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Title: Substance use behaviours of young people with a moderate learning disability: a longitudinal analysis

Short Title: Drug use among those with a moderate learning disability

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Abstract

Substance use behaviours of young people attending a special school are reported over a four year period from the age of 12-16 years. The paper investigated these behaviours by surveying a cohort of young people with a statement for moderate learning disabilities annually during the last four years of compulsory schooling. The findings show that these young people consistently reported lower levels of tobacco, alcohol and cannabis use compared with those attending mainstream school. No other illicit drug use was reported. The potential implications of these findings are discussed in relation to the context and timing of targeted substance education and prevention initiatives for young people with moderate learning disability attending a special school.

Introduction.

The past two decades have witnessed a dramatic increase in illicit drug use amongst adolescents [1]. The effects of alcohol and illicit drug abuse on adolescents has the potential to cause a range of damaging health and safety risks to the young people themselves, their family and the environment in which they live. Policy initiatives developed in response to this have relied to some extent on school based surveys. These surveys generally do not include the experiences of young people attending special schools and/or those with a statement of special education needs, resulting in an information gap compared with their peer group attending mainstream school [2]. Existing evidence, mainly from surveys of adults, suggests lower prevalence rates of drug abuse for those with learning disabilities compared with the general population [3]. The vulnerability of young people with learning difficulties to substance abuse may result

from a lack of knowledge regarding the nature and consequence of substance use together with a deficit in social skills and ignorance of social influence required to adequately address the challenges they pose.

This knowledge gap may have serious implications for policy initiatives such as targeted drug and alcohol prevention programmes designed to meet the needs of young people with special education needs. This is an important information gap as those with learning disabilities are increasingly encouraged to participate in more mainstream activities such as vocational education and a broader range of recreational activities. These can provide opportunities to use and abuse licit and illicit drugs as it may be perceived as one way of blending into society more generally [4]. More specifically, for those in special education the information and insights required to develop appropriate school based drug and alcohol education programmes may be incomplete. Explanations offered for such a knowledge gap include the difficulty with accessing young people in special schools and the potential difficulties with generalising the findings of such studies [5]. In general therefore the literature on substance use among young people with a learning disability is comparatively sparse, despite the identification of a link with alcohol problems nearly a century ago [6] and increased susceptibility to its detrimental effects being highlighted more than 40 years ago [7]. Commentators have continued to call for specialist services to properly assist those with learning difficulties [8].

This study reports on findings from four years of the Belfast Youth Development Study (BYDS), a longitudinal study of adolescent drug use [9]. This paper focuses on the experience of a cohort of young people with a statement of special education needs

attending a special school. The longitudinal nature of the research offers the opportunity to study their drug use behaviour and its potential impact in a fuller way than cross-sectional studies upon which drug policy has relied. It also offers an opportunity to contribute to the paucity of longitudinal data on drug use behaviour of young people with special education needs and perhaps provide insights that will assist academics, policy makers and practitioners explain drug use and its potential longer term effects over time [10].

Methodology

Research Design. A longitudinal research design was utilized in this study. A detailed description of the measuring instrument, data collection and data analysis procedures undertaken are available elsewhere [11].

Sample. The sample size and demographic profile of young people surveyed at each stage of the study is contained in table 2. The mainstream school survey included approximately 4000 young people attending 43 mainstream schools. Those attending the special school contrasted with those attending mainstream school on a number of demographic factors. A higher proportion were male, a lower proportion lived with both biological parents and were much more likely to have been in receipt of free school meals, an indicator of social deprivation used by the Department of Education in Northern Ireland. For the purposes of this study those in mainstream school will be referred to as the school sample and those attending the special school as the MLD sample.

Results

At each stage of the study, regardless of age, the MLD sample consistently reported lower levels of both licit and illicit drug use. Illicit drug use amongst the MLD sample was almost non-existent except for relatively low level cannabis use in each of the last three years of the survey.

Table 1: Drug Use Prevalence Patterns

Substance	School Year 9 (12-13 years) n=15 (%)	School Year 10 (13-14 years) n=18 (%)	School Year 11 (14-15 years) n=16 (%)	School Year 12 (15-16 years) n=15 (%)
Tobacco	13 (53)	22 (63)	31 (68)	53 (70)
Alcohol	20 (80)	39 (87)	19 (91)	20 (93)
Alcohol Intoxication	13 (32)	22 (47)	13 (60)	13(90)
Solvents	0 (10)	0 (15)	0 (15)	0 (15)
Cannabis	0 (20)	11 (33)	13 (43)	13 (47)
Ecstasy	0 (4)	0 (6)	0 (9)	0 (13)
Cocaine	0 (3)	0 (4)	0 (5)	0 (8)
Heroin	0 (2)	0 (2)	0 (1)	0 (12)

NB: Numbers in brackets refer to the survey of 43 mainstream schools (n=approximately 4000)

The frequency of use of each of the substances listed in table 1 perhaps provided a fuller indication of the level of substance use. The MLD sample reported lower levels of weekly use of all substances compared with the school sample. Only tobacco was reported on a weekly basis throughout the study, rising consistently during each year of the survey from one person (7%) in year 9 to four (20%) in year 12. However, two young people attending the special school reported weekly alcohol use during year 12.

Among the MLD sample most cigarette smokers purchased those from a shop, same age friends were the only other source reported. Older friends were the source of cannabis

during the first two years of the study but a 'dealer' became the source during the last two years. Home was the main location for drinking alcohol throughout the survey but other 'sociable' venues (included a friends house, a party, disco or concert) were reported during the final year of the survey when the young people were aged 15/16 years. Home was the only location for cannabis use during the first three years of the survey, but other locations were reported during the final year of the study including a party, disco and night club. Whilst the numbers reporting these sources were small relative to the main school survey, the emerging trends were generally similar.

Delinquency and antisocial behaviour was assessed in response to 14 questions on specific behaviours. Responses were consistently lower among the MLD sample at all stages of the study; however this increased throughout the survey reaching a high when the young people were aged 15/16 years. The most common types of offending and antisocial behaviour were not paying the correct fare on a bus or train, rowdy behaviour, fighting and drawing graffiti in public places. These types of antisocial behaviour were more likely to be reported during the latter stages of the survey. Whilst more serious offending and acquisitive crime (i.e. car theft, burglary, shoplifting) were almost non-existent, some isolated incidents of these were reported by the MLD sample.

Table 2: Demographic social and behavioural patterns of young people by Age

Social and Behavioral patterns	School Year 9 (12-13 years) n=15	School Year 10 (13-14 years) n=118	School Year 11 (14-15 years) n=16	School Year 12 (15-16 years) n=18
Demographic Information				
Male	53 (48)	61 (48)	63 (47)	60 (47)
Female	47 (52)	39 (52)	37 (53)	40 (53)
Two parents	60 (77)	71 (75)	60 (75)	53 (74)
Reconstituted Family	13 (8)	0 (8)	13 (9)	13 (8)
Single parent	27 (15)	29 (17)	27 (16)	33 (18)
Receipt of Free School Meals	73(25)	72(24)	63 (20)	73 (20)
Delinquency and Antisocial Behaviour				
Mean (SD) No. of delinquent behaviours (Maximum n=14)	0.47 (2.8)	0.56 (3)	0.75 (2.5)	1.2 (2)
School Attitudes				
Low Commitment	100 (54)	39 (53)	53 (52)	33 (53)
High Commitment	0 (46)	61 (47)	47 (48)	67 (47)
Low Motivation	66 (50)	61 (37)	80 (59)	67 (55)
High Motivation	33 (50)	39 (63)	20 (41)	33(45)
Leisure Activities				
Low level home based activities	60 (55)	41 (59)	47 (59)	20 (53)
High level home based activities	40 (45)	59 (41)	53 (41)	80 (47)
Low level friends based activity	73 (21)	67 (55)	40 (55)	67 (53)
High level friends based activity	27 (49)	33 (45)	60 (45)	33 (47)
Low level out of home based activities	67 (54)	67 (50)	71 (50)	47 (47)
High level out of home based activities	33 (46)	33 (50)	29 (50)	53 (53)

NB: Numbers in brackets refer to the survey of 43 mainstream schools (n=approximately 4000)

Lower levels of commitment to school and lower levels of motivation to do well when there were consistently reported by the MLD sample. Whilst no clear and consistent trends in relation to leisure activities were reported throughout the survey, the MLD

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sample were generally more likely to report higher levels of home based activities, lower levels of friends based activity and lower levels of out of home based activities than those attending mainstream schools. The MLD sample were generally more likely to report going out in the evenings than the school sample. However, the young people were not asked how they spent time during these periods.

Discussion

A profile of the lifestyle of young people with a statement of special education needs for moderate learning disability attending a special school during adolescence from the age of 12 (school year 9) to the end of compulsory schooling when aged 16 years (school year 12) is presented. The MLD sample reported relatively low levels of illicit drug use, low levels of delinquency and antisocial behaviour and high levels of home based leisure activities, behaviours associated with lower levels of risk to drug abuse [12].

Use of cannabis was the only illicit substance reported. Only tobacco was consistently used regularly (i.e. at least weekly) with two young people reporting alcohol use on a weekly basis when aged 15/16 years. Substance use appeared to have a social influence with friends an important source for accessing cannabis and a friends house or venue such as a disco or party the most frequently cited venues for use, perhaps providing an explanation to the finding that the MLD sample go out more often in the evenings than the school sample.

These findings would appear to present a positive image of young people attending a special school in relation to illicit drug use. The general behavioural patterns that emerged from the study would appear to confirm that as a group the MLD sample are at a lower level of risk to drug use than the school sample during adolescence. Even substances such as tobacco and alcohol used regularly by some of the MLD sample remained at a relatively low level compared with young people attending mainstream school. This finding corresponds to findings from the limited information base on alcohol use among young people with learning difficulties [13].

In general the findings would appear to provide support for the value of targeted drug and alcohol education initiatives for young people with moderate learning difficulties. Whilst prevalence rates for both licit and illicit drug use remained relatively low compared with the school sample, this does not undermine the value of such initiatives for which schools play an important role. In general, though services tailored to the needs of those with learning difficulties remain limited which has been hampered to some extent by the lack of knowledge on this specific population. However special schools tend to have access to higher levels of resourcing for their pupil population as a whole than mainstream schools which may assist the development of such initiatives.

The findings of the study should be considered within the context of a number of potential limitations. This includes the relatively small number of young people participating in the research compared with school surveys. However, this is mediated to some extent by the smaller numbers of young people with special education needs who

attend special schools. The longitudinal nature of the present study also strengthens the scientific rigour of this research as information on the drug use behaviours of young people with moderate learning difficulties is often collected on a cross sectional basis.

The findings presented in this paper provide an important contribution to the limited information base on drug use behaviours of young people with moderate learning difficulties attending a special school. The study appears to corroborate existing evidence for relatively low prevalence rates of both licit and illicit drug use among young people throughout adolescence. It also supports the value of targeting drug and alcohol prevention initiatives for young people with moderate learning difficulties who are increasingly encouraged to live socially inclusive adult lives.

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