Lanarkshire Alcohol and Drug Action Team

Review of Services to Under 18s
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REVIEW OF SERVICES TO UNDER-18s

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Acknowledgements

The Lanarkshire Alcohol and Drug Action Team would like to thank the members of all partner agencies, organisations and service providers who participated in or commented on this research. Jan Beattie Consultancy\(^5\) thanks the young people and peer researchers who participated in Phase Two of the study, and also Gillian Turner and Fiona Cameron.

\(^5\) See Section 5.4 for more details
SECTION 1 INTRODUCTION

1.1 Background

*Tackling Drugs in Scotland: Action in Partnership* is Scotland’s national strategy developed in the context of the U.K. Government’s white paper *Tackling Drugs to Build a Better Britain.*

To develop an action plan to support the delivery of the national strategy in Lanarkshire, the Lanarkshire Alcohol & Drug Action Team (ADAT) recognised the need for information regarding the service needs of under-18s affected by substance use. A research sub-group of the ADAT identified three priority tasks. These were:

1. To review existing local research on substance misuse and young people;
2. To gauge current provision of substance-related services to young people in Lanarkshire; and
3. To investigate the issues in relation to substance use among vulnerable local young people, and their perceptions and use of related services.

The decision to target the third task specifically at the needs of vulnerable young people was based on two factors. Firstly, information from local and national studies regarding the use of substances by young people *generally* was already available. Secondly, this would be consistent with national objectives which emphasise the needs of vulnerable groups.

1.2 Methodology

This review of services to under-18s was conducted in two phases and comprises three main sections. Phase One of the review was concerned with service provision and policy, and consists of a literature review and the results of a survey of service providers. The literature review was authored by George Chalmers and Julie Arnot of the University of Strathclyde Department of Environmental Planning. The survey was developed and carried out by George Chalmers and Julie Arnot of the University of Strathclyde Department of Environmental Planning, in collaboration with the ADAT Research sub-group. The survey was reported by Mark Connelly, the ADAT Information and Research Officer.

Phase Two of the review focussed on the service needs of potentially vulnerable young people, and involved a serious of focus groups and individual interviews with vulnerable young people. This was carried out by Jan Beattie Consultancy. A brief description of the aims and methods employed in each section is given below.

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6 Vulnerable groups are defined in the national targets as including school excludes, truants, looked after children, young offenders, young homeless, very young children at risk of drug misuse and children of drug misusing parents.

7 See section 1.3 Prevalence
1.2.1 Phase One - Literature review

This involved a review of research into substance misuse carried out in Lanarkshire since 1995, in order to make recommendations to service providers regarding young people and the provision of substance misuse services in Lanarkshire. Additionally, this review suggested where gaps in the research exist.

1.2.2 Phase One - Survey

A survey of a wide variety of services including North and South Lanarkshire council agencies, NHS Primary Care services, pharmacies, and various youth projects, was carried out in January 2002. Questionnaires were distributed to approximately 120 services, and followed up by telephone calls where appropriate.

The aim of the survey was to contribute to Phase One of the project by providing a review of service provision and establishing perceptions of service use, policy requirements, and training and support needs. Where appropriate, results were linked to those of the recently published national review of drug treatment services for young people (EIU, 2002a).

1.2.3 Phase Two - Focus groups/interviews

This part of the review aimed to gather both qualitative and quantitative data from young people perceived as being vulnerable or at risk of the consequences of drug misuse. Information regarding substance use by the target group and their use of, perceptions of, and needs regarding services was gathered using the following three key methods:

- The use of peer researchers to co-facilitate work with young people.
- On-site focus groups of between 4-12 young people already known to each other through existing groups or as service users. Contact with groups was made through a range of agencies and projects in both the statutory and voluntary sectors.
- A limited number of individual interviews with young people not willing to participate in group discussion.

1.2.4 The Next Step

The final step taken towards developing an action plan to support local delivery of the national strategy will be the “Research into Action - Young People’s Seminar” event to be attended by a wide variety of local service providers and planners on the 8th October 2002. The key findings from Phase One and Two of the current project will be presented alongside contributions from 'LANDED' - the local Peer Education Project, and the co-authors of the recently published international review of the effectiveness of treatment and care services for young people (EIU, 2002a).

The evidence presented and the conclusions of the ensuing workshop discussions will then be used to develop the action plan.
1.3 Prevalence

In order to provide a context for the following review of services to under-18s, it may be useful to summarise the information currently available regarding substance use by young people in Lanarkshire. Among young people it is the younger end of the spectrum, i.e. those of school age that have been the primary focus of prevalence research. Unfortunately an ideal source of this information, namely the local area-level analysis of the Scottish Schools Adolescent Lifestyle & Substance Use Survey (2002), will not be available until the end of this year.

The most recent Lanarkshire-wide survey of young people, The Nature and Extent of Drug Misuse Amongst Schoolchildren in Lanarkshire, was carried out on behalf of the ADAT by the Centre for Drug Misuse Research in 1997. This involved a sample of 1990 12 to 15 year-olds from 12 different schools throughout Lanarkshire. While somewhat out of date, the results of this study are comparable with the more recent Scottish Schools Survey (Scottish Executive, 2001).

To summarise, in terms of alcohol:

- No significant differences were found between the drinking patterns of males and females;
- the most popular types of drink were similar to national research, although fortified and other wines were slightly more popular;
- the likelihood of drinking within the last month increased with age, from 34% (S1) to 76% (S4);
- 50% of all pupils reported having ever been drunk;
- the mean number of units consumed on the last occasion when drunk was 13; and
- more than half of S4 pupils had been drunk in last month.

In terms of drug use:

- More males than females reported illicit drug use;
- cannabis was the drug to which most pupils had knowledge, exposure and accessibility - 18% had used it in the last month (6% of S1 – 32% of S4);
- the other most common drugs used in the last month were amphetamines (3%), LSD (3%), and ecstasy (2%).
- 5% of all pupils had used volatile substances in last month;
- twelve pupils (<1%) reported injecting drugs;
- 18% of all pupils reported poly-drug use; and
- 5% of the sample reported dealing drugs.

It should be noted that the prevalence rates among vulnerable young people, quoted in the Phase Two report, are significantly higher than those found among young people generally.

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8 More detailed information is provided in Section 2.3
9 This is the latest in a series of surveys commissioned by the Scottish Executive and Department of Health.
10 See Phase Two report section 4.4.
A further source of information which should be briefly mentioned here is the Scottish Drug Misuse Database\textsuperscript{11}, which can provide information regarding young people attending treatment services in Lanarkshire. The most up-to-date figures available show that 38 individuals (29 males and 9 females) under the age of 20 were reported to the database in the year ending 31\textsuperscript{st} March 2001. Four of these were under the age of fifteen, but none of this younger age-group reported having injected heroin.

\textsuperscript{11} The Scottish Drug Misuse Database offers a profile of drug misuse based on non-named data about problem drug misusers attending services for their drug problems. The information presented relates to new patients/clients and therefore does not reflect the total number of drug misusers seen by services during any period (ISD, 2002a).
SECTION 2 PHASE ONE: LITERATURE REVIEW

2.1 Summary

Young People and Substance Misuse

Researchers working in the substance misuse field in Lanarkshire should consider addressing a number of themes in relation to young people including:

- Vulnerable young people and substance misuse.
- The transition from primary to secondary school and the impact of leaving secondary school and the connection these events may have to substance misuse.
- The factors that increase or decrease the likelihood of young people using drugs.
- The need for comparisons to be drawn between the extent and nature of misuse among schoolchildren between different towns and within larger towns in Lanarkshire (in addition to the research currently available that highlights differences in substance misuse patterns between North and South Lanarkshire).
- The provision of ‘alternative activities’ and community facilities for young people and drug users.

Substance Misuse and Gender, Age, Socio-Economic Background, and Employment/Training

Future Lanarkshire based research could consider issues such as:

- The differing experiences of male and female substance misusers and misusers with children.
- Gender differences among substance misusers when considering issues such as accessing treatment services.
- The extent of criminal activity and income levels among misusers and user expenditure on substances.
- The experiences of misusers according to factors such as age and socio-economic background.
- The differing experiences of drug users in affluent and deprived areas, and rural and urban areas.
- The efficacy and impact of employment/training programmes for substance misusers.
Database of Services and Dissemination of Research Findings

To allow for a greater awareness of substance misuse research activity and the wide dissemination of research findings, the Lanarkshire Drug Action Team should create a database of all statutory and voluntary services operating in the substance misuse field.

RESEARCH REVIEW RECOMMENDATIONS

The key research review recommendations, which are based on previous research findings dating from 1995, concern the potential need for:

- More harm reduction services, including information.
- The extension of needle exchange schemes and more publicity for such schemes.
- More innovative ways (such as mobile needle exchanges) of ensuring that drug misusers can easily access adequate supplies of injecting equipment.
- The delivery of focussed drug education programmes to drug misusers, young people, adults, families and the wider community.
2.2 Introduction

This review seeks to provide an assessment of the key findings of the research into substance misuse carried out in Lanarkshire since 1995. The intention is to make recommendations to service providers in relation to young people and the provision of substance misuse services in Lanarkshire. These recommendations will be based on the findings of the research undertaken since 1995. Additionally, this review will highlight where gaps in the research exist.

Substance misuse research undertaken since 1995 covers a diverse range of themes including: the prevalence of drug use; the extent and nature of drug use among schoolchildren; the efficacy of drug education programmes in Lanarkshire schools; issues relating to HIV/Hepatitis C; the behavioural patterns of substance users; the children of drug misusing parents; and a few highly localised studies focusing on substance misuse in several small communities in Lanarkshire. The research review is based on a consideration of the following reports:

- Qualitative Study of Drug Use in Three Areas of Lanarkshire, Turning Point, 1997.
- Behavioural Patterns of Illicit Substance Use in Lanarkshire, A. Taylor and D. Farquhar, SCIEH, 1998.
- Survey of the Needs of Families Affected by Drug Misuse in North and South Lanarkshire, Joy Barlow, April, 2000.


• Developing an Integrated Response to Drug Misuse in Lanarkshire: A Community Based Action Research Project, Centre for Drug Misuse Research, University of Glasgow, 2001.

This research review also considers Young People’s Participation in the Development, Delivery and Evaluation of Lanarkshire Health Board Services, (Fast Forward Positive Lifestyles Ltd., 1999) and Sexual Health Services for Young People in Lanarkshire, (Fast Forward Positive Lifestyles Ltd, 2000). This research does not focus specifically on substance misuse issues but considers a range of issues relating to what young people want from health services in Lanarkshire. This research is considered here because the findings are likely to have relevance for those involved in the provision of substance misuse services to young people and for those who wish to increase young people’s use of health related services including substance misuse services.

Before making recommendations in relation to young people and substance misuse services and highlighting any existing gaps in the research, it will be necessary to present brief summaries of the findings of each research report (primarily in chronological order) in order to provide the context for the recommendations.
2.3 Research Summaries

2.3.1 Lanarkshire-wide Research

2.3.1.1 The Reported Level of Drug Use and the Associated Risk of HIV Infection in Lanarkshire Health Board Area

The first major piece of research reviewed is *The Reported Level of Drug Use and the Associated Risk of HIV Infection in Lanarkshire Health Board Area* (Dunlop, 1995). The aim of this research was to establish baseline data on the nature and extent of drug use and the risk of HIV infection in the Lanarkshire Health Board area. The research focussed only on those who had contacted services (Social Work and Health Board services) during January 1992 and August 1993 for help in relation to their drug use. The majority of these individuals were young and male.

The report presented a range of statistics in relation to the data gathered on 452 individuals, too extensive to be reproduced in this review. However, in brief, the research found that the majority of users were poly-drug users and the most commonly used substances were Cannabis, Temazepam and Heroin. LSD, amphetamines and Ecstasy were used by younger users. Evidence of cocaine and crack use was limited.

The report also found evidence that intravenous users (using heroin in the main) were sharing injecting equipment. Intravenous heroin users were most likely to be residing in Monklands/Cumbernauld followed by Motherwell/Clydesdale, Hamilton/East Kilbride, Glenboig, Coatbridge (including Greenend and Sikeside), Airdrie and Stonehouse, Strathaven and Shotts.

The report produced a wide range of recommendations and it is anticipated that many service providers will have responded to these recommendations. However, it is clear from more recent research presented later in this review that gaps in service provision remain. Therefore, whilst this research was undertaken some time ago it is nevertheless necessary to reproduce Dunlop’s recommendations in this review. In particular, the research recommended a need for:

- The linking and ‘pooling’ of services and expertise.
- The extension and development of needle exchanges and wide publicity for these schemes.
- Information about safer injection/cleaning practices, needle disposal practices, safer sex and HIV/AIDS and Hepatitis (including the provision of condoms).
- The extension of advice and services provided by pharmacists and needle exchanges.
- Pharmacy staff to be trained about drug misuse.
2.3.1.2 Behavioural Patterns of Illicit Substance Use in Lanarkshire

Many of Dunlop’s findings were substantiated in research undertaken by S.C.I.E.H (Taylor & Farquar, 1998). Researchers interviewed 212 drug users12 (72 of whom were current drug injectors) both in and not in treatment in North and South Lanarkshire. The key findings (based on interviews with users) indicated a number of possible gaps in service provision. For example, the researchers were particularly concerned about risk-taking among injectors, particularly the lack of clean injecting equipment and the passing on of used injecting equipment to other people and the Hepatitis C/HIV risks associated with this behaviour. In relation to needle and syringe use, the research found that:

12 The average age of first drug use (typically cannabis/solvents) among the sample was 14.5 years. Among injectors, the average age of first injection was 20.
• A substantial minority of injectors had used needles/syringes used by others in the six months prior to interview but were attempting to clean equipment prior to use.

• Respondents attributed use of used injecting equipment to difficulties in obtaining equipment and lack of their own equipment.

• Needles/syringes were more likely to come from pharmacists than needle exchanges.

• Respondents were found to be passing on used equipment (typically to three other users).

As the researchers pointed out, these findings pointed to a ‘lack of access to clean, unused needles and syringes’ in Lanarkshire. The researchers found that injectors themselves suggested that Lanarkshire needed more needle and syringe exchanges. In relation to HIV and Hepatitis the researchers found scope for harm reduction activities and an indication that sexual harm reduction messages had been ineffective. For example:

• A third of injectors had not attempted to change their behaviour.

• Interviews also revealed a lack of condom use among users.

• The researchers found that drug users who had not received treatment were largely unaware of drug treatment services, whilst respondents who had accessed drug treatment\textsuperscript{13} services were dissatisfied with their treatment. These dissatisfied respondents suggested that:

  • There should be more services available.

  • Services should be staffed by those with experience of drug use.

  • GP’s should improve attitudes to drug users.

As the researchers pointed out, this latter finding was possibly a reflection of the need for training for GPs on issues relating to substance misuse. All respondents, with the exception of those satisfied with previous treatment, were asked what services were needed. Suggestions included:

• Needle exchanges (as suggested by injectors).

• Non drug-specific facilities.

\textsuperscript{13} Injectors were more likely to be in treatment than non-injectors, females were more likely to be in treatment, and the most common forms of treatment were counseling, usually in conjunction with methadone maintenance, and detoxification with methadone.
There may have been a number of motives for requesting non drug-specific facilities including the desire to reduce substance misuse through participation in activities, and a belief that the provision of such facilities would prevent a new generation of young people from misusing substances.

The research further identified some differences in drug use and treatment, and geographical location. For example:

- The researchers found that Stonehouse had the highest prevalence of injectors (10 of 12 respondents were injectors) followed by Shotts (2 of 3 respondents were injectors).

- In Hamilton, Bellshill and Blantyre, 50% of respondents were injectors.

- Drug use patterns between users in North and South Lanarkshire were similar but respondents in the South were more likely to be using non-prescribed methadone.

- Among those in treatment when interviewed, North Lanarkshire users were more likely to be in treatment.

- North Lanarkshire users were more likely to have had an HIV test and to have reduced needle sharing in response to HIV/Hepatitis.

2.3.1.3 Estimating the prevalence of Drug Misuse in Lanarkshire

A previous study carried out by the Centre for Drug Misuse Research (1997a) allowed for the identification of any differences in the prevalence of problem drug use (opiate and benzodiazepine misuse) in the Lanarkshire Health Board area and between North and South Lanarkshire council areas. As the researchers noted, compiling this data was problematic given the 'stigmatised and covert nature of much drug use' and the reluctance of users to report harder drug use by comparison with softer use. In order to estimate the number of people using opiates and benzodiazepines the researchers used capture/recapture methods. Using data provided by a range of services the researchers identified:

- 1,146 individuals in the Lanarkshire Health Board area using opiates or benzodiazepines. Estimates (using capture/recapture methods) suggested that there were 5,040 (approx.) users in the Health Board area.

- 759 users were identified in the North Lanarkshire Council area using opiates or benzodiazepines but it was estimated that there was 2,631 in the council area.

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14 The method involves estimating the number of people using certain drugs by constructing a statistical model based upon an analysis of lists of drug users held by a variety of agencies (i.e. Police, Social Work, Health agencies).

15 Police, community addiction teams, HIV test registers, addiction services, aftercare support projects, social work contact databases, social work criminal justice.
577 users were identified in the South Lanarkshire Council area using opiates or benzodiazepines but it was estimated that there were 2,299 users in this council area.

Higher prevalence rates were found in Rutherglen/Cambuslang while drug use was more prevalent in Monklands than in the Cumbernauld & Kilsyth area. Lower prevalence estimates were found in the Clydesdale particularly in the Biggar, Crawford and Douglas areas where no opiate or benzodiazepine users were found within certain postcode areas. Regarding the North Lanarkshire area covered by Greater Glasgow Health Board, a small number of `known' opiate/benzodiazepine were identified perhaps reflecting a low prevalence of drug misuse or that users were possibly in contact with Glasgow services.

In terms of service provision, the researchers concluded that while a significant level of opiate and benzodiazepine misuse existed in both North and South Lanarkshire council areas, most drug misuse services within Lanarkshire were located in the North. They therefore recommended the further development of drug misuse services in the South Lanarkshire Council area (such as Clydesdale).

2.3.1.4 Estimating the Local and National Prevalence of Problem Drug Misuse in Scotland

More recent research (Hay, McKeeganey, & Hutchinson, 2001) has provided estimates of the local and national prevalence of problem drug misuse in Scotland (opiate and benzodiazepine use). Table 1 below highlights the number of known and estimated users in North and South Lanarkshire. Known use, estimated use, and prevalence rates are higher in South Lanarkshire than North Lanarkshire. However, prevalence rates in North and South Lanarkshire fall below the national rate and are considerably lower than those estimated for Glasgow and Dundee.

<table>
<thead>
<tr>
<th>Council Area</th>
<th>Known Users</th>
<th>Estimated Number of Users</th>
<th>Prevalence (among population aged 15-54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Lanarkshire</td>
<td>1,062</td>
<td>3,220</td>
<td>1.9%</td>
</tr>
<tr>
<td>N. Lanarkshire</td>
<td>1,026</td>
<td>2,898</td>
<td>1.6%</td>
</tr>
<tr>
<td>Dundee City</td>
<td>899</td>
<td>2,700</td>
<td>3.5%</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>6514</td>
<td>13,788</td>
<td>3.8%</td>
</tr>
<tr>
<td>Scotland</td>
<td>22,795</td>
<td>55,800</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: Hay, McKeeganey and Hutchinson (2001, p.17)
As Table 2 below shows, prevalence rates in the Lanarkshire Drug Action Team area are also lower than those for the Dundee and Glasgow Drug Action Team areas.

**Table 2: Estimates of the Number of Problem Drug Users by Drug Action Team Area**

<table>
<thead>
<tr>
<th>DAT Area</th>
<th>Known Users</th>
<th>Estimated Number of Users</th>
<th>Prevalence (among population aged 15-54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lanarkshire</td>
<td>1,828</td>
<td>5,076</td>
<td>1.6%</td>
</tr>
<tr>
<td>Dundee</td>
<td>899</td>
<td>2,700</td>
<td>3.5%</td>
</tr>
<tr>
<td>Glasgow</td>
<td>7,248</td>
<td>15,975</td>
<td>3.1%</td>
</tr>
<tr>
<td>Scotland</td>
<td>22,795</td>
<td>55,800</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Source:* Hay, McKeeganey and Hutchinson (2001, p. 20)

As Table 3 below shows, men are more likely to be known users in both North and South Lanarkshire. Among known users, female users in North Lanarkshire comprise 39% of all users. However, the percentage of total estimated female users falls to 27%, possibly indicating a greater likelihood that female users in North Lanarkshire are more likely to seek treatment.

**Table 3: Estimates of the Number of Problem Drug Users by Council Area and Gender**

<table>
<thead>
<tr>
<th>Council Areas</th>
<th>Known Users</th>
<th>Total Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>%</td>
</tr>
<tr>
<td>North Lanarkshire</td>
<td>740</td>
<td>61%</td>
</tr>
<tr>
<td>South Lanarkshire</td>
<td>798</td>
<td>67%</td>
</tr>
<tr>
<td>Glasgow City</td>
<td>4,522</td>
<td>56%</td>
</tr>
</tbody>
</table>

*Source:* Hay, McKeeganey and Hutchinson (2001, p. 25)
Table 4 below shows that, in terms of drug injectors, prevalence rates in Lanarkshire are lower than those experienced in the Glasgow and Grampian Health Board areas and are lower than the national average.

### Table 4: Estimates of the Number of Drug Injectors by Health Board Area

<table>
<thead>
<tr>
<th>Health Board Area</th>
<th>Known Users</th>
<th>Estimated Number of Users</th>
<th>Prevalence (among population aged 15-54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lanarkshire</td>
<td>279</td>
<td>2,369</td>
<td>0.7%</td>
</tr>
<tr>
<td>Gtr. Glasgow</td>
<td>1,946</td>
<td>7,187</td>
<td>1.4%</td>
</tr>
<tr>
<td>Grampian</td>
<td>489</td>
<td>4,290</td>
<td>1.4%</td>
</tr>
<tr>
<td>Scotland</td>
<td>4,542</td>
<td>22,805</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

*Source:* Hay, McKeeganey and Hutchinson (2001, p.29)
2.3.2 Drug Use Among Young People

2.3.2.1 The Nature and Extent of Drug Misuse Amongst Schoolchildren in Lanarkshire

The Centre for Drug Misuse Research (1997b) surveyed a total of 1,990 schoolchildren aged 12-15,\textsuperscript{16} across 12 secondary schools in Lanarkshire. The mean age of those surveyed was 13.4. The key findings from this research in relation to the use of illegal drugs are as follows:

- 32.8% of all pupils reported having consumed an illegal drug (11% of S1 pupils and 55% of S4 pupils had consumed an illegal drug).
- Illegal drug use was higher in all school years amongst South Lanarkshire pupils.
- Cannabis was the most widely used illegal drug but 20% of S4 pupils reported amphetamine use, 17% Temazepam use, 16% LSD use, and 5% Ecstasy use.
- 6% of S1 and 32% of S4 pupils had consumed an illegal drug in the month prior to involvement in the research.
- One-third of pupils reported that a member of their family had taken illegal drugs.
- 18% of S3 schoolchildren in North Lanarkshire reported poly-drug use whilst 27% of S3 pupils in South Lanarkshire reported poly drug use.

In relation to the use of alcohol the survey found that:

- 71% of pupils reported having consumed a whole alcoholic drink.
- 45% of S1 pupils and 90% of S4 pupils had consumed a whole alcoholic drink.
- Alcohol consumption was slightly higher amongst South Lanarkshire children in all school years.
- 34% of S1 pupils and 76% of S4 pupils had drunk alcohol in the month prior to the research.
- Alcopops were the most popular drink followed by fortified wines.
- Drunkenness was more closely associated with fortified wines/vodka than alcoholic carbonates.

\textsuperscript{16} This involved the use of a self-completion questionnaire.
• A high level of drunkenness existed among those surveyed. 50% of pupils reported having been drunk 30% had been drunk the month prior to the research.

• 1 in 4 of pupils aged 13 and 1 in 2 of S4 reported having been drunk

In relation to volatile substance abuse, the researchers identified a ‘clear need to target VSA amongst Lanarkshire pupils’ based on the following findings:

• 18% of pupils reported having sniffed a volatile substance.

• 14% of S1 pupils and 24% of S4 pupils reported this form of abuse.

• 5% of S1 pupils and 6% of S2 pupils had sniffed solvents in the month prior to the research.

Broad estimates of the number of young people within Lanarkshire reporting legal and illegal drug use were provided and it was estimated that:

• 11,000 pupils (approx.) had used at least one illegal drug, an estimated 6,000 had used cannabis in the month prior to the research.

• 6,000 pupils (approx.) had inhaled solvents.

• 6,000 pupils (approx.) had begun to develop patterns of poly-drug use.

• 6,500 pupils had drunk alcohol, more than 1,000 S1 children and over 4,500 S4 children had been drunk in the month prior to the research.

On the basis of these findings the researchers suggested that local agencies target their efforts at the issues relating to alcohol consumption and drunkenness, volatile substance abuse, and poly-drug use. Additionally, the researchers suggested that there was a ‘clear need for educational services within Lanarkshire to address the problem of ...poly-drug use.’

2.3.2.2 East Kilbride and Strathaven Schools Survey

A more recent, small-scale research project focussed on the use of substances by children in East Kilbride and Strathaven secondary schools. 584 pupils were asked to respond to questions (presented in a self-completion questionnaire) relating to the frequency of substance use. They were also asked to identify who they would approach for support if they experienced problems in relation to substance use, and what help they thought should be available if they experienced such problems. The key findings are:
• The majority of male and female respondents used alcohol occasionally or regularly.

• The majority of male and female respondents did not use drugs or did not respond to this question.

• Males were more likely to be occasionally or regularly using drugs (although a greater number of questionnaire respondents were male).

• Alcohol was by far the most commonly used substance followed by cannabis, cigarettes, and volatile substances.

• Among the pupils canvassed, the most likely type of help desired if they encountered a problem in relation to substance misuse would be ‘someone to talk to’, followed by support groups and school-based help.

2.3.2.3 Report on Streetwork Research on Behalf of the Local Council and Universal Connections for the Calderwood Area

Further research entitled Report on Streetwork Research on Behalf of the Local Council and Universal Connections for the Calderwood Area, (Fleming & McCusker, 1999), has focussed on substance misuse among young people (aged 12-18) in East Kilbride, particularly in the Calderwood area of the town. An aim of the research, carried out by street based workers over a six week period in July 1999, was to identify territorial issues between young people in the Calderwood and St. Leonard’s areas of East Kilbride. During the research period the streetworkers came into contact with 100 people aged between 12-18 and a number of local parents in the Calderwood area.

The main issues identified by the young people in contact with the streetworkers were alcohol and drug use. Issues raised included concerns that young people were purchasing alcohol in Blantyre and drugs from the Whitehill area of East Kilbride, that young women living in the Calderwood and Whitehill areas were working as prostitutes in Glasgow to support substance misuse, and the possible use of heroin by young people in the Calderwood area. The streetworkers also expressed concerns about young females drinking in the Calderwood area with boys/men in ‘wooded areas’.

The streetworkers concluded that in addition to territorial issues among young people, difficulties also included under age drinking, substance misuse, violence, lack of facilities, and safety issues in the Calderwood area. The research also pointed to a lack of facilities for young people in the area. The report's authors also noted that those involved in running community facilities in Calderwood tend to be opposed to young people using local facilities such as the community hall, unless they are members of clubs (which don’t seem to be attractive to young people anyway).
The lack of facilities for young people is presumably viewed by the authors as a factor contributing to the problem behaviour among young people in Calderwood. As a consequence, the streetworkers suggest that a youth café, under-18 discos, a variety of trips, the use of Universal Connections, access to local community halls with up-to-date facilities such as pool tables, computers and five-a-side football be provided to young people in the Calderwood area.

### 2.3.2.4 Survey of East Kilbride Public’s Perception of Substance Misuse Issues

Subsequent research in East Kilbride commissioned by Strathclyde Police’s Community Safety branch, attempted to gauge public opinion, including the opinions of East Kilbride residents under the age of 18, on a range of issues relating to substance misuse. Opinions were gauged via the use of an ‘opinionmeter’ allowing for street-based interviews with 244 individual of all ages in East Kilbride. In total, 73 males and females under the age of 18 were interviewed.

The responses obtained from this age group revealed that the majority of under-18s interviewed believed that drugs misuse had a ‘serious effect’ on the community but were unaware of any substance misuse services in East Kilbride or the East Kilbride Drugs Action Forum. This finding perhaps implies that there is a need for substance misuse services to publicise their services among young people in the East Kilbride area. Additionally, almost half of respondents aged under-18 would support a specialist clinic for substance misuse in their neighbourhood but the majority of respondents under the age of 18 either would not support the creation of a needle exchange unit in the East Kilbride area or could not express an opinion.

### 2.3.3 Drug Education

Research relating to drug education in Lanarkshire schools is scant. The main report to appear is Knowing the Score: An Evaluation of a Pilot Drugs Education Pack (Yates & Pratt, 2000). The report reviews the written material presented in the pilot ‘Knowing the Score’ education pack and evaluates the usability of the pack for teachers and the long-term impact of the pack on primary and secondary school pupils’ knowledge and understanding of drugs.

As the researchers point out, the survey was small and produced a low response rate. Nevertheless, the research found that, in general, the education pack was viewed positively by pupils and teachers, although the complex and extensive nature of the pack was criticized by some teachers as being difficult to use for teaching purposes. In terms of pupil responses to drug education, the researchers highlighted the popularity of the ‘interactive and dynamic’ aspects of the drug education provided. The research also found that pupils viewed the drug education provided as credible and accurate although the researchers cautioned that some

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17 Strategic Services & East Kilbride Drugs Forum and Action Group (2000)
18 CASTAD (Family Support Group), Substance Misuse Team, Harm Reduction Team, Community Addiction Team and the Rough Sleeper Team.
19 The researchers used a combination of postal surveys and interviews with school teachers and focus groups with schoolchildren.
pupils involved in this research advised that the drug education provided to successive school years could be repetitive.

Briefly, report recommendations centred on issues relating to the need for teachers (and pupils) to evaluate the education pack, the use of mechanisms to ensure that drug education packs were up-to-date and complete, and the need for more interactive work with pupils. Additionally, the report highlights a need for drug education for teachers delivering drug education information to pupils, the inclusion of more information on easily accessed substances, and the health implications of drug use.

2.3.4 Locally Based Studies

2.3.4.1 Living in a Nightmare: A Qualitative Study of Drug Use in 3 Areas of Lanarkshire

Research undertaken by Turning Point (1997), based on interviews with young opiate users in Abronhill (Cumbernauld), Sikeside/Greenend (Coatbridge) and Fairhill (Hamilton), pointed to a number gaps in the provision of services and areas where service provision could be improved. For example, in relation to harm reduction activities and needle/syringe use interviews revealed that:

- Few interviewees had received a harm reduction service/education.
- Injectors were reliant on older users to impart information relating to disease prevention, injecting, and the care of veins.
- Interviewees were reluctant to use needle exchanges, preferring to buy needles in local chemists rather than pay for travel to needle exchanges.
- Interviewees displayed little knowledge about cleaning works and Hepatitis C.
- Interviewees indicated to researchers that needles were shared and not disposed of safely.

In relation to users’ experiences/knowledge of services for drug users and/or their families the study found that:

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20 Turning Point interviewed new opiate users and service providers to determine the impact of current drug use on individuals and to identify opportunities for intervention among drug users. The report advised that heroin was being used by a much younger age group, that young people were progressing from using alcohol at a young age (12) to smoking opiates aged 15/16 to opiate injecting aged 17/18 and had generally been introduced to heroin by friends. More intense highs, the perception among users that injecting was a cheaper and more adult form of addiction than smoking heroin were highlighted by the researchers as reasons why young people were progressing from smoking to injecting opiates.
• Half of all respondents had tried and failed to receive help from local services.

• Waiting times of up to 6 weeks preceded access to services.

• Methadone prescribing and drug support was not available in all areas.

• Drug and community workers were not able to offer a full range of services.

• Dedicated drug services were ‘overrun with demand and seriously under-resourced in terms of staff and treatment options’.

• Users under the age of 18 were too young to access detoxification and rehabilitation.

**Key Report Recommendations**

The researchers identified a need for:

• Drug education programmes for parents and carers.

• Services to meet the needs of very young users.

• Harm reduction work, health work with injectors, locally available needle exchange schemes.

• The provision of drug counselling and prescribing services.

• A ‘serious examination of services’ to ensure a consistent range of drug service options including detoxification, stabilisation and support across the Health Board area.

• A larger set of treatment options including methadone and stabilisation programmes.

• Alternative activity programmes for those stabilising, detoxing or withdrawing from drug use.
Further localised but very recent research carried out by the Centre for Drugs Misuse Research (2001) considers a range of issues in relation to substance misuse among young people and adults. Again, substance misuse problems in Greenend and Sikeside in Coatbridge are considered. These areas are described in the report as ‘experiencing the combined catastrophic effects of illegal drugs and social exclusion’. The researchers concluded that many substances, particularly heroin, are currently available in Greenend and Sikeside and are used by adults, adolescents and possibly pre-teenage children. They suggest that drug use has been ‘normalised’ within the local culture and exposure to, and the availability of, many substances has resulted in an ‘acceptance’ of drugs, particularly by young people.

The report is extensive involving interviews, a community survey, and focus groups and presents a range of recommendations of importance to service providers in Coatbridge and Lanarkshire as a whole. A key finding is that while a range of services operate to tackle substance misuse, current services are not adequate in tackling the multiple problems of misuse and social exclusion in Greenend and Sikeside.

 Interviews with Drug Users

The researchers explored a diversity of issues with individuals in relation to their past and/or current drug use, nine of whom were in receipt of methadone at the time of interview.

These interviews revealed that:

- Eight interviewees first used cannabis or solvents aged 12-14 years.
- Two interviewees began use at 8 years of age.
- Interviewees typically progressed to smoking and injecting heroin following cannabis, recreational substance, or prescription drug use.
- Interviewees were found to have possessed little knowledge about the addictive nature of heroin prior to their initial use of the substance.

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21 The research involved interviewing 62 individuals working in a range of services, 94 local people, a community wide survey of 162 local people, face-to-face interviews with 10 drug users and a focus group interview involving 35 teenage girls. The research attempts to gauge views in relation to the nature of the local drug problem and the current service response.

22 Interviewees included 9 males and 1 female who were all residents of Greenend or Sikeside. The average age of those interviewed was 29 years (range 22-44 years), and the average time in receipt of treatment was 17 months (range 5-36 months).

23 Intravenous use, in comparison with smoking heroin, was viewed by users as more cost effective, increased the potency of the drug used and reflected the fact that this was a widespread practice in Greenend and Sikeside.
Researchers’ discussions with users revealed that needle exchanges in Coatbridge had been used but evidence of needle sharing emerged. This was viewed as being partly attributable to:

- Pharmacies providing users with an inadequate supply of needles.
- Embarrassment and humiliation attached to using needle exchange facilities.
- User apathy to such facilities.

The research also highlights the practice whereby interviewees using methadone are required to take medication in pharmacies, a situation described by the researchers as ‘degrading or embarrassing for individuals...that...did not respect client confidentiality’. The researchers also highlight GP’s reluctance to provide the users interviewed with assistance in treating heroin addiction and prescribing alternatives to heroin, and the problems associated with users who have accessed rehabilitation/detoxification facilities returning drug free to Greenend or Sikeside, areas where drugs are widely available.

The researchers asked interviewees what the main motivating reason was for stopping drug use. Health preservation was identified by only 1 interviewee. Instead, a key reason for stopping use related to the need for re-acceptance within family networks. The researchers view this finding as being of particular relevance to drug information service providers who they suggest could focus future drug awareness projects aimed at young people on the damage to family relationships/friendships caused by drug use.

Interviews also highlighted the widespread recognition among interviewees that young people in the Greenend and Sikeside areas are using a variety of substances and the perception among interviewees is that crack-cocaine is increasingly available in Coatbridge. As the researchers point out, if crack-cocaine were to become as prevalent as heroin in Coatbridge this would add extra strain to services due to the very different treatment required for this form of addiction.

The researchers also invited respondents to make suggestions regarding the improvement of drug services in Coatbridge. Suggestions included:

- Drug education and drug awareness for the community.
- An information centre for drug users and their families.
- More confidential needle exchange/supervised methadone consumption.
- A clinic specifically for drug users experiencing difficulties accessing a GP.
- Structured support/aftercare for those completing a period of rehabilitation.
- Supportive groups/drop-in centres for those in recovery.
- Diversion activities for recovering drug users.
• General facilities for young people (to provide alternatives to substance misuse).

Focus Groups with Teenage Girls

The researchers canvassed the views of teenage girls on issues relating to drug and alcohol use in Greenend and Sikeside via focus groups. These revealed that the key issue affecting this group was substance misuse/alcoholism and that most participants had witnessed, or had knowledge of, drug use. Attitudes to alcohol were described by the researchers as being ‘accepting and tolerant’ and S3-5 girls reported a ‘lifetime use of alcohol and/or drunkenness’. By comparison, all drugs were viewed as ‘dangerous’.24

Key Report Recommendations

The report highlights a number of important recommendations in relation to young people, families, residents of Greenend and Sikeside and drug education including:

• The need for alternative activities for young people to stop/reduce drugs misuse.
• A recommendation that young people are exposed to credible/relevant drugs information combined with the introduction of well-informed street-based youth workers.
• A recommendation that regular and high profile drugs awareness activities are targeted at adults and families affected by addiction and that residents are able to access information whenever necessary - preferably from a permanent site (staffed by experienced drug workers).

In relation to services for drug users in Greenend and Sikeside the report recommends that:

• A professional/specialist service is provided to meet the needs of users’ families.
• That drug treatment/after-care/counselling/detox/rehabilitation facilities are provided.
• Diversion activities and supportive networks are provided to recovering drug users.
• Consideration is given to the provision of an out-of-hours emergency beds/detoxification room/crisis centre in Greenend and Sikeside to provide short-term temporary accommodation to those experiencing drug-related crises.

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24 Alcohol consumed included Buckfast, Merrydown cider, ‘Sidekick’ (vodka) and Hooch.
In relation to drug users, drug education, and employment, the report recommends that:

- Former drug users should assist in the promotion of drugs awareness programs.
- Training and employment schemes be provided to recovering/current drug users.

### 2.3.5 Children of Misusing Parents

#### 2.3.5.1 Survey of the Needs of Families Affected by Drug Misuse in North and South Lanarkshire

The key piece of research undertaken in Lanarkshire that considers some of the issues surrounding the children of drug misusing parents is the *Survey of the Needs of Families Affected by Drug Misuse in North and South Lanarkshire*, (Barlow, 2000). This report has two key considerations. Firstly, an assessment of the needs of children affected by parental drug misuse and the needs of misusing parents, and secondly, an assessment of the needs of families affected by drug misuse.

The report is based on interviews with professionals, particularly substance misuse specialists and social work professionals, and focus groups with family support groups in Lanarkshire. However, the views of children of drug misusers are not considered by this research as the author could not engage directly with children or misusing parents.

As a necessary backdrop for the research, the report provides a very useful summary of existing UK and international literature relating to children and parental substance misuse, and families and substance misuse.\(^{25}\) Importantly, as the author points out, there is little research relating to the needs of the children of drug misusing parents in Scotland. It would also appear that the literature relating to families and substance misuse and family support groups is limited.

*The Collection of Data Relating to Children of Misusing Parents*

As the report notes, quantitative data relating to the number of children living in Lanarkshire affected by parental drug use was, at the time of report publication (2000) largely absent. However, partial collection of this form of information was undertaken by Health care and Social Work staff\(^{26}\) in certain geographical areas. Consequently, the author was able to estimate that a significant number of drug service users were also parents, ranging from 25%-60% of service users in some

\(^{25}\) As the author points out, much of the existing UK and international literature focusing on the children of misusing parents emanates from the U.S., considers pregnant women and the effect of misuse on the foetus, and the research findings are often ‘inconsistent or conflicting’. Few studies consider the development of children of drug using parents over time or the experience of older children of drug misusing parents.

\(^{26}\) Airdrie Addiction Team, Glenboig Methadone Programme, Cander Centre (Stonehouse), Hamilton/East Kilbride area (Addiction Liaison Nurse), Health Visitors, Airdrie Area Team.
areas of Lanarkshire. The author suggests that steps be taken to collect data about children of drug misusing parents and to increase knowledge about children of misusers by considering:

- Reasons why children of drug misusers are more likely to use drugs themselves.
- Patterns of psychological development (social/cognitive) in the children of misusers.
- The social/family contexts in which children of drug misusers are being raised

**Needs of Children of Drug Misusing Parents**

As noted above, the report does not consider the views of the children of drug misusers and, therefore, the needs assessment for the children of misusing parents was informed by the views of professionals and family support groups consulted by the author. The authors consultations with professionals revealed that the situation for children of misusing parents was of increasing concern in Lanarkshire, as were poor parenting issues relating to parental substance misuse including poor child nutrition and cleanliness, children being born drug dependent, children not being registered for school, and drug habits that prevented the purchase of basic child necessities.

The professionals also alluded to the issues raised for young children by parents normalising drug taking. It was also noted that school can be a break for the children of misusing parents and can be the environment where family drug misuse is disclosed. Consequently, the professionals consulted suggested the use of a school education pack that could result in more disclosures of problems at home. As noted in this review, the “Knowing the Score” drugs education pack has been used in schools and the findings of research focussing on the use of this pack in Lanarkshire schools are noted above.

**Response and Provision**

In terms of the professional response to the problems of children of misusing parents, the author points out that the professionals consulted suggested that activity in this area at the time of publication (2000) was ‘extremely patchy’ and the situation was ‘not being dealt with in a way that was commensurate with the problem.’ All professionals interviewed by the author wished to see greater priority given to prevention and looked for community-based activity that would support families with earlier intervention and greater resources allocated to service development in this field. A wide range of developments, too extensive to be fully presented here, were suggested by the professionals surveyed including:

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27 The author also alludes to issues such as isolation among children of misusing parents, feelings of embarrassment among children of misusing parents and that children often are the main source of support for misusing parents.
• Training of staff across all disciplines concerning children affected by parental misuse.
• Learning and recreational support for children within drug misusing families.
• Befriending and respite services for both parents and children.
• Development of specific services for children (e.g. young carers’ initiatives).
• Parenting initiatives, especially for those actively engaged in methadone programmes.
• Development of drug services for women and further nurturing projects.
• Community-based support services.
• Building upon existing services that have a holistic remit for childcare and family work (i.e. family centres) in order to further engage with misusing parents and their children.
• Service development with New Community Schools.

Report Author’s Conclusions and Recommendations

The author presents a wide range of recommendations in relation to the children of drug using parents. Briefly, these include:

• Earlier, preventative intervention with children at risk.
• The creation of more nurturing projects that recognise the needs of children of misusers.
• Joint training for social work staff, teachers, health visitors, nurse practitioners wherever possible.
• Adequate resourcing and replication of intensive community support to reduce family dysfunction and to help misusing parents develop more appropriate drug management and childcare practices.
• Setting up of a pilot programme whereby health care professionals in the addictions field with social work staff would deliver interventions based in the home.28

28 These would include dealing with parental substance misuse directly in conjunction with other agencies with a view to minimising the harm to both children and adults, enhancing parents knowledge and implementation of parenting skills and assisting parents with personal change, providing practical help to ensure adequate care and enhancing the functioning of the informal social network and the formal service network around the family.
The author also recommended that some children and young people would benefit from the provision of a service that dealt specifically with their needs, and not just integrated into a family based service\footnote{\textsuperscript{29}}. Further recommendations include:

- One-to-one support or group work support to be offered to children on a needs-led basis.

- Parenting skills for those parents prescribed methadone and support of developments that specifically target women drug misusers who are, or may become, mothers.

- Resources to be allocated for the use of residential rehabilitation by those who would benefit from it (such as women and children or families).

- Consideration to be given to the provision of respite facilities, perhaps one or two flats in identified areas where families can be supported through periods of crisis.

\textit{Families and Substance Misuse}

As noted above, a key consideration of Barlow's (2000) report is the effect of substance misuse on families. This issue is briefly considered here as Barlow's research provides an indication of the form of substance misuse services the parents and families of substance misusers want for misusers. The key needs of family group members\footnote{\textsuperscript{30}} revolved around more consistent, available and accessible services for drug misusers. These include:

- Continuing help for misusers when they return to their own community following, for example, rehabilitation or prison.

- Immediate response to crisis situations, accessible locally.

- Local services – as people do not have the money to travel to existing (distant) services and more comprehensive information on local services.

- Comprehensive methadone prescribing, including counselling and advice on reduction.

- More accessible needle and syringe exchange schemes.

- Advice for drug misusers regarding treatment modalities (cessation programmes, community and residential).

\footnote{\textsuperscript{29} It was recommended that the Young Carers Project (North Lanarkshire – NCH Action for Children) be fully resourced to offer a service to children and young people with misusing parents, and be advertised as such.}

\footnote{\textsuperscript{30} Family group members tended to be mothers of misusers who had experienced a range of problems associated with their child’s drug misuse such as a lack of help and unhelpful GPs, threats of violence from drug dealers, chaotic substance misuse, stigma and embarrassment (relating to misusers criminal activities and chaotic lifestyle etc.), the destruction of relationships between siblings, and younger children seeing behaviour and activity that they should not see.}
- More activity-based services and access to vocational training/education/employment.

- Drop-in facilities.

- Greater public awareness, recognition and owning of problems by professionals and locals in certain geographical areas.

- Recognition that violence exists in the drugs scene

Importantly, the author notes that the family group members taking part in the research had little knowledge and understanding about the signs of substance misuse and its effects when they first became aware of their child’s misuse.

2.3.6 Young People and Health Services in Lanarkshire

In addition to the research focusing directly on substance misuse in Lanarkshire presented above, several reports have appeared recently that consider a range of issues surrounding young people (aged 12-25) and their health, their use of health services, and the ease with which they can access health services in Lanarkshire. While this research is not primarily concerned with substance misuse and considers young people and their use of a wide range of health services, the research findings nevertheless do reveal some of the problems and concerns young people have when accessing health related services, the barriers they experience to health service use, and what they want from health services in Lanarkshire. The findings of this research will clearly be of interest to those involved in providing substance misuse services to young people in Lanarkshire and for those who wish to increase young people’s use of health services, including substance misuse services.

2.3.6.1 Young People’s Participation in the Development, Delivery and Evaluation of Lanarkshire Health Board Services

Firstly, Young People’s Participation in the Development, Delivery and Evaluation of Lanarkshire Health Board Services (Fast Forward Positive Lifestyles Ltd., 1999) is a qualitative study that considers young people’s experiences of health and health services and the views of service providers and policy makers. The research is based on focus groups with 51 young people including ‘excluded’ young people and interviews with service providers and planners. The research highlights some of the main concerns among young people in relation to accessing and using health services in Lanarkshire and the problems they have experienced when using these services. For example, the young people participating in the focus group reported a range of serious problems in relation to the use of health services including:

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31 The research is based on 8 focus groups with 51 young people aged 12-25 (66% of whom were female) including looked after and homeless young people, young parents, and young carers and young people with experience of health services.

32 Thirteen semi-structured interviews were conducted with those providing and planning health services for young people.
Discourteous behaviour from GPs, “Inflexible (and) judgmental” GP receptionists who were “excessively protective of GPs”, and GPs and receptionists who compromised confidentiality.33

Negative experiences of using health services among young mothers.

A perception among young people living in residential units that they were treated differently from other young people because of their residential status.34

Focus group participants were also asked to identify any barriers precluding the fuller use of health services by their peer group. The key barriers centred on:

- The attitudes of certain GPs and confidentiality issues (particularly in small rural communities, and where young people may be accessing their family doctor).

As the researchers note, issues surrounding confidentiality were a concern among the young people surveyed. A key recommendation of the research report therefore centres on the need for reassurance for young people about confidentiality through appropriate publicity about health services. The need to ensure that young people’s confidentiality rights are maintained in practice is also vital. Participants were further asked by the researchers to consider what they thought an ideal ‘specialist service for young people’ should provide. The most significant outcomes of these discussions were:

- A ‘multi-disciplinary’, ‘one-stop shop’ for young people regarding health.
- A confidential, informal, sensitive and people-friendly service.
- A service where young people would be involved in the planning, management and delivery of the service.
- A service housed in a separate building with smoking areas and information on display

33 The researchers noted that there were a number of reports of GPs receptionists passing on details in medical files to parents and other professionals.

34 However, it must be noted that young people were also found by the researchers to have had positive experiences, particularly those who had sought out a preferred GP and those who felt that they could communicate what they wanted to the GP. According to the researchers, the services and individuals that young people found conducive to more active participation were those which appeared to place an emphasis on developing a relationship with young people and the reports of negative experiences in health services were usually associated with settings/services where relationships were very limited or non-existent due to it not being a priority – an important finding for those services seeking to increase youth participation.
However, the researchers reported that the young people consulted tended to be sceptical when considering how they could influence services but the use of a young persons health conference and peer education were identified by the young people as a way to involve their age group in health service provision. The researchers also sought the views of the focus groups participants as to how health services could be made easier for young people to use. This appears to have elicited a number of useful responses including changing the layout of surgeries to less formal arrangements, addressing issues surrounding confidentiality, having GPs visit young peoples’ settings, and longer consultations.

**Key Report Recommendations**

In addition to the need for health services to address problems relating to confidentiality issues, the researchers also suggested a need for:

- Health/support services for young people in an environment they find comfortable.
- Multi-disciplinary training in how to involve young people in services for relevant staff in Lanarkshire including those working in primary care.
- The development and encouragement of peer education/peer support initiatives.
- Tailored primary care services for addressing particular health priorities, giving thought to establishing substantial projects and learning from relevant work (i.e. Rushes).
- Support and dissemination of good practice in the voluntary and statutory sectors.
- Consideration of a youth health conference as a potential consultative forum

**Service Providers and Policy Makers**

In addition to seeking young peoples’ views the researchers also sought the views of health service providers and planners. Discussions, which confirmed many of the young peoples’ responses presented above, revealed that the key health issues facing young people in Lanarkshire, according to the providers/planners consulted, were drug, alcohol, tobacco use, sexual health and mental health issues (the latter for the most excluded young people) and low self-esteem and suicide (particularly among young men). In relation to health service use, non-use of health services was felt by the providers/planners consulted to reflect a combination of factors including embarrassment among young people and restrictive 9-5 opening hours.

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35 Young people with experience of Rushes tended to recognise the ‘possibility and desirability’ of their input but ‘had few suggestions for making it happen beyond the traditional management committee structure’. Also, the young people consulted found it hard to imagine GPs listening to their views about health service provision. The researchers also note the infrequency of health service research focussing on young people and noted that the study participants were surprised that their views were being solicited on health issues.
Issues surrounding confidentiality at GPs surgeries, especially in small communities, were also thought to preclude service use among young people.

Service providers and planners also identified a range of barriers to young people wishing to access and use health services. These included:

- Lack of accessible information about what a service provides, lack of access to services at evenings/weekends, and geographical factors (i.e. rural parts of South Lanarkshire).

- Fears about anonymity and stigma (associated with mental/sexual health services) and parental misunderstanding of service aims (sexual health clinics)\(^36\).

- Previous negative experiences on the part of the individual and registration issues, mainly amongst young homeless people

Therefore, the changes required to redress these problems, as suggested to the researchers by providers and planners, included locating services in places where young people can access them, more local and proactive approaches tailored to different target groups, ensuring that services are properly publicised and providing suitable opening times.

*Young People and Health Service Involvement*

It is important to note that the providers and planners consulted could provide the researchers with few instances of youth participation in health services and those young people participating in such schemes were viewed as ‘more privileged’ whilst those who ‘really needed’ the service tended not to get involved. The factors thought by the providers and planners to facilitate young people’s involvement in services and their involvement in the planning and delivery of services included:

- A confidential service provided in young people-friendly settings.

- Self-referral and drop-in options and allowing young people to publicise services.

- Tailored services for young people not just an adult service with a name-tag.

- Services that advertise confidentiality and where young people can attend with friends.

- Less formal and clinical services.

- Peer education (publicising services/providing relevant information)\(^37\) and peer support.

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\(^{36}\) Presumably concerns about anonymity and parental misunderstanding of service aims are likely to act as barriers to young people wishing to use a substance misuse service.

\(^{37}\) PHACTS and Rushes were noted as examples of good practice in this area.
In terms of improving health services, providers and planners suggestions included making services more responsive and proactive as well as improving uptake of existing services, innovation and new resources, and the need to engage young people in service design. Specific ideas included improved publicity for existing services (outlining their aims and focus) and the targeting of schoolchildren. Finally, the researchers requested that the providers and planners suggest how they would involve young people if they were in the position to develop a new specialist health service for young people and the form this new service would take. Briefly, suggestions included:

- A young persons health clinic (within a health centre), that would tackle wider issues (drugs/smoking, sexual health, nutrition, relationships), provide literature, music and refreshments, be advertised as confidential and could be accessed outwith school hours.

- A ‘one-stop shop’ health service with many specialist staff under one roof.

- A specialist youth service with staff who want to work with and involve young people.

- A service covering all health issues, with other facilities for young people, that would involve young people from inception and would be seen as a community resource.

- The placing of a health professional in secondary schools, (who could serve associated primary schools), and lead on health issues and support teaching/guidance staff.

2.3.6.2 Sexual Health Services for Young People in Lanarkshire

A subsequent qualitative study undertaken by Fast Forward Positive Lifestyles Ltd. (2000) further highlights what young people want from health services. This study considers sexual health services only, focussing on young peoples’ concerns in relation to accessing sexual health services, how they envisage any involvement with sexual health service providers and the factors that will encourage young people to use community based sexual health services.

While this research is not of direct relevance to substance misuse issues the research does provide an indication of what young people in Lanarkshire want from a health service in terms of service layout, service staff, service opening hours, service information and publicity materials. The findings of this research are likely to have relevancy for all health service providers, not solely those providing sexual health services, who target or may be considering targeting young people. It is very likely that the needs of young people in relation to sexual health services in Lanarkshire are likely to correspond with what they want from other health services including those focussing on substance misuse. Therefore, it is necessary to provide a brief summary of the research findings in this review, especially those findings that focus on what young people want from (sexual) health services and the concerns they have about accessing services.
The research is based on focus groups with 46 young people (aged 13-24) and interviews with service providers. The researchers asked focus group participants what they wanted from a (sexual) health service and suggestions, largely supported by those conducting the research, include the need for:

- A service providing drop-in and fixed appointment options with non-traditional opening hours (weekends/evenings/lunchtimes) and a telephone help-line.

- A ‘non-judgmental’ approach as well as an ability on the part of staff to make young people feel at ease (i.e. staff and users on first name terms).

- A service with friendly, (younger) staff who are aware of the issues that affect young people and can communicate information in a way that young people understand.

- Consistency of staff for young people to see again and again and where, as the researchers recommend, young people could ask for particular staff members.

- A service with an attractive layout with soft furnishings, magazines, TV, music, refreshments, smoking areas and where users could attend with their friends.

- A service that utilises eye-catching advertising (posters, magazines, local radio, leaflets, web) - hearing of the service through friends was felt to be the best form of publicity.

- A service where information, aimed at differing age groups, would be provided by computer packages, touch screen packages, magazines, leaflets and videos.

- A service where counselling and support is provided whenever young people require this form of support and also crèche facilities (for young mothers).

- A service where young people could design publicity material that would be located in schools, colleges, youth clubs, community centres, shops and leisure facilities.

- A service that would provide regular open days.
The researchers also asked young people participating in focus groups to identify what concerns they would have in relation to accessing a (sexual) health service. These included concerns about:

- Being judged and not listened to by staff and long waiting times to access services.
- Confidentiality issues.
- The inability of young teenagers to travel to health services independently (dependent on service location) and fears among younger teenagers that services would be accessed by young people (i.e. up to age 25) and the embarrassment that might stem from this.

*Young Peoples Involvement in Service Provision as Volunteers*

The young people consulted were found to be generally favourable to the idea of their peer group volunteering in (sexual) health services, especially if volunteers were older teenagers with some training. Suggested roles included tea-making, reception duties, demonstrating computer health packages, providing talks to young people in schools, youth clubs, and to professionals. However, concerns were expressed about volunteers having access to information about service users or volunteers being people they knew.38

While this research focuses on sexual health services it is likely that young people are just as favourable to the idea of members of their peer group volunteering in substance misuse services and research that would consider such issues with young people who have accessed or may access substance misuse services in the future would be worthwhile.

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38 The researchers suggest that the training provided to young volunteers by service providers should include team building, confidentiality, boundaries, roles and responsibilities and that consideration should be given to the involvement of young people in publicising the service to professionals. Also, as the researchers note, the young people consulted felt that allowing young users to evaluate health services was important and could involve the use of questionnaires, a suggestions box and evaluation cards.
2.4 Research Gaps

While a number of sizeable reports have appeared in the last 6 years there are substantial gaps in the research relating to substance misuse and the provision of services to both adult substance misusers and those under the age of 18 in Lanarkshire. Overall, as in the rest of Scotland, there is a dearth of information relating specifically to young people and substance misuse.

The EIU (2000) report highlights the lack of research in Scotland focusing on young people and substance misuse, particularly vulnerable young people (homeless, in care, school excludees, truants, children of misusing parents) and substance misuse. They also point to a lack of research centring on the factors that increase the likelihood of young people using drugs and, conversely, the factors that help to prevent young people drifting into substance misuse. Furthermore, the absence of research relating to the transition from primary to secondary school and the impact of leaving secondary school and the connection these events may have to substance misuse is also identified. Researchers working in the substance misuse field in Lanarkshire should consider addressing all of these themes.39

The summaries of previous research findings presented above show that the existing Lanarkshire-based research relating to young people (particularly schoolchildren), substance misuse, and drug education in schools has tended to be small-scale, with the exception of the Centre for Drug Misuse Research survey on the nature and extent of drug misuse among schoolchildren (1997). Nevertheless, while this latter research surveyed a large number of schoolchildren and allowed for comparisons to be drawn between the extent and nature of drug misuse among schoolchildren in North and South Lanarkshire it did not allow for any such comparisons to be drawn between different towns in Lanarkshire and within larger towns.

Additionally, while some comparative research has been undertaken within Lanarkshire, it is nevertheless extremely difficult to identify differences in the nature and extent of substance use and the differing experiences of drug users in affluent and deprived areas and in the rural and urban areas of Lanarkshire. Also, the differing experiences of male and female users and the experiences of drug users with children do not appear to have been a major consideration of existing research. The differing experiences of substance misusers according to factors such as age and socio-economic background may also be a worthwhile focus of any future research. Existing research has briefly identified the extent of criminal activity, income levels and user expenditure on drugs among a sample of drug users (Taylor & Farquhar, 1998) and this is an area of research that could be further explored.

39 However, recent research (The Centre for Drug Misuse Research, 2001) considers the routes into heroin misuse via interviews with a small group of users in treatment in Greenend and Sikeside in Coatbridge.
In addition to this, Taylor and Farquar’s (1998) findings (although based on interviews with a relatively small number of drug users) suggest that women are more likely to access treatment for addiction than men (possibly reflecting differing attitudes to accessing health services among men and women in the wider population). This is an area of research that hasn’t been explored in Lanarkshire in relation to substance misuse. However, a consideration of female and male attitudes to accessing drug treatment services would be useful, particularly when determining how substance misuse services are marketed to male and female drug users.

There may also exist a need for more research focusing solely on alcohol misuse among young people in Lanarkshire as, with the exception of the Centre for Drug Misuse Research report on the nature and extent of drug misuse among schoolchildren (1997), there appears to have been little research undertaken in this area. As noted above, this 1997 report did identify high levels of drunkenness among schoolchildren of all ages in Lanarkshire. Therefore, it may be worthwhile to undertake further research into alcohol misuse in order to identify any possible changes in the patterns of alcohol consumption among young people in Lanarkshire.

Consideration should also be given to issues such as differences in alcohol misuse among boys and girls in Lanarkshire, acute intoxication among young people, parental views on alcohol use, alcohol use among young people from differing socio-economic and ethnic backgrounds, links between alcohol and drug misuse, and sources of alcohol for under-age drinkers.

Furthermore, there may also be a need for research that focuses on what young people want from substance misuse services in Lanarkshire, their concerns about accessing these services, barriers to substance misuse service use and young peoples’ experiences of using substance misuse services. Additionally, there may also be a need for more research focussing on the children of substance misusing parents, particularly research that considers the experiences of children and parents in this position. Also, an attempt to quantify the extent of this problem in Lanarkshire would also be worthwhile but would clearly be dependent on the collection of this data by all agencies involved in this work.

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40 SCIEH Interviewed 212 drug users – 21% (45) were female. 70 interviewees were in treatment at time of interview, 31% of those in treatment were female.  
41 In Scotland, consumption of alcohol among 12-15 year olds is increasing. The proportion of 12-15 year olds who had an alcoholic drink in the previous week rose from 14% in 1990 to 21% in 2000 and the average weekly consumption of those who had drunk in the last 7 days increased from 8.4 units to 11.1 units. (Scottish Executive, 2002).  
42 In Scotland, more young girls are drinking at least once a week, although boys are drinking more. In 1990, boys were more likely than girls to have had a drink the previous week (16% compared with 12%). However, by 2000, this gap had virtually closed (21% compared with 20%). (Scottish Executive, 2002).  
43 For example, recent research suggests that parents may condone or encourage their children to drink moderately, giving them uncontrolled access to alcohol in the belief that they are “educating” them. Also, parents may not always appreciate the strength of alcoholic drinks. (see Scottish Executive CRU, 2001, Section 2, paragraph 2.53)  
44 In Scotland, children who drink frequently are more likely to report drug use. Amongst children aged 12-15, drug use has been found to relate to drinking frequency. 39% of those who drink at least once a week also use drugs in the last month, compared with only 1% of 12-15 year olds who have never had a drink. (Scottish Executive, 2002).
Presently, there would appear to be very little research, if any,\textsuperscript{45} on services in Lanarkshire providing training and employment opportunities to recovering drug users. Several projects in Lanarkshire (particularly those funded by Social Inclusion Partnerships) appear to be involved in this work and it would be worthwhile if future research focussed on the efficacy of these programmes and the impact of such programmes on the ability of participants to move into paid employment or training and out of addiction.

Additionally, several reports have identified a need for ‘alternative activities’ (leisure, sport etc.) for drug users (and to prevent young people drifting into substance use).\textsuperscript{46} The mapping exercise conducted as part of the current piece of research will help to identify which statutory and voluntary substance misuse services are currently providing ‘alternative activities’ to recovering drug users. However, there may also be a need for a wider assessment of the provision of community facilities (community centres, sports facilities, youth clubs, youth cafes etc.) as part of future substance misuse research in Lanarkshire, especially research focussing on specific communities.\textsuperscript{47}

Finally, the Lanarkshire Drug Action Team should consider the creation of an up to date database of all statutory and voluntary services operating in the field of substance misuse (even if their involvement merely extends to the provision of basic information to young people about substance misuse issues). This would allow the Drug Action Team to ensure that services are aware of any forthcoming substance misuse research of relevance to their service and to allow for the dissemination of future research findings.

\textsuperscript{45} Social Inclusion Partnerships in Lanarkshire or Scottish Enterprise Lanarkshire may evaluate training/employment initiatives. At national level, the Effective Interventions Unit (2001) provides an overview of service provision.

\textsuperscript{46} For example, The Centre for Drug Misuse Research (2001)

\textsuperscript{47} The best example of this form of research undertaken in Lanarkshire is The Centre for Drug Misuse Research (2001)
2.5 Recommendations

Presented below are a number of recommendations in relation to substance misuse, young people and the provision of services. It must be noted that these are based on previous research findings dating from 1995 which may now be out of date. In addition to this, the aim of the forthcoming report will be to focus on the provision of substance misuse services to young people and to identify any gaps in service provision not previously identified by existing research. Recommendations based on the research findings will then be made.

Firstly, a number of existing research reports,\textsuperscript{48} including the most recent, (Developing an Integrated Response to Drug Misuse in Lanarkshire: A Community Based Action Research Project, Centre for Drug Misuse Research, 2001) have identified needle sharing among intravenous drug users, the lack of the use of needle exchange schemes, the unsafe disposal of injecting equipment and, possibly, an apathy among intravenous drug users to needle exchanges as some of the key problems affecting users and the wider community. This highlights a need for more harm reduction education/services, possibly the extension of needle exchange schemes (and more publicity for such schemes) and innovative ways (such as mobile needle exchanges) of ensuring that users can easily access adequate supplies of injecting equipment. It is also clear from several reports that there is a demand among intravenous drug users for more needle exchange schemes.

Recent, localised research\textsuperscript{49} has highlighted the need for drug education to be targeted at users, young people, families, adults and the wider community in the Greenend and Sikeside areas of Coatbridge. These areas would appear to be acutely affected by drug and alcohol misuse, but the lack of drug education identified in Greenend/Sikeside may also affect many other areas of Lanarkshire. The extent of this form of service provision will be identified by the forthcoming research.

\textsuperscript{48}Dunlop (1995); Turning Point (1997); Taylor and Farquar (1998); The Centre for Drug Misuse Research (2001)
\textsuperscript{49}The Centre for Drug Misuse Research (2001)
SECTION 3 PHASE ONE: SURVEY

3.1 Summary

This report provides an overview of patterns of service provision for young people in Lanarkshire in relation to substance use. The aim of the survey was to contribute to Phase One of the project by providing a review of service provision and establishing perceptions of service use, policy requirements, and training and support needs. It should be noted that the survey was not intended as a comprehensive audit, and that most of the information presented here only reflects the responses of approximately three quarters of identified service providers.

The main findings of the survey are:

- There is a concentration of known services around the areas of Hamilton, Motherwell, Coatbridge and Airdrie. Services seem to be tightly clustered within a relatively small number of postcode areas.

- East Kilbride and Hamilton/Blantyre have the fewest number of known services per young person, while Airdrie and Coatbridge have the highest ratio of services.

- Approximately one third of responding services described themselves in terms of ‘A specialist service dedicated solely to under-18s’.

- Just less than half of responding services indicated that they provided some kind of drug education. Eleven responding services identified that they provided a peer education programme.

- More than two-thirds of responding services indicated that they were involved in some form of harm reduction activities. The most commonly cited activities were information for young people, information in relation to sexual health, and information for parents.

- The Airdrie area has the highest number of needle and syringe exchange outlets per young person. The East Kilbride, Cumbernauld and Motherwell areas have a comparatively low number of outlets. There seems to be a degree of uncertainty regarding the policy and statutory framework within which this kind of provision for should operate in terms of young people.

- The most commonly cited form of treatment and support offered by responding services was counselling. This is also the most common form of treatment offered by services nationally, and certain forms of counselling have been proven to be effective.
• Very few responding services cited the use of individual-psychological and family therapies. These have however been found to be more effective in reducing drug use, psychological problems, and family and social problems than the other forms of treatment and support offered. The development of family therapy in particular has been advocated by the Effective Interventions Unit.

• Detoxification and substitute prescribing are not readily offered to young people under the age of 16.

• Only three responding services offered residential treatment to young people.

• Further investigation is required in relation to the provision of leisure and recreation opportunities for young people who are vulnerable to problem substance use.

• Relatively few services are involved in outreach work with young people.

• The majority of responding services’ opening hours were comparable to office opening hours. Only a few responding services had taken steps taken to enhance service access, such as a 24-hour helpline or a freephone number.

• Around one third of respondents indicated that their premises were unsuitable for the provision of services to under-18s.

• Young offenders and young homeless people were the specific types of young people most often indicated as clients of responding service providers.

• The referral source cited by most respondents was social work, which suggests that most young people may not come into contact with services until they are in some form of crisis, and emphasises the need for early intervention.

• Alcohol and cannabis were indicated as the substances most commonly used by clients of responding services. The vast majority of respondents listed alcohol and cannabis within the top three most commonly used substances.

• Most responding services indicated that they had training needs in relation to substance use and young people.

• Almost two-thirds of respondents, including a range of statutory and non-statutory services, stated that they did not have formal operating policies relating to substance misuse and young people.

• Just over half of the services were able to refer to clear guidelines on specific issues relating to problem substance use and young people. Three quarters of respondents indicated that the need for clearer and more consistent operating policies for organisations when providing services for clients under the age of eighteen was a priority for their service.
3.2 Introduction

3.2.1 Background

This report provides an overview of patterns of service provision for young people in Lanarkshire in relation to substance use. The survey was developed and carried out by George Chalmers and Julie Arnot of the University of Strathclyde Department of Environmental Planning, in collaboration with the ADAT Research sub-group.

The aim of the survey was to contribute to Phase One of the project by providing a review of service provision and establishing perceptions of service use, policy requirements, and training and support needs.

3.2.2 Definitions

In the context of this report, ‘service provision’ is used to describe all forms of services for young people that provide education, advice and information, harm reduction resources or treatment and support in relation to substance use. In line with the recent national review of drug treatment services for young people (EIU, 2002a), the terms ‘service’, ‘service provider’ and ‘agency’ are used to refer to the provider agencies, and the terms ‘intervention’ or ‘treatment type’ are used to describe the specific types of work undertaken.

The primary focus of the survey is on the 12-18 year-old age group, although under-12s are mentioned on occasion. The term ‘substance’ is used to refer to alcohol, drugs, and volatile substances.

3.2.3 Methodology

Questionnaires were distributed to approximately 120 services in January 2002, and followed up by telephone calls where appropriate. A wide variety of services were surveyed including various North and South Lanarkshire council agencies, NHS Primary Care services, pharmacies, and various youth projects. It should however be noted that many generic and informal youth clubs and services were not included, and that the survey was not intended as a comprehensive audit. The distribution list was compiled through contact with Social Work departments, Housing departments, Community Education and Community Services, voluntary umbrella groups, Scottish Enterprise Lanarkshire, Social Inclusion Partnerships (SIPs), and Strathclyde Police.

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50 See section 5.2 Appendix 1 – Questionnaire distribution list
3.3 Service Provision

3.3.1 Response rate

88 out of the 120 questionnaires were returned – a response rate of 73%. Of the 88 responding services, 23 did not meet the criteria of providing a service to young people under the age of 18 and therefore did not complete the questionnaire. A variety of reasons were given for not providing a service to under-18s. The main reason given was that such clients generally did not present to the service, and if they did they would be referred to another agency such as Social Work.

3.3.2 Location of services

Although it will not be possible to provide any detailed information regarding the 32 services which failed to respond to the survey, the location and catchment area of 30 of these services is known from a previous mapping exercise conducted for the ADAT. Chart 1 therefore shows the location of the 65 responding services which met the criteria and the additional 30 known services which did not respond to the survey.

Broadly speaking, there appears to be a concentration of services around the areas of Hamilton, Motherwell, Coatbridge and Airdrie. The other main point of note is that services seem to be tightly clustered within a relatively small number of postcode areas.

3.3.3 Geographical coverage

In order to gauge levels of service provision at a local level, services were asked to indicate the geographical areas which they covered and the number and type of associated staff. It was anticipated that this information could be combined with target population data to indicate the level of provision in each local area. Due to omissions and inconsistencies in responses, however, this proved to be impossible. Nevertheless, the available information on catchment areas can still be used to provide an idea of the number of services which cover each area, accepting that there will be no indication of the extent of coverage.

Chart 2 shows that the Hamilton/Blantyre and Airdrie areas had the greatest number of known services while the East Kilbride areas had the least. If target populations were taken into consideration, however, Hamilton/Blantyre would appear alongside East Kilbride as one of the areas with the fewest number of services per capita, while Airdrie and Coatbridge would have the highest ratio of services. It is however important to bear in mind the limitations of this data in the absence of information regarding volumes of whole-time equivalent staff.

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51 Local Health Care Co-operative (LHCC) geographical areas have been used in this respect.
52 See section 3.7.5 Staffing levels
* indicates the location of the service. Occurrences of services sharing a postcode are indicated by a '2' or a '3'
3.3.4 Levels of specialisation

Service providers were asked to categorise the kind of service they provided to young people. Table 1 shows the number of respondents who selected each of the four categories provided.

### Table 1 – Category of service

<table>
<thead>
<tr>
<th>Category</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specialist service dedicated solely to under-18s</td>
<td>20</td>
</tr>
<tr>
<td>A generic service with specialist workers, clinics or facilities for under-18s</td>
<td>10</td>
</tr>
<tr>
<td>A generic service which has undertaken specific action to attract under-18s</td>
<td>10</td>
</tr>
<tr>
<td>A generic service that treats under-18s but has no specialist services/facilities</td>
<td>20</td>
</tr>
<tr>
<td>missing = 5</td>
<td></td>
</tr>
</tbody>
</table>

Approximately one third of services each described themselves in terms of ‘A specialist service dedicated solely to under-18s’ and ‘A generic service that treats under-18s but has no specialist services/facilities’. The remaining third of services were split evenly between those describing themselves as ‘A generic service with specialist workers, clinics or facilities for under-18s’ and ‘A generic service which has undertaken specific action to attract under 18s’. Examples of specific action undertaken to attract under-18s mainly referred to activities and events involving sports, music, dance, games, hobbies etc.
In the recent national review of services for young people under the age of 16, which focussed exclusively on “treatment and care services designed to reduce problematic use of drugs, and/or to reduce or alleviate harm as a result of such use” (EIU, 2002A, p.1) only one service in Lanarkshire was found to meet their inclusion criteria. This was the Rushes Young People’s Drug and Alcohol Project, which also responded to the current survey.

3.3.5 Nature of interventions provided

Service providers were asked to indicate which types of interventions they provided in terms of drug education programmes, harm reduction services, treatment and support, and other interventions.

3.3.5.1 Drug education programmes

The delivery of focussed drug education programmes to young people and their families was one of the main recommendations of the research review conducted as part of Phase One of this research project. While the introduction of the “What’s the score?” drug education pack in to all schools in Lanarkshire has developed this recommendation to a certain extent, the aim of this survey was to review non school-based service provision.

In total, just less than half of responding services indicated that they provided some kind of drug education. As shown in Chart 3, 11 and 16 services respectively specified that they provided drug education programmes to vulnerable young people and their parents.

In addition, 11 responding services identified that they provided a peer education programme. It should however be noted that respondents were not provided with a definition or given the opportunity to describe what they meant by this. It is therefore likely that these respondents will be using a range of different approaches broadly defined as ‘peer education’. It is envisaged that ‘LANDED’, the recently established Lanarkshire-wide peer education service, will advance the use of these approaches, which are recognised as a potentially effective form of primary drugs prevention and harm reduction53 (Shiner, 2000).

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53 The term primary prevention is used to describe interventions that aim to discourage people from using drugs in the first place, while harm reduction describes work aimed at encouraging people that already use drugs to adopt safer methods and/or limit their use of drugs (Shiner, 2000).
3.3.5.2 Harm reduction activities

45 (69%) of the responding services indicated that they were involved in some form of harm reduction activities. As Chart 4 shows, the most commonly cited activities were information for young people, information in relation to sexual health, and information for parents. This would suggest a response to some of the recommendations made in the reports reviewed as part of this project\textsuperscript{54}.

\textsuperscript{54} See Phase One research review section 2.5 – Recommendations
In terms of needle and syringe exchange (N.S.E.) it should be noted that detailed information on N.S.E. activities is routinely collected by the NHS Lanarkshire Harm Reduction Team from N.S.E. outlets and pharmacies\textsuperscript{55}. Since none of these have fixed catchment areas (and service users will not necessarily use the nearest outlet) it is possible to get a rough indicator of local availability of N.S.E. by tallying the number of agencies within each locality.

Chart 5 shows that the Hamilton/Blantyre area has the highest number of N.S.E. outlets. When the populations of these areas are considered, however, it can be seen that the Airdrie area actually has the highest number of outlets per capita, and the East Kilbride, Cumbernauld and Motherwell areas have a comparatively low number of outlets.

55 Sixteen pharmacies and three fixed-site clinics offer N.S.E. in Lanarkshire. The Harm Reduction Team do not routinely gather information on clients accessing N.S.E. through the Lanarkshire HIV, Aids and Hepatitis Centre; the Department of Genitourinary Medicine & Sexual Health; and the Community Addiction Teams, which provide N.S.E. as part of a wider service and for the purposes of analysis are not included with the other 'low-tariff' N.S.E. facilities. 4 of the 10 responding services indicated in Chart 4 were unknown to the Harm Reduction Team and are therefore likely to have meant that they help clients to access N.S.E. rather than offering it firsthand.

56 12-17 year-olds. See section 3.8 Review Limitations.
While there are no legal implications in 16-18 year-olds using N.S.E. facilities\(^{57}\), which are therefore available in principle to this age group, it would seem that very few under-18s present at N.S.E. outlets. Over the past six months, for instance, only 6 of the 19 Lanarkshire facilities have had any transactions with under-18s. While information regarding the actual number of individuals involved is not readily available, data from one of these six agencies revealed that less than 1% of the total number of individuals presenting were under 18.

Aside from the issue of apparent lack of demand, some confusion exists regarding agencies’ responses to the questionnaire, as several respondents indicated that they did not in fact provide N.S.E. to clients under the age of eighteen. While this may be the result of their interpretation of the use of the term ‘target group’, two respondents who provided reasons alluded to a need for specialist advice regarding providing N.S.E. facilities for under-18s. This may be indicative of a degree of uncertainty regarding the policy and statutory framework within which this kind of provision should operate\(^{58}\).

3.3.5.3 **Treatment and Support**

3.3.5.3.1 ‘Other’ responses

Chart 6 shows the number of responding services offering each type of treatment and support. 55 (85%) of respondents indicated that they provided some form of treatment and support. 26 respondents claimed to provide ‘other’ forms of treatment and support. More than half of the 'other' responses alluded to referring clients on to other agencies. The remaining 'other' responses included 'Accompanying young people to appointments' and 'social activities', and a few less specialised restatements of the listed options (e.g. 'group work' as opposed to 'group therapy' and 'family work' as opposed to 'family therapy').

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\(^{57}\) N.S.E. provision for under-16s is being debated nationally.

\(^{58}\) A similar issue was highlighted in the recent review of the legal framework in Scotland relating to drug treatment services for young people under 16 (EIU, 2002a).
3.3.5.3.2 Counselling and brief intervention

The two most commonly cited forms of treatment and support offered by responding services were ‘counselling’ and ‘brief intervention’, which were both described in broad terms in the guidance notes\(^{59}\) accompanying the questionnaire. In the recent review of drug treatment services for young people (EIU, 2002a), counselling was also found to be one of the most common forms of treatment offered by services across Scotland. While it is acknowledged that the lack of an established set of definitions can lead to ambiguity in describing interventions of this type, certain forms of counselling were found by the review to be effective\(^{60}\). While the category of ‘brief interventions’ per se were not reviewed in the national study, the document from which the definition of this form and treatment and support was derived suggests that there is good evidence for its effectiveness in medical settings (Health Advisory Service, 2001).

3.3.5.3.3 Blood testing and blood-test counselling

Regarding blood testing and blood-test counselling, it should be noted that the recently commenced Hepatitis B vaccination programme will provide the opportunity for injecting drug users over the age of sixteen and their sexual partners to access HIV as well as Hepatitis B and C testing and counselling. This service is being promoted at all drug services in Lanarkshire, including needle exchanges, and clients need not be involved with other agencies in order to receive it.

\(^{59}\) See section 5.3 Appendix 2 – Phase One Questionnaire Guidance

\(^{60}\) “Culturally sensitive counselling is more effective than non-intervention controls in reducing drug use, and ...up to 36% of those exposed to this counselling will reduce their drug use (Morehouse & Tobler, 2000). Less intense health education counselling, however, is ineffective in reducing drug use (Magura, Kang et al, 1994).” (EIU, 2002a, p.25)
3.3.5.3.4 Group therapy

Less than 10% of responding services indicated that they provided any of the remaining forms of treatment and support. While no definition of ‘group therapy’ was provided, it is assumed that this refers to group sessions involving a counselling or ‘cognitive-behavioural’ approach. Group therapy can also form part of a ‘Minnesota 12-step programme’, which is one of the other categories of intervention reviewed in the EIU study (EIU, 2002a). According to ‘The substance of young needs review’ (Health Advisory Service, 2001) group therapy can be a useful component of interventions provided that groups are selected carefully and do not consist solely of young problem drug users. In contrast, the experiences relating to participation in groups expressed by the young people surveyed in Phase Two of the current research project were largely negative in nature61.

3.3.5.3.5 Individual-psychological therapy and family therapy

Only four responding services respectively cited the use of individual-psychological and family therapies. According to the national review, behaviour therapy and cognitive behaviour therapy, which are alluded to in the definition of individual-psychological therapy outlined in the questionnaire guidance notes, are likely to be effective in reducing drug use and indeed are more effective than counselling in reducing drug use (EIU, 2002a). The review also found weak evidence that behaviour therapy was effective in improving the psychological wellbeing of young drug users and that it has a weak effect on improving schoolwork, school attendance, and family relations.

Family therapy, on the other hand, is described in the national review as a “key component of effective approaches” (p.31), and “fairly strong” evidence of its effectiveness in reducing drug use, psychological problems, and family and social problems is cited. The relative lack of use of family therapy in Lanarkshire reflects the situation across Scotland as described in the national review, which advocates the development of this type of intervention.

3.3.5.3.6 Detoxification and substitute prescribing

Four responding services indicated that they provided detoxification and substitute prescribing. In addition it is known that one non-responding service offers these forms of treatment. This treatment is however only generally offered to young people over the age of 16. Indeed, 4 of the 5 services which provide detoxification and substitute prescribing indicated that they do not offer any interventions to under-16s. While there is no defined legal position in relation to providing these interventions to young people under the age of 16, national guidelines62 recommend that parental consent is obtained, and that controlled drugs should only be prescribed following a full assessment with specialist supervision.

61 See Phase Two, section 4.5.2.4 Service Approaches
Although the review of children’s and young people’s substance misuse services (HAS, 2001) suggests that “The majority of adolescents are not dependent and so do not generally require detoxification.” (p.45), it is noteworthy that 14% of Lanarkshire referrals to the Scottish Drugs Misuse Database for the year 2000/01 stated that their use of drugs became a problem when they were under the age of fifteen, and 42.8% stated that this occurred between the ages of fifteen and nineteen. Further, SMR04 data for the year 2000/01 shows that approximately 17% of Lanarkshire residents admitted to psychiatric hospitals with a principal diagnosis at discharge of drug misuse were between the ages of fifteen and nineteen.

3.3.5.3.7 Residential setting

With the exception of the undefined term ‘aftercare’ and alternative therapies, which no respondent claimed to offer, residential treatment was the least prevalent intervention cited by only three responding services. This was also the case in the national review which failed to find any residential facilities for young people in Scotland that focussed specifically on substance problems. The national review found that residential treatment is ‘strongly effective’ in reducing drug use, and also cited ‘fairly strong’ evidence that residential care reduces school disturbance and anti-social behaviour when compared with probation.

3.3.5.4 Other interventions

As shown in Chart 7, 47 (72%) responding services indicated that they offered other interventions in addition to those considered above.

3.3.5.4.1 Information about other organisations

Thirty-three (51%) responding services indicated that they provided information about other organisations to their young clients. While this is not necessarily an indicator of joint working, it suggests a degree of awareness and promotion of a broader spectrum of support among service providers.

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63 All new clients = 513, Age of onset info available = 428 (ISD, 2002b).
64 Alternative therapies were not included in the EIU review of effectiveness. A Science and Technology Committee Report to the House of Lords in November 2000 concluded that “More research is needed on the efficacy of most CAMs (Complimentary and Alternative Medicines)”
3.3.5.4.2 Leisure and recreation

Twenty-six (40%) responding services indicated they provided opportunities for leisure and recreation, which is consistently identified by research and through consultation with young people themselves as being both a need for substance users and an important part of prevention. Since this survey did not include a comprehensive range of community facilities (e.g. sports centres etc.), it is important that the nature, level and accessibility of this type of provision at the community level is investigated further, as per the related Phase One research review recommendation.
3.3.6 Service delivery

3.3.6.1 Alternative treatment and support settings

As Chart 7 shows, 43 (66%) of responding services indicated that they offered treatment and support in alternative settings. The type of activity indicated by the most respondents in this respect was home visits. However, no indication as to how many or how often home visits were undertaken was elicited in the questionnaire.

A further point of note is the relatively small number of services undertaking outreach work, given that young people with drug and alcohol problems are often described in similar terms to the populations that these kinds of approaches are targeted at (e.g. "individuals or groups ..... who are not effectively contacted or reached by existing services or through traditional health education channels (EIU, 2002b)). In addition, young people have themselves suggested that outreach services would be useful in terms of early intervention 65.

Chart 7: Alternative treatment/support settings

3.3.6.2 Opening hours

Respondents were asked to indicate the hours at which their service was available to under-18s. Of the 53 services which provided this information, 31 (48%) services’ hours were roughly comparable to office opening hours (e.g. 9:00 am-5:00 pm), eight (12%) were less than office hours, four (6%) were more than office hours, and seven (11%) simply stated that their hours were ‘variable’. Regarding steps taken to enhance service access, eight (12%) services indicated they provided a 24-hour helpline, and five (8%) had a freephone number. In the consultation with vulnerable young people conducted in Phase Two of this project, availability during unsocial hours was cited as a positive aspect of services, and it was suggested that the further development of telephone helplines may improve access to services.

65 See Phase Two report section 4.5.4.1
3.3.6.3 Accommodation

Of the 65 respondents, 20 (31%) indicated that their premises were not suitable for the provision of services to under-18s (three did not answer this question). Nine of these services provided further information on the nature of the problem in terms of suitability:

- Three services mentioned that the premises were not large enough;
- Two relayed that the premises were adult-oriented and generally uninviting to under-18s;
- Two referred to the fact that there was no dedicated areas for under-18s which mean they were mixing with older clients;
- One raised the issue that they were unable to provide accommodation (presumably overnight) for under-18s; and
- One simply stated that their premises were 'school accommodation'.

The importance of physical separation from adult services was emphasised in the recent national review of drug treatment services for young people (EIU, 2002a). This can help prevent young people coming into contact with adult users and possibly dealers. In terms of disabled access, 27 (42%) responding services had full disabled access and thirteen had partial disabled access to their premises.
3.4 Characteristics of young service-users

3.4.1 Categories of young clients

Service providers were asked to indicate the types of young people using their service in terms of various categories provided (see Chart 8). While it is not possible to estimate how many of each category of young people attend services (indeed many young people will belong to several of these categories simultaneously), young offenders and young homeless people were the specific types of young people most often indicated as clients of responding service providers. Examples provided by respondents of ‘other’ young people included:

- young parents/carers;
- schoolchildren;
- dual-diagnosis clients;
- young blind people;
- and so-called 'moshers'.

Chart 8: No. of respondents indicating each category of young people

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>54%</td>
</tr>
<tr>
<td>Young offenders</td>
<td>26%</td>
</tr>
<tr>
<td>Young homeless</td>
<td>40%</td>
</tr>
<tr>
<td>School excluders</td>
<td>31%</td>
</tr>
<tr>
<td>Children of missing parents</td>
<td>29%</td>
</tr>
<tr>
<td>Children at risk of drug misuse</td>
<td>29%</td>
</tr>
<tr>
<td>Cared for/accommodated by L.A.</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>23%</td>
</tr>
<tr>
<td>Families of misusers</td>
<td>22%</td>
</tr>
</tbody>
</table>

missing = 1
3.4.1.1 Young offenders and young homeless

In a recent survey of the service needs of young offenders in Lanarkshire (Beaton & Eley, 2001), 10 out of 25 young offenders\(^{66}\) indicated that they always committed offences to obtain money for drugs, 16 stated that they always or usually committed offences under the influence of drugs, and 11 reported that they always or usually committed offences under the influence of alcohol. In addition, 12 out of 28 young offenders had received drug and alcohol services in relation to their offending behaviour. These findings support the strong correlation found between substance use and youth offending\(^{67}\). A rough estimate of the scale of service needs in terms of young offenders in Lanarkshire would suggest that around 150 young people\(^{68}\) may require ongoing support to deal with substance misuse difficulties (Lanarkshire ADAT 2002a).

Research conducted in Scottish cities\(^{69}\) has also confirmed the association between problem substance use and homelessness. In one study, it was found that 56% of homeless people under the age of 35 were addicted to drugs, with heroin being the most common.

3.4.2 Age groups

Service providers were asked to indicate whether there were any age groups that were not targeted by their service. 25 (38%) respondents did not specify any age groups, and therefore indicated by default that their service was available to all young people and children under the age of 18. This however seems unlikely, and due to the possibility of misunderstanding of the question these responses should be treated with some caution. In terms of the remaining respondents:

- 35 (53%) did not provide a service to under-12s
- 18 (28%) did not provide a service to 12-14 year-olds
- 12 (18%) did not provide a service to 14-16 year-olds
- 6 (9%) did not provide a service to 16-18 year-olds\(^{70}\)

In addition, 11 services indicated that they only offered a service to young people over the age of 16.

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\(^{66}\) The term ‘young offenders’ was applied in this study to 16-30 year-olds.

\(^{67}\) e.g. Drugs Prevention Advisory Service/Standing Conference on Drug Abuse (1999).

\(^{68}\) This estimate is based on young people under the age of 21.

\(^{69}\) Office for National Statistics (2000); Wrate and McLaughlin (1997)

\(^{70}\) See section 3.8 Review Limitations
3.4.3 Client volumes

In order to gauge the numbers of young people using services in Lanarkshire, service providers were asked about their activity levels in relation to under-18s. As was found in the national review (EIU, 2002a), many services had difficulty answering these questions, which suggests that systematic recording of this kind of information is variable.

34 (52%) of respondents indicated that they monitored the volume of clients under the age of 18 using their service. Of these, 24 services provided an estimate of the number of clients using the service in the year 2000/01. The estimates provided ranged from 2 to over 1500, with most services reporting less than 50 clients.

3.4.3.1 Age and gender

40 respondents were able to provide a breakdown by age and gender of the under-18s clients using their service during the year 2000/01. A total of approximately 1300 under-18s were seen by the 40 services over the year. The overall male to female ratio of responding services' clients was approximately 4:3, and the majority of these clients were in the 14-16 age group.
3.4.4 Referral source

Chart 9 shows the sources of referral of under-18s indicated by respondents. The referral source cited by most respondents was social work, which concurs with the findings of the Phase Two work with vulnerable young people that services were mainly accessed through social work. This suggests that most young people may not come into contact with services until they are in some form of crisis, which emphasises the need for more early intervention. While this would suggest that the majority of responding services receive referrals from social work, information regarding the numbers or proportion of clients referred from each source was not elicited in the questionnaire.

Examples of ‘other’ referral sources cited were:
- Psychological services;
- Diversion from prosecution;
- Carers; and
- Community Links Officer (Careers).
3.4.5 Substances used

Respondents were asked to list, in order, up to ten substances which were commonly used by young people attending their service. Chart 10 shows the number of responding services which indicated that young people attending their service were using particular substances.

![Chart 10: Substances indicated by responding services]

In terms of the ranking order of substances, of the 49 respondents who provided a list of commonly used substances, 33 (67%) ranked alcohol as the most commonly used substance, and 10 (20%) ranked cannabis. In terms of the second-most commonly used substance, 19 of the 46 respondents (41%) indicated cannabis and 9 (20%) indicated alcohol. Overall, 96% and 80% of respondents respectively listed alcohol and cannabis within the top three most commonly used substances.

Further analysis showed some interaction between the age groups served by respondents and the particular types of substance used by clients. Of the eleven respondents who offered a service to over-16s only, seven (64%) mentioned heroin. In contrast, none of the six services that indicated they provided a service to under-16s only mentioned heroin. In addition, of the three services which mentioned cocaine, only one offered a service to under-16s.
This could arguably be seen to support national and local statistics\textsuperscript{71} which suggest that heroin use among under-16s is a very rare phenomenon. The results presented here also concur with the recommendations made in the both the Phase One research review and the Phase Two conclusions regarding a greater emphasis on alcohol misuse and the impact of key transition stages on substance use among young people.

\textsuperscript{71} e.g. Scottish Executive (2001), ISD (2002b)
3.5 Training

Respondents were asked to identify key training needs for their service from a list provided. Chart 11 shows respondents' indications regarding their key training needs in relation to substance misuse and under-18s. Twelve (18%) services did not identify any key training needs. Included in the 'other' responses were:

- dealing with young carers;
- project-based peer education;
- practical workshop materials/packs;
- child protection issues; and
- mental health issues.

![Chart 11: Key training needs indicated by responding services](chart)

The most commonly identified training needs were health awareness and theoretical background relating to substance misuse. Just less than half of respondents identified legal issues as a key training need.
3.6 Policy

3.6.1 Formal operating policies

Services were asked whether they had formal operating policies (set out in a clear policy document to which they could refer or attach a copy) relating to substance misuse and young people. Forty (62%) respondents, including a range of statutory and non-statutory services, responded negatively\(^{72}\). This suggests a marked lack of policy and/or awareness of policy in relation to working with young people with substance problems.

Of the 15 services which provided a reference to operating policies, five cited ‘local authority policies’, and one respondent each referred respectively to:

- ‘procedures for needle exchange’;
- ‘methadone guidelines’;
- ‘NCH policies and guidelines’;
- ‘Barnardos Drugs Policies’; and
- ‘Getting Our Priorities Right’

The remaining respondents referred to general ‘health and safety’, ‘harm reduction’, and ‘drugs’ policies.

The recent EIU review included a review of the current statutory framework relating to drug treatment services for young people under the age of sixteen in Scotland. This review found that the framework is derived from two key pieces of legislation, namely the Children (Scotland) Act 1995 and the United Nations Convention on the Rights of the Child 1989. The review noted that legislation and professional guidance can however appear to conflict, and various difficulties in implementing the statutory framework were examined (EIU, 2002a).

The requirement for appropriate policies is not however exclusive to services providing treatment and support. For instance, it is part of the national drugs strategy regarding young people that “All local authorities to have an agreed written policy on drug misuse applying to community education settings, covering drug education and the management of incidents of drug misuse, by 2002.”\(^{73}\)

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\(^{72}\) Nineteen services responded positively, and six did not answer.

\(^{73}\) Lanarkshire ADAT (2001, 2002b)
3.6.2 Professional guidelines

In addition to the general question regarding operating policies, service providers were asked whether they had clear guidelines on specific issues relating to problem substance use and young people. As shown in Chart 12, while the majority of respondents indicated that they did have guidelines relating to these issues, only 35 (54%, indicated by the horizontal line on Chart 12) were able to refer to or attach a copy of these.

Chart 12: No. of responding services with clear guidelines relating to substance use and young people; by issue

When asked whether the thought there is a need for clearer and more consistent operating policies for organisations in Lanarkshire when providing services for clients under the age of 18, 45 (69%) of services responded positively. 48 (74%) respondents also indicated that this was a high or medium priority for their service. These results reflect those of the national review which found that a number of respondents believed there was a need for further guidance in relation to uncertainties about the policy and statutory framework involved in the treatment of young people with substance problems (EIU, 2002a).

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74 High priority – 21 services, medium priority – 27 services.
3.7 Further aspects of service provision

The following sections briefly outline various aspects of service provision which were gleaned in the survey but not incorporated in the main findings above.

3.7.1 Assessment/care management

24 (37%) responding services indicated that they did not provide any form of assessment/care management (12 did not answer). Of the remaining respondents, 22 (34%) stated that they undertook care-planning and review, 19 (29%) offered a comprehensive assessment, and eight (12%) provided screening for under-18s.

3.7.2 Feedback systems

27 (42%) respondents reported having a system in place to allow under-18s to provide feedback on their service. Of these:

- Eleven (17%) indicated reviews;
- Eight (12%) specified user meetings/forums;
- Five (8%) used evaluation forms;
- Two (3%) mentioned ‘general feedback’; and
- One respondent referred to an ‘action plan with support’

3.7.3 Waiting lists

Twelve (18%) of the 65 responding services indicated that they operated a waiting list for under-18s (seven did not answer). Of these twelve services, seven cited alternative services that they could refer waiting clients to, namely:

- Social work substance misuse team;
- Any other appropriate service;
- Education services;
- Educational psychologist;
- Health visitors;
- Other social work; and
- Other sport/youth clubs.
3.7.4 Funding

Chart 13 shows the funding sources cited by the 46 respondents who provided this information. Only 20 (31%) of respondents indicated that their funding was ongoing. The recent national review of drug treatment services for young people has highlighted that annually renewed funding can create uncertainty and cause problems with the retention, development and efficiency of staff resources (EIU, 2002a).

Chart 13: No. of responding services indicating each funding source

3.7.5 Staffing levels

53 (82%) respondents provided a detailed breakdown in terms of the gender and type of staff in their service. A further two respondents give the total number of staff only, which were 18 and 250 – the latter referring to volunteers registered with a drop-in centre. Chart 14 shows the gender and type of staff listed by responding services.

Services were also asked to provide information on how many of their staff actually worked with under-18s. The total figures quoted by 44 responding services were:

- 288 volunteers;
- 219 full-time staff;
- 180 sessional staff; and
- 39 part-time staff.
It should be noted that the 288 volunteers includes 250 mentioned above, who work with a single service. It is not clear how this number of volunteers, or indeed the sessional and part-time staff would translate to whole-time equivalent staff. In the review of evidence for effective interventions (EIU, 2002a), the importance of experienced and well trained staff with low turn over was highlighted.

Chart 14: Total staff quota of responding services; by type and gender

Missing = 12
3.8 Review Limitations

There are several factors which have served to limit the extent of this review of service provision for young people in Lanarkshire in relation to substance use. Firstly, as mentioned in the 'Methodology' section (1.3) there are various generic, informal, and transitory youth clubs and services that were not included in the survey. Secondly, although basic information such as location and catchment area of most non-responding services was available, the detailed information presented here only reflects the responses of approximately three quarters of identified service providers.

Another limitation relates to the inconsistency with which respondents answered the questionnaire, such that only a certain proportion of services were able to provide information on matters such as client profiles and volumes, funding, opening hours and staffing levels.

A final limitation which should be noted is the lack of clarity regarding what is meant by the terms ‘under-18’ and ‘under-16’. It is likely that respondents will have varying notions of whether for example the term ‘under-16’ is inclusive of sixteen year-olds or only refers to young people up to and including age fifteen, and this may have a significant impact on their service procedures in terms of their perception legal implications. The use of imprecise terms in the questionnaire is likely to have exacerbated this problem.
SECTION 4  PHASE TWO

4.1 Summary

*Tackling Drugs in Scotland; Action in Partnership* is Scotland’s national strategy developed in the context of the UK Government’s white paper Tackling Drugs to Build a Better Britain. To develop an action plan to support the delivery of the Strategy locally, the Lanarkshire Alcohol & Drug Action Team (ADAT) required information on the needs of under-18s affected by substance use in relation to service provision.

The focus of this assignment was on young people perceived as vulnerable or at risk of the consequences of substance use. 120 young people participated in the assignment.

Information was gathered through a series of focus groups and individual interviews. The research team comprised independent consultants and six peer researchers, trained in basic participative research methods. The added value gained through using the peer researcher approach was evidenced by the ease and positive engagement of participants in the research process.

99% of participants reported using alcohol at least once a week, irrespective of age. Much of this could be described as chaotic eg. mixing wine, spirits and cider. Buckfast wine was the most common drink use by participants and more than half the participants believe that alcohol is required for a good night out. Alcohol was reportedly mixed frequently with prescribed drugs, painkillers and ecstasy.

Connections were made between alcohol and violence, both in family homes and communities. Girls also made connections between alcohol use and sexual violence.

Of the 120 young people who participated in the research process, 99 reported using illegal drugs. Clear distinctions are made between cannabis, ‘leisure drugs’ which include speed, ecstasy and cocaine, and heroin. Cannabis is viewed as a benign, harm free substance whilst heroin has been effectively demonised. It is viewed as instantly addictive, the cause of personal and family breakdown, criminal activity and early death.

Knowledge about services was limited. In general, only those young people who had direct experience of services had any knowledge of their role and function, how to access them and their methods of support.

Participants reported mixed experiences of services, with views about GP services being consistently negative. The Rushes project was the most positively viewed service. Participants distinguished between those services they *could* use and those they *would* use. However, the person delivering a service and their approach was seen as being as important as the service delivered.

Participants identified the need for services to be more effectively joined up. They focused on the need to improve communication between services and agencies and develop consistency in both information and support in relation to substance use.
Staff in a range of services and agencies would benefit from a multi-agency programme of training and awareness-raising on young people and substance use.

Those services that adopted a joint approach of both individual support and groupwork were viewed more positively than those services focusing on groupwork as their main method. However, where participants had accessed services, they were more likely to be groupwork based.

Early intervention strategies should focus on information about substances, their effects, harm reduction advice and information about services. Information should be viewed as a universal service, targeted at young people at key transition stages ie. starting primary school, starting secondary school, 16th birthday.

Proposed early intervention mechanisms include:

- Peer education.
- Use of ex-users as educators.
- Increased community based youth work and leisure opportunities.
- Published material.
- Direct mailing.
- Outreach services.
- Use of the Internet.
- Telephone helplines

There is a need for dedicated services focusing on young people and substance use. Key elements recommended to ensure effective, relevant services include:

- **Build joined up services** – improved communication, clarity over policy and practice standards.
- **Ensure targeted, flexible services** – in recognition of the diverse and changing needs of young people.
- **Develop clarity over routes to services** – to enable young people to understand how to access appropriate services.
- **Promote person centred approaches** – focusing on young people as individuals rather than as a set of problems.
- **Develop a monitoring and evaluation framework used across services** - to promote consistency and inform service planning.
4.2 Background

*Tackling Drugs in Scotland: Action in Partnership* is Scotland’s national strategy developed in the context of the UK Government’s White paper *Tackling Drugs to Build a Better Britain*.

To develop an action plan to support the delivery of the Scottish Drugs Strategy locally, Lanarkshire Alcohol & Drug Action Team (ADAT) required information on the needs of under-18s affected by substance use in relation to service provision.

A research sub-group of the ADAT identified a number of areas requiring further investigation.

Research was commissioned in two stages. This report covers the work of stage 2, focusing on the extent of the substance use problem locally, consequences of substance use and young people’s perceptions of and use of services. The research targeted 12-18 year olds.

The ADAT requested that the focus of the work be on those young people perceived as being *vulnerable* or *at risk* of the consequences of misuse. They were categorised by the ADAT as:

- Young people who are looked after/accommodated by local authorities, or are local authority care leavers.
- Young people who are homeless or living in supported accommodation.
- Young people involved in the criminal justice system.
- Young people who have substance misusing parents.
- Young people excluded from school, persistent truants or school refusers.
- Young people living in an environment with a high availability of substances.
- Young people in targeted training or work related programmes.
The objectives outlined by the ADAT were:

1. **Substance use by target group:**
   - Establish exposure to substances and key factors influencing transition to use and uptake.
   - Establish use of substances by the target group.
   - Ascertain perception of use of substances by others in the target group.
   - Establish views and attitudes about the consequences of substance use amongst the target group.
   - Establish the impact of substance use on educational attainment and recruitment prospects, including attendance at school and employment training.

2. **Services – use, perceptions and need:**
   - Establish the target group’s knowledge about services.
   - Establish the target group’s use of services.
   - Establish the target group’s perception of services by gathering views on:
     - appropriateness and quality of services received.
     - service gaps and what they want.
     - barriers to access
   - Explore acceptability of early intervention in relation to substances and the target group.
   - Develop information on a potential model of service provision which includes more effective use of existing services informed by the research.
4.3 Approach and Methods

Meeting the ADAT’s objectives required collection of both qualitative and quantitative data. This involved us developing methods that both involved young people in qualitative discussion about substance use and services and indicated reliable numbers and percentages using substances and services.

It was acknowledged early on that, for young people, discussion or personal disclosure about substance use, may be threatening. To overcome this, three key methods were established.

- The use of peer researchers to co-facilitate work with young people.
- On-site focus groups of between 4-12 young people already known to each other through existing groups or as service users. Contact with groups was made through a range of agencies and projects in both the statutory and voluntary sectors.
- Limited number of individual interviews with young people not willing to participate in group discussion

4.3.1 Peer Researchers

Six young people, all currently involved in community activity or projects as volunteers worked with the consultants on a pool system to co-facilitate focus groups.

Small group or individual briefings were arranged for people interested in becoming peer researchers. Expectations, an outline of training and the reward system were explained with time for exploring anxieties/concerns and questions. At this stage, there was no expectation that peer researchers would commit to a programme of co-facilitation.

Peer researchers completed a training programme designed to:

- Explore attitudes and values.
- Try out a range of tools and techniques for effective facilitation and consultation.
- Plan a programme for a focus group session relevant to the group participants.
- Record focus group sessions.
- explore and resolve concerns and anxieties
On completion of the programme, peer researchers were expected to co-facilitate at least one focus group and review the experience with a consultant. All researchers reported a positive first experience and remained in the pool.

The added value of this method cannot be overestimated. Involving young people in the research process had a positive impact for all concerned.

For focus group participants:

- Reduced suspicion of the research process.
- Breaking down potential barriers with adult consultants, not known to them or from the local area.
- Adding credibility and value to the focus group process.
- Positive role modelling, particularly where the peer researcher was from the same locality.

For agency staff:

- Positive example of young people working in partnership with adults.
- Reduced anxiety about potential behaviour problems in focus group (see above re. credibility of process)

For peer researchers:

- Feeling valued as young people.
- New skills and techniques learnt, transferable to other work or volunteering roles.
- Increased confidence and self–esteem.
- Enhanced status, particularly when working in own locality.
- Contribution recognised financially

For consultants:

- Enhanced local knowledge.
- Reduced suspicion amongst focus group participants.
- Increased openness amongst focus group participants.
- More robust and comprehensive planning structure.
- A range of perspectives on issues raised by focus groups.
- Frequent ‘reality checks’
4.3.2 On-Site Focus Groups

Focus groups were established throughout Lanarkshire. Contact was made through agencies working with young people considered vulnerable and meeting the criteria outlined by the ADAT.

We aimed to engage 100 young people through 17 groups covering as much of the geographical area of Lanarkshire as possible.

For some areas this presented some difficulty. Where targeting of services is concentrated in larger towns or Social Inclusion Partnership (SIP) areas or specifically aimed at rural Clydesdale, the result is that some areas have few, if any, agencies through which to contact young people in the target groups. In practice young people are referred to, or travel to, services that best meet their needs.

However, to attempt to comprehensively cover Lanarkshire, contact was made through universal services, specifically community education. Where this was the contact route, staff were asked to identify groups or individuals who might best meet the ADAT criteria of vulnerable. 15 young people participated through this route.

In total, 120 young people participated in the study through 22 groups or individual interviews.

Our experience in contacting agencies to engage their service users in the focus group process was generally positive, with most staff placing value on the opportunity for young people to influence the outcomes of the work.

However, this was not universal. Some ‘gatekeeping’, where staff were unwilling to discuss options with young people or were simply hostile to engaging in the research process, was experienced. In some instances, this resulted in young people from target groups being denied the choice to participate and have their views heard and recorded.

Focus groups took place in service or project bases where young people were used to meeting and working to both minimise disruption to the host agency’s programme and encourage young people to feel relaxed with the process. They were designed to be participative – to encourage engagement in the process from people irrespective of reading, writing or discussion skills.

Participation in the focus groups was high. Young people welcomed the opportunity to express their opinions and views, particularly where they believed this might contribute to more accessible local services.
There were, however, notable differences in the quality of participation depending on a number of factors:

- Young people used to participating in issue based groups appeared comfortable discussing personal use of substances, but were less confident when talking about service needs or expectations.

- Views about services differed depending on where people lived. Those in SIP areas generally expressed knowledge of, and positive experiences of services and were more likely to have views and ideas about shaping services whilst those from areas with no experience of targeting or ‘added value’ approaches had more difficulty in formulating what might be included in a service designed to meet their needs and expectations.

- Young women and young men reported different experiences of services or, more specifically, of intervention. However, there was no noticeable gender difference in participation in focus groups.

Concerns remain over the reliability of self-reporting on substance use. For young people under 18, there is significant suspicion about the consequences of reporting personal use of alcohol, solvents and drugs to someone not known to them. Using participative methods, some drawn from popular culture, went some way to creating a more relaxed environment. It was also possible to include some ‘reliability check’ sections, designed to expose exaggeration, denial or avoidance.

Although we cannot guarantee 100% accuracy on focus group responses, as a result of the strength of the methods adopted, we are confident that the information presented here is credible.

### 4.3.3 Individual Interviews

During the course of the research, we were made aware of young people who wished to participate in the research but were not comfortable talking about their experience of substance use or services in a group setting.

Individual interviews were arranged with 3 young people, all who reported having a current or previous heroin habit. Peer researchers were not involved in individual interviews.
4.4 Substance Use by Target Group

Substances referred to in focus groups and individual interviews were:

- Alcohol
- Cannabis
- Speed (amphetamine)
- Cocaine
- Ecstasy (MDMA)
- Heroin
- Prescribed drugs or painkillers, specifically Valium and paracetemol
- Solvents and aerosols
- Cigarettes

There were occasional references to other substances, although experience of these was extremely limited eg. one person raised ‘magic mushrooms’ in discussion, but had not experienced them.

Participants were asked about their own use of alcohol, illegal drugs, solvents/aerosols. Of the 120 young people who participated in the research, the following details their reported substance use:

- Alcohol – 118
- Illegal drugs – 99
- Solvents/aerosols - 70

Exercises encouraged discussion on the use of illegal drugs though did not demand personal disclosure relating to specific substances. Rather, participants were asked to identify the numbers of ‘close friends’ using named substances eg. ecstasy, speed. Whilst most participants reported their own use as mirroring that of their friends, there were a small number of exceptions eg. where a friend accessed cocaine from a family member not living locally. These details are recorded under the headings below:
4.4.1 Alcohol

4.4.1.1 Exposure to Alcohol

Participants reported no difficulty in accessing alcohol, irrespective of age, where they live or family circumstances. Looked after young people are no more or no less exposed to alcohol than those using universal services only.

Widely available in local shops, supermarkets, off-licences, pubs, clubs and family homes, participants are most likely to access alcohol through local shops and least likely through pubs. Few participants reported pub drinking although going to clubs at weekends was more common.

Participants had difficulty identifying key factors influencing alcohol uptake. Use of alcohol is viewed as socially acceptable and an entirely ‘normal’ activity. ‘It’s what everybody does’ was the most likely reason offered, though there were some references made to the increased confidence and reduced inhibitions experienced as a result of alcohol use.

4.4.1.2 Use of Alcohol

Of the 120 participants, 118 reported drinking alcohol on a regular basis. Regular is defined as at least once a week. Of this 118, 84 reported drinking alcohol more than twice a week and 43, every day or most days. For those drinking once a week, this is almost always at weekends, particularly Saturday nights.

Of those who reported drinking alcohol more than twice a week, all reported increased use during school holidays. This applies equally to all school ages and areas.

Drinking is most likely to take place in public places – the street, parks, car parks and gap sites. Drinking in a family house, particularly amongst young women, was also reported.

Much of this alcohol consumption could be described as chaotic. Over 80 participants reported mixing drinks to get drunk cheaper and faster. Common mixes include Buckfast tonic wine, vodka and cider or Buckfast, extra strong lager and vodka. Participants also report mixing alcohol with other substances, most commonly ecstasy or paracetemol.

Having been advertised in the 1930’s in Hong Kong as ‘the dew on the grass in the early morning’, Buckfast is more commonly referred to amongst participants as ‘fighting juice’ and is the first choice of alcohol for most young people who participated in this assignment as well as their friends.

‘Everybody drinks Buckfast – it’s Wishaw’s national drink’
21 participants had attended hospital accident and emergency (A&E) departments to have their stomachs pumped. Of these, 11 related to emergency treatment resulting from alcohol only. Ten were as result of mixing alcohol with ecstasy, Valium or paracetemol.

Arriving at an A&E department by ambulance is the most likely route although anecdotal evidence of friends taking young people to A&E was offered. For all those participants over 16, parents or carers were not made aware of treatment accessed via A&E. This is viewed as a fundamental element of the service and one that has the effect of ‘giving permission’ to friends to call an ambulance when required.

We are aware of current discussion between social work departments of Councils and A&E services in relation to late night discharge from A&E departments and the implications for protection of vulnerable young people. Where young people are discharged late at night, there is understandable cause for concern. However, were young people to choose not to use services because of reporting between agencies or anxieties about parental involvement, this would equally raise issues of safety as well as access to the service.

Two young people reported that they did not drink alcohol. One had never used alcohol: the other, at 18, gave up alcohol at 16, following an alcohol related family death.

4.4.1.3 Attitudes to Alcohol

Attitudes to alcohol vary more than to any other substances. This includes attitude differences between boys and girls.

Responses to the statement ‘being able to hold your drink is a sign of maturity’ could be divided equally between those who strongly agreed and those who strongly disagreed. Boys were more likely to agree to this statement and the older participants were, the more likely they were to disagree. For those who agreed with the statement, increased confidence and sociability as well as alcohol use being associated with adult behaviour, were identified as the key contributors to their views.

Responses to the statement ‘you need alcohol to make a good night out’ mirrored this. More than half the participants strongly agreed with this statement. The only group who all strongly disagreed were young people using the Rushes project, all of whom had explored alcohol free options through group and individual programmes.

In other settings, responses were more mixed, ranging from strongly agree, mildly agree, mildly disagree to strongly disagree. More girls than boys disagreed with this statement, citing experience of unwanted sexual attention, harassment and rape when drunk. In the focus groups that were made up largely of girls, discussion around the effects of alcohol focused on the need to stay near female friends and to ‘look out’ for each other as it was accepted that boys and men would attempt to get girls drunk in order to have sex with them.
Participants demonstrated awareness about the health impact of alcohol. Several references were made to the current HEBS TV campaign, seen as being accurate, if not behaviour changing. All believed that alcohol use has a detrimental impact on health. Alcohol related violence, including domestic violence, was cited by 50% of participants as the most obvious example, followed by liver damage and psychological disorders.

‘My dad would fight with lampposts when he had a drink in him – but mainly he took it out on my mum’

Most participants believed there to be little difference between using alcohol and most available drugs. Heroin is the exception to this. 91 participants strongly or mildly agreed with the statement ‘taking illegal drugs is no worse than drinking alcohol’. Reasons given for this response ranged from the impact of alcohol on personal physical and mental health to the effect of alcohol on social and family life: debt, poverty, relationship breakdown and domestic violence.

Those who disagreed with the statement argued that alcohol is a safer substance either because it is viewed as less addictive than most drugs or because it is easier to access, cheaper and does not involve users becoming involved in criminal activity. Because of this, it was viewed as less likely to have negative effects on personal and family life.

‘I mean, you don’t need to hang about and get ripped off by your dealer for a bottle of vodka, do you?’

Having this awareness had little impact on participants’ use of alcohol. Drinking only one kind of alcohol at any one time or limiting alcohol intake were not seen as realistic options. Participants were clear that they drink to get drunk: that this increases confidence, sociability, reduces anxiety and inhibition and is the best mechanism to escape problems or difficult issues.

There is also awareness of alcohol as a socially acceptable substance. Several participants referred to the hypocrisy of adults, including parents, teachers, social workers as well as other service providers, known to use alcohol themselves, who ‘lecture’ young people about the dangers of alcohol use.

Girls expressed particular distaste for drunken older men: ‘likely to be sleaze bags or nutter’s’.

Newspapers were also criticised. Several young people referred to the widespread coverage given to ecstasy related deaths and use of ecstasy at large dance events. They were aware that alcohol related deaths in this country far outnumber deaths from ecstasy use, have an awareness of the costs of this both in terms of the NHS and work and family life and believe newspapers to be irresponsible and misleading in this area.
4.4.2 Illegal Drugs

Researchers did not offer participants a definition of illegal drugs. We were interested in participants’ own definition. Overall, there was no confusion about this, with the exception of cannabis, where some participants believe that personal use of cannabis has been decriminalised. (Media reports of recent experiments in the London borough of Lambeth and cannabis based medication for MS sufferers may have led to some confusion about the current legal status of cannabis).

4.4.2.1 Exposure to Illegal Drugs

Although not available over the counter in outlets selling alcohol, exposure to some illegal drugs has similarities to alcohol. This is specific to cannabis. Cannabis is widely available, affordable and reportedly used by parents and other family members of many participants.

Recent media coverage of cannabis, referred to above, suggests cannabis is becoming increasingly acceptable socially. Participants demonstrated substantial awareness and knowledge of cannabis: its effects, its origins, how it’s processed. It had been the subject of school projects, with information sought through library books and the Internet.

Moving through other illegal drugs, exposure becomes less universal. It becomes related to the behaviour and activities of friends, choice of social venue and, to some extent, peer pressure.

Responses to the statement ‘it is mainly pressures from friends that make young people take drugs’ were split evenly between strongly agree, mildly agree, mildly disagree and strongly disagree. This was also one of the statements that caused the most controversy amongst participants, with strong views expressed by some that ‘everyone has a mind of their own—you make your own choices’. Others described personal experience of feeling pressurised to use drugs by peers, older siblings or other family members.

Most participants drew distinctions between cannabis and other drugs. Cannabis use was viewed as a normal part of growing up—a harmless way to experiment with a substance that would help the user to relax and to feel good, with no side effects or consequences for them or those around them.

Older participants (16+) were more likely to support the view that pressure from friends and a desire to ‘fit in’ were strong influences in early drug use.

Several participants had family members who were dealers and others experienced illegal drug use within their families.

Some participants reported particular issues in relation to exposure to illegal drugs. 9 had experienced a drug-related family death, which affected their choice of drug, though did not necessarily result in them avoiding drugs altogether. They reported that they were likely to restrict their use to cannabis.
Fourteen young women, several looked after, described having used drugs to help cope with family or personal difficulties.

Two young people, who participated through individual interviews, reported their first experience of drug use as being part of an abusive situation. The abuser provided drugs and encouraged use prior to sexually abusing the young person.

4.4.2.2 Use of Illegal Drugs

Of the 120 participants, 99 reported using illegal drugs.

4.4.2.3 Cannabis

Of the 99 participants who reported using illegal drugs, all had used cannabis. Of the 21 not using cannabis, 11 came from Newarthill, an area with reduced reporting of all drug, but not alcohol, use. As detailed earlier, the two focus groups from this area were accessed via community education, so might be said to be more ‘mainstream’ than other groups.

81 participants reported using cannabis more than once a month, 76 more than once a week and 41 every day.

4.4.2.4 The ‘Leisure Drugs’ – Ecstasy, Speed, Cocaine

The term ‘leisure drugs’ is one that was offered by several participants as a way to distinguish between cannabis, heroin and other drugs familiar to, or used by, participants.

Researchers initially used the term illegal drugs to include all of the above, but participants had difficulty with responses to questions and statements and with discussion, where all illegal drugs were ‘lumped together’. They viewed speed, ecstasy, and cocaine as drugs that are used at weekends, for going out, for ‘a bigger buzz’ than cannabis but not associated at all with heroin.

Details of the use of other illegal drugs were reported as friends’ use. Of these:

- 78 reported having friends who used ecstasy.
- 61 reported having friends who used speed.
- 11 reported having friends who used cocaine
Use of ecstasy is most common amongst those aged 15 and older. The nature of drug use in terms of when, where, and with who is no different from alcohol use i.e. in social groups and public areas. This would support anecdotal evidence that participants’ use of the drugs outlined above is consistent with friends.

The exceptions to this are cocaine and heroin.

Ecstasy is often viewed as a dance or ‘party’ drug. For participants in this assignment, parties did not feature highly. Ecstasy did. It was viewed as a relatively benign drug, not addictive, but a great way to feel good and more confident.

It is also the drug of choice for a dance event or club. Reasons for this are:

- That getting into a club when drunk is unlikely, particularly for those under the legal entry age.
- That ecstasy is associated with an event or special occasion – alcohol is not.
- That using ecstasy at a dance event is the cultural norm

This is not to suggest that ecstasy is used only when going on to a dance event or club. Ecstasy is used more widely than this, but less likely to be used outwith weekends.

Speed, though not so widely used, follows the same pattern of use as ecstasy. Participants reported that although they are sometimes interchangeable, use of speed is more likely to follow exposure to ecstasy rather than the other way round.

Cocaine remains an expensive drug choice for participants. Although it is available throughout Lanarkshire, use by participants was inhibited by cost. Several reported use by older family members or friends, particularly those perceived to have well paid jobs.

Of the 11 participants with friends who had used cocaine, 6 reported that they had not used it themselves. Amongst participants ecstasy is viewed as a more cost effective alternative ‘leisure drug’.

Though not the subject of specific questions, the issue of availability and use of crack cocaine was raised in some focus groups. Little awareness of crack cocaine was demonstrated and there were no examples offered of participants’ or friends’ use.

**4.4.2.5 Heroin**

Reported use of heroin was limited to three young people who participated through individual interviews. Two had first used heroin at 14, one at 15. One was now drug free.

Other participants knew heroin users but reported that, because of their heroin use, they no longer considered them friends.
4.4.2.6 Prescribed Drugs and Painkillers

Reported use of prescribed drugs and painkillers was limited to paracetemol and Valium.

They are generally used by participants as an addition to alcohol, although several said that they used Valium to cope with difficult or unpleasant situations. Attendance at school was cited as the most likely situation to lead to a desire for Valium.

*I use Valium to get me through bad days at school – otherwise I’d walk out*

None of the participants used Valium every day.

Use of paracetemol is associated amongst participants with speeding up the effects of alcohol and was more likely to be used when money available for alcohol is limited.

Of the 21 young people who had had their stomachs pumped as emergency treatment at an A&E department, 10 were as a result of mixing alcohol with Valium or paracetemol.

4.4.2.7 Attitudes to Illegal Drugs

Attitudes to illegal drugs are informed through:

- Personal Experience.
- Word of mouth.
- Peer group.
- Drug education (though this is restricted to those exposed to particular approaches outlined under the Services section)

The association of particular drugs with groups of people influenced much of the discussion in focus groups. Participants’ exposure to drugs and how views about drugs are formulated largely reflected this. For younger participants in particular, aspirations to be part of and acceptance from groups, appeared to influence their choice of substance. This was summed in one group by:

- ‘Hash = teenagers
- *Eccies/speed = clubbers*
- *Cocaine = glamorous*
- *Heroin = scum’
4.4.2.8 Cannabis

With few exceptions, attitudes to cannabis amongst participants were consistent, irrespective of age, family circumstances or where they live.

Cannabis is viewed as a drug that is less harmful than alcohol or tobacco, is socially acceptable, helps users to relax and relieve tension and has no side effects. This extends to users' health, family stability, financial stability and community safety.

Participants cited examples of open discussion about cannabis use with teachers in school, drug counsellors, social work staff and in families.

The view that cannabis should and would soon be decriminalised was widely held amongst participants.

The absence of violence associated with cannabis use was cited as a positive side effect of cannabis use.

The two focus groups in Newarthill were the exception to this. Whilst some participants used cannabis, they appeared uncomfortable disclosing this. It was the only area where a universally negative judgement was made of use of cannabis and/or other drugs.

Individuals in other groups expressed differing views about cannabis use and its relationship to other drugs. Responses to the statement ‘young people who smoke cannabis don’t move on to ‘harder’ drugs like crack’ drew a mixed response ranging from strongly agree, mildly agree, mildly disagree to strongly disagree. Most participants (87) agreed with the statement, citing themselves, friends or family members as examples of cannabis only users.

‘I and my brothers smoke hash every day – no way would we use anything else. Everything else is different’

However, this statement also created debate about the factors that lead young people to using other drugs. ‘Wanting a bigger buzz’ and ‘boredom’ were the most common responses although some examples were given of young people using drugs to seek a temporary escape from difficult situations. These included:

- Family breakdown or conflict.
- Abuse by a family member.
- Abuse by an adult in the community or in a care setting *.
- Bullying at school or in the community.
- Peer pressure.

*references to abuse related to the past – initial disclosure did not take place during focus groups or interviews
Responses to questions and statements about ecstasy, speed and cocaine were varied and diverse.

Some participants demonstrated very little knowledge about these substances, irrespective of their own use.

There were widely differing views about their effects on users’ health, ranging from ‘not at all dangerous’ to ‘extremely dangerous’. Some participants could not distinguish between the drugs nor describe their different effects.

However, they could describe different pills they had taken and their relative effects. With speed and ecstasy generally viewed as interchangeable, this is perhaps unsurprising.

There were some expressions of fear about these drugs and their effects, largely based on the lack of information participants’ had about the various drugs and their effects.

Some participants expressed concern about taking something of which they had little knowledge. However, this was not universal.

In several focus groups there was lively debate about ecstasy in particular. Some non-users reported that they would never use ecstasy because of the fear of death from use of just one tablet. Other participants believed that those individuals whose deaths from a small amount of ecstasy had been reported in the press, were allergic to some of its components, or had mixed ecstasy with heroin or another incompatible substance.

Participants reported taking varying amounts of ecstasy, from 1-8 tablets at a time, with dosages rarely known. This was likely to be mixed with alcohol, including mixtures of wine, beer and spirits.

Ecstasy users believed there was ‘too much hype’ about ecstasy in particular, but all the ‘leisure drugs’ in general, with several users reporting regular weekend use with no negative side effects.

Sources of information about ‘leisure drugs’ were viewed as less accessible than for cannabis and often unreliable. Examples cited included press and media, the Internet, friends and drug education programmes. The Internet was cited as the most reliable.
4.4.2.10 Heroin

With the exception of users and ex-users, attitudes to heroin and heroin users amongst participants were universally negative and strongly expressed.

Young people expressed both fear and disgust about the impact of heroin on individuals, families and communities. Heroin is viewed as a drug that quickly takes over users’ lives, is instantly addictive, ‘wrecks families’ and induces contempt for users. Unlike other drugs, it is seen as a substance that controls the user, rather than the other way round.

On a scale of 0-50, with 0 representing ‘not at all dangerous to health’ and 50 representing ‘extremely dangerous to health’, all focus groups scored heroin at 50+.

Issues of family breakdown, stealing from family members, poor physical appearance of users, and risk of HIV/AIDS were all given as examples of why participants would not consider using heroin.

‘There’s a line you just never cross – that’s it’

Heroin users appear to have been demonised within participants’ communities. The term ‘junkie’ is restricted to heroin users and is viewed by participants as the most pejorative and insulting term that can be applied to someone. Contempt for heroin users and dealers was viewed as both acceptable and universal.

The heroin users who participated in this assignment were unwilling to do so via a focus group, citing the stigma associated with heroin use as the reason. Focus group participants were confident there were no heroin users in each group and were vocal in their views about this.

‘We know who’s a junkie and wouldn’t sit in a room with one’.

Heroin users detailed direct experience of the stigma described above, citing examples of rejection by friends, family and community and difficulty in accessing services, from GPs to employment and training.
4.4.3 Solvents and Aerosols

4.4.3.1 Use of Solvents and Aerosols

70 participants reported use of solvents. The most common substances were aftershave, deodorant and hairspray. Glue sticks and nail varnish were used, although it was recognised that glue is increasingly developed using non-toxic combinations.

Participants reported that solvent and aerosol use was attractive to the younger age range of this assignment. Most reported that their use of solvents/aerosols was restricted to when they were 11 or 12.

There was a general view expressed that solvent/aerosol use is in decline.

Exposure to solvents/aerosols was through shops and parents’ hairspray/aftershave.

Reasons for use of solvents/aerosols were reflective of other substances. i.e.:

- To experiment.
- To ‘get a buzz’.
- To temporarily escape difficult situations.
- Peer pressure

4.4.3.2 Attitudes to Solvents and Aerosols

Discussing solvents and aerosols was the cause of some embarrassment to participants. It was viewed as ‘uncool’, something they did when they were much younger and for those younger participants, something to be embarrassed about.

There was some awareness of the effects of solvents. ‘Your lungs freeze up’ was how the effect of solvents was most likely to be described. It was seen as an activity whose dangers outweighed its benefits.

Three participants had experienced a solvent related family death.
4.4.4 Cigarettes

4.4.4.1 Use of cigarettes

Although not asked about their own use of cigarettes, almost all participants reported smoking.

Asked about the number of their close friends who smoked, of the 120 participants, who reported having between 3 and 12 close friends, six friends in total did not smoke.

4.4.4.2 Attitudes Towards Cigarettes

Participants were aware of the health impacts of cigarettes. However, knowledge of increased risk of heart conditions, cancers and other smoking associated risks appeared to have little impact on smoking patterns amongst all but a few.

Reasons for taking up smoking were difficult to establish. Unlike other substances, cigarettes did not appear to fulfil any emotional need or offer a short term outlet from problems or difficulties.
4.4.5 Impact of Substance Use on Learning, Jobs and Training

Every focus group could offer an example of a friend or family member who had experienced difficulty with school, employment or family life as a result of their substance use.

This ranged from suspension from school, low school attainment because of concentration problems or exclusion because of unacceptable behaviour, being thrown out of the family home, difficulty sustaining training or employment to breakdowns in personal relationships.

Participants in Polmont YOI cited drug use as one of main reasons for their sentence. Looked after young people cited alcohol and drug use amongst family members as a key reason for their entry into the care system, and drug and alcohol use as reasons for school difficulties by a range of participants.

However, participants also discussed the role of school and other agency staff in tackling issues of drug and alcohol use. Several referred to the reaction of agency staff when faced with young peoples’ drug or alcohol use as being ‘kneejerk’ or excessive. Those who had experienced school suspension because of alcohol or drug use, expressed disappointment or for some, anger, that personal support had not been offered.

For heroin users in particular, a perceived fear amongst staff in schools and residential children’s units was reported as a contributory factor in continuing and progressive drug use.

‘If they hadn’t panicked so much they might have been able to help me’
4.5 Services – Use, Perceptions and Need

4.5.1 Knowledge of Services

The focus groups for this assignment were accessed via a range of services and settings. As such, participants were all service users, though few were accessing drug and alcohol specific services.

Responses to the statement ‘there are places to go locally for help/advice about drugs and alcohol’ created discussion about where participants would go as well as where they could go. The two were not necessarily the same. However, most participants simply responded ‘don’t know’ or ‘there isn’t anywhere’.

Various youth groups that participated in the research process were viewed as being approachable and supportive, though participants were unsure if staff would have knowledge and/or experience of substance use.

Those services that were given as sources of help/advice locally were:

- **Rushes Project, Bellshill**
- **Drugs counsellor, Social Work Department, Motherwell**
- **CHOSI Project, Motherwell**
- **Drugs counsellors, Whitehill Civic Centre, Hamilton**
- Community Addiction Teams
- Universal Connections, various across South Lanarkshire
- GPs, local health centres and practices

Of these, only those in **bold** were viewed as resources participants **would** approach.
4.5.2 Use and Perceptions of Services

4.5.2.1 What Works?

Of the services outlined above, the Rushes Project and the drugs counselling service of Motherwell Social Work Area Team were consistently referred to by those participants using services as being high quality services.

The key factors contributing to this view are:

- **Staff attitudes and approaches** – non-judgemental, respect for young people, respecting confidentiality, person centred approaches.

- **Knowledge of staff** – on drugs and their effects, on sources of further support, on ‘how doctors work’ or understanding bureaucracy, on street/club culture.

- **Accessibility of service** - on a bus route, as an outreach service

These services were assessed to have had a positive impact on service users’ use and knowledge of substances. Participants reported that they also contributed to a change in attitude towards substances, with alcohol free evening activities offered by Rushes seen as particularly valuable in both diverting users from regular alcohol use and offering alternative perspectives and choices.

Sixteen young people named one drugs counsellor in Motherwell as offering a particularly positive service. Access to the service via outreach and availability during unsocial hours were cited as positive aspects of the service. However, knowledge, attitudes and approachability of the counsellor were the key factors in creating the positive reputation of this service.

Views about Universal Connections were mixed. The main centres were seen as being quite formal and remote – not approachable for support or advice about personal issues. One of the focus groups was part of Universal Connections outreach programme operating locally. This was viewed differently – more accessible, ‘friendly and approachable’.

The one service viewed negatively by all participants was the GP service. Asked if ‘the health service is geared up to support young people’, there was a mixed response made up of those who had positive views about A&E services and of paramedics in particular and those who referred to GPs.

Few participants believed GPs to be approachable or supportive and concerns about confidentiality were common. This was largely explained by the fact that the GP was likely to be known more by a parent/carer than the young person, few of whom had developed a relationship based on trust.

Mixed experience was reported about A&E services, varying between those who had been offered counselling and/or referral to a psychiatrist following a stomach pump to those who had no recollection of any follow up service.
The researchers are of the view that, given the trauma associated with emergency treatment following overdose, experience of A&E is unlikely to be positive, and so for those who report positive experiences, we believe this may indicate a particularly high quality service.

4.5.2.2 What Needs to be Improved?

GPs are overwhelmingly viewed as unapproachable, intimidating and patronising. Young people with drug or alcohol problems reported particularly negative experiences of GPs, irrespective of their location. They reported difficulty accessing community detox programmes through GPs, receiving conflicting advice from different GPs within the same practice eg. about the effects of methadone and mistrusted GPs on issues of confidentiality.

GPs were also viewed as being disconnected from other services eg. social work, which caused confusion and distress to service users.

‘They don’t talk to each other – they don’t even talk the same language’

Several participants, including those with an established drug habit, referred to their perception of the lack of awareness and fear amongst agency staff on drug issues. Whilst several staff groups were identified, including teachers, residential social work staff were the main focus of this perception, largely because of the nature of their interaction with looked after young people.

Focus groups and individual interviewees commented that they found it difficult to talk about their drug use or emerging drug habit with staff in children’s units. This was different to other issues, where they felt staff to be knowledgeable and sympathetic. Participants did not use the language of blame in this context; rather, they were understanding of the position staff appeared to find themselves in ie. unsure of boundaries and lacking knowledge.

Those participants with an established drug habit and who were in residential units expressed the view that residential staff should be offered training and should increasingly become part of the ‘addiction loop’ involving social workers and NHS staff, including GPs.

During several focus group sessions, staff asked to participate. Their main reason for wanting to do this related to their own knowledge and learning needs. Staff also asked for handouts and focus group material for use as training material for staff groups. Whilst we understand the need for staff to raise their own awareness, those sessions where staff were present were noticeably less productive than others.

4.5.2.3 Contact with Police

Participants did not view the police as being associated with substance use services but acknowledged that they may be the first point of contact on the street and in areas where alcohol and drugs were taken.
It is a point of contact where participants experienced a gender bias.

With the exception of one boy, all of those young people who had alcohol confiscated or poured away by police officers were girls. Several girls experienced this on a weekly basis. Researchers asked if this experience took place in a mixed or single sex setting. No distinctions were reported, with girls stating that police officers confiscated or poured away their alcohol whilst ignoring that of boys in the group, irrespective of the age of either gender. During these interactions, there were no reported examples of police officers requesting information about where alcohol or drugs has been bought or accessed.

No participants reported having been arrested as a result of substance use alone and none, including those under 16 living within Hamilton’s Child Safety Initiative areas, had been escorted home because they were drunk or affected by substance use.

4.5.2.4 Service Approaches

Participants had experienced a range of service approaches and intervention including:

- Groupwork programmes, via social work or voluntary sector.
- Counselling.
- Community detox programmes.
- Individual support.

Of these, participants consistently identified individual support as being the most appropriate to their needs (irrespective of differing needs at different times). Young people expressed reservations about the value of some groups. They believe they work to the agenda of those who are loudest and most disruptive and that groups are unlikely to bring about behavioural or attitude changes. Participation in a group appeared to some young people as being non-negotiable and apparently without clear outcomes, a combination for which they had difficulty understanding or developing ownership.

Several focus groups featured participants who had been in up to four focus groups as a result of their involvement with social work services. They appeared unclear about the purpose of various programmes and groups, their connection and the distinctions between them.

‘I go to three groups and daytime stuff – my social worker got me into them, but I’m not sure why’
Several young people openly expressed discomfort about issue-based groups, preferring to restrict participation in groups for activities but receive individual support for personal issues. Those agencies adopting this approach were viewed favourably. These included Rushes, CHOSI, Princes Trust and PartiSIPate.

4.5.3 Barriers to Access

All participants who used services specifically targeting substance use accessed them through referral from another service, mainly social work, though some examples of school referrals were reported. In some instances, young people who received emergency treatment at A&E departments were also offered a follow up interview with a psychiatrist.

This raises issues of access to services for young people who are neither using social work services nor have overdosed. Where young people and their families choose to manage a substance use problem or where a young person copes alone, service access is likely to be at crisis point.

Lack of knowledge about what services exist, who they are for and how to access them all contribute to this.

The stigma attached to heroin use adds a further barrier to access for those young people using heroin.

4.5.4 Early Intervention

The principle of early intervention was embraced positively within all focus groups and interviews. For those participants with an established drug habit, views about the need for early intervention were particularly strong.

Information stood out as the key issue within all groups and individual interviews. This extended to substances, their effects, harm reduction advice and information about services.

All participants agreed that young people should have universal access to information and advice as well as support services.

There were mixed views about the effectiveness of drug education in discouraging young people from using drugs, alcohol or solvents/aerosols. 93 participants reported their experience of school based drug education as being so insignificant they could recall no details. The exceptions to this were eight participants attending Portland High, the EBD school in Coatbridge, viewed as offering relevant education on drugs and alcohol, one participant who had attended school in Glasgow and those who had experienced an input from Calton Athletic. This input was universally viewed as powerful, credible and effective.
The added value of the ex-user led input was attributed to the experience of those delivering it.

‘they’ve been there – they know what they’re talking about and it scared me’

The researchers are aware that, in general, external inputs into a school curriculum are experienced positively by young people: a fresh face, a different approach, a different point of view. It may be difficult to distinguish between this ‘difference’ and the impact of the service user or ex-user approach expressed by participants. However, participants could recall detail of their input as well as a general impression which, for some, has remained in their consciousness for over three years.

Other participants expressed the view that experimenting with substances is a normal part of growing up and that drug education is ‘a waste of time and money – people will try stuff anyway’.

The methods of delivering information and advice appear to be as relevant as the content.

4.5.4.1 What Would Work?

Participants were asked their views about what forms of early intervention would work. The following examples were suggested, some from individuals, some developed through discussion in a focus group:

- **Peer education.** We have already outlined the value of using peer researchers for this assignment. Participants responded positively to this approach and proposed that it be adopted in drug education and awareness programmes. Proposals extended to young people being involved in producing videos and adverts screened at peak viewing times eg. during ‘Buffy’. This followed a discussion about the value of the current HEBS TV campaign, viewed as being accurate and ‘entertaining’.

- **Use of ex-users as educators.** Together with peer educators, ex-drug users were viewed as a credible and valuable resource not currently being used effectively. This suggestion arose from participants relating the personal impact of this approach. Strong views were expressed in focus groups that the ‘best’ people to deliver drug and alcohol education are those people who have been directly affected and who understand the journey from experimentation to addiction to being drug free.
• **Increased youth work and leisure opportunities.** All focus groups and all individual interviewees commented on the lack of choice over community based leisure and youth work activity: accessible, local and affordable. For those young people who participated in young peoples’ groups supported by youth workers, the group was seen, amongst other things, as a source of support and knowledge as well as a resource through which education/awareness about substance use could be routed.

• **Published material.** Leaflets, articles and ‘real life’ accounts of substance use and services used in magazines and information geared for different age groups, again with young people’s participation in the design.

• **Direct mailing.** The suggestion was made that direct mailing of information packs could be sent to all young people in Lanarkshire at key transition stages. e.g. starting primary school, secondary school and on 16th birthday. Material would be age specific but all would include a map of services, outlining access routes. Postcards, videos and CD-ROM’s might also be included.

• **Outreach services.** For those young people who do not access youth work or other community support as well as a response to the perceived fear or lack of awareness amongst staff in other services, adopting an outreach approach to service delivery is proposed. Outreach services could link with existing programmes and services operating in a range of community venues as well as in the independent sector e.g. employment and training initiatives.

• **The Internet.** Given the extensive use of the Internet for information about illegal drugs reported by participants, the Internet is proposed as a vehicle for drug education. A website dedicated to services for young people in Lanarkshire with links from key sites would reach those young people less likely to access services through social work, health services or community venues.

• **Telephone helplines.** Although participants were aware of national telephone helplines, they did not expect to access local services or support through this route. A link to a Lanarkshire specific line through the national line or through a young persons’ substance use service may meet the needs of some young people seeking out services.

• **Diverse community based services.** Information and advice points and counselling were proposed under the umbrella of a young person focused, discreet but accessible service throughout Lanarkshire. There were mixed views about where such services should be cited, from shop fronts in main streets to a discreet unit in Boots stores to community centres.
4.6 **Key Elements of a Substance Use Service for Young People in Lanarkshire**

Our conclusion is that there is a need for dedicated services focusing on substance use and young people.

The respect consistently expressed about the Rushes project indicates the value placed by young people on a dedicated, high quality service. However, Rushes is not accessible throughout Lanarkshire nor can be expected to meet the diversity of service needs apparent through this assignment alone.

We are aware that key agencies working in partnership are developing young persons’ services health and substance use services across Lanarkshire eg. Youth Health Lanarkshire and, in North Lanarkshire, an extension or rollout of Rushes.

We offer the following *key elements* as a contribution to this planning process.

4.6.1 **Build Joined up Services**

With participants reporting confusion about their involvement with services and poor communication between services, particularly those involving GPs, there is a need to better network services, ensure clarity over policy, practice standards and routes in and out of services.

Whilst there are strong, existing joint planning mechanisms between some council departments, the voluntary sector and sections of the health service, key personnel eg. GPs are outwith this loop. The role of LHCC’s in reflecting and influencing the views of GPs through locality planning should be further explored.

Multi-agency staff training should be developed to support these initiatives.

4.6.2 ** Ensure Targeted, Flexible Services**

Young people have different needs and expectations of services relating to substance use, which change according to life circumstances. Those young people who view their drug use as a leisure activity are unlikely to seek out or respond to counselling. However, they may have information needs, if only concerning harm reduction. At the other end of the scale, those young people who have stopped using heroin, need a range of supports to maintain a drug free lifestyle and to overcome issues of stigma amongst other service users.
This diversity of need should be reflected in both service approach and delivery. The range of services required to meet the diversity of need in Lanarkshire include:

- Drug and alcohol information - use of peer education approaches recommended.
- Alcohol specific services – in recognition that alcohol use amongst young people is extensive and, as a more socially acceptable substance, is not always given priority in service development/funding.
- Streetwork and outreach services – ranging from information and advice to personal support.
- Counselling.
- Needle exchanges.
- Medical services, including range of detox options.
- Support to maintain drug free lifestyles.

4.6.3 Develop Clarity Over Routes to Services

Issues of entitlement, access and progression through services are unclear and act as barriers to young peoples’ access to services. Clear routes into and through services should be made apparent to young people through universal services and mechanisms outlined under ‘early intervention’.

4.6.4 Promote Person Centred Approaches to Services

Young people respect services that focus on them as individuals, taking account of their complex lifestyles, needs, expectations and opportunities. Whilst this may be viewed by some as a resource intensive approach or a challenge to existing practice, the added value of responding to service users holistically is reflected in young peoples’ perceptions and experience of services. Those services that young people identified as those they would use, all demonstrated this approach.

4.6.5 Develop a Consistent Monitoring and Evaluation Framework for all Services

Built into early service planning, a consistent monitoring and evaluation framework for all services would provide a regular and detailed picture of policy implementation, practice standards, user profiling, service user perspectives, value for money and gaps and duplications in services. It would also act as a benchmarking and auditing tool to inform service planning for all partner agencies.
SECTION 5 REFERENCES AND APPENDICES

5.1 References


## Appendix I - Phase One Questionnaire Distribution List

### DAT Research Distribution List

<table>
<thead>
<tr>
<th>Community Addiction Teams</th>
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<tbody>
<tr>
<td>David Shields, Clinical Nurse Specialist (Addictions)</td>
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<tr>
<td>130 Main Street, Coatbridge</td>
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<td>Kevin J Watters, Clinical Nurse Specialist (Addictions)</td>
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<td>Dr. Grace Campbell</td>
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<td>Kay Rodger</td>
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<td>Patsy Krausen/John Irvine</td>
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<td>Irene Eardley</td>
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<td>Ailsa Gaunt</td>
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| Clydesdale Family Support Group | C/o Ailsa Gaunt  
CASTAD (Care And Support For Those Affected By Drugs) c/o Day Hospital, Red Deer Road Centre, Westwood, East Kilbride |
| Mrs Teresa McGeachie      | Glenboig Family Support Group c/o 113 Marnoch Drive, Glenboig, ML5 2RF |
| Teresa McGeachie          | Elizabeth Wallace  
Glenboig Recovery Group c/o 113 Marnoch Drive, Glenboig, ML5 2RF |
| Francis Fallon            | Shotts & District Volunteer Addiction Group (SADVAG)  
“The Cottage”, CCEC, Kirk Road, Shotts, ML7 5ET |
| **SIP Funded Projects**   |                                                                         |
| Jamie McGregor            | Support Officer  
The Workplace Initiative  
Whitehill Civic Centre, Margaret Road, Whitehill, Hamilton, ML3 0LB |
<p>| Margaret Halbert,                        |
| Support Worker                         |
| The Workplace Initiative               |
| Whitehill Civic Centre,                |
| Margaret Road,                         |
| Whitehill,                             |
| Hamilton,                              |
| ML3 OLB                                |
|                                      |
| Drug Action &amp; Rehabilitation Co-ordinator |
| Motherwell North SIP                   |
| 168 – 170 Main Street,                 |
| Bellshill,                             |
| ML4 1AE                                |
|                                      |
| Elaine Little                          |
| Up for It Project                      |
| Blantyre / North Hamilton SIP          |
| 45 John Street                         |
| Blantyre                               |
| G72 OJG                                |
|                                      |
| Heather Kelly                          |
| Street - Base Alcohol Project          |
| Blantyre / North Hamilton SIP          |
| 45 John Street                         |
| Blantyre                               |
| G72 OJG                                |
|                                      |
| Maureen Woods/ Jacqueline McAteer      |
| STEPs Drug Programme                   |
| C/o Lanarkshire Drug Service           |
| Kirkwood Clinic,                       |
| Craigend Drive,                        |
| Coatbridge,                            |
| ML5 5TQ                                |
|                                      |
| <strong>Charitable Organisations / Voluntary Organisations</strong> |
|                                      |
| United Against Drugs                   |
| C/o Richard Teale                      |
| Cumbernauld Area CE Office, Muirfield Community Education Centre, Brown Road, Seafar, Cumbernauld G67 1AA |
|                                      |
| Martin Matheson                        |
| Barnardos                              |
| Rough Sleepers Project (RSI), Suite 6, Beech House |
| 10-18 Hope Street,                     |
| Hamilton                               |</p>
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<td>Helen Munn</td>
<td>NCH Action for Children</td>
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<tr>
<td>Charles Steel</td>
<td>Office Manager, Alcoholics Anonymous</td>
<td>Suite 442, Baltic Chambers, 50 Wellington Street, Glasgow G2 6NJ</td>
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<td>East Kilbride C/o Mr John Steel Secretary 108 Larch Drive Greenhills East Kilbride G75 9HG</td>
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<td></td>
<td>Hugh Cairns</td>
<td>LAMH (Lanarkshire Association of Mental Health) 2 Hope Street, Lanark, ML11 7LZ</td>
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<td>Trish Miller Young Persons Support Unit 135 New Edinburgh Road Viewpark, Uddingston</td>
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<td>David McKendrick</td>
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<td>Maureen Wyllie</td>
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Andrew Dunlop  
Connections Project  
Unit Offices  
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Coatbridge

**Social Work**  
**South Lanarkshire**

Senior Substance Misuse Officer  
Substance Misuse Service  
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Peter Gough  
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Janice Ritchie  
Whitehill Family Centre  
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<tr>
<td>Jackie Mathieson</td>
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<tr>
<td>Lorraine Milton</td>
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**South Lanarkshire Social Work Area Teams**

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<td>Progress Drive,</td>
<td></td>
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</tr>
<tr>
<td>Caldercruix, ML6 7PP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jim Wilson</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Drugs Initiative for Youth Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motherwell Area Resource Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>303 Brandon Street,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motherwell, ML1 1RS</td>
<td></td>
<td></td>
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<tr>
<td>(may be defunct)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>C/o Robert Towart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Information Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumbernauld Area CE Office, Muirfield Community Education Centre, Brown Road, Seafar, Cumbernauld G67 1AA</td>
<td></td>
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</tr>
<tr>
<td>Location</td>
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<tr>
<td>Kool Klub 12-14 (Abronhill)</td>
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<td>Pivot (Moodiesburn)</td>
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<td>Croy 12-14</td>
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<tr>
<td>Croy 14+</td>
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</tr>
<tr>
<td>TLC Youth Café</td>
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<td></td>
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</tr>
<tr>
<td>Garrowvale Junior</td>
<td></td>
<td></td>
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<tr>
<td>Garrowvale Senior</td>
<td></td>
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<tr>
<td>The Link Café Club</td>
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<tr>
<td>Westfiled Youth Club</td>
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</table>

**Youth Projects**

**South Lanarkshire**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wendy McInally</td>
<td>Project Manager</td>
<td>Terminal One Youth Centre, Logan Street, Blantyre, G72 ONT</td>
</tr>
<tr>
<td>Karin Douglas</td>
<td>Project Leader</td>
<td>Whitehill Youth Project, 21-23 Whistleberry Drive, Whitehill, Hamilton, ML3 OPR</td>
</tr>
<tr>
<td>Grace Guigley</td>
<td>Project Co-ordinator</td>
<td>Hamilton Information Project for Youth, 41a Millgate Road, Fairhill, Hamilton, ML3 8JU</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Organization</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------</td>
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</tr>
<tr>
<td>Paul Smith</td>
<td>Project Manager</td>
<td>Youth Route 70</td>
</tr>
<tr>
<td>Colin Campbell</td>
<td>Project Manager</td>
<td>Clydesdale Youth Project</td>
</tr>
<tr>
<td>Russell Hamilton</td>
<td>Youth Work Manager</td>
<td>YMCA</td>
</tr>
<tr>
<td>Liz Logan</td>
<td>Acting Co-ordinator</td>
<td>Youthstart</td>
</tr>
<tr>
<td>Universal Connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Penman/Alan Miller</td>
<td>Universal Connections</td>
<td>Universal Connections</td>
</tr>
<tr>
<td>Roz Gallagher</td>
<td>Universal Connections</td>
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### Health Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith / Liz McCann</td>
<td>Counselling Service</td>
<td>The Lanarkshire HIV, AIDS and Hepatitis Centre</td>
<td>Monklands Hospital, Airdrie, ML6 OJS</td>
</tr>
<tr>
<td>Anne Marie Taylor / Rosemary Robertson</td>
<td>Health &amp; Homeless Primary Care Team</td>
<td>Udston Hospital, Farm Road, Burnbank, Hamilton ML3 9LA</td>
<td></td>
</tr>
<tr>
<td>Tosh Lynch / Jenny Dalrymple</td>
<td>Health Advisors</td>
<td>Department of Genito-Urinary Medicine and Sexual Health</td>
<td>14 Kiltongue Cottages, Monklands Hospital, Airdrie, ML6 OJS</td>
</tr>
<tr>
<td>Janice McIntyre / Hazel Lamont</td>
<td>NHS Youth Health Pilot</td>
<td>c/o Universal Connections</td>
<td>Town Centre Park, off Brouster Hill, East Kilbride G74 1AF</td>
</tr>
<tr>
<td>Billy Daly</td>
<td>Youth Health Co-ordinator</td>
<td>c/o At Home Youth Facility</td>
<td>Clark Street Airdrie</td>
</tr>
<tr>
<td>Malcolm McGonigle</td>
<td>Young Persons Health Team Co-ordinator</td>
<td>Coatbridge Health Centre</td>
<td>1 Centre Park Court Coatbridge ML5 3AP</td>
</tr>
<tr>
<td><strong>Child and Family Clinics</strong></td>
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<tr>
<td><strong>Team Co-ordinator</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexander Child &amp; Family Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83 Blair Road,</td>
<td></td>
<td></td>
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<tr>
<td>Coatbridge, ML5 2EP</td>
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<td></td>
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<tr>
<td><strong>John Duncan</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Senior Clinician</td>
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<tr>
<td>Child &amp; Family Clinic</td>
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<td></td>
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<tr>
<td>49 Airbles Road,</td>
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<tr>
<td>Mothewell, ML1 2TJ</td>
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<table>
<thead>
<tr>
<th><strong>Misc.</strong></th>
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</thead>
<tbody>
<tr>
<td>Jill Cunningham,</td>
</tr>
<tr>
<td>Hamilton Churches Drop-In Centre</td>
</tr>
<tr>
<td>14 Beckford Street,</td>
</tr>
<tr>
<td>Hamilton, ML3 OTA</td>
</tr>
<tr>
<td>Paul Drury,</td>
</tr>
<tr>
<td>Blue Triangle Housing Association</td>
</tr>
<tr>
<td>Sustayn Support Service</td>
</tr>
<tr>
<td>596 – 606 Edinburgh Road,</td>
</tr>
<tr>
<td>Viewpark,</td>
</tr>
<tr>
<td>Uddingston, G71 6HJ</td>
</tr>
<tr>
<td>Jim Heenan</td>
</tr>
<tr>
<td>Tannochside Information &amp; Advice Centre</td>
</tr>
<tr>
<td>14 Thorniewood Road,</td>
</tr>
<tr>
<td>Tannochside,</td>
</tr>
<tr>
<td>Uddingston G71 5QQ</td>
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<table>
<thead>
<tr>
<th><strong>Needle Exchanges</strong></th>
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</thead>
<tbody>
<tr>
<td>Ms Lindsey Taylor, Pharmacist</td>
</tr>
<tr>
<td>Moss Pharmacy, 40/42 Graham Street, Airdrie</td>
</tr>
<tr>
<td>ML6</td>
</tr>
<tr>
<td>Ian R Mouat, Pharmacist</td>
</tr>
<tr>
<td>Craigneuk &amp; Petersburn Pharmacy,</td>
</tr>
<tr>
<td>8 Willow Drive,</td>
</tr>
<tr>
<td>Craigneuk, Airdrie</td>
</tr>
<tr>
<td>ML6 8AN</td>
</tr>
<tr>
<td>Mrs M Melvin, Pharmacist</td>
</tr>
<tr>
<td>D J Coleman Chemist,</td>
</tr>
<tr>
<td>121 Main Street,</td>
</tr>
<tr>
<td>Carnwath</td>
</tr>
<tr>
<td>ML11 8HP</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Mrs Fiona Paterson</td>
</tr>
<tr>
<td>Anne Milne</td>
</tr>
<tr>
<td>Mr S Welch</td>
</tr>
<tr>
<td>James Dickson</td>
</tr>
<tr>
<td>Miss McGregor/Mrs Reynolds</td>
</tr>
<tr>
<td>I Cameron</td>
</tr>
<tr>
<td>Mr Chris Rosie</td>
</tr>
<tr>
<td>Needle Exchange Manager</td>
</tr>
<tr>
<td><strong>Family Planning/Sexual Health</strong></td>
</tr>
<tr>
<td>Dr Anne Chowaniec</td>
</tr>
</tbody>
</table>
5.3 Appendix II - Phase One Questionnaire Guidance

Drug Action Team: Questionnaire Guidance

Name of service
It is important/helpful to the outcomes of this study that you provide the name of your service. Any information you provide will not breach client confidentiality. Furthermore, your responses will be available to Lanarkshire Drug Action Team members only.

Service provided
Q2) Please note that we are particularly keen to identify the services you provide for those under the age of 18 only.

Most commonly used drugs
Q6) Please note that we would like respondents to rank the substances most commonly used by their clients from 1 (most commonly used substance) – 10. We realise that it may be difficult to provide this information if your clients are poly-drug users or if you do not fully monitor the types of substances used. However please enter any information available.

Treatment and support
Q11) Counselling can include a range of techniques that encompass assessment, engagement and support, the development of therapeutic relationships, self-monitoring, advice and problem solving techniques, motivational work and relapse prevention.

Brief Intervention can include a range of therapies based on the Stages of Change Model: brief advice supported by self-help materials, condensed cognitive-behavioural therapy or motivational interviewing, or sessions of motivational enhancement therapy.

Individual Psychological Therapies include cognitive and behavioural approaches, motivational enhancement therapy, relapse prevention therapy and community reinforcement approaches. Components of these therapies can include coping skills training, anger management, problem solving, self-monitoring, coping strategies and assertive behaviour skills.

Family Therapies can include techniques such as joining, re-framing, enactment, paradox and assigning specific tasks and functional family therapy.


Number of clients
Q14b) Please provide an indication of the number of clients under the age of 18 that have been involved in substance use/misuse related activities at your premises. If you do not monitor the number of clients please enter any information available.
**Geographical areas**
Q20) If you serve SIP areas, Health Board areas, LHCC areas please indicate this in your response. The information supplied will allow for a clearer understanding of the availability of services to this age group.

**Funding sources**
Q23) Identifying when your sources of funding run out will be of particular benefit to those planning the future provision of drug/alcohol services in Lanarkshire.

**Gender of staff/volunteers**
Q24) Identifying the gender of your employees and volunteers will allow us to gauge the number of males/females employed by services and the proportion of males/females volunteering in drug/alcohol misuse projects in Lanarkshire. This will be important when considering issues such as single sex services and approachability for young people.

**Training from other organisations**
Q30c) Attendance at conferences may also be included in responses.

**Training needs**
Q31) The intention of this question is to identify where there are perceived current training needs and possible future training needs. We have offered several options but we recognise that there could be many possible responses. **If possible, please attach any training plans you have.**

**Future development**
Q32) We are aware that projects will be in different stages of development. However, it would be useful if you could identify a number of areas where you would like the service to develop over the next three years. This could include, for example, employing more staff, recruiting more volunteers, expanding the range of substance misuse services provided, increasing opening hours, acquiring more suitable premises, acquiring more PC’s or improving the quality of services provided.

**Policy**
The study will allow the DAT and other agencies to understand the systems currently operated by organisations, and ensure relevant targeting of support where this is essential/required.

There have been suggestions that agencies operating from a range of policies does not enable a consistent service for young people. This study may assist to highlight the route this could take.

**Leaflets**
If you print leaflets relating to substance use/misuse for distribution to young people we would be grateful if you could include any examples when you return the questionnaire.
5.4 Appendix III - Phase Two Acknowledgements

Acknowledgements

Thank you to the young people who participated in this research, to peer researchers and to staff members who supported the work.

Particular thanks are due to Gillian Turner (Rushes) and Fiona Cameron (Children's Rights Officer) without whom the work would not have been possible.

Research Team

Peer Researchers:

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Angela Gustinelli
Lee Ann Hunter
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Caroline Mitchell
Gayle Rooney

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e: jan.beattie@lineone.net

Debbie Adams
Jan Beattie
Fiona Steel

Participating Organisations

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Bargeddie Safety Zone
CHOSI, Motherwell
Clydesdale Youth Project
Community Education, Newarthill
HIPY, Hamilton
Larkhall Youth Initiative
North Lanarkshire Council Social Work Department
PartiSIPate, Blantyre
Polmont Young Offenders Institution
Portland School, Coatbridge
Princes Trust, Motherwell
Rushes, Bellshill
St. Phillips Residential School
Universal Connections – Hillhouse group
Youthstart, Coatbridge
5.5 Appendix IV - Phase Two Focus Group Materials

Focus Groups Materials

Drug Knowledge:

Resources required: Flipchart, Flipchart pens.

(Facilitators may wish to take their drugs booklet with them for info for themselves but the purpose is not to correct people but ascertain their knowledge)

1. Ask group to shout out official names of drugs. Record these on flipchart.

2. Ask people to tell you the unofficial names for these drugs. Record these on same flipchart sheet but with different coloured pen.

Further Exercise (Optional)

Now ask the group to work through the lists, identifying what they think are the effects of each drug. Write their opinion on the sheet next to the names.

Recording

Take the sheets away, this will indicate general knowledge people have about drugs.
Stand up if....

**Resources required:**

**Table of questions for person reading out and one for person recording the answers.**

1. Using a Graham Norton style approach, ask everyone to stand up. Facilitator asks people to "*stay standing if..... *"

2. Read out the sequence in the table, asking people to ‘*remain standing if...*’.

3. At the end of each table ask everyone to stand up again.

Second facilitator takes notes of numbers who stay standing. Make sure the person reading out doesn’t move on until the second facilitator has taken note of numbers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Nos. that remain standing</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;<strong>Stay standing if...</strong>&quot;</td>
<td></td>
</tr>
<tr>
<td>You have a mobile phone</td>
<td></td>
</tr>
<tr>
<td>You use your mobile every day</td>
<td></td>
</tr>
<tr>
<td>You’ve downloaded a ringtone from the internet</td>
<td></td>
</tr>
<tr>
<td>You’ve changed the cover on your mobile</td>
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</table>

<table>
<thead>
<tr>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>&quot;<strong>Stay standing if...</strong>&quot;</td>
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</tr>
<tr>
<td>You have tried any illegal drug</td>
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<tr>
<td>You use illegal drugs more than once a month</td>
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<tr>
<td>You use illegal drugs more than twice a month</td>
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<tr>
<td>You use illegal drugs more than once a week</td>
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<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>&quot;<strong>Stay standing if...</strong>&quot;</td>
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<tr>
<td>You have ever drunk alcohol</td>
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<tr>
<td>You drink alcohol more than once a month</td>
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<tr>
<td>You drink alcohol more than twice a month</td>
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<tr>
<td>You drink alcohol more than once a week</td>
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<tr>
<td>Statement</td>
<td>Nos. that remain standing</td>
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<td>---------------------------</td>
</tr>
<tr>
<td>&quot;Stay standing if...&quot;</td>
<td></td>
</tr>
<tr>
<td>You have ever been caught drinking by the police</td>
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</tr>
<tr>
<td>You have been caught drinking by the police more than once</td>
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<tr>
<td>You have been caught drinking by the police more than five times</td>
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<tbody>
<tr>
<td>&quot;Stay standing if...&quot;</td>
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</tr>
<tr>
<td>You watch television</td>
<td></td>
</tr>
<tr>
<td>You watch television more than once a week</td>
<td></td>
</tr>
<tr>
<td>You watch television every day</td>
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<table>
<thead>
<tr>
<th>Statement</th>
<th>Nos. that remain standing</th>
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</thead>
<tbody>
<tr>
<td>&quot;Stay standing if...&quot;</td>
<td></td>
</tr>
<tr>
<td>You have ever deliberately sniffed solvents</td>
<td></td>
</tr>
<tr>
<td>You have ever deliberately sniffed glue</td>
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</tr>
<tr>
<td>You have ever deliberately inhaled aerosols</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Nos. that remain standing</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Stay standing if...&quot;</td>
<td></td>
</tr>
<tr>
<td>You have ever gone somewhere to ask for help/information about drugs</td>
<td></td>
</tr>
<tr>
<td>You have asked a friend for info/advice about drugs</td>
<td></td>
</tr>
<tr>
<td>You have ever used an organisation/service to find out info about drugs</td>
<td></td>
</tr>
<tr>
<td>You have ever gone to a health person to ask for info/advice about drugs</td>
<td></td>
</tr>
</tbody>
</table>
Attitudes questionnaire

Tick ONE box for each statement. There are no right or wrong answers. It’s your opinion that counts.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Mildly Agree</th>
<th>Mildly Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Being able to hold your drink is a sign of maturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There’s a big difference between taking speed at a rave and getting hooked on heroin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Taking illegal drugs is a normal part of growing up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Drinking alcohol and taking illegal drugs affects your school/work/family life</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Glue sniffing is a harmless phase that young people go through</td>
<td></td>
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<tr>
<td>6.</td>
<td>Young people who smoke cannabis don’t move on to ‘harder’ drugs like crack</td>
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</tr>
<tr>
<td>7.</td>
<td>You can’t stop young people taking drugs if they really want to</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>It is mainly pressures from friends that make young people take drugs</td>
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</tr>
<tr>
<td>9.</td>
<td>There are places to go locally for help/advice about drugs/alcohol</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Taking illegal drugs is no worse than drinking alcohol</td>
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</tr>
<tr>
<td>11.</td>
<td>The health service is equipped to support young people who have problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Young people who take drugs often lack confidence</td>
<td></td>
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</tr>
<tr>
<td>13.</td>
<td>You need alcohol to make a good night out</td>
<td></td>
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</tr>
</tbody>
</table>

Ask young people to complete the questionnaire on their own (you may wish to read out the questions and ask people to tick a box as you read them out, just in case there are literacy difficulties in the group)

Read out the statements asking people to put their hands up to show which box they ticked. (Mark on a separate sheet, the numbers who chose which category)
Facilitate a discussion to find out why people chose what they did. Stress that there are no right or wrong answers.

**Alternatively...**

**ATTITUDES RUNAROUND**

Resources required: Sheets with ‘Strongly Agree’, ‘Strongly Disagree’, ‘Mildly Agree’ and ‘Mildly Disagree’ on them.  
List of attitude questions. (This sheet to be used to record how many stood where.)  
Another sheet to record the comments made for each statement.

Put up signs with ‘Strongly Agree’, ‘Strongly Disagree’, ‘Mildly Agree’ and ‘Mildly Disagree’.

Read out some of the statements and ask people to move to the corner which represents their opinion. (Another facilitator should keep a note of numbers of people in each corner)

Ask people to speak to one other person for 30 secs; listening to what they have to say and telling them why you’re in that corner. 
Facilitate a group feedback, stressing that there are no right or wrong answers.

**PROS AND CONS OF BOTH EXERCISES**

The questionnaire allows us to get individual responses, whereas the runaround may be subject to ‘people following their pals’. This one is also better if we have smaller numbers, i.e. under 10 people.

The runaround gets people up and moving about and is very visible. It also is good if we are worried at all about the literacy levels of the young people.
Resources Required:

Roll of wallpaper with numbers marked evenly across it. Sheets with questions on it, one for person reading them out one for person recording.

On a line, marked from zero to fifty (1-50), ask a series of questions with numerical answers and ask young people to stand on the line to represent their answer. Take your time between statements so that the other facilitator can get a chance to record the numbers.

<table>
<thead>
<tr>
<th>Question</th>
<th>0-5</th>
<th>6-10</th>
<th>11-15</th>
<th>16-20</th>
<th>21-25</th>
<th>26-30</th>
<th>31-35</th>
<th>36-40</th>
<th>41-45</th>
<th>46-50</th>
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</thead>
<tbody>
<tr>
<td>How many of your close friends use illegal drugs?</td>
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<td>How many of your close friends have tried cannabis?</td>
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<td>How many of your close friends have tried ecstasy?</td>
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<td>How many of your close friends have tried speed?</td>
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<td>How many of your close friends have tried cocaine?</td>
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<td>How many of your close friends drink alcohol?</td>
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<td>How many of your close friends drink alcohol every week?</td>
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<td>How many of your close friends smoke?</td>
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</table>

Tell people that you are now going to ask them a series of questions and ‘0’ is ‘not at all’ and ‘50’ would be ‘very, very, very’. ‘25’ would be the mid-point’. Ask them to place themselves on the line relating to what they thought about the question.
<table>
<thead>
<tr>
<th>Question</th>
<th>0-5</th>
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<tbody>
<tr>
<td>How dangerous do you think cannabis is to your health?</td>
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<td>How dangerous do you think speed is to your health?</td>
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<td>How dangerous do you think heroin is to your health?</td>
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<td>How dangerous do you think cocaine is to your health?</td>
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<tr>
<td>How dangerous do you think alcohol is to your health?</td>
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<td>How dangerous do you think smoking is to your health?</td>
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<td>How useful is the drug information that you are given in school?</td>
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<td>How important is it for young people to be aware of where to get information on drugs?</td>
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</table>

These questions can be used to start of qualitative discussion, e.g. asking people why they think alcohol is more/less dangerous to your health than cannabis (or whatever). These can be brief questions to be picked up on at qualitative session or immediately lead into a qualitative discussion.