The meaning and function of young people's behaviours must be considered in the context of the rest of their lives.

John Balding is Director of the Schools Health Education Unit

John Balding

Young people and illegal drugs into 2000

Over the past 13 years, we have routinely published the 'headline' statistic of the proportion of young people that have ever tried using an illegal drugs. This information forms part of the data collected from young people in the UK in the course of Health Related Behaviour Questionnaire (HRBQ) surveys in schools.

However, it is not enough simply to record whether young people have ever tried drugs. To present the fullest possible picture we need to look behind the figures, to see what kind of youngsters use drugs and what risks might be associated with their use.

In 1994, 1996 and 1998 we published reports summarising what we had learned from the data. We had become accustomed to seeing the percentage of young people that had used drugs rising on an annual basis since we started collecting 'drugs' data in 1987. But in our 1997 data review the anticipated annual increase in the percentage of young people that reported having used an illegal drug was not found. At the time, this result was so unexpected that we suspected a fault in the methodology. But the 1998 and 1999 results have confirmed the lower levels, suggesting that 1996 was a high point, or perhaps a low point, in the recent drug story. It is interesting that in 1997 the government created a senior co-ordinating officer for drug policy, the so-called 'Drug Czar'.

In the Foreword to *Young People and Drugs in 1998*, I wrote:

By the time young people have reached the top year of compulsory schooling, almost all are close to a potential supply of illegal drugs. When faced with a consistent and undesirable trend, the natural inclination is to assume that it will continue to get worse if 'nothing is done about it'.

We cannot predict what will happen over the next few years: the current fall could be followed by a rise to still higher levels, it could mean that young people have started reconsidering their attitude to the use of drugs, resulting in a long-term decline.

In recent years we have extended the range of questions in the Health Related Behaviour Questionnaire in order to investigate patterns of drug use and whether or not drugs have been used in combination with each other or with alcohol.

This report, for the first time, includes some data obtained from primary-school children. We learn that about 20% of 9-11 year olds are fairly sure or certain that they know someone who takes drugs for non-medicinal purposes. More than two-thirds would like their parents to talk to them about drugs, and a third would like their teachers to.

The main findings

With respect to the 14-15 year olds surveyed in 1999:

39% know where to obtain an illegal drug, and 58% are fairly sure or certain that they know a drug user.

44% of 14-15 year olds have been offered an illegal drug at some time.

21% of 14-15 year olds have tried an illegal drug at some time.

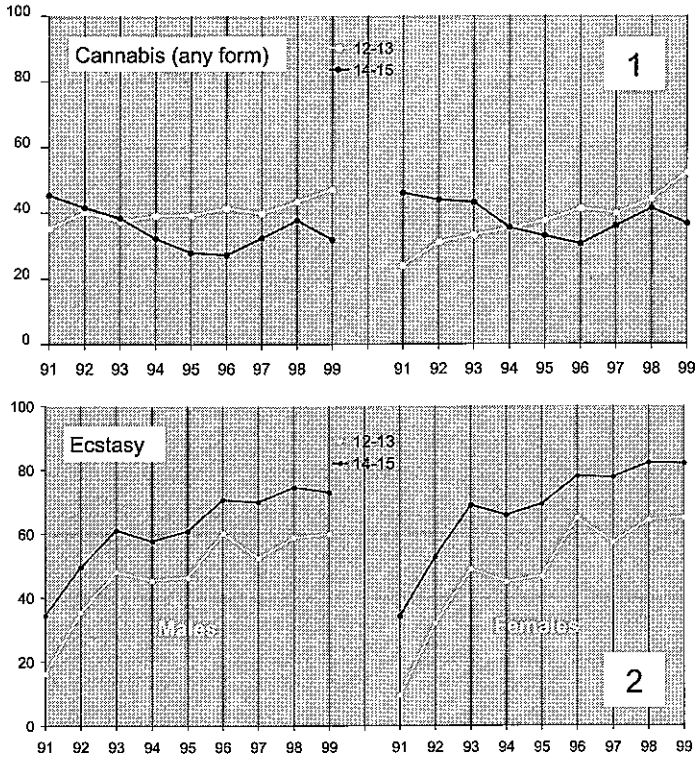
These facts should not be viewed with complacency, but neither need they promote undue alarm.

The latest figures support the view that the percentage of young people that have tried an illegal drug at least once rose steadily since our surveys began in 1987, peaked in 1995-96, and have stabilised, or possibly even come down, since then.

Young people's use of illegal drugs is linked to several other aspects of their lifestyles (for example, income and self-esteem), and should not be viewed in isolation.

Primary schoolchildren's awareness of drugs and drug users supports the inclusion of appropriate drug-related education in their curriculum.

Our 'illegal drugs' and other health-related data are broadly consistent with findings from other surveys, although there are some interesting points of difference.



How dangerous are drugs?

Young people do discriminate between different drugs in terms of perceived safety.

The so-called 'shock-horror' method of trying to influence behaviour was prominent in smoking and illegal drugs education in the 1980s. It was argued that if youngsters are convinced that all drugs are always unsafe, they will never experiment with them.

'Shock-horror' methods have fallen out of favour in current teaching materials. Conventional wisdom suggests that the best way of getting teenagers to do something is to tell them not to do it; on top of this, taking risks is part of the excitement of being an adolescent. Statistical evidence cannot challenge the conviction that 'it won't happen to me'.

The evidence presented here shows that young people do discriminate between different drugs in terms of perceived safety, and that these levels are usually not the same for different age groups, and may have changed markedly with the passing years.

In almost all cases, we find that more 14-15s than 13-14s think they are always unsafe. This does not seem to reflect a switch in view from 'safe' to 'unsafe', but is the result of an increased number having heard of these drugs and therefore being able to express an opinion on their safety.

Cannabis (1)

The exception to this is cannabis, whose 'story' is markedly different to those for other drugs. The proportion of 12-13s that consider it always unsafe has steadily increased, while the 14-15s exhibit a fall to the mid-90s, followed by a rise. (Since 1995, uniquely for the drugs in our list, more 12-13s than 14-15s of both gender have thought that it is always unsafe.)

Cannabis is easily the most likely drug to have been used by these young people – in 1999 about 20% of the 14-15s had done so. Evidence that perceived danger is not a decisive factor in determining use is given by the 1991 'danger' levels, which were higher for cannabis than for amphetamines; the graphs overleaf show that about three times as many of the 14-15s had tried cannabis.

Ecstasy (2)

In 1991, this drug attracted a relatively low estimate of perceived danger. By 1993 twice as many young people thought it was always unsafe, and currently it has the highest danger rating of all the drugs in the list.

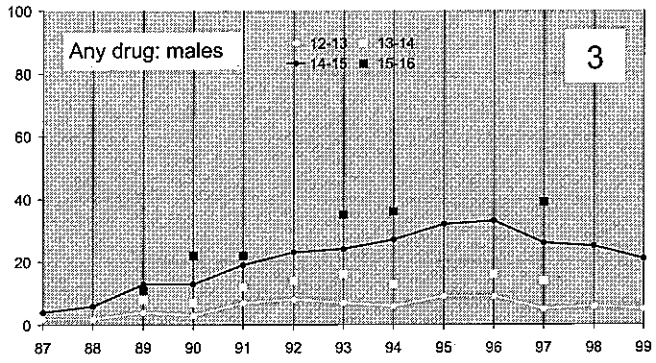
Envoi

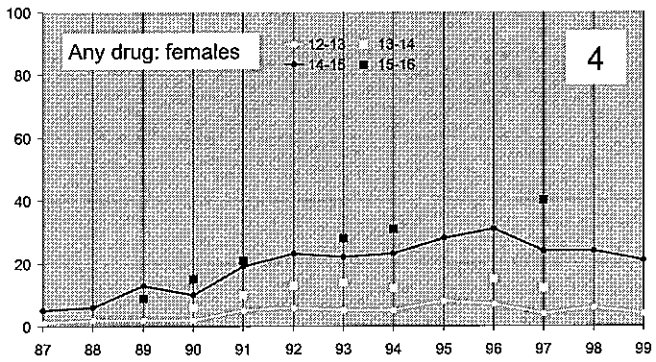
This issue of *Education and Health* is the last I shall be seeing through the production line since Vol. 1 No. 1 appeared in January 1983, with, if I remember rightly, no money to produce No. 2.

I consider myself an authority on starting journals without funding. I first tried when I was 11; it was called *The Monthly Miscellany*, was some 8 pages long, typed with five leaves of carbon paper, had a brown paper cover, and sold approximately 12 copies. It folded for lack of contributions after the second issue. By the time I was 22 I had recovered from the blow, and had a second attempt: called *The Astronomer*, it also appeared monthly, as it still does, and is now in its 36th volume.

Education and Health is only half as old as *The Astronomer*, but it is catching it up, and will indeed catch it up if both go on for ever, as seems likely. To some extent the subject matter is similar, since stars resemble people in many ways. They pass through stages of maturation, suffer growing pains, and occasionally explode; some stars go around in gangs and others drift apart; some live short and fiery lives, while the unnoticed majority just keep on glowing, of no particular interest to anyone, apart possibly from the inhabitants of a dependent planet.

But, despite the similarity of their subject-matter, the perspectives of the two journals are completely different. *The Astronomer*, like the popular media, thrives on novelty. *Education and Health*, like the Unit itself, has always been much more interested in 'normality'. This is understandable. The processes driving 'normal' stars have been understood for the best part of a century, whereas what makes 'normal' people behave as they do is as mysterious and intriguing as ever, not only to social scientists but also – as I am sure my successor David McGeorge will discover, if he does not know already – to editors. I wish David, and the team that has been part of my extended family for a third of my life, the good fortune they all deserve in the years ahead. – *James Muirden.*





Use of illegal drugs (3, 4)

As many 12-13s had tried cannabis in 1996 as 14-15s had in 1989.

This is one of our longest-running questions about drug use. During this time the checklist has been extended by three drugs, but there has always been an 'other drug' category for respondents who did not find a particular drug already in the checklist, so we do not feel that the addition of the extra named drugs has inflated the percentages.

In support of this, when poppers were added to the list in 1997 they immediately claimed third place (after cannabis and amphetamines), but recorded overall drug experience was lower in this year than in 1996.

Our most important data?

Of all the data we have collected about drugs and young people, the two charts above are probably the most important. They show at a glance how the proportion that have been 'involved' with drugs — even if this was confined to a single try — rose between 1987 and 1996, followed by lower but still elevated levels. This upsurge of drug use is the context within which parents, schools, social services and law enforcement agencies are operating.

To give the fullest possible picture, we also include the proportion of Year 9 (13-14) and Year 11 (15-16) pupils that had ever tried drugs, for the calendar years in which our surveys recorded a satisfactory sample of these groups.

The outstanding feature of the chart is the generally steady increase of drug experience by the 14-15s until the 1996 'peak'. The results for the 12-13s suggest a similar rising trend, if not an equally clear decline afterwards. As mentioned in the Foreword, we initially had doubts about the 1997 figures; one reason was the unusual youth of the 1997 sample, referred to below. We now believe that the age effect merely anticipated a new trend in the data.

Cannabis (5)

The steep rise in cannabis 'experience', if allowance is made for the compressed horizontal axis of the graph, is very similar to the form for 'any drug'. This reflects the fact that cannabis is by far the most likely drug to be used in young people's experiments.

Comparing the dark and light tracks suggests that as many 12-13s had tried cannabis in 1996 as 14-15s had in 1989. This certainly reflects a major shift in the impact of cannabis across the decade.

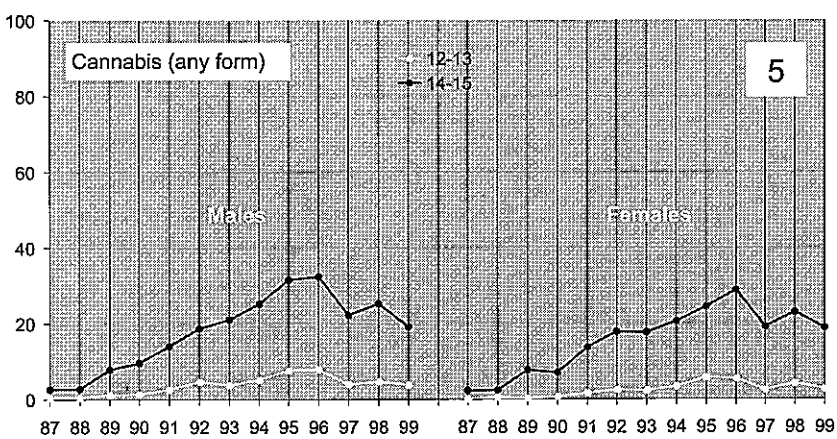
Further analysis shows a close match between the changing levels of cannabis experience and offers or inducements to try it.

It is worth mentioning that the amphetamine group contains the second most likely drugs to have been tried by these young people.

The post-1996 'decline'

We can see that the decline from the high point in 1995-96 which we first see in the 1997 figures persists to the end of 1999.

In the spring of 1998, when we first saw the 1997 figures, we were initially suspicious that there was some bias to the sampling in that year. In the previous report (*Young People and Illegal Drugs in 1998* — Balding, 1999a) we described some of the sampling errors that may have occurred, and did our best to discover what their effect was on the data, if any. In particular, the average age of the sample was unusually young — that is, the surveys were done early in the school year, so the Year 10 sample aged 14-15 had a higher proportion of 14-year-olds than in



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	12-13		14-15	
Drug used regularly	*M*	*F*	*M*	*F*
Amphetamines	0.2	0.2	1.4	1.2
Barbiturates	0.1	0.1	0.2	0.1
Cannabis	1.1	0.5	9.1	7.1
Cocaine	0.1	0.1	0.3	0.2
Crack	0.2	0.1	0.2	0.1
Ecstasy	0.1	0.0	0.5	0.5
Hallucinogens (natural)	0.1	0.1	0.9	0.2
Hallucinogens (synthetic)	0.1	0.0	0.6	0.5
Heroin	0.2	0.1	0.2	0.2
Poppers	0.2	0.1	1.2	0.9
Solvents	0.1	0.4	1.1	1.1
Tranquillisers	0.0	0.0	0.4	0.1
At least one of these	1.6	1.0	11.0	8.8

More than 10% of the 14-15s believe they know of a source of most drugs, apart from cannabis.

other years. And this of course was a very plausible explanation of the observed fall.

However, after we compiled the data for 1998 (Balding, 1999b), it was clear that the 1998 figures were also lower than 1995 and 1996, and were more like the 1997 figures. And far from the 1998 sample being younger than usual, it was one of the oldest samples. We published these figures in the spring of 1999 under the title "The Czar effect", because this drop seems coincident with the appointment of Keith Hellawell, the "drugs Czar", director of the UK Anti-Drugs Co-ordinating Unit. Now we have two more points to put on to the charts after 1997, and the 1997 figures do not seem so out of step.

'Regular' use of drugs (6)

In Version 19 of the HRBQ we asked respondents if they had ever taken a drug on a 'regular basis'. This version was used for a few surveys in 1996, and also for some in 1998, but 1997 is the only year to be represented adequately in the data. The question was removed from Version 20.

The word 'regular' was not defined, as we were more interested in the young people's own concept of themselves as 'regular users'.

The tabulated data refer to regular use of all the drugs in the list during 1997. After cannabis, amphetamines and solvents are the only drugs exceeding 1% for any year/gender group.

The bottom line shows that about 2% of the 12-13s and 10% of the 14-15s consider themselves to have been a regular drug user at some time or another.

How many become regular users?

Setting the tabulated values against those who had ever tried a drug at all (also 1997 data) gives the following percentages for comparison:

		12-13	*14-15*
Males	Tried	5.3	26.0
	Regular	1.6	11.0
Females	Tried	4.3	24.5
	Regular	1.0	8.8

These figures show that of all those who have experimented with drugs, about 40% of the Year 10 males and 30% of the Year 10 females have, at some time, considered themselves to be taking a drug 'regularly'.

Knowing a source of drugs (7)

We have only one year of data from this question, and present them in tabular form.

Besides cannabis, it is seen that more than 10% of the 14-15s believe they know of a source of amphetamines, ecstasy, cocaine, natural hallucinogens, heroin, poppers and solvents. The percentages of males and females are very similar for all the listed drugs.

Knowing and trying

To get some idea of the rate of take-up of drugs, we tried relating awareness of a source of each drug to its recorded use. We discovered that for all drugs except cannabis, far more people know of a source than have tried the drug.

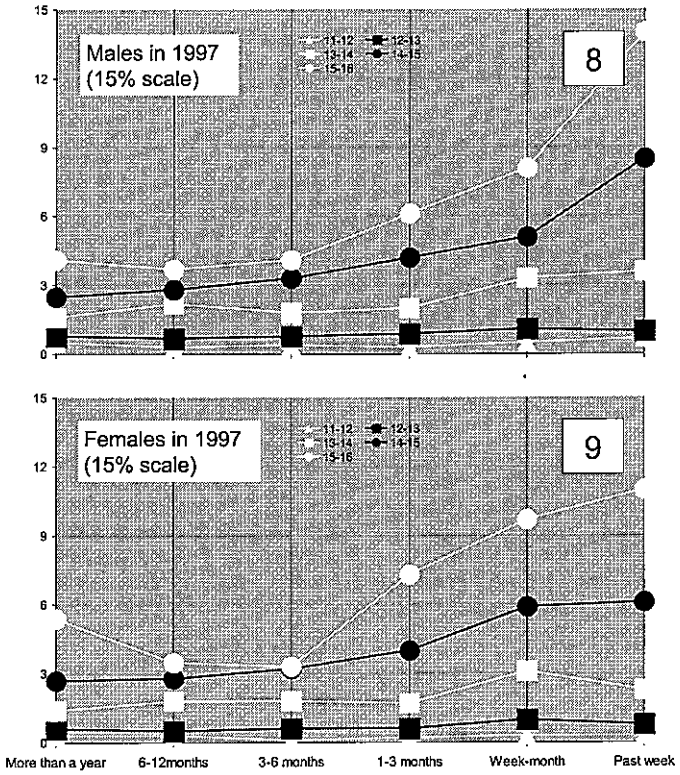
For example, 12% of the Year 10 sample know of a source of ecstasy — which means that they are at least on the fringe of the 'drug scene' — but only 1% have ever used it. It follows from this that the great majority of these young people — for whatever reason — are not going out of their way to get hold of it.

7

	12-13		14-15	
Drug source known	*M*	*F*	*M*	*F*
Amphetamines	6	6	15	18
Barbiturates	3	2	6	5
Cannabis	9	8	25	26
Cocaine	6	6	11	12
Crack	5	4	9	9
Ecstasy	5	4	12	12
Hallucinogens (natural)	5	4	11	10
Hallucinogens (synthetic)	3	2	9	7
Heroin	5	5	9	10
Opiates	3	3	6	6
Poppers	3	2	12	11
Solvents	10	10	19	21
Tranquillisers	4	3	7	8
At least one of these	*18*	*18*	*38*	*40*

Recent use of drugs

This question also has a very short history. Its late introduction is partly due to concern that



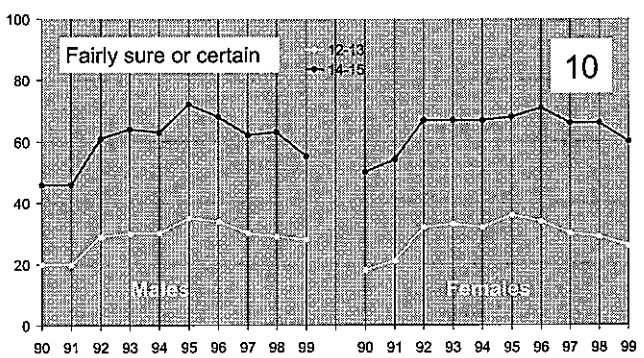
young people might have reservations about recording specific instances of drug use, particularly if they were recent.

'Past week' is the most frequent answer (8, 9)

Of the young people that have used a drug at all, half have used one in the past month.

The graphs show an analysis of elapsed time since last drug use. The data are from 1997, a year in which we surveyed five year groups and used a version of the questionnaire that contained a greater range of time intervals than the 1999 one. Please note that the maximum point on the scale is 15%, not 100%!

A striking difference between the genders is the profile of the most recent users. For the older males, more than half as many again had used a drug in the previous week as in the previous month, whereas for the females the numbers of 'weekly' and 'monthly' users are very similar. However, for six of the ten year/gender groups plotted, 'past week' is the largest category.



Half the drug users are 'recent' drug users

We can also draw the general conclusion that of the young people that have used a drug at all, half have used one in the past month.

Does recent use means frequent use?

The more recent users attract the most concern, because they include regular users. In theory, all the 'past week' responses could represent first experiences of drugs. However, it is statistically far more likely that the majority of this group use a drug in most weeks. Similarly, the ones that used a drug within the past month are more likely than the rest of the sample to have used a drug within the previous month as well.

A methodological observation

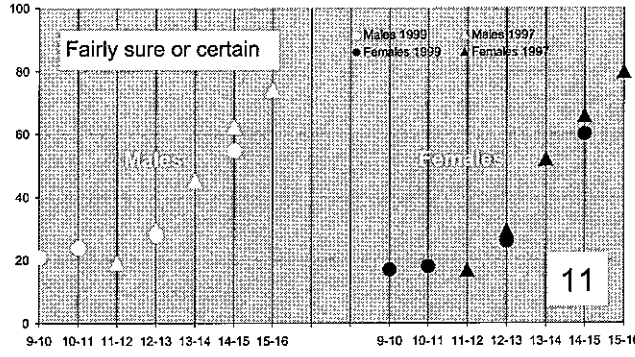
We have adopted this strategy of deducing the regular from the particular throughout the Health Related Behaviour Questionnaire, because we believe that it gives more reliable results than asking respondents what they 'usually' do. People may find it quite difficult to focus on 'typical' behaviour, and the temptation to idealise it may be strong! Therefore, instead of asking people how often they *usually* brush their teeth, we ask them how often they brushed them *on the previous day*. For some individuals the previous day may have featured more or fewer brushings than normal, but in a large sample these differences will cancel out, and the overall data should in fact be more representative of average behaviour than if they were asked about their 'average' behaviour in the first place. To sum up, if the sample is sufficiently large *the percentage representing recent behaviour can also be taken as approximating to habitual behaviour.*

How many know a drug user? (10)

The diagram shows that during most of the 90s, about a third of the 12-13s and two-thirds of the 14-15s have been fairly sure or certain that someone known to them uses drugs.

This question is valuable because it gives an idea of how close these young people are to a potential supply of drugs, whether directly from the user or indirectly through the user's contacts.

There is also the further consideration that if approximately two-thirds of 14-15 year olds know a drug user, then people in the other third are quite likely to know someone who has a contact. There is probably a short route to at least



the commoner drugs for anyone who wants to get hold of them.

However, this is making assumptions about the potential of known users as a perceived source of supply. On page 16 we presented data showing the percentage that know where to obtain any of the listed drugs. The results for any drug are repeated here, allowing the following comparison (1999 data):

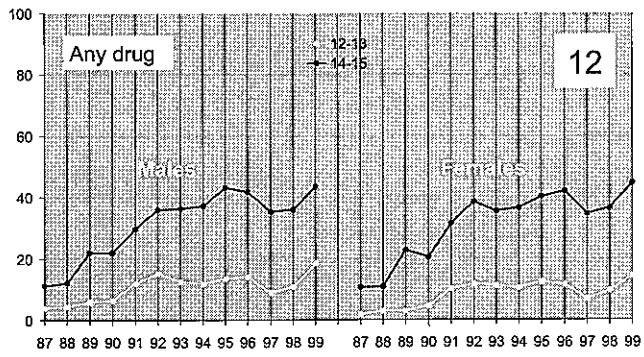
The proportion of experimenters and users is much lower than the proportion that believe they know a user.

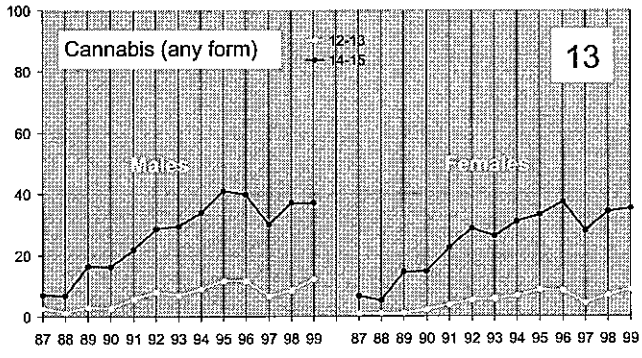
		Know user (fairly sure/certain)	*Know source of at least one drug*
Male	12-13	28	18
	14-15	56	38
Female	12-13	28	18
	14-15	61	40

This suggests that the known drug users are not seen as a source of supply by everyone, although up to two-thirds may think they are.

It is interesting that the fall in awareness of other drug users over the past few years is similar to the fall in drug experience shown on page 15. However, the proportion of experimenters and users is much lower than the proportion that believe they know a user.

The proportion that know a user is no measure of the number of known users in each survey locality, as the respondents could all be thinking of the same person or group of people.





Awareness starts early (11)

The primary version of the HRBQ contains the question: *Do you yourself know anybody who uses drugs (that are not medicines)?*

The 1999 percentages for *fairly sure or certain* are plotted on the graph as circles, together with the secondary data for Years 8 and 10. They show that about 20% of the Year 5 pupils believe they know a drug user.

There is a fairly leisurely increase in awareness until the 12-13 age group, after which it begins to 'take off', doubling in the next two years.

To help the reader to visualise how 'drug user awareness' continues to rise, we also plot similar data for 1997, which cover the age range 11-16, as triangles. This fills in the age gaps and helps to show how awareness begins to rise on moving up to secondary school, and the figures seem to reaffirm the need for appropriate drug education in primary schools.

'Drug education' in primary schools

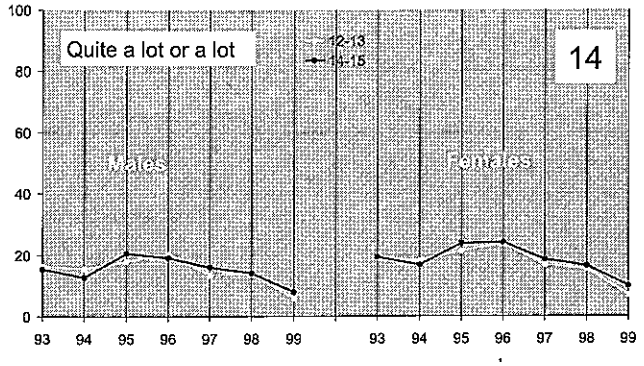
Not everyone agrees that illegal drugs are a suitable topic for very young children, but the Government's 10-year anti-drugs strategy includes a strong commitment to appropriate primary-school drugs education. The use and abuse of legal substances such as alcohol and tobacco has long been a statutory requirement as part at National Curriculum science for all key stages, and we would judge that ignoring the evidence of the data presented here would be more risky than taking action.

Offers of drugs (12)

The chart shows that the change in the level of drug offers follows the general trend in drug experience, with the highest levels in 1995-96.

Throughout most of the 90s, more than 10% of the 12-13s and up to 40% of the 14-15s had been offered an illegal drug.

Please note that the 1999 surveys asked about offers of cannabis, but not of any other single drug. The 1999 questions were rather different to those used in the 1997 and 1998 surveys, and the data may not be strictly comparable.



Cannabis (13)

The 14-15s' cannabis profile closely resembles that of 'any drug', but the 12-13 shapes are much less similar. They seem to suggest that drugs other than cannabis were among those offered to this younger group, certainly in the early part of the decade.

Other drugs

■ *Amphetamines.* The 1995-6 'maximum' supported by much of our data is more tidily displayed by amphetamines than by any of the other drugs documented in this 'offer' section.

■ *Ecstasy.* In 1992, this was the second most likely drug (after cannabis) for 14-15s to be offered; in 1998 it came behind amphetamines and poppers, at a similar level to solvents.

■ *Hallucinogens (synthetic).* We have observed a very sharp decline in offers since 1995; the most recent levels were the lowest of the decade.

■ *Solvents* had a high 'profile' in drugs education in the 80s, and the offer levels then were higher than those for amphetamines or hallucinogens. However, in the first half of the 90s the offer level did not rise as much as for these other drugs. For the 14-15s, solvents are currently joint second in the 'experience' table, level with amphetamines and poppers.

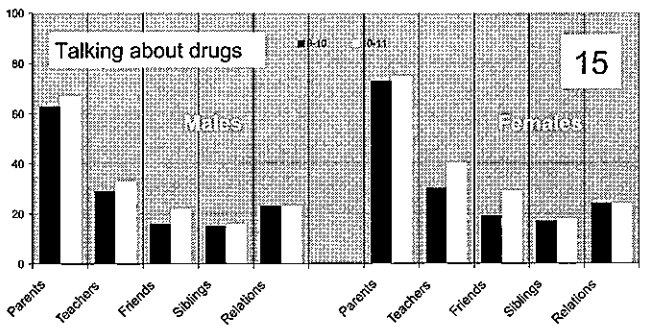
More than two-thirds of the 10-11 age group identify their parents as the people they would like to talk to them about drugs.

Worrying about drugs (14)

These data start in 1993, which means that they cover only the second part of our main drugs chronology. The graph shows the percentage that worry quite a lot or a lot, and features maximum values in 1995 and 1996, coinciding with our other data about 'exposure' to drugs.

The relationship of worry to use, if that is what we are seeing, does not seem to apply to personal use or use by peers; if it did, then the 12-13 worry levels would be lower than those for the 14-15s. In fact they coincide almost perfectly. This suggests that awareness of general levels of use somehow trigger similar levels of worry in two age groups with very different personal experience of drugs.

In 1999 the reference group for worries was defined as 'self/family/friends'. It is impossible to be sure if this was the reason for the even lower worry levels in that year, but it may have contributed. If this was the reason for the steeper fall between 1998 and 1999, it implies that the 1993-98 data registered a proportion of 'global' concern about drugs.



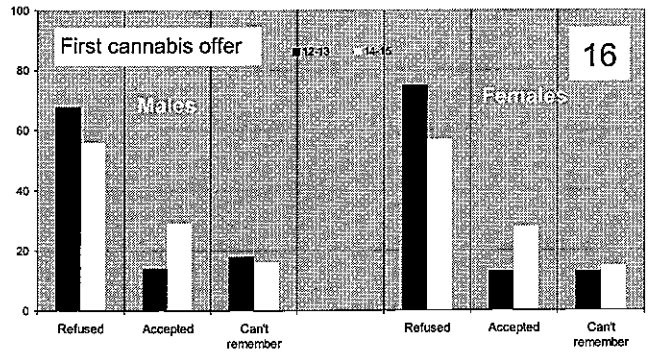
Talking about drugs (15)

A question in our primary-age questionnaire asks the children who they would like to talk to them about drugs. The children are given a checklist of five different sources, and they may choose as many as they like. The graph shows that around two-thirds of boys and three-quarters of girls in the 10-11 age group identify their *parents* as the people they would like to talk to them about drugs, and the numbers are only slightly lower for the 9-10s.

For all these primary groups, parents are easily the most popular choice. Their parents are likely to be the most important, trusted and influential people in their lives; they may perceive the subject of drugs as a dangerous and frightening aspect of the adult world, and it is not surprising if they see their parents as a reassuring and trusted source of support and information.

However, the question asks *who they would like* to talk to them rather than *who has* talked to them, and this prompts the question of whether parents are prepared for this important role, or even aware of their children's wishes in this respect. This is why the drug education materials we have developed for use in our *Preparing for Life after Primary School* resource include ways of giving parents the information and confidence they need to discuss drug issues with their children.

We note also that *teachers* are the second most popular source of information, and, again, they may be concerned at how to cope with this difficult topic. We have found that survey data can be a good stimulus for classroom work. Following a lesson on the topic, letters could be given to the children inviting their parents to attend a



meeting in school, or information leaflets for parents may be given out.

The first time they were offered cannabis...(17)

Most say that legalising cannabis would make no difference to them.

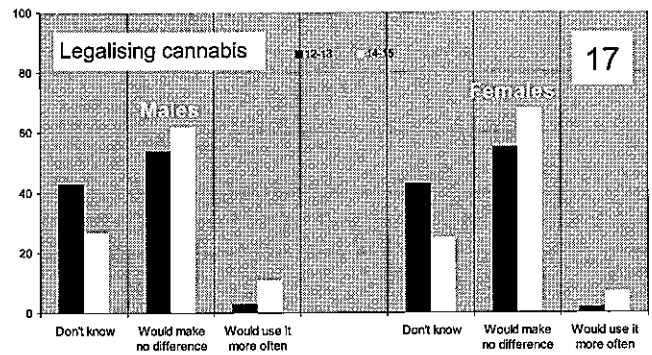
Since cannabis is by far the most likely drug to be offered and used, the 1999 questionnaire introduced two new questions specifically about this drug. We therefore have no 'history' of responses and interpretation, as is the case with most of the data in this report.

The histogram shows twice as many first-time acceptances by the 14-15s as by the 12-13s; page 18 shows that about 35% of the older pupils had been offered cannabis, compared with 8% of the younger ones. It is clear that some of the first-time refusers must have gone on to accept a later offer (or possibly gone shopping for supplies) in order to explain the current levels of use.

When we asked about their remembered feelings at the time, *fear of getting into trouble with their parents* was the most common reaction of the younger group, while *curiosity* led for the older ones. *Fear of authority* declined with age, as did reluctance to *lose face with friends*, which, interestingly, was the least common overall reaction.

It is interesting to compare the reactions of the 'refusers' and 'acceptors' (14-15 data):

	Refusers	*Acceptors*
Curious	35%	66%
Keen	8%	56%
Worried about health	55%	11%
Trouble with parents	64%	26%
Trouble with police	48%	14%



The message seems to be that keenness and curiosity are the strongest motives for acceptance, and health risks and possible trouble with parents are the strongest deterrent. Dislike of smoking also turns out to be a powerful factor. It is interesting how differently the refusers and acceptors handle the health issue!

The connection between acceptance and smoking is to be expected, since use of legal and illegal drugs correlates so strongly. In addition, however, familiarity with smoking tobacco would help to lower the hurdle of having to learn how to inhale smoke from a cannabis 'joint'.

If cannabis were made legal...

This question was introduced because of interest by The Prince's Trust in young people's reactions to the current law.

The most common response from all the pupils is to say that the legalisation of cannabis would make *no difference* to them personally. This is particularly the case for the 14-15s, who seem to have resolved some of the uncertainty shown by the 12-13s.

However, 12% of the 14-15 males and 7% of the females say that they would use it *more often* — so on the basis of these figures there would be a net increase in cannabis consumption if it were made legal.

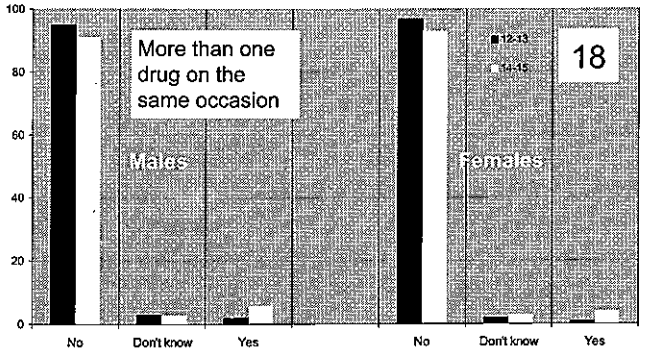
How users and non-users responded

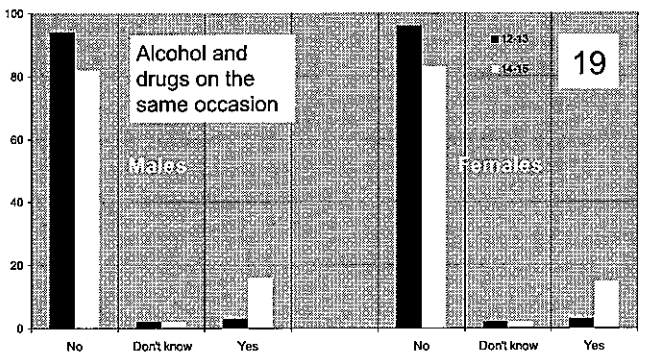
But does this mean that *more* of these young people would use it, or that the ones that already use it would *increase* their consumption?

Dividing the young people into those who have and have not ever tried cannabis reveals a large difference in anticipated use. Only 3% of the 'non-user' group think that they would use cannabis if it were de-regulated, but 44% of current users would expect to use it more often.

As well as suggesting that de-regulation would not greatly increase the *number* of cannabis users, this analysis also suggests some robustness in young people's attitudes with respect to drugs. It does not support the views (*a*) that the law against the possession of cannabis is a strong deterrent for young people, (*b*) that the law is an important factor in determining their choices about cannabis, or (*c*) that a change in the law would affect the behaviour of the majority of young people.

Of course, these personal predictions of levels of use may or may not be realistic, but we have no reason not to take them at their face value.





Mixing drugs (18, 19)

A school of thought in health education suggests that rather than advocating a simple policy of total abstinence (*Just Say No*), a more sophisticated educational message based on risk awareness, decision-making and harm reduction would be more realistic.

Drinking and smoking are the two most important correlates of having tried illegal drugs.

In particular, even if cannabis use is not to be condoned, at least it is not a cause for panic. Of much more concern should be:

- the use of drugs other than cannabis;
- taking different types of drug on the same occasion;
- using alcohol in combination with illegal drugs.

The charts presented above show that fewer than 10% of the 14-15s have ever used drugs in combination, and about 15% have used drugs in combination with alcohol. Given that so much of young people's reported drug use is related to cannabis, it must be the case that cannabis is involved in many of these instances, as no other drug is used by as many as 15% of this group.

These new questions are considered particularly useful in promoting discussion about harm reduction. For example, many deaths that are attributed to barbiturates may in fact be caused by barbiturates in combination with alcohol, and some deaths from heroin may be attributable to the use of this drug in combination with tranquillisers like Temazepam.

Picture of a 'drug user' (20)

We have taken as our yardstick the overall 'ever tried' measure of drug use, although a fuller analysis might also look at regular or recent use.

The major correlates of drug use are shown in the panel below. All these correlations are statistically highly significant, but this is a result of the very large samples we have available for analysis. Associations become truly significant – that is, important in a practical sense – when large differences in drug use appear between groups divided according to one measure or another. Some of the more striking or thought-provoking of these we display in the accompanying diagrams, and add some brief comments here.

■ *Drinking and smoking*. Drinking and smoking are the two most important aspects of health-related behaviour that are linked to having tried illegal drugs. For example, the group of 'non-drinkers' during the previous week includes about 12% of female 'drug users', but the group that had a drink every day includes almost 70%. (We emphasise again that these may not be *current* drug users.)

Correlations are very substantial for all smoking and drinking-related items in the Health Related Behaviour Questionnaire (between 0.4 and 0.7 on a scale from 0.0 to 1.0), so we might expect drug use to be related to everything that smoking and drinking are related to, although there may be some interesting exceptions.

■ *Weekly income* shows a strong positive correlation with drug experience, but money is a liberating factor in many health-related behaviours!

■ *Use of painkillers*. The use of this particular 'drug' does not seem to be linked to use of illegal drugs. On average, considerably more

Some major correlates of illegal drug 'experience'

Use of legal drugs	Smoking by self, family and friends, purchase of cigarettes
	Drinking alcohol, purchase of alcohol
Personal background	Not living with both parents
	Favourite adult not either parent.
Personality factors	Self-esteem higher
	Perceived control over health lower.
Social behaviour	More likely to be currently dating
	Spending money on clubs/discos
	Earning money
	Having higher personal income
Health attitudes	Less concerned about healthy eating
	Lower participation in preventive health behaviours
Other health and safety behaviours	Less exercise
	More self-medication

20

females than males take painkillers, but the 'drug use' proportion within the groups is similar.

■ *Favourite adult.* The group naming 'both parents' contains the smallest proportion of drug users. 'Adult friend' (i.e. not a relation, and not connected with school) contains the highest proportion.

■ *Home location.* We note that 'village' contains marginally more 'users' than any other locality description; some time ago the Home Office called attention to the problems of drug prevention in rural areas.

■ *Boyfriend or girlfriend.* The correlation with drug experience is consistent with the general finding that 'drug users' are more likely to be dating, earning money, and spending money in clubs and discos.

■ *Self-esteem.* Part of the reasoning behind health education in schools is that if we build up young people's self-esteem they will be less tempted to try drugs and be more able to resist peer pressure to experiment. However, in 1995 we observed that young people's recorded drug experience — which is principally of cannabis — is directly related to self-esteem, and the 1999 data repeat the finding.

Young people's recorded drug experience is directly related to self-esteem.

This is not surprising when we look at some of the other social aspects of behaviour. High self-esteem is more likely to be found among sociable and outgoing young people, who are therefore nearer to the 'drug scene'. However, if we look at more problematic use of drugs — for example, mixing drugs — the correlation with self-esteem reduces or even reverses.

The overall message may be that the meaning and function of young people's behaviours must be considered in the context of the rest of their lives.

Curriculum 2000: Citizenship & PSHE

From the QCA website

Citizenship will be created as a new National Curriculum subject for all 11-16 year olds from September 2002, and a national non-statutory framework for the teaching of PSHE from September 2000 has been produced.

PSHE and citizenship help to give pupils the knowledge, skills and understanding they need to lead confident, healthy, independent lives and to become informed, active, responsible citizens.

Pupils are encouraged to take part in a wide range of activities and experiences across and beyond the curriculum, contributing fully to the life of their school and communities. In doing so they learn to recognise their own worth, work well with others and become increasingly responsible for their own learning.

They reflect on their experiences and understand how they are developing personally and socially, tackling many of the spiritual, moral, social and cultural issues that are part of growing up.

They also find out about the main political and social institutions that affect their lives and about their responsibilities, rights and duties as individuals and members of communities.

They learn to understand and respect our common humanity, diversity and differences so that they can go on to form the effective, fulfilling relationships that are an essential part of life and learning.

http://www.dfee.gov.uk

This ironic document, produced by the Townsend Centre, was circulated at a recent meeting attended by Research Manager David Regis.

Ten Tips for Better Health – Saving Lives: Our Healthier Nation

- Don't smoke. If you can, stop. If you can't, cut down.
- Follow a balanced diet with plenty of fruit and veg.
- Keep physically active.
- Manage stress by, for example talking things through and making time to relax.
- If you drink alcohol, do so in moderation.
- Cover up in the sun, and protect children from sunburn.
- Practice safer sex.
- Take up cancer screening opportunities
- Be safe on the roads: follow the Highway Code.
- Learn the First Aid ABC – airways, breathing, circulation.

Ten Tips for Staying Healthy – Townsend Centre for International Poverty Research

- Don't be poor. If you can, stop. If you can't, try not to be poor for long.
- Don't have poor parents.
- Own a car.
- Don't work in a stressful, low paid manual job.
- Don't live in damp, low quality housing.
- Be able to afford to go on a foreign holiday and sunbathe.
- Practice not losing your job and don't become unemployed.
- Take up all benefits you are entitled to, if you are unemployed, retired, sick, or disabled.
- Don't live next to a busy major road or near a polluting factory.
- Learn how to fill in the complex housing benefit/asylum application forms.

UKPHA