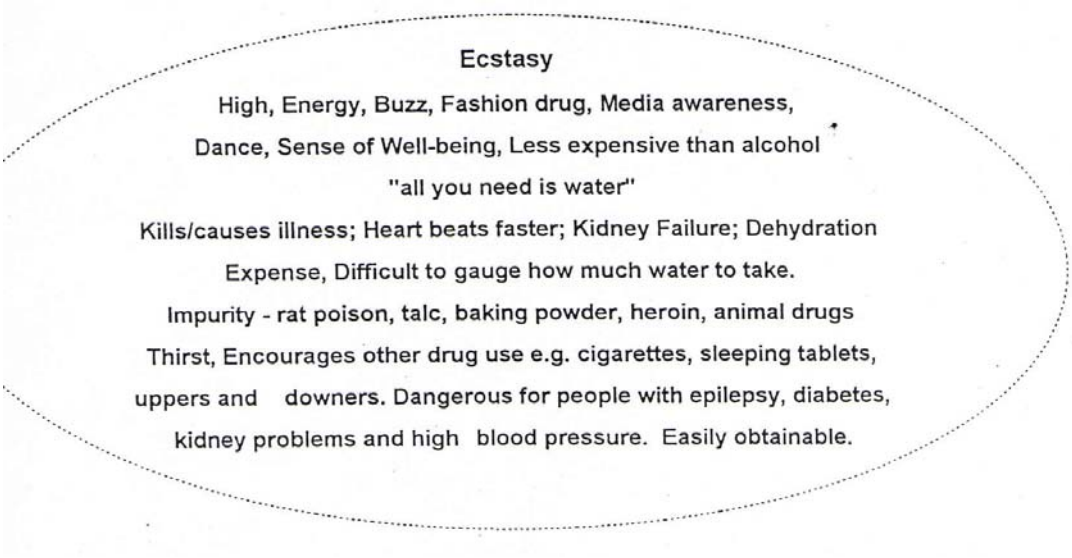
Drug use is a part of youth culture to varying degrees. All groups had come into contact with drugs. Some had experimented with or knew quite well the effects of:

Glue
Magic Mushrooms
Hash (referring generally most cannabis related drugs)
Ecstasy

Participants were more forthcoming about experience of the first three and spoke openly about them. Effects listed included:



It was generally felt that Ecstasy was readily available, and groups noted the effects outlined below. However, in relation to openness around usage respondents were less forthcoming. With one group in particular it was felt that this was possibly information being withheld as opposed to information not known. Participants had little knowledge about and were obviously less familiar with harder drugs such as cocaine and its derivatives.



2.4.4 Fears

Particularly among the younger groups very real fears existed about drugs, not so much about their effect as being given drugs unknowingly and becoming addicted. Concerns were expressed around:

"having your drinks spiked"

"a shopkeeper could put drugs in your cigarettes and you wouldn't know"

2.4.5 Education

Overall there was an apparent need for education about drugs. Most groups had some discussions about drugs or had received talks. Many were reliant on the media and friends for their information. Some had seen videos and listened to talks. Overall it was felt that education had to be very direct and relevant. In particular talks from people who had overcome drug problems was thought to be a useful approach. Those who had fears about taking drugs unknowingly would like to see different drugs to know what they looked like. It was felt that use of leaflets, videos and talks was useful, but should not be relied upon as the sole approach.

2.4.6 Support

Participants were asked who they would go to for help if they had a drug problem. Mentioned to varying degrees were:

Doctor	Counsellor	Parents
Samaritans	Nurse	Grandparents
Friend	999	Psychiatrist
Specialists	Priest	Gardai

2.4.7 Comments

Issues raised confirm most “hunches” of people working with young people. In particular:

- ⇨ Alcohol is still part of the young persons’ leisure scene from a very early age.
- ⇨ Drugs are part of the young persons leisure environment from a very early age.
- ⇨ There are varying levels of knowledge about the effects of drugs and many fears exist. Overall young people appeared to be aware of the negative effects.

This Suggests:

(a) a need to put knowledge about drugs in perspective of the overall lives of the young person to enable them to weigh up the positives against the negatives for themselves as individuals.

(b) to provide young people with alternatives to the positive effects i.e. other ways of "getting high", relaxing".

(c) to emphasise development of self-worth and self-esteem, in order to give young people the skills to refuse.

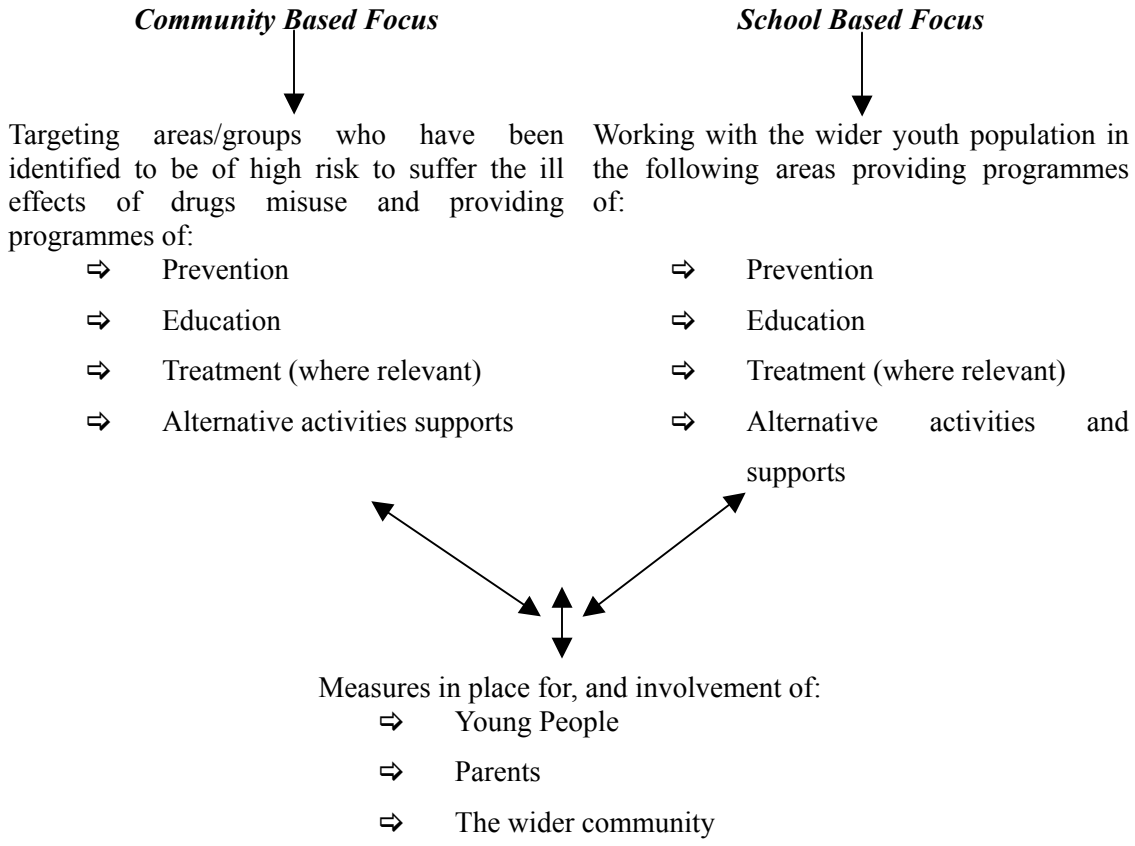
⇨ In relation to information and education health promotion activities have to take the above into account. Videos, leaflets etc. in isolation from a wider pro-active approach are not effective.

⇨ Reducing availability of drugs and solvents is important but again as part of a wider approach as restricting availability is very difficult and in case of magic mushrooms and solvents, impossible.

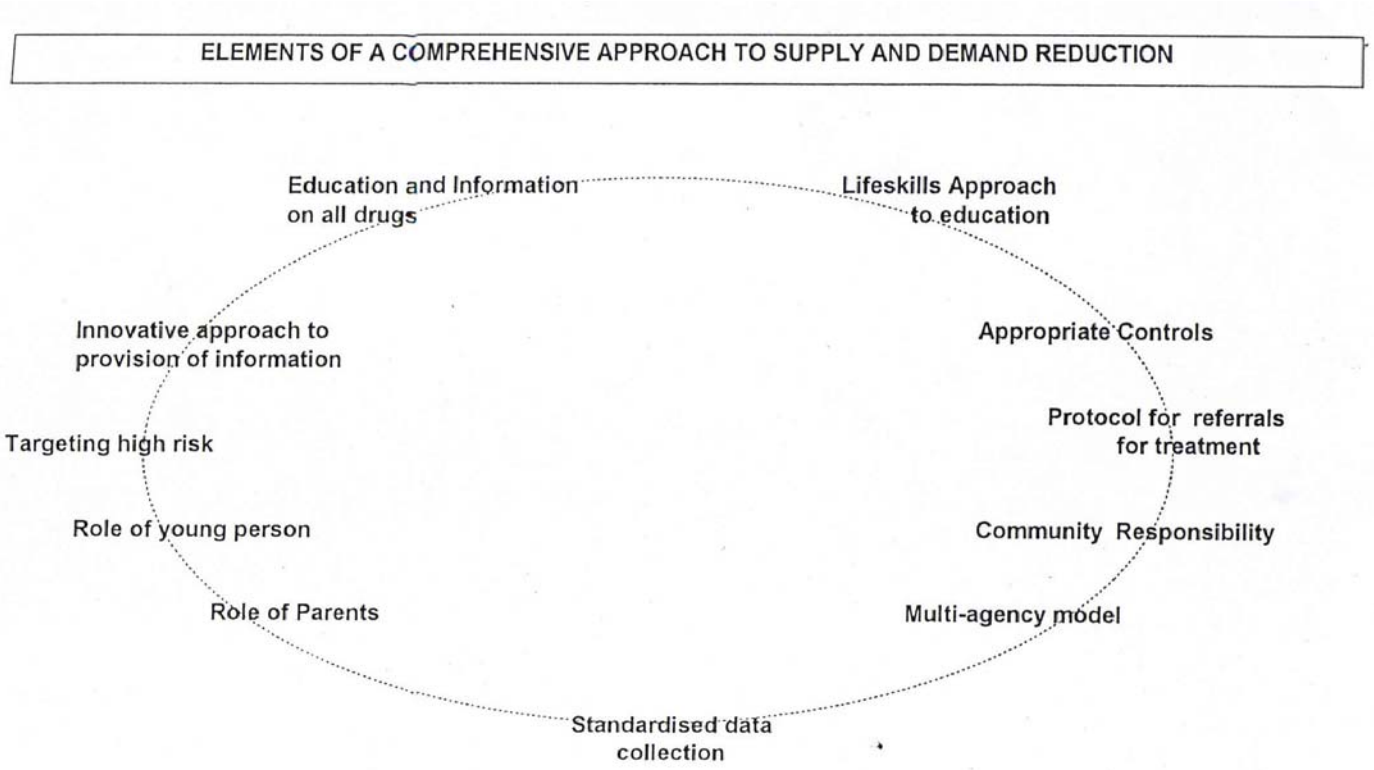
⇨ The approach used in this research yielded a maximum of worthwhile information that can be attained through qualitative or quantitative methods without previous work and relationship with the young people. Any further in-depth information on young people's experience would require establishing trust and the creation of a safe environment. Involvement of groups already working with young people should be considered here.

SECTION THREE: RECOMMENDATION

Based on the evidence of the research on young people's experiences in relation to drug misuse and a brief review of the literature in the area a number of recommendations are outlined below which should be taken into account in the development of a multi-agency approach to strategies for supply demand and reduction. The recommendations take cognisance of the need to develop credible and effective responses to drug misuse in the North West. It is recommended that the approach to the development of a multi-agency strategy for supply and demand reduction be twofold:



The approach taken must be multi-focal and recognise that drugs are part of the young persons environment and involvement, with alcohol in particular, to varying degrees is likely for most young people. To this extent prevention, education, treatment and the provision of alternative supports and activities must not just focus on drugs. The chart below demonstrates the need for a number of factors to come into place in a comprehensive approach:

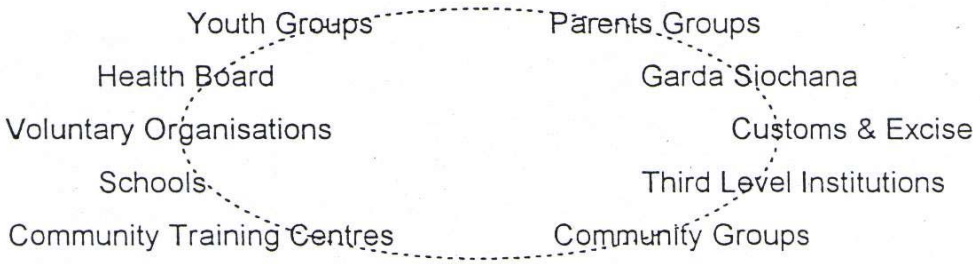

ELEMENTS OF A COMPREHENSIVE APPROACH TO SUPPLY AND DEMAND REDUCTION
Education and Information on all drugs
Lifeskills Approach to education
Innovative approach to provision of information
Appropriate Controls
Protocol for referrals for treatment
Targeting high risk
Role of young person
Community Responsibility
Role of Parents
Multi-agency model
Standardised data collection

3.1 Multi-Agency Approach

A multi-agency approach to the issue of young people and drug misuse is essential and beneficial as demonstrated in the work to date of the current Steering Committee. A regional co-ordinating group should be established to build on the work already done. This is in line with current Department of Health plans to combat drug misuse. This model should be developed and worked on to enable multi-agency approaches to:

- ⇨ Prevention
- ⇨ Education
- ⇨ Treatment
- ⇨ Alternative activities and supports

Key factors include:



Action: North Western Health Board to Initiate Regional Co-ordinating Group

3.2 Strategy Co-ordinator

To ensure direction within a multi-agency approach, a Co-ordinator of the drug and. alcohol strategy is recommended. This person's role should include:

- ⇨ facilitation of multi-agency approach and strategies
- ⇨ ensuring effective communication between agencies
- ⇨ providing support and information to all agencies
- ⇨ highlighting key issues of concern among relevant agencies

The Co-ordinator should be a resource to all key agencies, not Just the Health Board and the possibility of joint funding for the Co-ordinator should be explored.

Action: Regional Co-ordinating Group and North Western Health Board

3.3 Broad-Based Education and Development Programme

The Health Promotion Lifeskills approach in schools is very useful and fulfils the criteria suggested by the literature for effective preventive programmes. It is important that this input be given adequate time within the school and be timetabled into the curriculum as opposed to being an optional extra. This programme should be developed into non-formal education settings and extend to Community Training Programmes, in particular for early school leavers.

Support to parents should be made available using existing structures and adopting more creative approaches than the provision of talks.

The use of local media should be continued and developed, again using more creative approaches and targeting. These programmes should

focus in particular on alcohol. There is a need in these programmes to recognise the integrity of the young person and not make generalised statements that they know to be false or unrealistic, or statements that are not reinforced by the wider culture e.g. advising young people not to drink when at sports events, family celebrations etc. often involve alcohol consumption.

There is a need for training for professionals and for community group leaders in relation to knowledge and skills in dealing with young people in relation to drug misuse. The network of addiction counsellors in the Board should be utilised in this process. The training package *Drug Questions - Local Answers* is an ideal resource for the implementation of such training.

Action: Health Promotion Unit and Addiction Services

3.4 Pilot Project

Implementation of an action research project using a number of pilot areas. The project should:

- ⇨ be targeted at groups and areas where a number of risk factors have been identified e.g. early school leavers, communities with high incidences of economic deprivation
  be based in settings where drugs may be used and not restricted to "classroom type" settings
  involve young people in developing a realistic programme allow leeway for it to respond to needs as they emerge, not impose a totally preconceived programme
- ⇨ allow the key actors to be involved at a level that will facilitate partnership and participation

- ⇨ have built-in evaluation to enable the development of a model which will be transferable to other areas within and outside of the Board
- ⇨ address knowledge, attitudes and behaviour.

Action: Department of Public Health

3.5 Supply Reduction

Vigilant law enforcement regarding the availability of solvents and alcohol to underage people is essential. Adequate resources among law enforcement agencies must be available to ensure preventive strategies are adequately complemented by supply reduction measures. At present "harder" drugs such as heroin are not a major problem in the North West and measures need to be in place to ensure that this remains the case.

While Saw enforcement is limited in the extent to which it can control drug use, deterrent and interdiction efforts continue to influence society's norms which continue to define overall levels of acceptability of drug misuse behaviours.

The involvement of the law enforcement agencies in multi-agency approaches is very important and they have a key role to play in the sharing of relevant information.

Action: Garda Siochana and Customs and Excise

3.6 Referral and Treatment Guidelines

Guidelines should be in place so that agencies coming into contact with young people know how to access information on drugs misuse and where to refer young people they encounter who have drug problems.

In particular advice needs to be readily available to General Practitioners in relation to intravenous drug users. This advice needs to come from an authoritative source and be available 24 hours a day. A link with the services in Dublin is probably the most viable option and should be explored.

The network of addiction counsellors in the region should be utilised fully by all agencies. Their experience and expertise should be accessed by professionals and voluntary groups coming into contact with young people with drug problems.

Action: North Western Health Board

3.7 Research

A major piece of research into the needs of young people in the North West would be useful for long term planning. Research in Sligo in 1994 highlighted that adolescents are a group who often "fall through" gaps in the services. For this reason such research should examine areas such as:

- ❒ young people and leisure
- ❒ young people and service supports
- ❒ values and beliefs of young people ,
- ❒ values and beliefs of services and the community around adolescence

The research should involve young people in the process and be carried out in and through agencies who have ongoing contact with young people.

Action: Public Health Department

3.8 Statistics

Collection of comprehensive statistical information is useful to monitor long term trends.

The multi-agency committee has a role to play here:

- a having established what information is available from key agencies, such as Gardai, Customs & Excise and Health Board, decide how this information could be collated into meaningful annual data.
- deciding what other relevant information could be attained from these or other sources and how this should be achieved. Some information is already being collected by the Health Research Board so liaison with the HRB may be useful.

Action: Public Health Department

BIBLIOGRAPHY

Bagnall, G. 1988, "Use of alcohol, tobacco and illicit drugs among 13 year olds in three areas of Britain" *Drug and Alcohol Dependence, 22.*

British Affairs Committee, 1994 *Drugs Abuse in Scotland:* First Report, Vol. 1 House of Commons Paper 62-1.

Britten, N. 1995 "Qualitative interviews in medical research" *BMJ Vol311 July 1995*

Department of Health, *Shaping a Healthier Future: A strategy of effective healthcare in the 1990s,* Dublin.

Fitzpatrick. R. and M. Boulton 1994 "Qualitative methods for assessing health care" *Quality in Health Care 1994: 3; 107-113*

Grube, J.W., and M. Morgan, 1990, The Development and Maintenance of Smoking, Drinking and other Drug Use among Dublin Post-Primary Pupils, ESRI Paper No.148.

Hawkins, J et al, 1992, Risk and Protective Factors for Alcohol and Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention" *Psychological Bulletin Vol 112. No.1*

Hawkins, JD, RF Catalano, 1993 Communities that Care - Action for Drug Abuse Prevention.

Keenaghan, C. 1995, *Sligo Speaks; Family Support and Child Care Needs in Sligo Town,* North Western Health Board.

Kiernan, R. 1995 *Report on Substance Use Among Adolescents in the Western Health Board area.* Western Health Board.

Kinder, B.N., N. Pape, S. Walfish, 1980: "Drug and Alcohol Education Programs: A Review of Outcome Studies" *The International Journal of the Addictions 15 (7).*

Kitzenger,J. 1994 "The methodology of Focus Groups: the importance of interaction between research participants". *Sociology of Health and Illness Vol. 16 No 1.*

Kitzenger, J. 1995 "Introducing focus groups" *BMJ Vol311 July 1995*

May, C. 1993 "Young heavy drinkers: if there is a problem, is there a solution?" *Health and Social Care 1*

NicGabhainn, S. and Kelleher, C. 1995, *Lifeskills for Health Promotion: The Evaluation of the NWHB's Health Education Programme,* Centre for Health Promotion Studies UCG/NWHB

O'Connor, J. and B. Saunders, 1992. "Drug Education: An Appraisal of a Popular Preventive"

O'Higgins, K. 1996, Treated Drug Misuse in the Greater Dublin Area: A Review of Five Years 1990-1994, Health Research Board.

Pope, C. and N. Mays, 1995 "Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research" *BMJ Vol311 July 1995*.

APPENDIX I
SCHOOLS DRUG POLICY FOR THE NORTH WEST REGION

A.1. Introduction

A drug can be defined as a chemical which causes changes in the way the human body functions either mentally, physically or emotionally. For the purpose of this policy we are concerned with drugs which have the power to change a previous mood and the way a person thinks about things and drugs or which the taker may become physically or more often psychologically dependent. In the North West it is generally accepted that alcohol and tobacco are the most widely abused drugs, however, illicit substances such as cannabis, Ecstasy, magic mushrooms and solvents are increasingly becoming a problem in our area.

The school sees itself as having a role in the process of enabling students to increase control over and improve their health. We endeavour to promote the well being of students by:-

1. Providing a safe and healthy environment.
2. Promoting positive health behaviours.
3. Increasing knowledge about health.
4. Promoting the self esteem of students.
5. Working in partnership with the parents and students.

To this end, in response to the encroaching drug culture in our society we feel the need to implement a comprehensive policy to address the problem of substance misuse in our schools.

The Policy will focus on:-

1. Strategies for prevention of substance misuse problems.
2. Procedures for dealing with drug incidences in the school.
3. Guidelines and information for teachers to improve their response to the problem of substance misuse.

This document should be read with the discipline policy of the school.

A.2. Implementation Of The Policy

The Board of governors, the principal, vice principal,, year heads and all class tutors will be given a copy of the policy. The policy will be available from the principal to any other member of staff.

Parents and guardians will be given a copy of the policy on enrolment of their child in school- Enrolment will be on acceptance of this and other school policy documents by them.

Teachers will be briefed on the policy by the principal and training needs may be identified. Training may be carried out in conjunction with the Health Promotion Department of the N.W.H.B.

The policy will be regularly evaluated and updated where necessary.

A.3. Prevention

A.3.1. Education:

It is accepted amongst professionals working within the addiction field that education about alcohol, tobacco and drugs is best carried out by teachers the students know and within the overall context of a health living programme. The programme developed by the N.W.H.B. aims to ensure that:

- students have clear information about the effects of the various drugs.
- students examine their attitudes to alcohol, tobacco and illicit substances in their lives and in the environment in which they live.
- students are equipped with the skills to make informed and healthy decisions around substance use.

A.3.2. Counselling:

Substance misuse rarely occurs in a vacuum and where a student has been in difficulties because of their use of any drug it is usually discovered they have been using it to help them cope with or avoid some other problem. By enabling the student to identify more positive sources of support when they need it we can help prevent the inappropriate use of substances. This also assists them in developing more long-term skills to cope with traumas or problems they encounter.

A.3.3. Parents:

Regular information evenings will be held at the requests of Parents Associations to help them deal with the problem at home. These evenings will be addressed by the Garda Juvenile Liaison Officer, the Home Youth Liaison Service and the Addiction Counsellor from the N.W.H.B.

A.4. Smoking

A.4.1. School Policy

- The school is a restricted smoking area.
- Students are not permitted to smoke or possess cigarettes on the school premises.
- Staff should not permit pupils to smoke on any school trip and should actively discourage smoking in public places.
- Staff may only smoke in the area designated a “smoking zone”.
- Visitors will comply with the restricted smoking policy.
- Pupils found smoking on school premises will be reported to the year head. Points will be awarded against them, and accumulation of these points will lead to detention.
- Repeated and blatant offending will result in instigation of the school disciplinary procedure.

A.4.2. Support

Smoking is an addictive habit, generally acquired in childhood. The school recognises some students may have difficulty stopping smoking. The Addiction Counsellors of the N.W.H.B. are willing to run smoking cessation groups in schools where demand makes a group feasible and where a designated teacher will co-operate.

A.5. Alcohol

A.5.1. School Policy

- The school is an alcohol free area.
- Students will not be allowed to bring alcohol into school or to consume alcohol in school.
- Students will not be allowed to consume alcohol on school trips or tours.
- Alcohol will not be available at Disco's or any other after hours activities arranged by the school.
- Where a student comes to school under the influence of alcohol, their parents will be called in to take them home. This will be followed up by the year head at a more appropriate time.
- Students breaking these rules will be dealt with according to the school's disciplinary procedure.

A.6. Illicit Drugs And Solvents

A.6.1. School Policy:

- Students are prohibited from being in possession of or using illicit drugs or solvents on the school premises.
- Illicit drugs found on school premises should be locked away and the Gardai contacted to dispose of them. Teachers are advised not to transport illicit substances at any time. An investigation by a designated teacher will be made into the origin of illicit drugs found.
- Where the school suspects trafficking of illicit drugs, an investigation will be carried out. Parents of any student involved will be informed. The advice and assistance of the Garda Juvenile Liaison Officer will be sought.
- The school management will expect parents to inform the Principal or year head if they suspect their child of drug-taking.
- Students suspected of taking drugs or solvents outside school will be monitored and every effort will be made to support them and ensure they get the counselling and help they need.

The procedure for dealing with behaviour which leads to suspicion of a substance misuse problem is outlined below. Any incident of intoxication will also be followed-up in this way.

- Having observed the behaviours of concern and verified it with others the year head will meet with the student. Concern will be expressed for the consequences of this behaviour and as much information as possible illicited from the student.

- A meeting is then arranged with the parents informing them of the behaviour and of the school's concern. The parents will have the opportunity to voice their own worries and fears.

- A referral will usually be made to the Home - School Liaison Service where available, or to Addition Counsellor for a full assessment of the extent of the problem and time. Any further incident at school cancels this agreement and parents will be called in.

- Where a student has been suspended in line with the disciplinary procedure, their return to the school will usually be on condition of them receiving external counselling or follow-up.

- In the event of parents being unwilling to co-operate with this procedure the school will continue to monitor the behaviour. The social work department of the N.W.H.B. will be contacted if the school's concern warrants it. Parents will be informed before hand and given the opportunity to co-operate with the procedure.

A.X. SCHOOLS POLICY APPENDICES I, II, III

A.X.1 For Teachers:

A.X.1 .1. Dealing with the student.

Having observed the behaviours of concern and verified it with others, the class teacher/counsellor or other designated teacher talks with the student.

1. Focus on concrete behaviour. Directly telling the student what you have observed and expressing concern for the consequence of this behaviour is the most appropriate response.

2. Don't accuse. It is important to be calm, caring and to create a supportive atmosphere.

3. Listen.

be aware of lying, deceit and manipulation. A young person who is using alcohol or other drugs is very likely to deny using them or to suggest what was observed was a "once off situation" when in fact this is not the case. This is very common as the student may want to continue using and admitting would make it more difficult. Beware of the trap of confidentiality. Students sometimes ask for confidentiality and then admit to drug use. This is something to be very careful about as, if a student is using drugs, of handling this is to let the student know that you will help them resolve the situation, you will support them through it and you will let them know when you are going to involve others.

Consult with relevant others and work out strategies using the guidelines set out in the school policy.

4. Attitude - drug taking stops now. Other issues can be worked out overtime.

A.X.2 Dealing with the student under the influence of drugs or whose behaviour indicates potential overdose.

1. Don't leave alone. Comfort, reassure.

2. Attempt to determine drug taken.

i Student
ii Friends
iii Locker/clothing
iv Odours.

3. Contact parents.

4. Seek medical help.

5. Postpone discussions until clear of drugs, then implement school policy.

A.X.3 Guidelines for Interview with Parents;

1. Setting up meeting.

- Arrange place
- Make sure there is enough time set aside for the meeting.
- ? who attends.

2. Setting parents at ease.

- Be aware of the fears/anxieties they may have
- What baggage do they carry?
- Recognise the responsibility and expertise of parents.
- Build alliance with parents.

3. Content of Meeting.

- Talk about the specific things you have noticed.
- Share concerns of school.
- Illicit concerns of parents.
- Treat parents supportively. This is a crisis for them.
- Inform them of the support services available to them and their child outside school.

4. Parents discussion with student - at home or at school.

- Necessity for both parents to act together if there are two.
- Necessity for parents to have thought and discussed the problem so as not to be at a disadvantage.
- Concern for the child must be communicated repeatedly.

5. Conclusion:

- Decide on an action plan. i.e.- setting of limits

i.e.
- time to be in
- access to money
- rules of the house.

- Arrange follow-up meeting to access improvement in situation or to discuss further action.