

**WHAT DO
YOU NEED
TO**
#MAKEITGOOD?

Insight Topic 7: **DRUGS**

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June 2016



INTRODUCTION

NHS Tayside and partners want to adopt a positive approach to young people's sexual health. An insight gathering project has engaged young people in discussion of what they need to make relationships good. The purpose of the insight process is to bring detail to consideration of future services, particularly the possible use of social marketing or broader communication messages targeting young people.

This paper is one of a number of topic chapters published at www.makeitgoodtayside.org Each topic chapter presents:

- Insight from young people.
- Insight from other research, resources or services.
- A summary and discussion points.

For more about the insight gathering process please refer to '**About the Insight Gathering project**' also published at www.makeitgoodtayside.org

1. INSIGHT FROM YOUNG PEOPLE

In the initial focus groups, the topic of **DRUGS** was raised and discussed by 11 of the 16 groups. In terms of online engagement, responses to the **DRUGS** online survey came from 38 young people as follows:

Online engagement by Local Authority:

	Number of online submissions
Angus	6
Dundee	27
Perth and Kinross	3
Other area	2
Total by method	38

Online engagement by gender:

	Male	Female	Other gender identity
Number of participants	18	17	3

Online engagement by age:

	Under 16	16	17	18	19	20	21+
Number of participants	7	17	10	3	1	-	-

In addition to discussion in focus groups, young people completing the **DRUGS** survey provided a response to the request: *Tell us about your experience of drugs when it comes to sex or relationships*. Insight from young people points to several themes.

Negative views on drug use

Online and in focus groups many young people expressed negative views on drugs and drug use; commenting straightforwardly they are bad/a bad idea, to recognition of dangers, illegality and addiction. For these young people drug use might also be seen as selfish, stupid or disgusting.

Worry, addiction, ill-health. (16/Dundee/Female)

Acid bad idea. (16/Angus/Male)

Drugs are bad. End of. (16/Dundee/Female)

Stupid. Idiotic. Dangerous. (>16/Dundee/Female)

Not cool, how to mess up your life and addiction. (>16/Dundee/Female)

Potentially lethal, risky, illegal, disgusting. (16/Dundee/Female)

Illegal substances come to mind. Sad reflection on our society. Those who indulge are extremely ignorant and selfish, without considering the effects their actions have on other people. (17/Dundee/Male)

Only stupid people do drugs. (17/Dundee/Female)

Enjoying drugs

This negative view is contrasted by young people who recorded their enjoyment of drugs; so that drug use is about being with friends and having a good time.

People want to have a good time. (17/Angus/Male)

ruuffys are great. (17/Angus/Male)

Get high every weekend with the lads, crushing them pills like there's no tomorrow. (16/Dundee/Female)

oh meh god soooooo beautiful poppin E's n ahin everynite in the backies getting nuttied out meh puss. (16/Dundee/Male)

Two online respondents recorded their daily use of cannabis.

Smoke Weed Every Day. (17/Dundee/Other gender identity)

Smoke Weed Every Day. (>16/Dundee/Male)

Also responding online one young man reflected on the extent of his drug use, at age 16, and mixed feelings about it.

Well for someone so young I have tried quite the few drugs, LSD, DMT, Mushrooms, Valium, MDMA, Coke, E, Xanax, Mcat, 2c-b, 2c-i, weed, Alcohol, Salvia, DXM, Amphetamine, etc.... as you can tell I favour psychedelic's more than other drugs because they don't ruin lives and can improve your mental state of mind. but I do sometimes think I am way too young to have tried these but I guess I can't turn back time. (16/Dundee/Male)

Impact on relationships

In focus groups, mention of drugs was made mostly in the context of the prompt question: *What are some of the things that get in the way of the kind of relationship you want?* The first quote below relates to discussion of cannabis use, the second in terms of both drug and alcohol use.

It's definitely a big part of my relationships man, like just being able to chill out and hang out with a girl. It's cool. Makes me feel relaxed like. Don't always have to be doing stuff. It can just be spending time together. (Focus group 8/PK)

It can make you freer to say things and do stuff you wouldnae usually, but if you are like depending on it to get you through your day (or if she is) then it just gets in the way, 'cos you are never really with them. (Focus group 7/PK)

Discussion about drugs in the context of relationships was typically met with a response such as: "Have no place in a relationship" (18/PK/Male). For others the view was that drugs impact negatively on how people behave toward each other and undermine a key issue for young people in a relationship: *trust*.

That's the big thing. It would be a major trust issue. Not like a joint, but anything else. (Focus group 13/Dundee)

Drugs can ruin relationships, they can change who you are. (17/Dundee/Female)

Drugs should not be used at all during sex or in a relationship cause it can make a lot of problems. (17/Angus/Male)

If somebody isn't reliable or they are taking drugs or alcohol then the relationship just breaks down, how can you trust someone that isn't reliable. (Focus group 4/PK)

Drugs are a problem in my relationship, my boyfriend has done/does drugs and I don't agree with it but he doesn't see the problem so it is never resolved. I don't think the drugs are that bad for his health but I don't like the thought of what he is like/what he does while or after using them. He says he will stop but further down the line... If you are going to stop, why not now? (18/PK/Female)

2. INSIGHT FROM RESEARCH, RESOURCES OR SERVICES

The purpose of identifying insight from other sources is to help locate young people's perceptions and lived experience in a broader context, and where possible to provide further evidence to support the stress which young people have given to an issue, in this section regarding drugs.

A key source for **information about young people's drug use in Scotland** is The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) which is a national survey on smoking, drinking and drug use. The survey is conducted on a biennial basis, targeting secondary school pupils aged 13 and 15 in local authority and independent schools. SALSUS was last undertaken in autumn 2013 (providing local and national output) and in autumn 2015 (providing national output only). While the survey is conducted with young people younger than the target group for this insight gathering process (16 to 20 year olds) it does establish some baseline for the relationship young people have with drugs (cannabis, stimulants, psychedelics,

opiates, gas, glue or other solvents and tranquilisers) at 15 years old. The last findings for NHS Taysideⁱ from 2013 tell us that:

- In terms of prevalence of drug use in Tayside, 14% of 15 year olds have used or taken one of the named drugs even if only once. Half of these young people (7%) reported using drugs in the month prior to survey.
- The most commonly used drug is cannabis with 12% of 15 year olds in Tayside reporting using cannabis in the previous year.
- 1% of 15 year olds report taking drugs at least once a week, including those who report daily use.
- When it comes to access to drugs, 30% of 15 year olds report being offered at least one of the drugs named; 27% had been offered cannabis. 33% of 15 year olds reported that it would be very or fairly easy to get illegal drugs if they wanted to.
- While cannabis is clearly the most commonly used and available drug, for all of these figures, these show a reduction in drug use and access to drugs since the previous SALSUS survey.
- For young people who do buy/use drugs 54% obtain them from friends of the same age; 21% from an older friend.
- 5% of 15 year olds felt they needed help because of drug use and 50% (who use drugs) would like to stop taking drugs.

Research also establishes that drug use impacts on the sexual behaviour (and so health outcomes) of young people; however how this relationship works is not straightforward.

The **World Health Organization**ⁱⁱ recognises the problem as follows: “Many adolescents face pressures to use alcohol, cigarettes, or other drugs and to initiate sexual relationships at earlier ages, putting themselves at high risk for intentional and unintentional injuries, unintended pregnancies, and infection from sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV)”.

Working in the US Hyman Hopsⁱⁱⁱ and colleagues argue that “**Adolescents who abuse substances are more likely to engage in health-risking sexual behavior**” and so be at risk for HIV/STI infection and unplanned pregnancy. Looking to address such concerns the team explored how different interventions might address behaviours, and conclude that structured, small group programmes which provide information on HIV risk and condom use alongside development of social skills focusing on decision-making and assertive communication are of benefit and reduce risk for young people using drugs. They also conclude that where alcohol and drug use is a problem within the family, that whole-family interventions support adolescent family members too. For young people with identified alcohol and drug problems, it is thought that drug abuse treatment itself impacts positively in general terms and so will help with moderating other risky behaviours.

As stated earlier however the relationship between behaviour, risk and sexual health when a young person uses drugs is complex.

John S. Santelli^{iv} and colleagues recognise that failure to use condoms and having multiple partners are associated with drug and alcohol use. However, they do not find that decisions about condom use *at last intercourse* are influenced by the use of drugs or alcohol in that moment, rather they find that it is **the young person who is more regularly using drugs (or alcohol) who is more likely to have multiple partners and have a reduced commitment to condom use overall**. The focus of their concerns then is **the need to understand more about the individual young person who is drawn to and involved in regular drug or alcohol use and other risky behaviours**.

As highlighted in other topic chapters, Dr Douglas Kirby and associates have studied adolescent sexual and reproductive behaviours, work which has included a review of programmes which help identify what factors might be considered *protective* and which might lead to *risk* when it comes to young people's sexual choices and behaviours. The work has influenced discussion and developments in Scotland, in 2008 NHS Health Scotland published material using Kirby's evidence and applying it to work in Scotland^v. In terms of drug (and alcohol) use Kirby and colleagues^{vi} conclude that:

"Numerous studies have found relationships between teens' use of alcohol and illegal drugs and an increased likelihood of having sex, having sex more often, having sex with more partners, and pregnancy. It is plausible that drinking alcohol and using drugs may lower inhibitions, diminish the ability to assess risks, or increase sexual aggression, thus accounting for the measured relationship between alcohol and drugs and teen sexual activity".

However, the report authors also sound a note of caution, reflecting the work of Santelli and colleagues quoted above:

".. it is also possible that part or all of the effect is caused by other factors, such as poor performance in school, general risk-taking or sensation-seeking, lack of parental monitoring, and so on.... Another study found that, while both alcohol and drug use in the past were negatively related to condom use, drug and alcohol use during the most recent sex was not negatively related to use of condoms. This finding suggests that something other than lowered inhibitions at the time of sex may explain the relationship".

Reflecting discussion in the insight topic chapter on *alcohol*, it is important to consider young people's use of drugs in the context of relationships because as young people recognise drug use impacts on the quality of that relationship. Further, with regular drug use there is an effect on decisions and behaviours regarding sex. However, as with alcohol, **while we can conclude that drug use plays a role in choices and behaviours, the relationship with poor use of contraception or condoms is correlated but not causal**; in terms of risk, drug use matters but needs to be considered in a broader, holistic view of a young person's circumstances.

Looking to other services, information and support out with NHS Tayside, **Crew**^{vii} is a drugs charity based in Edinburgh that describes its purpose as follows: “We specialise in non-judgemental and relevant information, advice and support around drugs”. The agency makes clear links with safety and sexual health and online and via publications/leaflets offers practical information about how to ‘party safer’ and is a C Card provider.

Scottish Drugs Forum^{viii} is a membership-based drugs policy and information organisation and acts as a national resource of expertise on drug issues. Among a broad range of interests, the agency has been managing a 3-year initiative since 2012 to improve the sexual health of drug users by increasing the knowledge and capacity of drugs agencies/services and staff in the realm of sexual health.

Scottish Drugs Forum along with other community based agencies has also produced information about **Psychostimulants and New Psychoactive Substances**^{ix} (NPS). Although not raised by young people in this insight gathering project, there are concerns across Scotland about the impact use of these drugs is having on health in general but also on sexual behaviour and sexual health outcomes. The law and so accessibility to these drugs has changed recently and SDF offer up-to-date information on these matters.

3. DRUGS SUMMARY AND DISCUSSION POINTS

When it comes to the insight offered by young people and other sources, several important themes and issues have been highlighted. These are summarised below and discussion points are highlighted. Again, some attention is given to the use of insight from this project in terms of the use of social marketing to promote positive sexual health for young people.

Young people’s views on drug use are mixed

Unlike their views on alcohol - where there is a strong sense that alcohol is easily accessed and its use common – young people’s views on drug use are mixed. For those who expressed enjoyment this is linked with partying with friends rather than being much considered in terms of intimate or sexual relationships. Only cannabis use is described as something that might be more private or used regularly/daily. In terms of a social marketing approach, reinforcing commitments to not using drugs and making positive choices when drugs are available may be of value.

Drug use is associated with a lack of trust

The importance of *trust* in young people’s relationships is highlighted in several of the insight chapters, with a dedicated chapter on that subject. Drug use is seen as undermining trust, making a partner less/unreliable. If young people value and desire *trust* in a relationship, but drug use undermines this positive attribute, a clear *competition* emerges which might be exploited by a social marketing approach.

Drug use is associated with risky sex; but the relationship is complex

Poor or ambivalent attitudes toward condom use and increased partner numbers are associated with drug use but research indicates that rather than being a causal

relationship – i.e. an individual uses drugs and does not use condoms – it is a young person's longer term use of drugs that might indicate a propensity toward risk taking that might lead to increased partner numbers and reduction in the likelihood of using condoms in these sexual encounters. This points to the need for *segmented/targeted interventions* and *a mix of approaches* which identify young people who are using drugs early and over time, rather than simple messages about 'if you use drugs use a condom'.

Cannabis

Of the drugs available to young people cannabis may be more like alcohol in terms of availability and extent of use. As has been highlighted use of drugs, consistently over time and from an early age, impacts on sexual behaviours and risk. In terms of social marketing focusing on the audience (*customer orientation*) this means that rather than communicating about drugs in general terms young people might be more receptive to messages about a named substance. This would mean that anything being asked of them is focused and the benefits or costs (the *exchange* in terms of social marketing) of adapting a specific behaviour (such as smoking cannabis every day) more easily understood.

REFERENCES

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