

## **The National Picture. Notes prepared for January 18. 2017 Parents' Evening.**

The use of substances – tobacco, alcohol, pharmaceutical products, illegal drugs – has long been a characteristic of British culture, including youth culture. The details and the statistics vary. But the constant is that substance use is part and parcel of UK society and life styles; and that the use of illegal drugs, at all ages, has been declining over the past twenty years. This also means that misuse and problem use are constants too.

My quick summary of the national scene is that young people are using tobacco, alcohol and other drugs less and less, both in numbers of young users and the amounts used. Alcohol use is the most resilient but is also falling. This is a Europe-wide trend, in some countries ascribed to 'future awareness'. What we might understand as illegal drugs – cannabis, amphetamines, cocaine, heroin – and their use has changed over the last twenty or so years, when there was less choice. As consumerism has spread in the UK so too has consumer choice of drugs and substances. A triumph or a weakness of the market based economy where the consumer is monarch? What we are now increasingly experiencing is an increase in the misuse of pharmaceutical products; and the growth of the availability and use of novel psychoactive substances, commonly and misleadingly referred to as legal highs.

There is a growing misuse of pharmaceutical products, prescribed and over the counter, mainly analgesics, by adults and young people. But the biggest news, especially for young people, is in the emergence of novel psychoactive substances. These can also be described as designer drugs. Their use is growing and from time to time makes the headlines of news bulletins and newspapers, often in misleading and inaccurate coverage. Their emergence has two driving forces: to create a substance which is as close as possible to existing but illegal substances – 'controlled' in the optimistic legal terminology – so remaining, at least temporarily, within the law – hence 'legal' highs. They became popular five to ten years ago because the quality of illegal drugs, particularly cocaine and ecstasy, was declining. 'New' substances both evaded the law and improved the quality of the product which drug users – consumers in the market – were able to obtain. This shifted consumption away from 'traditional' illegal substances, although the trend now seems stalled as suppliers improve the quality of the traditional substances in response to the loss of consumer confidence. Market forces again: if you lose market share you improve the quality of your product, or diversify, or both.

Something similar happened with cannabis, with a shift to artificially grown strains, generically referred to as skunk, partly in response to the increasingly poor quality of traditional cannabis supplies. It does seem that there is now a shift back to better quality, outdoor grown cannabis as many users find the increased strength of

skunk not to their taste, in many cases finding its use giving rise to health problems. There has been a significant rise in the numbers of young people presenting at treatment agencies because they are experiencing problems associated with their cannabis use. Solvent use continues, with around 50 deaths annually, down from the peaks of 150 in the 1980s and early 1990s. This is the most persistently dangerous form of substance misuse, other than alcohol, in the UK.

The Psychoactive Substances Act of 2016 was intended to reduce or stop the availability and use of NSPs. It was – is – a classic prohibition action and it's unclear if it will succeed in its objectives. One result has been the closing of the high-street outlets where NSPs had been sold – head shops – and on that basis the Act has been successful. But the suppliers' – the market's – response has been to shift the point of sale away from fixed retail premises into either the control of the existing, traditional dealer networks, alongside stimulants like cocaine and ecstasy and opiates like heroin, or to on-line sales.

Like many aspects of youth culture, we are have more and more knowledge and evidence about what, who and why. We are less certain about how to respond, other than to hear politicians make broad statements about the dangers of drugs and the importance of stamping them out. However much we might instinctively agree with that stance, sometimes referred to as zero-tolerance, it's unrealistic. Many commentators say that prohibition policies increase the likelihood of problems and difficulties arising from the use of illegal drugs because of the conditions in which they are supplied and traded; and because there is no quality control of the end product – you do not know what you are getting when you buy or consume an illegal drug.

At a school level, it's important to distinguish between drug education and drug prevention. Schools and teachers can feel pressured to act as drug prevention agencies, and believe that their role is to provide 'just say no' messages. Such an approach can confirm the attitudes and decisions of those who have no intention of using drugs but are unlikely to make any impact on those who might or do use drugs. It is more realistic for schools to provide drugs education – information about drugs and drug use, and opportunities to discuss it.

It's also important to look at the role of the school as an institution – its culture, ethos and atmosphere - and the nature of relationships within the school, amongst peers and between staff and students. Some researchers have identified what they call risk and protective factors for young people which can make them more or less likely to engage in risky health-related behaviours. One major protective factor which schools can boost is that of providing an environment where young people feel looked after, safe and involved - the provision of a supportive, engaging and inclusive culture, as one commentary puts it. This means, amongst other things, an

ethos of the acceptance and provision of pastoral care, formally or implicitly, which recognises young people's individuality and includes clear responses to, amongst other behaviours, bullying. The responsibility of a school as an institution needs to be recognised, but so too do the responsibilities of other institutions, in particular the family. A major US study in the 1990s into the factors and influences which affect young people's health related behaviours concluded that the most important factor in young people's lives was their connectedness to their families and their schools.

When an event or incident occurs it can raise the priority of the issue the event is related to and lead to statements like 'something needs to be done.' It may be that existing practice is optimal and that, however difficult, the event needs to be accepted as one where all that could be done has been or is being done, and that 100% prevention outcomes are not realistic – we cannot fully insulate young people from risk. It may, though, show that more could be done, and provide an opportunity for a school to review its current practice to check how realistic and informed it is; and ensure that as far as possible families are aware of and in agreement with the school's intentions, and understand and support those intentions.

And above all, involve the students – what are their experiences of the school, what are their impressions of the issues around substance use and misuse, what are their suggestions. Both at home and at school, try to ensure that young people are engaged in dialogue and discussion, not talked at. One slogan from the social policy field which is relevant here too is: Nothing about us without us.

**Blaine Stothard.**

**January 2017.**

### **Additional thoughts:**

We often talk of ‘peer pressure’ as a factor in young people’s behaviours when it is behaviour adults don’t approve of. I think this over-simplifies: it might be more useful to think of peer culture – the party culture many at SNS have referred to; peer influence – what seems to be the behavioural norm in a peer group and neighbourhood; and peer aspiration – how can I be part of and accepted by the ‘in’ group or the group which I find attractive and would like to belong to.

Perceptions amongst young people of ‘normal’ behaviour, in the statistical sense, could become part of the curriculum: is it true that they/we (adolescents) are all ‘doing’ it, whatever ‘its’ is.

And on drug and substance use among adolescents: one of the few reliable signs and indicators of risky substance using behaviour is the early – and this can be at age 9 upwards – use of tobacco and alcohol products, often an indicator of risky substance using behaviour in adolescence.

A quotation: “Drug taking is here to stay and one way or another we must all learn to live with drugs.” Michael Gossop: *Living with drugs*: Ashgate 2013. The book is, in my view, an excellent comprehensive overview of substance and illegal drug use and I recommend it as an informative text. It is 250 pages and would be a worth-while addition to the school’s library or staff and parents resource bank.