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Exclusion and Marginalisation in Adolescence: The Experience of School Exclusion on Drug Use and Antisocial Behaviour

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Exclusion and Marginalisation in Adolescence: The Experience of School Exclusion on Drug Use and Antisocial Behaviour in Adolescence

Summary

Young people excluded from school are a group at an increased risk to drug use and antisocial behaviour during adolescence and later marginalisation and exclusion from society in adulthood (Blyth and Milner, 1993). As part of the Belfast Youth Development Study, a longitudinal study of the onset and development of adolescent drug use, young people who entered post primary school in 2000 (aged 11/12 years) were surveyed annually on four occasions. This paper reports on findings from this survey in relation to a supplementary group of young people who were surveyed because they had been excluded from school. The findings show higher levels of drug use and antisocial behaviour among school excludees, lower levels of communication with their parents/guardians, higher levels of contact with the criminal justice system and increased likelihood of living in communities characterised with neighbourhood disorganisation. This lifestyle perhaps suggests these young people are leading a life that is already taking them towards the margins of society.

Keywords: Exclusion, marginalisation, drug use, adolescence

Introduction

A number of young people offend and become involved in antisocial behaviour following exclusion from school (Ball and Connolly, 2000; McCrystal et al, 2005a; Gray et al, 1996; Rutter et al, 1979). This is of particular concern because of the increasing numbers of young people being excluded from school during the past decade (DfEE 1999a; DfES 1999b). Existing evidence suggests that many school excludees will have experienced high levels of family stress, family disruption, poor relationships with parents, teachers and other pupils, as well as poor acquisition of basic skills and limited aspirations (Brodie and Berridge, 1997; Ofsted, 1996). Young people excluded from school are 90 times more likely to become homeless than those who remains on at school and pass exams (German, 2003) and ten time more likely to be in care than other young people (*The Times* 1999). There has also been much concern over the impact of exclusions from school upon levels of crime in the communities in which excluded children live, and upon their later achievements (Graham and Bowling, 1995). There is some evidence that many turned to crime following exclusion from school (e.g. Graham and Bowling, 1995) which Graham (1998) suggests is a particularly strong relationship. In a Children's Society study of persistent offenders (Crowley, 1998), only one of the sample of 19 young people was in full-time schooling. Devlin (1995) reported that 37 per cent of prison inmates in the UK had been suspended from school. Whilst the number of school exclusions peaked in the mid-1990s it was considered sufficiently serious to become one of the first issues investigated by the Labour Government's Social Exclusion Unit (SEU, 1998), established upon coming to power in 1997 as part of its programme to tackle social disadvantage and exclusion in society.

Much of the existing literature on exclusion and marginalisation has centred on the role of labour market forces such as income and unemployment for determining the extent of this issue (e.g. SEU, 2004). The young people participating in this research were aged 11- 15 years with their education status, i.e. excluded from school, to some extent determining their level of exclusion and/or marginalisation in adolescence (comparative to those who continued to attend school). A host of labour market forces such as increased education participation post compulsory schooling are designed to transform the paths of young people including those excluded from school towards early career trajectories between the age of 16-18 years. However, those who have disengaged from formal educational processes before the age of 16 years may find it particularly difficult to experience the benefits of these opportunities. Maguire and Maguire (1997) suggest this may signal the development of a group of young people who become permanently excluded in the future possibly leading to a period of 'Status Zero' (Williamson 1997). Such a scenario would contribute to the potential emergence of a youth underclass (Roberts 1997). Taking this scenario to extremes may result in new form of urban poverty (Mingione, 1993) or 'undercaste' (Gans, 1993) whose members are in danger of long-term exclusion from consumer society (Furlong and Cartmel, 1997).

Evidence from the USA noted that high school drop-outs were more likely to abuse drugs and that early onset of illicit drug use was also associated with high school drop out (Mensch and Kandel 1988). In a sample of heroin users, Wisely et al (1997) found that 80 per cent had experienced some form of exclusion from school prior to their heroin use. In Sweden, Holmberg found that those who were registered for drug abuse were more likely to have dropped out of school. Hawkins et al (1992) reported 'school failure'

among risk factors for drug abuse in young people. In the UK, exclusion from school is recognized as a very strong predictor of problem drug use (Lloyd, 1998; Miller and Plant, 1999). The Health Advisory Service (2001) referred to these young people as a vulnerable group. Furthermore, the UK Government's anti-drug strategy suggests that "for early to mid-teenagers, there are strong links between drug problems and exclusion from school" (The Stationary Office, 1998, p.14)

Exclusion from school represents for many young people the first step in exclusion from society (Blyth and Milner, 1993; Hayden, 1994). School exclusion and social exclusion may not be inextricably linked but the threads are entwined (Powis et al, 1999). The SEU (2001) included school exclusion among "the most severe forms of exclusion" (p.15). From a detailed analysis of the wide range of factors promoting exclusion Parsons (1999) highlights the complex and holistic nature of school exclusion and social exclusion. Mohibur et al (2001) identified 50 indicators of social exclusion which included school exclusion among those specific to children. Sneddon (2000) argues that an emphasis on tackling social exclusion may be more fruitful in reducing drug-related crime than, for example, improving access to treatment as he believes there is a strong link between social exclusion and drug problems. This is supported by Young (2002) who claims that in the war on drugs the "key issue is not the availability of drugs but rather the problematic drug use caused by social exclusion".

The SEU (1998) presented drug misuse as synonymous with 'socially excluded' places. There has been little close analysis however within this of exactly how, and the extent to which illicit drug use can become a central element in the 'social exclusion' of young

people. This despite the fact that rates of illicit drug use in the UK tend to be much higher in poor neighbourhoods (ADMD, 1998), and that some of the most 'serious' drugs (such as heroin) have tended historically to be concentrated in some of Britain's most deprived areas (Parker, Aldridge and Measham, 1998; Pearson, Gilmore and McIvor, 1987). Others claim that most new heroin users can be described as socially excluded (Parker, Bury and Eagginton 1998). Furthermore young people who do not attend school are more likely to become unemployed in adulthood further increasing the risk for continued delinquent and antisocial behaviour, and drug use (Kaplan and McArdle, 2004).

A body of literature is developing to support the influence of social disadvantage and social exclusion as important factors that precede problematic drug use (SEU, 2002; Home Office 2004). For example 'Problematic drug users tend to be members of the most deprived and socially excluded communities' (SEU, 2004, P.11). Many problem drug users have limited opportunities to exercise choice and many have endured severe disadvantage and social exclusion (Buchanan, 2005). Among the factors Buchanan claims are significant to our understanding of problem drug use is the impact of disrupted childhoods, especially those who have struggled in formal education, failed to achieve qualifications and committed criminal offences. In a review of studies with criminal offenders (e.g. Jones et al, 2004; Liriano and Ramsay, 2003; Bullock, 2003; Buchanan and Young, 2000), Buchanan claims that 'for a significant proportion of clients, exclusion and disadvantage were major issues prior to the onset of a drug habit' (2005, p. 394). In a study of life on a housing estate in North-East England, Foster (2000) outlined a relationship between social exclusion, crime and drugs where he claims social exclusion has led to problem drug use. Problem drug use in turn leads to further social

exclusion as drug users become subject to what Buchanan (2005) calls ‘othering’, a process whereby they are presented as if they are somewhere different to the majority in society (i.e. those who pursue legalised recreational drugs such as alcohol and tobacco).

Increasing levels of drug use among young people have challenged the traditional image of drugs and their association with a subculture (South, 1997). During the 1990s orthodoxy emerged among some academics, policy makers and other social commentators, which emphasized the extent to which drug use had become a ‘normalised’ activity for young people. It has even been suggested that this process of normalisation reflects the development or emergence of a new, post-modern, social order in which young people are, without doubt, the prime users of illicit drugs (Shiner and Newburn, 1999). Parker et al (1998b) noted the widespread use of what they termed ‘recreational drugs’ in the North West Longitudinal Study and the extent to which mainstream youth culture had assimilated and legitimated recreational drug use. They concluded that drug use was no longer restricted to delinquency or street corner ‘no hopers’. For Parker and his colleagues the arrival of the ‘rave’ or ‘party scene’ in the late 1980s was the watershed whereby drugs moved from subculture status to becoming part of mainstream youth culture. Blackman (2005) suggests that drug normalisation is about more than an increase in drug use but also about a greater recognition and presence of drugs in culture and society. This he believes raises a need to challenge the representation of drugs as totally dangerous to the individual and society in general as they are now a cultural fact of life.

A number of policy initiatives and programmes have been sent recently to provide protection and support to those at an increased risk to drug abuse. This includes initiatives such as the Children's Act 2004 and Every Child Matters (in England); Protecting Children – the Charter (2004) (in Scotland); Children First (in Wales) and the Executive Programme Fund for Children (in Northern Ireland). Whilst relatively recent initiatives they perhaps indicate a serious attempt for reducing the numbers of young people becoming involved in illicit drug use amongst the most vulnerable children and young people throughout the UK. However it is too early to assess the relative impact of these initiatives. Other specific efforts such as Truancy Patrols and Anti-social Behaviour Orders (ASBOs) have focused more on offending behaviours and serious anti-social behaviour with less attention directed at substance use as an issue requiring concerted policy initiatives.

Comparatively limited research has been undertaken in the UK which examines patterns or trends of drug use among young people excluded from school (Goulden and Sondhi, 2001) with Powis et al claiming in 1999 that "no good UK based evidence exists on this topic" (p.2). Powis and colleagues further stress the potential serious nature of this issue because these young people are particularly vulnerable to developing long-term drug problems. This was also recognized in the UK's response to problem drug use of which a feature is to target the drug prevention initiatives on young people who are particularly vulnerable to future drug problems (The Stationery Office, 1998). More recently a growing number of initiatives designed to tackle 'hard to reach groups' have been developed (DfES, 2003). Buchanan (2005) claims these offer the opportunity to embrace a social understanding of problem drug use. However, the association between school

exclusion and such behaviours can be a complex one. For example, the causal direction is not yet established.

The age of the young people surveyed (i.e. 11-15 years) represents a particularly important stage in the study of those at a high risk to adult psychopathology and its role in their marginalisation and exclusion from society in general (McGue et al, 2001). McGue and Iacono, (2005) claimed that early adolescence problem behaviour, especially before the age of 15, identifies a subset of young people who are at an especially high and generalized risk for developing adult health and social problems. These factors are significant to understanding problem drug use and its longer term impact on marginalisation in adulthood (Buchanan 2005). More specifically, Anthony and Petronis (1995) suggested that early initiation of adolescent problem behaviour is associated with increased risk and not merely early onset of adult psychopathology. Others suggest this link is valid because of the disruption of normal developmental processes (De Witt et al, 2000). Research has demonstrated that multiple indicators of adolescent problem behaviours are strongly related (Hanna et al, 2001; Robbins 1966) and increase the possibility of leading to an increased likelihood of marginalisation and exclusion (McDonald and Marsh, 2002).

The Study

This study reports on findings from four years of the Belfast Youth Development Study (BYDS) focusing on the experience of a cohort of school excludees surveyed each year alongside a school survey of young people of the same age. A cohort of school excludees were identified in each year of the study from those excluded from school in the locale of

the BYDS (i.e. Belfast, Ballymena and Downpatrick in Northern Ireland) during each year of the school survey. Studying the experience of school excludees using a longitudinal research design offers the opportunity to study their behaviour and its impact in a more meaningful way than one-off cross-sectional studies upon which drug policy research has relied (ONDCP, 2004). To some extent this can help address the lack of longitudinal data describing trends and therefore infer reasons for change among school excludees with drug policy analysts calling for longitudinal research to describe and explain drug use and criminal behaviour and its longer term effects over time (Manska et al, 2001) particularly with young people and vulnerable or high risk groups (Lloyd, 1998).

Methodology

Research Design. A repeated cross-sectional design was utilised in this research. School excludees are a particularly difficult group to track on a longitudinal basis with limited long-term studies successfully undertaken for this reason. Therefore researching the experience of this group of young people over a four year period was based on identifying a cohort of school excludees each year for inclusion in the research. This enabled the researchers to study their behaviour during this period (aged 11-15 years) by obtaining relevant data which would be comparable with those who continued to attend mainstream school. This research design shares a number of characteristics with what some consider 'traditional' longitudinal single cohort studies. For example at each stage (year of the study) the same criteria were used to identify the cohort for inclusion (i.e. excluded from school) and equivalent age as main school survey (i.e. school year 8, then year 9 the following year and so on until they have reached school year 11) enabling an investigation of the drug using and antisocial behaviours of school excludees through adolescence to the age of 15 years. This means the data obtained is comparable between years as well as the overall duration of the study similar to the 'traditional' longitudinal designs (Gold and Reimer 1975). Furthermore at each stage of the research, data was collected on a core set of variables from each cohort of school excludees as well as the main school survey. As the data collected from young people is comparable (i.e. between the school group and the booster group), it enables comparisons between each group both annually and across the four years of the survey similar to 'traditional' longitudinal studies (Menard 1991).

Sample. Young people attending alternative education projects within the locale of the Belfast Youth Development Study (i.e. Belfast, Ballymena and Downpatrick in Northern Ireland) were surveyed during each year of the main school survey. Table 1 presents the sample size of school excludees surveyed at each stage of the study. The school survey included approximately 4000 young people attending mainstream school at each stage. For the purposes of this paper findings relating to the school excludees will be referred to as the booster sample (as they constitute the High Risk Booster Sample of the BYDS). Those who remained in mainstream education will be referred to as the school sample.

Table 1: Numbers of school young people excluded from school identified for inclusion in the study

Survey Year	Participants	Refusals	Absentees	Total
Year 8 (11/12 years)	12	3	10	25
Year 9 (12/13 years)	29	6	4	39
Year 10 (13/14 years)	48	3	15	66
Year 11 (14/15 years)	51	4	21	76

The gender composition of each participant is presented in Table 2.

Table 2: Gender of Participants

Survey Year	Male	Female	Total
Year 8 (11/12 years)	11	1	12
Year 9 (12/13 years)	26	3	29
Year 10 (13/14 years)	42	6	48
Year 11 (14/15 years)	35	16	51

The Measuring Instrument. The questionnaire used in the study included questions on drug use, delinquency and antisocial behaviour, contact with the criminal justice system, family composition, school factors and neighbourhood factors. This was developed from a search of contemporary research literature in the subject area, resulting in a

combination of established measures (i.e Stattin and Kerr's (2000) Parental Monitoring instrument to measure communication with parents and other measures developed by the research team (i.e. school factors). The full measuring instrument was subjected to dynamic piloting and consultation with young people and professionals in the field of drug prevention.

Data Collection. The questionnaire was completed by the young people in the alternative education facilities they attended taking approximately 45 minutes to complete. Data was also collected from young people attending 43 schools in the Belfast, Ballymena and Downpatrick areas in Northern Ireland using the questionnaire under the supervision of the research team with the co-operation of participating schools and alternative education providers. A passive consent procedure was utilized each year with the parent/guardian of each young person. This involved informing the parent/guardian about the study and requesting their permission for the participation of their son/daughter.

Data Analysis. Each completed questionnaire was coded and inputted onto the SPSS software. Categories of questions created from the full list of questions included commitment to school (i.e. I like school) and motivation to do well there (I want to go to university) constructed from 13 school questions and their perceptions of the area in which they live from 11 questions on their neighbourhood compiled into four categories of neighbourhood attachment (i.e I like where I live) neighbourhood disorganization (i.e. there is a lot of crime where I live), social control (young drug users get caught by police) and collective efficacy (neighbours help each other).

RESULTS

Drug use prevalence rates (Table 3) increased each year for all young people participating in the BYDS, with the booster sample reporting substantially higher levels of licit and illicit substance use each year. Whilst the difference in prevalence rates diminished between school excludees and those attending school, the booster sample continued to report substantially higher levels of drug use.

Table 3: Drug Use Patterns for School Excludees and Young People Attending School

Substance	Year 1 School*	Year 1 Booster**	Year 2 School*	Year 2 Booster**	Year 3 School*	Year 3 Booster**	Year 4 School*	Year 4 Booster**
Tobacco	38	84	53	93	62	90	68	96
Alcohol	70	67	79	83	87	92	91	94
Been Drunk	15	33	32	64	46	81	59	77
Solvents	6	33	10	28	14	48	15	36
Cannabis	8	33	20	62	32	81	43	82
Ecstasy	2	17	4	25	6	27	9	30
Cocaine	2	0	3	0	4	6	5	14
Heroin	1	8	2	7	2	0	1	0

* School Sample; ** School excludees

1. Year 2 figures cited in McCrystal et al (2005b)
2. Year 3 figures cited in McCrystal et al (2005a)
3. Year 4 figures cited in McCrystal et al (*in press*)

In relation to specific substances, alcohol use for example is perhaps stabilising as the proportions reporting lifetime alcohol use included almost all young people participating in the survey, with more than nine out of ten young people in the booster sample having reported heavy alcohol use (i.e. they were intoxicated at least once) by the third year of the study (i.e. by the age of 14 years). Alcohol use was measured as ‘ever used’ ‘even a taste’ which may perhaps account for the relatively high levels of lifetime use for the school sample. For solvent abuse, the levels of use remained relatively low at 15 per cent for the school sample and just over one third (36%) for the booster sample. These figures

possibly suggest that solvent abuse may now have reached a peak with young people perhaps ‘maturing’ into other forms of substance abuse as just 12 per cent of the booster sample (and 9% of the school sample) reported solvent abuse during the 12 months prior to completing the fourth year of the survey. Cannabis use continued to rise for all young people particularly the booster sample from 33 per cent in year 1 to 82 per cent in year 4. Again the level of use may be peaking for the booster sample as just over eight out of ten reported lifetime cannabis use in year 3 and year 4 of the study but there remained a small minority who had not yet used it. In relation to ‘hard’ drugs like ecstasy, use continued to rise during the four years of the survey, but had been relatively stable at just over one quarter of the booster sample by the third year of the survey which was substantially higher than its use amongst the school sample. The rising levels of cocaine use throughout the four years of this research may also be providing a strong indication that a small number of young people were progressing to ‘hard’ drugs by the age of 14/15 years as 14 per cent of the booster sample and five per cent of the school sample reported lifetime use. Heroin use remained relatively low throughout the four years of the survey. However it is perhaps too early to make conclusions about the emerging trends for the use of cocaine and heroin by the age of 15 years. Exposure to drugs appeared to have stabilised for the booster sample by year three of the study (by the age of 14 years) with little increase in year four. However, for the young people in the school sample, exposure to illicit drugs continued to rise during each of the four years.

Perhaps the frequency of substance use is a more accurate indicator of the level drug of use. Nine out of ten school excludees smoked every day by the age of 15 years with a mean of 14 cigarettes, perhaps further indicating potentially damaging health problems

for this group of young people. The highest level of weekly cannabis use was reported in year 2 (57%) and year 3 (51%); this fell to just over one third (36%) in year 4. This may be accounted for by the increasing numbers of young girls who joined the survey and reported lower levels of cannabis use. A range of sources for all drugs were reported by the young people. The most popular sources were older friends, same age friends and a 'dealer'. Whilst a dealer was a popular source for all young people it was more popular among school excludees, perhaps further evidence of their ability to access illicit drugs through a drug using social network. The most popular locations for using cannabis were outside in the street, a friends house, and a party or disco. The trends were not as clear for other illicit drugs. For example similar proportions of the school sample and booster sample report a friends house and party/discos as locations for accessing illicit drugs. Among the school excludees, 'outside in the street' was nearly twice as popular at each stage of the survey with over three quarters indicating this location for drug use by the third year of the survey.

Perhaps not surprisingly the booster sample reported lower levels of commitment to school during years 2-4 of the study, in contrast to the first year when the proportions were similar, with a high of 74 per cent in year 4 compared with 48 per cent of the school sample. The booster sample was also more likely to report low motivation to do well at school which appeared to be stabilising by the third year of the survey (79%) with a slight increase in this factor reported during the fourth year of the study (83%). This compared with 59 per cent of the school survey who reported low motivation to do well at school.

Table 4: School factors for School Excluees and Young People Attending School

School Factor	Year 1 School*	Year 1 Booster**	Year 2 School*	Year 2 Booster**	Year 3 School*	Year 3 Booster**	Year 4 School*	Year 4 Booster**
Low Commitment	51	50	54	62	53	67	48	74
High Commitment	49	50	46	38	50	33	52	26
Low Motivation	61	50	51	62	59	79	59	83
High Motivation	49	50	50	38	41	21	41	17

* School Sample; ** School excludees

A strong link between drug use, delinquency and antisocial behaviour is widely acknowledged (e.g. Sneddon 2000). The booster sample consistently reported high levels of delinquency and antisocial behaviour compared with the school sample based on responses to a list of 15 delinquent items. But delinquency levels appeared to have diminished a little during year 4 for both the booster sample (mean = 5.3 in year 3 and 4.1 in year 4) and the school sample (mean = in year 3 and 2.5 in year 4). Among the more serious offences, for example, approximately half of the school excludees reported shoplifting at each stage of the research, one third carried a weapon, one fifth reported burglary, or breaking into a car during the first three years of the study, but reduced levels of offending of this nature were reported during the fourth year of the study. Approximately one fifth of the school sample reported shop lifting during each year of the survey, the number reporting more serious acquisitive crime (i.e. burglary, breaking into a car) remained very low throughout the four years of the survey.

Table 5: Frequency of Delinquency for School Excluees and Young People Attending School

No. of Delinquent	Year 1 School*	Year 1 Booster**	Year 2 School*	Year 2 Booster**	Year 3 School*	Year 3 Booster**	Year 4 School*	Year 4 Booster**
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items (n=15)								
Mean	2.1	2	2.8	4.7	3	5.3	2.5	4.1
Median	1	2	2	5	2	4.5	2	4
Standard Deviation	2.5	3.6	2.9	3.0	2.9	3.8	2.7	3.4

* School Sample; ** School excludees

By year 3 of the survey many of the school excludees had already indicated more serious levels of offending through contact with the criminal justice system of police and courts. This measure was introduced to the survey at year 3 when 88 per cent of the booster sample had been in trouble with the police, approximately three quarters (71%) arrested and more than one quarter (27%) summoned to court for an offence they committed. These percentages were substantially higher than the corresponding figures reported by the school sample (32% had been in trouble with the police; 9% arrested; and 3% summoned to court). Whilst the proportion reporting this behaviour fell in year 4, it remained substantially higher amongst the booster sample. This may be explained to some extent by the additional participants being less likely to be in contact with these agencies, possibly the higher proportion of females in year 4 were less likely to report this behaviour.

Poor communication between young people and their parents/guardians is one of the factors associated with drug abuse. Approximately one quarter of the booster sample lived with both biological parents compared with three quarters of the school survey. Using Stattin and Kerr's (2000) *Parental Monitoring Instrument* school excludees consistently reported lower levels of communication with their parents (Table 6) particularly on parental disclosure, control and monitoring. Other studies have indicated that the construct *parental disclosure* is a particularly useful indicator for identifying the

type of communication between young people and their parent/guardian that informs us on their likelihood to use illicit drugs (Kerr et al, 1999).

Table 6: Family monitoring for School Excludees and Young People Attending School

Monitoring Level	Year 1 School*	Year 1 Booster**	Year 2 School*	Year 2 Booster**	Year 3 School*	Year 3 Booster**	Year 4 School*	Year 4 Booster**
Low Disclosure	57	75	53	76	58	81	60	75
High Disclosure	43	25	47	24	41	19	40	25
Low Solicitation	44	50	53	61	54	58	52	61
High Solicitation	56	50	47	39	47	42	48	39
Low Control	45	50	47	55	48	54	52	71
High Control	55	50	53	45	52	46	48	29
Low Monitoring	45	50	44	66	52	69	55	75
High Monitoring	55	50	56	34	49	31	45	25

* School Sample; ** School excludees

Perceptions of the neighbourhood in which the young people lived provided us with insight into their lives. Neighbourhood factors were composed from questions answered at each stage of the survey (see Percy et al, 2002 for further details). The mean score on each factor is presented in Table 7. Whilst attitudes to most neighbourhood factors remain consistent for both cohorts throughout the survey, school excludees consistently reported higher levels of neighbourhood disorganisation (i.e. high levels of crime and neighbourhood neglect such as derelict buildings) from the second year of the study. Generally however, neighbourhood factors did not produce consistently different experiences for the young people during the four years of the survey.

Table 7: Neighbourhood Factors for School Excludees and Young People Attending School

Neighbourhood Factors	Year 1 School*	Year 1 Booster**	Year 2 School*	Year 2 Booster**	Year 3 School*	Year 3 Booster**	Year 4 School*	Year 4 Booster**
Neighbourhood Attachment (range 2-6)	4.0	4.0	4.1	4.0	4.1	4.2	4.1	4.1
Neighbourhood Disorganisation (range 4-12)	9.3	8.0	6.7	8.3	6.9	7.9	6.8	8.2
Neighbourhood Norms Favourable to drug use (range 2-6)	4.4	3.8	3.1	2.8	3.0	3.0	3.0	3.0
Neighbourhood Collective Efficacy (range 2-6)	3.5	2.8	4.3	3.9	4.3	4.3	4.2	4.2

- School Sample; ** School excludees

Discussion

The school excludees who participated in this study exhibited a number of risk factors (i.e. disaffection with school, diminishing levels of communication with their parents/guardians, increasing levels of anti-social behaviour) to drug abuse by the time they had reached the age of 15 years. McGue et al 2005 claim that the experience of such risk factors early in life may indicate an increased risk of developing substance use disorders, antisocial personality disorder, and major depressive disorder. As a number of the risk factors identified in the study may have stabilized to some extent by the age of 15 years with similar prevalence rates at year 3 and year 4, the lives of these young people may have become established along a path leading to marginalization and exclusion from mainstream society in adulthood. For those now exhibiting such behaviours by the age of 15 years, such a lifestyle may become increasingly likely.

However other commentators in this field might suggest an alternative opinion. For example, MacDonald and Marsh (2001) claim that it is extremely difficult to predict a causal relationship between these risk factors and social exclusion in adulthood. They suggest that even though many young people possess the risk factors highlighted in this paper, some will not become marginalised as a result of the influence of experiences in later adolescence and early adulthood. Another emerging trend was the increasing proportion of young females excluded from school during the third and fourth years as they often constitute a small proportion of school excludees with only one study to date focusing only on female school excludees (Osler et al 2002). The increasing role of friendship networks and access to drug dealers, may assist the development of choices

towards illicit drug use, perhaps within their own social network, however, the evidence for this is not yet conclusive. Whilst the levels of illicit drug use among school excludees increased each year, the impact of exclusion from school on this behaviour is not yet clear and was not possible to confirm in this study.

More generally these young people are spending more time away from society's formal institutions such as school during adolescence whilst their school attending peers continue to prepare for the transition to adulthood when compulsory schooling ends for them at 16 years. This is a particularly important implication as school excludees are also less likely to receive the support and preparation for the transition to adulthood provided by school, further placing them at an increased risk to continue a lifestyle leading to marginalization and exclusion. As a result many will not have the opportunity to access the same level of support as those remaining in school, in terms of, for example, vocational education and training during the period corresponding to youth transitions to mainstream adult society. Such opportunities may become blocked for them but not to others who complete compulsory education (MacDonald 1997).

School exclusions have been historically lower in Northern Ireland compared with the rest of the UK. Research (i.e. DENI 2003) which has attempted to explain these discrepancies found that differences between the statutory schemes in Northern Ireland and the rest of the UK regulating exclusion provided only part of the explanation. The research found that the smaller number of schools and class sizes in Northern Ireland facilitated communication and made the negotiation of problems easier, thus preventing exclusion. Other evidence produced by DENI (1999b) found that most schools in

Northern Ireland did not identify the behaviour of pupils as a problem. This may suggest a harm reduction process within school drug education may help address the problems that contribute to the comparatively high levels of school exclusion outside Northern Ireland. However, although young people in Northern Ireland are less likely to be excluded, statistics show that once they are, it can be more difficult for them to return to full-time education (Barr and Kilpatrick 2000).

It is generally accepted that there is a greater opportunity for effecting change at the beginning of a potentially drug-taking career (i.e. Gilvarry, 1998). Such a strategy would appear to have merits for the young people in this research but perhaps would now have more benefit for young people in succeeding years. One obvious barrier to intervention is removing it (intervention). Whilst this is not quite the case for all young people excluded from school, these young people are unlikely to receive the drugs education and awareness that their peers who remain in mainstream school have access to even though many would appear to be strong candidates for such interventions. Again perhaps a harm reduction approach may be a more effective strategy than a prevention-based option especially for school excludees. School excludees are not only outside the education system but by their very exclusion may be at an increased risk of further illicit drug use than those who remain at school.

The school excludees have stopped attending school, in many cases well before the statutory leaving age at 16 years. However the role of illicit drug use and the lifestyle associated with this behaviour in their exclusion from school is unknown, but for many drug abuse has now become a feature of their lives and perhaps may have now come to

play a bigger influence on their academic failure (Rumball and Crome, 2004). Cannabis remains the most frequently used illicit substance throughout the four years of the study, among 'hard' drugs i.e. cocaine, ecstasy, the level of use continued to rise but remained comparatively limited to cannabis. Additional influences on the use of these drugs may be media campaigns (McGue et al, 2001) and in Northern Ireland a recent availability of more affordable cocaine (*Irish News 2005*). Perhaps we may be witnessing cocaine now beginning to replace heroin as the drug that epitomizes those most likely to become socially excluded. Once excluded from school the majority of young people do not return to mainstream school, further increasing the likelihood of following a path to for example, drug abuse and antisocial behaviour and therefore increasing the possibility of becoming marginalized within society more generally. Once this path/lifestyle to the margins of society begins it is very difficult to get back from these margins without concerted action (Foster, 2000). For those subjected to the stigmatization associated with this lifestyle, it is increasingly difficult to assist recovery as a result of the challenges for their reintegration into the wider society initially through a return to school (Buchanan and Young 2000). One valuable contribution here could be adequate resources of both trained teachers and suitable material on drug abuse and its implications being made available to all young people at school especially those at an increased risk to its long-term impacts (Wright and Pearl, 1995). Moreover, the generality of both the nature of adolescent problem behaviour as well as its adult outcomes suggests that interventions or prevention strategies targeted at single behaviours (e.g. smoking, substance abuse, delinquency) may, even if successful, not fully ameliorate psychopathology among problem young people (McGue et al, 2005).

This study may possess some limitations when compared with ‘traditional’ longitudinal studies. Such studies, particularly in the area of child and adolescent development through their measurement of change during this period attest to their importance for researchers, policy makers and even funding agencies. Their value over cross-sectional studies for producing accounts of patterns of development and even its sequencing and timing for policy makers is undeniable. However one weakness of the repeated cross-sectional design over ‘traditional’ longitudinal studies is its inability to measure causal relationships. Although less scientifically rigorous compared to ‘traditional’ longitudinal studies, repeated cross-sectional research designs have been widely advocated by the UN where resources are limited (UN Division on Narcotics, 1985). It was an approach utilised in developing countries for surveying comparable populations over regular time intervals (Adelekan et al, 1996; Johnston et al, 1991; Roberts et al, 1995; Smart and Fejer, 1975; Wright and Pearl, 1995). Repeated cross-sectional designs eliminate, to some extent, difficulties such as attrition, when tracking ‘hard to track’ groups such as school excludees. The findings from this study must be considered within the confines of this research design. Whilst not a ‘traditional’ longitudinal survey design it nonetheless meets much of the criteria i.e. parental/guardian consent requested each year, data collection on the same measures in the same alternative education projects each year, which produces a level of the required standardization across data sweeps (Menard, 1991). It is also worth noting that this approach was used to monitor drug use behaviour among young people, including school surveys, during the ‘early’ days of studying adolescent drug use in the 1960’s and 1970’s (e.g. Roberts et al, 1995; Smart and Fejer, 1975)

Conclusions

Studies such as this provide empirical evidence on drug use behaviours of a vulnerable/high risk group that are also difficult to access for research (and on occasions access intervention strategies). Having identified one high risk group and tracked their behaviour over four years, this study offers information to inform potential interventions as well as providing insights into which groups may merit such specific/targeted interventions. Clearly the timing of interventions with earlier implementation (particularly before the age of 15 years) more likely to be effective in addressing problem behaviours including drug abuse and antisocial behaviours for all young people. Braithwaite (1999) argues that if the goal of any intervention is to instil a sense of community and relational thinking then isolating someone (as in exclusion from school) is exactly the worst way to achieve it. One additional implication of the findings is the possibility that school surveys based only on mainstream school populations (without school excludees) may underestimate drug use among school age young people especially as these surveys often form an important part of drug prevention education and policy for all young people.

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