

Drugs and Young People in Central Fife

A streetwork survey on drug use among young people in Glenrothes and the surrounding area

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Delta is managed Kirkcaldy YMCA, Kirkcaldy YWCA and Glenrothes YM/YWCA.



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SUMMARY

In summary the survey confirmed other research showing that significant numbers of young people are starting drug use earlier than previous generations. The majority are choosing alcohol and cannabis as their main recreational drugs and in our survey those using Cannabis outnumbered those who did not.

There was, we believe a clear link between exclusion from school and early onset of drug use. This is most clearly demonstrated by the fact that 47 % of excludees started taking drugs when 12 or younger compared to 23% of those who had never been excluded.

Overall we see the results of this survey as a starting point to better understanding the Drug scene among young people locally and highlighting some areas for future development for service providers and planners.

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INTRODUCTION

There have been many surveys on the issue of young people and drug use. National trends appear to show a continued increase in the levels of drug use among people in the 12-25 age range. Our survey was funded from a grant allocation of £14,000 received from Fife Drug & Alcohol Action Team. This money funded street work and outdoor education work with young people in the Glenrothes area aimed at increasing awareness on drug, alcohol and sexual health issues.

We wanted to establish a baseline for the prevalence of drug use among young people we came into contact with during our street work sessions.

We also wanted to find out at what age local young people started taking drugs, to what extent alcohol was a factor and whether we could establish any link between suspension or exclusion from school and the use of illegal drugs.

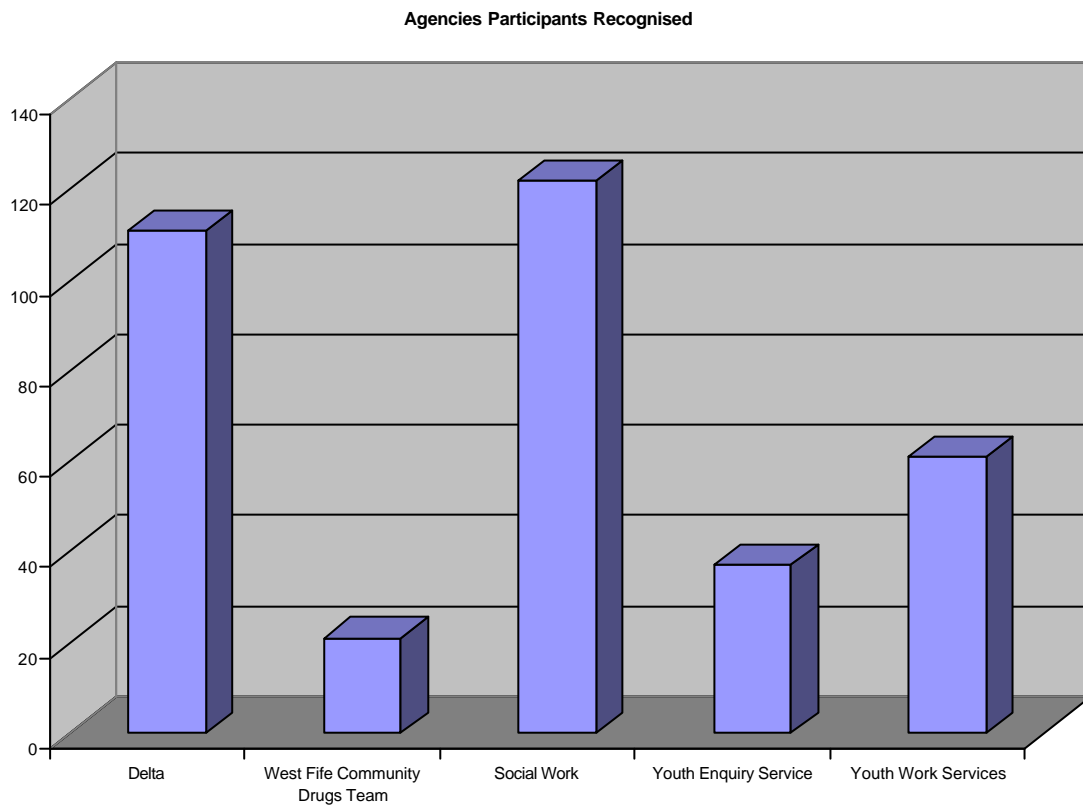
We feel the results of this survey tell us a lot about the drug scene locally and its impact on young people and hope that it contributes to the development of policy and resources targeting this group.

METHODOLOGY

The methodology used in this survey could be characterised as 'action research'. Face to face interviews were carried out using structured questionnaires at a variety of locations in the Glenrothes, Benarty and Levenmouth areas. In the main, interviews were carried out between 7.00pm and 9.00pm from September 2000 to June 2001. The survey was not an end in itself but part of DELTA's street work project where we attempted to engage with young people in the areas they congregated to provide information and advice about drugs, alcohol and sexual health.

We found that our agency had a relatively high profile among the sample, particularly in our base area of Glenrothes. We had previous contact with many of the young people either through our school based education

programmes or through them accessing our drop in advice & condom distribution services.

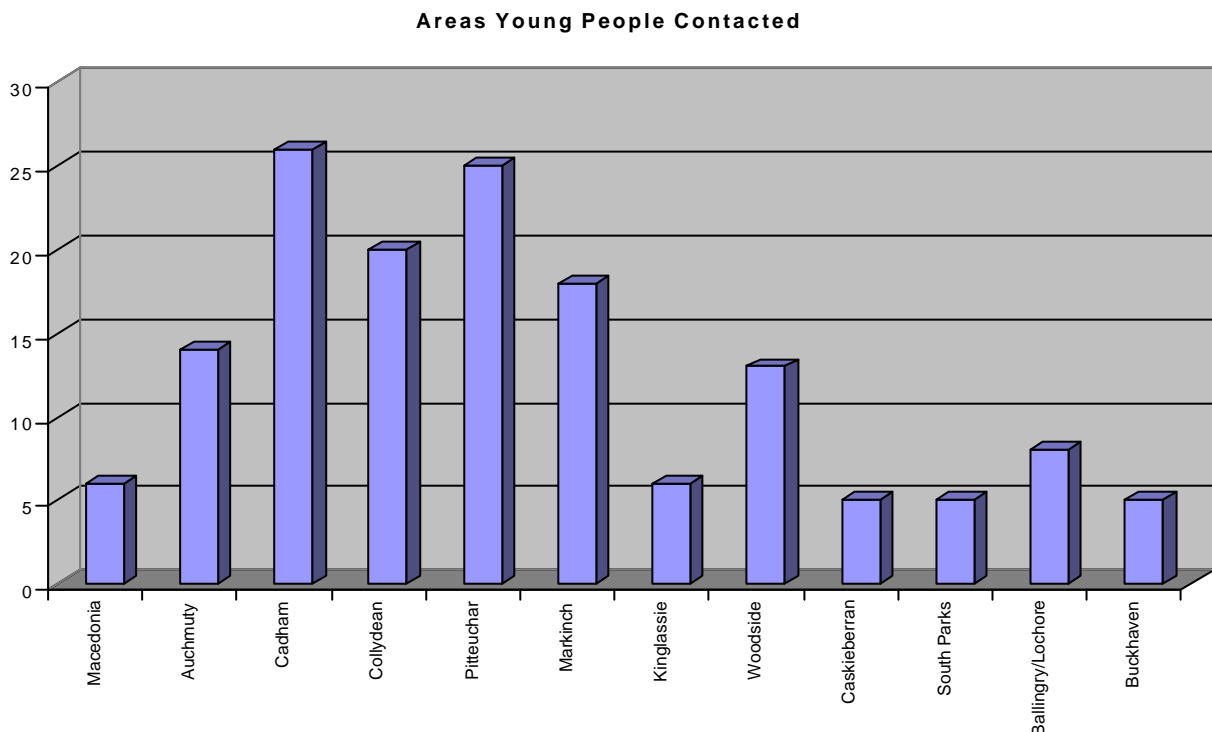


GRAPH 1

We feel that this recognition from the young people helped us gain honest and accurate responses to the survey questions and that the survey was a useful tool in initiating discussion and debate.

SAMPLE SIZE

The interviewers completed 151 questionnaires with young people from the ages of 13 to 21. The vast majority of interviews were carried out in the town of Glenrothes in its main precincts.



GRAPH II

DEMOGRAPHICS

Both the size and the nature of the survey meant that whilst we included questions on injecting and sharing behaviours there was a comparatively small number of under 16's reporting heroin and injecting drug use.

Furthermore there was a similarly small number of respondents from ethnic minority communities. Anecdotal evidence and national surveys indicate

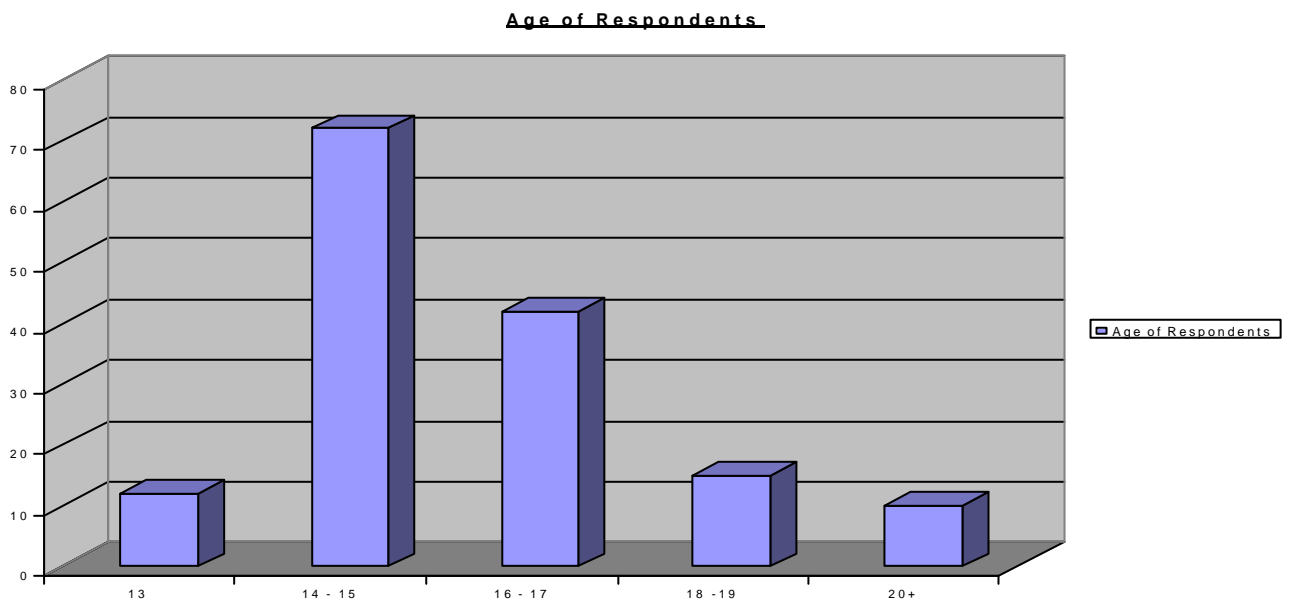
that these groups have similar rates of drug use to the general population but may be less likely to seek help from generic agencies.

Many other surveys have contacted young people through the school system and some of the differentials in findings may be due to the fact that teenagers who are contacted on the streets may have different characteristics and social backgrounds to the general school population.

Survey Results and Comparisons

AGE OF RESPONDENTS

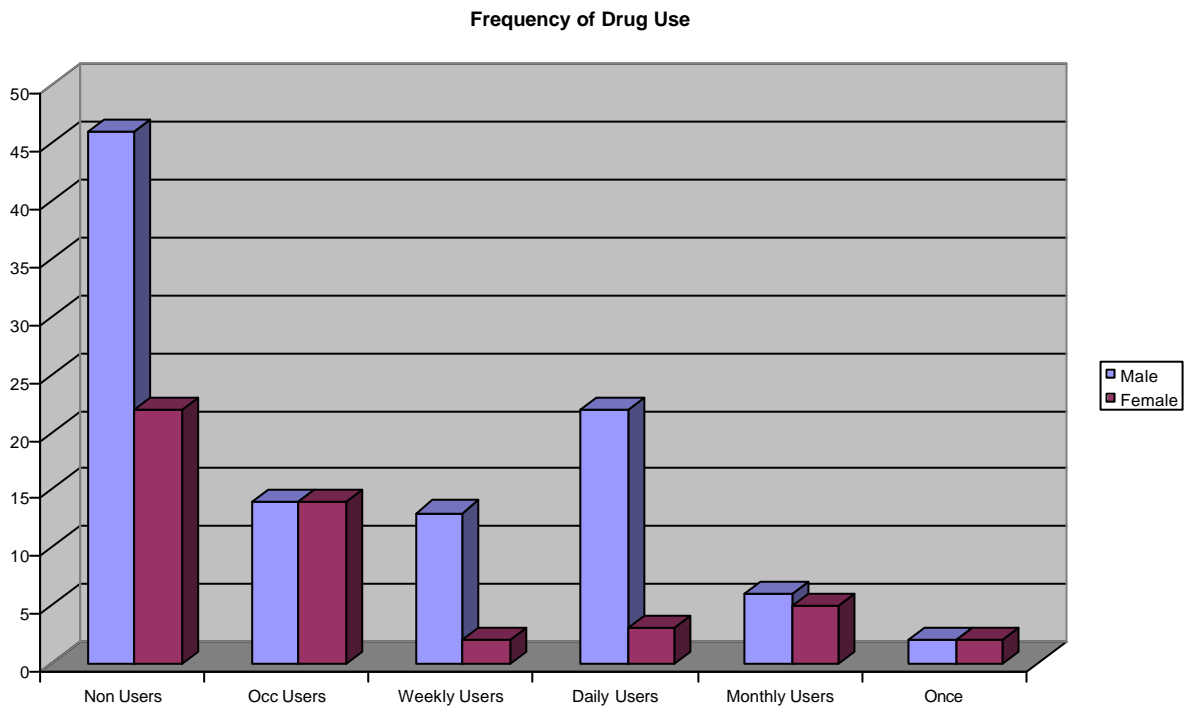
The average age of the respondents was 15.7 years old, with over 46% falling into the 14-15 age category. We expected to come into contact with this age group given the street based nature of the survey. It may be inferred that younger people are more likely to be under parental supervision and older teenagers may be accessing other leisure facilities or spending recreation time in either their own home or the homes of friends.



GRAPH III

DRUG USE STATUS

In our survey we included the use of alcohol within the questionnaire. Our results for the frequency of drug use exclude alcohol, which is covered in graph V. In comparison with other surveys e.g. Scottish Schools Drugs Survey 1996, the number of non-users is lower. The percentage of male and female who reported no drug use is similar (male 44.7% and female 45.8%). The Scottish Schools Drugs Survey 1996 recognised that their figures for drug experimentation were lower than other similar surveys and we feel that the fact the questionnaire was carried out on the young peoples own territory may have resulted in more honesty regarding their drug use.



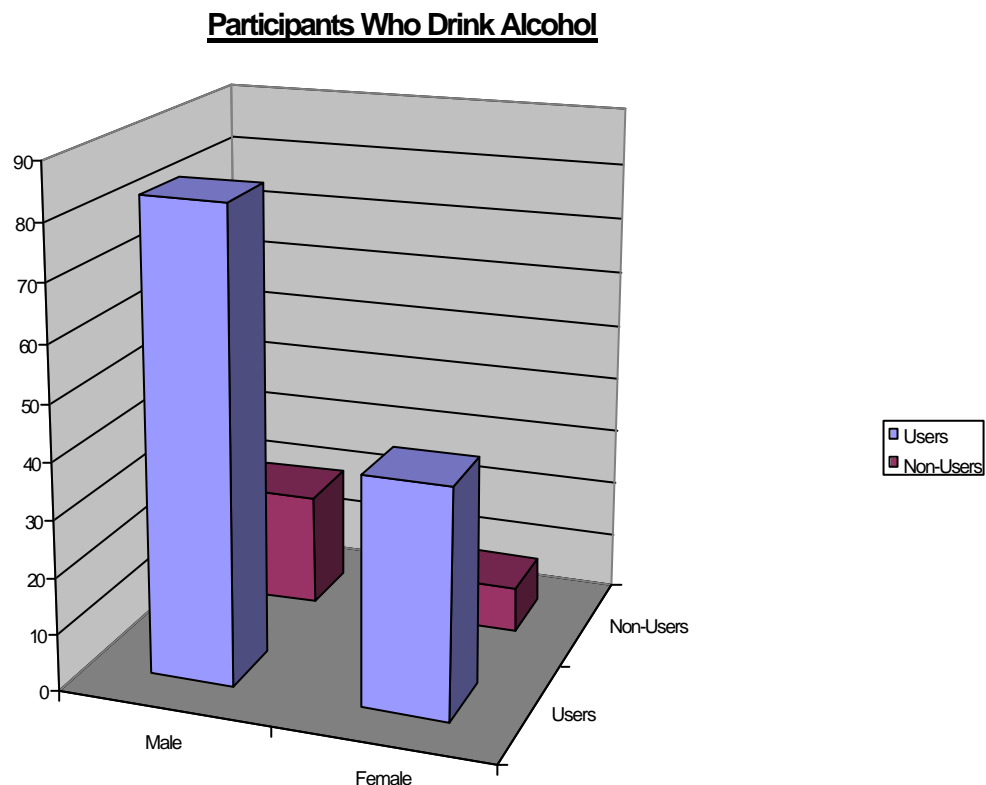
GRAPH IV

Additionally the average Scottish secondary school has a population from a wider social /economic range than those we contacted. The largest percentage of young people were contacted in the Cadham area which is part of the Pitcoudie /Cadham district ward. This area has the highest rate

of unemployment in the Glenrothes area. (Fife Council Unemployment & vacancy statistics January 2001) The next largest group was contacted in the Finglassie area and anecdotal evidence suggests that the majority of young people contacted there were actually from outwith that precinct of Glenrothes with many travelling from Thornton /Woodside and other areas in Glenrothes.

When we consider daily drug use there are wide variants in the percentages with 21% of male respondents using illegal drugs on a daily basis compared to 6% of female respondents using on a daily basis. We felt that these differences require further examination to establish what attitudinal or practical reasons there are for the wide variance in levels of drug use.

ALCOHOL USE

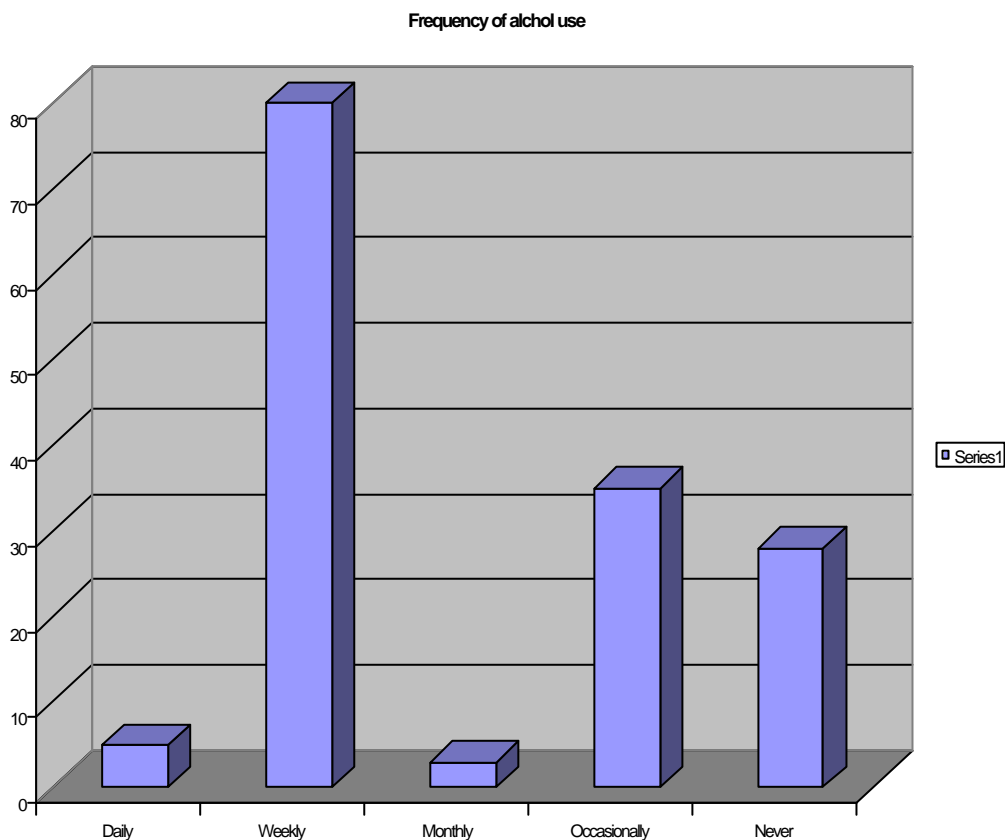


GRAPH V

The overall figures for alcohol use in this group are 81.5%. The percentage in the Fife Local Authority area reporting alcohol use in 1996 was 76%.

The 1996 school survey gave an overall figure of 74% of participants who had tried alcohol. This survey confirms the fact that alcohol is the main drug of choice for this age group.

In addition to the health risks associated with drinking among young people it was clear from our streetwork survey and liaison with local agencies that there was an impact on feelings of community safety and concern about law and order among the wider community. We also were aware of the role alcohol played in the sexual activity of the survey group.



GRAPH VI

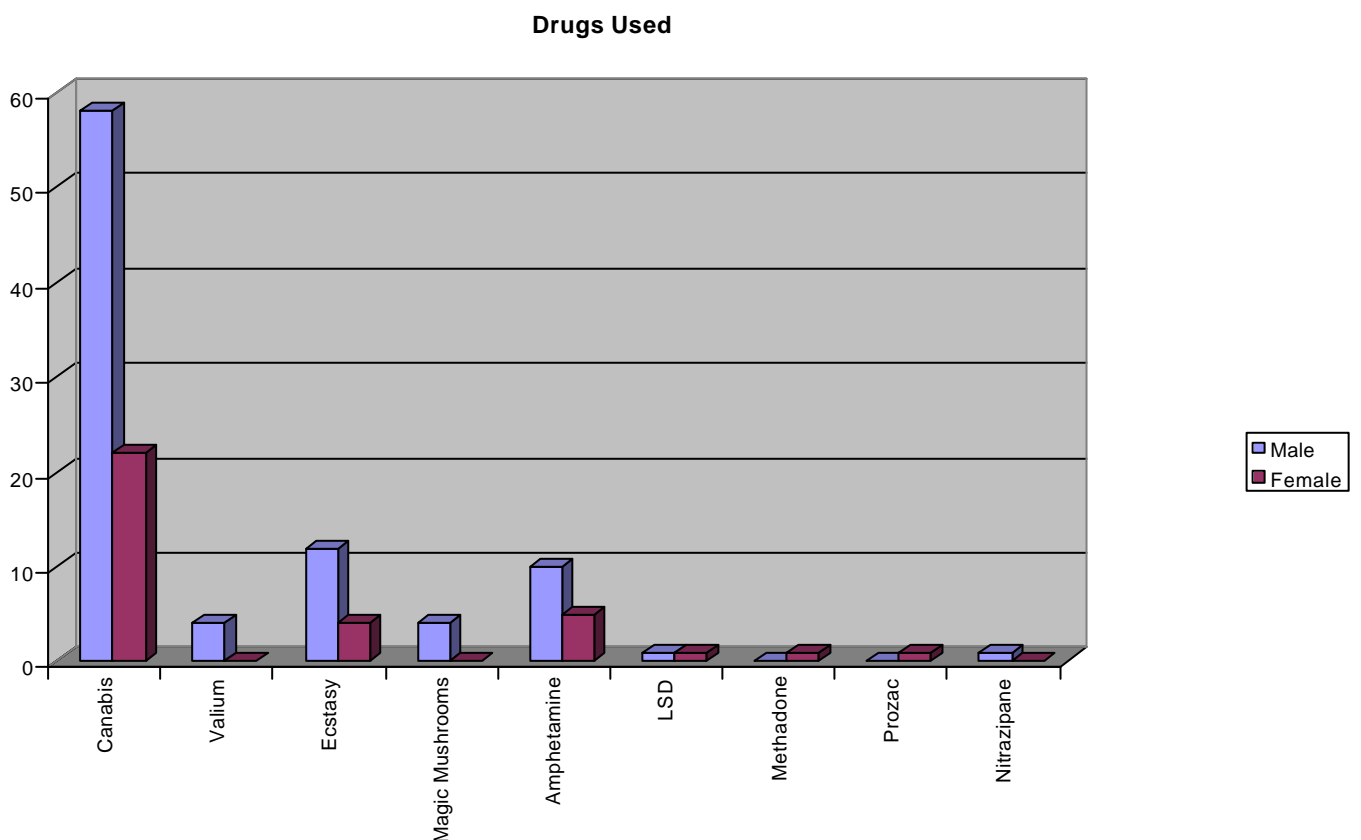
Graph VI shows the frequency of respondents drinking.

DRUGS USED

The results for drug use are broadly similar to other surveys and confirm that cannabis is the most widely used illegal drug among this age range and social group. There does seem to be evidence that Fife has levels and patterns of drug use more in common with the larger cities than other semi rural areas such as Perth & Kinross where 44.4% had tried an illegal drug by the age of 15 (Barnard & Forsyth 1998).

In terms of the link between levels of drug use and deprivation, Fife seems to have more in common with areas such as North Lanarkshire and East Renfrewshire.

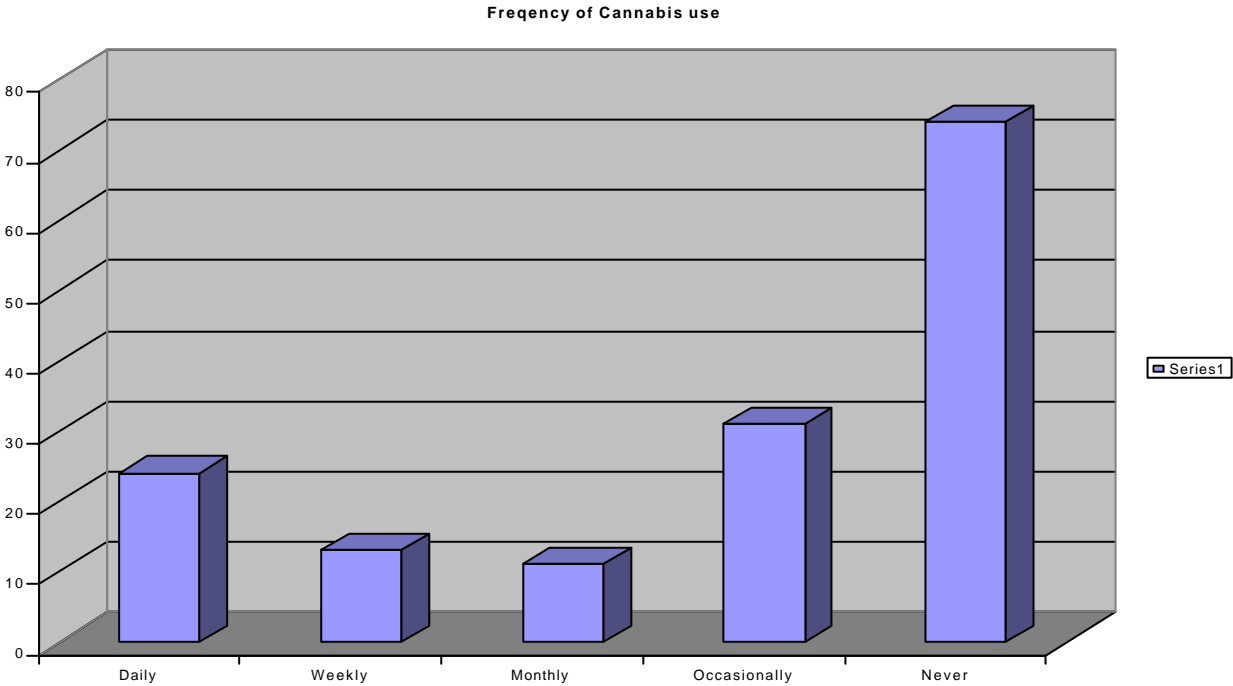
This is shown by the 1996 tables for Local authority drug use which show Fife as in the higher range for Cannabis use and significantly the second highest area for tranquilliser use. Anecdotal evidence gathered during our survey showed tranquillisers occasionally used to augment the effects of the Friday or Saturday night carry out.



GRAPH VII

CANNABIS

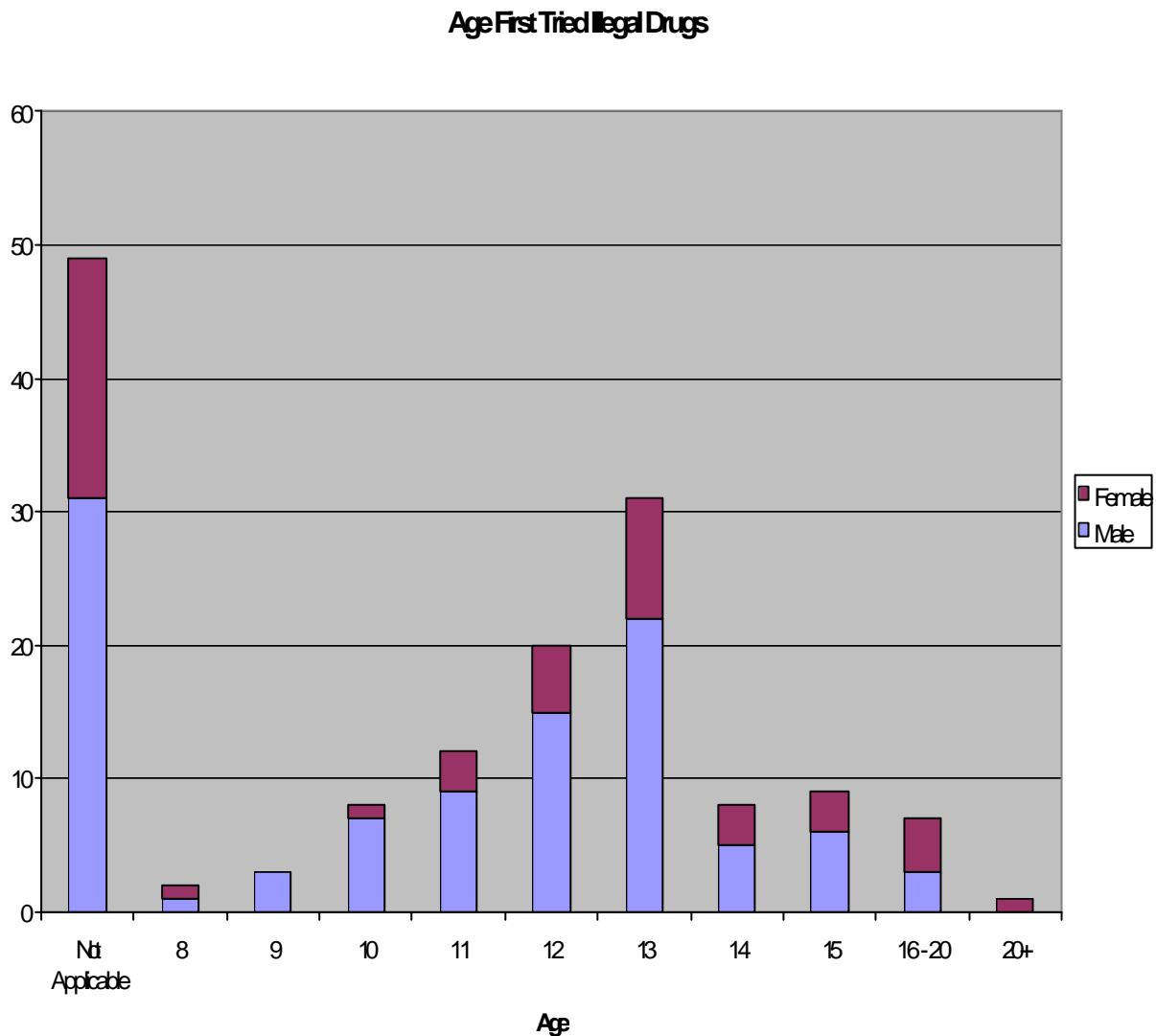
It is apparent from the results of this survey, as with the most drug surveys that cannabis is the most frequently used illegal drug. The percentage of people reporting cannabis use was 53% in comparison to 28% for the Fife Local Authority area. Graph VIII shows the frequency of Cannabis use and indicates 47% had never tried the drug. This may be significant as it shows that those who have not or do not use this drug regularly are in the minority, albeit a considerable one.



GRAPH VIII

AGE FIRST TRIED ILLEGAL DRUGS

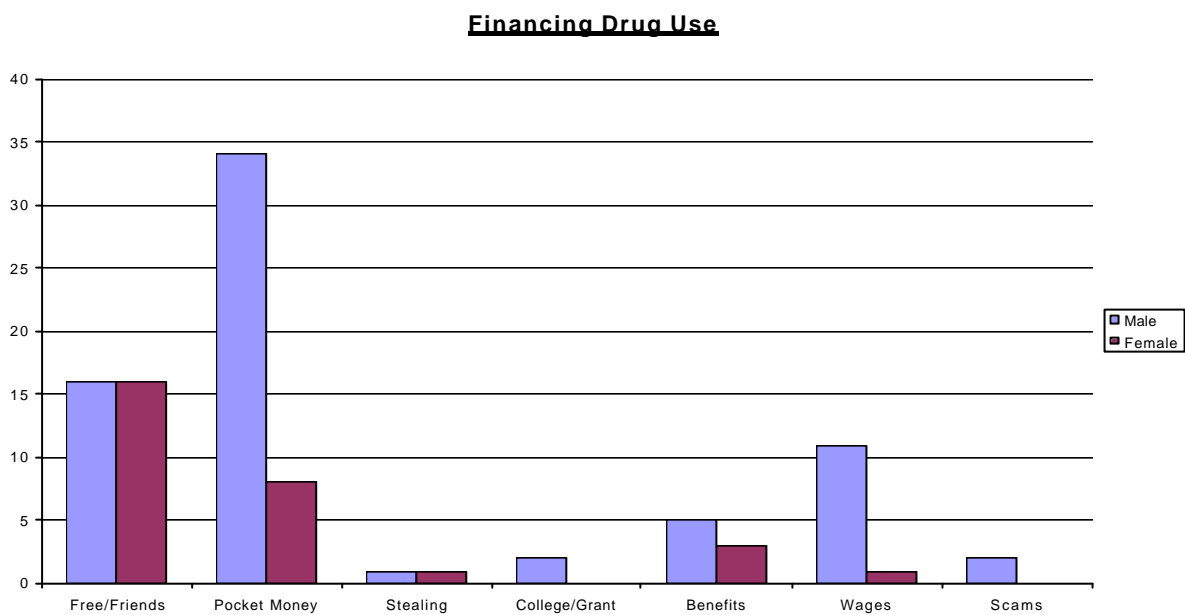
In our survey the most common age of first use of drugs was 12 –13 (51 respondents which equals 34%). This is an earlier starting point, lower than the Drugscope (2000) survey, which found young people start taking drugs (if they do at all) between the ages 14 –15. This finding tends to confirm that Scottish children seem to start taking drugs earlier than their English counterparts.



GRAPH IX

FINANCING DRUG USE

Most participants funded their drug use from pocket money or were given drugs by their friends. The most common was females gained access to drugs was from friends or other free source.



GRAPH X

SUSPENDED/EXCLUDED FROM SCHOOL

36% of respondents had been suspended from school on at least one occasion. 29% reported that they had been excluded from school on at least one occasion.

There is now a growing body of evidence that levels of social deprivation has some relation to both truancy and exclusions from school. Galloway et al (1985) and Pritchard et al (1992) show that poor attendance is associated with social economic disadvantage and socially deprived young people are over represented in exclusions from school. The Department for Education and Employment research (1999) argues that people from

deprived areas may be more likely to have a regular drug habit and problematic drug use compared to groups from better off areas who are just as likely to encounter and try drugs. There remains a relatively poor economic outlook for many young people in Central Fife. It can therefore be argued that while our survey groups **level** of drug use may not differ significantly from a similar sample in, for example, North East Fife, the health and social **outcomes** for this group may include a higher percentage moving from experimental to problematic drug use.

Further evidence of the deprivation/exclusion drug link was uncovered by a study in 1997 by Wisley and colleagues (Lloyd, 1998) who interviewed 26 heroin users and found that 21 had experienced some type of exclusion from school prior to their heroin use. Newcombe and colleagues (Lloyd, 1998) argue that low grade average and low educational co-operation is a good predictor of problem drug use.

EXCLUDEES

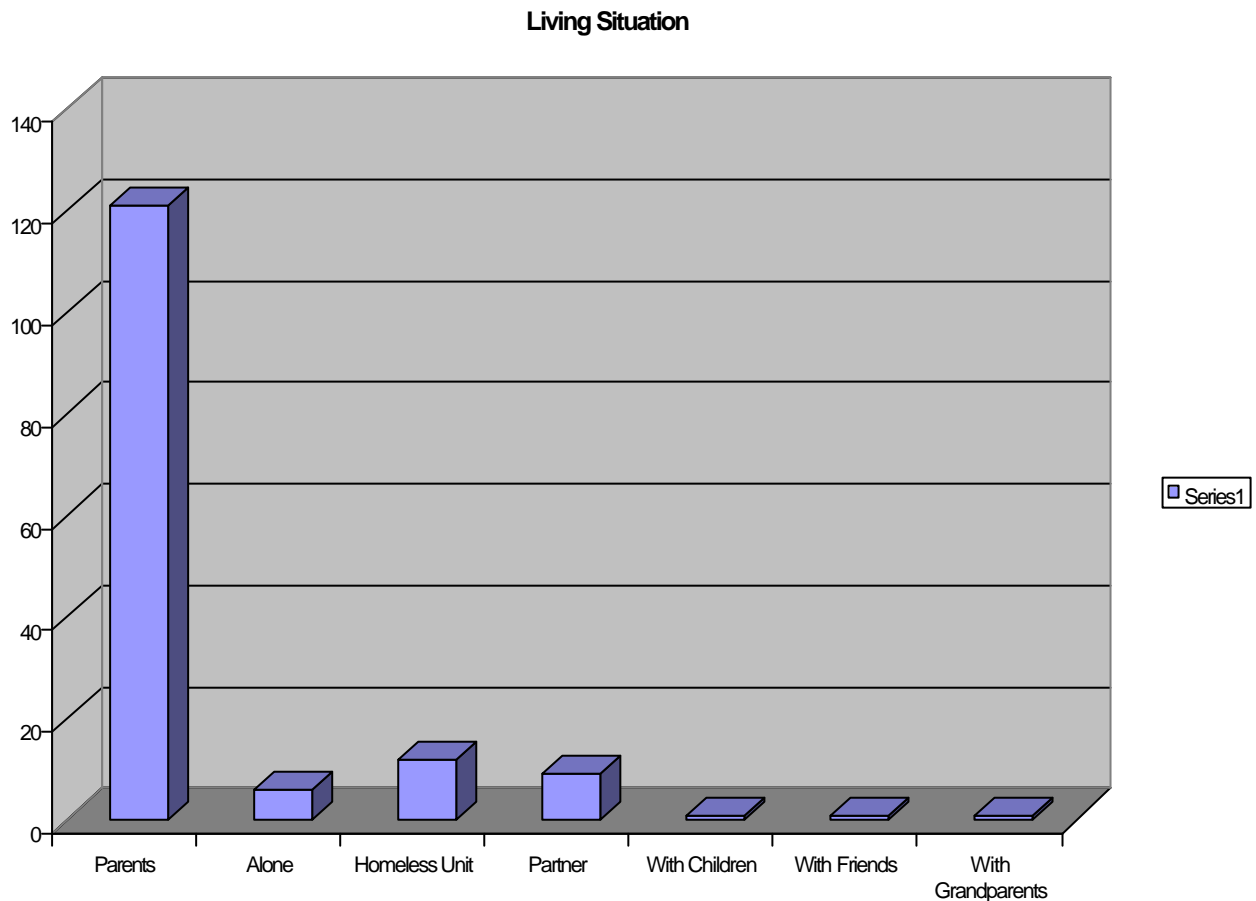
NON-EXCLUDEES

Age of First Drug Use	No. of Individuals	%	No. of Individuals	%
8	1	2.1	1	0.95
9	3	6.5	0	-
10	5	10.8	4	3.8
11	6	13	6	5.7
12	7	15	14	13.3
13	12	26	17	16.1
14	4	8.6	5	4.7
15	1	2.1	8	7.6
16	2	4.3	3	2.8
17	1	2.1	1	0.95
20	0	-	1	0.95
23	1	2.0	0	-
Never	3	6.5	45	42.8
Totals	46	30.5% of total sample	105	69.5% of total sample

GRAPH XI

LIVING SITUATION

As would be expected for this age group the vast majority, 80%, lived at home with parents. These findings also relate to the question of who young people would speak to if they had a drug problem.



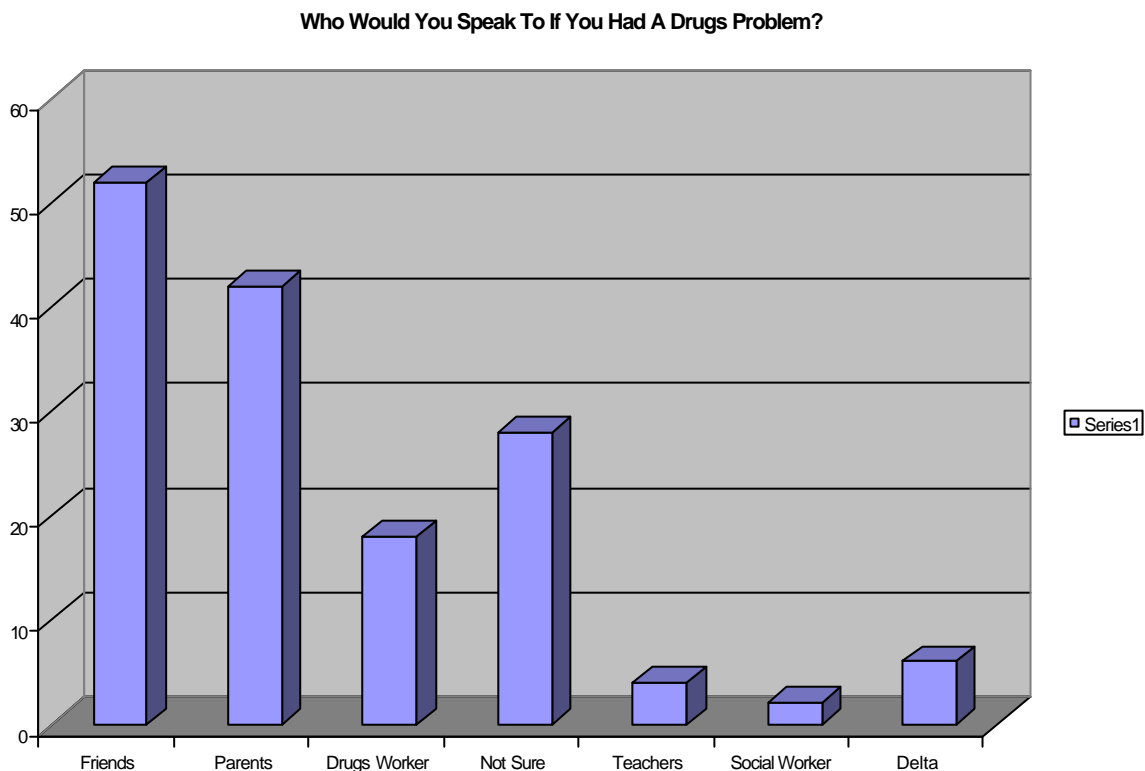
GRAPH XII

WHO WOULD YOU SPEAK TO?

An interesting aspect of the survey for service deliverers and planners was the question of who young people would turn to if they had a drug problem. The young people were not given any prompts for this question therefore we feel it is an accurate reflection of their thoughts on this issue.

Much is made of the issue of peer pressure in relation to drugs. Recent surveys such as Brown (1981) have contradicted the received wisdom that it is pressure from other young people that makes people take drugs.

Various surveys have now found that peer selection is more common than peer pressure, in other words young people chose the type of young people they want to associate with and the types of activities they are interested in including drug taking.



GRAPH XIII

GENDER DIFFERENCES

The gender differences in this section are quite revealing and again contrary to popular belief. The most popular choices for female to speak to were friends at 42.2% and parents at 19.1% whilst for males it was parents at 31.7% and friends at 28.8%

Females were more likely than males to speak to a drug worker, 12.7% opposed to 7.6%, whilst 3.7% of males mentioned their doctor and no females gave that response.

In older age groups it is recognised that males are much less likely than females to go to the doctor with a problem so it could be argued that females of this age have some perceived barriers about approaching their GP. This squares with the anecdotal evidence from our agency, which suggests that young females find primary healthcare settings somewhat intimidating in relation to seeking sexual health advice.

CONCLUSIONS

From the sample size and quality of responses we feel that the streetwork method of research was appropriate for our target group. In addition the fact that we were out on nights when young people meet up to socialise (Particularly Friday and Saturday evening) gained us access to 'hard to reach' groups.

We were encouraged by the high recognition factor of the DELTA among this group. It was also interesting to note the high level of awareness of social work services, which may point to direct or indirect contact with this group.

The lower recognition of youth work services may indicate that our street based groups did not use traditional youth clubs or have experience of detached youth work.

Drug use status/Exclusion/Deprivation

There are proven links between deprivation and problem drug use. Previous surveys have also shown that levels of drug use among young people are broadly similar regardless of their economic background. For our survey respondents we can conclude that the disparities in health education and employment may not begin to show until later in life. In our view this means that it is right to target education and prevention initiatives to those from areas and backgrounds with high levels of deprivation and social exclusion.

Our evidence on the link between exclusion/suspension from school and drug use is significant. Nationally and locally resources are already being targeted to address this issue but more still requires to be done on a Fife wide basis to ensure adequate drug prevention and education initiatives reach this group and that early intervention on behavioural and social problems are effective and consistent.

Alcohol and Cannabis use

As expected Alcohol and Cannabis were the most frequently used drugs in our survey. Perhaps the most significant findings were the levels of alcohol use and the fact that a majority of the survey sample used cannabis at least on an occasional basis of alcohol use by respondents. Cannabis use among the young people we contacted tends to be viewed by this group as overwhelmingly positive or neutral in terms of its effect on health. It is our view that more education is required on cannabis's short and long term effects and that harm reduction information on the link between cannabis and tobacco use needs to continue to be developed.

Whilst parents may fret about illegal drug use it is clear that significant numbers of those surveyed drank alcohol on a weekly basis. With an average age of 15 we can conclude that there is a need to develop targeted alcohol initiatives to this group as well as changing wider attitudes on how and why we drink.

If designing our questionnaire again we would attempt to get more information on the level of alcohol use among this age group. We can say from our own observations and conversations that many of those we spoke to drank to excess on a weekly basis.

Similarly we omitted to question young people on tobacco use which would have given us valuable local information on the extent of smoking in this age group.

Support for young people

The young people surveyed felt that friends were the most likely people to turn to if they had a drug problem. This is a challenge for agencies to develop appropriate peer education programmes and provide accurate drug information to young people. Drug related myths are not the exclusive preserve of older non-drug using adults. In our years of work in schools we have come across several deeply held beliefs relating to drugs among young people which have no basis in fact. These include the myth that smoking cannabis is good for you as it clears out your lungs.

Parents too appear to be an under used resource in drug education and the high rating for parents in this question suggests that the parents of today are more approachable on controversial issues such as drug taking than in previous generations. It may also suggest a merging of attitudes to illegal drug use particularly when it has been shown for example that the rise in cannabis is not confined to the under 25's.

In regard to those not sure who they would speak a challenge exists for teachers, social workers and agencies like DELTA to make the services more user friendly and accessible. There could also be an enhanced and more visible role for healthcare and counselling staff in the education system.

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