

IT'S A FAMILY AFFAIR

REPORT
OF THE
CONFERENCE
1 OCTOBER
2002



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FOREWORD

It is with pleasure, though tinged with some sadness, that I welcome you to this report of the 'It's A Family Affair' Conference held at Guildhall on 1 October. Sadness because it was the first conference without Peter Rigby CBE, who chaired the LDPF for ten years and helped to establish it as the respected and effective body it has become. London has lost an important friend whose energy and commitment was recognised by all those he worked with. However, Peter would have been delighted that this, the London Drug Policy Forum's 11th Annual Conference, was one of the most successful in our history.



The conference focussed on the impact substance misuse has on families. Speakers included academics, researchers, policy makers, practitioners and those who have had first hand experience of the tragedy that substance misuse can bring. The programme featured a number of workshops that provided practical advice and highlighted existing good practice. What particularly struck me was the high level of discussion and debate throughout the day and the enthusiasm of all those involved to improve the support families and drug users deserve and require.

An area that a number of speakers and participants raised was the need to provide parents and carers with good quality information that would help them discuss the issues around drugs and alcohol with their children. It was therefore very timely that the conference saw the launch of a leaflet targeted at all London parents which helps address this specific issue. The leaflet *Drugs information for parents – Do your children know more about drugs than you do?* is part of a London-wide initiative involving Adfam, the Home Office and the LDPF.

However, the Conference demonstrated that the needs of families extend beyond the provision of basic information. I hope that this report, and the resources it highlights and signposts, will help both policy makers and service providers to develop and improve the support that families need. For our part the LDPF will continue to work with its partners to take this work forward and to reduce the harm substance misuse causes in our communities.

Finally I would like to record my thanks to all those who contributed to the conference and to this report. I trust that this publication will be seen as a useful and important resource.

Roger Daily-Hunt
Chairman of the London Drug Policy Forum

INTRODUCTION TO THE CONFERENCE

Roger Daily-Hunt opened the conference by extending a warm welcome on behalf of both the London Drug Policy Forum and the Corporation of London. He announced the theme of the conference: how agencies can work to support everyone who has a family member who is a drug user. Mr Daily-Hunt paid tribute to the long term Chairman of the London Drug Policy Forum, Mr Peter Rigby, and Tim Rathbone MP, former Chair of the All Party Parliamentary Drugs Misuse Committee, both of whom had died in the last year. He went on to invite the Lord Mayor to formally open the conference.

Michael Oliver, Lord Mayor of the City of London, duly performed the formal opening of the conference. He welcomed the large number of delegates and stated that the London Drug Policy Forum has a tradition of holding key conferences which have succeeded in developing the agenda around substance misuse in the Capital and in designing practical solutions for those working at the sharp end with drug users and their families.

The Lord Mayor made a point of welcoming the wide range of academic talent, policy makers and those with real life experience of the tragedy of substance misuse who would be addressing the conference in the morning. He also welcomed those who were presenting practical solutions to common problems in the workshops held in the afternoon.

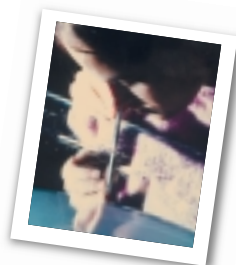
The Mayor went on to say that although London and the rest of the country had made good progress on increasing treatment capacity for drug users over recent years, the importance of families in treatment was still too often overlooked. He commented on the wealth of research evidence that states that drug users in treatment who are supported by family members have better outcomes.

The Mayor concluded his address by hoping that the discussions which took place at the conference would promote healthy debate and give rise to innovation and new practice in this much neglected area. He then invited Professor Kamlesh Patel to chair the conference.

Professor Patel announced that the conference would hear from a range of speakers involved in supporting the families of drug users. The morning featured presentations from: Government, independent agencies and the research community. It included an address from Stephanie Leinster whose son had died from volatile substance misuse earlier in the year.

Professor Patel went on to outline the conference's proceedings. Following the morning speeches, the afternoon would feature workshops on a range of issues designed to aid delegates in their. The presentations included practical examples of local initiatives and sources of information and support.

Following the workshops, Judith Lempriere from the Home Office, gave a presentation on what Government is doing in this area. The conference concluded with an extended plenary session chaired by Professor Patel which highlighted the key issues of the day.



FAMILIES IN FOCUS

Vivienne Evans, Chief Executive of Adfam, gave a presentation on the importance of all agencies remembering families in their work tackling substance misuse.

She started by introducing Adfam. Established by the mother of a heroin user, Adfam is a leading national organisation committed to supporting families affected by drugs and alcohol. Adfam's vision is of a country where no family facing problems because of drugs or alcohol goes unhelped. To achieve this vision Adfam focuses on three main roles:

- **informing:** government and families and those who work with them
- **challenging:** policy and decision makers and the media to better understand the issues facing such families, and
- **supporting:** by providing direct help to families facing the trauma of the criminal justice system and by assisting family agencies to improve their ability to help local communities.

Ms Evans used the occasion of the conference to launch a leaflet for parents which had been produced as part of a pan-London campaign called 'It's a Family Affair'. This campaign was a partnership between the London Drug Policy Forum, the London regional Drug Prevention Advisory Service, the Greater London Authority and Adfam.

The leaflet has been developed as part of a national strategy initiative to help Drug Action Teams meet output 2 of their Young People's Substance Misuse Plans; this aims to ensure that all parents/careers receive information on substance use and on local services which can provide help and advice.

The provision of this kind of accurate information and sources of help and support is vital. Adfam recently conducted a consultation exercise across the UK which aimed to map services, identify gaps in service provision and describe the impact on families. The exercise enabled Adfam to connect with a wide range of family needs and opinions. Working in partnership with local agencies and support groups, the views of nearly 300 people were gained.

Despite extensive research which shows that engaging families improves drug treatment outcomes, arrests declining health and improves the impact of drug education, families in England affected by problems with drugs and alcohol continue in the most part to be patronised or ignored. Adfam's research discovered that the underlying spirit of families confronting the crisis of drug use was actually one of hope, and a determination to help others in similar situations.

The research also demonstrates that families need help as educators – for themselves, their families and their communities. Families with the experience of drug use are a huge and important resource for local communities, helping others with similar experiences. Families are also a superb resource for preventing drug and alcohol harm in the first place.

parents often under-estimate the extent of their own influence, wrongly believing peer influence to be the decisive factor in their child's drug-related behaviour

Indeed research conducted by Richard Velleman concludes that:

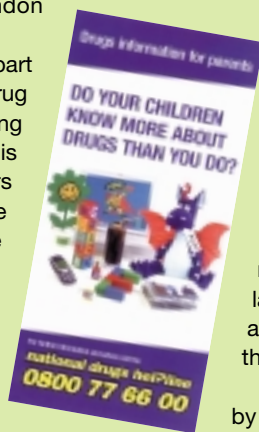
- a close parent-child bond may discourage drug misuse both directly and through choice of non drug-using friends
- the attitudes held by parents strongly influence those of their children; and
- the behaviour of parents towards substance misuse is an influential model for their children.

Our consultation also found that parents often under-estimated the extent of their own influence, wrongly believing peer influence to be the decisive factor in their child's drug-related behaviour. Crucially, they often lacked basic knowledge about drugs and confidence in communicating with their children.

Ms Evans concluded her presentation by outlining the contents of the new leaflet. A resource for the parents and families of young people, it covers:

- how to talk to young children about drugs – starting early to establish dialogue is critically important
- how to access help for those concerned about a young person's drug use
- factual information about drugs, their effects and the law
- information on local, regional and national sources of information and support.

The 'It's a Family Affair' initiative has also made available a language line facility to make the leaflet accessible to non-English speakers.



RESOURCES

A copy of the leaflet is distributed with this conference report. For more copies contact the London Drug Policy Forum or (in London) your local Drug Action Team.

Adfam has launched its website which, in addition to giving details about the organisation's work, also provides contact details for family support groups throughout the UK.

www.Adfam.org.uk

Adfam (2001) *Engaging Experts*, Adfam, London.

Adfam (2002) *Families in Focus*, Adfam, London.

Velleman, Richard et al. (2000) University of Bath, DPAS.

A PARENT'S PERSPECTIVE

Stephanie Leinster, the mother of Shaun Leinster, who died from abusing volatile substances earlier in 2002, gave a moving presentation. She spoke about her experience of losing a child because of his use of butane gas and how she was working to try to prevent other families going through the same experience as her family.

Mrs Leinster started by describing the death of her son:



'My beautiful healthy 17 year old son was found dead holding a can of butane gas in January this year. He was found by his 21 year old brother who is having a hard time coming to terms with it. The hardest thing my husband has ever had to do was to sit me down and tell me. At first I refused to believe it. The previous evening he kissed me good night, said 'Love you lots. see you in the morning' and had gone to bed.'

Mrs Leinster went on to say that she thought she was well informed and intelligent. She had always been an advocate of giving young people accurate information. She lamented that neither Shaun nor herself had the right information. She could not remember ever reading anything about butane gas or aerosols before Shaun's death. She had given aerosols, deodorants etc., to children in the family for Christmas presents without having any idea of the risks. Aerosols are such mundane objects, that it is hard to think of them as dangerous.

She went on to say that one of the hardest days since Shaun's death was Mother's Day. A few days later, she was invited by Ray Timms from Hampshire Drug Education team to talk to parents. She described her feelings:

'I almost didn't go, I wanted to hide from the world. Afterwards, a parent came up to me and said that she'd been worried but didn't know what was wrong. She said that from my description of volatile substance abuse she knew what he was doing. That is why I am here at this conference. I hope I am wrong, but if not, I am glad that I went that evening because perhaps I made a difference and my son's death made a difference. There are far too many deaths by butane or aerosols. With other drugs there is the chance to survive an overdose. But with butane Shaun died instantly. You could have done nothing to prevent this even if you had been there at the moment he inhaled gas. There is no second chance. My son died instantly. When I

went to see him at the Chapel of Rest I could see that on his face, he looked at rest.'

Since Shaun's death Mrs Leinster had been talking to schools and colleges. In her experience young people don't recognise butane gas and aerosols as dangerous, they only think of glue as a dangerous solvent. They just think it gives you a quick buzz, a quick high, and leaves the body within 20 minutes, so their parents won't know they have been using it. Parents are also mainly ignorant of the dangers; the side effects and symptoms of long term use are very subtle and are easily missed. What information is available is often hidden within information about glue and other solvents and the differences are easily overlooked.

Mrs Leinster stated that we all have responsibility to ensure that our children and their friends are given information about substances. It is important to separate out butane gas from other substances because its effects, symptoms and risks are so different. We need to make young people and their parents more aware about this substance. Butane is not considered a 'cool' drug to use, it is often used alone or with one other friend. When she speaks to groups of young people, everyone knows someone who uses it, but all claim they would never touch it.

Mrs Leinster concluded by speaking about how she now feels about Shaun:

'I am not embarrassed or ashamed of my son. I stand before you a proud mother. Despite the manner of his death, my life was far richer for having had him. There are many families out there who feel the same – 2-3 families per week are going through what we go through.'

My son paid the highest possible price for foolish experimentation. As have my husband, my son and daughter, both grandmothers, who are still distraught, and his friends and their families. He would never have run that risk if he had known about it. I know in my heart he did not mean to die.'

FACTS

- There were 64 deaths associated with volatile substance abuse in 2000.
- Gas fuels, in particular butane lighter refills, represented 52% of all VSA deaths in 2000.
- For under-18 year olds, there was a significant decrease in 2000 in the number of deaths associated with butane lighter refills.
- Although the average age at death has increased during the last decade, over one quarter of all VSA deaths in 2000 were in under-18 year olds.
- VSA deaths continue to be much more common among males than females.
- Death rates over the last ten years are highest in Northern Ireland, Scotland, and North East England.

Signs of VSA can be difficult to distinguish from 'normal' adolescent behaviour. However, any of the following may mean your child has a 'sniffing' problem:

- a chemical smell on your child's breath or clothing
- empty aerosol, butane or glue containers left where your child has been
- 'drunken' behaviour such as a lack of co-ordination and coherence, where consumption of alcohol is an unlikely explanation
- suddenly mixing with a new group of friends, especially if they hang out in secluded places
- mood swings or a general change in behaviour, to a greater extent than usual
- alterations in your child's sleeping pattern or eating behaviour
- a persistently runny nose or eye irritations. Sometimes rashes and pimples around the nose and mouth can be signs of abuse, but it is important to note that these only occur with the use of specific products, and can be confused with acne.

RESOURCES

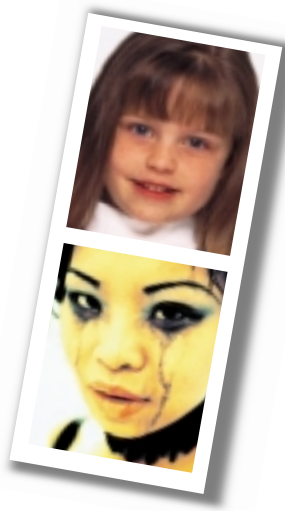
Re-Solve
The Society for the Prevention of Solvent
and Volatile Substance Abuse
National Headquarters, 30a High Street, Stone,
Staffordshire ST15 8AW
Tel: 01785 817885 Fax: 01785 813205
email: information@re-solv.org
www.re-solv.org/Documents/index2.htm

Field-Smith, M.E. et al. (2002) *Trends in Death Associated With Abuse of Volatile Substances*, St Georges Hospital Medical School, London.

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DRIFTING INTO SUBSTANCE MISUSE, YOUTH TRANSITIONS AND FAMILY DYNAMICS



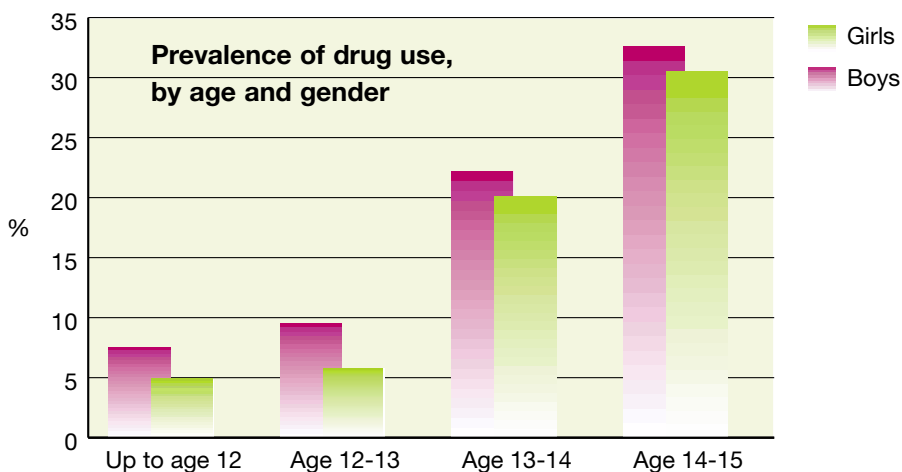
Susan McVie from the University of Edinburgh presented interim findings from a large scale longitudinal research study she is leading following 4,400 young people starting from the age of 12 years and concentrating on criminality and substance misuse.

Ms McVie started by stating that the Scottish experience of young people's drug use reflects that of the rest of the UK. There has been an increase in consumption of drugs in recent years. Drugs are becoming more mainstream and associated social problems are increasing. More young people are using drugs, they are starting at an earlier age and they are using a wider variety of drugs. Most young people who try drugs engage in a short-lived period of experimentation mainly involving cannabis. However, a minority go on to develop significant problems with their drug use. Very little longitudinal research exists that identifies the factors that characterise this latter group. This is why the current research may be particularly valuable.

Ms McVie briefly summarised the research exploring predictors of substance misuse which has covered many areas including peer influence, lifestyle factors, personality characteristics, academic or school related factors and, the impact of parental or family factors. The strength of association between substance misuse and family factors is strong, however, research is inconclusive. Some studies suggest that parental influence is a result of simple imitation; some suggest that the children of parents with psychoactive drug problems have an innate physiological sensitivity to drug and alcohol; while others suggest that child rearing socialisation practices are to blame. The research also suggests that different factors may affect boys and girls to different extents.

Ms McVie presented interim results from her study whose young people had now reached the age of 15 years. She presented key relationships which existed between drug misuse and a large number of variables, including individual and family characteristics and circumstances:

- boys are more likely to be involved in drug use up to age 13, but thereafter there is no significant gender difference
- there is little or no social class difference between drug users and non-drug users
- those living with two birth parents are less likely to have taken drugs than those living in any other type of household from age 12 onwards. Up to age 12, those living within a step family are more likely to have taken drugs than everyone else. Those living with a single parent were slightly less likely than those from other types of broken family to have used drugs from age 13 to 15
- the more frequently young people reported indulging in other problematic health behaviours, the more likely they were to have taken drugs. This tendency increased with age
- there are very strong links between how often young people use drugs and the variety of different offences they commit – and this appears to get stronger as they get older
- the more young people say they act impulsively, the more often they are likely to use drugs
- there are significant relationships between frequency of drug misuse and every one of the parental variables studied. Increasing frequency of drug use is associated with lower levels of parental supervision, increased verbal conflict between parent and child, increased exertion of



control by parents, increased parental discipline, poorer communication between parent and child and lower perceived levels of parental support

- the strongest relationships are between drug use and parental supervision and verbal conflict. Although significant, the weakest relationships with drug use are between parental control and parental discipline.

Ms McVie drew out the conclusions from her research to date. Research has consistently shown that, for most young people, drug use is a short lived activity associated with other forms of adolescent experimentation. The Edinburgh Study is at an early stage in terms of following the outcomes for these young people, and it is impossible as yet to construct models which will predict long-term, problematic drug use. However, prevalence data from the study show that smoking and, especially, drinking are common features of adolescent life, and it is important not to lose sight of the fact that these two behaviours cause more widespread social problems than drug use. In addition, these two problematic health behaviours are very strongly predictive of experimentation with illegal drugs. This concept is not new but it does emphasise the importance of drug education covering smoking and alcohol and exploring the complex linkages between them.

Simple analysis of the Edinburgh Study data shows that good parental support and supervision, and effective, rather than harsh, methods of control and punishment are all important in protecting children from drug use. However, compared to the use of tobacco and alcohol, the impact of good parenting during these transitional years appears to be limited. Other research suggests that health-damaging behaviours are not only a result of individual choice but are integral to street culture resulting from complex social and economic conditions. Again, drug education may need to understand and seek to change commonly held beliefs of different sub-groups of young people.

Ms McVie concluded that perhaps the most important finding is that prevalence and trends in smoking, drinking and drug use show very different patterns for boys and girls, which suggests that their pathways into and out of substance misuse are likely to be different. This has significant implications not only for research but for health education and prevention policies.

data shows that good parental support and supervision, and effective, rather than harsh, methods of control and punishment are all important



RESOURCES

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Parker, H (1996) 'Young Adult Offenders, Alcohol and Criminological Cul-de-sacs' in *British Journal of Criminology*, Vol. 36, pp282-298

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South, N. (2002) 'Cultures of Consumption and Social Exclusion' in *Criminal Justice Matters*, No. 47, Spring issue, pp28-29.

Smith, D.J. and McVie, S. (forthcoming) 'Theory and Method in the Edinburgh Study of Youth Transitions and Crime' to be published in January 2003 issue of *The British Journal of Criminology*.

The Scottish Office (1994) 'Drugs in Scotland: Meeting the Challenge'. *Report of the Ministerial Drugs Task Force*. The Scottish Office Home and Health Department, Edinburgh.

FAMILIES AND PREVENTION: RECENT FINDINGS

John Witton from the National Addiction Centre gave a presentation which summarised international research findings on the role of families in preventing substance misuse. Mr Witton introduced his presentation by saying that the purpose of reviewing the literature was to examine whether there were effective prevention interventions which were not being delivered or ineffective interventions that are being heavily invested in. He went on to identify the main factors associated with increasing the risk of young people developing substance misuse problems, and with protecting them from this end:

Risk Factors	Preventative Factors
Chaotic home environments	Strong bonds with the family
Ineffective parenting	Experience of parental monitoring
Lack of mutual attachments and nurturing in the family	Parental involvement in the lives of young people

The United States based National Institute on Drug Abuse (NIDA) has recommended that interventions should enhance protective factors and reduce risk factors. It also recommends that substance misuse prevention programmes should include a parents' or carers' component and states that family-focused prevention interventions have greater impact than those for parents or children only.

NIDA has identified three categories of interventions that appear likely to be most effective. These are:

- comprehensive multi-component strategies;
- individual social competencies strategies; and
- family strengthening strategies.

Mr Witton described interventions from each of these categories.

COMPREHENSIVE MULTI-COMPONENT STRATEGIES

► **Project STAR** is an American universal programme reaching the whole community. A large focus was based in middle schools and there was a strong emphasis on parents working with children on Project STAR homework.

The evidence concludes that those receiving the intervention smoked significantly less tobacco and cannabis and drank less alcohol than those at schools not offering STAR. However, results from a second study site have not yet been published.

► **The Seattle Social Development Project** is also a universal programme for school students aimed at enhancing protective factors to prevent delinquency and drug abuse. Parents are given a training session on 'How to Help Your Child at School' and training in family skills.

The evidence found reductions in antisocial behaviour, improved academic skills, greater commitment to school and fewer incidents of drug use at participating schools.

► **Project Northland** aimed to prevent underage drinking and related problems through classroom lessons, peer leaders, parental involvement and community mobilization.

The evidence found that one year after the start of the programme the increase in drinking was twice as high in schools not receiving the intervention. However, although these gains appeared significant, they were confined to those who were not drinking or smoking cannabis or tobacco at the start of the programme and those who had better relations with school and family.

► **NE Choices** is a British example of a comprehensive multi-component strategy which included drama workshops with follow-up lessons in the classroom; peer education; publicity to heighten community awareness and information and events aimed at the pupils' parents.

The evidence found that the proportion of drug users or regular users remained roughly stable in NE Choices schools but that more pupils in the NE Choices schools moved from 'harder' drug use to 'softer' drug use. However, only small numbers of pupils were involved, so confidence in these findings is limited.

INDIVIDUAL SOCIAL COMPETENCIES STRATEGIES

► **Here's looking at you**, an intervention in New Hampshire, aimed to provide young people with the skills to resist social pressure, supplemented this work by providing parenting education and involved a community task force to influence adult role models and attitudes.

The evidence found that those receiving the intervention were half as likely to be regular users of cannabis. However, these results were only gained if social skills work was supplemented by parental and community involvement.

► **The Adolescent Transitions Programme** is a school-based programme that focuses on parenting practices. A Family Resource room was established in every participating school and a 'family check-up' service was provided with family assessment and professional support offered to those families at risk.

The evidence, which is still from the early stages of the project found that parent interventions were needed for young people at high risk to prevent escalation of their problems and substance misuse and that repeated booster sessions were needed throughout the period of risk to sustain progress.

FAMILY STRENGTHENING STRATEGIES

► **Project Family** was conducted in two sites, Iowa and Washington, and involves parent competency training sessions with one or all of these sessions attended by adolescents and parents together.

The evidence found that there were positive effects on parents' child management practices and that young people improved their resistance to peer pressure. Unsurprisingly, positive parenting effects were associated with reductions in children's problem behaviours.

► **The Strengthening Families programme** aimed to help substance-abusing parents improve their parenting skills and reduce children's risk factors. It involved parent training, children's skills training and family skills training with both parents and children.

The evidence found that retention in the programme was best if parents and children both attended.

► The Behavioural Parent Teaching programme

Involves parents only, usually in small groups led by a skilled trainer, and encourages interaction with children through positive play, rewards etc.

The evidence found that at least 45 hours work is needed with high risk families and the programme works best with young children.

Mr Witton concluded by presenting the main findings of the international literature on substance misuse prevention involving families. The literature concludes that there is no one single best prevention programme and the evidence base in this area is still developing. This is even more true in the UK where rigorously evaluated prevention programmes are rare. There is currently a move away from a focus on the individual towards looking at the total family system within the environmental context.

There are promising results across the range of programmes with interventions involving parents helping to reduce problematic and heavy drug use. Specifically it appears that care must be taken to reach those most in need and it is important to address drugs within a range of parenting concerns.



RESOURCES

Drugscope,
Waterbridge House,
32-36 Loman Street,
London SE1 0EE
Tel: 0207 9281211
www.drugscope.org.uk

Drug and Alcohol Findings, a quarterly review of substance misuse research, can be purchased on subscription from Drugscope. Mr Witton wishes to acknowledge the help of Mike Ashton, editor of *Findings*, in preparing the above presentation.

Drug Education Forum
www.drugeducation.org.uk/Splash.html

Drug Education and Prevention Information Service
<http://199.228.212.132/doh/depisusers.nsf/Main?readForm>

National Institute of Drug Abuse
www.nida.nih.gov/

Substance Abuse and Mental Health Services Administration
<http://modelprograms.samhsa.gov/>

Flay B.R. (2000). Approaches to substance use prevention utilizing school curriculum plus social environment change. *Addictive Behaviors*: 25(6), p.861-865.

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Project Northland
Williams C.L. et al.(1999). Project Northland: comprehensive alcohol use prevention for young adolescents, their parents, schools, peers and communities. *Journal of Studies on Alcohol*: suppl. 13, p. 112-124.

NE Choices/Integrated Programme
MacKintosh A.M. et al. (2001). *NE Choices: the results of a multi-component drug prevention programme for adolescents*. Drugs Prevention Advisory Service.

Morris, J. et al. (2002). The integrated programme: an evaluation of a multi-component drugs prevention programme in northern England. *Drugs, Education, Prevention and Policy*; 9(2), p153-168.

Here's Looking At You
Stevens M. M. et al. 'Three-year results of prevention programs on marijuana use: the New Hampshire study.' *Journal of Drug Education*: 1996, 26(3), p. 157-173.
Adolescents Transitions Programme
Dishon, T. J. and Kavanagh, K. (2000). *A multilevel approach to family-centered prevention in schools: process and outcome*. *Addictive Behaviors*: 25(6), p. 899-911.

Project Family
Spoth, R. et al.(2002). Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychol Addict Behav*. 16(2), p.129-134.
www.projectfamily.isbr.iastate.edu

Strengthening Families Project
Kumpfer K.L. et al.(2002) Cultural sensitivity and adaptation in family-based prevention interventions. *Prev Sci*. 3(3): p 241-246.
www.strengtheningfamilies.org

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Patterson, G.R. and Narrett, C.M.(1990). The development of a reliable and valid treatment program for aggressive young children. *Int J Ment Health*: 19, p. 19-26.

DEFINING AND SUPPORTING EFFECTIVE DRUG EDUCATION IN

there are no 'quick fixes' to the drugs problem. In order for drug education to be as effective as possible, schools will require considerable support from national and local government

Louise O'Connor from the Roehampton University of Surrey addressed the conference on what schools, parents and all of us can do to prevent young people using and misusing drugs. Ms O'Connor presented a model of drug education which draws on what is known to work best, and what is most promising, gleaned from an international review of the literature and drawing on the first principles which underpin it.

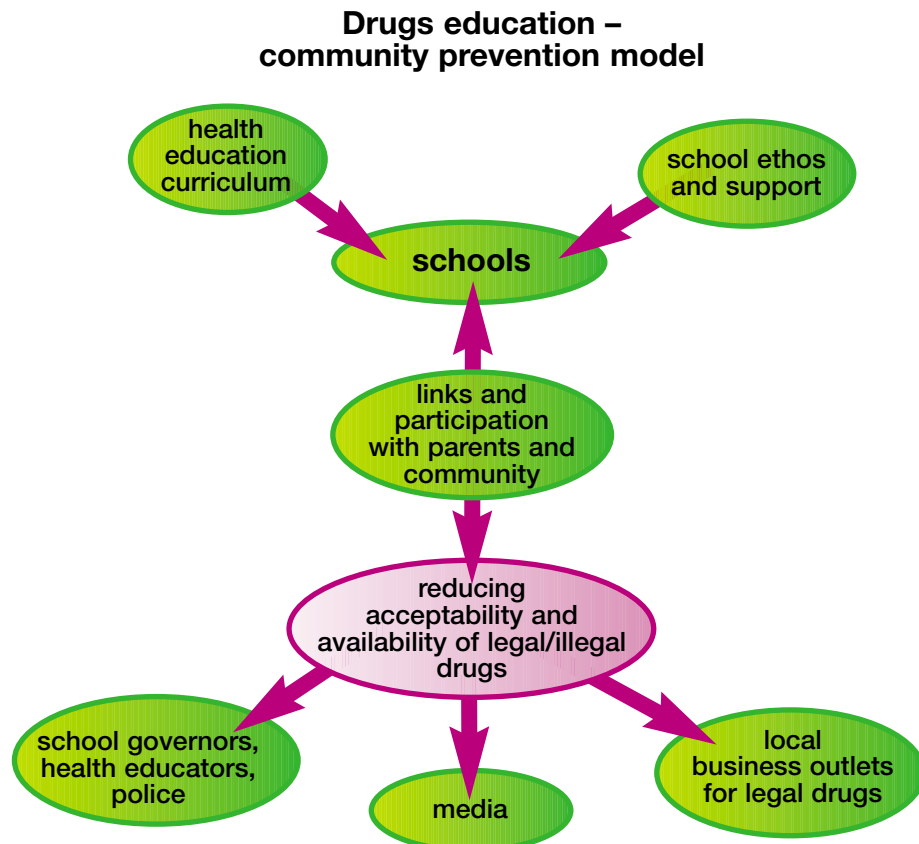
The model recognises the complexity of proposed solutions to the issues raised by drug related problems, and acknowledges that no one solution can make a difference on its own. Nevertheless, the model highlights some indicators for success, emphasising the need for a focus on a multi-faceted approach to drug education, which acknowledges the complexity of the context for effective drug education. Such an approach inevitably rules out those short term presentations designed to shock young people and which rely on simplistic messages ('just say no') and/or short term interventions unsupported by rigorous evaluation. The model is presented in the diagram below.

From the literature review Ms O'Connor presented a comprehensive set of first principles to apply to drug education (see facing page).

Ms O'Connor went on to discuss the role of parents in drug education. Research undertaken by herself and colleagues indicated that parents wish to play an effective role in their children's drug education, but lack the knowledge and skills to do so. In essence parents wish to be better informed about the world of drugs their children inhabit. For example, they want to be able to recognize the signs and symptoms of drug use, the effects on health, and where they can go to for advice and support. They also want to know where and how their children obtain drugs, and with whom and in what situations they are used.

Other research also revealed parental frustration at schools' failure to communicate with them about school drug policies and education. In many cases schools' contribution to parent education on drugs, was confined to providing the school hall for police officers to provide a presentation to parents on drug issues.

Ms O'Connor emphasised the point made by other speakers that positive and supportive relationships between parents and their children have been shown to have a protective effect against problematic drug use. However, parents, like children, have a variety of needs, and on-going research indicates that the key skills relate



SCHOOLS WITHIN A MODEL OF BEST PRACTICE

to effective communication between parents and young people, which goes beyond drug knowledge issues.

Ms O'Connor concluded her presentation by reiterating that the research indicates there are no 'quick fixes' to the drugs problem, which affects and concerns all sections of society. In order for drug education to be as effective as possible, research further suggests that schools will require considerable support from national and local government. The structures for providing this support are already in place, many Teacher Education Faculties in Universities, Drug Action Teams and Local Education Authorities are well informed about drug education.

However, schools increasingly act as independent units, responsible to their own local parents and communities. If they are to address this problem in partnership with others, it is essential to provide them with the impetus and practical support to act in collaboration with other schools and agencies. Without concerted, community action, drug education will remain patchy, piecemeal and ineffective. Ms O'Connor summed up by saying that currently, owing to lack of expertise and commitment, we are struggling to translate policy into effective practice.

FIRST PRINCIPLES FOR DRUG EDUCATION

- Start drug education early, prior to experimentation with legal drugs, using interactive approaches, incorporating life skills training/education.
- Use young people's knowledge, experience and perceptions of drugs and drugs issues, and their expressed needs in this area, as a starting point, and incorporate these into planning, content and teaching methods.
- Provide long-term, sustained education, linked with developing knowledge and experience, changing perceptions and attitudes, and understanding of social and psychological development.
- Target information and approaches towards specific needs and groups, considering for example, gender, ethnic, cultural, social factors.
- Select well-trained, confident and credible deliverers.
- Ensure the school ethos and management structure is supportive in terms of resources, time commitment and coherent and cohesive messages about health and drugs.
- Involve and educate parents to support school efforts.
- Establish aims, objectives and outcomes of drugs education in collaboration with parents and external agencies, and clarify the contribution of each.
- Harness multi-agency contributions as part of a planned, coherent approach, which includes a policy to address drugs incidents in schools.
- Ensure school efforts are part of wider community efforts to reduce the availability and acceptability of drugs.
- Establish monitoring and evaluation procedures to measure success and inform necessary changes.

RESOURCES

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Evans, R., Mallick, J. & Stein, G (1998) The role of parents in drug education. In O'Connor, L., O'Connor, D, & Best, R, (Eds) *Drugs: Partnerships for Policy, Prevention and Education – A practical approach for working together*, London: Cassell

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O'Connor, L., Evans, R. & Coggans, N. (1999) *Drug Education in Schools: Identifying the added value of the police service within a model of good practice*. The Association of Chief Police Officers & Roehampton Institute London.

O'Connor, L., Coggans, N. & McKellar, S. (2001) *From Policy to Practice: The Metropolitan Police Service new Strategy for School Drug Education and Support – An Evaluation of Implementation and Impact across Five Pilot Sites*, London: MPS and DPAS.

Ofsted (2001) *Inspecting Personal, Social & Health Education in Schools*, London: Office for Standards in Education.

SCODA (1998) *The Right Choice: Guidance on Selecting Drug Education Materials for Schools*. Standing Conference on Drug Abuse, London.

Sherman, L.W., Gottfriedson, D.C., MacKenzie, D.L., Eck, J., Reuter, P. & Bushway, S.D. (1998) *Preventing Crime: What Works, What Doesn't, What's Promising*. National Institute of Justice, US Department of Justice.

TREATMENT AND FAMILIES: CHILDREN OF DRUG MISUSING PARENTS

Mark Gilman of the National Treatment Agency, gave a presentation on the needs of children of drug misusing parents. He started by setting the context of drug treatment work in the UK. Whilst many people from all social classes and backgrounds are involved in recreational drug use, it remains true that drug treatment agencies are mainly seeing heavy end drug problems of dependence and addiction most often associated with heroin and crack cocaine. In the main, they are treating poor people with expensive addictions who are criminally active. Most of these people are adults and many of these adults are parents.

Currently we deal poorly with drug misusing parents. In general, Social Services tend to over-react and treatment services tend to under-react to issues of parental drug misuse. As a result, drug misusing parents don't know what to do and children frequently become carers for their own parents, with damaging consequences for their own futures.

In most specialist drug services, the needs and welfare of children in families affected by problem drug use have been overlooked. Drugs workers often feel ill equipped to manage the often complex needs of both parents and their children and therefore attention is focused on the adult's drug problems.

Conversely, social workers have frequently lacked the knowledge, skills and confidence to address parent's drug-related problems even when these are clearly affecting their children. They have not been clear that parental problem drug use can have significant and damaging consequences for children. Although they continue to recognise that children are entitled to help, support and protection, within their own families wherever possible.

Mr Gilman urged those working in treatment agencies routinely to establish whether new service users are parents and the ages of their children. He encouraged all those working with problem drug using parents to ensure that they knew the answers to the following key questions:

- Are children usually present at home visits, clinic or office appointments during normal school or nursery hours? If so does the parent need help getting children to school?
- Do parent(s) think that their child knows about their drug use? How do they know?
- What arrangements will be made for the child(ren) when the parent goes to get illegal drugs or attends for supervised dispensing of prescription drug(s)?
- How much money does the family spend on drug use? Is the income from all sources presently sufficient to feed, clothe and provide for children in addition to obtaining drugs?
- Who will look after the child(ren) if the parent is arrested or is in custody?

Mr Gilman made the point that some young people are extremely resilient and set out key protective factors which can mitigate the effects of being brought up by drug using parents. He also emphasised that the international literature on the children of drug misusers does not support an assumption that child abuse and neglect automatically follow when a parent uses drugs. The protective factors include:

- sufficient income and good physical standards in the home
- a consistent and caring adult, who will provide for the child's needs and give emotional support
- regular monitoring and help from health and social work professionals, including respite care and accommodation
- an alternative, safe residence for mothers and children subject to violence and the threat of violence
- regular attendance at nursery or school
- sympathetic and vigilant teachers
- belonging to organised out-of-school activities (e.g. homework clubs).



Mr Gilman then presented a useful checklist for services in a local area to check whether they are actively looking out for the welfare of the children of drug misusing parents:

- ✔ How often do drugs workers and social services consult with each other?
- ✔ Do substance misuse staff ever 'trigger' child protection?
- ✔ Do social services ever advocate for appropriate treatment of a parent?
- ✔ Are there inter-agency courses on substance misuse and child protection?
- ✔ Do substance misuse staff assess parenting skills/ability?
- ✔ Are data gathered on the crossover between drugs and childcare issues?
- ✔ Are there specific posts established to bridge the divide?

He went on to say that all those working with the children of drug misusers must answer the key question:

'How bad does a drug misusers parenting have to be before we decide that their children should enter the high risk world of being looked after by the local authority?'

Mr Gilman concluded that all work in this area has to maintain a difficult tension. On the one hand, it is vital that child protection work takes sufficient prominence to ensure that children are not in real danger. On the other hand, if child protection becomes the dominant focus, many problem drug misusers will be deterred from accessing treatment or social services at all, potentially placing their children at considerable risk of harm.

children frequently become carers for their own parents, with damaging consequences for their own futures



RESOURCES

The National Treatment Agency
5th Floor, Hannibal House
Elephant and Castle, London SE1 6TE
Tel: 020 7972 2214 Fax: 020 7972 2248
email: nta.enquiries@nta.gsi.gov.uk
www.nta.nhs.uk/

Effective Interventions Unit
Substance Misuse Division
Scottish Executive, St Andrew's House
Edinburgh EH1 3DG
Tel: 0131 244 5117 Fax: 0131 244 2689
email: EIU@scotland.gsi.gov.uk
www.drugmisuse.isdscotland.org/eiu/eiu.htm

The following publications are from this unit of the Scottish Executive:

Drug Treatment Services for Young People: A Research Review – Summary (June 2002)

Drug Treatment Services for Young People: A Systematic Review of Effectiveness and the Legal Framework (June 2002)

“THE HOME SECRETARY GIVES A PARTICULAR PRIORITY TO THE ISSUE OF SUPPORT TO FAMILIES AND PARENTS”

– Judith Lempriere, Deputy Director of the Drug Strategy Directorate in the Home Office, speaking at the conference

WORKSHOP PRESENTATIONS

After lunch conference delegates attended six workshops which presented practical response to common issues relating to substance misuse and families. A brief synopsis of each workshop is presented here...



DRUG EDUCATION WITH KEY STAGE 2 PUPILS

Ms. Anita Collins from the Greenwich Drug Education Team led this workshop which provided an overview and description of the IDEALS (Introducing Drug Education and Life Skills) drugs education programme.

IDEALS is a school-based curriculum that is being used to fulfil both the National Curriculum Guidelines for drugs education and the requirements of the Government's strategy 'Tackling Drugs To Build A Better Britain'. IDEALS is a drug education project involving Year 5 & 6 primary school pupils, their parents and teachers. IDEALS has five main objectives:

- to give children appropriate information
- to emphasize the benefits of a healthy lifestyle
- to support the development of skills needed to make informed and responsible choices
- to provide activities that are fun and involve active learning
- to support teachers to deliver classroom activities.

As part of her presentation, Ms. Collins discussed at length the delivery of the programme in schools, the Teacher Training Packet that has been developed to support effective delivery, and the evaluation efforts underway to measure IDEALS' effectiveness in preventing substance abuse among young people. The evaluation was undertaken by the University of Greenwich and found that:

- IDEALS was effective in promoting pupil's life skills in respect of drug use and making them more aware about drugs
- teachers found IDEALS to be a useful project, with a user-friendly teaching pack, enabling them to feel supported in their role of delivering drug education
- parents felt their children were more aware of drugs, more able to discriminate between drugs and able to resist peer pressure as a result of their involvement with IDEALS.

Key issues raised in the workshop included a number of specific challenges to the implementation of IDEALS and of other school-based curricula. Although IDEALS has been welcomed by most schools and has gained acceptance over time. There have been challenges to implementation which may be common to other drug education programmes:

- Some schools do not want this curriculum presented, while others argue that they do not have sufficient time to add IDEALS into an already full schedule.
- Questions have been raised about the appropriate age for information that is presented about the influences of specific drugs, their harmfulness, the identification of specific substances, etc. – parental approval for this form of drug education can be difficult to get.
- The programme encourages parents to participate in the homework that is given to students and to attend a parents' meeting about the project held at school before the project starts. However, attendance at these meetings tends to be low.



RESOURCES

Further information on IDEALS is available from Anita Collins
 Greenwich Drug Education Team
 Health Promotion
 Greenwich PCT
 1 Hyde Vale
 Greenwich SE10 8QG
 Tel: 020 8694 7312
 Fax: 020 8694 6994
 email: Anita.Collins@GreenwichPCT.nhs.uk

ALCOHOL PROBLEMS AND THE FAMILY — FROM STIGMA TO SOLUTION

Wendy Robinson from the NSPCC/ARP Family Alcohol Service led this workshop. She started by discussing research by Professor Richard Velleman on young adults who grew up in problem drinking families, which found that some children fared better than others. Upon closer examination of the variables in these families it became possible to identify certain aspects of family life that greatly reduced the risk of short and longer term harm to children, and, in addition, increased their general overall resilience. In terms of practice, Ms Robinson urged delegates to work on developing these protective factors in the families that they worked with; to increase responsible parenting, improve the quality of family life and relationships and thereby reduce problems faced by children. The protective factors that were identified are:

- a non-drinking parent/carer
- cohesive parental relationship
- cohesive family
- family rituals maintained
- influence of important others
- children engaged in activities outside the home
- deliberate planning for the future.

RESOURCES

Robinson, R. & Hassle, J. (2000) *Alcohol and the Family - From Stigma to Solution*, NSPCC

Robinson, R. & Dunne, M. (1990) *Alcohol, Childcare and Parenting - A Handbook for Practitioners*, NSPCC

These two publications can be obtained by contacting: Family Alcohol Service 88-91 Troutbeck off Robert Street London NW1 4EJ Tel: 020 7383 3817

Velleman, R and Orford, J (1999) *Risk and Resilience: Adults who were the Children of Problem Drinkers*. Harwood Academic Publishers.

Lowe, G, Foxcroft, D and Sibley, D (1993) *Adolescent drinking and family life*. Harwood,

Alcohol Concern Waterbridge House, 32-36 Loman Street, London, SE1 0EE. Telephone: 020 7928 7377 Fax: 020 7928 4644 email: contact@alcoholconcern.org.uk www.alcoholconcern.org.uk

IMPLICATIONS FOR PRACTICE

Ms Robinson went on to identify seven key areas of practice which should be addressed to support children:

1 Time and positive attention from a non-problem drinking parent/carer.

In most of these families even the non-drinker may be focused on and caught up in the drinker's problem and behaviours, often resulting in children's needs being overlooked or neglected.

2 United and caring front from parents

The children who did least well in problem drinking families were the ones where parental conflict was at a high level. If parents are able to keep their disagreements and relationship difficulties away from children and present a united and caring front in their role as parents, then children are less likely to suffer.

3 Activities and special occasions maintained

The whole family need to ensure that birthdays and special occasions are remembered and celebrated, as well as regular outings and events that everyone can enjoy together. It is important for workers to encourage that these events are both planned and followed through. Frequently in problem drinking families such activities are

promised but don't actually happen, it is important that drinking does not become the sole focus of the family's life together.

4 Child's view and concept of themselves

Children often view themselves as the cause of family problems. It is important to work at helping children see themselves as part of their family but separate from family problems, and to help them develop a belief in themselves and their abilities. This is particularly important since there can be a great deal of criticism directed at children by the problem drinker and it is important to counter-balance this negativity.

5 Family and children's understanding and expression of feelings

It is common for family members to hold onto feelings most of the time, only occasionally letting go of them in an uncontrolled torrent of anger and criticism. Work needs to be done to help individuals understand the range of feelings they are experiencing and to develop positive ways of communicating these feelings to others. Adults and children may both need a lot of help in this area.

6 Other adult figures and external activities

The majority of children who were shown to have survived relatively unscathed from growing up in a problem drinking family had significant attachments and relationships with other adult figures outside the family. People who cared about them, encouraged them, and showed stable and consistent care and attention were critical. Workers should actively explore family and community networks to see who could play this important role. Parents may also benefit from the stabilising and supportive influence of such adult figures. Children will also gain from being involved in school, leisure or creative activities outside the family home.

7 Deliberate planning for the future

Both parents and children are helped by making clear goals for change and plans for the future. It helps to be able to make a clear and specific image of what a preferred future would look like, and for this to then be broken down into small steps or sub-goals that will move the family/individual from here to there.

Ms Robinson concluded the workshop by stating that even if drinking behaviour is not amenable to immediate or even long-term change, workers can help parents to provide a safe, secure and supportive family environment where parenting skills are increased, parental conflict is decreased and family relationships are improved.

THE ROLE OF THE POLICE IN SCHOOLS

Paul Wotton, an independent consultant and trainer in drug education, with 36 years experience in the Metropolitan Police Service led this workshop. Mr Wotton started by giving a historical overview of recent developments in police service involvement with schools in relation to illegal drugs.

In 1999 a national research study acknowledged that whilst there was a high level of commitment to schools from the police service around drug education in particular, there were a number of recurrent themes criticised, relating to the content, delivery and evaluation of the lessons provided. This stimulated another research project focused on five London boroughs which explored pupils' attitudes, perceptions and knowledge before and after lessons were delivered by police officers. This study concluded that the most effective approach was likely to be the development of an agreed plan/protocol between the local Borough Commander with the lead agency(ies) holding strategic responsibility for school drug education which specifies:

- 1 An individual (individuals) accountable for developing schools' commitment and ability to provide the Best Practice context for school drug education and the agency/individual responsible for ensuring accountability;
- 2 The mechanisms for monitoring and evaluating school work in this area, with specific reference to the police context and input;
- 3 Agreed protocols specifying the role and contribution of each agency (including schools/teachers) in the joint enterprise of school drug education;
- 4 The ways in which the effectiveness of the above partnerships will be measured;
- 5 The arrangements for ensuring understanding of the strategy by all concerned, and the means whereby commitment and capability to deliver it will be developed (multi-agency training, resources).

This research coincided with the fundamental review of the national curriculum, leading to the new frameworks for Personal, Social and Health Education and Citizenship and the introduction of the National Healthy School Standard. It also coincided with the changing role of police officers in schools following the increase in the number of young people committing serious offences in and around schools, often against their peers, which resulted in a police officer being permanently on duty in some individual schools.

Mr Wotton outlined three main areas in which the police service can offer specific contributions to work relating to illegal drugs in schools:

- participating in the development of school policies;
- providing school-based drug education programmes; and
- responding to drug-related incidents.

The workshop concentrated on the role of the police service in providing drug education. The Metropolitan Police Service developed a drug education strategy for schools following wide consultation. The police focus their inputs into school based drug education around three key areas:

- law and procedures;
- consequences of being convicted of a drugs offence; and
- drug recognition.

It was agreed that all police officers providing drug education in schools should present information in an accurate, factual manner and should be careful not to be judgemental or moralistic in the way they conducted the lesson.



RESOURCES

The Association of Chief Police Officers (ACPO) Drugs Sub-Committee with Roehampton Institute London (now University of Surrey Roehampton) (1999) *Drug Education in Schools: Identifying the Added Value of the Police Service Within a Model of Best Practice*.

University of Surrey Roehampton and University of Strathclyde (2001) *From Policy to Practice. The Metropolitan Police Service new Strategy for School Drug Education and Support: An Evaluation of Implementation and Impact across Five Pilot Sites*.

Metropolitan Police Service and the London Drug Policy Forum (2002) *Police Response to Incidents in Schools*.

More information on the Metropolitan Police Service's approach to drug education can be found at www.met.police.uk/drugs/education

WORKING WITH AFRICAN COMMUNITY GROUPS

Nana Ama Amamoo from the African Families Foundation (Afrifam) led this workshop. She started by describing Afrifam which is a network of grassroots African community groups working in four main areas of operation:

- 1 Community Development (under which the foundation runs health, family support and regeneration projects for the youth, elderly, women and children).
- 2 Networking and Partnership Development.
- 3 Research and Publishing (documenting the community development processes of the African community).
- 4 International Development (mirrors the UK work in Africa).

The workshop was based on a mapping exercise that Afrifam had undertaken for a South London health authority. The main focus of the workshop was showing how some of the strategies and principles of the mapping exercise were applied to making links with the Somali community in London to develop a response to the use and misuse of Qat (a herb with narcotic properties).

THE SOMALI COMMUNITY IN THE UK

Ms Amamoo described the Somali community in the UK. Whilst there are five or more generations of Somalis in this country mainly settled in Cardiff, Bristol, Bradford, Liverpool and Hull, there are also a number of people who arrived more recently from the late 1970s onwards as refugees and asylum seekers. Their culture and heritage is very important to Somali people.

As for other West African communities, the clan system is important and in developing links, it was important to work through this system. It is also important to understand that Somali women are very powerful and often provide leadership within the community. If women are involved in consuming Qat, the social and economic consequences for the family can be dire. A lot of women now receive support from various organisations, such as the African Families Foundation.

MAKING CONTACT

Afrifam used a variety of approaches to find and make contact with Somali community groups. These included attending community events and developing personal relationships; inviting bids for funding from the community and more technological approaches using databases and searching the Internet.

OVERCOMING CHALLENGES

Afrifam found it very important to understand and respect the cultural norms and practices of the Somali community, one of the most vital of which is the Mafrish which involves separate spaces and activities for men and women. The organisation found success by identifying a key person who could explain cultural protocols and introduce Afrifam workers to key individuals within the community.

It was also important to acknowledge that many African communities are suffering from research fatigue, they have often been the subject of research studies without being informed of or benefiting from the results. It is vital to undertake any research or information gathering jointly with the community.

CONCLUSIONS

Ms Amamoo concluded the workshop by presenting some key recommendations:

- Recognise and accept diversity in the African community.
- Remember that they are not just Somali, but also British, or potential British, citizens.
- Funding agencies can use Strategy Documents/ White Papers to promote a community focus.
- Jointly explore and build the capacities of local groups to deliver work, particularly through the provision of core funding.
- Invest in the community groups and be prepared to take risks.
- Recognise and change the institutional racism of the system, particularly in rehabilitation and support services; there is a lack of up-to-date information about the physiological impact of Qat.
- Develop a joint agenda with the community groups.



RESOURCES

Paul Griffiths (1998) *A study of qat use among a sample of Somalis living in London*. DPI Paper 26

Amamoo, Nana Ama, Agyare-Kumi, Uzo & Mawer, Caroline (2002) *Understanding African Organisations*

HARM REDUCTION IN THE FAMILY

Sara McGrail DAT Co-ordinator for the London Borough of Newham led a workshop which sought to give an overview of the impact of drug education related harm. She argued that there is currently a proliferation of mixed messages going out to parents and families. McGrail also stated that although there is now considerable doubt about the effectiveness of the 'just say no' type of drug education approach to positively impact on young people's substance misuse, there appears to be a growing reaction against the generic drug policy reform agenda which is labelling harm reduction focussed literature as 'shocking and inappropriate'.

The workshop explored the potential consequences of the variety of messages going out to parents and explored options around the future regulation of drugs communications.

TELLING THE TRUTH APPROPRIATELY

Concerns were expressed that because the press and central government (most notably the Home Affairs Select Committee) had expressed disquiet about strong harm reduction messages contained in some education materials (such as those produced by Lifeline and HIT), there was a danger of diluting the truth and not providing explicit harm reduction information to those that needed it. It was generally felt that it was very important to give truthful messages about drugs and to ensure there was an accurate source of information to counter-balance the sometimes sensational and inaccurate stories presented by the media.

TO REGULATE OR NOT?

The group discussed the implications of regulation of communications messages and the most appropriate body to carry out that regulation. Many in the group indicated the difficulties of trying to police communications 'leakage'. Several delegates felt it important that Drug Action Teams take a lead in regulating drug education messages locally, others felt it was more appropriate that these communications were regulated by practitioners or recipients of the materials themselves. Only a minority felt it was a role for central government.

The workshop went on to discuss the sample code of practise for publications developed by a leading provider and issues around self regulation by the drugs industry – the need for age banding etc.

drug education messages are not always effective because of the lack of consultation with young people about what information they need and the most appropriate methods for conveying it



RUNNING PROJECTS IN PARTNERSHIP WITH CHILDREN AND YOUNG PEOPLE

Nancy Kelley, from the Office of Children's Rights Commissioner for London, led this workshop which outlined some of the challenges and rewards of setting up and running services in partnership with children and young people. In particular the workshop looked at:

- making participation work
- working in partnership with children and young people
- the challenges and rewards of participative work.

Ms Kelley briefly described the role of the Office of Children's Rights Commissioner for London. Although not created by Government, the role of the Children's Rights Commissioner is to be a powerful person to speak up on behalf of children and young people and ensure that their views are considered when decisions are made about what happens in London. The Commissioner can also hold inquiries into why things go wrong for children and work with adults and children to improve things for children. In London, the advisory board of children and young people was set up before the Office existed and has helped make decisions about the way the project works from the start.

Ms Kelley started by outlining the key advantages and challenges of involving young people in the running of a project:

Advantages

An organisation that is friendly to young people is friendly to all people

The organisation's work will reflect the opinions of real young people

Young people offer ideas and solutions adults may not think of

It is possible to work hard and have fun

Sharing power

Challenges

It takes time, money and people to properly involve young people

It can be hard to get young people involved and keep them involved

Many adults don't like the involvement of young people

It can be hard to get the participative process and outcomes right

Sharing power

She went on to encourage organisations to clarify their reasons for seeking to involve young people and suggested that they seek to answer four key questions before setting out:

- 1 Why are we doing this?
- 2 What are we hoping to achieve?
- 3 Have we thought through the implications for ourselves and young people?
- 4 How will we make participation a mainstream part of the way we operate?

CONCLUSIONS

Ms Kelly concluded by affirming the potential benefits of fully involving young people in the work of an organisation. When participation is honestly supported and works well, it is much easier to develop a more credible service which young people want and will actually use. The project is more likely to achieve its outcomes and along the way empower young people to secure their own rights in many different ways and situations.

RESOURCES

Office of Children's Rights Commissioner for London
94 White Lion Street London N1 9PN
Tel: 020 7278 4390

www.londonchildrenscommissioner.org.uk/index.htm

Children's Rights for England www.crights.org.uk

Children's Rights Information www.crin.org.uk

**WE MUST TAKE
A BROADER
MORE HOLISTIC
APPROACH AND
NOT ALWAYS FOCUS
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IF WE WISH TO
ACHIEVE REAL
CHANGE**

THE GOVERNMENT RESPONSE

Judith Lempriere, Deputy Director of the Drug Strategy Directorate in the Home Office, addressed the conference on the subject of the Government's response to the families of drug users. Her speech was entitled: *'Families and substance misuse: whose problem?'*

Ms Lempriere set out the three themes of her speech. She intended to assure delegates that Government is listening and is seeking to reflect the real experience and examples of what works on the ground in the development of the drug strategy.

She acknowledged the too frequent gap between Government rhetoric and the experience of people at the sharp end coping with substance misuse as individuals, families and professionals.

Finally she confirmed to the conference that the Home Secretary has a strong personal commitment to the delivery of the Drug Strategy and gives a particular priority to the issue of support to families and parents. He is also driven by the importance of translating policy objectives into reality.

Ms Lempriere went on to state that families and substance misuse are everyone's problem. The economic and social costs to society of drug misuse are enormous, calculated at over £10 billion per year for England and Wales, and families and carers are one of the groups who bear these costs, in addition to the emotional pain and distress.

She then set out the key Government aims in this area as set out in the National Drug Strategy:

- To reduce the harm that drugs cause to society, including communities, individuals and their families.
- To help young people to resist drug misuse in order to achieve their full potential in society.
- To reduce the use of Class A drugs and the frequent use of any illicit drug among young people - especially the most vulnerable.

Ms Lempriere went on to say how the Drug Strategy Directorate was supporting the fulfilment of these aims:

- By ensuring that all young people, their parents and carers have the information they need and know where to get help and support locally.
- By recognising that problems of substance misuse don't occur in isolation: young people, their families and carers need appropriate help and support regardless of which agency they come to – this requirement is now reflected in DAT plans.
- By requiring DATs to include in their plans provision to ensure that all young people identified as vulnerable receive appropriate education, advice, information and support in and outside the school setting.

- By requiring DATs to involve parents and young people themselves in the development and provision of services in order that they reflect the needs and diversity of the communities they serve.

Ms Lempriere recognised that some of these aims are easier said than done. She acknowledged that the issue extends beyond the National Drug Strategy and that substance misuse needs to form an integral part of Government's mainstream policy on supporting families. The Government is beginning to work towards achieving this; the Family Policy Unit in the Home Office is developing a National Framework for Parent Support which will set standards for service provision and representation. This vision is represented on the facing page.

Ms Lempriere stated that the Drug Strategy Directorate is working with colleagues to ensure that the Framework addresses the needs of families dealing with substance misuse. The main objectives will be:

- Substance misuse needs to form an integral part of mainstream services provided for parents at a community level, including parenting classes, information or support groups, and access to family therapy or key workers/case managers or counselling services.
- Specialist substance misuse services should support parents. Wherever possible parents should be involved in the treatment of their child. They need information and advice on treatment options.
- Parents should be consulted on the development and provision of substance misuse services and service quality standards.
- DATs should address these issues working with children's service providers through their Young People's Substance Misuse Plans.

Ms Lempriere concluded by stating the four main challenges that are facing the drugs field in ensuring that the families of drug users are no longer neglected:

- 1 Increasing workforce capacity (in both specialist and generic services).
- 2 Improving partnership support (including a strong recognition that Government itself needs to operate in a more joined up way).
- 3 Making a real difference (Getting better at communicating between Government and primary stakeholders).
- 4 Celebrating success (Getting better at saying when we are doing better, we are making a difference and we need to build on it).

National framework for parent support



The economic and social costs to society of drug misuse are calculated at over £10 billion a year for England and Wales

RESOURCES

Updated Drug Strategy 2002

www.drugs.gov.uk/ReportsandPublications

Tackling Drugs to build a better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse (1998) HMSO Cm3945

Tackling Drugs to Build a Better Britain

www.drugs.gov.uk/Home

Bancroft et al. (2002) *Support for the families of drug users, a review of the literature* Scottish Executive Drug Misuse Research Programme.

www.drugmisuse.isdscotland.org/eiu/pdfs/eiu_litreview.pdf

Home Office Family Policy Unit

Home Office, Horseferry House

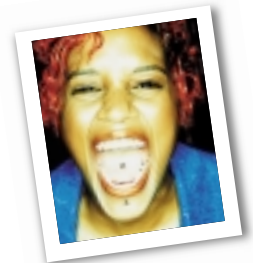
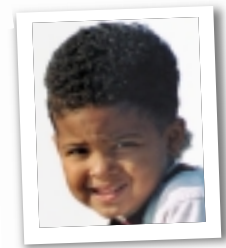
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SUMMARY

Kamlesh Patel concluded the conference by summarising the main themes which had emerged throughout the day. He identified eight key challenges:

- 1 There is a real need to develop the British evidence base for drug education work, we rely too much on North American research which may not always be culturally appropriate.
- 2 Although we have a clear strategic lead and some good policies in place, we must get better at implementing policies and delivering effective practice.
- 3 Integral to effective practice is making partnerships work on the ground; successful partnerships are not just between different agencies but also with families and the wider community.
- 4 There remains a significant need for accurate information in different, accessible forms, which meets the needs of diverse communities.
- 5 Many non-substance use specific agencies need drug and alcohol training and information.
- 6 We need to increase the capacity of the specialist field (there is an urgent need for more drug workers; engagement with different communities is important here as well to encourage new workers to the field).
- 7 We need further and more sophisticated exploration of relationships between tobacco, alcohol and other drugs and of the gender differences in the ways that young people think about and use substances.
- 8 Finally, we must attempt to take a broader, more holistic approach, and not always focus on the individual if we wish to achieve real change.



BIOGRAPHIES

Professor Kamlesh Patel, OBE is currently Head of the Centre for Ethnicity and Health, in the Faculty of Health at the University of Central Lancashire. A social worker by profession, Kamlesh began his career working as a Generic Social Worker then Specialist Caseworker (Alcohol and Drugs Team) with Bradford Social Services, moving into the voluntary sector where he established and managed a range of drug and mental health services. Most recently Kamlesh has been involved in the establishment of the Community Engagement Agency, within the Centre for Ethnicity and Health, with the primary focus of acting as a catalyst and facilitator of community led initiatives aimed promoting social inclusion by dismantling the barriers to services that exist for many people, mainly, but not exclusively, in the health and social care field. Kamlesh is a non Executive member of the Board of the National Treatment Agency and was recently appointed as Chairman of the Mental Health Act Commission.

Vivienne Evans is the Chief Executive of ADFAM. She has more than thirty years experience of working in the field of Personal, Social and Health Education. Having worked in schools, the NHS and at TACADE she was for some years Head of Education and Prevention at DrugScope/Alcohol Concern. She has experience of writing, training and in the development and management of a range of projects for schools, the youth services and local communities. She has worked as a Consultant for several international organisations including the United Nations and the World Health Organisation. She is member of the Advisory Council in the Misuse of Drugs, and a non-executive Director of her local Primary Care Trust. She is also Vice Chair of the Drug Education Forum.

Stephanie Leinster is the mother of three 'grown up' children and works as an External Verifier for an awarding body, overseeing the delivery of NVQs by Training Providers and Colleges. Following the death of her 17 year old son

Shaun on 9th January 2002 from butane gas inhalation, she realised that although she had always thought of herself as pretty well informed, she had no idea of the dangerous substances in her home. With the personal support and professional guidance of Ray Timms, from the Hampshire DART team, she has been running an awareness campaign, visiting local schools to talk to parents and children, informing them of the dangers of VSA and perhaps preventing further deaths from these silent 'killers in our cupboards'.

Susan McVie has been the Senior Research Fellow on the Edinburgh Study of Youth Transitions and Crime for 4½ years. Prior to that, she was a Senior Research Officer in the Criminology Branch of the Scottish Executive Central Research Unit. Susan has worked on a wide range of research projects, including both the Scottish and International Crime Surveys; investigations into prosecution, court processes and jury service in Scotland; various projects on the misuse of drugs and alcohol; and evaluation of the supports available to child victims and witnesses. As an ex-member of the children's hearing system in Edinburgh, she is particularly interested in the factors which contribute towards persistent and serious offending in some young people and the impact of various types of social control mechanisms on young people who offend.

Louise O'Connor has worked in the PSHE/drug education field in primary and secondary Schools and within Community (Adult) Education, Further Education and currently in Higher Education. As a Senior Lecturer and Senior Research Fellow at Roehampton University of Surrey, she has initiated and led a number of short and accredited courses for teachers and multi-agency partners working in PSHE and drugs prevention and education. Louise has also worked for a number of years in school governor training and support. She has contributed both nationally and locally to the development of effective school governing bodies, through specialist training

and publications. Her current projects include the expansion of the Certificate/Diploma in Drugs Prevention and Education to include accredited modules in evaluation, which also form part of a new qualification in Evaluating School and Community Innovations.

John Witton is currently a Health Services Research Co-ordinator at the National Addiction Centre in London. He was previously Head Of Information Services in at the Institute for the Study of Drug Dependence (now Drugscope). Recent work includes co-authoring *Guidelines for Drug Prevention* for the Department of Health.

Mark Gilman is current Regional Manager North East for the National Treatment Agency. He works with the Drug Prevention Advisory Service (DPAS) and other regional structures as well as DATs/JCGs and service providers locally to improve the quality and effectiveness of treatment available to their communities. Mark entered the drugs field as a researcher on young people and heroin in the North of England. He joined the Lifeline Project as a fieldworker and co-ordinator of Trafford Community Drugs Team where he wrote and researched many of Lifeline's harm reduction materials. Mark has published widely on drugs related topics and has lectured on the subject at numerous conferences in the UK and internationally.

Judith Lempriere has been involved in work connected with the Government's anti-drugs strategy since September 2000, initially in the Cabinet Office and, from June 2001 in the Home Office. Key priorities include working with colleagues across Government and at regional and local levels to ensure that we meet the strategy objectives of young people, and treatment; and to provide support to the partnerships (principally DATS) delivering the strategy at local level. Her earlier career has included working on issues on training and development for the Civil Service; working on the Citizen's Charter where she was involved in complaints handling; open

government; and working as Principal Private Secretary for a Cabinet Minister. Before joining the anti-drugs strategy she was head of the Fast Stream, European and Recruitment Division at the Cabinet Office. Before joining the Civil Service she worked in Local Government and the University Sector.

Nana Ama Amamoo trained as a languages teacher and is a noted writer and speaker. She has participated in several conferences, radio and television talks. Educated in Ghana and Britain, she holds a B.A (French and English), and a diploma in Education from the University of Cape Coast, Ghana; and a postgraduate diploma in Business Linguistics from Southbank University, London. Voted "Freelance Journalist of the year" in 1988, by the Liberian National Union of Journalists, Miss Amamoo is passionate about Africa and Africans, especially those in the Diaspora. She has written widely in this area. She is a founder member (and since April 2000, the Director) of The African Families Foundation, a UK registered Charity which is an umbrella body for a network of grassroots African community groups in the UK and Africa.

Anita Collins taught at Brampton Primary School, Bexleyheath, for 8 years. During this time, Anita taught all of the Key Stage 2 year groups and held responsibility for PSHE. She became involved in an innovative drug education project, called IDEALS and left the school to become the project's co-ordinator in 1999. Anita is now part of Greenwich Drug Education Team, still running IDEALS in Greenwich, but also being more involved in other aspects of both the Drug Education Team and Greenwich Health Promotion. Anita is also currently studying for a post graduate certificate in Health Promotion: Policy and Practice.

Nancy Kelley began working as a volunteer in a crèche and play scheme while studying at University and has worked in the voluntary sector in the United States and the UK

ever since. Her career has included working as a literacy tutor, a mental health advocate and a group worker for unaccompanied asylum seeking children. Before coming to work for the Office of the Children's Rights Commissioner, Nancy was Advocacy Legal Adviser for National Mind.

Sara McGrail has spent the last 14 years desperately trying to get out of the drugs field, including brief rehabilitative stints in youthwork, management consultancy and second hand book dealing. Sara is now the DAT Co-ordinator for the London Borough of Newham.

Wendy Robinson works as Specialist Adviser to the Family Alcohol Service, which is a partnership initiative between NSPCC and Alcohol Recovery project. She was instrumental in setting up this pioneering service, the first of its kind in the UK which works with the whole family where parental alcohol misuse is causing problems in family relationships and childcare. A qualified and experienced play therapist and counsellor who has specialised in the alcohol field for the past 8 years, she also works as a freelance trainer and has written two NSPCC publications.

Paul Wotton served 36 years with the Metropolitan Police Service. His last role was as a member of their Youth Affairs Branch and subsequently their Drugs Directorate at New Scotland Yard, having responsibility for policy relating to the police contribution to drug education and awareness programmes throughout London. He has recently become an independent consultant and trainer in drug education, awareness and prevention, having particular expertise in community safety and criminal justice issues relating to young people. Amongst his qualifications is the Certificate in Substance Misuse: Prevention and Education, a degree level course at the Roehampton Institute London (now part of Surrey University Roehampton).



The **London Drug Policy Forum** was established in 1991 to co-ordinate London local authority policy and practice and to encourage joint working. It is funded by the Corporation of London.

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The views expressed by the speakers at this conference are not necessarily those of the London Drug Policy Forum or the Corporation of London.

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