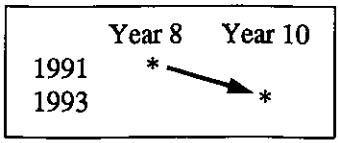
*In 1993, over two-thirds of all the Year 11 pupils surveyed knew at least one user of illegal drugs.*

John Balding

# Young people and drug-taking: facts and trends

A schools survey project in Yorkshire was the starting-point for a much wider enquiry into the changing level of drug use by secondary school pupils.

In 1991, 9901 pupils in 64 Yorkshire schools completed the Health Related Behaviour Questionnaire in a survey co-ordinated by Tony Goodall. The contract included provision for a second survey two years later, part of the plan being to 'catch' the 1991 Year 8 pupils as Year 10 pupils in 1993 . . .




Tony Goodall made further provision for contacting them again in 1995 by post, should the opportunity of funding the project be possible and desirable.

Our continuous accumulation of data from schools around the country has supplied us for several years with 'pseudo-longitudinal' studies of representatives from cohorts of youngsters as they grow older and move up through the school as each year passes. These are not true longitudinal studies, because representatives of each year's cohort may be from different parts of the UK. The Yorkshire study, however, does target the same population, and many respondents will have been included in both the 1991 and 1993 samples.

Report writing following major surveys in districts (and regions) is of great importance. It is an activity in which the Unit is abundantly practised in supporting the local interpretations of the analyses carried out. Our report for Yorkshire included the search for trends, for differences between the sexes and the age groups, and for the developmental changes in the members of the cohorts of boys and girls in the deliberate study, and some remarkable changes in a number of behaviours were rapidly discovered. Some of these changes were cause for major concern, including the apparent increased proximity of the young people surveyed and illegal drugs.

As soon as the large increases were discovered we were requested to examine the total

databases for the two years under scrutiny — namely, 1991 and 1993 — to ascertain the extent to which the Yorkshire sample was in keeping with the results from the numerous other surveys carried out across the UK in those two years.

Our searches revealed that the Yorkshire results were slightly less alarming than those for the remainder of the annual sample for each of the two years. Whether these discoveries were of some comfort to the health care professionals in Yorkshire, we do not know! It did, however, prompt us to search an earlier database, the one containing all the surveys carried out in 1989. The data from these three databases, derived from a total of 35 Health Authority surveys and a sample size of 68,674, have been used in the preparation of our report published in November 1994, upon which this paper is based (1).

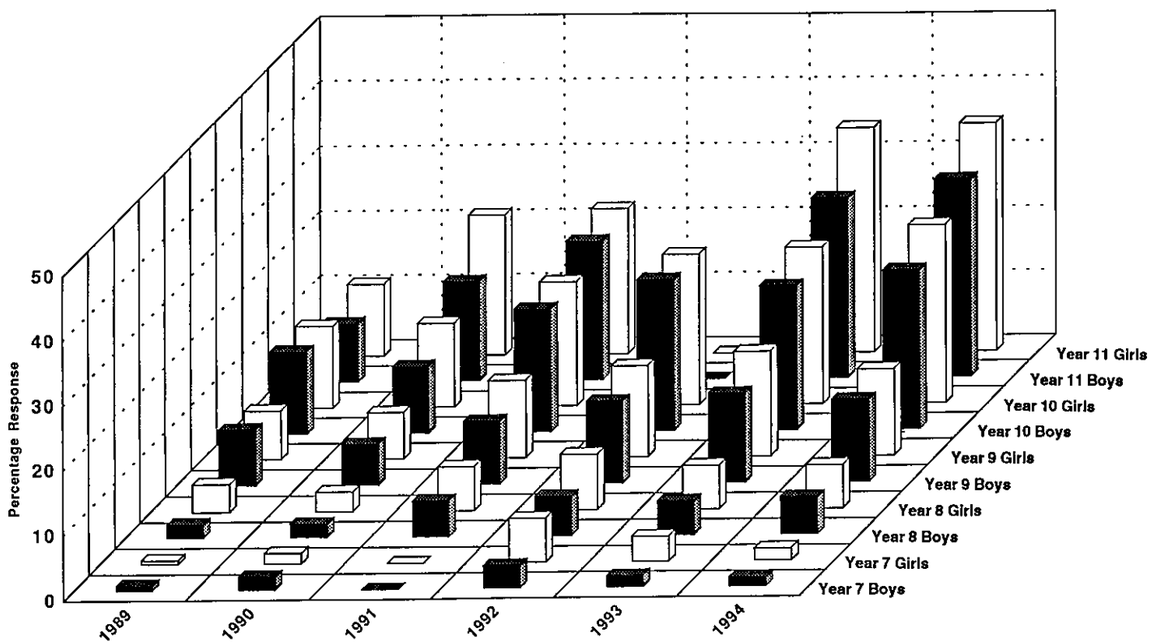
Our annual compilation of statistics derived from the numerous surveys is published in our *Young People In . . .* series, starting with *Young People in 1986*. Each year's sample is very large, and is typically around 40% of the population from which it was drawn. Researchers in government departments and elsewhere are wisely cautious of reading 'national status' into the database, and the purpose of the data collection is not to provide such a service. However, the increasingly large annual sample, drawn from a population of at least twice its size, is worthy of serious consideration rather than dismissal.

The purpose of each survey in each health care district is to provide robust local data to inform health care planning for young people. Sampling and tracking are typically under the ownership of members of the Offices of Public Health. Repetitions of surveys in later years are numerous.

Although the composition of each year's very large sample is not under the Unit's control, each year's collection of data is a good predictor of the next. Additionally, to have the large Yorkshire cohort study contained within the databases for 1991 and 1993, and to be able to separate the cohort members from the remainder of the sample and compare their results, presents a very convincing picture of continuity between the populations involved in the Unit's survey services across the UK.

The data represented in Fig. 1 have been

Fig. 1. Health Related Behaviour Questionnaire data for 1989–1994, showing the percentage of young people in Years 7–11 stating that they had used at least one of the illegal drugs listed on page 51.




Sample size: 1989 Boys:8045, Girls:7774; 1990 Boys:9376, Girls:9565; 1991: Boys:12407, Girls:11521
1992 Boys:10257, Girls:9961; 1993: Boys:14757, Girls:14317; 1994 Boys:20345, Girls:19753



derived from reported use of one or more drugs from the following list:

**Amphetamines** (speed, stimulants, uppers)
**Barbiturates** (downers, barbies, sleepers)
**Cannabis** (leaf form: grass, pot, marijuana, dope)
**Cannabis** (resin or oil: hash, Leb black, moroccan)
**Cocaine** (snow, coke)
**Crack** (rock)
**Ecstasy** (MDMA, XTC, E)
**Hallucinogens** (natural: magic mushrooms)
**Hallucinogens** (synthetic: acid, angel dust, LSD)
**Heroin** (H, junk, skag, smack)
**Solvents** (glue, gas refills, cleansing fluid)
**Tranquillisers** (Librium, Valium)

To assist the young people to classify the drugs, the street names shown here in parentheses were included in the questions. However, as these names change with time and also vary in different parts of the country, the organisers of individual surveys often provide additional local names, when known, to improve the understanding of these questions in the schools.

The percentages represented in Fig. 1 therefore include solvent experimentation. The steady increase in the number trying or using illegal drugs is clear. Each column typically fits within the three trends demonstrated:

1. Between older and younger groups (front to back).
2. Between the year before and the following year (left to right on the same line).
3. Diagonally between groups representing the same cohort.

The Yorkshire study gave us a chance of assessing the claim that our uncontrolled but very large annual samples do provide a representative and reliable picture. For the first time ever in the development of the Health Related Behaviour Questionnaire, the Year 8 pupils completing the questionnaire in 1991 were re-selected for the repeat in 1993; and the new Year 8 1993 pupils may complete another questionnaire study in Year 10 in 1995. Our comparison of the identical Yorkshire cohort of 1991 and 1993, when matched against similar comparisons between non-identical representatives of cohorts, support our view that sufficiently large samples of the nationwide school population constitute a major resource for studying changes and trends in young people's health-related behaviour.

## Drug-taking trends

For several years there has been a good deal of anxiety amongst parents, teachers, health-care professionals, the police, and other bodies over the use of drugs by young people. This concern is often heightened by reports through the media, which typically draw attention to unwise use and the resultant damage or disaster.

Back in 1987, in response to this growing worry, a section on illegal drugs was added when the latest edition of the Health Related Behaviour Questionnaire, Version 11, appeared. At that time, reflecting widespread hesitancy about bringing the topic into the open, the section appeared as an optional extra after the main body of the questionnaire. It soon transpired that few schools had doubts about the importance of drug education and the need for reliable information; in fact we began to receive alarmed telephone calls from teachers that had received their survey results and were horrified to find evidence of substantial drug use in their own patch. From then onwards the illegal drugs section became as much a part of the questionnaire as the alcohol and smoking questions.

Our aim, with respect to illegal drugs, has always been to collect data about the following:

1. Knowledge of the different types of drug.
2. Contact with drug users and suppliers.
3. Personal experience of drugs.

To make the collection of data tidier, we generated the checklist of drugs shown above and referred the questions to this checklist.

## The questionnaire and the drug data

The topic areas included in the latest version of the Health Related Behaviour Questionnaire include:

| | |
|---|---|
| **AIDS** | **Leisure pursuits** |
| **Alcohol use** | **Medication** |
| **Aspirations** | **Money** |
| **Dental care** | **Physical activity** |
| **Diet** | **Relationships** |
| **Doctor** | **Self-esteem, etc.** |
| **Drugs** | **Smoking** |
| **Homework** | **Social activities** |
| **Hygiene** | **TV, videos, etc.** |
| **Jobs** | **Worries** |

The content of the Health Related Behaviour Questionnaire is under regular scrutiny, and from time to time new questions are added — usually in response to prompts from users — and the lesser-used ones are removed.

The purpose of all surveys is to provide reliable data for individual schools and District Health Authorities over a wide range of health issues, against which they can (1) decide priorities, (2) allocate resources objectively, and (3) monitor change.

The large collection of data available annually — obtained from 171 surveys in 1993 — is a valuable by-product of a service available to schools and Health Authorities across the UK.

*The quality of the data*

*The quality of the data is heavily dependent upon the quality of the individual questions and the manner in which the survey is administered.* This extremely important aspect is addressed in the introduction to each of the *Young People* reports — see, for example, *Young People in 1993* (2).

## The annual 'Young People' reports

Beginning with our 1986 data, every year has seen the publication of a new *Young People* report, in which the data collected during the previous year are published in tabular form, each table summarising the responses to one of the questions. The results are separated by age and sex. Since decisions about which year groups to survey are made by schools, or groups of schools, on the basis of their own perceived need for information, not all the secondary years are equally represented. Typically, Years 8 and 10 receive the most attention, and in some years the number of Year 7 or Year 11 pupils is too small to be worth reproducing in an annual report. However, all five year groups were represented in *Young People in 1993*, and they will be again in the 1994 report, which will contain data for about 46,000 young people.

## Collating the data

In order to study the way exposure to illegal drugs, and their reported use, are changing, we assembled the data presented in the *Young People* reports for 1989, 1991 and 1993, with a view to making predictions of the values to be expected in 1995. The total data bank in the Unit's archive now contains information for more than 300,000 pupils between the ages of 11 and 16, collected since 1982.

The boys and girls in Years 9 and 11 only were examined in the 1989 and 1991 samples.

*The 1989 sample*

| *Year 9 (13–14)* | | *Year 11 (15–16)* | |
|---|---|---|---|
| *Boys* | *Girls* | *Boys* | *Girls* |
| 1565 | 1436 | 1287 | 1216 |

*The 1991 sample*

| *Year 9 (13–14)* | | *Year 11 (15–16)* | |
|---|---|---|---|
| *Boys* | *Girls* | *Boys* | *Girls* |
| 2796 | 2695 | 2212 | 2148 |

*The 1993 sample*

We also examine the total 1993 data obtained from all the secondary year groups. The whole sample is as follows:

| | *Boys* | *Girls* | *Total* |
|---|---|---|---|
| Year 7 (11-12) | 1060 | 1075 | 2135 |
| Year 8 (12-13) | 4464 | 4280 | 8744 |
| Year 9 (13-14) | 3155 | 3188 | 6343 |
| Year 10 (14-15) | 5070 | 4606 | 9676 |
| Year 11 (15-16) | 1008 | 1168 | 2176 |

As this sample is examined in more detail than the others, a fuller analysis of its composition is presented in the panel on page 62.

*The 1994 sample*

At the time of writing (November 1994), over 40,000 questionnaires completed this year have already been received, and we have carried out a preliminary study of this partial data bank. The sample is distributed as follows:

| | *Boys* | *Girls* | *Total* |
|---|---|---|---|
| Year 7 (11-12) | 526 | 560 | 1086 |
| Year 8 (12-13) | 6743 | 6644 | 13387 |
| Year 9 (13-14) | 3834 | 3815 | 7649 |
| Year 10 (14-15) | 6509 | 6181 | 12690 |
| Year 11 (15-16) | 2733 | 2553 | 5286 |

The overall 1994 total (including other year groups) is currently 40,680.

*Effective sample size*

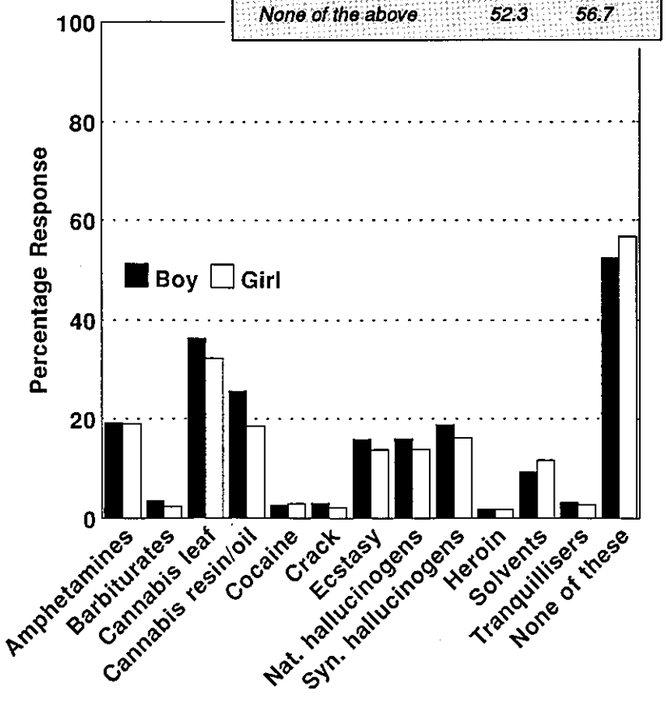
Most of these year-group samples are very large by any survey standards. However, each year group should also be seen in the context of the other year groups that form a part of the annual sample.

If the relatively small sample of just over 1000 Year 7 pupils in the provisional 1994 data bank gives data that are consistent with the values obtained from the much larger Year 8–11 samples, then its status is enhanced. On its own, without the other supporting samples, it would not carry the same weight. Therefore the effective number of pupils validating each year group's data is greater than the number of pupils in that particular year group.



Table 1. *Has anyone ever offered or encouraged you to try any of these drugs?* (Percentage responding 'yes'.)

| *Drug* | **Year 11 (15–16)** *Boys* | *Girls* |
|---|---|---|
| Amphetamines | 19.1 | 19.0 |
| Barbiturates | 3.5 | 2.3 |
| Cannabis leaf | 36.4 | 32.4 |
| Cannabis resin/oil | 25.6 | 18.5 |
| Cocaine | 2.6 | 2.9 |
| Crack | 3.0 | 2.1 |
| Ecstasy | 15.8 | 13.7 |
| Hallucinogens (natural) | 15.9 | 13.8 |
| Hallucinogens (synthetic) | 18.7 | 16.1 |
| Heroin | 1.7 | 1.7 |
| Solvents | 9.2 | 11.6 |
| Tranquillisers | 3.1 | 2.7 |
| *None of the above* | *52.3* | *56.7* |




## *Part 1*

## 1993: THE FACTS

The first three tables present some analyses of illegal drug use based on the data collected from 2,176 young people aged 15–16.

*Table 1. Encouragement to use named drugs*

These percentages show that a third of the young people in their GCSE year had been offered cannabis. Amphetamines, hallucinogens, and ecstasy are next in frequency.

*Facts and trends*

The rest of this article is divided into two sections.

In *Part 1* we examine the most recent complete data bank, for 1993, in detail.

In *Part 2* we use data collected between 1989 and 1994 to suggest what the drug-related data for 1995 may reveal.

Table 2. *Have you ever taken any of these drugs?* (Percentage responding 'yes'.)

| Drug | Year 11 (15–16) Boys | Girls |
|---|---|---|
| Amphetamines | 10.7 | 9.6 |
| Barbiturates | 2.2 | 1.2 |
| Cannabis leaf | 28.1 | 21.7 |
| Cannabis resin/oil | 20.9 | 13.1 |
| Cocaine | 1.0 | 1.3 |
| Crack | 1.0 | 0.7 |
| Ecstasy | 5.7 | 3.0 |
| Hallucinogens (natural) | 10.1 | 6.3 |
| Hallucinogens (synthetic) | 12.9 | 8.6 |
| Heroin | 1.1 | 0.5 |
| Solvents | 5.4 | 6.9 |
| Tranquillisers | 1.7 | 1.5 |
| *None of the above* | *65.3* | *72.0* |

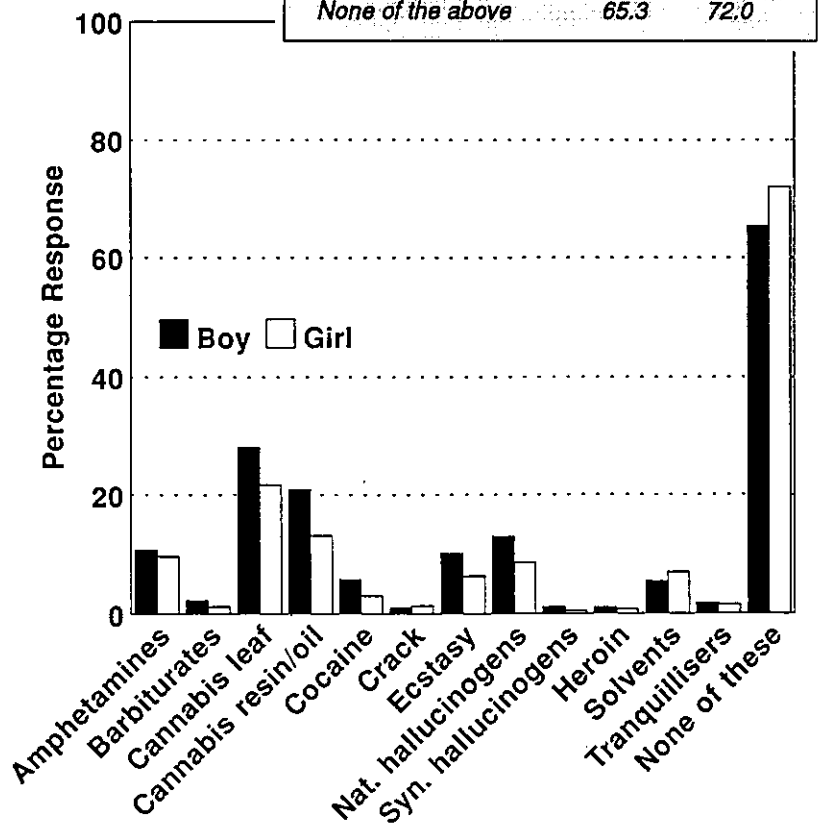



*Table 2. Use of named drugs*

Cannabis is again top of the list, followed by hallucinogens and amphetamines. Analysis of these percentages shows that some of these 15–16 year olds must have taken more than one type of drug listed, since the column totals exceed 100%. It is possible to calculate the average number of different drugs tried by this group of young people.

For the boys, it is **almost 3** (2.9).
For the girls, it is **between 2 and 3** (2.7).

Comparing the percentages of young people that had been encouraged to use drugs (Table 1) with those who had actually used them (Table 2) gives a measure of their willingness and capacity to refuse an offer.

For example, derived from both tables . . .

- **47.7%** *of 15–16 year old boys in the survey had been offered at least one drug, and* **34.7%** *had tried them.*
- **43.3%** *of girls in the survey had been offered at least one drug, and* **28.0%** *had tried them.*

*Table 3. Knowledge of drugs used by others*

Since several young people may well know the same drug user, these percentages do not necessarily reflect the proportion of drug users in the community. They do show that about half the sample in their GCSE year know someone that takes cannabis, and a third know someone that takes ecstasy.

Some of these young people may know more than one drug user, or they may know someone using more than one drug (or both!).



Table 3. *Do you know the drug or drugs used by someone known personally to you?* (Percentage responding 'yes'.)

| Drug | Year 11 (15–16) Boys | Girls |
|---|---|---|
| Amphetamines | 28.0 | 31.5 |
| Barbiturates | 6.0 | 5.9 |
| Cannabis leaf | 46.7 | 46.9 |
| Cannabis resin/oil | 32.8 | 24.9 |
| Cocaine | 6.0 | 10.1 |
| Crack | 5.3 | 7.7 |
| Ecstasy | 31.0 | 35.3 |
| Hallucinogens (natural) | 23.3 | 24.4 |
| Hallucinogens (synthetic) | 26.5 | 24.6 |
| Heroin | 6.0 | 6.7 |
| Solvents | 13.9 | 18.2 |
| Tranquillisers | 6.0 | 6.2 |
| *Don't know a drug user* | *28.3* | *27.0* |

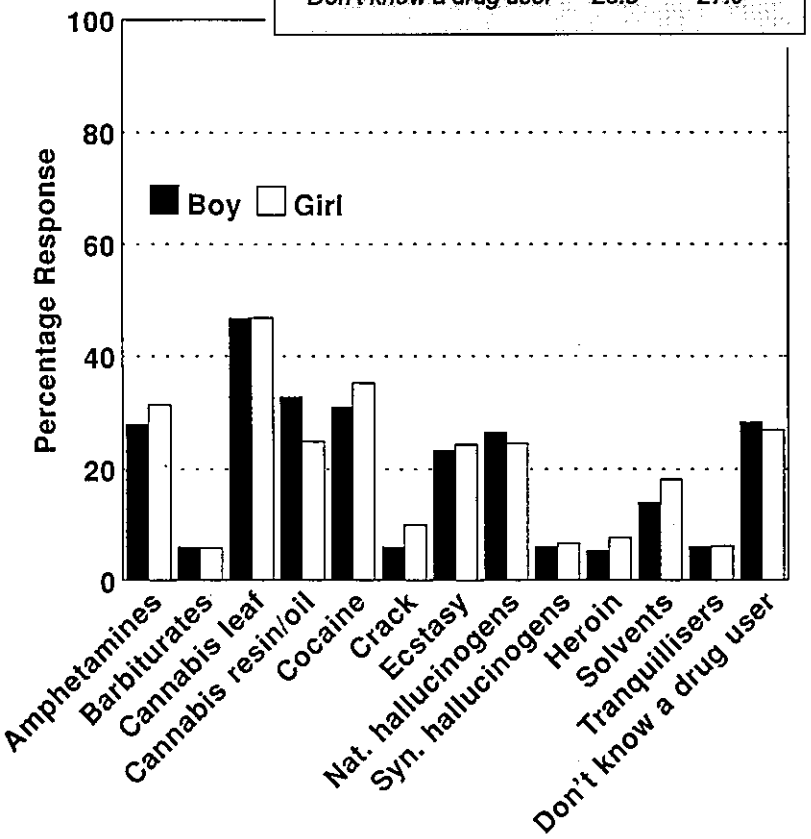


Table 4. *Have you ever taken any illegal drug?* (Percentage responses.)

| *1993 sample* | Have taken drugs *Boys* | *Girls* |
|---|---|---|
| YEAR 7 (11–12) | 3.8 | 1.8 |
| YEAR 8 (12–13) | 6.6 | 5.2 |
| YEAR 9 (13–14) | 16.2 | 13.7 |
| YEAR 10 (14–15) | 24.3 | 22.3 |
| YEAR 11 (15–16) | 34.7 | 28.0 |

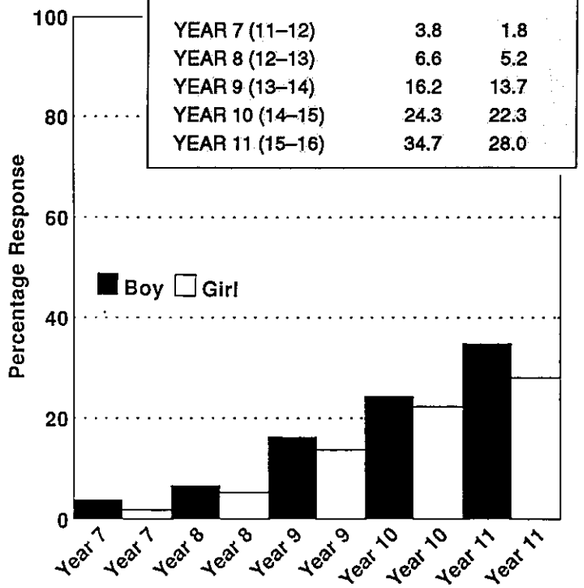



Table 5. *Do you know anyone whom you think takes illegal drugs?* (Percentage responding 'fairly sure' and 'certain'.)

| *1993 sample* | Know a drug user *Boys* | *Girls* |
|---|---|---|
| YEAR 7 (11–12) | 20.5 | 17.9 |
| YEAR 8 (12–13) | 30.3 | 31.5 |
| YEAR 9 (13–14) | 49.6 | 48.9 |
| YEAR 10 (14–15) | 63.9 | 66.8 |
| YEAR 11 (15–16) | 71.7 | 73.0 |

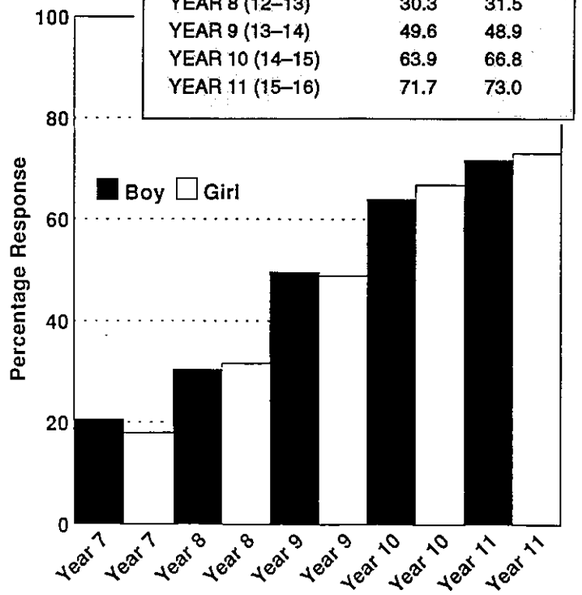



*Table 4. Use of drugs*

This table, for the whole 1993 sample, shows the increasing percentage of older pupils that had used one or more drugs in 1993. There are consistently more boys than girls in this group.

The following points should be noted.

- *The question does not ask if they are currently taking drugs.*
- *Some individuals may have tried just one drug once.*

*Table 5. Knowledge of drug-takers*

This table reveals the large number of young people that have potential contact with a drug-user — from about 20% in Year 7 to 70% in Year 11. The reservation to Table 3 applies here too: many of these young people may know the same drug user, so the percentage of known drug users in the community is almost certainly lower than suggested by these figures.

**THE MAIN POINTS FROM THE 1993 DATA**

1. Almost half of all the Year 11 pupils had been encouraged to try at least one illegal drug.

2. A third of the Year 11 boys and almost a fifth of the girls had tried at least one illegal drug.

3. Over two-thirds of all the Year 11 pupils knew at least one drug user.

4. Not many Year 7 pupils had tried illegal drugs, but about a fifth of them knew a drug user.



Table 6. *Have you ever taken any illegal drug?* (Percentage responding 'yes'.)

| | BOYS *Year 9* 13–14 | *Year 11* 15–16 | GIRLS *Year 9* 13–14 | *Year 11* 15–16 |
|---|---|---|---|---|
| 1989 | 7.6 | 11.1 | 8.7 | 9.0 |
| 1991 | 12.0 | 22.5 | 9.7 | 21.4 |
| 1993 | 16.2 | 34.7 | 13.7 | 28.0 |
| **1995** | **20.4?** | **46.9?** | **17.7?** | **34.6?** |

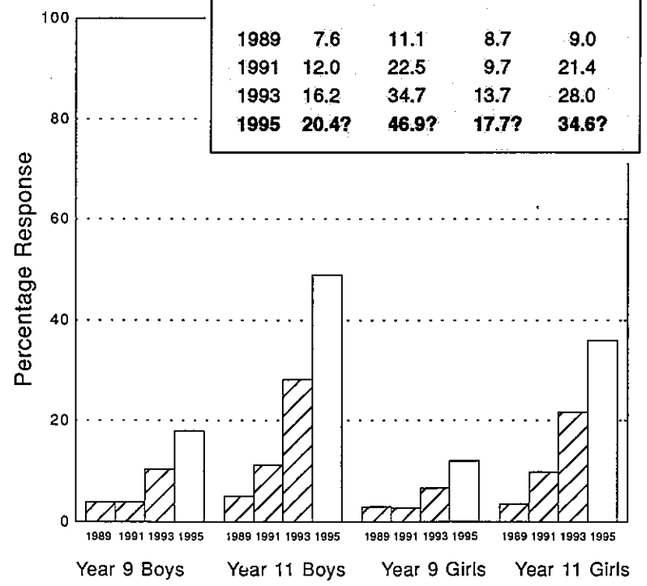
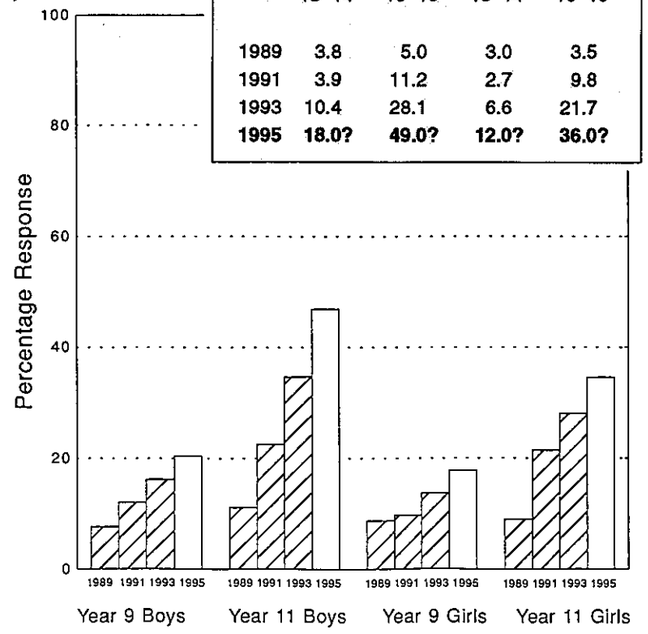



Table 7. *Have you ever taken cannabis (leaf form)?* (Percentage responding 'yes'.)

| | BOYS *Year 9* 13–14 | *Year 11* 15–16 | GIRLS *Year 9* 13–14 | *Year 11* 15–16 |
|---|---|---|---|---|
| 1989 | 3.8 | 5.0 | 3.0 | 3.5 |
| 1991 | 3.9 | 11.2 | 2.7 | 9.8 |
| 1993 | 10.4 | 28.1 | 6.6 | 21.7 |
| **1995** | **18.0?** | **49.0?** | **12.0?** | **36.0?** |




## *Part 2*

## 1995: THE TRENDS

Many social science surveys, repeated annually (or periodically), suggest or demonstrate trends and are helpful in anticipating the future; sometimes intervention programmes are prompted by them. In this section, 1995 'predictions' for Years 9 and 11 are shown, based on mathematical judgments of the figures for 1989, 1991, and 1993.

It will be a welcome surprise if these predictions are found to be over-pessimistic, and the levels derived from 1995 surveys turn out to be lower than predicted.

*Table 6. Young people's contact with illegal drugs*

The question does not seek to discover *amounts* or *frequency*, and amongst the data we must assume that some young people have tried one substance only, once only.

However, if we consider the levels of reported use by the 1991 Year 9 boys and by the 1993 Year 11 boys, it follows that these boys are representative of the same cohort . . .

| | Year 9 | Year 11 |
|---|---|---|
| 1991 | 12.0 | |
| 1993 | | 34.7 |

. . . and we observe a difference of 22.7% (34.7%–12.0%), suggesting that in this two-year period 22.7% had tried at least one of the listed substances on at least one occasion.

In these data different boys are involved, but in the equivalent surveys planned and repeated in Yorkshire Health under Tony Goodall's co-ordination, many of the same boys (and girls) were indeed involved, with a similar outcome.

*Table 7. Young people's use of cannabis (leaf form)*

Cannabis leaf is probably the most widely used illegal drug in the world.

In making predictions, we have looked mainly at the mathematical intervals to calculate a possible 1995 level. In doing this, it can be argued that the Year 11 1995 prediction for boys could be in excess of 50% rather than less than 50%.

It is also interesting to note that this mathematical prediction for cannabis leaf is greater

Table 8. *Have you ever taken cannabis (resin form)?* (Percentage responding 'yes'.)

| | BOYS | | GIRLS | |
|---|---|---|---|---|
| | *Year 9* 13–14 | *Year 11* 15–16 | *Year 9* 13–14 | *Year 11* 15–16 |
| 1989 | 1.0 | 3.3 | 0.9 | 2.9 |
| 1991 | 3.3 | 11.4 | 2.0 | 7.9 |
| 1993 | 9.3 | 20.9 | 6.6 | 13.1 |
| **1995** | **17.0?** | **30.0?** | **12.0?** | **20.0?** |

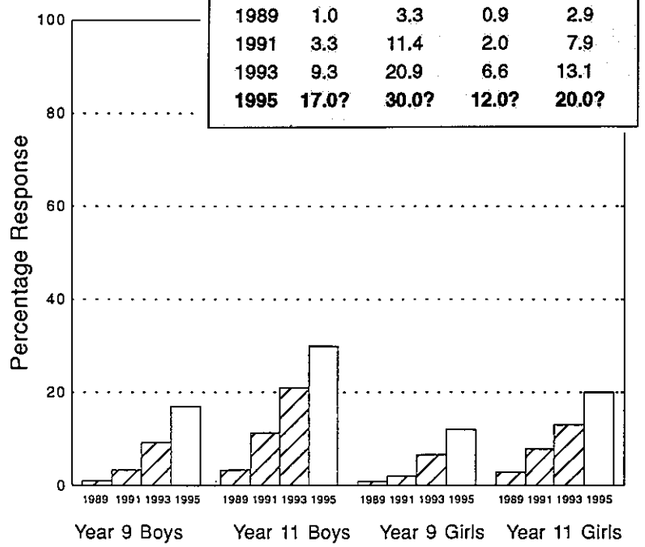
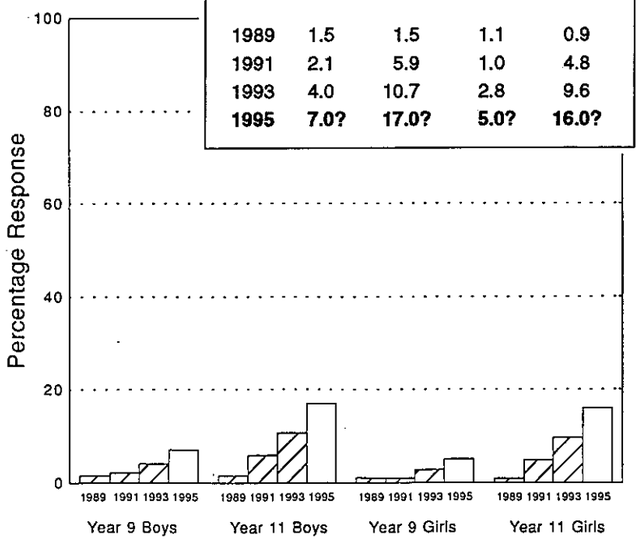



Table 9. *Have you ever taken amphetamines?* (Percentage responding 'yes'.)

| | BOYS | | GIRLS | |
|---|---|---|---|---|
| | *Year 9* 13–14 | *Year 11* 15–16 | *Year 9* 13–14 | *Year 11* 15–16 |
| 1989 | 1.5 | 1.5 | 1.1 | 0.9 |
| 1991 | 2.1 | 5.9 | 1.0 | 4.8 |
| 1993 | 4.0 | 10.7 | 2.8 | 9.6 |
| **1995** | **7.0?** | **17.0?** | **5.0?** | **16.0?** |




than that derived in the previous graph for any other drug listed.

The use of cannabis leaf amongst 15–16 year old boys and girls appears to have more than trebled in the five-year period 1989–1993 inclusive.

*Table 8. Young people's use of cannabis (resin form)*

This second form of cannabis is also widely used, and is apparently increasing in substantial steps.

*Table 9. Young people's use of amphetamines*

A substantial increase in the percentages using this type of drug is revealed in the data.

The numbers that know someone using these drugs — see Table 3 — are very high.

*Table 10. Young people's use of solvents*

Unlike the other drugs studied in this section, no obvious increase in the use of solvents is predicted.

Please note that the use of solvents as drugs is not, in fact, illegal, although this may be among the most dangerous forms of drug use.

*Table 11. Young people's knowledge of drug-takers*

Please note that the question was not included in the 1989 questionnaire.

This question may be the most important one in the set. It represents a measure of proximity to a source of drugs, and in 1993 we have over 70% of boys and girls aged 15–16 confidently reporting that they personally know someone using drugs. The drugs being used by these contacts are presented in Table 3.

Our exploration of the 40,000 responses processed so far from the 1994 surveys reveals results which are in line with this prediction of a further increase by the end of 1995.



Table 10. *Have you ever taken solvents?* (Percentage responding 'yes'.)

| | BOYS | | GIRLS | |
|---|---|---|---|---|
| | *Year 9* 13–14 | *Year 11* 15–16 | *Year 9* 13–14 | *Year 11* 15–16 |
| 1989 | 2.2 | 2.5 | 4.5 | 3.5 |
| 1991 | 3.8 | 7.5 | 3.5 | 9.0 |
| 1993 | 4.1 | 5.4 | 3.2 | 6.9 |
| **1995** | **4.0?** | **6.0?** | **3.0?** | **6.0?** |

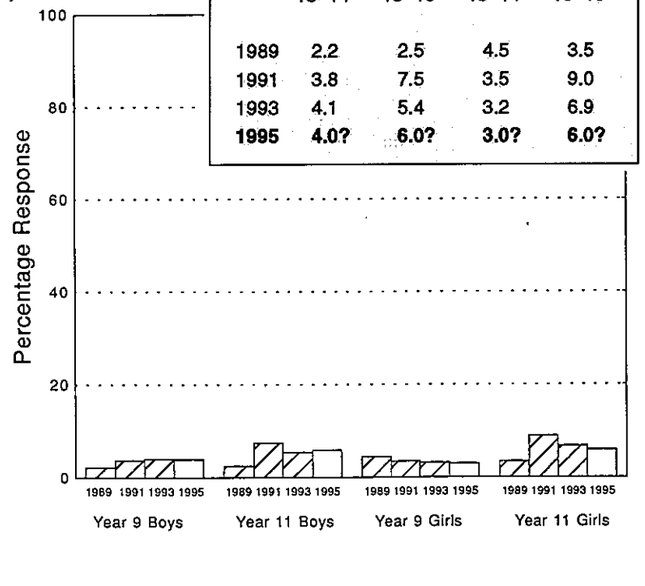
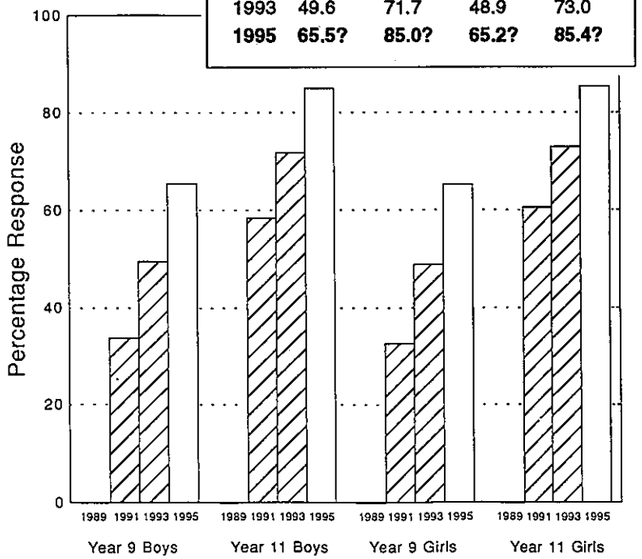



Table 11. *Do you know anyone whom you think takes illegal drugs?* (Percentage responding 'fairly sure' and 'certain'.)

| | BOYS | | GIRLS | |
|---|---|---|---|---|
| | *Year 9* 13–14 | *Year 11* 15–16 | *Year 9* 13–14 | *Year 11* 15–16 |
| 1989 | – | – | – | – |
| 1991 | 33.7 | 58.4 | 32.6 | 60.6 |
| 1993 | 49.6 | 71.7 | 48.9 | 73.0 |
| **1995** | **65.5?** | **85.0?** | **65.2?** | **85.4?** |




## Why is illegal drug use increasing?

This drug data may be unique in its scope, because we know of no other questionnaire surveys that have duplicated it in range and sample size. This makes independent verification more difficult, but we have presented elsewhere the closest available comparative data that overlaps it, taken from the HEA/MORI survey of 1989 (3, 4).

On the basis of uniformity of questionnaire and careful standardisation of administration, data preparation, and data analysis — as well as the presence within the 1991 and 1993 samples of the same regional cohort — we are confident that the observed trend is a real one.

What could be causing this steady increase in illegal drug use by young people? The Unit's research fellow, David Regis, has suggested that the answer may lie in some or all of the following reasons.

- Young people are *more keen* on trying drugs, and go looking for them.
- They are *less resistant* to trying them, and are more amenable to offers.
- Attitudes have not changed, but the greater availability or social acceptability of drugs just makes it more natural to try.

## Illegal v. legal drugs

In terms of importance, where does the use of illegal drugs sit with respect to the legal drugs alcohol and tobacco?

Unlike our data for these two legal drugs, we have no information on the frequency with which illegal drugs are used. It is not, therefore, possible to compare their relative frequency of use.

What can be done, however, is to try to compare the percentages of young people that have had experience of these drugs.

In the case of tobacco, this is straightforward. One of the Health Related Behaviour Questionnaire questions asks if they have ever smoked at all, even if it was only once.

In the case of alcohol consumption, there is a question asking if they ever drink at home. Since the home is the most likely place in which to start experimenting with alcohol, this is a reasonable way of discovering if the young people have ever drunk alcohol at all.

Taking this information from our 1993 database, the result is Table 12, with the accompanying visual presentation.

Table 12. The percentage of young people that have tried these different drugs. The illegal drugs are any of those listed on page 51.

| | Have tried... | | |
|---|---|---|---|
| *1993 sample* | *Alcohol* | *Tobacco* | *Illegal drug* |
| Boys | | | |
| YEAR 7 (11–12) | 50.4 | 26.7 | 3.8 |
| YEAR 8 (12–13) | 58.0 | 35.0 | 6.6 |
| YEAR 9 (13–14) | 64.6 | 47.9 | 16.2 |
| YEAR 10 (14–15) | 75.3 | 57.5 | 24.3 |
| YEAR 11 (15–16) | 79.1 | 60.4 | 34.7 |
| Girls | | | |
| YEAR 7 (11–12) | 44.9 | 22.5 | 1.8 |
| YEAR 8 (12–13) | 59.0 | 40.5 | 5.2 |
| YEAR 9 (13–14) | 67.0 | 55.9 | 13.7 |
| YEAR 10 (14–15) | 79.7 | 63.9 | 22.3 |
| YEAR 11 (15–16) | 81.2 | 68.3 | 28.0 |

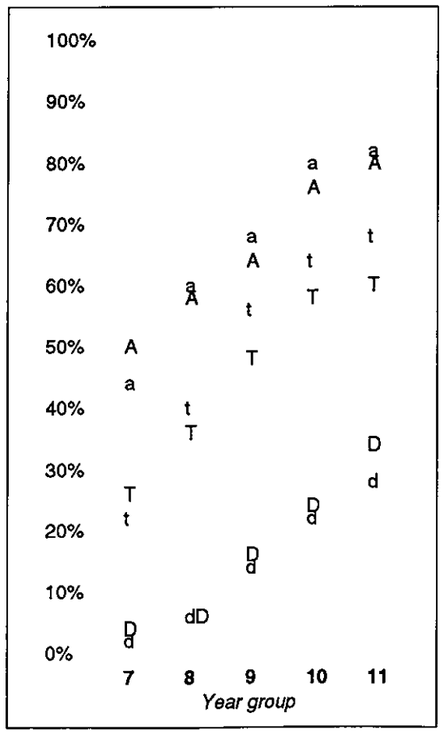



Fig. 2. Graphical presentation of the data in Table 12. A, a = alcohol. D, d = illegal drugs. T, t = tobacco. Boys upper case, girls lower case.

With respect to alcohol, experience clearly starts at an early age, with almost 50% of the Year 7 children having sampled it, in most cases with parental approval.

Experience of smoking among the Year 7 pupils is much lower — about half — but increases a little more rapidly than alcohol, so that the difference between the two sets of figures lessens.

Experimentation with illegal drugs starts later, and unlike the other two drugs the curve does not flatten off so noticeably between Years 10 and 11. This suggests that more people will begin to experiment with illegal drugs in their late teens, when smoking and drinking patterns may have become established. Many experimenters may never become regular drug users — just as the majority of experimenters do not become regular cigarette smokers — but the continuing high level of experimentation in the mid-teens is justifiable cause for concern.

When examining and comparing the use of legal and illegal drugs, it is worth pointing out that a person's 'alcohol career' is typically quite different from their use of tobacco and other drugs. Our figures show that many more young people experiment with tobacco than become regular smokers. This is not so for alcohol, which easily becomes an acceptable component of most people's lifestyles. 'Tried drinking but gave up' is not likely to be a common category of questionnaire response!

## Does trying cannabis raise self-esteem?

Having studied young people's current and predicted use of illegal drugs, it is appropriate to try to find out what kind of people they are. Can we draw a profile of the 'typical drug user'?

The Health Related Behaviour Questionnaire allows any of the numerous recorded behaviours to be correlated with some or all of the others, and the power of modern computers means that a very large sample can readily be analysed. The starting-point for this enquiry was the 5070 boys and 4606 girls in Year 10 of our 1993 databank.

Within this group, as already shown in Table 4, 24.3% of the boys and 22.3% of the girls had reported trying at least one drug from the checklist on at least one occasion. It is not possible to discover which of these are regular users and which just experimented, but it is reasonable to assume that any revealed characteristics of the



Behaviours correlating with cannabis use/non-use for Year 10 pupils in the 1993 databank. Spearman correlations are at least 0.1. Higher values are indicated in parentheses.

### *Cannabis users - BOYS*

These behaviours differ from those of non-drug users at a significance level of <0.001.

*MORE LIKELY*

- Playing records
- Meeting friends after school
- Spending money on alcoholic drink (.3), cigarettes (.5), discos (.2), fast food, arcade machines
- Doing scrambling and weight training
- Having baths or showers
- Eating burgers and pizzas, drinking fizzy drinks, adding sugar to hot drinks
- Smoking cigarettes (.5)
- Having siblings and friends that smoke
- Having a girlfriend, being confident with peers, and having more friends of the opposite sex
- Going to discos (.2)
- Worrying about money, drugs, and AIDS
- Having high self-esteem
- Drinking alcohol and having experience of other drugs and drug users (up to .5)
- Discussing AIDS with siblings and friends
- Knowing where to obtain free condoms
- Being in trouble with the police (.2)

*LESS LIKELY*

- Doing homework
- Reading magazines
- Spending money on school items
- Selecting a healthy diet
- Being confident with teachers
- Parents knowing if they drink at home
- Feeling that there is enough free time at school

### *Cannabis users - GIRLS*

These behaviours differ from those of non-drug users at a significance level of <0.001.

*MORE LIKELY*

- Meeting friends after school
- Spending money on alcoholic drink (.3), cigarettes (.5), discos, fares, soft drinks, arcade machines
- Playing pool
- Having a night cough
- Smoking cigarettes (.5)
- Having a mother, siblings and friends (.3) that smoke
- Having a boyfriend (.2), being confident with peers, and having more friends of the opposite sex (.2)
- Going to discos
- Worrying about money and AIDS
- Drinking alcohol and having experience of other drugs and drug users (up to .4)
- Discussing AIDS with siblings and friends
- Knowing where to obtain free condoms
- Knowing the whereabouts of local family planning services
- Being in trouble with the police

*LESS LIKELY*

- Living with both parents
- Doing homework
- Reading books
- Being confident with teachers
- Parents knowing if they drink at home (.2)
- Feeling that there is enough free time at school

amorphous 'drug-takers' group will be more sharply defined for the habitual users.

An initial 'trawl' of the data netted a list of behaviours which correlated with cannabis use/non-use at the <0.001 significance level and with a Spearman correlation coefficient >0.1. These are shown in the boxes. Some correlation coefficients are much higher than 0.1, indicating an even more robust behavioural link, and these values are indicated in parentheses.

We find a group of highly social individuals who drink and smoke more than average, are less conscientiuous about schoolwork, less confident with their teachers and less confiding with their parents, and in the case of the girls are less likely to have a stable home background. Their close friends are drawn mainly from the opposite sex, and they tend to worry more about money and AIDS. They also are more likely to have been, or to fear being, in trouble with the police, although it is not known whether this is related to their experimentation with drugs.

Tables 13 and 14 show that the percentage of Year 10 pupils responding to questions about trouble with the police, and worry about AIDS, indicate a clear and positive 'cannabis' effect.

Table 13. The percentage of Year 10 pupils in the 1993 sample that state if their chances of getting the job they want may be affected because they have been in trouble with the police.

| | Possible police involvement? | | |
|---|---|---|---|
| | *No* | *Can't tell* | *Yes* |
| *Boys* | | | |
| No drugs | 70.4 | 20.4 | 9.2 |
| Tried cannabis | 42.9 | 30.3 | 26.8 |
| *Girls* | | | |
| No drugs | 76.3 | 18.5 | 5.2 |
| Tried cannabis | 57.2 | 25.9 | 16.9 |

Table 14. The percentage of Year 10 pupils in the 1993 sample that worry about AIDS.

| | Worry about AIDS? | | | |
|---|---|---|---|---|
| | *No* | *Hardly/ A little* | *Quite a lot* | *A lot* |
| *Boys* | | | | |
| No drugs | 46.6 | 28.7 | 8.8 | 16.0 |
| Tried cannabis | 31.2 | 30.0 | 11.5 | 27.4 |
| *Girls* | | | | |
| No drugs | 29.2 | 39.2 | 12.5 | 19.1 |
| Tried cannabis | 20.4 | 33.2 | 17.2 | 29.1 |

## Conclusion

In a typical GCSE class, the likelihood is that at least a quarter of the pupils have tried cannabis. Next year, the number will probably be higher.

Some of them will have experimented and given up. A few may be on other illegal drugs. But most of them will be smoking cigarettes, and consuming alcoholic drink, and were doing so before they moved on to these drugs. Should we see the 'illegal drug' problem as an extension of the progressive use of approved 'gateway' drugs? First junior paracetamol, then alcohol, then tobacco, then soft drugs like cannabis, terminating, for a very few, in the hard drugs?

Overwhelmingly, the evidence suggests that alcohol and tobacco cause the most widespread damage, and this is where intervention priorities should lie. If young people can be helped to resist cigarettes and respect alcohol, is it possible that the attraction of illegal drugs can be moderated too?

### The UK representation, 1993 data

Within England in 1993 there were 14 Regional Health Authorities (RHAs), and 16 Health Boards in Scotland. In the sample, four Health Boards are represented together with 11 regions in England. From the 11 regions, 32 District Health Authorities (DHAs) are represented.

#### *Scottish Health Boards*

Ayrshire & Arran
Greater Glasgow
Forth Valley
Lothian

#### *English Regional Health Authorities*

Northern
North Western
Yorkshire
Mersey
East Anglia
West Midlands
North East Thames
South East Thames
South West Thames
Wessex
South Western

#### *English District Health Authorities*

*Northern* Darlington, N Durham, SW Durham, Newcastle
*North Western* Bolton, Preston, Chorley, Central Manchester
*Yorkshire* Northallerton, York, Scarborough, Harrogate, Airedale, Calderdale, Leeds, Wakefield
*Mersey* Warrington, Wirral
*East Anglia* E Suffolk
*West Midlands* Sandwell
*North East Thames* Basildon, Southend, Tower Hamlets
*South East Thames* Hastings, Tunbridge Wells, Eastbourne, Brighton
*South West Thames* W Surrey, SW Surrey
*Wessex* W Dorset
*South Western* Torbay, Somerset

### References

1. Balding, J. W., *Young People and Illegal Drugs, 1989–1995*. Exeter University: Schools Health Education Unit, 1994.
2. Balding, J. W., *Young People in 1993*. Exeter University: Schools Health Education Unit, 1994, pp. xii–xvii.
3. Ibid, p. xxiv.
4. *Tomorrow's Young Adults*, London: Health Education Authority, 1992.