An Evaluation of Drug and Alcohol Services for Young People in North Cheshire

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### Definitions

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<thead>
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<th>Definition</th>
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<tbody>
<tr>
<td>Young person</td>
<td>Person aged between and including 11 and 19 years</td>
</tr>
<tr>
<td>Child</td>
<td>Person aged ten or younger, or a pupil at a primary school</td>
</tr>
<tr>
<td>Young offender</td>
<td>Offender aged under 21</td>
</tr>
<tr>
<td>Parent</td>
<td>Parent, guardian or carer</td>
</tr>
<tr>
<td>Drug</td>
<td>Chemical used to alter a person’s physical or mental state, for non-medicinal reasons (not including tobacco or alcohol).</td>
</tr>
<tr>
<td>Drug/alcohol use</td>
<td>Drug or alcohol use that does not cause any perceived harm</td>
</tr>
<tr>
<td>Problem alcohol/drug use</td>
<td>Drug and/or alcohol use that harms health or social functioning, either dependent use or as part of a wider spectrum of problematic or harmful behaviour</td>
</tr>
<tr>
<td>Dependent alcohol/drug use</td>
<td>Drug and/or alcohol use which, if stopped, would cause psychological or physical withdrawal symptoms</td>
</tr>
<tr>
<td>Substance</td>
<td>Drug or alcohol</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>Problem or dependent drug or alcohol use</td>
</tr>
<tr>
<td>Dual Diagnosis</td>
<td>Diagnosed co-existing mental health and substance misuse problems</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>Drugs that, under the Misuse of Drug Acts, are illegal to possess, illegal to possess without a prescription or illegal to supply</td>
</tr>
<tr>
<td>Class A drugs</td>
<td>Drugs considered the most harmful under the misuse of drugs act, whereby unauthorised possession can lead to the greatest penalties. Examples include heroin, cocaine, LSD, MDMA and any class B drug in an injectable form.</td>
</tr>
<tr>
<td>Class B drugs</td>
<td>Drugs which are illegal to possess without a prescription but which are not considered as harmful and therefore have smaller maximum penalties than class A drugs. Examples include cannabis and non-injectable amphetamines.</td>
</tr>
<tr>
<td>Class C drugs</td>
<td>Drugs which are illegal to supply but not illegal to possess without a prescription. Examples include benzodiazepines.</td>
</tr>
<tr>
<td>Illicit drugs</td>
<td>Drugs that are either illegal (e.g. LSD) or are not socially sanctioned (e.g. solvents, nitrites)</td>
</tr>
<tr>
<td>National study</td>
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1. Aims and Objectives

This evaluation was commissioned by North Cheshire Drug Action Team (DAT) to ascertain how well existing drug and alcohol related services in North Cheshire, including education, were meeting the needs of young people in the area and to make recommendations for the improvement and development of services.

The aims were achieved through implementation of the following objectives:

- **Identifying existing and future need for drug and alcohol services for the under 20’s (needs assessment)**
  - Review of relevant research literature and local data
  - Questionnaire survey of young people aged 14-18
  - Questionnaire survey of GPs
  - Survey of local A&E and minor injury departments
  - Interviews with staff working with young people

- **Audit of current service provision**
  - Analysis of local agency data
  - Questionnaire survey of GPs
  - Questionnaire survey of drug and alcohol education provision in schools
  - Interviews with young services users
  - Interviews with staff working with young people

A more detailed description of the methods used can be found in section 5.

Results of the needs assessment and audit exercises were used to compare current provision of drug and alcohol services with current and future need, and to devise recommendations for the future of young people’s drug services in North Cheshire.

Although, due to the complex and multidisciplinary nature of the area, some organisations may not have been included, this report attempts to provide a comprehensive overview of services.
2. Background

2.1 Government and local strategies

The development throughout Britain of drug and alcohol related services for young people is currently a high priority, following the publication of various strategies and guidelines, including the government white paper, 'Tackling Drugs to Build a Better Britain: The Government’s Ten-Year Strategy for Tackling Drugs Misuse'1. The four main aims of the strategy are set out as follows:

Aim (i): Young People – To help young people resist drug misuse in order to achieve their full potential in society
Aim (ii) Communities – To protect our communities from drug related anti-social and criminal behaviour
Aim (iii) Treatment – To enable people with drug problems to overcome them and live healthy and crime-free lives
Aim (iv) Availability – To stifle the availability of illegal drugs on our streets

Targets set for aim (i) of the strategy include:

- Reduce the proportion of people under 25 reporting use of illegal drugs within the last month and during the previous year (key objective)
- Increase levels of knowledge of 5-16 year olds about the risks and consequences of drug misuse
- Delay first use of illegal drugs
- Reduce exclusions from school arising from drug related incidents
- Reduce the number of people under 25 using heroin
- Increase access to information and services for vulnerable groups – including school excludees, truants, looked after children, young offenders, young homeless and the children of drug-misusing parents.

DATs were set up in accordance with the white paper as the principal mechanism at local level by which agencies could develop resource partnerships and assess whether spending plans were aligned to the strategy. DAT membership includes representatives from health authorities, education, social services, police, prisons, probation, local authority housing and others decided locally. North Cheshire DAT has identified the following objectives for the provision of services for young people in North Cheshire:

- Reduce drug misuse by young people
- Increase the proportion of young people with substance misuse problems who are engaged in effective treatment programmes
- Provide effective drug education and information services for young people
- Reduce alcohol and drug related crime
- Ensure the needs of young people with dual diagnosis (substance misuse with mental health problems) are identified and appropriately addressed
- Encourage individual potential and reduce social exclusion
- Ensure service provision and practice appropriate to culture, gender and race

A government strategy to tackle alcohol misuse is expected during 2000 or 2001.
2.2 The North Cheshire Area

The area covered by North Cheshire DAT is served by:

- Four primary care groups (PCGs): Runcorn (36 General Practitioners (GPs)), Widnes (29 GPs), Warrington North East/South (40 GPs) and Warrington North West/Central (56 GPs) (161 total)
- Two unitary local authorities: Halton and Warrington
- One health authority: North Cheshire Health
- One police force: Cheshire Police, which covers the whole of North Cheshire plus the much wider area of South Cheshire.

Until April 1997, the area was also served by one county authority, Cheshire, which also covered the neighbouring county of South Cheshire. Figure 1. shows the Health Authority, Local Authority and PCG boundaries within the North Cheshire Drug Action Team remit area.

The population of the North Cheshire area is approximately 312,000, of which around 22,000 are aged 10-14 and 20,000 are aged 15-19 (mid 1998 Office for National Statistics population estimates). Warrington has a slightly larger population of young people aged 10-19 (23,500) than Halton (19,500). The area is mainly urban, with centres at Runcorn, Warrington and Widnes. It also has some rural village areas,
around and to the East of Warrington. It has a mixture of affluent and deprived wards. Halton ranks within the top 10% of deprived Local Authority areas in England, with the second highest youth unemployment rate, expressed as percentage of total unemployment\(^2\). Warrington is relatively prosperous, but with pockets of very high deprivation, indicated by wards with a high Index of Local Deprivation (ILD)\(^3\). When deprivation measures are mapped by ward, it can be seen that areas of high deprivation correspond to the urban centres of Widnes, Runcorn and Warrington. This is illustrated in Figure 2.

The area contains one Youth Offenders Institution (YOI) to the South East of Warrington, Thorn Cross. Thorn Cross is in the style of an open prison, and does not accept young people with a serious drug dependency problem.

![Figure 2: Map of North Cheshire illustrating areas of high and low social deprivation (ILD) by electoral ward](image)
3. Review

3.1 Profiles of Young Drug and Alcohol Users

3.1.1. Experimental and recreational drug users

The majority of young recreational users are first introduced to drugs when they are aged between 12 and 15, usually by a friend or relative. Young people try drugs for a variety of reasons, including to ‘keep in with friends’, to ‘act hard’ and ‘for a good feeling’. Those who use drugs regularly are most likely to use for a good feeling, to fill leisure time or to stop them getting bored. Some drugs are used in a specific context e.g. amphetamines to stay awake for a party. Young people who experiment with drugs are no more likely than those who abstain to suffer from psychological problems and they control their drug use i.e. sometimes refuse drugs when they are offered. They are significantly more likely than those who do not try drugs to regularly drink alcohol and/or smoke cigarettes. Most young people who use drugs intend to stop or decrease their drug use on reaching adulthood, settling down or getting a job. Most will stop using drugs before their late twenties.

Recreational drug users to date do not usually appear to suffer serious ill effects from their drug taking, although all drug use entails risk, especially for inexperienced (experimental) users. For instance: inhaling or smoking any drug can cause lung problems; inhaling solvents can cause asphyxia; hallucinogens can cause stomach problems, ‘bad trips’ or accidents; and overdose can occur with many drugs. After using drugs, young people are more likely to have unprotected sex than they are normally. Regular recreational drug use can sometimes adversely affect memory, concentration and learning.

3.1.2 Experimental and recreational alcohol users

The consumption of alcohol, beginning at some stage during adolescence, is considered normal expected behaviour in our society. The majority of young people have their first whole alcoholic drink between the ages of 11 and 13, usually in the company of their parents. At around age 13-14, young people tend to start drinking alcohol with friends, often in parks and public places. Between the ages of 13-15 there is a steep increase in drinking with a corresponding increase in the enjoyment of alcohol. Many young people, particularly the youngest drinkers (aged 13-15), consciously use alcohol as a mind-altering drug and expect to get drunk. By the age of 15, most prefer drinking with friends of their own age to drinking with parents. From the age of 15 or 16, many young people start to drink in pubs and clubs, until, by the age of 17, most buy alcohol for themselves in pubs, bars and nightclubs. The amount that young people drink tends to increase with age and to peak between the ages of 18 and 24. The majority will continue to drink alcohol throughout their adult lives.

Recreational alcohol use can be more risky for young people than for adults, as they are less experienced and more physiologically vulnerable to the toxic effects of alcohol. When intoxicated they become vulnerable to accidents, assault and involvement in crime, and are more likely to have unprotected sex or sex with somebody they have only just met. Drinking can sometimes result in failure to complete homework, absence from school or poor concentration.
3.1.3 Problem or dependent drug users

Problem or dependent drug use is rare in young people who do not have other problems, particularly behavioural problems24. Many have a poor family and school life, and the worse things become, the worse their drug problem becomes5.

Problem drug users tend to use a range of drugs (poly drug use), often including alcohol, on a frequent basis, at any setting or time of day, often in a chaotic and uncontrolled way8. Many no longer use drugs for pleasure, but to cope or to self-medicate for underlying problems. They may be confused between problems that cause their drug use and problems caused by their drug use. Dependent drug users often consume large amounts of heroin, cocaine or amphetamines in a pattern of poly drug use25. Often, most of a dependent drug user’s time is taken up with buying and using drugs, and with making the money, often through crime25, with which to buy drugs26. Almost all feel depressed at some point8. They can be exposed to violence, especially if they cannot afford to pay drug debts27.

Problem and dependent users expose themselves to the same health risks as do experimental and recreational users, plus additional health problems that come with regular use, e.g. ‘burnout’ from regular amphetamine use8. If they inject, they risk infection and problems with damaging blood vessels. The social and legal consequences of their drug use may be at least as problematic as the health consequences, e.g. inability to work or to engage in education. The drug misuse of young people also often adversely affects the rest of the family and disturbs family relationships.

3.1.4 Problem or dependent alcohol users

The overwhelming majority of alcohol-related problems among young people are due to the effects of acute intoxication28, which may be due to heavy, chaotic use or simply to inexperience. Where longer-term problem alcohol use occurs, it is often as a part of a pattern of poly drug use. Alcohol dependency is rare among young people, although where it occurs can happen more quickly than in adults29. As with young people who have problems with drug use, those with alcohol related problems tend also to have other problems.

Young people who misuse drugs or alcohol often have a very low motivation to seek help and related problems such as repeated court attendance or social difficulties at home with their parents may be at least as important to them as the substance misuse12.

3.1.5 Young people who are vulnerable to substance misuse

The following groups of young people are particularly vulnerable to problems with substance misuse:

- Those who commit crimes30. In one study, 15% of all young offenders and 37% of serious and persistent young offenders were judged by their youth justice worker to have serious problems with drugs and/or alcohol31.
• Those with negative views of, detachment or rebellion from school\textsuperscript{22} or who fail academically\textsuperscript{33,34}. Those who truant are twice as likely to take drugs and tend to drink more heavily than young people attending school\textsuperscript{34}.

• Those in the care of the local authority. In 1996, all local authorities in a national survey reported small but significant numbers of looked after young people who were dependent or problem drug users\textsuperscript{35}. Young people experiencing family difficulties may also be at risk\textsuperscript{36,37,38}.

• Those who are homeless. In a study based in London, 35\% of those attending a drop in centre and a night shelter reported substance misuse\textsuperscript{39}.

• Those with mental health problems. Research shows that a significant proportion of young people who self-harm or die by suicide have problems with alcohol and drug use\textsuperscript{40,41,42}. Substance misuse is more prevalent than usual in young people with depression, suicidal behaviour, conduct disorders, attention deficit hyperactivity disorder, eating disorders and psychoses\textsuperscript{43}.

• Those who experience unemployment\textsuperscript{44}. As Halton has relatively high levels of youth unemployment\textsuperscript{2} compared with Warrington, Halton may be expected to have higher levels of problem drug and alcohol use among young people than Warrington.

• Those with parents who misuse substances. Between a quarter and a third of children in a family where there is a problem drinker will themselves become problem drinkers\textsuperscript{45}. Experience of parental substance misuse can also cause other behavioural or emotional problems for some young people\textsuperscript{46}.

Often, young people who have one problem known to make them more vulnerable to substance misuse problems, for example are young offenders, also have other problems, such as being excluded from or not attending school.

3.2 Prevalence of drug and alcohol use and misuse by young people

3.2.1 Drugs

The results of national surveys\textsuperscript{47,48} have indicated that over 90\% of 11-35 year old respondents had heard of most varieties of illicit drugs and that around 15\% of children aged 9-10 knew somebody who took drugs that were not medicines\textsuperscript{49}. Sixty-six percent of 15 year olds reported ever being offered an illegal drug\textsuperscript{32}. Offers of class A drugs were less common; reported by three percent of children aged 9-11\textsuperscript{7,50}, rising to 17\% at age 15, 28\% at age 16 and 44\% at age 19. Six percent of 9-11 year olds, 25\% of 14-15 year olds\textsuperscript{49} and 49\% of 16-19 year olds reported trying an illicit drug\textsuperscript{48,7} (in the case of the youngest respondents this was mainly solvents).

In all surveys, trying of Class A drugs was reported less commonly than Class B drugs and the most frequently reported drug was cannabis\textsuperscript{7,48,50,51}. Table 1 shows the results of a survey undertaken in Merseyside and Greater Manchester\textsuperscript{51} and, for comparison, also equivalent national data for 15 year olds. It can be seen that while trying of drugs was more prevalent among 15 year olds in Merseyside and Greater Manchester than nationally, the relative popularity of different drugs was very similar.
Table 1: Types of drugs that secondary school pupils aged 14, 15 and 16 in the Merseyside and Greater Manchester areas\textsuperscript{51} and aged 15 in England and Wales\textsuperscript{32} reported trying (Data for 1996)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Merseyside and Greater Manchester\textsuperscript{51}</th>
<th>England and Wales\textsuperscript{32}</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age 14 15 16 15</td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>32% 42% 45% 35%</td>
<td></td>
</tr>
<tr>
<td>Nitrites</td>
<td>14% 22% 23% 11%</td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td>13% 25% 24% 10%</td>
<td></td>
</tr>
<tr>
<td>Solvents</td>
<td>12% 13% 10% 11%</td>
<td></td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>10% 12% 10% 11%</td>
<td></td>
</tr>
<tr>
<td>Amphetamine</td>
<td>10% 16% 18% 6%</td>
<td></td>
</tr>
<tr>
<td>MDMA</td>
<td>6% 7% 5% 4%</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>1% 4% 3% 3%</td>
<td></td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>1% 5% 2% 3%</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>0% 3% 1% 1%</td>
<td></td>
</tr>
<tr>
<td>Any drug</td>
<td>36% 47% 51%</td>
<td></td>
</tr>
</tbody>
</table>

Table 1 shows that the likelihood of having ever tried some drugs appeared to decrease between the ages of 15 and 16. This may have been related to the greater loss from the sample of young people who left school at the end of year 11 than of young people who remained in education\textsuperscript{52}. The results described for Merseyside and Greater Manchester\textsuperscript{51} were obtained from pupils attending seven schools, which together were representative of the wider area. There was a significant variation between schools in rates of drug trying, with younger pupils attending schools in less affluent areas more likely to have tried drugs than those attending schools in more affluent areas\textsuperscript{32}. The differences diminished as pupils got older.

It has been estimated that three quarters of young people who reported trying a drug in the previous month were regular users\textsuperscript{51}. Thirteen percent of 14-15 year olds and 22% of 16-19 year olds nationally reported trying an illicit drug in the past month\textsuperscript{48,49}. One percent of 16-19 year olds reported using an opiate or cocaine within the past month, compared to 19% who reported using cannabis. Ongoing surveys have shown that drug use among young people has increased in recent years and that the age of initiation into drugs has lowered, although levels of use may now be reaching a plateau\textsuperscript{48,49,51}.

Some young people use illicit drugs to improve their performance in sport or to help build muscle mass. Anabolic steroids are the second most commonly injected drug in Merseyside and North Cheshire (NWDMD). Almost a third of anabolic steroid users begin to use while still in their teens\textsuperscript{53}.

A national survey\textsuperscript{54} estimated that 6.8% of young people aged 16-19 were ‘drug dependent’, defined by positive reply to three questions about frequency of drug-taking, inability to cut down, the need for larger amounts and withdrawal symptoms. It is not likely that all these young people were drug dependent by the definitions used in this report, but they were likely to have been experiencing some substance-related problems. Nationally, 15% of people who presented for treatment for dependent drug use during the financial year 1997/8 were under the age of 20\textsuperscript{55}. A ‘capture-recapture’ study in Merseyside estimated that around two-thirds of dependent drug users under the age of 25
were not in contact with services\textsuperscript{56}. This may be even higher for young people under 20, as recent research using the North West Drug Misuse Database (NWDMMD) has shown that people who are dependent on heroin seek help at an average age of 25, independent of how young they were when they first began using\textsuperscript{57}. Around two-thirds of dependent drug users are male\textsuperscript{56}.

3.2.2 Alcohol

By the age of ten, most children are able to identify alcoholic drinks and to accurately describe the effects of drinking\textsuperscript{58}. In national surveys\textsuperscript{7,50}, 39% of ten year olds, 75% of 13 year olds and 90% of 15 year olds said they had ever drunk a whole alcoholic drink. Fourteen percent of 11 year olds, 52% of 15 year olds and 62% of 16-19 year olds said they had drunk alcohol in the past week.

In 1995, the weekly mean reported alcohol intake of 11-15 year olds who drank in England and Wales was 8.4 units\textsuperscript{59}. There is currently a trend for young people who drink alcohol to drink more frequently and drink more in a single session than was previously the case\textsuperscript{5,59,60}. This may be linked with the growing popularity amongst young people of certain high alcohol content drinks\textsuperscript{60}, many of which have brand names and packaging that mirrors that of illegal drugs.

Groups of young people drinking in public places can be perceived as a public nuisance, and cause additional risk to themselves. In a recent survey of Warrington residents, 45% of respondents thought that young people drinking was a problem\textsuperscript{61}. In 1998, youth nuisance, often associated with drinking, was the incident most frequently reported to police in Halton\textsuperscript{2}, accounting for 22% of reported incidents. Incidents were most frequently reported in deprived, central areas.

In a national survey\textsuperscript{54}, 9.9% of 16-19 year olds were classified as having at least a moderate problem with alcohol, based on a positive response to three out of twelve questions about loss of control, symptomatic behaviour and binge drinking. During the financial year 1994/5, 179 young people under the age of 20 were treated in hospitals in England and Wales for ‘alcohol dependence syndrome’ (ICD-10 classification)\textsuperscript{62}.

3.3 Effective Drug and Alcohol Service Provision for Young People

3.3.1 Education

Education about substance use should aim to prevent young people from harming themselves by the use of substances\textsuperscript{63}. Approaches used could include those to:

- Prevent or reduce or delay the use of substances
- Promote the safer use of substances in those who use or will use them

The majority of research into drug and alcohol education has focussed on the potential to prevent, reduce or delay substance use. However, some authors point to evidence that education can have limited impact on levels of drug and alcohol use, whereas it can play an important role in harm reduction\textsuperscript{64}. A purely educational model of drugs education encompasses the notion of ‘informed choice’, accepting that the giving of unbiased information may not result in the choice of rejecting drugs\textsuperscript{65}. 
Results of national surveys have indicated that young people’s knowledge of the risks associated with alcohol and drug use is low. A survey undertaken in 1992 showed that 63% of 9-15 year olds thought that drinking was only dangerous if you were addicted. In a survey of 11-35 year olds in 1997: 50% of respondents could not think of any health risks associated with amphetamines; 48% could not think of any health risks with cannabis; 42% with LSD and 31% with ecstasy. Twenty-five percent could not think of any health risks of taking any drugs. Thirty-two percent of 15 year olds wanted more lessons on alcohol and 58% wanted more lessons on drugs. Young people value drug and alcohol education highly; all respondents in one survey stated that lessons had been ‘fairly useful’ or ‘very useful’. School is young people’s biggest source of knowledge about the effects of drugs and alcohol.

The methods and aims of drug and alcohol education, particularly drug education, have changed greatly since drug education began to be widely taught in schools in the early 1980s. Scare tactics, based on the no-use premise (and often including slogans such as ‘Just say no’) have been discredited as ineffective or even counter-productive, as has education that is overtly negative rather than balanced, particularly when speaking about the most socially accepted drug, alcohol. Studies of the effectiveness of education programmes that provided information alone showed that young people’s knowledge of substances improved, but there was no significant effect on behaviour. Comprehensive education programmes aimed at increasing life skills and peer resistance skills as well as increasing knowledge have provided more promising results. Programmes that also address values about acceptability of drug use and perceptions of prevalence have been particularly promising. Interactive programmes have generally been more successful than non-interactive programmes.

Drug education should be targeted to the needs of young people, taking into account their levels of drug experience and knowledge. Therefore schools may need to assess their pupils’ experience and knowledge before embarking on a programme of drug education. Assessment can be undertaken in a variety of ways, including questionnaires, focus groups, and, in primary schools, the draw and write technique.

Preventive drug education is particularly important for children and young people around the end of primary school and the beginning of secondary school. There are two reasons for this:

- Among young people aged 14-16 who had tried drugs, the mean age of first use was twelve and a half. Preventive drug education has been shown to be most effective in young people who have not yet experienced drug use, ideally around 2-3 years before the likely age of experimentation. Experimentation with alcohol starts at an even younger age; by the age of ten, 47% of boys and 31% of girls had tried a whole alcoholic drink.
- Before adolescence, children and young people are more influenced by teachers and parents than they are when they are older.

The effects of all programmes have been shown to be relatively short-lived. Researchers have therefore recommended that drugs education programmes should utilise regular ‘booster’ sessions throughout the secondary school years.

The attitude of the teaching staff, head teacher and governors is critical in establishing the ethos of the school. It is important that the school develops a coherent, whole
school approach to drug education, preferably including the production of a written
drug/alcohol education policy. Teacher performance is crucial to the success of a drug
education programme\textsuperscript{90}. Teachers who are not comfortable with teaching drugs
education are likely to lack confidence and capability\textsuperscript{91}. It is therefore important that
schools have access to appropriate training and support.

Drug and Alcohol education in school has been shown to be most effective when the
wider community, particularly parents, are involved\textsuperscript{92}. Most young people believe that
parents should talk to them about drugs\textsuperscript{7}. Parents often report a need for better and
more information and feel ill-equipped to tackle the issue\textsuperscript{93,94}. Outside speakers,
including youth workers, have been utilised successfully in drug education\textsuperscript{95},
complementing the input of the class teacher. However, uniformed Police Officers
should not be used, as they are less credible with young people of secondary school
age\textsuperscript{96}. When agencies work together, including in the training of teachers, great
achievements in drug education can be made with limited extra resources\textsuperscript{97}.

Some drug education programmes have successfully included pupils as educators,
sometimes called peer leaders, who tend to be involved mainly in leading small group
discussions and brainstorming sessions. Peer leaders can have greater credibility
regarding social information than teachers\textsuperscript{90}, while teachers have greater credibility
regarding the facts about drugs themselves. If peer leaders are to be used, they must
be adequately trained and must be supported by trained class teachers. Another
innovation used in some programmes is ‘Theatre in Education’. This tends to be well
received by young people\textsuperscript{69} and can increase the effectiveness of drug resistance skills
training.

Because of their increased vulnerability to substance misuse\textsuperscript{32,33,34}, it is important that
young people not attending school have access to drug education wherever possible.
The Department for Education and Employment (DfEE) recommends that the Youth
Service target drug education to these young people\textsuperscript{98}. Voluntary organisations can also
provide drug education for young people outside the compulsory education system.
Excluding a young person from school because of their involvement in a drug-related
incident may increase their risk of further involvement. For this reason it is preferable
that schools use exclusion only as a last resort. A school drug incident policy, as well as
helping to set the ethos for the school, can help prevent schools moving too quickly to
the exclusion of a pupil\textsuperscript{99}.

Since 1989, drugs education has been mandatory in schools at all key stages, as part of
the National Curriculum Science Order\textsuperscript{99}. The National Curriculum for 1995-2000
stipulates that pupils should be taught the following:

\textit{Key Stage 1 (ages 4-7): about the role of drugs as medicines}

\textit{Key Stage 2 (ages 7-11): that tobacco, alcohol and other drugs can have harmful
effects, and how smoking affects lung structure and gas exchange}

\textit{Key Stage 3 (ages 11-14): that the abuse of alcohol, solvents and other drugs affects
health}

\textit{Key Stage 4 (ages 14-16): the effects of solvents, alcohol, tobacco and other drugs on
body functions}
From September 2000, a new National Curriculum will apply, including a new framework for personal, health and social education (PHSE).

The 1995 White Paper, ‘Tackling Drugs Together’ asked schools to develop policies on managing drugs related incidents and drug education. The circular ‘Drug Prevention and Schools 4/95’ was published and distributed to guide schools in the development of these policies. Also in 1995, the Schools Curriculum and Assessment Authority (SCAA) and the Department for Education (DfE) published ‘Drug Education: Curriculum Guidance for schools’, providing guidance for the implementation drug education beyond the minimum statutory requirements. It set out key principles for the delivery of drug education at all key stages and included example drug education programmes.

In 1998, the Department for Education and Employment (DfEE) published ‘protecting young people: good practice in drug education in schools and the youth service’. This described the roles of schools, LEAs and the Youth service in delivering effective drugs education. The role of the LEA as described in the document is to ensure that the relevant support is available for schools, and to facilitate liaison between schools (particularly secondary schools and their feeder primary schools), to ensure coherence in the drug education provided.

In 1999, the standing conference on drug abuse (SCODA) produced three publications; ‘The Right Response’, ‘The Right Choice’ and ‘The Right Approach’. These are available to schools free of charge. They give step by step advice on developing a drug incident policy, selecting drugs education materials and quality standards in drug education respectively. ‘The Right Approach’ provides schools with a comprehensive checklist of quality standards.

The guidelines available offer good, evidence based advice, covering all aspects of the provision and delivery of drug education, although they concentrate more on the potential of drug education to reduce drug use than the potential of drug education to reduce harm from drug use. The Office for Standards in Education (Ofsted) monitors the provision of drug education within schools as part of its regular school inspection programme. The Standards Fund from central government provides a small sum per capita to local education authorities for the development of drug education.

3.3.2 Harm Minimisation and Treatment

3.3.2.1 Harm minimisation and treatment interventions

Different types and levels of harm minimisation intervention are applicable to young people in different situations. Some of these interventions are described below:

Advice and information

Many young people lack knowledge about the substances they consume and their possible effects, sometimes leading to them taking greater risks than they otherwise would. Advice and information, provided in a non-threatening setting, should be easily accessible to young people using or considering using illicit drugs or alcohol. Simple advice and information may be an effective intervention for young people who have begun to experience ill effects from their substance use. It has been shown that
20% of adult non-dependent heavy drinkers respond favourably to just five minutes of simple advice in a primary care setting\textsuperscript{144}. Advice and information for young people can be provided in a variety of settings, including youth advice centres, GP surgeries, schools and specialist agencies.

**Alternative activities that are enjoyable**

Young people who misuse drugs tend not be involved in school, pro-social or sporting activities\textsuperscript{108}. Those who attend specialist drug services regard involvement in alternative activities that are ‘ordinary’ and affordable as a valuable distraction from drug taking\textsuperscript{106}. Alternative activities are useful for the prevention of substance misuse in vulnerable young people and especially for the prevention of relapse in those who have had substance misuse problems\textsuperscript{109}.

Local authorities should ensure that enjoyable and affordable leisure activities are available to all young people. Youth services and young people’s drug agencies can play a role in promoting the participation of those who use or misuse substances.

**Therapeutic interventions**

A variety of therapeutic interventions can help to minimise substance related harm and promote individual potential in young people who misuse substances, including\textsuperscript{12}:

- individual counselling
- family counselling
- communication skills training within the family
- group work
- rehabilitation with attention to the external support network, education and employment

It is important for the success of therapeutic work with young people that a range of approaches is available\textsuperscript{110} and used in a way that is sensitive to individual need\textsuperscript{112}. Interventions are best provided by specialist young people’s drug and alcohol agencies\textsuperscript{8,63}, as specialist skills are required to work with this client groups and outcomes are better when they do not mix with older substance misusers\textsuperscript{63,111}. Young people need to be counselled in a different way to adults and may need education about the process, for example about the meanings of words\textsuperscript{29}. They respond well to group work but only with group members of their own age\textsuperscript{29}, often do not relate well to and can be disillusioned by the more entrenched problems of older users\textsuperscript{111}.

Before an intervention is employed, young people should undergo specialist motivational interviewing and assessment\textsuperscript{8} of associated problems, positive assets provided by the family or other social supports, their competencies, maturity, wishes and opinions. Intervention is often more effective where parents are actively engaged\textsuperscript{112,113}, therefore parents should be involved where appropriate and provided with support and information.
Treatment for dependency

Treatment for dependency usually, although not always, includes therapeutic interventions as described above, plus the prescription of drugs to aid withdrawal. Methods of treatment for dependency include:

- Reducing doses of substitute medication e.g. methadone
- Drugs to reduce the unpleasant effects of withdrawal e.g. lofexidine hydrochloride
- Drugs to prevent relapse e.g. naltrexone

In the case of young people, drugs to treat dependency should only be prescribed after a full assessment and supervision by a specialist. Longer-term or ‘maintenance’ prescribing of opiates is not recommended. Consumption of prescribed drugs should be supervised by the parent or guardian or by a community pharmacist. Occasionally, young people may require admission to a residential unit for detoxification or stabilisation.

Relapse prevention is one of the most important aspects of treatment for drug dependency. Relapse is most likely to be avoided when a young person can cope with drug cravings, becomes involved in leisure and education activities and establishes non-drug using contacts in work and social settings. The outcomes are considerably better where a client is assigned a keyworker who could improve access to other services such as housing.

Syringe and needle exchanges

Syringe and needle exchanges are designed to prevent the spread of communicable diseases through the use of shared or dirty injecting equipment. Several studies have demonstrated their success in preventing the spread of HIV infection. However, they are often relatively unsuccessful in recruiting younger and female drug users. It is not always appropriate to provide injecting equipment to young people, especially if they are under the age of 16.

Services for young people affected by somebody else’s substance misuse

During their mid-teens, young people who have suffered because of the substance misuse of a parent often feel they wish to talk about their experiences. Groupwork is a recommended intervention for these young people, shown to reduce isolation, shame, guilt and substance misuse. Young people should receive training in coping skills and information about substance misuse, as misconceptions are common. Programmes are best based in schools, because of the ease of attendance and lack of stigma, and should be of fairly short duration.
3.3.2.2 Organisation of services for young people

These recommendations were made in the 1996 Health Advisory Service (HAS) review ‘Children and Young People: Substance Misuse Services’63.

GPs and primary health care teams

Between two-thirds and three quarters of teenagers attend their GP at least once per year121, providing an important opportunity for the identification of problems not identified elsewhere. Primary care teams should be able to identify young people who are experiencing problems with drugs or alcohol and offer information, advice, support and counselling. They should have a knowledge of adolescents’ use and misuse of substances, be aware of the services appropriate for young people locally and their mechanisms of referral and be able to promote the accessibility of these services. Some GP practices provide a special clinic/advice session for young people. These services can provide an additional opportunity to identify problems and offer information, advice and counselling.

School health services

School health services are well placed to: identify vulnerable young people; initiate early referrals and advise parents and teachers. School health service staff require adequate training on drug, alcohol, cigarette and solvent use and clear guidelines on matters of consent and confidentiality.

School staff and governors

Teachers have a role to play in helping young people gain access to information, advice and counselling on substances. They need regular in-service training (INSET) and up to date local information to assist them in this role. Schools are in a good position to raise awareness of young people’s substance use by organising meetings for parents.

Youth justice and probation services

Youth Justice and probation services for young people should ask all their clients about substance misuse and assess its relationship with their offending122. They should be able to identify specific problems, make recommendations for intervention and refer where appropriate. Because of the high prevalence of substance misuse problems amongst their client group, they should work in close partnership with young people’s drug and alcohol agencies.

Social services

As young people who misuse drugs can be regarded as children in need under the Children Act 1989, it is within the remit of social services to provide for the welfare of these young people and support their families. Social workers should be trained in the skills required to identify, assess and manage emergencies involving young people who misuse drug and alcohol. The service should have working links with local young people’s drug and alcohol services.
**Outreach services**

Outreach services should provide young people with advice and information and assist them to gain access to more specialised services. Outreach is particularly valuable in making contact with young people who are homeless or disadvantaged, who are particularly difficult to engage in services. It can be delivered by many agencies, most often by youth services or social services. Often, the remit is wider than substance misuse, and may include access to accommodation, etc. Young people may also benefit from outreach projects targeted towards the wider age group, for example, arrest referral schemes, which have been shown to be useful in widening access to services.

**Drop-in centres**

All major centres of population should have drop-in youth advice and counselling centres that are appropriate to the cultures and needs of young people living in the area.

**One-stop shops**

These are just beginning to be developed in some areas to offer comprehensive, accessible, appropriate and confidential services designed to meet the health needs of young people. They may offer a range of services including contraceptive advice, recreational opportunities and counselling as well as advice on substance use. These centres should not duplicate work done by other organisations and should enhance access to more specialised services.

**Specialist young persons’ drug and alcohol agencies**

In order to attract, engage and retain young people in harm-minimisation and treatment services, they should be appealing and accessible to young people living at home and away from home. To this aim they need to:

- Publicise their service using language and images that are attractive to young people
- Be flexible in their opening times and venues
- Be conveniently located and easy to find
- Be accessible to young people with disabilities, for example by providing wheelchair access and having signing interpreters available
- Be accessible to young mothers e.g. by providing childcare or home visits
- Be appropriate to the cultures of all young people, including those from ethnic minorities
- Be perceived as approachable and accepting of young people and their problems
- Provide access without a waiting list, as waiting times seem much longer to young people

The perceived approachability of a service is affected by the procedures and general ethos of the place, the attitude of the staff working there and the building where the service is located. Young service users often particularly value a welcoming and informal reception area.

It is important that young persons’ drug and alcohol services work together with other agencies (e.g. youth justice, mental health) to identify young people, encourage them to
attend and tackle their other problems alongside the substance misuse. Dual emphasis on health and social welfare increases user satisfaction with services. All interventions and activities should be age appropriate and young people should mix with their peers, not with older drug users. Where a service is located in the same premises as a service for older drug misusers, young people may find themselves exposed to dealing.

Agencies for young people need to work within the laws on child protection and consent, balancing that need with the need to provide an accessible, and, as far as possible, confidential service. To maintain the confidence of their clients, agencies should have a written policy on confidentiality, available to all, which gives examples of when confidentiality might be breached.

Parents often feel considerable distress because of a young person’s substance misuse problems, so it is important that agencies offer information, advice and support to parents as well as the young people themselves. Specialist agencies should, where appropriate, contribute to the training of staff in generic services.

Inpatient services

Where young people require an inpatient stay to treat their drug dependency, they should not be treated alongside older drug users and should be provided with care that is appropriate for their age group. Where admission is required to treat a mental health problem, they should receive support for their substance misuse problems.
4. Services Provided in North Cheshire

4.1 Drug and Alcohol Education

4.1.1 Schools

Whilst canvassing for schools to participate in the survey of young people, it was noted that seven (32%) schools gave as a reason for not taking part in the survey that they were already doing a survey of drug use amongst pupils. Many of these were being undertaken by student teachers, although at least two schools in the Warrington area were taking part in a detailed survey administered by Manchester Metropolitan University. The results of this survey were fed back to the schools involved to assist them in their drug education work. It is an encouraging sign that at least a third of secondary schools are making some attempt to assess the experience of their pupils.

4.1.2 Halton LEA

Support for schools

Halton LEA used their allocation from the Standards Fund for the academic year 1999 to 2000 to employ a Project Worker for Drug Education on a 0.4 whole time equivalent (WTE) basis. The Project Worker is working mainly with primary schools for the year 1999/2000: work was undertaken with secondary schools in the previous year. In partnership with Health Promotion, a drug education needs assessment of all schools in the Halton LEA area was undertaken, followed by the work listed below:

- Drugs education workshops were arranged for 20 primary schools. The workshops were preceded by pre-workshop activities, which assessed children’s views, knowledge, level of understanding, communication skills and assertiveness. The workshops are an alternative to Theatre in Education, which was not affordable within the budget available. A follow-up pack was also produced for the schools involved.

- A framework for a school drugs incident and education policies was produced. The framework builds on ‘The Right Response’, and offers guidance on good practice with sample policy statements. It will be available on disk so schools can edit it to produce their own policy. Training will be available for schools to support the implementation of the document.

- In partnership with Health Promotion, school based training was provided for primary school teachers. The training included basic drug awareness and curriculum development: central training was provided for schools that did not want such a large input.

- An overview was produced of drugs teaching packs available for Key Stage 2 and how they correspond to the Schools Curriculum and Assessment Authority (SCAA) objectives and the Personal Health and Social Education (PHSE) framework for drug education. A list of suitable resources including books suitable for use in the literacy hour has been provided and worksheets designed to accompany these resources.
Drug education materials have also been developed for secondary schools and are held at the Health Promotion resource centre.

- The development of a spiral curriculum was promoted through a framework for drugs education identifying SCAA objectives and the PHSE programmes of study for each of the Key Stages. This has been published and given to schools.

- Work was published to aid the analysis of results from the ‘draw and write techniques’ of assessing knowledge and attitudes amongst primary school children. This included a list of prompt questions that may promote the development of schemes of work.

- The take up of PRIDE (Parents Role in Drugs Education) was encouraged at Key Stage 1. It is a six-week programme of work, including activities for parents to help with at home. This publication has been referenced against the new PHSE framework for drugs education.

- A number of publications were purchased using Standards Fund money and are kept at the Health Promotion resource centre.

Much of the work undertaken in during 1999/2000 is planned to continue into 2000/2001. During 2000/2001, the following work is also planned:

- Drugs education work in schools will be monitored against quality standards, based on those published in ‘The Right Approach’.

- A programme of drugs education will be developed for the Healthy Schools Initiative

- Joint training for secondary school teachers and youth workers will be organised relating to alcohol, tobacco and the law. A partnership will be developed to share good practice and involve youth workers in the drug education work of schools.

**Support for excluded/disaffected pupils**

Pupils excluded at Key Stage 3 are re-integrated into other schools wherever possible. Excluded and disaffected pupils in year 11 can attend the ‘Route 15’ programme at Halton College, where they can access basic skills teaching and college provision. Pupils in year 10 can attend a separate programme called ‘Choices’ at Rathbone Collegiate Institute, can attend the 12 week long ‘Bridges’ programme at Halton Intermediate Treatment Service (HITS), which also caters for pupils who truant or are failing at school due to poor behaviour, and can also be educated at HITS. Other pupils not re-integrated into another school or attending these programmes are given home tuition. All these programmes contain a full PHSE programme, including drug and alcohol education. Much of this has been delivered through external agencies such as Youth Action Theatre and Lifeline.

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*Spiral curriculum – continuity of curriculum throughout schooling, building on work already covered, particularly in the transfer from primary to secondary school*
Contribution of the Youth Service

In 1996, Cheshire Youth Service produced a policy statement on drug education and intervention, which is now used by both Halton and Warrington Youth Services. The statement sets guidelines on how to manage drug-related incidents and recommends that all youth centres integrate drugs education into their curriculum. Under this policy, all youth workers undertake training on drugs awareness, drugs education and working with young people who use drugs. Also, all staff, including voluntary staff, at youth centres are trained together whenever possible. All full-time youth workers have undergone a basic course in drug awareness, provided by Health Promotion. Most have also undertaken a more advanced drug awareness course, covering the management of drug-related problems and incidents.

Each youth centre is responsible for its own policy on drug use and drug problems, which reflect the local situation. This guides young people as to what is allowed by the centre in relation to smoking, drinking, drugs, etc. In 1998, Halton Youth Service developed its own policy statement on the management of alcohol-related incidents in the youth service. This policy sets guidelines to promote an alcohol-free environment, minimise the number of alcohol-related incidents and ensure that young people who are intoxicated are not potentially exposed to further harm, for example by being excluded from the building.

For five years from April 2000, the Youth Service will employ a Drug Education Worker to work on a 0.5 WTE basis. The drug education worker will be responsible for the coordination and delivery of drug education within the youth service, including some work directly with young people. The Standards Fund will be used to provide joint training for youth workers and secondary teachers, with the aim that youth workers will be better able to support drug education in schools. This has been arranged in liaison with Halton LEA's project worker for drug education.

4.1.3 Warrington LEA

Support for schools

Warrington LEA allocated the main portion of their Standards Fund monies directly to schools for the development of their own drug education programmes. The remainder of the money was spent on the production of comprehensive guidelines for schools on managing drug incidents, developed in liaison with Cheshire Police and Health Promotion. The guidelines were made available to Warrington schools in September 1999.

Warrington LEA employs seven Advisors, each working with a cluster of schools within a geographical area. Each Advisor also has their own specialist subject interests. One Advisor has as special interest in the development of drug education in schools, and has liaised with Lifeline on this. However, the wide remit of each Advisors' work has meant that they have very limited time to devote to drug education.

Support for excluded/disaffected pupils

Pupils excluded at key stage 3 are usually re-integrated into another school. Pupils excluded or disaffected at Key Stage 4 can attend the EOTAS (Education Other Than At
School) programme at Warrington Collegiate, a 4-6 week basic skills programme followed by access to the college facilities. Pupils here receive a PHSE programme, including an element of drug education delivered by Lifeline. Lifeline also provided training to the EOTAS staff. Warrington LEA are also currently planning a further scheme for disaffected pupils at Key Stage 3.

During the academic year 1998/1999, an estimated 23 young people were long term non-attendees of schools in Warrington (data provided by Warrington LEA).

Contribution of the Youth Service

Like Halton Youth Service, Warrington Youth Service implements the policy statement on drugs education and intervention developed by Cheshire Youth Service in 1996. All youth workers periodically undertake drugs awareness training, which has been provided by Lifeline and other organisations. As part of their general curriculum, Warrington Youth Service runs informal drugs education sessions with groups of young people. These are aimed at encouraging young people to consider the issues (legal, personal, health, etc.) involved with drug and alcohol use. The service also periodically creates specific drug education projects, created in response to perceived needs. Sometimes a facilitator will be called in to run some sessions.

The Youth Service Manager’s post is currently unfilled, and the day to day management of the service is undertaken by two senior youth workers, who still retain all their senior youth worker roles. Consequently, they have little time for the co-ordination of or the development of innovative approaches to drug and alcohol education.

4.1.4 Health Promotion

The details that follow were provided by staff of Health Promotion and obtained from reports of the drug education partnership led by Health Promotion126, 127.

From 1993 to April 2000, Health Promotion employed a Drug Education and Training Co-ordinator to support the development of drug education in schools. This work was undertaken in partnership first with Lifeline, then in 1995, also with HITS in Halton. The partnership began by working mainly with primary schools, and then in 1997 began also to work specifically with secondary schools. In 1994, the Health Advisory Service commended the work of the partnership with primary schools, stating ‘This is an excellent initiative worthy of wider dissemination’126. In April 1999, HITS left the partnership due to their increased requirement to prioritise work with ‘vulnerable’ young people. The partnership provided the following training to schools, targeted following completion by the schools of needs assessment questionnaires:

- **Basic drug awareness for parents and school governors** – delivered at individual schools, mainly in the evenings. The main aim was to provide parents with knowledge of what drugs were available, what they looked like, what their effects were and what support was available. Sessions were individually designed to meet the needs of the recipients. An average of 30 people attended at primary schools and 80 at secondary schools.

- **Drug awareness for staff** – similar to drugs awareness sessions for parents, but addressing more issues and in greater depth
• **Policy development for school governors and staff** – facilitated schools to think about the issues they need to consider when drawing up and implementing a substance use and misuse policy (drug/alcohol incident policy). The majority of schools received this support through centrally based training for clusters of schools.

• **Curriculum development for staff** – aimed to enable schools, particularly primary schools, to consider how they could integrate drug education into an already overcrowded curriculum. The majority of schools received support through centrally based training; some schools received a whole school in service training (INSET) day.

Table 2 shows the number of primary and secondary schools in Halton and Warrington that received input from the partnership in its five main areas of work during the period April 1994 to April 2000. It does not show the degree of input into each school or the outcomes. The partnership also trained school nurses and staff of local Sixth Form Colleges, College of Further Education and Youth Service.

**Table 2: Numbers and percentages of primary and secondary schools in Halton and Warrington that received input from the drug education partnership**

<table>
<thead>
<tr>
<th></th>
<th>Parent Awareness</th>
<th>Staff Awareness</th>
<th>Policy Development</th>
<th>Curriculum Development</th>
<th>Pupil Education</th>
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<td><strong>Halton</strong></td>
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<tr>
<td>Primary Schools</td>
<td>16 (29%)</td>
<td>23 (42%)</td>
<td>5 (9%)</td>
<td>7 (13%)</td>
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<tr>
<td><strong>Warrington</strong></td>
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<tr>
<td>Primary Schools</td>
<td>22 (29%)</td>
<td>22 (29%)</td>
<td>23 (30%)</td>
<td>19 (25%)</td>
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<td><strong>Halton</strong></td>
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<tr>
<td>Secondary Schools</td>
<td>5 (55%)</td>
<td>6 (67%)</td>
<td>7 (78%)</td>
<td>8 (89%)</td>
<td>7 (78%)</td>
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<tr>
<td><strong>Warrington</strong></td>
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<tr>
<td>Secondary Schools</td>
<td>6 (46%)</td>
<td>8 (62%)</td>
<td>5 (38%)</td>
<td>4 (31%)</td>
<td>7 (54%)</td>
</tr>
</tbody>
</table>

The drug awareness workshops for parents and teachers were evaluated by Health Promotion using anonymous feedback questionnaires. It was found that the workshops were well received by both parents and staff. To date, there has been no research into how input from the partnership has affected drug education practice in participating schools.

Between September 1998 and April 2000, the drug education and training co-ordinator worked in partnership with the project worker for drug education at Halton LEA, assisting with the delivery of drugs awareness training for primary school teachers. The Drug Education And Training Co-ordinator has also worked on drugs awareness with some schools, special schools and day centres in Warrington.

From April 2000, Health Promotion no longer specifically supported drugs education in schools. A Health Promotion Specialist started in post to support the implementation of
the Healthy Schools Initiative. The Healthy Schools Initiative has been in place for around four years, and emphasises a whole school and holistic approach to health in schools, of which drug and alcohol education is just one aspect. During the first year in post the Health Promotion Specialist will support ten schools in Warrington and eight schools in Halton, a mixture of primary and secondary schools selected on the basis of the economic deprivation levels of their catchment area and their readiness to participate. This represents 12% of the 153 schools in the North Cheshire area.

Health Promotion maintains two resource centres where teaching packs, videos etc. are available for loan by schools. These are based at Hollings Park House in Warrington and Phoenix House in Widnes. Teachers can access the resource centre by visiting between 9 a.m. and 1 p.m. Monday to Friday, or can choose items through catalogues that are provided to all schools. Items can then be ordered through a computerised system and delivered to the school’s nearest Community Health Centre. Health Promotion is currently developing its own teaching packs that can be loaned to schools.

4.1.5 Halton Intermediate Treatment Service (HITS)

Before April 1998, HITS was part of the North Cheshire drug education partnership with Health Promotion and Lifeline. HITS left the partnership in 1999 as, following publication of the 1996 Health Advisory Service (HAS) report, funding priorities were shifted towards work with ‘vulnerable’ young people. HITS still works informally with schools in Halton, assisting and advising schools as drug related incidents arise, and retains some capacity for inputs into PHSE programmes. The Young Person’s Drug Worker from HITS also undertakes some freelance educational work with groups of pupils at three Halton secondary schools (paid for by the schools themselves). The service was not advertised, but was a response to requests from schools that were previously able to access these services free of charge.

4.1.6 Cheshire Police

Although not directly involved with drug education in schools, Cheshire Police provide drug and alcohol awareness presentations for adult groups interested in drug and alcohol use among young people, such as Parents Teacher Associations. The presentation has been evaluated by Salford University and shown to be well received and successful in raising awareness.

Cheshire Police are currently undertaking a pilot project, the Realistic Consequences Programme, in two Cheshire schools (both outside the North Cheshire area). It is aimed at young people aged 15 and over and asks them to reconsider any decisions they may already have made to take drugs. It covers realistic possibilities such as pre-employment drug testing, caution schemes which may mean that people will not be allowed into America, the consequences of drug-driving, etc. It consists of a one-hour presentation by a non-uniformed officer followed by the young people making their own presentation on the issues involved. An evaluation has been commissioned. If the evaluation shows the programme to be well received and effective, then it will be rolled out to other schools in Cheshire.
4.1.7 Lifeline

The details that follow were provided by staff from Lifeline and obtained from six monthly activity reports produced by Lifeline129,130,131.

Lifeline was involved, as part of the partnership with HITS and Health Promotion, in drug education development work in schools between 1993 and April 2000. Lifeline’s main role in the partnership was the presentation of basic drug awareness sessions to teachers and parents in Warrington schools. Between April 1998 and September 1999, Lifeline worked with 11 Warrington schools in this way.

Lifeline also undertook, on a voluntary basis, educational work directly with pupils in mainstream education. Between April 1998 and September 1999, Lifeline worked directly with 893 school pupils in Warrington and also worked with other groups of ‘non-vulnerable’ young people, including 27 air cadets. In addition, they undertook drug education group-work sessions as part of their remit to work with vulnerable young people, including those not attending school. Between April 1998 and September 1999, Lifeline undertook group-work with 39 excluded pupils in Warrington and Halton.

Lifeline provided a variety of educational literatures on drugs, aimed at specific age ranges and client groups. This literature was youth-orientated and humorous, and has shown to be highly rated by young people, even sometimes to the point of becoming collectors’ items111.

Lifeline North Cheshire closed at the end of April 2000, as the Chief Executive was not satisfied with the level of funding provided for their services.

4.1.8 School Health Services

Although Halton and Warrington School Health Advisory Teams are organised separately, the work they do to support drug and alcohol education in schools is very similar. There are 12 School Health Advisors (formerly School Nurses) working in the Halton LEA area and 16 in the Warrington area. Each is assigned to a particular cluster of schools. The Halton service also employs three assistants, who are actively involved in health education in schools.

All Schools Health Advisors are available to assist in the delivery of drug and alcohol education and also with related issues such as self-esteem, bullying, health education etc. They focus particularly on developing pupils’ social skills. They are also available to assist schools in the development of drug education policies and with the provision of resources, obtained from the resource centres run by Health Promotion. In Halton they sometimes work in close co-operation with HITS. Both services have currently become involved in drug education in response to requests from schools, on an ad-hoc basis. They are now becoming involved with the Healthy Schools Initiative and are in the process of developing a more structured and needs-led approach. All services provided by the school health advisors are free of charge to schools, and are funded out of the School Health Advisors Service budget.
4.1.9 Life Education Trust

The Life Education Trust is a voluntary organisation, which owns and staffs mobile teaching units for children aged 3-11. Using puppet, sound and light shows, the unit aims to teach children how the body works, presenting drugs as substances that may be harmful or helpful. It also aims to equip them with knowledge, skills and self-confidence to help them make healthy choices for the future. Each year, children on the programme receive a new module, involving preparatory classroom work, a life education presentation and follow-up work by a teacher.

The local Life Education Trust owns one mobile teaching unit, which is available to primary schools in the North Cheshire, St. Helens, Helsby and Frodsham areas. A charge of £700 per week is made to schools for a visit from the unit. Local Rotary Clubs sponsor schools in Halton and Warrington so that cost to schools is minimal. In 1993, primary school head teachers in the area were invited to attend a promotion session, and their schools were invited to take part in the scheme. Almost all schools that joined the scheme at that time asked that the unit return each following year, and since then no more promotions have been run. The Trust visited eight schools in Halton and four schools in Warrington during the period January-December 1999. During the same period, they had to turn down four or five requests from schools in North Cheshire.

The Life Education Trust evaluates its work using questionnaires filled in by the class teachers. Feedback has been positive. Research into the efficacy of Life Education has so far been inconclusive\textsuperscript{132,133}.

4.2 Harm Minimisation and Treatment

4.2.1 School Health Services

The School Health Services in Halton and Warrington have similar patterns of working. School Health Advisors hold a weekly drop-in session in most secondary schools, twice weekly in schools with a higher need (i.e. serving more deprived areas). Young people can be referred by a teacher, a parent or by themselves, and there is an appointment system in operation to allow pupils to attend during lesson time. At sessions, the pupils have the opportunity to discuss anything; the health advisors talking around issues of substance misuse where appropriate. They also provide support to pupils on smoking cessation and advice to teachers who are concerned about a particular pupil. Local A&E departments inform the school heath services of any pupils presenting with acute alcohol or drug poisoning. These pupils are followed up by contact with the parent or child.

One School Health Advisor in each service has a lead responsibility to keep the team updated on matters of substance use and misuse. The teams receive regular updates and are confident that they have the appropriate knowledge and skills to advise and, where appropriate, refer young people who use and misuse substances.

4.2.2 College Health Services (Warrington)

Warrington Collegiate, which caters for around 16,000 local further education students from age 16 (2-3,000 under 18s), as well as higher education students from around the country, has its own health service, called CHAT (Confidential Health Advisory Team).
CHAT began as a contraceptive clinic and developed to also encompass general and mental health, including the support of students who have problems with drugs or alcohol. The service employs two nurses, a part time GP and a mental health nurse. One of the CHAT nurses’ roles is to help students to manage their substance misuse to the extent that they are able to complete their course. The nurses support students themselves if possible and also had links with Lifeline, which sometimes sent a member of staff to counsel students at CHAT. The nurses have also arranged support for mature students whose children were misusing drugs, through Lifeline’s parent group. The CHAT nurses are part of the college’s rapid response team for drug and alcohol incidents in a caring role, and are involved in the safe disposal of substances.

4.2.3 School Staff and Governors

Some schools visited in the course of the survey of young people displayed details of agencies where young people could go for advice on drugs, alcohol and other issues. It is not known how many secondary schools in North Cheshire advertise services in this way.

During the period April 1998 to March 1999, schools referred one young person to HITS and three to Lifeline. Some schools also had links with the agencies regarding response to drug related incidents: HITS worked with four secondary schools in this way between April 1999 and March 2000.

4.2.4 Youth Justice and Probation services

From April 2000, the Youth Justice Services provided by Probation and Social Services were replaced by Youth Offending Teams (YOTS), a partnership between Social Services, Probation, Police, Education and Health Services, set up in accordance with the Crime and Disorder Act 1998134 to prevent offending behaviour. The old Youth Justice and Probation Services had working links with Lifeline in Warrington and HITS in Halton. Lifeline has closed but the link between HITS and YOTS in Halton continues, and is particularly strong as HITS has worked since 1996 in partnership with Cheshire Probation service to provide programmes that address offending behaviour.

The introduction of a new government scheme has meant that, from October 2000, offenders may be served with drug treatment and testing orders. In the case of young people aged under 19, it is planned that assessments for drug treatment and testing orders will be undertaken by Oasis.

4.2.5 Social Services

Halton Social Services’ response to young people depends upon the individual’s circumstances. If they are independent of their family and not looked after by the local authority, they are given leaflets, advice and the details of Synergy (from where they can access the services of Oasis). If they are living with their family, resources are provided to support that family, for example, leaflets, details of agencies that can help, etc, including referral. If they are looked after by the local authority they are referred to HITS, or if necessary, under the guidance of HITS, to Oasis. Social Services have access to a wide range of information leaflets about drugs and alcohol, published by and obtained from national agencies.
Warrington social services followed similar procedures, except that they referred to Lifeline rather than HITS, and had Lifeline literature available. Since the closure of Lifeline they have referred directly to Oasis.

4.2.6 Outreach services

The details set out below were provided by the providers of outreach services and obtained from local service reports.

An arrest referral scheme, run by Arch Initiatives for offenders of any age, has been fully operational in North Cheshire since April 2000. A Drugs Worker is available at all police custody suites to assess and, if appropriate, refer people with substance misuse problems to the appropriate agencies. During a one-year pilot of the scheme at Widnes Police station, 39 young people under the age of 18 were interviewed by a drugs worker, of which 10 were referred to Oasis, 7 of whom were eligible to attend. At the finish of the pilot, one young person had attended Oasis as a result of referral by the scheme.

Synergy currently have a pilot satellite service at Halton Brook, one of the most deprived areas of Runcorn, staffed by an Arch drugs worker. The pilot finishes in August 2000.

ADP employed a full-time Drugs Liaison Worker from April 1998 until March 2000, who worked in partnership with CDT/Oasis to develop a fast track treatment programme for young people known to ADP. Oasis currently undertakes detached work for half a day per week at the Belvedere and YMCA hostels. This is a source of many of their referrals. Further dedicated sessions are planned in both Halton and Warrington to assist with referrals from the YOT.

Oasis will input into a new initiative in Warrington, called the Youth Truck Station 12, due to start in 2001. It is run as a partnership between the NSPCC, the Tim Parry Jonathan Ball Trust and Warrington Youth Club. It will be based in a bus, decorated to appeal to young people, that will travel to areas of Warrington that are relatively far from the town centre. It will act as a mobile drop-in centre, where young people can access advice on a range of issues, including drugs and alcohol.

4.2.7 Drop-in Centres

Warrington Youth Service funds a drop-in service, staffed by Youth and Community Workers and volunteers, at the YMCA community centre in Warrington town centre. It offers information, advice and counselling on any subject of importance to young people, cheap food, free showers, washing facilities, pool, television, assistance in finding accommodation, furniture rental and trips out. The drop-in is open between 10 a.m. and 7 p.m. every day for all age groups and between 7 p.m. and 9.30 p.m. specifically for young people. It has working relationships with a variety of agencies, including Lifeline (until April 2000), and agencies involved with health, education and housing. The drop-in offers advice and contacts, and referral where appropriate. They work holistically to tackle all the problems that young people are experiencing, and, if a client wishes, will accompany them to appointments, particularly first appointments. Many of the young people who attend the YMCA drop-in have problems with substance misuse.
Halton Youth Service has a similar partnership with Halton YMCA, called Y’sUp, in Runcorn town centre. It offers advice on issues of importance to young people, including housing, employment, welfare benefits, etc, as well as advice and literature on substance use/misuse.

Until recently, young people in Widnes were able to access a drop-in provided by Catch Roadshow, which provided information, advice, casework and counselling to young people. It was based in a purpose built centre in Widnes town centre, and undertook outreach and detached work throughout Halton. Funding for the Catch Roadshow was raised through a charity, Halton Youth Roadshow and the services were provided by the youth service. A youth worker, trained in counselling and provided with regular supervision, undertook the counselling aspect of Catch’s work until 1997, when the counselling service finished. After 1997, Catch used Lifeline as a resource: during the period October 1998 to September 1999, Lifeline saw two young people who were referred by Catch. Recently, Catch has ceased to operate. Widnes does not currently have a specific drop-in service for young people, although the youth service still undertakes outreach and detached work.

### 4.2.8 One-stop shops

The one-stop shops in North Cheshire are managed as a partnership between the Youth Services and Community Health Care Trusts.

Synergy, based in Runcorn town centre, offers a drop-in advice and information service staffed by youth workers. It is open between 3 p.m. and 6 p.m. on Mondays, Wednesdays and Thursdays and between 11 a.m. and 1 p.m. on Saturdays. A personal health service (contraception and sexual health) is available on the premises on three of the four opening days.

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**Figure 3: The Ys’Up building**

**Figure 4: The Synergy Building**
With the exception of Personal Health Service Clients, all young people attending the drop-in are initially seen by a youth worker. Where a drug or alcohol related problem is identified, the options are explained to the client and an appointment or referral offered. Options for referral include the Oasis service, which holds a clinic (not advertised) on the Synergy premises, HITS Young Person’s Drug Project and the new family service run by Arch Initiatives. Synergy also has its own generic young people’s counselling service and, as a pilot, has recently appointed a Child Development Worker. The youth workers themselves are able to offer advice and literature on drugs and alcohol, and to support young people where they do not wish to be referred. Synergy is decorated in bright colours that are appealing to young people, and has simple advertisements in the window detailing the type of advice given, including advice on drugs and alcohol. The reception area is open, informal, welcoming and accessible to wheelchair users.

The Youth Advice Shop in Warrington town centre offers a service similar to that provided by Synergy, but focusing much more on sexual health. It has the appearance of a clinic, rather than an advice service, and is advertised as a clinic. It is open between 12.30 p.m. and 4 p.m. on Saturdays, 3.30 p.m. and 7 p.m. on Mondays and 3.30 p.m. and 5.30 p.m. on Tuesdays to Fridays. Oasis holds a regular clinic in the Youth Advice Shop building (not advertised).

4.2.9 HITS Young Person’s Drug Project

The information set out below was obtained from reports published by HITS, through visits to HITS and from the young person’s drug worker at HITS.

HITS is based in Runcorn and serves the whole of Halton. It is a young person’s social work agency concentrating particularly on youth justice and education related programmes, but also offering a variety of other services including young carers groups, craft projects, personal services for individuals and a young person’s drug project. It has worked in partnership with many organisations, including Cheshire Probation Service and LEA, and is part funded by Halton Social Services.

HITS Young Person’s Drugs Project provides advice and counselling to young people who misuse substances and also supports their parents. A Young Persons’ Drug Worker works three days per week on the project and two days per week on secondment to Oasis. The Young Persons’ Drug Worker is also available to assess and provide advice and support to young people who attend HITS’ other services and is available through the National Drugs Helpline to offer support to parents. The project
accepts referrals from anywhere and has no waiting list. In practice, the majority of referrals have come from Social Services. During the 12-month period April 1998-March 1999, 16 young people received ongoing support for drug-related problems.

Although not based in a central area or on public transport routes, young people are able to attend HITS easily, as they are usually provided with transport to and from the centre. It is in a quiet area, where young people can come and go in relative privacy. The building is easily accessible for wheelchair users. It has an open reception area and staff members are friendly and approachable. It has a drugs resource room, complete with an extensive range of relevant leaflets, obtained from national agencies. Because it is a young person’s agency, its facilities are suitable for young people and there are opportunities for the clients to mix with other young people. The building is decorated inside in a way that appeals to most young people, including displays of young people’s poetry and art. It displays a policy on confidentiality, which applies to all the services provided by HITS. Because it is a social work agency, related problems can be addressed alongside substance misuse, for example, offending behaviour, school non-attendance.

HITS had working links with Lifeline (until April 2000) and Oasis, and referred young people to these agencies where appropriate. The links with Oasis have been further strengthened with the secondment of the young person’s drug worker to Oasis for two days per week. The HITS Young Person’s Drug Project has contributed to drug awareness training for social workers, teachers, etc, particularly through the INSIGHT programme.

**Figure 6: The HITS Building**

### 4.2 10 Lifeline North Cheshire

The information set out below was obtained from reports published by Lifeline and through visits to Lifeline and informal interviews with the staff working there.

Lifeline North Cheshire was based just off the town centre of Warrington, close to the Youth Advice Shop and CDT, and served the Warrington and, to a lesser extent, Halton areas. Approximately one quarter of the young people attending were from Halton, half were from Warrington and another quarter were from outside the North Cheshire area. Lifeline was funded by Warrington Borough Council, North Cheshire Health and Halton Borough Council. It was a drug and alcohol advice, counselling and support service directed at young people aged under 25, with a special service for those aged 11 to 19. Direct work with young people of this age group was always undertaken only by a qualified Young Persons’ Drugs Worker.
The greatest percentage (48%) of referrals came from parents, mostly through the parents groups run by Lifeline in Warrington and Halton. Referrals were also received from the mental health services, community drugs team, GPs, HITS, Warrington social services, Warrington LEA, schools and colleges, hostels, Synergy, CATCH, health visitors, probation and the youth service. Eight percent were self-referred.

Every young person who attended Lifeline received a comprehensive initial assessment. This included a full assessment of their drug using behaviour, reasons for using drugs, problems associated with drug use, change objectives, relevant family and history, other worker involvement and ability to consent (if aged under 18). After initial assessment, around half the clients received only a ‘one-off’ intervention i.e. simple advice, information or counselling. For those who were offered an ongoing service, work centred on harm minimisation, reducing drug use and the prevention of relapse. The majority of clients were seen as part of a holistic overall package of care and support received from a number of agencies.

In addition to the individual advice and counselling services, Lifeline provided a parents’ and a family service. The family service employed a worker specifically to work with young drug users (mainly those aged under 16) and their families as a complete unit. This was set up in May 1999 and continued until January 2000, when the family worker, who was employed on a temporary and part-time basis, found permanent, full-time employment. The parents’ service operated as two groups meeting on alternate weeks, based in the Lifeline office Warrington and in a community centre in Widnes. The parents’ service, known as ‘Footsteps’ has continued to exist and is currently applying for funding and looking for a venue to continue its services independently.

Further services were planned but never implemented because of the closure of Lifeline North Cheshire at the end of March 2000. These included:

- ‘Outlook’, a rolling programme designed to get young people engaged in the services, fill time and prevent relapse. Seven young people had expressed an interest in this and funding had been found.
- A group for young people, based in a Warrington school, whose parents had problems with drug or alcohol misuse.
- A service for parents of boys who were shortly due for release from Thorn Cross. Parents could refer themselves directly or through any of the staff at Thorn Cross.

Clients were seen in a variety of venues, including the Lifeline office in Warrington town centre, Warrington Social Services, Synergy, Probation and sometimes their own homes. The Lifeline office itself was not an ideal venue for a young person’s drug service. Wheelchair access was poor, as there were steps up to the entrance and the corridors were narrow. It did not have a reception area, but neither was it open plan. The standard of decoration was poor and the building was in need of general refurbishment. However, the staff and general ethos at Lifeline was friendly, informal and welcoming.
Another aspect of Lifeline’s work were drugs awareness training sessions and presentations with community groups and others working with young people, such as youth centres and foster carers. This work was not specifically funded and in most cases was provided free of charge to recipients. Between April 1998 and September 1999, Lifeline trained 40 foster carers and undertook staff training at three youth clubs. They also undertook training and presentations to groups working with a wider age range, including the probation service, community centres, occupational therapists, midwives and the general public.

4.2.11 Oasis

The information set out below was obtained from reports published by Oasis\textsuperscript{136,137} and through visits to Oasis and informal interviews with the staff working there.

Until the closure of Lifeline in April 2000, Oasis provided a drug and alcohol treatment service for young people with complex needs, for example drug misuse with homelessness or serious drug dependency. Since the closure of Lifeline, the remit of Oasis has widened to include all the clients previously seen by Lifeline. They are also now answering telephone calls from parents worried about a young person’s drug use and occasionally provide training sessions for professionals working with young people.

Oasis began in 1997 as a partnership between Cheshire and Halton Community Drugs Team (CDT) and Lifeline North Cheshire, with HITS joining the partnership later. It is currently run as a partnership between CDT and HITS. Arch Initiatives will shortly be joining this partnership. CDT contribute two full-time Community Psychiatric Nurses (CPNs), one of whom works only with clients who have a dual diagnosis, the other of whom co-ordinates the service and works with young people who have a primary diagnosis of substance misuse. A specialist doctor is employed on a part-time basis. HITS contributes a part-time (0.4 W.T.E) youth worker specialising in substance misuse. Arch Initiatives will contribute a worker specialising in counselling and support for people with substance misuse problems not requiring a medical intervention. The service currently has no administrative support staff.

Oasis has two office bases, one above Y’s Up in Runcorn and one in the Youth Advice Shop in Warrington. Young people are also seen at Synergy, Robson Street Clinic in Warrington and Castlefields Health Centre in Runcorn. The Young Person’s Centre shortly to be opening in Warrington town centre will be providing a room in which Oasis
can see clients. Clients can, in some cases, be seen in their own homes. Dedicated sessions are held at local hostels for homeless young people and, at Halton and Warrington, for the assessment of the YOT’s clients. The majority of clients are seen at Synergy or the Youth Advice Shop, which exposes them to other youth orientated services such as careers advice, Gay and Lesbian Youth Support Services (GLYSS) and sexual health clinics. As part of their assertive outreach strategy, transport is often provided for young people to attend sessions, and also other relevant appointments, for example at hospital outpatient clinics.

All Oasis clients receive an initial nursing assessment, followed, where appropriate, by a doctor’s assessment. After the initial nursing assessment, clients are assigned a key worker, currently either a substance misuse nurse, dual diagnosis nurse or specialist youth worker. The service offered is comprehensive and involves liaison with any agency necessary to the holistic care of a young person, for example, young people have received assistance to find jobs and accommodation. Oasis offers support and advice to families, and will involve families in the care process if the client wishes it, although it does not have a dedicated family service. Until the closure of Lifeline, families were offered referral to the Lifeline’s families’ and parents’ services. Oasis also provide a package of care for young people with substance misuse problems who are leaving a Young Offenders Institution.

The service is currently able to effectively manage a caseload of up to 20 young people with complex needs at any one time (eight for the dual diagnosis nurse, ten for the substance misuse nurse and two for the part-time youth worker). In the first year of its operation, 28 young people engaged in the service, rising to an average of 69 (15 of whom had a dual diagnosis) per year in the subsequent 18 months.

### 4.2.12 Inpatient facilities

Where it is thought that a young person might benefit from a hospital admission, either for detoxification or stabilisation, Oasis can refer to the drug rehabilitation unit at Prestwich Hospital, Manchester. However, Prestwich does not provide a service specifically for young people, so patients must mix with older users, including attending group sessions. Where an Oasis client is admitted to a psychiatric ward, they receive visits, liaison and a package of discharge support from the dual diagnosis nurse. In North Cheshire, young people over the age of 16 are admitted to adult wards at the Brooker Centre, young people under the age of 16 to a regional adolescent mental health unit in Chester.

### 4.2.13 Syringe Exchanges

Syringe exchanges for all age groups are provided by the Community Drugs Teams in Widnes and Warrington.
4.2.14 Youth Offenders Institutions

Thorn Cross YOI has its own drug strategy policy statement. Their Head of Drugs Strategy sits as a member of a North Cheshire Drug Reference Group. They have developed a staff training package on drugs awareness and substance misuse amongst prisoners within the establishment. They monitor drug use amongst prisoners through random urine sampling of 10% of the population each month, and also run a voluntary testing programme, whereby privileges received by prisoners are dependent upon a negative result.

In 1999 Thorn Cross introduced the CARATS initiative (Counselling, Assessment, Referral, Advice and Throughcare Service), whereby young people who have a substance misuse problem are assigned a keyworker to support them through their sentence and help them return home drug-free. CARATS is widely advertised to prisoners, with posters on every notice board and leaflets scattered throughout the institution. Prisoners can be referred by any member of staff or can refer themselves.

Lifeline North Cheshire played a considerable role in the implementation of CARATS and the drug strategy at Thorn Cross. They provided input into drug education element of the new prisoners’ induction course and pre-release courses. They also ran drugs awareness courses attended by all prisoners, and provided individual counselling and groupwork as part of the CARATS service. Thorn Cross now receive the same Lifeline services as they did when Lifeline North Cheshire was open, but obtained through the prison system directly from the Lifeline Project in Manchester. The location of Thorn Cross, to the East of Warrington, and therefore not too far from Manchester, makes this option viable.

4.2.15 Forthcoming changes to generic services for young people

The ‘Connexions’ programme, a national initiative whereby all young people between the ages of 13 and 19 will have access to a ‘personal adviser’, will begin in North Cheshire in September 2000. The programme is designed mainly to support young people to remain in education or training: identifying, advising and referring young people with substance misuse problems is likely to be part of that remit with some young people.
5. Methods

5.1 Survey of young people aged 14-18

A survey of young people in the area (n=535) was undertaken to assess the extent of their drug and alcohol use; their susceptibility to peer pressure to use drugs and alcohol; their level of concern regarding their own drug or alcohol use; their experience of negative effects of drugs or alcohol and their experience of drug and alcohol education in school.

A short, anonymous questionnaire was designed to assess the extent of young people’s drug and alcohol use; the negative effects they may have experienced from drugs and alcohol; their experience of drug and alcohol education in school and where they might go for advice about drug and alcohol related problems. No identifying data was sought, with the exception of their complete postcode, which was matched to a database to identify their electoral ward and PCG area of residence. A pilot was undertaken using 17 pupils aged 14 and 15 at a local secondary school. Following suggestions by the pupils, minor amendments were made. To make the final questionnaires attractive and appealing to young people, they were professionally formatted and printed (see appendix i for a copy of questionnaire).

All secondary schools and colleges in North Cheshire, plus Halton and Warrington Youth Services, were contacted by letter and telephone and asked whether they would be willing for some of their pupils to take part in the survey. The method of administration of the survey depended upon the institution in which it was taking place:

- In schools and sixth forms, the questionnaire was administered in a classroom situation. In most cases, a researcher was present to explain the survey to the pupils, emphasise its confidentiality, and answer any queries. The class teachers were present but did not become involved. Pupils sealed their questionnaire into a blank envelope when they had finished. In one sixth form college, the research assistant was not present and the questionnaire was administered by the teachers, using the same protocol.

- In one participating college of further education, a base was established in a common area. From there, students were approached and after ascertaining that they were aged between 16 and 18, were asked if they would be willing to take part. Completed questionnaires were posted into a questionnaire box, which was taken away unopened.

- At Youth Centres, youth workers recruited willing participants. Participants completed the questionnaire in a quiet area of the youth centre and sealed it into a blank envelope.

Written parental consent was sought where participants were under the age of 16. All participants were provided with information about the project in advance, and gave their own written consent to take part. Ethical approval for the survey was sought and obtained from the research ethics committees of Liverpool John Moores University and North Cheshire Health. Summary results were fed back to each centre.
5.2 Questionnaire survey of GPs

A questionnaire survey of GPs (n=89) was undertaken to assess the frequency with which they had encountered young people with problems related to substance misuse; their confidence in advising these young people and their knowledge of local services for young people.

A short, anonymous questionnaire was designed and piloted among a random sample of 16 GPs in the North Cheshire area. After minor amendments, copies were mailed to all remaining GPs in the area (n=157) with a pre-paid envelope for their return. Up to two reminders were sent to non-responders. (see appendix ii for a copy of the questionnaire).

5.3 Survey of local A&E and minor injury departments

A survey of the three local A&E and minor injuries departments was undertaken to estimate the numbers of young people in the area who experienced acute poisoning with illicit drugs or alcohol, leading to attendance at hospital.

The A&E or Minor Injuries Departments of St Helens and Knowsley NHS Trust (Whiston Hospital), Warrington Hospital NHS Trust and Halton General Hospital NHS Trust were contacted to request their assistance in the survey. The methods of doing this were negotiated with each individual trust.

Halton and Whiston hospitals provided a breakdown, taken from the computerised records of the department, of the numbers, age, sex and substances taken by young people from North Cheshire who attended with a primary diagnosis of poisoning over specific periods of nine months (Halton) and six months (Whiston). Warrington hospital, for a two months period, collected information specifically for the project, which included all young people who were intoxicated at the time of their attendance, the substance(s) causing the intoxication and the patient’s age, sex and reason for attendance.

5.4 Interviews with staff working with young people

Informal, unstructured interviews were conducted with staff working in organisations working with young people. This was done to obtain a picture of the work of the agency, their relationships with other agencies, relevant problems they have encountered in their work and their opinions as to the scale of problems amongst the young people they worked with.

All staff working directly with young people around drugs related issues were visited and interviewed face to face. Staff working less directly with young drug users e.g. social workers and youth offending team staff, were also visited whenever possible although, in some cases, interviews were conducted over the telephone.
5.5 Analysis of agency data

Routinely collected agency activity data were used to build a picture of the services provided in North Cheshire and the numbers of young people and others using the services. These data were found in reports produced by the agencies, data held electronically at the agency and from the North West Regional Drug Misuse Database (NWDMD). Data were also analysed from police and Home Office sources.

5.6 Survey of drug and alcohol education provision in schools

A questionnaire survey of head teachers of primary schools (n=46) and heads of PHSE of secondary schools (n=13) was undertaken to assess the content of and time dedicated to drug and alcohol education in schools, and the relevant support available to the schools.

Questionnaires were sent, with a pre-paid envelope provided for their return, to PHSE co-ordinators of all secondary schools, and head teachers of all primary and some special schools in the North Cheshire area (see appendix iii for a copy of the questionnaire). Special schools for pupils with severe learning difficulties or in hospital were not contacted. Up to two reminders were sent to non-responders.

5.7 Interviews with young persons’ service users

Semi-structured interviews with young service users (n=5) were conducted to obtain a picture of their experiences of alcohol/drug misuse, their passage through the educational, social, legal and health systems before attending the service and the service itself.

Service users were contacted through the Young Persons’ Drug Workers at Oasis and HITS, using a letter and contact form, explaining the project and seeking the client’s written permission to arrange a meeting between them and the researcher. The drug workers than arranged a suitable time and venue for the interview. The interview, with the permission of the subject, was taped using a micro-cassette recorder (see appendix iv for a copy of the interview schedule). The interview was then transcribed in full and the transcriptions used to identify emerging themes.

Subjects were over the age of 16 and gave their written consent both for the initial contact and for their participation in the study. Ethical approval for the interviews was sought and obtained from the ethics committees of Liverpool John Moores University and North Cheshire Health.
6. Results

6.1 Survey of young people aged 14-18

Response rate

A total of 535 young people took part in the survey, 519 based in eight schools and colleges (one in Runcorn, three in Widnes and four in Warrington), plus 16 from Halton and Warrington Youth Services. Of these, 262 were based in Halton and 273 in Warrington. All respondents based in schools and colleges were either in year ten (aged 14-15) or were in post-compulsory education (aged 16-19).

The majority of respondents were aged 16 to 18 with relatively few participants under the age of 16. Restrictions imposed by the ethics committees, making it necessary to obtain positive parental consent for young people under the age of 16 to participate, made the administration of the survey more difficult for this age group. Some schools did not wish to include pupils under the age of 16, and, in participating schools, 30-40% of potential participants returned consent forms. Only three forms were returned asking for a child not to be included in the survey. Schools were also unwilling for their year 11 (aged 15-16) pupils to take part, due to their concentration on GCSE work. Figure 8 shows the age distribution of respondents from Halton and Warrington. It can be seen that respondents based in Halton tended to be slightly younger than those in Warrington. There were more female (304, 57%) than male (231, 43%) respondents. This was particularly apparent in those aged under 16, where 68 (64%) were female and only 39 (36%) male.

![Figure 8: Age distribution of respondents in the survey of young people](image)

An accurate postcode corresponding to an area in North Cheshire was provided by 362 (68%) respondents. Verbal feedback from participants suggested that some older respondents were concerned that they could be identified from this information, and
some younger respondents did not know their postcode. The postcodes provided corresponded to 39 of the 44 different electoral wards in North Cheshire and all four Primary Care Group (PCG) areas. Sixty-seven (19%) lived in the Runcorn PCG area, 116 (32%) in the Widnes PCG area, 98 (27%) in the Warrington North East/South PCG area and 81 (22%) in the Warrington North West/Central PCG area. The mean Index of Local Deprivation (ILD) of wards where respondents lived ranged from 0 to 11.01, with a mean of 4.25. The mean ILD for respondents living in Halton was 5.43, compared with 3.03 for those living in Warrington. These were reasonably representative of the areas: the mean ILD for all wards in Halton was 5.42 and for all wards in Warrington was 2.86. Similarly, respondents living in each PCG area lived in wards with a mean ILD close to that of all wards in the PCG.

Experimentation with drugs (drug trying)

Of the young people surveyed, 221 (41% overall, 45% of males and 39% of females), reported having ever tried a drug out of curiosity or for pleasure. This varied significantly between centres (between 26% and 54% in centres where over 30 young people participated), mirroring results found in previous studies. The ILD, local authority area or ward of respondent’s home address did not significantly affect the likelihood that they would have tried a drug.

There was no overall relationship between age and likelihood of having ever taken a drug. This is different to the pattern found in most studies, where older respondents were significantly more likely than younger respondents to report having tried drugs. There are several possible explanations for this unexpected result:

- Young people who had stayed in education past the age of 16, and were therefore more likely to be included in this survey, may have been less likely to try drugs than those who had left education. Results of previous studies have shown that this is likely to be the case.
- Younger respondents may have been more likely than older respondents to deliberately over-report the use of drugs. Results of previously published studies and the reporting by 15 year olds in this survey of use of drugs which were not readily available in the area (e.g. super skunk, angel dust), suggests that this may have been the case.
- Younger respondents may have reported drug use that was disregarded by older respondents, for example, the use of solvents and gas. In this sample, having ever tried solvents or gas was reported only by 14 and 15 year olds, suggesting that this may have been the case.
- A chance consequence of the sampling methods used was that younger respondents had a significant tendency to live in more deprived areas than older respondents (p=0.001). This pattern could not be corrected statistically. Previous research showed that 14 and 15 year olds at schools in deprived areas were more likely to report using drugs than those in more prosperous areas.
- The necessity that participants under the age of 16 returned parental consent forms to their school meant that they were self-selecting to a greater extent than those aged over 16. Pupils with the greatest interest in participating in the survey may have been the most likely to report drug use. However, the reverse may also have been the case.
Table 3 shows that cannabis was the most widely reported drug ever tried. Lifetime prevalence of use of cannabis was highest among the younger respondents. Use of drugs other than cannabis tended to be more common among older respondents.

Table 3: Number and percentage of young people who reported ever trying different types of drugs

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>14-15 (n=107)</th>
<th>16-17 (n=303)</th>
<th>18-19 (n=125)</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>44 (41%)</td>
<td>114 (38%)</td>
<td>41 (33%)</td>
<td>202 (38%)</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>8 (7%)</td>
<td>26 (9%)</td>
<td>8 (6%)</td>
<td>42 (8%)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>3 (3%)</td>
<td>13 (4%)</td>
<td>10 (8%)</td>
<td>26 (5%)</td>
</tr>
<tr>
<td>Nitrites</td>
<td>7 (7%)</td>
<td>13 (4%)</td>
<td>6 (5%)</td>
<td>26 (5%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3 (3%)</td>
<td>15 (5%)</td>
<td>2 (2%)</td>
<td>20 (4%)</td>
</tr>
<tr>
<td>LSD</td>
<td>3 (3%)</td>
<td>11 (4%)</td>
<td>7 (6%)</td>
<td>18 (3%)</td>
</tr>
<tr>
<td>Solvents/gas</td>
<td>2 (2%)</td>
<td>0</td>
<td>0</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>2 (2%)</td>
<td>3 (1%)</td>
<td>0</td>
<td>5 (0.9%)</td>
</tr>
<tr>
<td>Heroin</td>
<td>1 (1%)</td>
<td>3 (1%)</td>
<td>0</td>
<td>4 (0.7%)</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>0</td>
<td>1 (0.3%)</td>
<td>0</td>
<td>2 (0.4%)</td>
</tr>
<tr>
<td>Tranquilisers</td>
<td>0</td>
<td>1 (0.3%)</td>
<td>0</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Ketamine</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Others*</td>
<td>0</td>
<td>4 (1%)</td>
<td>1 (1%)</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>Any drug</td>
<td>47 (44%)</td>
<td>125 (44%)</td>
<td>49 (39%)</td>
<td>221 (41%)</td>
</tr>
</tbody>
</table>

*others included ‘tablets’, ‘white witch’ and ‘angel dust’ – none of which could be accurately identified as a particular drug available in the North Cheshire area.

Drug use for bodybuilding or sport was reported by 18 (3%) respondents (3 (1%) females and 15 (6%) males). Four of these said that they had used creatine phosphate, which is legally available and classified as a food supplement, rather than a drug. The others did not state what kind of drug they had used.

Recent drug use

Drug use within the past month was reported by 93 (17%) respondents (20% of males and 15% of females). Controlling for age and sex, respondents who attended educational establishments in relatively deprived areas (measured by ILD) were significantly more likely to report past month drug use than those attending centres in more affluent areas (p=0.042). Table 4 shows the different types of drugs reported in the last month by age. The drug most often reported was cannabis, reported with a frequency similar to that found in national studies of 14-19 year olds\(^2,3\). Controlling for sex and deprivation levels, younger respondents were significantly more likely to have taken a drug in the past month (p=0.007), a finding that is opposite to that found in other studies\(^4,2,3\). Conversely, older respondents were most likely to have last used a drug over a year ago (p=0.006).
Table 4: Number and percentage of young people reporting use of different types of drugs within the previous month

<table>
<thead>
<tr>
<th>Ages</th>
<th>14-15 (n=107)</th>
<th>16-17 (n=303)</th>
<th>18-19 (n=125)</th>
<th>All ages (n=535)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>27 (25%)</td>
<td>54 (18%)</td>
<td>10 (8%)</td>
<td>89 (17%)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0</td>
<td>4 (13%)</td>
<td>8 (6%)</td>
<td>15 (3%)</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>2 (2%)</td>
<td>7 (2%)</td>
<td>2 (2%)</td>
<td>11 (2%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1 (1%)</td>
<td>9 (3%)</td>
<td>0</td>
<td>10 (2%)</td>
</tr>
<tr>
<td>Nitrites</td>
<td>0</td>
<td>3 (1%)</td>
<td>2 (2%)</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Solvents/gas</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 (0.4%)</td>
</tr>
<tr>
<td>LSD</td>
<td>0</td>
<td>2 (0.7%)</td>
<td>0</td>
<td>2 (0.4%)</td>
</tr>
<tr>
<td>Heroin</td>
<td>0</td>
<td>1 (0.3%)</td>
<td>0</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>0</td>
<td>1 (0.3%)</td>
<td>0</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>Any drug</td>
<td>27 (25%)</td>
<td>54 (18%)</td>
<td>14 (11%)</td>
<td>93 (17%)</td>
</tr>
</tbody>
</table>

Ten young people in the sample (2%) reported using heroin, cocaine or crack cocaine within the previous month. All of these had also used other drugs in the previous month, including four who had used amphetamines. Seven of the ten were based at one centre, a college of further education, which accepts young people with special educational needs and is based in a ward with a high ILD. This supports the view that regular users of potentially very problematic drugs tend to come from deprived areas and not to be engaged in ‘A’ level education.

Negative effects of drug use

Table 5 shows the reported lifetime prevalence of negative effects of drug use in all respondents by reported recency of last drug use. The more recent drug users had a higher lifetime prevalence of negative effects than those who used less recently. For example, 55% of those who reported taking a drug in the past week and 14% of those who reported ever taking a drug reported ever missing work, school or homework.

Table 5: Reported lifetime prevalence of negative effects of drug use in young people

<table>
<thead>
<tr>
<th>Negative Effects</th>
<th>All (n=535)</th>
<th>Taken drug ever (n=221)</th>
<th>Taken drug in the last month (n=93)</th>
<th>Taken drug in the last week (n=55)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed work, school or homework because of taking a drug</td>
<td>6%</td>
<td>14%</td>
<td>29%*</td>
<td>55%*</td>
</tr>
<tr>
<td>Felt frightened or upset because of taking a drug</td>
<td>6%</td>
<td>15%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Done something later regretted because of taking a drug</td>
<td>6%</td>
<td>13%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Been stopped by the police because of taking or possessing a drug</td>
<td>2%</td>
<td>5%</td>
<td>17%*</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Significant (P<0.05) risk factors for relevant negative effect
Table 6 illustrates that young people who had ever used amphetamines, heroin, cocaine or crack were more likely than those who had ever used cannabis to experience negative effects of drug use. Respondents reporting use of cocaine, heroin or crack within the last month most likely to have missed work, school or homework because they had taken drugs (eight, 80%). However, only one (10%) of this group reported ever feeling frightened or upset.

**Table 6: Lifetime prevalence of negative effects of drug use in young people who reported ever trying different drugs**

<table>
<thead>
<tr>
<th></th>
<th>Cannabis (n=202)</th>
<th>Amphetamines (n=40)</th>
<th>Heroin, cocaine or crack (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed work, school or homework because of taking drugs</td>
<td>15%</td>
<td>38%*</td>
<td>62%*</td>
</tr>
<tr>
<td>Felt frightened or upset because of taking drugs</td>
<td>16%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Done something later regretted because of taking drugs</td>
<td>14%</td>
<td>17%</td>
<td>43%*</td>
</tr>
<tr>
<td>Been stopped by the police because of taking or possessing drugs</td>
<td>6%</td>
<td>17%*</td>
<td>19%</td>
</tr>
</tbody>
</table>

*significant (p<0.05) risk factors for relevant negative effect

**Peer pressure to use drugs**

Five percent of young people in the sample reported ever taking a drug that they had not really wanted, or 13% of those who had ever taken a drug (16% of males and 10% of females who had ever taken a drug). The proportion was significantly higher amongst respondents who reported ever taking cocaine, heroin or crack (24%).

**Worry about drug use**

Thirteen percent of young people (31% of those who had ever taken a drug), reported that they had ever worried they might be taking drugs that were not good for them. This proportion was similar in young people who had used drugs in the past month or who had used cocaine, heroin or crack.

**Alcohol use**

Eight percent of respondents said that they never drank enough alcohol to feel drunk, 21% hardly ever, 30% every month, 38% every week and 3% almost every day, with very little difference between males and females. Controlling for gender, Local Authority area and ILD of the ward where the establishment was based, older respondents were found to be significantly more likely to report drinking enough to feel drunk every week (p=0.002). When age, gender and ILD were taken into account, respondents attending establishments in Halton were significantly (p=0.001) more likely than those in Warrington to report drinking enough to feel drunk at least once per week.
The 15 (3%) who reported drinking enough alcohol to feel drunk almost every day were a different population to past month users of heroin, cocaine or crack; only one had reported using any of these drugs in the previous month. As with recent cocaine, heroin and crack users, a substantial proportion (six, 40%) attended one particular establishment, a college in a ward with a high ILD.

**Negative effects of drinking alcohol**

Table 7 shows the reported lifetime prevalence of negative effects of alcohol and reported frequency of drinking. The likelihood of reporting ever missing work, school or homework, or doing something later regretted, increased significantly with age. The likelihood of reporting having ever been frightened or upset because they were drunk was significantly higher in females than males. Other negative effects were similarly prevalent amongst males and females.

**Table 7: Reported lifetime prevalence of negative effects of alcohol amongst young people with different frequencies of drinking enough to feel drunk**

<table>
<thead>
<tr>
<th>Ever feel drunk (n=494)</th>
<th>Feel drunk every month (n=359)</th>
<th>Feel drunk every week (n=203)</th>
<th>Feel drunk every day (n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed work, school or homework</td>
<td>188 (38%)</td>
<td>169 (47%)*</td>
<td>112 (55%)*</td>
</tr>
<tr>
<td>Felt frightened or upset</td>
<td>119 (24%)</td>
<td>97 (27%)*</td>
<td>55 (27%)</td>
</tr>
<tr>
<td>Done something later regretted</td>
<td>341 (69%)</td>
<td>283 (79%)*</td>
<td>158 (78%)</td>
</tr>
<tr>
<td>Been stopped by the police</td>
<td>119 (24%)</td>
<td>101 (28%)*</td>
<td>640 (32%)*</td>
</tr>
</tbody>
</table>

*significant p<0.05) risk factor for relevant negative effect

**Peer pressure to drink alcohol**

Nineteen percent of all respondents reported having ever drunk an alcoholic drink they did not really want, rising to 23% of those who reported drinking enough to feel drunk at least every week.

**Concern about alcohol use**

Twenty-two percent of all respondents; 26% of those who reported drinking at least every month; 32% of those who reported drinking at least every week and 33% of those who reported drinking almost every day stated that they had ever worried that they might be drinking more than is good for them.

**Comparison of experience of negative effects from drugs and alcohol**

A comparison of the reported prevalence of negative effects of drugs by respondents who reported using drugs in the past week and negative effects of alcohol reported by those who reported drinking enough alcohol to feel drunk every week respectively showed that:

- Drug and alcohol use were equally associated with missing work, school or homework (55%) and almost equally with feeling frightened or upset (20% for drugs, 27% for alcohol)
- Those who drank alcohol were more likely to have been stopped by the police (32%) than those who used drugs (18%)
- Alcohol was much more likely to be associated with doing something later regretted (78%) than was drug use (16%)

*Young people’s experience of drug and alcohol education*

The majority of young people surveyed (479, 90%) reported having had lessons on drugs at secondary school. A further nine (2%) reported having had lessons only at primary school. The likelihood of reporting having ever had lessons about drugs increased with age up to 18. Only 62% of those in year ten could remember having drug education lessons.

Respondents were provided with a list of six options to describe their drug education lessons and were asked to indicate as many or as few of them as they liked. The majority who gave an opinion chose the positive options, i.e:

- 34% more respondents stated that drug education lessons had been interesting than had been boring (n=100 (21%) interesting, n=88 (18%) boring)
- 350% more respondents stated that lessons had been useful than had been not useful (n=189 (39%) useful, n=54 (11%) not useful)
- 389% more respondents stated that they had been provided with enough information than needed more information (n=140 (29%) provided enough information, n=36 (8%) need for information)

Males were more likely to say that lessons had been boring than interesting (n=43 (19%) interesting, n=35 (15%) boring), whereas the reverse was true for females (n=45 (15%) boring, n=65 (21% interesting). Opinions about the quality of drug education varied widely between centres, for example, pupils aged 14 and 15 at one school almost all expressed positive opinions, whereas a group of the same age at another school expressed equal numbers of positive and negative opinions.

Young people who had never used drugs were more likely to report that their drug education was useful or had provided enough information than young people who had used drugs recently. This trend is illustrated by Figure 9.

Young people who reported not having lessons about drugs in secondary school (n=56) were more likely to report ever having suffered from negative effects associated with drug-taking. They were approximately four times more likely to have missed school, homework or work because of taking drugs; twice as likely to have been frightened or upset; twice as likely to have done something they later regretted and 15 times more likely to have been stopped by the police.
Four hundred and sixty-three (87%) respondents reported having had lessons about alcohol at secondary school. A further ten (2%) reported having had lessons only in primary school. As with drug education, the likelihood of reporting having had alcohol education lessons increased with age.

Respondents were provided with a list of six options to describe their alcohol education lessons and were asked to indicate as many or as few of them as they liked. The majority who gave an opinion chose positive responses, i.e.:

- 269% more respondents stated that lessons had been useful than not useful (n=148 (32%) useful, n=55 (12%) not useful)
- 617% more respondents stated that they had been provided with enough information than said that they needed more information (n=148 (32%) provided enough information, n=22 (5%) needed more information)

The exception was that 150% more respondents stated that lessons had been boring than interesting (n=119 (26%) boring, n=77 (17%) interesting).

As with drug education, opinions varied between young people attending different establishments. Respondents who reported drinking enough alcohol to feel drunk every week were less likely than those who reported drinking less often to say that lessons had been useful (p=0.03, controlled for age and sex). Young people who reported not receiving alcohol education lessons in secondary school were more likely to report negative effects from alcohol than those who reported having had lessons, including being over three times more likely to be stopped by the police.
Sources of advice on drugs or alcohol

Respondents were provided with a tick list of people and organisations they would talk to if they were worried about their own or somebody else’s drug or alcohol use. Table 8 shows the results by gender. The Youth Advice Shop in Warrington was not included in the list of options because, at the time the survey was undertaken, Warrington Youth Service did not wish to encourage its use as a resource for young people with substance misuse problems.

**Table 8: Where young people stated that they would go for advice if they were worried about their own or somebody else’s substance use**

<table>
<thead>
<tr>
<th>Source</th>
<th>Alcohol (Males n=231)</th>
<th>Alcohol (Females n=304)</th>
<th>Drugs (Males n=231)</th>
<th>Drugs (Females n=304)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of own age</td>
<td>137 (59%)</td>
<td>242 (80%)</td>
<td>123 (53%)</td>
<td>217 (71%)</td>
</tr>
<tr>
<td>Older friends</td>
<td>87 (38%)</td>
<td>162 (53%)</td>
<td>79 (34%)</td>
<td>161 (53%)</td>
</tr>
<tr>
<td>Parents</td>
<td>104 (45%)</td>
<td>144 (47%)</td>
<td>83 (36%)</td>
<td>111 (37%)</td>
</tr>
<tr>
<td>GP</td>
<td>53 (23%)</td>
<td>73 (24%)</td>
<td>50 (22%)</td>
<td>79 (26%)</td>
</tr>
<tr>
<td>Teachers</td>
<td>51 (22%)</td>
<td>76 (25%)</td>
<td>35 (15%)</td>
<td>83 (27%)</td>
</tr>
<tr>
<td>Telephone helpline</td>
<td>43 (19%)</td>
<td>83 (27%)</td>
<td>44 (19%)</td>
<td>98 (32%)</td>
</tr>
<tr>
<td>Youth workers</td>
<td>32 (14%)</td>
<td>50 (16%)</td>
<td>35 (15%)</td>
<td>56 (18%)</td>
</tr>
<tr>
<td>Community alcohol/drugs team</td>
<td>17 (7%)</td>
<td>39 (13%)</td>
<td>28 (12%)</td>
<td>49 (17%)</td>
</tr>
<tr>
<td>School nurse</td>
<td>11 (5%)</td>
<td>41 (13%)</td>
<td>10 (4%)</td>
<td>35 (12%)</td>
</tr>
<tr>
<td>Synergy* (Halton only)</td>
<td>8 (7%)</td>
<td>26 (17%)</td>
<td>6 (5%)</td>
<td>30 (20%)</td>
</tr>
<tr>
<td>Lifeline</td>
<td>16 (7%)</td>
<td>22 (7%)</td>
<td>18 (8%)</td>
<td>29 (10%)</td>
</tr>
<tr>
<td>HITS (Halton only)</td>
<td>8 (7%)</td>
<td>12 (8%)</td>
<td>8 (7%)</td>
<td>17 (11%)</td>
</tr>
</tbody>
</table>

* Respondents based in Runcorn were significantly more likely (33%) than those based in Widnes (10%) to report that they would talk to somebody at Synergy.

It can be seen from Table 8 that young people reported being most likely to talk to their friends or parents, followed by generic professionals (GPs, teachers and youth workers) and telephone helplines, followed by the specialist agencies. Females were significantly (p<0.05) more likely than males to state that they would talk to friends of their own age, older friends, teachers, telephone helplines, school nurses or Synergy.

Table 9 shows the people which young people stated they would talk to if they were worried about their own or somebody else’s drug use by recency of last reported drug use. Young people who reported ever using drugs were more significantly likely than those who reported never using drugs to state that they would talk to friends of their own age (p=0.001) or older friends (p=0.012), and significantly less likely to talk to their parents (p=0.003), teachers (p=0.000), GP (p=0.000) or school nurse (p=0.003). Teachers, GPs and school nurses were even less popular as a source of advice amongst young people who reported using drugs within the past month. Telephone helplines, youth workers, Synergy (staffed by youth workers) and HITS (also staffed mainly by youth workers) appeared to be equally popular with those who reported using drugs and those who did not.
Table 9: Number and percentage of respondents who stated that they would talk to different people if they were worried about their own or somebody else’s drug use

<table>
<thead>
<tr>
<th></th>
<th>Never taken a drug (n=314)</th>
<th>Ever taken a drug (n=221)</th>
<th>Taken a drug within the last month (n=93)</th>
<th>All respondents (n=535)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of own age</td>
<td>181 (58%)</td>
<td>159 (72%)</td>
<td>66 (71%)</td>
<td>340 (63%)</td>
</tr>
<tr>
<td>Older friends</td>
<td>125 (40%)</td>
<td>115 (51%)</td>
<td>47 (51%)</td>
<td>240 (45%)</td>
</tr>
<tr>
<td>Parents</td>
<td>128 (41%)</td>
<td>66 (30%)</td>
<td>26 (28%)</td>
<td>194 (36%)</td>
</tr>
<tr>
<td>Telephone helpline*</td>
<td>87 (28%)</td>
<td>55 (25%)</td>
<td>24 (26%)</td>
<td>142 (26%)</td>
</tr>
<tr>
<td>Youth workers*</td>
<td>49 (16%)</td>
<td>35 (16%)</td>
<td>14 (15%)</td>
<td>84 (16%)</td>
</tr>
<tr>
<td>Teachers</td>
<td>87 (28%)</td>
<td>34 (15%)</td>
<td>10 (11%)</td>
<td>121 (22%)</td>
</tr>
<tr>
<td>GP</td>
<td>96 (31%)</td>
<td>33 (15%)</td>
<td>9 (10%)</td>
<td>129 (30%)</td>
</tr>
<tr>
<td>Community alcohol/drugs team</td>
<td>52 (17%)</td>
<td>25 (11%)</td>
<td>9 (10%)</td>
<td>77 (14%)</td>
</tr>
<tr>
<td>Synergy (Halton only)*</td>
<td>21 (14%)</td>
<td>15 (13%)</td>
<td>8 (16%)</td>
<td>36 (14%)</td>
</tr>
<tr>
<td>HITS (Halton only)*</td>
<td>12 (8%)</td>
<td>13 (11%)</td>
<td>7 (14%)</td>
<td>25 (10%)</td>
</tr>
<tr>
<td>Lifeline</td>
<td>30 (10%)</td>
<td>17 (8%)</td>
<td>5 (5%)</td>
<td>47 (9%)</td>
</tr>
<tr>
<td>School nurse</td>
<td>36 (11%)</td>
<td>9 (4%)</td>
<td>2 (2%)</td>
<td>45 (8%)</td>
</tr>
</tbody>
</table>

*organisations which were equally as popular with young people who reported using drugs than those who reported not using drugs.

Discussion

Having ever taken a drug was reported by 38% of respondents, the majority of whom reported using only cannabis. Other drugs reported included amphetamine (8%), ecstasy (5%), nitrites (5%), cocaine (4%) and LSD (3%). Past month use of any drug was reported by 17% of the sample, the majority of whom reported using only cannabis; other drugs including ecstasy (3%), amphetamine (2%) and cocaine (2%). Reporting of drug use other than cannabis was relatively rare in comparison with that found amongst young people in previous surveys.\(^4,5\) This may, in part, reflect the fact that older respondents, who were most likely to use drugs other than cannabis, tended to be engaged in further education. It probably also indicates a genuinely low rate of trying drugs other than cannabis by young people in North Cheshire. The exception to this finding was the use of cocaine, which, at 4%, was as high as that found in the Merseyside and Greater Manchester area.\(^5\) It was likely that the real prevalence of all drug trying and drug use in North Cheshire was higher than the results suggest, as females and young people in post compulsory education were over represented in the sample. Reporting of drug trying and drug use were most common amongst young people who attended schools and colleges in relatively deprived areas. This was particularly true of those who reported past month use of the drugs most likely to lead to dependence (cocaine, heroin or crack cocaine), the majority of whom were based at one centre which served a selected population.

The majority of young people in the sample did not report ever experiencing any negative effects due to drug use, even where they reported using drugs in the past week. The exception was that 55% of those who had used a drug within the past week had ever missed school, work or homework because they had taken drugs. Young people who had ever used cocaine, heroin or crack cocaine were more likely to report
negative effects (62% missing school, work or homework and 43% doing something later regretted).

The majority of respondents (67%) reported drinking enough alcohol to feel drunk at least every month, 38% at least every week and 3% almost every day. Older respondents and those based in Halton reported drinking the most frequently. The majority of the 3% who reported drinking enough to feel drunk every day were based at one particular centre which served a deprived population. These young people were not the same people who reported using cocaine, heroin or crack cocaine in the past month.

Reporting of negative effects of drinking was more common than negative effects of drug use, mainly because alcohol use was more frequent and prevalent than drug use. However, even when frequency of use was taken into account, it appeared that using alcohol rather than drugs was most likely to lead to young people doing something they later regretted (78% of those who reported drinking enough alcohol to feel drunk every week in comparison with 16% of those who reported taking a drug within the past week).

If almost daily use of enough alcohol to feel drunk or past month use of cocaine, heroin or crack cocaine are used as indicators of potential problems, then around five percent of the sample were at risk. This group may already be putting their future at risk, missing work, school or homework because of their substance use and perhaps also getting into trouble with the police. However, most of this group are not worried by their substance use, have never been frightened or upset by their substance use and do not feel pressurised into using substances. These factors could make them difficult to target for education and intervention.

The majority of young people in the sample reported receiving drug and alcohol education at secondary school, and expressed more positive than negative opinions of their drug and alcohol education. Opinions varied between pupils in different schools, perhaps reflecting different styles of teaching employed. A significant proportion of pupils in year ten at school (38%), but not older students, did not report having ever had drug or alcohol education lessons. This is not consistent with the need to teach drug education before the likely age of use; 41% of this age group reported that they had already tried drugs. The drug and alcohol education taught may have been less relevant to young people who already used drugs or drank regularly, as they expressed less positive and more negative opinions than non-users. Young people who stated that they had not received drug or alcohol education were more likely to report negative effects from drug or alcohol use. This may have been because they were more likely to have missed drug lessons at school due to truancy or exclusion, or less likely recall lessons due to lack of interest.

Young people were most likely to state that they would talk to their friends or parents if they were concerned about their own or somebody else’s drug or alcohol use. Telephone helplines and generic professionals such as GPs, teachers and youth workers were the next most popular source of advice, followed by specialist youth advice or drug agencies. Respondents who had used drugs were more likely than those who had not used drugs to say that they would talk to friends and were less likely to say that they would talk to parents and most professionals. The exceptions to this were telephone helplines, youth workers and youth orientated organisations such as Synergy and HITS, which were just as popular with drug users and non-users.
6.2 Questionnaire Survey of GPs

The definitions used for this survey were slightly different from those used for the bulk of the report and are described below:

*Young person* - a person aged under 18. This was for reasons of clarity i.e. to emphasise the fact that the survey referred only to non-adults.

*Problems related to the use of drugs or alcohol* – The definition of this phrase was left to the respondents of the questionnaire. It was intended to convey a broad range of medical and non-medical problems of differing severity.

**Response rate**

Eighty-nine GPs responded to the survey (57%), representing each of the four PCGs, with response rates of: Widnes 60% (n=18); Runcorn 60% (n=19); Warrington North East/South 42% (n=19); and Warrington North West/Central 53% (n=31).

**Reported experience of drug and alcohol related problems amongst young people**

Fifty-seven (64%) respondents reported seeing at least one young person experiencing problems related to their drug use and 37 (42%) reported seeing at least one young person experiencing problems due to their alcohol use in the previous 12 months. Figure 10 shows how this varied between the different PCGs. The PCG with the lowest proportion of GPs reporting at least one young person with problems due to drug use was Warrington North East/South, also the PCG with the lowest ILD (as an average of the wards within it).

![Figure 10: Percentage of GPs in each PCG who reported seeing at least one young person in the previous year who was experiencing problems due to their drug or alcohol use](image-url)
Figure 11 shows the range in the number of young people experiencing problems due to their drug or alcohol use that GPs reported as seeing within the previous year. GPs who reported more than 1-2 young people tended to be based in relatively deprived wards, defined as those with an Index of Local Deprivation greater than zero, including Bewsey, Castlefields, Hough Green, Whitecross and Fairfield.

Figure 11: Numbers of young people experiencing problems related to their drug or alcohol use that GPs reported seeing in the previous 12 months

Services provided by GPs

GPs from four practices reported that they had a specific service for young people; these included an advice service, a teenage clinic held by the nursing team and a youth advice project run jointly by youth workers, school health and family planning services. Twenty-nine (33%) GPs reported that their practice provided a service for people with drug or alcohol related problems, including 11 (12%) with a practice counsellor, 17 (19%) with an attached Community Psychiatric Nurse (CPN) or drugs worker and 7 (8%) with a methadone prescribing and/or supervised detoxification service.

GPs’ knowledge of local services

Table 10 shows the relevant services (from a list provided) to which respondents in the four North Cheshire PCGs said that they would refer young people with drug or alcohol related problems. In addition 62 (70%) respondents indicated that they would refer to the Community Drug and/or Alcohol Teams. Only 18 (20%) indicated at least one young people’s agency and no adult agency i.e. demonstrated full knowledge of the correct referral routes. Three GPs in Warrington mentioned that they would refer to Al-ateen, although, at present, there are no Al-ateen meetings held in the North Cheshire area.
Table 10: Young persons’ agencies to which GPs in North Cheshire PCGs said they would refer young people experiencing problems related to their drug/alcohol use.

<table>
<thead>
<tr>
<th>Location</th>
<th>Lifeline</th>
<th>Oasis</th>
<th>HITS (Halton only)</th>
<th>Synergy (Halton only)</th>
<th>At least one appropriate agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widnes</td>
<td>3 (17%)</td>
<td>3 (17%)</td>
<td>4 (22%)</td>
<td>2 (11%)</td>
<td>6 (33%)</td>
</tr>
<tr>
<td>Runcorn</td>
<td>5 (24%)</td>
<td>4 (19%)</td>
<td>12 (57%)</td>
<td>11* (52%)</td>
<td>17 (81%)*</td>
</tr>
<tr>
<td>Warrington North West/Central</td>
<td>10 (32%)</td>
<td>2 (6%)</td>
<td>0</td>
<td>0</td>
<td>10 (32%)</td>
</tr>
<tr>
<td>Warrington North East/South</td>
<td>5 (26%)</td>
<td>2 (11%)</td>
<td>0</td>
<td>0</td>
<td>5 (26%)</td>
</tr>
<tr>
<td>North Cheshire</td>
<td>23 (26%)</td>
<td>11 (12%)</td>
<td>16 (41%)</td>
<td>13 (33%)</td>
<td>38 (43%)</td>
</tr>
</tbody>
</table>

*significantly (p<0.05) different to the other PCGs

Synergy, whilst included in Table 10, does not accept formal referrals. It would be appropriate for GPs to advise young people to attend Synergy and to promote Synergy through posters, leaflets etc. in the surgery. The Youth Advice Shop in Warrington was suggested by some GPs but is not included in the table because, at the time of the survey, they did not wish to encourage the use of the Youth Advice Shop as a resource for young people with substance misuse problems.

Nineteen respondents (21%) reported that they had received enough information or training to be confident in offering appropriate advice, treatment or referral for under 18’s who present with problems related to their drug and/or alcohol taking. However, only eleven of these named any of the young people’s drug and alcohol services available. Twenty-five (28%) said they were not sure whether they had received enough information/training, and 42 (47%) said that they had not received enough information or training. In reply to the open question ‘please describe any further training or information that would be of use to you’, the following ideas were put forward:

- 12 (13%) information on services available and referral options
- 4 (4%) courses or seminars
- 2 (2%) updates on current thinking or study results
- 1(1%) how other clinicians deal with the problem
- 1 (1%) guidelines.

There were three negative responses to the question, including “I don’t want training, I want somebody else to do it”, “I’m not really interested, I feel they should be seen by a specialist” and “I do not see many problems”.

Additional comments made included, “Will refer to whichever agency offers the earliest appointment” and “Need quick access to drugs screening”. One GP commented that many under 18s with drug and alcohol problems do not come to see GPs and one asked “Was this questionnaire designed to create an apparent need?”. One expressed the view that drug and alcohol work needs to start in secondary schools.
Discussion

The majority of GPs reported seeing at least one young person who was experiencing problems due to their drug or alcohol use. This suggests that these problems were fairly widespread and that a proportion of young people experiencing problems visited their GP. The numbers actually presenting in primary care may be higher, as the results of previous research suggested that levels of detection of alcohol misuse in patients aged 16-24 by GPs were less than 50%\textsuperscript{138}. As would be expected, GPs working in deprived areas tended to report seeing more problems than those in more affluent areas.

A special service for young people was provided at four GP practices and a service for people with drug or alcohol misuse problems was provided at a third. Although specialist referral is recommended for young people suspected of having serious drug or alcohol related problems\textsuperscript{63}, practice based services such as these can be utilised successfully in initial assessment/screening.

GPs' knowledge of local service available and expressed confidence in managing young people with substance misuse problems was relatively poor. There was little expressed interest in extra training being made available, although 13\% of respondents (without any prompts) requested more information on local services. Awareness of the services available was significantly higher in Runcorn than in other PCG areas, probably due to the location of two key agencies, HITS and Synergy, within the area, and the success of these services in publicising their services.

6.3 Survey of local A&E and minor injury departments

Halton Minor Injuries Centre

During 1999, 13 young people attended Halton minor injuries centre with a primary diagnosis of alcohol poisoning. Eight were aged 13 or 14 and five were aged 15 or 16. During the same period, no young people attended because of poisoning by controlled drugs.

Whiston Hospital A&E Department

During the six month period January to June 1999, ten young people from the WA7 and WA8 postcode areas (Runcorn and Widnes) attended Whiston Hospital A&E department with a primary diagnosis of alcohol poisoning. Six of these were aged 12-14 and four were aged 15-17. Again, no young people attended because of poisoning with controlled drugs.

Warrington General Hospital A&E Department

During the three month period February to April 2000, four young people attended A&E at Warrington General Hospital with a diagnosis of alcohol poisoning, none with poisoning from controlled drugs. Three were aged 14 and one was aged 16. This may have been a quiet time of year, as it did not include any of the summer months, when alcohol poisoning amongst teenagers is most common (advice of A&E staff).
Discussion

Using the results obtained from the three local A&E and minor injuries departments, it can be estimated that, over the period of one year, 33 young people from Halton and 16 young people from Warrington (possibly a low estimate for Warrington) suffered from alcohol poisoning leading to them attending hospital. As the population of Halton is smaller than that of Warrington, this suggests a higher rate of alcohol poisoning amongst young people in Halton. During the period of the study no young people attended A&E or minor injuries department with poisoning from illicit drugs, suggesting that this is not a common problem in the area.

6.4 Interviews with staff working with young people

Most of the information obtained from the interviews with staff working with young people was used to produce a profile of services provided in the area (section 4). In addition, the following opinions and anecdotal evidence of the situation in North Cheshire were obtained.

Prevalence of problems

- **Under 16s** - Lifeline staff commented that following the secondment of a Lifeline worker to Warrington Social Services department for two days per week, a significant number of previously unidentified young people under the age of 16 were identified as having substance misuse problems. Lifeline staff also reported a recent increase in the number of clients they were seeing with alcohol misuse, especially under 16s.

- **Young homeless people** - A worker at a hostel for young homeless people reported that most of the young people she worked with had used drugs at some time in their lives.

Opinions of the services available

- **Drug Education** - Workers at HITS, Health Promotion and Lifeline all expressed concern about the lack of support currently available for drug education in secondary schools (especially external speakers to work with older pupils), resulting in some schools not having access to support and others paying for input previously provided free of charge. Concern was expressed that schools may be tempted to invite other external speakers into school, who may be less qualified to work with young people around drug and alcohol-related issues, for example, organisations of ex-addicts. A worker at a hostel for young people reported that many of the clients she had worked with misused drugs or alcohol, but did not attend agencies because they did not know where the agencies were. It was the worker’s opinion that workers from the agencies should give talks in schools so that young people would know where to go if they had a problem. Oasis staff commented that since Lifeline closed, they have begun receiving requests for advice and drug education from various organisations, something that they do not currently have the capacity to provide. Teachers have commented that they and the students thought highly of input they had received from Lifeline and HITS. A headmaster at a local secondary school has criticised the withdrawal of much of the support they previously received for drug education.
• **Youth Advice Services** - Youth Justice Workers in Halton expressed concern that there were no youth advice services in Widnes; important as young people living in Widnes tend not to travel to Runcorn unless they need to.

• **Drop-in Services** – A worker at a hostel for young people expressed the opinion that there should be a drop-in service available for young drug users.

• **Accommodation for young people** - Staff from young people’s drug and alcohol agencies and hostels for young people reported difficulty in finding accommodation for homeless young people in Warrington.

• **Adult drug and alcohol services** – Staff at Oasis commented that the local adult drug and alcohol services had long waiting lists and high caseloads, and that staff leaving the adult services to work for the young persons’ services could add to these problems.

• **Services for young people with behavioural or personality problems** – Staff at Oasis commented that there is a gap in services for young people who are diagnosed with a behavioural or personality problem, who do not currently come under the remit of the mental health services or, if they also have a substance misuse problem, of the dual diagnosis nurse at Oasis.

• **Previous situations that have now improved** - Youth Justice Workers in Halton commented that in the past they had been unable to find a service that addressed the needs of young people who had both substance misuse and mental health problems. These young people were either turned down by or had to wait a long time to be accepted by the Child and Adolescent Mental Health Services. With the recent employment of the dual diagnosis nurse at Oasis, this situation has been resolved. A probation officer at Cheshire probation service expressed concern that young people were not always given priority in access to drug services, as the majority of offenders seen by the probation service were older, aged between 20 and 29. The introduction of the Youth Offending Teams may help to improve this situation.

• **Concerns for the future** - Some concern was expressed by Warrington YOT staff that Oasis may not be the appropriate agency to carry out assessments for drug treatment and testing orders, as it catered only for young people with severe dependency or complex needs.

**Training issues**

• **Youth Justice and Social Services** - Social workers at Halton YOT expressed concern that they were not as well trained and informed on young person’s drug issues as they would have liked. They had received only one day’s training each year from HITS, plus a presentation from OASIS and felt that they needed to be kept more up to date, so as not to lose credibility with their clients, for example, by not knowing the street names for drugs. The Young Persons’ Drug Worker from HITS commented that a number of referrals they had received from social services did not really require their intervention. Both Halton Youth Justice and Cheshire Probation...
Services estimated that around 50% of their young clients required more advice on substance use than they could currently provide.

Discussion

Evidence of Lifeline staff suggests that there may be a significant number of unidentified young people under the age of 16 who misuse drugs or alcohol, and that problems amongst this age group, especially with regards to alcohol, may be increasing.

A number of people from different organisations expressed the opinion that there is currently not enough support available for drug education in secondary schools, especially external speakers for older pupils, and that schools are now having to make alternative, less satisfactory, arrangements to those which were previously provided. Other unmet needs identified include the provision of a youth advice service in Widnes, and suitable accommodation for young homeless people in Warrington.

There were two situations of previously unmet need mentioned, that have now been improved upon: the lack of a service for young people with a dual diagnosis and the perceived low priority of young people with substance misuse problems in the probation service. The improvements in these areas are likely to cause an increase in demand for the specialist services. Concern expressed about the suitability of Oasis as a venue for drugs testing orders is not now relevant, as Oasis now accepts referrals of all young people with substance misuse problems.

Concern was expressed by Youth Justice and Social Workers themselves and by the specialist agencies that they referred to that they did not have the necessary knowledge to advise many of their clients about their substance use, making referral necessary. It cannot be assumed that social workers are automatically qualified to advise young people on substance misuse issues; in 1989, social workers received on average only eight hours of training on substance misuse.

6.5 Analysis of agency data

6.5.1 Housing

During the period July 1999 to June 2000, 106 young people presented as homeless to Warrington Borough Council. Of these, 28 were male and 68 female. Approximately half of the females had dependent children or were pregnant and were therefore housed by the local authority. The others (approximately 62 young people) were offered advice and assistance in finding temporary accommodation, usually in a hostel. If 35% of young people living in hostels for the homeless had problems with substance misuse, then approximately 22 young people per year would require services in Warrington. The number would probably be similar in Halton, as the population of young people is of a fairly similar size, making a total of 44. The homelessness officer in Runcorn was aware that there were also many ‘hidden homeless’ young people sleeping on friends’ sofas in Runcorn new town.
6.5.2 Criminal Justice System

In 1997, 342 (172 in Halton and 170 in Warrington) young people under the age of 18 were sentenced in North Cheshire for indictable (serious enough that trial by jury may be an option) offences\textsuperscript{140}, with 41 being given custodial sentences. National figures suggest that the number of 18 and 19 year olds sentenced for indictable offences will be around half of the number of those under the age of 18\textsuperscript{141} and sentenced for indictable offences, with around one third being given a custodial sentence. Using these figures, it can be estimated that 512 young people in North Cheshire were found guilty of indictable crimes in 1997, with 97 being given a custodial sentence. If an estimated 15\% of recently sentenced offenders under the age of 20 in the community had serious problems with drugs and alcohol\textsuperscript{31}, this would amount to 67. If an estimated 37\% of those who received a custodial sentence had similar problems, this would amount to a further 36, a total of 103.

6.5.3 School Counsellor

A counsellor working in a secondary school (up to age 16) serving one of the most deprived areas of North Cheshire reported knowledge of 15 pupils (approximately 2\% of the schools' population) whose parents misused drugs or alcohol, at least three of whom had substance misuse problems of their own. As there are 22 secondary schools in the North Cheshire area, it can be expected that, although the prevalence is likely to be lower in more affluent areas, there will be a significant number of young people in the area who are affected by a parent's substance misuse.

6.5.4 School exclusions due to drug-related incidents

During the period of the study, there were no young people excluded from schools in North Cheshire because of an incident with drugs or alcohol.

6.5.5 Police Data

Drugs offences

The majority of young people who are arrested in possession of illegal drugs in England and Wales are cautioned (87\% of 14-17 year olds caught in possession of class B drugs and 65\% in possession of class A drugs in 1997)\textsuperscript{141}. Cheshire Police confirmed that it was their policy to caution in the majority of cases.

Figure 12 shows the numbers of young people cautioned in North Cheshire for drugs related offences for the years 1997, 1998 and 1999\textsuperscript{142}, and illustrates the trend for increasing numbers of young people to be cautioned for drugs related offences. Most drugs-related offences among this age group are possession of a Class B drug, most often cannabis\textsuperscript{141}. It is not known how many of these were problematic users, but it is known that increasing levels of drug use usually lead to increasing levels of drug-related problems\textsuperscript{143}.
Possession of cannabis was one of the most frequently recorded crimes (after various categories of theft) in Halton during 1997-1998\textsuperscript{2}. Drug related incidents reported to the police tended to be more common in deprived wards than in the more affluent wards\textsuperscript{2}, as illustrated in Figure 13. Nationally, only one in 50 regular cannabis users (all ages) are ever convicted or cautioned\textsuperscript{8}. Young cannabis users, because of their inexperience, may be more likely to get caught in possession. Current policy of Cheshire Police is not to deliberately target young people in possession of small quantities of cannabis.

Figure 12: Numbers of young people in North Cheshire who were cautioned for drugs related offences in 1997, 1998 and 1999.

Figure 13: Number of reported drug incidents, including solvent misuse, and Index of Local Deprivation for electoral wards in Halton between August 1997 and August 1998
Drunkenness

Young people who are caught for drunkenness are most likely to be cautioned. The numbers of young people under the age of 18 cautioned for drunkenness in North Cheshire fluctuated between 87 in 1997, 29 in 1998 and 49 in 1999. Each year, between three and five of these young people were under the age of 14. The decrease between 1997 and 1998 may have been influenced by the introduction of the Confiscation of Alcohol (Young Persons) Act 1997, which gave police powers to remove alcohol from minors causing a nuisance by drinking in a public place.

6.5.6 Lifeline North Cheshire

During the 12-month period October 1998 to September 1999, 112 young people were referred to Lifeline North Cheshire, of which 49 were offered an ongoing service (not including Oasis clients). Approximately three-quarters of all the clients were male, one quarter were from Halton, half from Warrington and a quarter were from outside the North Cheshire area. Around half of those offered an ongoing service were in contact with Youth Justice or Probation services. During the 6-month period May to October 1999, an additional eleven young people, the majority of whom were aged under 16, and their families engaged in Lifeline’s families service.

Due to its closure, there are no activity data available for the last 12 months of Lifeline’s operation, although it is possible to see trends over the period 30 and 12 months before its closure. Over these three consecutive six-month periods, the numbers of young people counselled by Lifeline as Oasis clients fell from 14 to eight to three and the total numbers of young people seen at Lifeline fell from 74 to 65 to 47, due entirely to a fall in the number of ‘one-off’ contacts. These figures could have been due to greater numbers of young people being referred directly to Oasis and visiting other organisations, for example, Synergy, for one-off advice. At the end of each six-month period, between eight and 16 cases were carried over from the previous period. This suggests that, on average, around ten to fifteen young people were in service at any one time.

The most frequent main drug of use by young people attending Lifeline was cannabis (41%), followed by alcohol (18%), heroin (12%), amphetamines (6%), cocaine (4%), ecstasy (4%) and solvents (4%). Over the period April 1998 to September 1999, the percentage of young people referred whose main drug of use was alcohol increased from 6% during April-September 1998 to 23% during April-September 1999.

The greatest proportion of referrals came from parents (48%), with the other referrals coming from a wide range of sources. Only 8% were self-referred.

6.5.7 HITS Young Persons’ Drug Project

During the 12-month period April 1998 to March 1999, HITS Young People’s Drug Project had 16 clients (11 males and five females) engage in the service, all from Halton. Most (15) were referred by Halton Social Services; one was referred by their school. Seven clients were aged 15, eight were aged 16 and one was aged 17. All misused illicit drugs and had a variety of associated problems including offending, poor behaviour in schools and homelessness. Around half were in contact with youth justice or probation services. It is not known how many additional young people attended HITS for assessment or brief advice.
During its first year of operation (1997-98) Oasis received referrals for 59 clients, of whom 28 engaged in the service. At the end of this period, 12 clients had completed their care plan and 16 were still in service. By April 2000, two and a half years after the service opened, 131 clients (or 69 per year for the last 18 months of their operation) had engaged in Oasis services (51 females, 81 males). The figures indicate that the prevalence of substance misuse problems in young people has increased since 1997, more young people are being identified and referred, or a combination of both. All clients were aged between 13 and 18 on referral, with numbers skewed towards the higher age groups. Figure 14 shows the age/sex profile of Oasis clients in the first 40 months of its operation. Staff estimated that around 80% of their clients had at some time been in trouble with the police. There are no statistics available on the number of clients referred from different sources, but a range of referral sources are listed, including YOTS, social services, probation, mental health services and hostels for young people, particularly the YMCA, which referred a large proportion of clients.

Of seven young problem/dependent drug users referred to and eligible for Oasis by Halton Custody Intervention Scheme during the period September 1997 to August 1998, only one attended the service. This illustrates the likely extent of unmet need amongst young people, as many who are experiencing problems with drugs or alcohol are unwilling or unable to present themselves to agencies.
6.5.9 Syringe Exchanges

Over the period June 1999 to June 2000, the syringe exchange schemes in Widnes and Warrington did not report any clients under the age of 18. Widnes syringe exchange scheme reported 14 clients under the age of 20 (seven used steroids, five used heroin, one used methadone and one used amphetamine) and Warrington syringe exchange scheme reported six clients under the age of 20 (four used heroin and two used steroids).

Discussion

Activity data from Lifeline and HITS suggests that during 1998-1999, approximately 65 young people attended young people’s drug agencies in North Cheshire for counselling and support alone, slightly more in Halton than in Warrington. During the same time period, around 69 attended Oasis for the management of more complex needs, giving an estimated total of 134. Trends in the numbers attending Oasis since it opened suggest that demand for services is increasing. Police data concerning the numbers of young people cautioned for drugs offences also suggest that the level of drug use, and therefore the potential demand for services, is increasing.

Estimates using the numbers of young offenders suggest that around 103 young offenders experienced significant substance misuse problems during 1997. Currently, between 50-80% of young people attending drug agencies had been in contact with Youth Justice Services. In addition, an estimated 44 young people per year living in hostels in North Cheshire had significant substance misuse problems (some of these may also have been young offenders). Data collected by a counsellor in a secondary school indicate that there were significant numbers of young people experiencing substance misuse problems associated with the substance misuse of a parent. An even greater number of young people experienced other difficulties due to a parent’s substance misuse.

6.6 Survey of drug and alcohol education provision in schools

Response rate

Table 11 shows the response rate for different types of school within the Halton and Warrington LEA areas. There was a higher response rate from schools in Halton than from schools in Warrington. Responses from infant and junior schools were not amalgamated with those from primary schools because there were more responses from infant schools than junior schools, which could have skewed the results. See Box A for definitions of different types of school.

Box A

<table>
<thead>
<tr>
<th>Infant</th>
<th>Key Stage 1 (ages 4-7) only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior</td>
<td>Key Stage 2 (ages 7-11) only</td>
</tr>
<tr>
<td>Primary</td>
<td>Key Stages 1 and 2 (ages 4-11)</td>
</tr>
<tr>
<td>Secondary</td>
<td>Key Stages 3 and 4 (ages11-16)</td>
</tr>
<tr>
<td>Special</td>
<td>Pupils with special educational needs</td>
</tr>
</tbody>
</table>
Table 11: Response rates for different types of schools within the Halton and Warrington LEA areas

<table>
<thead>
<tr>
<th></th>
<th>Infant</th>
<th>Junior</th>
<th>Primary</th>
<th>Secondary</th>
<th>Special</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton</td>
<td>3 (50%)</td>
<td>0 *</td>
<td>21 (49%)</td>
<td>7 (78%)</td>
<td>0</td>
</tr>
<tr>
<td>Warrington</td>
<td>3 (60%)</td>
<td>3 (60%)</td>
<td>25 (38%)</td>
<td>5 (38%)</td>
<td>1 (50%)</td>
</tr>
<tr>
<td>Total</td>
<td>6 (55%)</td>
<td>3 (27%)</td>
<td>46 (42%)</td>
<td>12 (55%)</td>
<td>1 (25%)</td>
</tr>
</tbody>
</table>

*of the 6 sent out

Questionnaire responses from primary schools were used to compare schools in the Halton and Warrington LEA areas. Responses from secondary schools were not used in the same way, as the numbers were too small.

Drug and Alcohol Policies

Table 12 shows the percentage of primary and secondary schools that reported having drug incident and drug education policies. Primary schools were less likely than secondary schools to report having policies, particularly for drug incidents. Previous research has indicated that most school drug incident and drug education policies refer also to alcohol.

Table 12: Percentage of primary and secondary schools in North Cheshire that reported having drug incident and drug education policies

<table>
<thead>
<tr>
<th></th>
<th>Secondary Schools</th>
<th>Primary Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Halton</td>
<td>Warrington</td>
</tr>
<tr>
<td>Drug incident policy</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>Drug education policy</td>
<td>93%</td>
<td>67%</td>
</tr>
</tbody>
</table>

Involvement of parents

Sixty-six percent of secondary schools and 54% of primary schools (71% in Halton and 40% in Warrington primary schools) reported involving parents in their drug or alcohol education programme. Table 13 lists the different ways that schools reported involving parents. Three schools which held drugs awareness meetings for parents commented on the low attendance at these meetings. At one school, nobody had attended the last meeting. Other schools had combined communication with parents about drug education with other aspects of PSHE, as parents had not liked meetings about drug education alone.

Table 13: Ways in which schools in North Cheshire reported involving parents in their drug/alcohol education programmes

<table>
<thead>
<tr>
<th></th>
<th>Number and % of schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary</td>
</tr>
<tr>
<td>Held drugs awareness meetings for parents</td>
<td>5 (42%)</td>
</tr>
<tr>
<td>Held meetings for parents to discuss drug education curriculum or view materials</td>
<td>1 (8%)</td>
</tr>
<tr>
<td>Provided updates on schools PHSE provision</td>
<td>2 (17%)</td>
</tr>
<tr>
<td>Held drugs information meeting for the PTA</td>
<td>1 (8%)</td>
</tr>
<tr>
<td>Provided literature for parents</td>
<td>1 (8%)</td>
</tr>
<tr>
<td>Through home based topic work</td>
<td></td>
</tr>
</tbody>
</table>
Objectives of drug and alcohol education

Respondents were provided with a list of three (four for drug education in primary schools, where a child safety option was also included) possible objectives of drug and alcohol education and were asked to rank them in order of how important they thought that objective was for their school. They were also given space to state a different aim and rank that aim. The ranks given were scored as follows:

4 = most important
3 = second most important
2 = third most important
1 = least important
0 = not important at all/no response

Figure 15 shows the results obtained when primary schools were asked to rank objectives of drug education in order of importance in their school. Primary schools considered child safety to be the most important aim of drug education. This was followed by the prevention of recreational drug use and equipping pupils to make informed choices. Safer use of recreational drugs was considered least important, with over 50% of primary schools not considering it important at all.

![Range of rank scores]

**Key:**

- **Child safety** – child safety e.g. with medicines, needles found lying around, etc.
- **Informed choices** - equipping pupils to make more informed choices about drugs
- **Prevention** – preventing pupils from starting to use recreational drugs
- **Safer Use** – encouraging those who use/ will use recreational drugs to use more safely

**Figure 15: Ranking by Head Teachers of primary schools of different objectives of drug education according to perceived level of importance**

A box and whisker plot as above illustrates a range of values. The thick middle line illustrates the median (middle value), the coloured box illustrates the inter-quartile range (the middle 50% of the records, 25% each side of the median), and the whiskers represent 90% of the values. The wider the box, the greater the level of disagreement between respondents. Separate symbols represent outliers or extreme values.

A similar analysis was undertaken on the aims of alcohol education, using the following options: reducing or delaying alcohol use; encouraging safer use and reducing undesirable behaviour associated with alcohol use. Primary schools rated reducing or delaying alcohol use as the most important objective. Encouraging safer use and
reducing undesirable behaviour were each seen as having no importance at all by over 25% of primary schools. One primary school stated that ‘equipping pupils to make informed choices about alcohol’ was the most important objective of alcohol education. In retrospect, it would have been valuable to include ‘equipping pupils to make informed choices’ as an option.

Figure 16 shows the results obtained when secondary schools were asked to rank the objectives of drug education in order of importance in their school. Secondary schools tended to rate equipping pupils to make informed choices as the top priority (there was a high level of agreement between schools on this), followed by prevention of drug use, followed by encouraging safer use. One school also described the objective of providing information in case of other family members who use drugs.

A similar analysis on the objectives of alcohol education showed that secondary schools rated reducing alcohol use, encouraging safer use of alcohol and preventing undesirable behaviour associated with alcohol use as of roughly equal importance. Three secondary schools described other objectives of alcohol education, including social acceptance and moderation, information in relation to other family members and equipping pupils to make informed choices.

Figure 17 shows the results obtained when primary schools were asked to rank approaches to drug education in order of importance in their school. Primary schools tended to agree that providing information was the most important approach to drug education. This was followed by developing decision making/refusal skills, and then by developing/debating social values. Similar results were obtained when the same options were available for alcohol education, although with higher levels of disagreement between schools. Primary schools in Halton expressed a greater relative importance to the development of decision making/refusal skills than primary schools in Warrington.
Halton primary schools ranked developing skills equally with providing information, whereas Warrington primary schools ranked providing information as top, followed by developing skills. Over 25% of Warrington primary schools did not rank development of skills as being important at all, whereas no Halton primary schools ranked skills as not important at all.

Figure 17: Ranking by Head Teachers of primary schools of different approaches to drug education according to perceived level of importance

Figure 18 shows the results obtained when secondary schools were asked to rank approaches to drug education in order of importance in their school. Secondary schools ranked developing decision making/refusal skills as the most important approach to drug education, followed by providing information and then by developing social values. No school rated any of the three approaches as not important at all. There was an almost identical pattern in secondary schools’ approach to alcohol education, with the only exception being that developing/debating social values was rated as more important for alcohol education than for drug education by some schools.
Table 14 shows the percentage of schools responding to the survey that taught drug and alcohol education within four main curriculum areas. In some primary schools, drug and alcohol education were also taught within citizenship, safety in the home and ‘circle time’. In some secondary schools, drug and alcohol education were also taught within tutor period, specific drug education weeks, English, drama and physical education.

Table 14: Percentage of primary and secondary schools responding to the survey that taught drug and alcohol education within four main curriculum areas

<table>
<thead>
<tr>
<th>Percentage of schools</th>
<th>Drug education</th>
<th>Alcohol education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td>PSE/PHSE</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Science</td>
<td>70%</td>
<td>58%</td>
</tr>
<tr>
<td>Religious education</td>
<td>24%</td>
<td>25%</td>
</tr>
<tr>
<td>Cross curricular lessons</td>
<td>24%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The majority of primary schools taught drug and alcohol education within one or two curriculum areas. Secondary schools taught drug education over a range of between one and four subject areas. Alcohol education tended to be taught within fewer subjects, with one subject being the most frequent.

Seventy-seven percent of primary and 66% of secondary schools combined drug and alcohol education together. Primary and secondary schools in some cases also combined drug/alcohol education with sex education, health education or smoking topics. Some primary schools combined drug/alcohol education with all parts of PHSE, handling medicines, safety, the human body, ‘looking after ourselves and our world’, responsibility and choice or citizenship.

Figure 19 shows that the percentage of primary schools teaching drug education increased with each year, so that the majority taught both drug and alcohol education in year six. As drug education (regarding medicines) is compulsory at Key Stage 1, it is likely that far more schools taught drug education in years one and two than have stated so on the questionnaire. Of the six infant-only schools surveyed, four said that they taught drug education in at least two year-groups; one school taught alcohol education in year two.

In years five and six drug education should begin to focus on the information, skills and social values children need to prevent them from harming themselves by substance use76. Primary schools in Halton taught drugs education for a mean total of 5.6 hours in years five and six combined, compared with a mean of 3.6 in Warrington. However, the median total number of hours spent on drug education in years five and six in both Halton and Warrington was three, suggesting that a minority of schools in both LEA areas, but in Halton in particular, spend a relatively large amount of time on drug education.
Figure 19: Percentage of primary schools teaching drug and alcohol education to each school year group.

Figure 20 shows that secondary schools were most likely to teach drug education in years eight and ten, and most likely to teach alcohol education in year eight. Schools were least likely to teach drug and education in year eleven, perhaps because of concentration on GCSE work. The majority of secondary schools (81%) taught drug education within three to five school year groups. Alcohol education was more variable, and was just as likely to be taught in one, two, three, four or five year groups. Where drug or alcohol education was taught to a particular year group, the number of hours spent tended to increase slightly up to year ten and then decrease in year eleven.
Use of external speakers

Sixty-seven percent of secondary schools and 57% of primary schools (67% in Halton and 48% in Warrington) had used external speakers to talk to their pupils about drug or alcohol use. Primary schools were most likely to use the School Health Advisors (30%), followed by the Life Education Trust (9%), Health Promotion (7%), and, in Halton, HITS and the LEA's project worker for drugs education. One school each had a visitor from Cheshire Police, a School Medical Officer and a healthy living agency. Secondary schools were equally likely to use the School Health Advisors (2, 17%), HITS (2, 17%), Lifeline (2, 17%) or the police (2, 17%). A Health Visitor, a Magistrate and an organisation called ‘Youth for Christ’, run by ex-offenders each visited one school. Cheshire Police no longer talk about drugs to school pupils at primary or secondary schools.

Staff training received

All secondary schools and 59% of primary schools (81% of Halton and 44% of Warrington primary schools) said that they had received training or advice on drug/alcohol education from an external agency. Sixty-six percent of secondary schools and 50% of primary schools said that all the staff had received training. Table 15 lists the organisations from which schools reported receiving training or advice. Some schools did not specify the provider of the training. Primary schools were most likely to receive advice from the LEA or School Health Advisors, whereas secondary schools were most likely to receive advice from the specialist voluntary agencies such as HITS and Lifeline. All respondents who expressed an opinion said that the training had been useful.

Table 15: Organisations from which primary and secondary schools responding to the survey in North Cheshire received training or advice in drug/alcohol education

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number and % of schools that reported receiving training or advice from this organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEA</td>
<td>7 (15%)</td>
</tr>
<tr>
<td>School health advisor</td>
<td>5 (11%)</td>
</tr>
<tr>
<td>Project worker</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Police</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>INSIGHT initiative (Health Promotion)</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>TACADE</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Healthy schools initiative</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Life education unit</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>HITS</td>
<td>2 (16%)</td>
</tr>
<tr>
<td>Lifeline</td>
<td>2 (16%)</td>
</tr>
</tbody>
</table>

Resources available

Thirty-three (72%) primary schools and six (50%) secondary schools said that they had sufficient resources to teach drug education. Some schools suggested additional resources that were needed, including more training for teachers; more input from
outside speakers; up to date information; leaflets for pupils to take home; interesting videos for pupils and funding for theatre workshops (suggested by a special school).

Thirty-six (78%) primary schools and nine (75%) secondary schools said that they were able to access additional resources, which they obtained from a wide variety of sources, including the internet. By far the most popular source of extra resources was Health Promotion, accessed either directly or through the School Health Advisors by 44% of primary schools and 42% of secondary schools. Twenty-five (54%) primary schools and ten (83%) secondary schools said that they were able to access ongoing support and advice regarding drug and alcohol education. Primary schools tended to rely on the LEA, whereas secondary schools preferred to use other agencies such as HITS, Lifeline, Health Promotion, the police, alcohol services and Healthwise.*

Additional comments

Respondents were invited to make any relevant comments. From primary schools, many of these comments related to lack of time or funding for drug education work. For example:

- ‘Little time for drug education co-ordination’
- ‘Due to poor funding unlikely to release staff to attend course’
- ‘Problems seem to be growing’
- ‘Curriculum overload prevents drug education being tackled more effectively’

Two comments were received from secondary schools; these were more specific:

- ‘Advice needs to be made available should an incident attract attention from the press’
- ‘Many staff are concerned that they are not well informed enough to lead lessons successfully, that pupils are better informed than they are’

Discussion

The results indicated a great diversity in the teaching of drug and alcohol education in schools. This was apparent particularly in the amount of time devoted to drug education; the way it was integrated into the curriculum; the outside speakers used and the way parents were involved.

Most primary schools taught drug/alcohol education to pupils in years five and/or six, and the majority of secondary schools taught drug education in at least three different year groups. Thus young people who attend school are likely to receive drug and alcohol education starting at the age of about ten and continuing throughout their secondary schooling, as recommended in the literature.83-89

The majority of schools reported that they had sufficient resources for the teaching of drug education or were able to access additional resources. By far the most often used sources of additional teaching materials were the resource centres of Health Promotion.

* Healthwise are no longer commissioned to provide advice to schools in North Cheshire
All secondary schools had received training or advice from an external agency, and secondary schools attached a great deal of to the development of decision making and refusal skills in their pupils. Primary schools, especially those within the Warrington LEA area, appeared to be doing less well than secondary schools. These differences are summarised in Table 16.

Table 16: Some indicators of good practice and support available to secondary schools in North Cheshire and primary schools in Halton and Warrington

<table>
<thead>
<tr>
<th></th>
<th>Secondary Schools (North Cheshire)</th>
<th>Primary Schools (Halton)</th>
<th>Primary Schools (Warrington)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with drug education policy</td>
<td>93%</td>
<td>67%</td>
<td>60%</td>
</tr>
<tr>
<td>% with drug incident policy</td>
<td>100%</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>% received training or advice from an external agency</td>
<td>100%</td>
<td>81%</td>
<td>44%</td>
</tr>
<tr>
<td>% involved parents in their drug/alcohol education programme</td>
<td>66%</td>
<td>71%</td>
<td>40%</td>
</tr>
<tr>
<td>% used outside speakers to complement their programme</td>
<td>67%</td>
<td>67%</td>
<td>48%</td>
</tr>
<tr>
<td>% able to access ongoing support and advice</td>
<td>83%</td>
<td>57%</td>
<td>52%</td>
</tr>
</tbody>
</table>

The fact that these differences are observed consistently across a variety of indicators suggests that the difference is likely to be genuine and not just due to chance. In addition, many primary schools in Warrington (but not in Halton) did not rank highly the importance in drug education of developing pupils’ decision making and refusal skills, with at least a quarter of Warrington primary schools not ranking this approach as having any importance at all.

Another finding for consideration is that a significant number of schools have used Lifeline, HITS or Health Promotion to support drugs education in their school in some way. These services are no longer available (with the exception of the Health Promotion resource centres). The comments made by some respondents point towards the continuing need for support to schools.

6.8 Interviews with young persons’ service users

Five young service users were interviewed, one from HITS and four from Oasis. Problems encountered, which prevented the interview of more young service users, included:

- A long wait for ethical approval from the two ethics committees, which was not finally obtained until December 1999, delaying the start of interviews
- The winding down and closure of Lifeline, which meant that they did not have any young people available for interview
- The chaotic lifestyle and sporadic attendance of some young people using the Oasis service, which made it difficult to arrange and keep appointments for interview
Staff leave within HITS and Oasis meant that staff were often too busy to assist in the recruitment of subjects for the project. The additional work caused to the Oasis service by the closure of Lifeline contributed further to this problem.

Despite the small numbers interviewed, some consistent themes emerged, and are presented below.

Motivation for seeking help

Two of the young people interviewed, both aged 19, had sought help for themselves. Both had been experiencing problems for some time before seeking help and had reached a point where they no longer wished to carry on as they had been. This is illustrated by the following quotations.

’…….All the heartache I was giving my family and, you know, what I had to do to get the drugs and what I was putting people through and I was sick of the same old lifestyle: getting up, going out pinching and everything. I just hated it and I had to do something about it’

19 year old female Oasis client (1)

’I'd had enough’

19 year old female Oasis client (2)

The remaining three interviewees had been referred by their Probation Officer, Youth Worker or family, and had been ambivalent at first about attending, described in the following quotations:

’I didn't care really, I just wanted to stay on heroin or whatever and not do anything about it’……. ‘In the end I think I just came to have a look to see what it was like so I came to the appointment that they (the family) made for me’

19 year old male Oasis client

’Well I didn't even want to come off drugs. Well I did, but I wasn't really enthusiastic about it, I wasn't bothered. I'm happy about it now……. One of the reasons I wanted to stay on drugs is because you lose loads of weight. Now I'm off drugs and living at home eating all my meals I've gone fat.’

17 year old female Oasis client

Interviewees who had been reluctant to attend services had held some inaccurate and negative perceptions of what the services, as illustrated by the following quotations:

’…. I just thought it would be like a little office with somebody there talking to you’

19 year old male Oasis client

’Thought I'd walk in and see about 20 smack heads all sat there, that's why I didn't want to go because I thought that, I'm not like them, I'm not one of them.’

17 year old female Oasis client
Opinions about the services

All the young people interviewed said that the services had been convenient to attend, with appointments made to suit them, central locations of the services and, in some cases, transport provided to appointments or home visits made. One young man commented on the difference in waiting times between Oasis and the adult services:

‘………..like the waiting at CDT is a long time. That why I came through Oasis because I left Oasis, I went through detox, got off it, got back onto drugs again, but there was a year waiting list to get to CDT so I come through Oasis, I just got in cos its 11-19 year olds’

19 year old male Oasis client

The physical environment, atmosphere and staff of the services were also praised, particularly by those who had had negative perceptions of what it would be like. This can be illustrated by the following quotations:

‘A pleasant environment, everyone’s relaxed’………‘You know it’s a nice atmosphere compared with CDT, you know, the painted walls, offering coffee, comfy chairs, somebody to talk to it is, its really good’

19 year old male Oasis client

‘When I first went in there was this other girl who was about 18 or about may age, we were like in the same boat and everything and I started talking to her and it was good, she was dead sound and they were all dead sound in there.’

17 year old female Oasis client

The following example illustrates the satisfaction with the treatment and support offered by the services, expressed in some way by all those interviewed.

‘My friend had the leaflet with agencies numbers and stuff and I just phoned up and I got an appointment the day after, so then I got a prescription sorted out after six days. It was quick, it was brilliant………………I’ve got (youth worker) who comes to see me once a week and I can talk to him about anything. I once didn’t pick up my prescription and I was really ill so I phoned (youth worker) who phoned me back and gave me some advice and everything. And now I’m staying in the YMCA hostel like in the foyer they’ve got a job search where they can help you find jobs…………I get loads of support, nearly every day I see somebody. (Youth Worker) is brilliant though, he really is, I’ve only seen him about three or four times now but he got me in the YMCA when I ended up homeless. I didn’t have to sleep on the streets once, he came straight over to my dad’s, got me in the YMCA and spent the rest of the day running me round trying to sort everything out, like I say, he’s brilliant, he really is……….’

19 year old female Oasis client

Outcomes of the services

Interviewees expressed their satisfaction with the outcomes of the service, with two going as far as to say that it had changed their life, illustrated by the following quotations.

‘Basically its changed my life really, I mean what I do with the day………………In respect of what I used to do, I mean I used to go out every day to get money together to go and
score, you know my life was filled every day, seven days a week but now I’ve done things like time management and coping strategies, different things basically, so now everything is different, my lifestyle is’

19 year old male Oasis client

(Has coming to HITS changed anything else for you?) ‘Yes, my life, they make me feel wanted and all that you know. They make me feel like a human being.’

17 year old male HITS client

More specific outcomes described by young people included the following:

‘…..since I’ve been coming I’ve noticed a change in me………even people have said to me that I’ve changed…………I’m not drinking as much now, I only drink if I’m going out clubbing and that’s not very often…………I’ve got this thing I’ve kept in for three years to myself and since I’ve been coming here I’ve told my mum about it so it helped me to tell people about what happened instead of keeping it in all the time’

19 year old female Oasis client

‘…when I first come I thought I would miss using drugs and stuff, but the way they make you think they make you feel good about yourself and you think you can do it and I just don’t miss them at all………………I’ve used three times in a month since, no other whatsoever, which is good like because I was using every day without fail so about three times in six weeks I should say so I think I’ve done well, really well’

19 year old female client

‘I’m not using drugs at all now’

17 year old female Oasis client

‘………I’m not taking any drugs, well, I mean I do smoke weed but compared to what I was doing that is, you know, angelic…………it definitely has changed my outlook, its took me a long time, like a couple of years, but you know, it worth it in the end’

19 year old male Oasis client

Complexity of the problems managed by services

The young people interviewed described a variety of complex problems that they had experienced.

‘…… I was coming off drugs, I was on a script through Oasis through CDT then I found out that I was HIV through drugs so I went straight back on it again, then I came off again and found out I was hepatitis C, so I went straight back on it again……..’

19 year old male Oasis client

‘My stepdad was an alcoholic……..It was horrible, I mean, he didn’t know what day of the week it was………… I’ve had a rough upbringing that’s why I smoke drugs to ignore it, but after drugs, you’ve had your buzz and all that and the problem’s still there, so there’s no getting away from the problems’

17 year old male HITS client
it was alcohol. I was taking it every day to get rid of memories that I had.’

19 year old female Oasis client

‘……I was doing between three and four £10 bags of heroin and two or three £10 rocks of cocaine every day……I stopped going to school at the age of fourteen and never went back……I didn’t care about anyone or anything except drugs, drugs always came first before people so I couldn’t be bothered, you know, to go to school or anything……I’ve had a couple of jobs but none lasted for more than a week…….I’ve been in trouble with the police I’ve got a criminal record as long as your arm and you know its all because of drugs’

19 year female Oasis client

Other young people who misused drugs

All three of the young people interviewed who had misused heroin knew of other young people who also misused heroin, but who did not attend services. When asked why they thought these young people did not come forward, two interviewees expressed the opinions that they were not ready or perhaps did not even realise that they had a problem, illustrated by the following quotations:

‘……I told them to come here but they won’t’ (What do they say?) ‘Drugs is too good, they don’t want to get off it, they will get off it when they are ready. They are not ready to get off it, they’ve not got a problem, they are okay, they know how far to go, they won’t get addicted and stuff. But let me say I have done it. I’d say oh I know how far I can go, I wont get a habit me……but its one of those things it doesn’t happen gradually……one morning you’ll wake up and you’ll be fine and the next morning you’ll wake up and you’ve got a habit. ……It took me about three months before I had a habit but I don’t know if it did happen gradually because I was using it every day so it was never giving me chance to realise that I had a habit. Just one day I had no money and then I realised. I don’t know whether it happened overnight or it happened within a week. I don’t know how long it took or anything, its mad.’

19 year old female Oasis client

‘……I have talked about it to people, but people who you think, like, it would do them some good but you know when you talk to them its if they want help really you know what I mean. I could say until I’m blue in the face, you know, the advantages of it, but its up to them at the ends of the day if they want to come you know, there is people out there it could work for……if young people want to come off drugs, places like this are good, erm , you know they do help but its if you want help. If you don’t want help its no good, because the last time I came here I lied to myself that I wanted help but I didn’t you know there was no point in me coming here because I wasn’t ready…….’

19 year old male Oasis client

One interviewee also commented on the negative opinions of services expressed by other young people who misused drugs:

‘… nobody from the YM (YMCA) will come down. They all say ‘Don’t go there, don’t go there’. They say it doesn’t work and all that and will go on one at you…………’

17 year old female Oasis client
Other themes emerging

Three of the interviewees made references to the importance of employment in coming off or staying off drugs:

‘……. I've got a bit of a cannabis problem and I would really like get off it but... you see I've got no job either so……I mean I go out looking for work and all that but nobody's giving me the time of day because I've got a criminal record......just need a job or like support from my mates and family.......All I want is a job really, just to get my life sorted out.’

17 year old male Oasis client

‘I was off drugs from November through January then when I got laid off from that I got back into the drugs.’

19 year old female Oasis client

‘……….I've saved loads of money and got these new trainers and £200 jacket and I've saved £100 and I've only been back working for three weeks.’

17 year old female Oasis client

Suggestions for further services

Although none of the young people interviewed said that the services they were attending should be changed in any way, three of the interviewees had suggestions for improvements or additions to the service provision on the whole. One suggestion was the opening of a drop-in centre for young drug users.

‘……Like a drop in centre maybe. Somewhere for people to go and you know just drop in now and again especially for drugs and alcohol substance abuse. If there was a drop in centre in Runcorn or even, you know, it was just a house made into a drop in centre where they could go maybe twice a week or something like that I think that would help more........ It would have a counsellor in, well not a counsellor as such, but like a CPN like X and Y, you could have a counsellor there who you could talk to if you wanted to about any problems that were confidential, and just like a friendly atmosphere really, a friendly face there, things like that........things like a drop in centre would be really good because you would have lots of literature there and like different leaflets and like somebody there who could not like hammer it into you that drugs are bad but, they are like, but that would just drive you away at the end of the day, but somebody to listen to you , that's all they want really, somebody to listen. But young people I think as well because you know they are still young, still kids and like they just want somebody to listen to them.’

19 year old male Oasis client

Another suggestion was that more support services should be available to the families:

‘……for the young people's families, an Oasis for the families because they go through just as much as the drug users themselves, but for the young person everything is brilliant but for the families there should be something for them.’

19 year old female Oasis client
A third young person suggested that counsellors, able to counsel young people with drug and alcohol related problems, should be available at GP surgeries.

Discussion

The young people interviewed expressed a high degree of satisfaction with the services, including the convenience of attending; the physical environment and relaxed atmosphere; the support offered by the services and the effect that attending services had had on their substance misuse and life in general. The young people interviewed had experienced a range of sometimes severe and complex problems, which the services had been able to help them to cope with or overcome.

The service needs that became apparent were for:

- a drop-in centre or more outreach work with young drug users who may not yet be ready to stop using drugs,
- more support to be made available for the families of young drug users
- the opportunity for young people to see a counsellor at their own GPs' surgery.

The need for young people to have employment was even more apparent, being mentioned by three out of five interviewees.
7. Summary of Findings

7.1 Needs Assessment

7.1.1 Recreational Drug Use

Of the 535 young people surveyed, 41% reported ever trying recreational drugs. Actual rates of drug trying amongst young people living in North Cheshire may have been higher, as young people who left full-time education at the end of their compulsory schooling were under-represented in the sample\textsuperscript{52}. The most commonly tried drug was cannabis (38%) followed by amphetamine (8%), ecstasy (5%) and cocaine (4%). Drug use within the past month was reported by 17% of the sample, suggesting that around 13% were regular users\textsuperscript{51}. Young people who attended educational establishments in relatively deprived areas, measured by the ILD of the ward where they were based, were significantly more likely to report taking drugs within the past month. The majority of those reporting drug use within the past month reported only cannabis, although 3% reported ecstasy, 2% reported amphetamine and 2% reported cocaine.

7.1.2 Problematic and potentially problematic drug use

Recent use of either of the most potentially problematic recreational drugs, heroin or crack cocaine, reported by very few young people in the sample (0.4%, n=2): this may have been partly because regular heroin and crack cocaine users tend not to attend school or college\textsuperscript{63}, and would therefore not feature in the survey. Past month use of cocaine, which can also lead to (psychological) dependence, was reported by 2% of the sample, suggesting that 1.5% of the sample were regular users\textsuperscript{51}. Recent heroin, crack or cocaine users were most likely to live in deprived areas, and, where they were over compulsory school age, to be outside ‘A’ level education. If 1.5% of all young people between the ages of 14 and 19 in North Cheshire were regular cocaine users, this would amount to approximately 300 throughout the area. Some of the estimated 11% of young people who were regular users of other drugs only (mainly cannabis) may also have been using heavily enough to cause potential problems for themselves.

The majority (64%) of 89 GPs surveyed reported identifying at least one young person in the previous year who was experiencing problems related to their drug use: the majority of these reported seeing only one or two, although 7% reporting seeing over ten. GPs serving deprived areas reported identifying more young people with drug-related problems than those serving more affluent areas. If each GP in North Cheshire saw one or two young people with drug misuse problems each year, that would amount to a total between 161 and 322. Youth Justice Workers and Probation Officers estimated that 50% of their young clients had a substance misuse problem, which would amount to 217 each year.

Harm-minimisation and treatment agencies in North Cheshire have recently provided ongoing counselling or treatment for drug misuse to approximately 107 young people per year. The numbers engaging in services has increased each year, probably partly due to an increasing awareness of the services available amongst those who work with young people. Young people who attended services and workers at hostels for the homeless reported knowing of many additional young people who had substance misuse problems but did not attend services. This did not necessarily correspond to an unmet need for immediate treatment; young services users interviewed stated the importance
of being ‘ready’ and really wanting to stop using drugs before they engaged in treatment programmes. It may, instead, indicate a need for further outreach or general welfare services, for example a drop-in centre, for young people who misuse drugs or alcohol.

The steady increase between 1997 and 1999 in the number of young people aged 10-16 cautioned by the police for drugs related offences in North Cheshire suggests that the level of drug use amongst young people is increasing. This suggestion was supported by the findings of national surveys, which have reported steadily increasing levels of drug use amongst young people, now reaching a plateau. Drug use among young people in North Cheshire does not yet appear to be reaching a plateau, perhaps because the rate of drug use is currently lower than that found among young people in some surrounding areas, for example Liverpool and Manchester.

7.1.3 Recreational Alcohol Use

Seventy-one percent of respondents to the survey of young people reported that they regularly drank enough alcohol to feel drunk, 41% every week or more often and 30% less than once per week but at least every month. Older respondents and respondents based in Halton were significantly more likely to report drinking enough to feel drunk at least once per week.

7.1.4 Problematic and potentially problematic alcohol use

Three percent of the survey sample (n=15) reported drinking enough to feel drunk almost every day: none of these also reported past month use of cocaine, heroin or crack. The majority of those who reported drinking almost daily lived in a ward with a high ILD and were not engaged in ‘A’ level education. If 3% of all young people aged 14 to 19 in North Cheshire drank enough alcohol to feel drunk almost every day, this would amount to a total of around 600 throughout the area. It is known that some young people under the age of 14 also experience problems with alcohol use: Lifeline staff reported seeing clients as young as 11 who were misusing alcohol.

Harm-minimisation and treatment agencies in North Cheshire have recently provided ongoing counselling or treatment for drug misuse to approximately 27 young people per year, with the numbers engaging in services increasing each year. In one local secondary school, the school counsellor identified three young people as having an alcohol misuse problem. Lifeline staff reported seeing increasing numbers of young people under the age of 16 who were misusing alcohol.

7.1.5 Negative effects, peer pressure and worry about drugs and alcohol

Overall reported negative effects of drug use were low, for example 6% of young people surveyed reported ever missing work, school or homework because they had taken drugs and 2% reported ever being stopped by the police because of drugs they had taken or had with them. Over the duration of the project, there were no reported incidents of young people attending A&E due to accidental poisoning with recreational drugs. By comparison, overall reported negative effects of alcohol use were high, for example, 34% of young people surveyed reported ever missing work, school or homework because they were drunk or hungover; 22% reported ever being stopped by the police because they were drunk or drinking and 62% reported ever doing something they regretted because they had been drinking. Within a 12-month period, an estimated
49 young people attended local A&E and minor injuries departments due to alcohol poisoning; significantly more from Halton (33) than from Warrington (16). Levels of reported negative effects associated with weekly drinking were similar to those associated with drug use in the past week, with the significant exception that alcohol was significantly more associated with doing something later regretted (78% compared with 16%, p=0.000).

Nineteen percent of all young people surveyed said they had ever drunk an alcoholic drink when they didn’t really want to, rising to 23% of those who reported drinking enough to feel drunk every week or more often. Five percent of young people reported having ever taken a drug when they did not really want to; or 13% of those who reported ever taking a drug or taking drug within the past month. Twenty-four percent of those who had ever used heroin, cocaine or crack reported that they had ever taken a drug when they didn’t really want to.

Twenty-two percent of all young people surveyed reported ever worrying that they might be drinking more than is good for them, rising to 32% of those who drank every week or more often. Thirty-one percent of young people who reported ever taking drugs or taking drugs within the past month reported that they had ever worried that they might be using drugs that were not good for them.

Eighty percent of young people who reported drinking every day reported ever missing work, school or homework or doing something that they later regretted because they had been drinking. However, only around a third of this group reported ever worrying that they might be drinking more than was good for them and only 20% reported ever feeling frightened or upset because they had been drinking. Similarly, 80% of young people who reported recently using cocaine, heroin or crack reported ever missing work, school or homework because of their drug use, but only around a third reported ever worrying about their drug use or ever being upset or frightened because of it. This could make these groups difficult to target for specific intervention.

7.1.6 Who young people would talk to if they were worried about somebody’s drug or alcohol use

Young people reported being most likely to talk about worries about over drug use with friends of their own age (63%), followed by older friends (45%) and parents (36%). with Telephone helplines (26%) and generic professionals such as GPs (30%), teachers (22%) and youth workers (16%) were the next most popular choice, and the specialist agencies, for example Lifeline, the least popular (9%). Females were significantly more likely than males to say that they would talk to friends of their own age, older friends, teachers, telephone helplines, school nurses or Synergy. Young people who reported ever taking drugs were significantly more likely than those who did not to report that they would speak to friends of their own age or older friends, and were less likely to say that they would speak to their parents, GP, teacher or school nurse. Young people who reported drug use in the past month were least likely to say that they would talk to a GP, teacher or school nurse. Young people, telephone helplines, specialist agencies and youth advice services were equally popular sources of advice and information about drugs with those who reported ever using drugs and those who did not. Young people based in Runcorn were significantly more likely (33%) than those based in Widnes (10%) to report that they would talk to somebody at Synergy.
7.2 Audit of Services

7.2.1 Provision of drug and alcohol education

Results of the survey of drug and alcohol education provision in schools indicated that schools in North Cheshire used a variety of approaches to the teaching of drug and alcohol education and received support for their teaching from a range of organisations. The majority (87%) of young people surveyed reported receiving both drug and alcohol education lessons in secondary school, although this was lower amongst younger respondents (62% of 14 and 15 year olds). As many of the 14 and 15 year olds surveyed (41%) had already tried illicit drugs, this suggests that, in some schools, the teaching of drug education may not have started at an early enough age.

The majority of those who reported receiving drug or alcohol education expressed positive opinions about the lessons, although this varied widely between schools. Those who reported using drugs expressed less positive opinions about their drug education than those who reported not using drugs, suggesting that drug education may have been less relevant to young people with experience of drug use.

Young people who reported not receiving lessons about drugs in secondary school (n=56) were more likely to report having ever suffered from negative effects associated with drug-taking than those who reported receiving lessons. They were approximately four times more likely to report ever missing school, homework or work because of taking drugs; twice as likely to report ever being frightened or upset; twice as likely to report ever doing something they later regretted and 15 times more likely to report being stopped by the police. Similarly, young people who reported not receiving alcohol education lessons in secondary school were more likely to report negative effects from alcohol than those who reported having had lessons, including being over three times more likely to be stopped by the police. Missing out on drug education may have made this group more vulnerable to risky substance use and risky substance misuse may have made them more likely to miss out on drug and alcohol education, for example through absence from school.

The majority of schools responding to the survey (66% secondary schools, 54% primary schools) reported involving parents in their drug education programme. Five (42%) secondary schools reported holding drug awareness meetings for parents: three of these commented on low attendance rates: one school reported that nobody had attended the last meeting.

When asked to rank set objectives of drug education in order of importance, secondary schools rated providing young people with the skills to resist drug use as the most important approach to drug education, whereas primary schools rated providing children with information about drugs as most important. Secondary schools rated reducing alcohol use, encouraging the safer use of alcohol and preventing undesirable behaviour associated with alcohol use as of roughly equal importance. Primary schools rated reducing or delaying alcohol use as the most important objective of alcohol education: encouraging safer use and reducing undesirable behaviour were each seen as having no importance at all by over 25% of primary schools.
Schools in North Cheshire have previously had available to them the support provided by the Drug Education Partnership between Health Promotion, Lifeline and HITS. Between April 1999 and April 2000 much of the drug education support provided by the partnership was discontinued, as follows:

- In April 1999 funding for the drug education work undertaken by HITS with young people in schools was withdrawn. Any drug education work provided by HITS in Halton schools is now reliant on the good will of one individual and the ability and willingness of schools to pay for the service.

- In April 2000 Lifeline closed due to lack of funding, with the loss of the drug education support that it provided for many people, including school pupils, parents and teachers, youth service staff and attendees, and vulnerable young people and their carers.

- In April 2000 Health Promotion stopped providing specific support for drug education within schools, with the exception of the loan of items from a resource centre.

The support provided by Health Promotion focussed on providing the knowledge (drug awareness) and structures (policy and curriculum development) to enable schools to confidently deliver their own drug education programmes. It was therefore appropriate that this support be reduced or withdrawn once all schools in the area had received any support they required. However, many of the primary schools surveyed reported that they had not yet developed drug and alcohol education (37%) or incident policies (70%). Over the duration of the partnership support on policy development was provided to just 30% of Warrington primary schools and 9% of Halton primary schools.\(^{126-128}\)

Comments made by two PHSE co-ordinators in secondary schools point also towards the continuing need for support for secondary schools:

- ‘Advice needs to be made available should an incident attract attention from the press’
- ‘Many staff are concerned that they are not well informed enough to lead lessons successfully, that pupils are better informed than they are’

A third of secondary schools surveyed reported that staff from HITS or Lifeline had spoken about drugs or alcohol to groups of their pupils. Staff working at young persons’ drug and alcohol agencies expressed concern that the loss of input from specialist agencies could encourage schools to use other, less qualified, outside speakers. Other staff working with young people commented that talks by staff from the specialist agencies are useful in letting young people know where to go if they, a family member or friend experience drug or alcohol-related problems.

Staff members at Oasis have recently reported receiving requests for drug education and training work from various organisations: with the exception of training sessions for some groups of professionals they do not currently have the resources to respond to these requests.

The role of the School Health Advisors in supporting schools and speaking to pupils, especially in primary schools, has remained constant. School Health Advisors are also
planning to become more proactive in the support they offer, following the widespread introduction of the Healthy Schools Initiative this current academic year. Health Promotion now employ a Health Promotion Specialist to support the Healthy Schools Initiative, of which drug/alcohol education is one aspect. However, in the first year, only 18 schools will be able to benefit from this support.

In Halton only, the support provided to primary schools by Health Promotion has been replaced by support from a Project Worker for Drug Education funded by the LEA using the Standards Fund. The survey of drug and alcohol education provision in schools indicated that primary schools in Halton were more likely than those in Warrington to report a range of good practice indicators, including having a drug education or drug incident policy and involving parents in their drug education programme.

Again in Halton only, the drug education support provided to secondary schools by HITS and Lifeline may soon be replaced with a new initiative. In 2000/2001, Halton Youth Service will work in liaison with the Project Worker for Drugs Education to deliver joint training of secondary school teachers and youth workers, with the aim that youth workers will assist with the teaching of drug education in secondary schools. This initiative is in accordance with DfEE recommendations on the role of the Youth Service. It may help to make drug education more relevant to young people who have already used drugs: this group were more likely to report that they would talk to a youth worker than a teacher if they were worried about their own or somebody else’s drug use. It may also increase young people’s knowledge of where to seek help, as Halton Youth Service is a main partner in Synergy, which can provide advice on drugs and alcohol and access to Oasis and HITS.

In Warrington, Standards Fund monies have been given directly to schools. The lack of a manager for Warrington Youth Service has meant that development of new ways for the Youth Service to work on drug education has not been possible.

7.2.2 Harm-minimisation and Treatment

Over the duration of the study, the three local young persons’ drug and alcohol agencies, HITS, Lifeline and Oasis, successfully utilised the skills of their staff, volunteers and established links with other organisations to offer an effective and holistic service, serving the health and social welfare needs of their clients. The employment at Oasis of a Dual Diagnosis Nurse for young people with co-existing mental health and substance misuse problems has successfully met a previously unmet need in the area. During interviews, young people attending Oasis and HITS expressed very high opinions of the service they were receiving (due to its closure, no Lifeline clients were interviewed). Reports produced by Lifeline and Oasis describe successful outcomes for their clients, including reductions in substance use, improvements in relationships, accommodation, employment and education prospects. In accordance with published guidelines, services for young people were kept separate to those for older drug users, with the exception clients of Oasis occasionally attended CDT clinics. There were no waiting lists for the young persons’ services, although both staff and users of the young persons’ services reported that young adults (aged 19 and over) often had to wait up to a year for treatment at the adult agencies.

The current main provider of treatment and counselling for young people, Oasis, has provided a service to relatively few young people under the age of 16, despite the
relatively high level of need identified amongst this age group. The loss of ‘Footsteps’, the parents service provided by Lifeline is likely to increase the gap between service need and service provision amongst the under 16s, as it was a significant source of referrals of this age group. Footsteps is now an independent organisation, although, due to lack of funding, they do not have a meeting room available. The need for a separate service for families also became apparent in interviews with young service users and with the staff of Oasis.

The counselling of young people with less complex substance misuse problems, previously undertaken by Lifeline, has now been transferred to Oasis, effectively consolidating the two services into one. This has put extra pressure on Oasis that will be partially relieved with the secondment of a new Young Persons’ Drug Worker from Arch Initiatives in August 2000. HITS Young Person’s Drug Project now works with young people both within the Oasis partnership and independently.

The specialist services are supported by generic health and young people’ services. The drop-in centres and one-stop shops provided by Synergy, Y’sUp, and the YMCA in Warrington are able to provide simple advice about drugs and to refer young people to the specialist agencies. Synergy in particular is an example of good practice in that it can provides for a range of needs, including careers, benefits and housing advice, counselling and sexual health care within an environment that is non-threatening and appealing to young people. These services seem to have been fairly well received by young people; 16% of young people who were based in Halton and reported using a drug within the past month said that they would go to Synergy if they were worried about their own or somebody else’s drug use. Although this percentage seems low, it was the most popular source of advice after friends, parents and telephone helplines. It was good practice that Synergy was advertised on the notice boards of secondary schools.

Possible weaknesses identified amongst the generic agencies included:

- Lack of knowledge amongst GPs about substance misuse by young people and the services available. Only 21% (n=19) reported that they had received enough information or training to be confident in offering appropriate advice, treatment or referral for under 18’s who present with drug or alcohol related problems. Only 20% (n=18) demonstrated knowledge of the appropriate referral routes for young people; 70% (n=62) said that they would refer young people to the Community Drug and/or Alcohol Teams. Awareness of the services available was significantly higher in Runcorn than in other PCG areas, probably due to the location of two key agencies, HITS and Synergy, within the area, and the success of these services in publicising their services.
- The withdrawal of specialist agencies from the support of drug education in schools may compromise the efforts made in some secondary schools to develop drug and alcohol awareness amongst their pupils, staff and parents.
- Lack of confidence and knowledge of young people’s drug use amongst some social workers, including those now working for the YOTS. This may have led to some unnecessary referrals to specialist agencies.
- Lack of a drop-in youth advice service for young people in Widnes, which should be considered as a separate urban centre, rather than as part of Halton as one centre with services based in Runcorn.
Recent changes in the criminal justice system, including the implementation of the YOTS, drug treatment and testing orders and arrest referral schemes may help to identify a greater proportion of young people with substance misuse problems. New outreach schemes currently being piloted in the area may also help in reaching these young people, and the results should be awaited with interest.

Suggestions received for the further development of services for young people included the provision of counselling at GP surgeries, a drop-in centre for young drug users and a support service for families. Oasis is currently able to see clients at two GP surgeries, and is looking to expand this provision to other surgeries. There are currently no plans to provide a drop-in centre specifically for young drug users, although, in Warrington, the YMCA and the planned mobile ‘Youth Truck Station 12’ provide a drop-in service for all young people in the area.
8. Recommendations

8.1 Specialist services for young people

8.1.1 Have one central referral point for young people known or suspected to have problems with substance misuse.

Before the closure of Lifeline, there were three separate referral points in North Cheshire for young people experiencing substance-related problems. This may have caused some confusion, as illustrated by the fact that only 20% of GPs surveyed demonstrated that they had a full knowledge of the referral routes for young people in their area (section 6.2). With the closure of Lifeline, North Cheshire now has the opportunity to promote Oasis as the one central point of referral. HITS Young Persons’ Drug Project may also carry on taking referrals in its own right, as the majority are made by Halton Social Services, with whom HITS has long-established links. Alternatively, the project may become part of Oasis, but keep the important links developed whilst it was part of HITS, including the possibility of seeing clients there, especially those who are using other HITS services.

8.1.2 Continue to provide the services currently provided by Oasis

Analysis of Oasis’s activity data (section 6.5.5) and interviews with staff (section 6.4) and service users (section 6.8) suggest that Oasis has been successful in treating substance dependency and caring for the social welfare needs of young people with a wide range of needs related to their substance misuse. The present provisions of a Substance Misuse Nurse, Dual Diagnosis Nurse, Specialist Youth Worker and, on a part-time basis, a prescribing doctor, should be maintained, and the services they provide continued as at present.

8.1.3 Increase the capacity of Oasis

Analysis of police data on cautions for possession of drugs (section 6.5.7), combined with agency data relating to the numbers of young people referred to services (section 6.5.5), indicate that there is likely to be an increase in the number of young people in North Cheshire who experience substance misuse problems. Due to the provision of new outreach, criminal justice and youth advice services, there is also likely to be a rise in the proportion of young people with substance misuse problems who are identified and referred to services. In addition, because of the closure of Lifeline, young people with less complex substance misuse problems and parents wanting advice about a young person’s drug use are now referred to Oasis. It is important that young people who are referred to Oasis in the future continue to receive rapid access to the service, and once in service receive the time and attention that they need.

Some, but not all of, the increased staffing needs of Oasis will be met by the planned secondment of a Young Persons’ Drug Worker from Arch Initiatives. The service would also benefit from the provision of administrative support, as that would free the specialist workers to concentrate on direct work with clients. The service may, at some stage, find that it also needs additional nursing staff (or similar) to counsel increasing numbers of young people being referred with serious substance dependency problems. Whenever possible, posts should filled on a permanent or secondment basis, to provide security to staff and encourage them to stay with the service.
8.1.4 Target additional services towards young people under the age of 16

Interviews with Lifeline staff (section 6.4) and data provided by a school counsellor (section 6.5.2) indicate that there are a significant number of young people under the age of 16 who experience substance misuse problems but do not attend services. This could represent both an unmet need for services and lost opportunity for early intervention. To meet the needs of this age group, Oasis should consider providing additional services, for example, a service where young people were seen together with their families. The families service previously provided by Lifeline successfully addressed substance misuse and family relationships together, and would provide a useful model for a new service. In addition, Oasis could consider developing strategies to identify and refer more under 16s with substance misuse problems, for example via links with schools, School Health Advisors, Social Services departments, etc.

Much of the additional work with young people under the age of 16 (the majority of whom will not require a medical intervention) could be undertaken by specially trained youth workers or social workers, either seconded from the Local Authority or employed directly by the service.

8.1.5 Expand the services provided by Oasis to the provision of drug and alcohol education support for young people and training for staff who work with young people

The need for additional support for drug and alcohol education, especially for ‘experts’ to work with young people of secondary school age, was identified through the survey of drug and alcohol education in schools (section 6.6) and through interviews with staff working at specialist agencies (section 6.8). The survey of young people (section 6.1) showed that the drug education currently provided in schools was less relevant to the 41% of young people who had used drugs than to those who reported not using drugs. Schools are not currently able to access support to provide drug awareness sessions for parents, previously provided by Lifeline and Health Promotion. Social workers and agency staff identified a need for more drug awareness training for social workers, especially those working for the YOTS.

Education and training work could be undertaken by a staff member who also works with young people who have substance misuse problems. This dual role would provide flexibility within the system with which to respond to changes in service need, would assist the person to keep up to date with the issues facing young people and might increase their credibility with young people. Any direct work with young people would probably best be provided by a youth worker. The services provided should complement and link in with other initiatives in the area, for example the initiative in Halton where youth workers will assist in delivering drug education in secondary schools.

8.1.6 Continue to develop outreach services for young people

Outreach services, offering information, advice and access to specialised services, are known to be useful in making contact with disadvantaged young people who would not otherwise engage in services. Oasis currently receive many of their referrals through their detached work at the local hostels for young homeless people; it important that this facility is maintained. New outreach schemes, such as a pilot satellite service developed by Synergy and the ‘Youth Truck Station 12’ are currently being piloted or developed, and should ensure that they continue to receive the resources that they require.
8.1.7 Considerations regarding the adult drug services

It is important that, when recruiting new staff for the young persons’ drug services, the needs of the adult services are taken into consideration. Staff and users of Oasis reported that adult services had a long waiting list and high caseload (sections 6.4 and 6.8), a situation that could be exacerbated if staff leave those services to work at the young persons’ services. It may be necessary to train new Drugs Workers for the young persons’ service rather than recruiting experienced staff. A reduction in the waiting times for treatment at the adult services would also help to provide a more coherent service: currently, a young person has rapid access to services at age 18, but if presenting with substance misuse problems for the first time at age 19 may be face a wait of up to a year.

8.1.8 Provide additional support for the families of young drug and alcohol misusers

Young service users (section 6.8) and agency staff (section 6.4) identified a need for more support for the families of young drug users. Reports produced by Lifeline and interviews with Lifeline staff (section 6.5.3), indicate that a high proportion of the under 16s seen by the service were referred through their parents’ service, suggesting that it was a useful way of targeting this age group. A parents’ service known as ‘Footsteps’, is already available in the North Cheshire area, provided that it receives the modest funding needed for the rental of a weekly venue for their meetings. Funding should be provided in the short-term for Footsteps to meet in Warrington and Halton, and the provision of services for parents and families reviewed at a later date.

8.1.9 Provide a service for young people who experience problems due to the substance misuse of a parent

Data provided by a school counsellor (section 6.5.2) suggests that there are a significant number of young people in the area who have parents with a serious substance misuse problem, many of whom also have or are likely to develop substance misuse problems of their own. A service for young people with substance misusing parents may be useful in alleviating general distress amongst these young people and also in preventing later substance misuse problems. It would need to be set up sensitively, so as not to stigmatise young people who attend. Although it will need to take referrals centrally, groups, lasting for around 6-8 weeks, could be set up in various locations.

8.1.10 Advertise telephone helplines

Young people surveyed were more likely to report that, if they were worried about their own or somebody else’s drug-taking, they would speak to somebody on a telephone helpline (26%) than at a youth advice service (15% for Synergy) or specialist drug agency (9% for Lifeline). It would be helpful to young people if posters displaying telephone numbers of, for example, the National Drugs Helpline, were on display in areas where they congregate, such as schools and youth clubs.

8.1.11 Implement a standardised outcome monitoring tool

In order to continuously evaluate the work of the young persons’ drug and alcohol agencies, a standardised outcome monitoring tool should be used. A high quality and comprehensive outcome assessment form, comparable but not identical to that used by
the adult services, has already been developed, and the collection and analysis of data has been commissioned. The outcomes monitoring data collected is mainly consistent with the data collected by staff for the assessment of clients, although staff have reported that some clients were unwilling to answer some questions which relate to sexual behaviour. Where it would improve compliance with the monitoring, these questions should be left out.

8.2 Generic and Education Services

8.2.1 Encourage closer links between GPs/PCGs and the young persons’ drug and alcohol services

The majority of GPs surveyed did not report knowing about the substance misuse services for young people (section 6.2), and were therefore not able to suitably refer young people who presented to them with substance-related problems. To improve GP knowledge, the DAT and the young persons’ drug agencies should work closely with the PCGs or Health Authority to find a way of raising awareness of substance misuse problems in young people and the services available to help them. Closer links between GPs and services might also include Young Persons’ Drugs Workers seeing clients on more GP premises, as some young people with substance misuse problems might prefer to see a counsellor at their own GP practice (section 6.8).

8.2.2 Open a youth advice service in Widnes

The one-stop shops and drop-in centres in Warrington and Runcorn provide a valuable information and referral service, as acceptable as a source of advice on drugs or alcohol to young people who use drugs as young people who do not (section 6.1). Widnes does not have a similar service, despite having high levels of social and economic deprivation, known to be associated with substance misuse problems in young people. Synergy, based in Runcorn but intended to serve young people throughout Halton, was significantly less popular as a source of advice on drugs or alcohol with young people surveyed in Widnes than in Runcorn.

8.2.3 Support the role of the School Health Advisors in drug and alcohol education and in supporting young people who may have substance misuse problems

The School Health Advisors provide valuable support for drug and alcohol education in primary schools and vulnerable pupils in secondary schools. The service should continue to receive sufficient resources to enable them to continue and develop these roles.

8.2.4 Local Education Authorities should provide a co-ordinated programme to support drug education in schools

A model of good practice in the provision of drug education support was provided by Halton LEA, which employs a Project Worker for Drug Education to support the development of drug education within schools. Head teachers of Halton primary schools were more likely than head teachers of Warrington primary schools to report a number of good practice indicators in the provision of drug and alcohol education in their school (section 6.6). The joint training of teachers and youth workers, planned by Halton LEA, leading to the use of youth workers to deliver drug education in schools, is also likely to
provide a model of good practice. It will provide an additional link between schools and Synergy, which can provide information on drugs and referral if necessary. In order to develop and implement a co-ordinated programme, adequate management structures would need to be in place, including a Youth Service Manager.
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