



SURVEYING THE SCENE

Young people and drugs

Annette Dale

National surveys^{1,2,3} indicate that illegal drug use among young people under 25 years old in England and Wales is at its highest recorded level. Furthermore, these surveys are reasonably consistent in their findings that incidence and prevalence rates among young people have risen dramatically since the mid-1980s and particularly since 1989 with the emergence of the 'rave' dance scene. This research indicates that as a nation, we are witnessing an escalation in the use of illegal drugs by this age group.

Drug trends among young people

A recent report⁴ which brought together findings from social science surveys and official statistics reported that drug taking was most common among young adults in their late teens and early twenties, with almost half (46%) of young people having tried illegal drugs by their twentieth birthday. Consistently, these surveys show that cannabis is by far the most commonly-used illegal drug in the country, tried by one in five adults and between one third and one half of all young people (depending on regional variations). The next most popular drugs among young people are LSD (10% to 25%) and amphetamines (14%-16%). Ecstasy use was reported at up to 7 per cent and cocaine and opiate use at under one per cent.

The emerging picture shows a drop in the age of initiation into drugs, an increase in the range of drugs being used by young people and a narrowing of class and gender differences. For the first time 15 year old girls are as likely to have tried drugs as boys, and being 'middle class' no longer offers the protection from drugs that it did ten years ago⁴.

We may also be witnessing changes in the availability of illegal drugs, the marketing of drugs to this age group and trends in drug usage. At the Standing Conference on Drug Abuse (SCODA), we have received reports of LSD 'transfers' being produced in 'Power Ranger' images and being marketed at young children. Our attention is often drawn (through regional drugs fora) to different patterns of drug usage in different areas. For example, in Wales young people appear to have a penchant for hallucinogens such as LSD and

magic mushrooms, whilst in the Midlands, amphetamines appear to be more popular⁵.

Difficulties in data collection

Research into drug trends is difficult at the best of times because of issues concerning the disclosure of illegal activity. Tracking drug prevalence, incidence and trends in young people is fraught with difficulties. Drug use in his population may be periodic, non-problematic and recreational, thereby simply not showing up in any 'official statistics'. National or large-scale surveys are useful in outlining general trends, but they tend to blur or fail to detect regional and local area differences, which may be of vital importance to the delivery of interventions (particularly those for the young). However, some large scale surveys utilise 'booster groups' to dig deeper into patterns in under-represented groups or groups of particular interest, for example the Home Office CDPU study had four booster groups of 16 to 25 year olds⁶.

Regional drug misuse database statistics are essentially treatment demand statistics, which in turn reflect the treatment options available. These statistics are therefore biased to white, male opiate users in their mid to late-twenties and do not provide adequate prevalence indicators for other groups of drug users including: women; ethnic minority groups; young people; non-opiate drug users; and recreational drug users. Schools surveys exclude those not at school at the time of the survey (and perhaps those most at risk of drugs).

Surveys and indicators formulae based upon census surveys are not

without difficulty: one substance misuse needs assessment⁷ had problems estimating the number of young people in the area. They found that census returns had been as low as 30 per cent with the low return wards also having the highest percentage of ethnic minority populations. It was therefore very difficult to establish the number of young black and Asian people in certain wards and made extrapolation from census statistics difficult.

Some methods employed in investigating drug use among young people include: focus groups by peers or younger drug researchers⁸, qualitative fieldwork at venues where the target group congregate, and snowballing from groups of young people who are known to use drugs.^{8,9} The date elicited in this form of investigation is often highly qualitative and has its own problems of generalisability and representativeness, but it may provide some genuine insights. For example, one study⁹ found high levels of crack use among one group of young people, and another⁸ encountered potent mixtures of class A drugs and alcohol being used by young people in the 'rave scene' in the Midlands, both of which had not been detected by other methods.

The way forward in this quest for accurate information on drug trends among young people may be less fraught with danger if several basic tenets are observed. Firstly, an absence of knowledge or official statistics on a group or subgroup does not mean drug use is not present - it just means we do not know. Secondly, there is no such thing as one homogeneous group of drug users - even among young people.

Percentages of respondents using drugs ever, in the last year and month, by age groups and gender

	Percentage using ever	Percentage using in last year	Percentage using in last month
16-29 males	50	28	18
16-29 females	36	19	11
16-29 all	43	23	14
30-59 males	25	5	2
30-59 females	19	3	2
30-59 all	22	4	2
All males (16-59)	33	12	7
All females (16-59)	25	8	4
All respondents	28	10	6

Source: Drug Misuse Declared: Results of the 1994 British Crime Survey. Ramsay, M & Percy, A. Home Office Research Study 151, 1996.



DRUGS AND...

Many different groups may exist with very different ways of using drugs. We may need to utilise different research techniques to explore different groups. Thirdly, among young people certain groups may be more at risk from drugs than others. A recent report¹⁰ highlighted some groups of young people who are more at risk of drug use and problems, including: those excluded from schools; children of drug users; those involved in crime; those with behavioural problems; and those living in families characterised by conflict.

Finally, it is imperative that we track patterns of drug use among this group in order to create appropriate drug education and prevention initiatives. We cannot tell whether today's recreational drug use among our young may turn into an increase in the prevalence of problem drug use in the future. If it does, it may reflect a range of different drug problem, such as more problem stimulant users and more women drug users with problems.

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Asian young people and drug use

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Because there is a paucity of detailed information about the prevalence and patterning of drug use among 'Asian' young people there is a danger of *representing and explaining* what use there is among this population in stereotypical, criminalising and racialised ways¹. For example, over the six year period of my own study of victimisation and offending among white and Asian young people (Webster 1995), there was observed the construction of a popular and public discourse in local and national media about 'Asian' masculine criminality, including the buying and selling of drugs. The characteristic feature of this discourse was the ways in which 'Asian' young men were reassigned a position from being categorised primarily as law-abiding and/or victims of crime, especially racial violence, to being associated with criminality, drug use, violence and disorder.

At the end of the study period, the Bradford Disorders erupted in summer 1995 and the *Independent* (12.6.95) reported Mohammed Ajeeb, the former Lord Mayor and deputy leader of Bradford Council, explaining the disorders in the following terms: 'Gradually the cultural and religious values and parental control are being eroded and being replaced by Western standards and values. This means the community no longer has the influence it once did over the actions of some of its youth'. Max Madden, the Labour MP for Bradford West added '[Asian young people] are finding conflicts within the Asian family and are no longer accepting the traditional hierarchy. They are leaderless and there are no longer the conventional community elders for the police to communicate with.'

Moral panic

These developments have meant that any discussion about drug use among Asians is increasingly framed by the beginnings of a moral panic about 'Asian' criminality. What little is known however, belies this potentially damaging belief about increased 'Asian' delinquency and criminality. There is little evidence to suggest that Asians are sig-

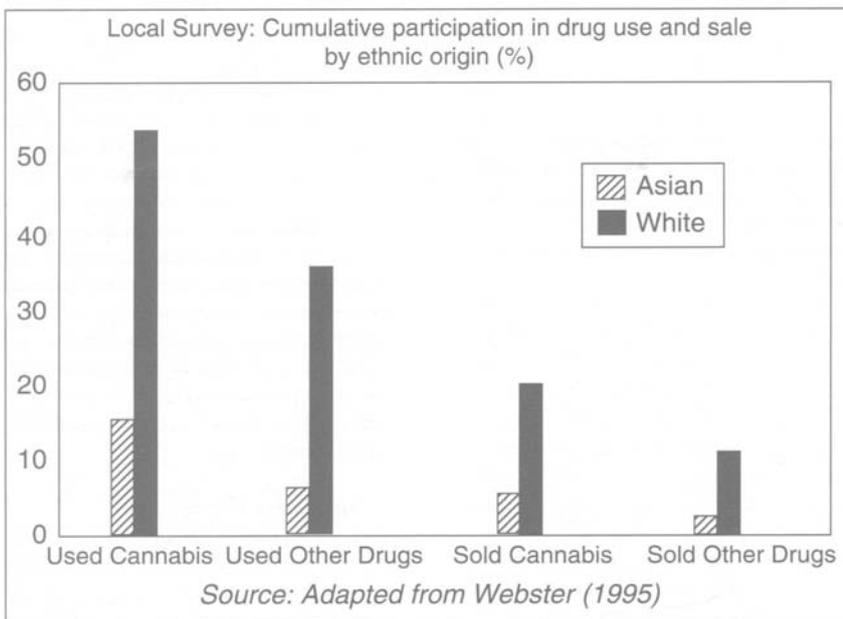
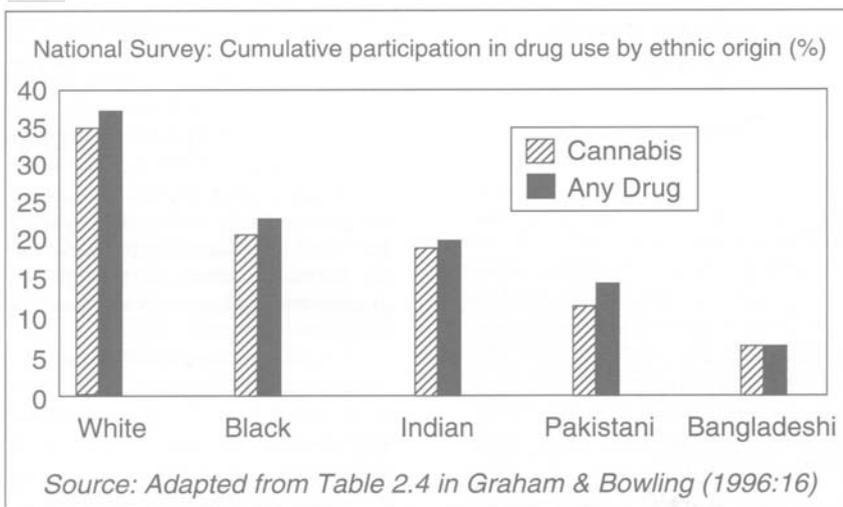
nificantly involved in trafficking, selling or buying of drugs. Perceptions of drug use among ethnic minorities in general including Afro-Caribbeans seem to be more a figment of the media's imagination and created by moral panics about 'black crime' than they are about actual prevalence of use within these groups. Indeed all the evidence points to the fact that heroin and crack, for example, are disproportionately used, bought and sold by whites.

In 1993 the Home Office asked a national random sample of 2,529 young people aged 14 to 25 whether they had ever committed at least one offence and whether they had offended in the year preceding the interview (Graham and Bowling, 1996). I carried out a similar local survey of 412 young people aged 13-19 in a Northern town. The findings as to whether young people had ever used drugs are shown in the graphs. The higher rate of drug use by whites compared to Afro-Caribbeans and especially Asians is consistent with other studies using different sampling techniques. Unless those from ethnic minorities are more likely to conceal their drug-taking, or conversely, whites more likely to exaggerate theirs, and given there is no evidence in the UK to suggest that this happens, then we might ask why there is less drug use among Asians compared to other groups.

Comparative surveys

The first thing to say is that any comparison between groups on the basis of ethnic origin when looking at something like drug use, should be treated with extreme caution and may well be spurious. This is because the comparison *assumes* from the beginning that ethnic origin is a significant factor in explaining, or even causes, the behaviour. This assumption can easily slide into racism. Secondly, accounts of general offending among 'Asians' has tended towards *culturalist* explanations, that is the ascription of fixed and unchanging attributes to individuals because of their belonging to an ethnic or cultural group. Thus Asians are law abiding because of the informal social controls on youngsters said to lie in Asian family and communal life based on family prestige (*izzat*) and the communal network of kinship and friendship relationships (*Biraderi*). Conversely, as indicated above, discipline is said to be replaced with

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disorder when these controls break down through generational conflict.

Our detailed findings (see Webster 1996) suggest that a more plausible explanation for patterns of drug use among Asians compared to whites is that an increased availability and use of drugs other than alcohol in the locality studied was associated in the minds of Asian (Pakistani and Bangladeshi) young people with a decline in white racist attacks on them. As one of our Bangladeshi subjects explained:

“We don’t get any more white raids into our areas. Not at all. Because we sit and smoke with guys, you know, we smoke draw with them. This is one major thing that’s brought black and

white guys together because you can go into a room and there will be loads of white guys, racists, everything, but not a word will be said.... they’re all right with blacks. They can sit down and have a smoke with you and things like that.”

Alcohol use, always associated in the experience of Asians with white violence, had declined and other drug use had increased. And yet, what has been characterised as an increasingly ‘pick n’ mix’ orientation to drug use among white young people (Parker and Measham 1994) in which alcohol and illicit drug use become more closely associated, tends to exclude Muslim youngsters. This

continuum or progression from alcohol to illicit use is less prevalent among Asians, and especially young Muslims, because of *both* the associations of alcohol use with white racism *and* community strictures.

Those amongst our Asian sample who were participants in drug use tended to be more involved in petty crime so as to finance drug use compared to whites: ‘shoplifting started us off and we just exchanged for ganja’. However this crime is drug-related *not* drug-driven and should be understood in the local context of 60% youth unemployment for Asians compared to 20% for whites. Meanwhile, there is the question whether an increasingly lively general experimentation among young Asians based in those elements of music, magazine and video culture that emphasise fusion and hybridity, will lead to higher levels of drug use within this population. ■

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Notes

1. ‘Racialising’ means the attribution of certain behaviours and traits to particular groups of people defined by surface physical features such as skin colour. ‘Criminalising’ processes emphasise those aspects of certain groups’ behaviour which can be defined as criminal hence reinforcing the likelihood of members of such groups coming into contact with the police and criminal justice system. Of course, racialisation and criminalisation operate together.

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