ARGYLL AND CLYDE HEALTH BOARD

ACTION HEALTH

YOUNG PEOPLE'S HEALTH SURVEY 1995

DRUGS SUMMARY REPORT

ACKNOWLEDEMENTS

EXECUTIVE SUMMARY

Beliefs About Drugs

- pupils are in general agreement where negative associations are attached to illicit drug taking and generally in disagreement where positive associations are attached to illicit drug taking
- on the whole, girls take a less favourable view of illicit drug taking than boys
- there are marked differences between the strong opinions of younger and older pupils, with 1st year pupils adopting a significantly stronger stance against illicit drug taking
- 5th year pupils are mainly in strong agreement that some drugs such as cannabis should be legalised.

Pupils Offered Drugs

- half of all pupils surveyed had been offered illicit drugs
- significantly more boys than girls had been offered drugs
- younger pupils are considerably less exposed to offers of drugs than older pupils: 1st year pupils are about three times less exposed to offers of drugs than 3rd year pupils and about four times less exposed than 5th year pupils.

Drug Consumption

- based on the results of this survey, it is estimated that just over 1 in 3 pupils in Argyll and Clyde are using illicit drugs
- there is evidence of more prevalent poly drug use than use of one drug only among drug using pupils
- cannabis is the most common drug used and has been taken by about 1 in 3 pupils
- about 1 in 5 pupils use cannabis habitually, that is occasionally or regularly
- there is notable occasional and regular use of marijuana, but its degree of habitual use is about half that of cannabis
- there is sizeable experimental, but not habitual, use among pupils of amphetamines, LSD, magic mushrooms, temazepam and solvents
- very few pupils have taken 'hard' drugs such as opiates
- twice as many boys use cannabis regularly than girls, and over twice as many boys use marijuana regularly than girls
- twice as many girls use tranquillisers than boys

- there are clear gradations across school years for occasional and regular use of both cannabis and marijuana, with sizeable increases in these particular types of drug use from 1st to 3rd year, and even more pronounced increases from 3rd to 5th year
- similar marked and increasing gradations across school years are found with respect to experimental use of amphetamines and LSD
- significant differences between 1st year and older pupils are detected in the experimental use of all other illicit drugs apart from heroin which has very few users among all pupils.

Reasons for Drug Taking

- the top three reasons given for drug taking in order of importance are that drugs induce a sense of feeling good, a sense of being relaxed and are desirable, with more than half of the drug using pupils offered these reasons as explanations for their drug taking (these may be described collectively as the *feel-good factor*)
- a greater percentage of boys than girls feel that taking drugs makes them look mature and prevents them from appearing to be the odd one out
- more girls than boys feel that drugs make it easier to talk to other people
- 1st year drug using pupils are less enamoured with the euphoric effects of illicit drugs than older pupils.

Situations of Drug Taking

- more than 9 out of 10 drug using pupils are using drugs in the company of others
- the main places of drug use favoured by more than half of drug using pupils are outdoors, parties and raves
- after this the home is preferred by just under half of drug using pupils
- significantly more girls than boys are taking drugs at parties, raves, pubs and night-clubs
- significantly more boys than girls take drugs alone
- significantly more boys than girls take drugs at school
- there are steady increases in the use of illicit drugs at home with increasing age, with more than half of drug using pupils in 5th year claiming to use drugs in the home
- comparatively fewer pupils in 1st year are taking drugs in parks, streets, parties or raves
- comparatively fewer pupils in 5th year are taking drugs in youth clubs
- significantly more 5th year drug using pupils (around 1 in 4) are taking illicit drugs in pubs/nightclubs.

RECOMMENDATIONS

- Effective Drug Education needs to be in place during, if not before, 1st year, since massively significant shifts in perceptions about, exposure to and consumption of drugs occur among Argyll and Clyde pupils between the ages of 12 and 15.

- The predominance of the feel-good factor as a motive for pupils taking drugs, particularly among boys, means that Drug Education approaches should place an emphasis on alternatives for young people which can generate a similar, or even an improved, feel-good factor. Addressing peer issues in Drug Education is necessary, but may be of secondary importance to addressing credible alternatives to drug taking.

- Drug education programmes should help young people to develop self-esteem through means other than the use of illicit drugs and provide them with the opportunity to develop social skills to enhance their confidence to relate to others without the assistance of drugs.

- The impact and effectiveness of peer resistance education might be improved if it is targetted to younger pupils (12-13 years old).

- Given the high levels of illicit drug use by pupils, especially older pupils, in the home, parents should be more vigorously encouraged to discuss drug taking with their children.

CONTENTS

1   INTRODUCTION

This report contains the drug-related results from a health survey administered in 1995 to pupils attending 7 secondary schools in the Argyll and Clyde Health Board area. The survey was carried out using the Health Related Behaviour Questionnaire (HRBQ). The HRBQ was used to analyse the attitudes and behaviours of pupils in relation to a range of health related topics including diet, leisure, alcohol and drugs. The drugs section of this questionnaire appears in the Appendix.

A slightly different version of the HRBQ has previously been used in 10 local secondary schools in 1992. This report does not make comparisons between the results from these two surveys, but instead presents and interprets the drug-related results from the most recent survey.

A total of 1861 pupils from 1st, 3rd and 5th year were surveyed in 1995. The breakdown of this total by sex and year at school is as follows:

GENDER	Male	910
	Female	943
	Missing	8
YEAR AT SCHOOL	1st year	622
	3rd year	668
	5th year	571

2   BELIEFS ABOUT DRUGS

Table 1   List of statements of belief and abbreviated notation used in tables appearing in this section

ABBREVIATED NOTATION	COMPLETE STATEMENT OF BELIEF
Health problems	Taking drugs not prescribed by a doctor can cause health problems
Difficult to stop	Once you start taking drugs regularly it is difficult to stop
Lose control	Taking drugs makes people lose control of themselves
Users are unpleasant	People who have taken drugs are unpleasant
Helps me fit in	Taking drugs is sociable, it helps you fit in
Legalise some drugs	Some drugs that are illegal should be made legal, e.g. cannabis
Safe limit	There is a safe limit for taking unprescribed drugs
Safer than alcohol	Drugs are safer than alcohol
Drugs are 'cool'	Taking drugs is 'cool'

Pupils were asked to respond to a range of statements of belief (shown in Table 1) concerning various drug-related issues. Pupils were asked to choose from five options attached to each statement, namely, 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' and 'strongly disagree'.

2.1   Overview of Beliefs About Drugs

Table 2 shows the most common responses to each belief statement by school, gender and year at school. The pattern of these responses shows that pupils are generally:

- **in agreement** that drug taking is hard to stop, that it makes people lose control of themselves and that use of illicit drugs can lead to health problems
- **of neutral opinion** in relation to drug users being unpleasant and to the existence of a safe limit for consumption of illicit drugs
- **in disagreement** that drugs help people to fit in with their peers, that some drugs such as cannabis should be legalised, that drugs are safer than alcohol and that taking drugs is 'cool'.

Thus pupils are in general agreement where negative associations are attached to illicit drug taking and generally in disagreement where positive associations are attached to illicit drug taking.

Table 2 Top responses by different categories of pupils concerning statements of belief

STATEMENT OF BELIEF	SEX			YEAR		
	ALL	M	F	1st	3rd	5th
TOP RESPONSE						
Health problems	sa	sa	sa	sa	sa	a
Difficult to stop	a	sa	a	sa	a	a
Lose control	sa	sa	a	sa	a	a
Users are unpleasant	n	n	n	sa	n	n
Helps me fit in	sd	sd	sd	sd	d	d
Legalise some drugs	sd	sd	sd	sd	n	sa
Safe limit	n	n	n	sd	n	n
Safer than alcohol	sd	sd	sd	sd	d	n
Drugs are 'cool'	sd	sd	sd	sd	sd	sd

Key: sa   strongly agree
         a   agree
         n   neither agree nor disagree
         d   disagree
         sd   strongly disagree

At least two additional and less general details in Table 2 are worth highlighting:

- A 'linear' trend of opinion is detected across the school years with respect to the issue of selective legalisation of illicit drugs, with the majority of 1st year pupils expressing strong disagreement, in contrast to the majority of 5th year pupils expressing strong agreement, and 3rd year pupils mainly expressing a neutral opinion and possibly representing a transitional stage in the shift of opinion moving from 1st through to 5th year
- Another less pronounced 'linear' trend of opinion is found regarding the perception of drugs being safer than alcohol, with 1st year pupils mainly in strong disagreement, 3rd year pupils mainly in disagreement and 5th year pupils mainly of a neutral disposition.

Table 3 Top two statements of belief which pupils most *STRONGLY AGREE* with

STATEMENT OF BELIEF	SEX			YEAR		
	ALL	M	F	1st	3rd	5th
RANK						
Health problems	1st	1st	1st	1st	1st	1st
Lose control	2nd	2nd	2nd	2nd	2nd	2nd=
Legalise some drugs						2nd=

Table 4 Top two statements of belief which pupils most *STRONGLY DISAGREE* with

STATEMENT OF BELIEF	SEX			YEAR		
	ALL	M	F	1st	3rd	5th
RANK						
Drugs are 'cool'	1st	1st	1st	1st	1st	1st
Safer than alcohol	2nd	2nd			2nd	
Helps me fit in			2nd	2nd		2nd

Tables 3 and 4 show the top two belief statements which elicited strongest responses among pupils in terms of strong agreement and strong disagreement respectively. Both tables show that there is perfect conformity across schools, gender and years at school on two drug-related issues: the possibility of developing health problems through drug taking elicited strongest agreement among all categories of pupil, and the notion of drug taking as 'cool' elicited strongest disagreement among all categories of pupil.

One other point worth noting from Table 3 is that legalisation of certain drugs makes an appearance, ranking high due to strong approval by 5th year pupils.

Table 5   Summary of main differences in beliefs by *GENDER*

Statement of Belief	Response	Level of response (%)	
Health problems	agree	F=39.0,	M=32.4
Difficult to stop	agree	F=40.0,	M=34.5
Lose control	agree	F=41.9,	M=33.3
Users are unpleasant	neutral	F=40.6,	M=33.4
Helps me fit in	disagree	F=31.9,	M=25.4
Legalise some drugs	strongly agree	F=17.6,	M=24.6
Safe limit	disagree	F=23.2,	M=17.4
Safer than alcohol	disagree	F=31.3,	M=24.6
Drugs are 'cool'	strongly disagree	F=64.0,	M=54.8

Table 6   Summary of main differences in beliefs by *YEAR AT SCHOOL*

Statement of Belief	Response	Level of response (%)	
Health problems	strongly agree	1st=64.8,	Rest 34.7-43.6
Difficult to stop	strongly agree	1st=55.1,	Rest 22.0-29.7
Lose control	strongly agree	1st=60.0,	Rest 26.6-35.0
Users are unpleasant	strongly agree	1st=36.0,	Rest 10.2-16.5
Helps me fit in	strongly disagree	1st=52.5,	Rest 24.1-26.3
Legalise some drugs	strongly disagree	1st=46.7,	Rest 13.8-21.0
Safe limit	strongly disagree	1st=29.0,	Rest 16.0-17.8
Safer than alcohol	strongly disagree	1st=50.9,	Rest 22.3-29.7
Drugs are 'cool'	strongly disagree	1st=77.2,	Rest 48.7-53.1

2.2   Variations in Beliefs About Drugs

Variation Between Boys and Girls

Table 5 highlights the statistically significant differences (all $p<0.01$) between boys and girls in terms of their drug-related opinions. Girls are consistently more in agreement where negative associations are applied to drug taking (e.g. bad health), and consistently more in disagreement - or less in agreement as in the case of selective legalisation of drugs - where positive associations are attached to drug taking (e.g. assists sociability).

Variation Between Years at School

Table 6 shows the main significant differences (all $p<0.00001$) in the data according to year at school. The youngest pupils consistently distinguish themselves from other older pupils by more strongly agreeing where negative associations are linked to drugs and more strongly disagreeing where positive associations are linked to drugs. There are certain comparisons here with the variation observed between girls and boys, but the distinction between 1st year and older pupils is more marked and more associated with the extremes of opinion (strong agreement and strong disagreement).

2.3 Discussion on Beliefs About Drugs

The results on beliefs could be interpreted overall as reflecting a generally responsible outlook held by pupils concerning drug-related issues. This interpretation stems from the fact that all categories of pupil are generally in agreement where negative associations are attached to illicit drug taking (e.g. can produce health problems) and generally in disagreement where positive associations are featured (e.g. can enhance sociability).

There is a lack of consensus on a few issues, notably legalisation of certain illicit drugs such as cannabis. A 'linear' progression is detected in this case from mainly strong disagreement among 1st year pupils to mainly strong agreement among 5th year pupils. This and other evidence related to variations in the data (discussed below) suggest that views about drugs become more relaxed or less conservative as pupils become older. This in turn may be due to increases in knowledge about drugs, or to acquired experiences of drugs, or to shifts in the values of peer groups to which pupils belong and to which pupils may be conforming, or to combinations of these factors.

There is some significant variation in beliefs between boys and girls, but the bulk of variation in the data is related to age. The main variation occurs between 1st year and older pupils, with 1st year pupils consistently in stronger agreement about negative views of drug taking and in stronger disagreement about positive views of drug taking.

Thus a notable shift in perceptions of drug taking appears to occur among Argyll and Clyde pupils between the ages of 12 and 15. This clearly has implications for the effective administration of Drug Education. If Drug Education prior to major shifts in the drug-related culture among pupils is inadequate, then efforts further down the line might just be a case of trying to shut the stable door after the horse has bolted.

3   PUPILS OFFERED DRUGS

Figure 1   Percentages of pupils reporting that they have been offered drugs
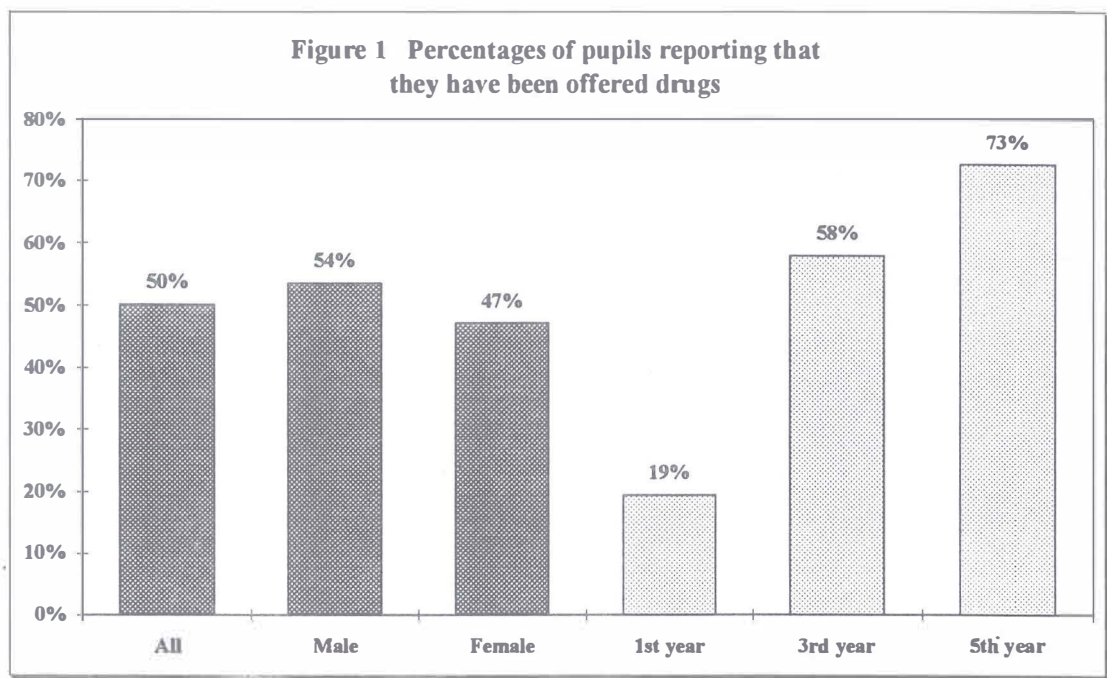
Figure 1 shows that half of all pupils surveyed have been offered drugs.

A significant difference is detected between boys and girls (p=0.008), with more boys having been offered drugs than girls. The largest significant variation is found between years at school (p=0.000), where 1st year pupils have been considerably less exposed to offers of drugs than older pupils: the 1st year pupils have been about three times less exposed to offers of drugs than 3rd year pupils and about four times less exposed than 5th year pupils.

Thus a major cultural shift in relation to exposure to offers of drugs occurs somewhere between 1st and 3rd year. As stated before, Drugs Education may need to be given higher priority/status before this cultural shift takes place.

4   CONSUMPTION OF DRUGS

Table 7   Frequency of consumption of drugs by ALL pupils

DRUG	NEVER TAKEN		ONLY ONCE OR TWICE		TAKEN OCCASIONALLY		TAKEN REGULARLY	
	%	n	%	n	%	n	%	n
CANNABIS	66.9	1166	13.8	241	12.0	209	7.3	128
MARIJUANA	83.6	1435	6.2	107	6.1	105	4.1	70
AMPHETAMINES	88.4	1519	6.9	119	3.9	67	0.8	13
LSD	90.1	1548	5.4	92	3.3	57	1.2	21
ECSTASY	95.4	1639	3.2	55	0.6	11	0.8	13
HEROIN	98.8	1693	0.9	16	0.1	2	0.2	3
COCAINE	98.3	1685	1.3	22	0.1	2	0.3	6
MAGIC MUSHROOMS	87.9	1512	8.8	151	2.7	47	0.6	11
TRANQUILLISERS	95.6	1639	3.3	57	0.8	13	0.3	5
BARBITURATES	97.9	1672	1.4	24	0.3	5	0.4	6
TEMAZEPAM	85.6	1474	9.5	163	3.2	55	1.7	30
TEMGESIC	98.5	1684	0.7	12	0.5	9	0.3	5
DF118's	97.5	1666	1.6	27	0.6	10	0.4	6
SOLVENTS	90.9	1549	6.5	110	2.1	36	0.5	9

Pupils were asked to indicate if, and how often, they had consumed drugs from among a range of drugs (listed in Table 7). The four options presented to pupils were 'never taken', 'taken once or twice only', 'taken occasionally' and 'taken regularly'.

The possibility of false reporting of drug consumption was taken into consideration during the design stage of the questionnaire. In order to eliminate at least some degree of false reporting, a trick question was presented to pupils involving a fictitious drug called 'astrolight' (a.k.a. 'star', 'comet'). Of the 1861 pupils taking part in the survey, 36 pupils claimed to have consumed this imaginary drug and so were disqualified from further analysis.

4.1   Overview of Drug Consumption

The results in Table 7 show that:

- **cannabis is the most commonly used drug, taken by about one in three pupils**
- about one in five pupils reported taking cannabis either occasionally or regularly

250

209

200

■ OCCASIONAL USER

☐ REGULAR USER

150

128

105

100

70

67

57

55

50

30

47

36

21

13

11 13

13

10

9

9

2 3

2 6

11

5

5 6

5

6

0

CANNABIS   MARIJUANA   AMPHETA-MINES   LSD   ECSTASY   HEROIN   COCAINE   MAGIC MUSHROOMS   TRANQUILL-ISERS   BARBITURATES   TEMAZEPAM   TEMGESIC   DF118's   SOLVENTS
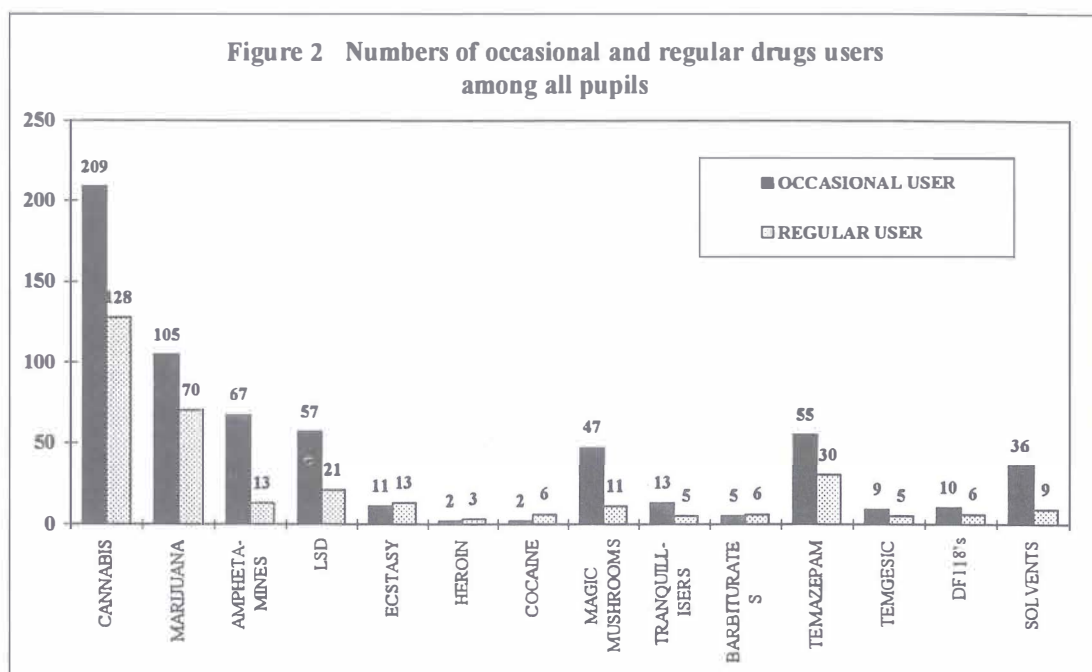
- relatively large percentages of pupils have taken marijuana, amphetamines, LSD, magic mushrooms and temazepam (10% or more in each case)
- more pupils are taking marijuana occasionally or regularly than those who have only experimented with it, but its degree of habitual use is about half that of cannabis
- more pupils are experimenting with amphetamines, LSD, magic mushrooms and temazepam rather than are occasional or regular users of these drugs
- just under 10% of pupils report that they have taken solvents, most of these in an experimental capacity
- modest percentages of pupils (under 5% in each case) have taken ecstasy or tranquillisers, mainly in relation to experimental use
- relatively small percentages of pupils (under 3% in each case) have taken cocaine, barbiturates and opiates (heroin, temgesic, DF118's).

Figure 2 shows at a glance the comparatively high occasional use of cannabis and marijuana among all pupils, with moderate occasional use associated with amphetamines, LSD, magic mushrooms, temazepam and solvents. Cannabis and marijuana also feature strongly in terms of regular use, although the magnitude of regular use is not as great as that of occasional use. Temazepam (a.k.a. 'jellies') is also used regularly to a notable, but lesser, extent.

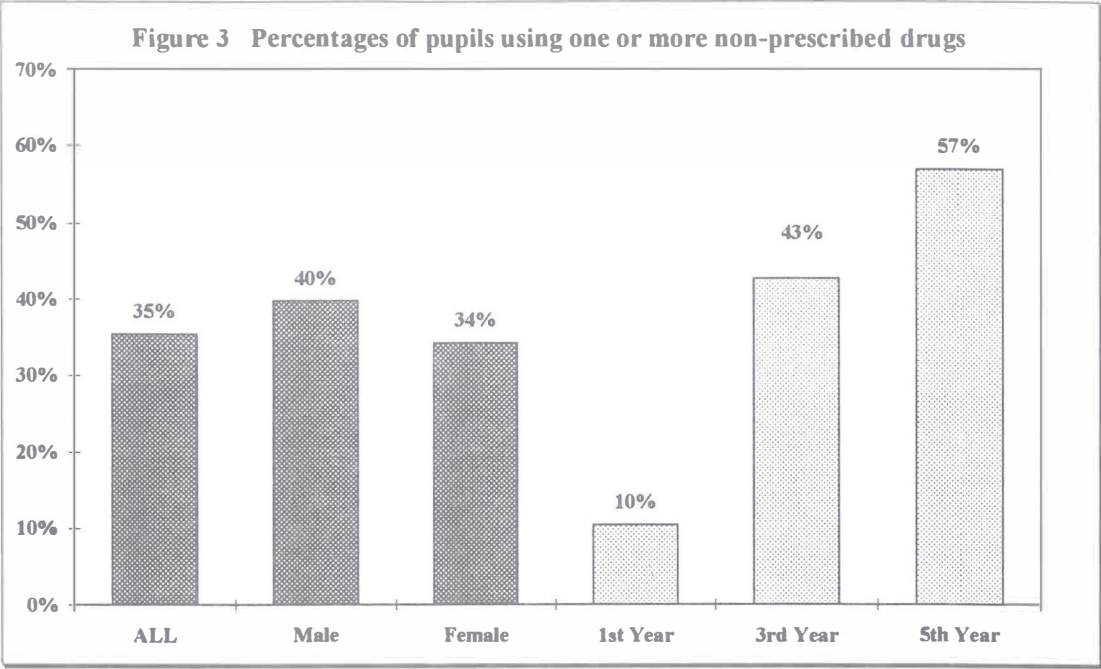**Figure 3   Percentages of pupils using one or more non-prescribed drugs**

Figure 3 shows the percentages of pupils who are using at least one of the drugs listed in Table 7. Just over 1 in 3 pupils (658 out of 1861) are drug users. Significantly more boys than girls are using drugs (p=0.017). The greatest variation in reported levels of drug use is between years at school (p=0.000): the disparity between 1st year and 3rd year is quite marked and the difference between 3rd year and 5th year is comparatively marginal.

An attempt was made to evaluate how many pupils had never taken any drugs, how many had taken one drug and how many had taken more than one drug. Unfortunately the majority of cases (1039 out of 1825) had incomplete information due to pupils only responding to some of the questions related to consumption of drugs. These incomplete cases could not be analysed since a missing answer cannot be assumed with certainty to be congruous with the response 'never taken', though one might suspect strongly that this is the case.

Of the 786 pupils who answered all questions on drug consumption, 73.7% of these pupils had never taken any drugs, 10.4% had used one drug only and 15.9% had used more than one drug. **Thus for this particular sample of pupils poly drug use is more prevalent than use of one drug only.**

4.2   Variations in Drug Consumption

Statistical tests were applied to the original four response categories only in the case of two drugs, namely cannabis and marijuana, because there were sufficient occasional and regular users of these drugs to allow valid statistical tests to be performed. For all other drugs the response categories were required to be condensed to 'never taken' and 'have taken' to allow valid statistical tests to be performed. This itself is an indication that use of cannabis and marijuana is relatively more prevalent and more frequent, while use of other illicit substances is comparatively scarce and mostly experimental where it occurs.

Variation Between Boys and Girls

From Table 8 it can be seen that boys are more prominent regular users of cannabis than girls ($p<0.01$): about 1 in 10 boys are regular cannabis users compared to about 1 in 20 girls - an approximate ratio of 2:1. The disparity between boys and girls in terms of regular use of marijuana is even more pronounced ($p<0.00001$) - the ratio of boys to girls in terms of percentages using regularly is about 5:2 - although the actual numbers involved are less than in the case of regular cannabis use.

Other findings are that significantly more boys than girls have experimented with heroin ($p<0.01$) and temgesic ($p<0.01$), though numbers are relatively small for both boys and girls. Significantly more boys have also taken magic mushrooms than girls ($p<0.0001$). Only in the case of tranquillisers have girls experimented significantly more than boys ($p<0.01$), where the ratio of girls to boys is about 2:1 in terms of percentages reporting use of tranquillisers.

Variation Between Years at School

Just as in the case of beliefs about drugs, 1st year pupils are clearly distinguished from the two older groups of pupils in terms of their drug consumption. With respect to the use of certain drugs, however, 3rd year pupils are also clearly distinguished from 5th year pupils, a distinction which does not appear so sharply in terms of their respective beliefs.

Table 9 shows clear gradations across school years for use of both cannabis ($p<0.00001$) and marijuana ($p<0.00001$), with sizeable increases in regular and occasional use of these drugs from 1st to 3rd year, and even more pronounced increases from 3rd to 5th year. Similar marked and increasing gradations across school years are found with respect to experimental use of amphetamines ($p<0.00001$) and LSD ($p<0.00001$).

Significant differences between 1st year and older pupils are detected in the experimental use of all other drugs apart from heroin, where numbers of users were too small across all years to detect any significant difference.

Table 8   Summary of main differences in consumption by *GENDER*

DRUG	Response	Level of response (%)	
CANNABIS	regular use	F=5.1,	M=9.8
MARIJUANA	regular use	F=2.3,	M=6.0
HEROIN	have taken[1]	F=0.4,	M=2.1
MAGIC MUSHROOMS	have taken[1]	F=9.0.	M=15.5
TRANQUILLISERS	have taken[1]	F=5.7,	M=3.0
TEMGESIC	have taken[1]	F=0.7,	M=2.5

Table 9   Summary of main differences in consumption by *YEAR AT SCHOOL*

DRUG	Response	Level of response (%)		
CANNABIS	occasional use	1st=1.1,	3rd=13.0,	5th=21.8
CANNABIS	regular use	1st=0.7,	3rd=5.9,	5th=15.7
MARIJUANA	occasional use	1st=0.4,	3rd=5.3,	5th=12.9
MARIJUANA	regular use	1st=0.4,	3rd=1.8,	5th=10.5
AMPHETAMINES	have taken[1]	1st=2.2,	3rd=12.1,	5th=20.6
LSD	have taken[1]	1st=1.1,	3rd=10.0,	5th=18.8
ECSTASY	have taken[1]	1st=1.3,	Rest 5.7-6.8	
COCAINE	have taken[1]	3rd=2.9,	Rest 0.9-1.3	
MAGIC MUSHROOMS	have taken[1]	1st=3.0,	Rest 14.7-18.7	
TRANQUILLISERS	have taken[1]	1st=1.4,	Rest 5.7-5.9	
BARBITURATES	have taken[1]	5th=3.3,	Rest 1.1-1.8	
TEMAZEPAM	have taken[1]	1st=3.8,	Rest 17.7-21.5	
TEMGESIC	have taken[1]	1st=0.4,	Rest 1.8-2.4	
DF118's	have taken[1]	1st=0.7,	Rest 3.3-3.5	
SOLVENTS	have taken[1]	1st=3.6,	Rest 11.4-12.0	

[1] the category 'have taken' is an aggregate of the three responses 'taken only once or twice', 'taken occasionally' and 'taken regularly' - the bulk of those reporting that they 'have taken' these particular drugs gave the first of these three responses, and thus 'have taken' is mostly an indication of experimental, rather than habitual, use

4.3   Discussion on Drug Consumption

Drug using pupils in Argyll and Clyde are favouring drugs which are commonly perceived as 'soft' (e.g. cannabis) over drugs which are commonly perceived as 'hard' (e.g. heroin). This favouring of 'soft' drugs may be due to drug preference, or to availability/cost of different drugs, or to a combination of these. (The term 'soft' is not synonymous with 'harm-free' and is largely a public perception related to notions of drugs being relatively less harmful, less addictive/more conducive to 'recreational' use, more socially acceptable, etc.)

The fact that about twice as many girls are taking tranquillisers than boys might suggest that issues of self-confidence and self-esteem need to be adequately addressed in Drug Education programmes if they are to be an effective means to help prevent girls in particular from resorting to use of illicit drugs to bolster their levels of confidence.

Drug use appears to escalate rapidly between 1st and 3rd year (a four-fold increase in the percentages using drugs). This is concordant with the marked changes in beliefs that also occur between 1st and 3rd year. This, once again, suggests that effective Drug Education needs to be in place during, if not before, 1st year.

5   REASONS FOR TAKING DRUGS

Table 10   List of reasons for taking drugs and abbreviated notation used in figures and tables appearing in this section

| ABBREVIATED NOTATION	COMPLETE STATEMENT OF REASON FOR TAKING DRUGS
ENJOYABLE	I like drugs
FEEL MATURE	I feel that taking drugs is a mature thing to do
RELAXING	It helps me to relax
FEELS GOOD	I like the way it makes me feel
TALK EASY	It helps me to talk to other people more easily
FIT IN WITH PEERS	I don't want to feel the odd one out
FORGET PROBLEMS	It helps me to forget my problems
FEEL FORCED	I feel that I am forced to take drugs
DANCE BETTER	Drugs make me dance better

Pupils who reported that they had taken at least one drug were asked to respond to a range of reasons for taking drugs (listed in Table 10), answering either 'yes' or 'no'.

A number of pupils attempted to give reasons for their drug taking, but had indicated previously that they had never taken any drugs. These pupils were excluded from the analysis. (It is thought that these pupils may have been speculating about reasons why they think other people might take drugs, or about reasons why they themselves might want to take drugs, or perhaps they may have been repeating what they had heard other drug users say about their drug use.) The number of pupils qualified to respond to these questions was 658.

5.1   Overview of Reasons for Taking Drugs

Figure 4 shows the results for all drug using pupils concerning their reported reasons for taking drugs. The main findings are:

- The top three reasons given for drug taking in order of importance are that drugs induce a sense of feeling good, a sense of being relaxed and are enjoyable. In each case more than half of the drug using pupils offered these reasons as explanations for their drug taking. Factor analysis also grouped these three reasons closely together - they had highest weighting in the most important underlying factor explaining variation in the data. These may be described collectively as the *feel-good factor*.
- Moderate percentages of pupils (20-50%) reported that drugs helped them to talk more easily, to fit in better with their peers, to forget about their problems and to dance better. These may be described collectively as the *sociability factor*.

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Figure 4   Percentages of pupils who answered YES to various reasons for drug taking
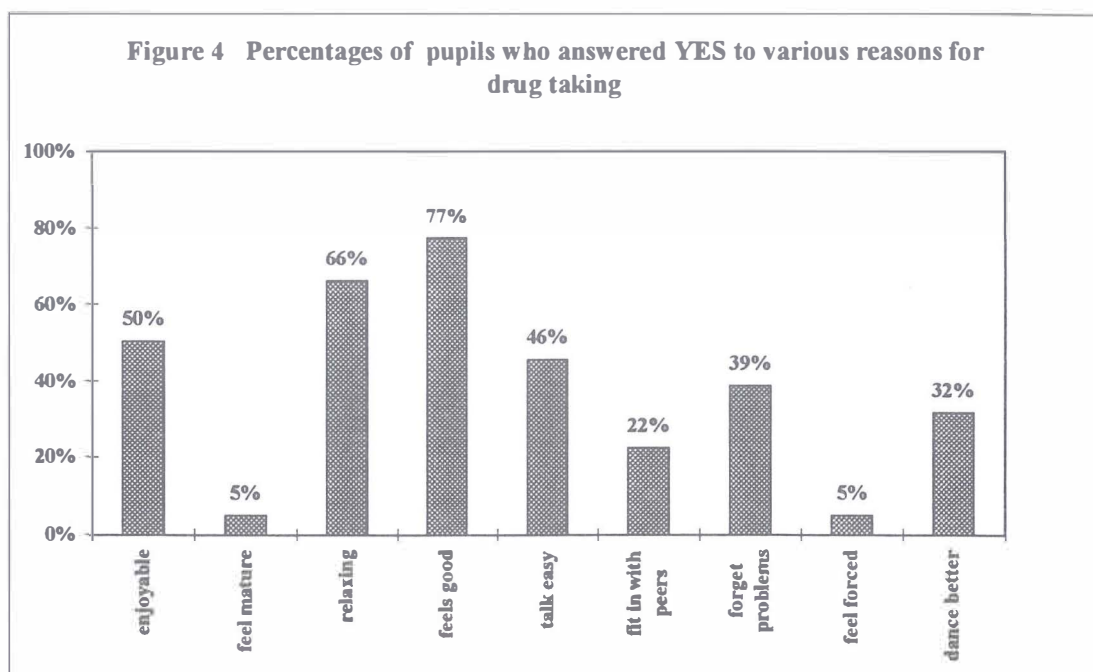
- Low percentages of pupils (5%) reported feeling mature on account of drug use or feeling forced to take drugs. Thus the vast majority of drug using pupils did not associate sophistication or coercion with their drug taking.

5.2   Variations in Reasons for Taking Drugs

Variation Between Boys and Girls

A small amount of significant variation is present between boys and girls who use drugs. From Table 11 it can be seen that a greater percentage of boys than girls feel that taking drugs makes them look mature ($p<0.05$) and prevents them from appearing to be the odd one out ($p<0.01$). More girls than boys, on the other hand, feel that drugs make it easier to talk to other people ($p<0.05$).

Variation Between Years at School

Differences between years at school are most acute with respect to those reasons for drug taking that comprise the feel-good factor, namely, 'feels good', 'relaxing' and 'enjoyable' (all $p<0.00001$). Table 12 shows that 1st year drug using pupils are less enamoured with the euphoric effects of illicit drugs than older pupils. They are also less prone to deal with their problems or feelings of inadequacy through the use of illicit drugs.

Other significant findings are that a relatively greater proportion of 1st year pupils report feeling forced to take drugs ($p<0.05$), and 5th year pupils are less inclined to use drugs than other younger pupils to enhance their dancing ($p<0.05$).

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Table 11 Summary of main differences in reasons for drug taking by *GENDER*

Statement of Belief	Response	Level of response (%)	
FEEL MATURE	YES	F=2.9,	M=6.8
TALK EASY	YES	F=50.7,	M=41.2
FIT IN WITH PEERS	YES	F=17.5,	M=26.9

Table 12 Summary of main differences in reasons for drug taking by *YEAR AT SCHOOL*

Statement of Belief	Response	Level of response (%)	
ENJOYABLE	YES	1st=26.7,	Rest 44.9-58.4
RELAXING	YES	1st=31.8,	Rest 61.4-74.6
FEELS GOOD	YES	1st=50.0,	Rest 75.6-82.5
TALK EASY	YES	1st=25.6,	Rest 43.7-50.2
FORGET PROBLEMS	YES	1st=25.0,	Rest 35.5-45.2
FEEL FORCED	YES	1st=11.6,	Rest 3.3-5.6
DANCE BETTER	YES	5th=26.8,	Rest 36.7-38.6

5.3 Discussion on Reasons for Taking Drugs

The feel-good factor is clearly the predominant factor which explains the use of drugs among pupils in Argyll and Clyde. This presents a serious challenge to advocates of Drug Education programmes that place foremost emphasis on peer factors - either peer pressure or peer preference - since the sociability factor is of a lower order of importance to pupils. Thus training pupils to resist peer influences in relation to drug taking may not generally be the most effective use of limited resources, since the evidence here is that the effects of drugs *per se* appear to be a higher incentive for taking them. **In view of this it may be more appropriate to consider Drug Education approaches which place an emphasis on alternatives for young people which can generate a similar, or even an improved, feel-good factor.**

Overall there appears to be less variation in reasons for drug taking compared to beliefs about, and consumption of, drugs. This is undoubtedly due to greater unity among drug using pupils concerning incentives to use drugs, with the already mentioned predominance of the feel-good factor.

Boys significantly differed from girls in their use of drugs in order to appear mature and to avoid appearing incongruous in the company of their peers. These two factors may collectively represent a *self-image factor*. Boys may be using drugs more than girls to modify how they appear both to themselves and to others. On the other hand, a relatively greater proportion of girls than boys claimed that they used drugs to help them talk more easily to other people. This is more directly an issue of *social functioning* but it may also be linked to self-image. **To address all of these issues, Drug Education programmes should promote enhancement of self-image through means other than the use of illicit drugs, and provide young people with the opportunity to develop social skills to ebhance their confidence to relate to others without the assistance of drugs.**

Significant variation between years at school revealed that 1st year pupils using illicit drugs were comparatively less concerned with the enjoyment of drugs, which mean that a slightly different approach might be required in the education of younger pupils. There is some evidence to suggest that this group feels most pressurised by peers to experiment with drugs. **Thus from this study it is concluded that peer resistance education within schools may be more effective in relation to younger age groups than to older age groups.**

6   SITUATIONS OF DRUG USE

Table 13   List of situations and places connected with pupils' drug taking and abbreviated notation used in figures and tables appearing in this section

ABBREVIATED NOTATION	COMPLETE STATEMENT OF SITUATION/PLACE OF DRUG USE
ALONE	Do you take drugs alone?
HOME	At home or a friend's home?
OUTSIDE	Outside in parks or streets?
PARTIES/RAVES	At parties or raves?
SCHOOL	At school?
PUBS/CLUBS	At pubs or nightclubs?
CAFES	At cafes or restaurants?
YOUTH CLUBS	At youth clubs?

Drug using pupils were asked to indicate where they usually take drugs by answering 'yes' or 'no' to a list of situations and places (listed in Table 13).

6.1   Overview of Situations of Drug Use

Figure 5   Percentages of drug using pupils who answered YES to a range of situations/places associated with their drug taking

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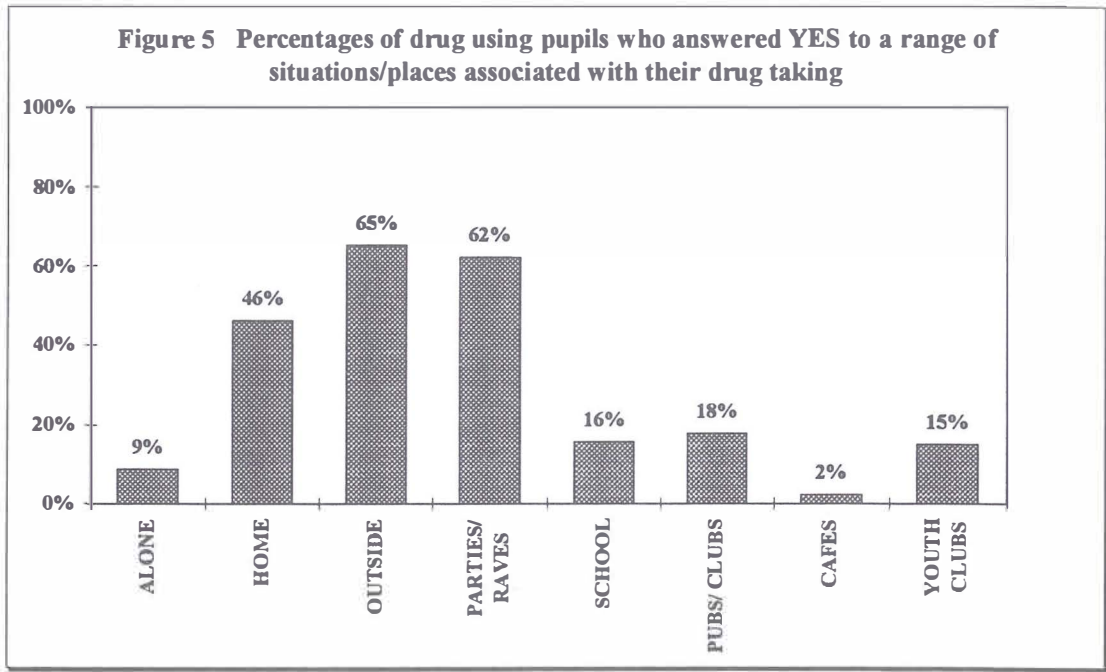
From Figure 5 it can be seen that:

- More than 9 out of 10 drug using pupils are using drugs in the company of others
- The main places favoured by more than half of drug using pupils are outdoors, parties and raves
- After this the home is preferred by just under half of drug using pupils
- Moderate percentages of drug using pupils claim to take drugs in pubs, night-clubs, youth clubs and school
- Very few drug using pupils report taking drugs in restaurants and cafes.

Variations in Situations of Drug Use

Variation Between Boys and Girls

Table 14 shows that about twice as many boys than girls take drugs alone ($p<0.05$). Boys also tend to take drugs at school more than girls ($p<0.05$). Significantly more girls than boys, on the other hand, are taking drugs at parties/raves and pubs/night-clubs (both $p<0.01$).

Variation Between Years at School

Table 15 reveals steady increases in the use of illicit drugs in the home with increasing age ($p<0.00001$). More than half of 5th year pupils claim to use drugs in the home. Comparatively fewer pupils in 1st year are taking drugs in parks/streets ($p<0.001$) and parties/raves ($p<0.001$), while comparatively fewer pupils in 5th year are taking drugs in youth clubs ($p<0.01$). Significantly more 5th year drug using pupils (around 1 in 4) are taking illicit drugs in pubs/nightclubs ($p<0.0001$).

Table 14 Summary of main differences in situations of drug use by *GENDER*

Situation/Place	Response	Level of response (%)	
ALONE	YES	F=5.8,	M=11.4
PARTIES/RAVES	YES	F=67.8,	M=56.8
SCHOOL	YES	F=12.2,	M=18.8
PUBS/CLUBS	YES	F=23.3,	M=12.5

Table 15 Summary of main differences in situations of drug use by *YEAR AT SCHOOL*

Situation/Place	Response	Level of response (%)		
HOME	YES	1st=22.0,	3rd=38.3,	5th=55.5
OUTSIDE	YES	1st=39.0,	Rest 65.0-69.8	
PARTIES/RAVES	YES	1st=35.7,	Rest 61.5-66.4	
PUBS/CLUBS	YES	5th=25.1,	Rest 7.3-9.8	
YOUTH CLUBS	YES	5th=10.5,	Rest 19.6-22.0	

6.3   Discussion on Situations of Drug Use

Significantly more girls than boys are taking drugs in informal environments generally associated with recreation (parties, raves, pubs and nightclubs). In contrast, significantly more boys than girls take drugs when they are alone or in the more formal school environment. This suggests that boys may be generally more concerned with the effects of drugs *per se*, while girls appear to be much more concerned about the social context within which their drug use occurs. This latter point ties in with the finding in the preceding section that relatively more girls than boys report using drugs to make conversation easier.

Drug Education should therefore address the situational contexts of the use of illicit drugs. Where the experience of drug taking itself is paramount, as perhaps is the case to some extent when drugs are taken alone or at school, a range of alternative experiences, recreational and otherwise, should be examined and offered. Where drugs are used to assist social functioning such as at parties or nightclubs, issues of relationships and self-esteem should be explored.

Possibly of greatest concern are the percentages of drug using pupils taking illicit drugs in the home. This raises the question of whether parental knowledge and/or consent is involved. **The sizeable numbers of pupils taking drugs in the home may indicate the need for a more active role by parents in the education of their children about drugs.**

Licensees should be informed that teenagers are claiming to take illicit drugs on their premises. (Three pupils in 1st year made this claim, suggesting that they could appear to be much older than they are, or that the term 'nightclubs' has been loosely interpreted by them, or else that they possess an over-active imagination.) Youth workers should also be informed that children between the ages of 12 and 15 are claiming to take illicit drugs while attending youth clubs.

APPENDIX

Health Related Behaviour Questionnaire (drugs section)

The following questions are about drugs. By 'drugs' we mean those substances that have not been prescribed by the doctor or pharmacist for medical reasons.

(ALL REPLIES ARE ANONYMOUS)

48. To what extent do you agree with the following statements?
    (Please circle one number for each statement)

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Taking drugs not prescribed by a doctor or pharmacist can cause health problems	1	2	3	4	5
Once you start taking drugs regularly it is difficult to stop	1	2	3	4	5
Taking drugs makes people lose control of themselves	1	2	3	4	5
People who have taken drugs are unpleasant	1	2	3	4	5
Taking drugs is sociable, it helps you 'fit in'	1	2	3	4	5
Some drugs that are illegal should be made legal e.g. cannabis	1	2	3	4	5
There is a safe limit for taking unprescribed drugs	1	2	3	4	5
Drugs are safer than alcohol	1	2	3	4	5
Taking drugs is 'cool'	1	2	3	4	5

49.   Have you ever been offered drugs? *(Please circle one number only)*

    Yes   1

    No   2

50.   Here is a list of drugs. Being completely honest, please indicate if you have taken any of them before or not. *(Please circle one number for each option)*

	Never Taken	Taken Only Once or Twice	Taken Occasionally	Taken Regularly
Cannabis (i.e. dope, hash)	1	2	3	4
Marijuana (Ganga)	1	2	3	4
Amphetamines (speed, whizz)	1	2	3	4
LSD	1	2	3	4
Astrolight (star, comet)	1	2	3	4
Ecstasy (E, XTC)	1	2	3	4
Heroin (Smack, H)	1	2	3	4
Cocaine (Coke, Crack)	1	2	3	4
Magic Mushrooms	1	2	3	4
Tranquillisers	1	2	3	4
Barbiturates (Seggies, Chewies)	1	2	3	4
Temazepam (Jellies)	1	2	3	4
Temgesic (Tems)	1	2	3	4
DF118's (Diffs, Dfs)	1	2	3	4
Solvents (gas, glue)	1	2	3	4
Other	1	2	3	4

If other, please give details ....
....

If you have circled the 'NEVER TAKEN' option for all the items on the above list, please go to Q53 in the next section

51. Do you take drugs for any of the following reasons:
(Please circle one number for each option)

	YES	NO
You feel like drugs	1	2
You feel that taking drugs is a mature thing to do	1	2
It helps you relax	1	2
You like the way it makes you feel	1	2
It helps you talk to other people more easily	1	2
You don't want to feel the odd one out	1	2
It helps you forget about your problems	1	2
You feel that you are forced to take drugs	1	2
Drugs make you dance better	1	2

Some other reason, please give details ....
....

52. Do you usually take drugs: *(Please circle one number for each option)*

	YES	NO
Alone	1	2
At home/friend's home	1	2
Outside (i.e. park, street)	1	2
At parties, raves	1	2
At school	1	2
In pubs/nightclubs	1	2
In restaurants/cafes	1	2
At youth club	1	2
Other	1	2

If other, please give details ....
....