Centre for Institutional Studies

Research Report

EVALUATION OF DRUG PREVENTION COMMUNICATIONS PROJECT FOR YOUNG PEOPLE

Brian McDonnell, Sonja Nissen and Alice Sampson

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Given that the intention of the research is to contribute to social improvement much of our work involves working with those living in marginalised areas, and those who are disadvantaged. Our recent work has included research with women and children survivors of domestic violence, young people who offend, those with disabilities, and those who are striving to improve their situation including community organisations, social enterprises and faith groups.

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The purpose of the research report series is to bring the findings from research into the public domain to ensure that the research is accountable to a wider audience, and to promote discussion and debate about the effectiveness of policies and practices. We believe that public discussions are integral to the process of bringing about social improvements.

The research report series was introduced at CIS in the spring of 2006. Previously the Centre ran a series of commentary papers which began in 1989 and can be obtained from the Centre.

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CONTENTS

This report on the findings of the evaluation of a drug prevention communications project for young people was commissioned by the Partnership Board of the Drugs Communication Team and conducted by researchers at the Centre for Institutional Studies at the University of East London.

The research included a survey of young people's drug use and knowledge about drugs (156 young people). Twenty-eight focus groups to assess the effectiveness of the web-site (94 young people), and eight in-depth interviews with professions to obtain their views of the website were completed. Existing research on drug use and websites, and the project's monitoring data was collated and six steering group meetings attended.

Project aim

To increase awareness of drugs amongst 11-18 year olds in Redbridge and Waltham Forest by establishing a new communications pathway.

Drug Prevention Communications Project - The first four years

In 1999 the Health Education Authority proposed a 'Communications for the Future' project to test new ways of delivering drug prevention communication campaigns.

The Drug Action Team of Redbridge and Waltham Forest suggested a drugs education website.

In Mid April 2000 the Drugs Action Team of Redbridge and Waltham Forest was informed that its bid for funding a website had been successful.

The website went live in February 2002.

Website development

Tailoring a website to a target group as wide and varied as the 11 - 18 year olds in Redbridge and Waltham Forest is a difficult task. Providing a website for a highly diverse area means that the mixture of information will have to be relevant to many different social, economic and cultural backgrounds, as well as to a wide age range.

As part of the development process young people were consulted twice. One consultation was to find out which type of media young people would prefer. A twenty four hour telephone helpline was the young people's first preference, a web-

based service was the second most popular choice. This outcome led to additional debates and a re-design of the project which was later reversed. In the end it was decided to precede with the website only.

The second consultation enquired about style and language of the website. It resulted in a 'winning group' that was then involved in the design of the website. The animations on the website were drawn by one young person. Apart from the design no young people were involved in the development or implementation of the website.

The design and implementation phase of the website took place over the course of more than one and a half years. A variety of delays occurred, principally due to poor attendance at steering group meetings and the slow financial decision making processes of the health authority who had financial responsibility for the project.

Drugs and young people in Redbridge and Waltham Forest

To investigate the target group of the website we looked at drug use amongst young people in Redbridge and Waltham Forest which confirms that there are drugs related problems in Redbridge and Waltham Forest providing a valid reason for a drugs education project.

Drug markets in Waltham Forest are well-established and growing.

Cannabis is the most common drug amongst 12 – 17 year olds in Redbridge (21.7%) followed by the use of solvents (7.2%) and glue (6.6%). In consultations with youth workers crack use came up as a rapidly increasing and a growing problem amongst young people.

We found that drug knowledge and patterns/use vary according to such factors as, the drugs taken, gender, age and ethnicity.

Twenty four per cent of the young people surveyed had a 'deficient' knowledge of drugs, 71 per cent a 'sound knowledge and six per cent a 'thorough' knowledge.

Accessibility and user statistics

Some of the feedback received from young people and a website provider raises the issue of website accessibility such as the inaccessibility for anyone with visual disabilities using a screen reader.

The name 'natural highs' hinders access as the website is almost impossible to find through a web search.

Significant effort has been put into the promotion of the website.

The steering group estimated a target group of 30,000 young people and 37,000 promotional cards were distributed. Between July 2002 and May 2003 there were 39 hits per month with an average of 1.5 page views. The number of hits and page views are fewer in comparison to other websites.

The website and young people

Young people and the internet

More than half of the young people (54) said they would look on the internet for information.

Only seven (out of 94) said they had no internet access although most young people seem to access the internet at school or in youth centres.

Eleven out of the 94 interviewees had heard of www.natural-highs.org.uk before and two had seen it before the focus group took place.

The target group

More than half the focus group respondents had some friends that take drugs.

Most young people thought the website was good from those aged 11 to 17 years, with most believing that the upper age limit should be 14 years.

In the focus groups young people up to the age of 15 were engaging much more positively with the website than older young people.

A significant number of older young people thought the website was 'childish' and was for younger people.

A large proportion of respondents thought that this website was a good tool to learn from and they were able to give examples of what they had learnt.

A few young people said they already knew enough about drugs and did not learn anything new.

Content of the website

Most respondents liked the website or thought it was 'alright'.

Dougie the druggie was the favourite part of the site for most young people.
Many young people thought there was too much text on the website.

A lot of young people made suggestions for change around the length of text, easier navigation, suggested additional games, chat rooms or video clips of real life drug experiences. Improving the colours was also discussed.

Future visits of natural-highs

The large majority of the young people said they would pass on the natural-highs link to a friend.

More than a third of the participants (37) said they would visit the website again.

These young people were most interested in looking at Dougie the druggie, although there was some interest in other sections as well as the website as a whole.

The views of professionals

No specific age group was recommended but most professionals thought it would be most appropriate for those 12 to 16 years old.

Six of the interviewees thought that young people would be interested in the website and find it fun.

Most workers thought that some sections have too much text.

Interestingly the two younger professionals had strong doubts about young people being interested in/accessing the website.

Some professionals criticised the lack of ownership by young people (users) and thought it might be useful to create an internet website that can serve as a one-stop-shop for drugs education and associated materials, serving a wider range of stakeholders.

Lessons learnt and recommendations on developing a website

Implementing the 'Web Content Accessibility Guidelines' would overcome any generic problems such as access for the disabled and significantly improve access for all users.

The name 'www.natural-highs.org.uk' hinders access, as the website is almost impossible to find through a search engine. At the same time a change of name might invalidate the marketing of the website that has taken place so far.

It is likely that an adjustment of the website to the 'taste' of the older young people would involve major changes of the website. We therefore suggest targeting younger teenagers.

Changes in the length, structure and syntax of texts would make the site far more accessible in general and more accessible to the younger age group.

Further involvement of a wider group of young people in the development and setting-up of the website, ideally in co-operation with local institutions and/or schools, would foster a greater sense of ownership.

Closer links (through links on the website) with partners would further integration and improve visibility.

The website (content, functionality, etc) could be expanded to serve multiple constituencies – for example teachers or youth workers who are likely to benefit from information sharing (materials, ideas, best practise, etc).

1. INTRODUCTION

The urban regeneration evaluation team at the Centre for Institutional Studies, University of East London was commissioned by the Partnership Board of the Drugs Communication Team to conduct an evaluation of a drug prevention communications project for young people.

1.1   The report

The first chapters of this evaluation set out the background and development of the project.

We start out with a summary of the first four years of the Drugs Communication Project.   This chapter looks at how the project came about and discusses implementation issues that arose during the development of the initiative. For this information this chapter draws on documentary analysis as well as our experiences from attending meetings. To ascertain the nature of the drugs problem in the area we then present the findings from different studies on drug use patterns, including a survey conducted as part of this evaluation amongst young people in Waltham Forest. We then look at the accessibility of the website and the user statistics. This analysis provides information on the promotion, accessibility and usage patterns since the inception of the website. We then describe young people's opinions of www.natural-highs.org.uk. In 28 focus groups with 94 young people we enquired about young people's experiences of using natural-highs and their views on the website. In addition, we gathered opinions on the website of those working with young people such as youth workers or teachers. We interviewed a total of eight workers to complement the information given by young people. The findings from all these sources is summarised in the conclusions and recommendations are drawn in the final chapter.

1.2   The research

A wide range of techniques and sources of information were used in the research for this evaluation:

- Attendance at 5 steering group meetings
- We conducted a search in current research on drug use in Redbridge and Waltham Forest. This includes around ten reports/studies from different academics.
- A search of current literature/research on evaluations of drugs education websites, which found four relevant studies.
- An in-depth internet search took place to investigate existing service providers. A total of six providers were contacted via email (phone numbers not available) to enquire about their experiences with their website. We had a reply from one source which informed this report.

- Monitoring 'hits' on the website.
- Administration of self-completion questionnaires with 156 young people at the beginning of the research period (April 2002) to find out levels of drug awareness and drug taking.
- The repetition of this survey was replaced with 28 in-depths focus groups about the website, due to the delay in the website being set up. Eight interviews were conducted with youth workers and teachers.

Further details of the relevant research methodology are given at the beginning of the respective chapters.

1.3   The limitations of the research

The aim of the DoH initiative was to set up some experimental projects to prevent drug use amongst young people. The findings in this report assess if young people have learnt any new information about drugs. As the findings report on the initial reactions of the young people to the information on the website, we cannot be certain that, in the future:

    i)   young people might have taken drugs had they had not have learnt about the risks of drug taking from the website

    ii)   those that do take drugs will stop taking them as a result of learning more about their effects from the website.

Interestingly one of the findings from this research is that young people who do take drugs are the most knowledgeable about drugs and their effects, suggesting that providing information may not in itself be sufficient to stop drug taking amongst young people.

2 DRUG PREVENTION COMMUNICATIONS PROJECT - THE FIRST FOUR YEARS

At the beginning of this chapter we give a chronology of events to provide an understanding of how the project was rolled out during its first four years. The chapter then goes on to discuss the key events in more detail.

TABLE 2.1
Chronology of the Drugs Communication Project (DCP)

1999	
11-12.1999	Health Education Authority (HEA) devised developmental planning phase (November and December 1999)
17.11.1999	The co-ordinator of the Redbridge and Waltham Forest Drugs Action Team receives information about the expression of interest
2000	
01-03.2000	HEA devised project planning phase (January – March 2000)
12.07.2000	Letter to inform that bid to the HEA Communication for the Future Project has been successful
07.08.2000	First meeting of steering group (12 attendees)
19.07.2000	Second meeting of steering group (10 attendees)
04-09.2000	HEA devised implementation phase (April – September 2000)
09.2000	Temporary project manager appointed
09-10.2000	Initial consultation: Downshall Community Centre, Redbridge
17.10.2000	Meeting of the steering group; discussion on whether to use a telephone helpline or not. Agreed to have a web and helpline service.
28.11.2000	Meeting of the steering group; the discussion of some issues was deferred until next meeting. Tendering process (for project and evaluation) has been difficult – decision to re-tender. Priority given to developing website (4 attendees)
2001	
22.01.2001	Role of DOH in defining remit: consultant consulted on tendering and project development. Agreement that a project manager needs to be employed (5 attendees)
29.01.2001	Letter sent to all members of steering group to urge them to attend future meetings
05.02.2001	Meeting of steering group (9 attendees)
12.03.2001	Meeting of steering group: a representative of Mental Health from the Redbridge and Waltham Forest Health Authority (RWFHA) takes over project manager duties. Confirmed that £130K can be accrued until the next financial year (4 attendees)
02.04.2001	Meeting of steering group: Odyssey and RWFHA representatives had not organised consultation as agreed. Department of Health payment

	of £130k to R&W Forest Health Authority (7 attendees)
23.05.2001	Meeting of steering group: SHADES (Sexual Health and Drugs Education Programme) representative not present to report on a helpline as agreed (8 attendees)
06.06.2001	Meeting of steering group: Concerns expressed about the lack of a communication strategy (4 attendees)
03.07.2001	Consultation day at the University of East London, Docklands Campus
23.07.2001	Meeting of steering group: Consultation with Caterham carried out (3 attendees)
15.08.2001	Meeting at UEL re DCP: Discussion re prototype developed on consultation day (3 attendees)
11.09.2001	Meeting of steering group: Arrangements to interview for evaluation contract (7 attendees)
19.10.2001	Meeting of steering group: UEL selected for evaluation
09.11.2001	Meeting of steering group: Decision to prepare outline specification (4 attendees)
04.12.2001	Meeting of steering group: no minutes
12.2001	Recruitment of project consultant/manager
07.12.2001	Communication from London Borough of Redbridge (LBR) Housing to the DAT-Co-ordinator and RWFHA on issue about funding; new consultant will need a contact in the Health Authority to authorize expenses
13.12.2001	Involvement of consultant in project. UEL agrees to evaluation, discussion of possible conflict of interest with UEL department developing website.
13.12.2001	Website development – Negotiation meeting with consultant and the UEL Multimedia Production Centre.
13.12.2001	Email from consultant that he hopes to have website ready for viewing on February 1.
17.12.2001	Email from Kinonet (Internet and New Media consultancy) that they would not be able to complete project in time.
2002	
04.01.2002	LBR Housing repeatedly requests minutes of previous SG meeting from RWFHA.
01.2002	An acting DAT co-ordinator covers for maternity leave.
11.01.2002	Consultant complains about lack of action with respect to lack of payment. Further delays due to complications re payment/accounting.
18.01.2002	Odyssey (Barnado's website on drugs) closing down
06.02.2002	Meeting of steering group (6 attendees)
06.02.2002	www.natural-highs.org.uk goes life
03.2002	Website marketing from March 2002 until March 2003 by project consultant
06.03.2002	Meeting of steering group: website viewing, maintenance and marketing, payment and budgets, evaluation (7 attendees)
17.04.2002	Meeting of steering group: Budget, project update, marketing and launch (6 attendees)
18.05.2002	Meeting of steering group: no minutes
11.11.2002	Meeting of steering group: no minutes. Update on general and

	marketing issues. Also discussed were the evaluations from the University of Manchester and the University of East London.
2003	
03.06.2003	Meeting of steering group: Discussion of evaluation and continuation of the project (4 attendees)

2.1 The research

This chapter has been compiled using secondary data. An analysis of steering group minutes of the Redbridge and Waltham Forest Drug Action Teams (from August 2000 to June 2003), the Department of Health Communication Drugs Prevention pilot project itself, notes of liaison meetings and email contact with the consultant, website developers and other contributors to the website have been completed. Nine semi-structured interviews were conducted between February and April 2002 with those who were involved in the project, mainly current and former members of the steering group. The purpose of these interviews was to understand how the project developed, in what way it was successful and what lessons could be learned. The researchers also attended five meetings of the steering group and clarified additional questions with the consultant over the telephone.

2.2 Communications for the future project

In 1995 the Health Education Authority (HEA) was commissioned to manage a national campaign to motivate young people not to take drugs. Evaluations of the campaign suggested a greater need for partnership working and for responding to local drugs issues. In 1999 the HEA proposed the *Communications for the Future Project* to test new ways of delivering drug prevention communication campaigns. The HEA proposed to finance three Drug Action Teams (DATs) to develop drugs prevention communication projects. Each project was to be defined by local needs, integrated with other health activities and to be a partnership between local, regional and national agencies; and should have a wide geographical spread and reflect the diversity of DAT areas. The Communications for the Future Project was timetabled to start within one year; the HEA's developmental planning phase was November and December 1999 and the project piloted between January and March 2000. The projects were to be implemented between April and September 2000. Evaluations of the projects were to continue throughout the project's lifetime.

2.3 Redbridge and Waltham Forest Drug Action Team

In November 1999 the HEA wrote to six DATs across the country inviting them to tender for the Communications for the Future Project. In December 1999 the co-ordinator of Redbridge and Waltham Forest Drug Action Team convened a meeting of local professionals to discuss submitting a proposal. There was some concern that the local infrastructure was already at full capacity. Furthermore the pressing time scales allowed little time for exploration and discussion of ideas. Nonetheless it was agreed to submit a proposal for a website targeting 11 - 18 year olds in the Redbridge and Waltham Forest area. The website would inform the young people

about drug health issues and receive information from them about what problems they are having and what services they would like. The project would be integrated with existing services, particularly the Sexual Health and Drugs Education programme (SHADES). A potential steering group was identified including representatives from the Drugs Action Team (DAT), the Health Promotion team and IT Department of the Redbridge and Waltham Forest Health Authority (RWFHA), Metropolitan Police and Social Services and a fourteen point action plan drawn up.

Drug Prevention Communication Project: Aims and objectives

Original Project Aim

To increase awareness of drugs amongst 11-18 year olds in Redbridge and Waltham Forest by establishing a new communications pathway.

Original Project Objectives

To identify agencies to deliver the pilot
To identify key target areas for the campaign
To establish what information is available locally to be included in the campaign
To identify gaps in information and to produce resources accordingly
To consult with young people locally about the types of information they would like to be available
To consult with parents, carers and professionals working with young people locally
To create a website of local drugs information based on the process
To create electronic discussion groups to 9perate for specific periods on particular issues/areas of concern
To promote access to the website/discussion groups via schools, youth services, community groups libraries etc
To produce publicity material promoting the new site and discussion groups
To influence the development of young peoples drug services in the DAT area
To promote existing, related projects via the new communications pathway e.g. under 18s drug services etc.
To incorporate experience from the pilot into the new citizen 2000 PHSE curriculum
To evaluate the impact of the pilot project

(Redbridge and Waltham Forest Health Authority 2001)

Drug Prevention Communication Project: Target Audience

The target audience will be young people aged 11-18, their parents, carers, teachers, youth workers etc. A significant proportion will be from black and ethnic minority groups. The website will be developed to enable it to be accessible to young people with a range of knowledge and experience of drug use.

(Redbridge and Waltham Forest Health Authority 2001)

Drug Prevention Communication Project: Messages to be communicated

Messages will be drug specific but will cover legal and illegal drugs. Messages will be two way i.e. from the pilot to young people drug facts, where to go for information etc and also from young people to the DAT e.g. what type of services young people would like, what levels of knowledge young people have etc.

(Redbridge and Waltham Forest Health Authority 2001)

2.4   The selection and planning process

Under HEA's original timetable the selection of successful projects was to have been made in December 1999. RWFHA and the DAT were informed that the bid was successful (with a delay of four months), in April 2000. At this time the co-ordinator of the Redbridge and Waltham Forest DAT was leaving the Drug Action Team and there was a four-week gap before her replacement begun work. In the intervening months many of those who had initially been interested in the project had become involved in other projects. Only four of those who were listed as members of the steering group in December 1999 attended the first steering group meeting in August 2000. In June RWFHA and DAT employees met with officials of the Department of Health (DOH). Despite the delay the original timescale for the project was expected to be achieved, the submission to the Health Education Authority (HEA) listed fifteen points to be implemented:

Planning
1. To identify agencies to deliver projects
2. To identify target areas
3. To establish what information is available
4. To identify and respond to information gaps

Consultation
1. To consult with young people about their information needs
2. To consult with young people and professionals
3. Development
4. To create a website
5. To create electronic discussion groups

Publicity
1. To promote access to the website
2. To publicise the website
3. To influence the development of drug services for young people in the area
4. To promote existing services

Evaluation
1. To incorporate experiences from the project into the 2000 PHSE curriculum
2. To evaluate the project

Sub groups were established for consultation, evaluation and website development. Furthermore a communication group was to be set up in the near future.

2.5   First consultation

Consultation was to precede the tendering and development of the website and was to begin immediately. The consultation group consisted of two members of the steering group, a representative of RWFHA and a person working for Odyssey, a Barnados project. They proposed to access vulnerable young people through the Pupil Referral Units. A Young People's Forum was to be established to feed into the steering group and in a broadcast by a local radio station interested parents or young people were to be encouraged to make contact with the steering group. The initial consultation exercise took place in September and October 2000 at the Downshall Community Centre in Redbridge.

The three groups of participants in this consultation exercise were both male and female, mostly from ethnic minority backgrounds and in the middle of the target group age range. Participants were presented with five drug related crisis scenarios and asked which of five services would be most useful in these situations. Secondly, participants were asked what services they thought would best meet the needs of young people in general and of vulnerable young people in particular.

Lessons learnt from the first consultation

The consultation results were consistent across groups:
- The young people showed a strong preference for a twenty-four hour telephone helpline, staffed by young professionals.
- A web-based service was the second most popular option.
- All groups aired problems of access to computers and confidentiality as concerns.
- The recommendations of the initial consultation were that a helpline service should be developed in preference to or in tandem with a web-based service.
- After debates at the steering group meeting on October 17th a change of direction from 'a web only service' to 'a web and helpline service' was agreed.

2.6   Project changes

A temporary project manager was appointed in September 2000. New tenders were written for project management, project development and evaluation. Publicity work with the radio station was stalled until the project was further developed. Tenders for the project were advertised. No satisfactory responses were received. A consultant was employed to help write the tenders. On his advice that further ground work needed to be done before tenders could be written it was decided to hire another project manager. The project manager would plan the project, hire consultants award a website development contract and tender for evaluation. A work plan for a project manager was produced. Local organisations were to be approached for the tender. A new draft project plan was devised with a completion date for June 2001. Interviews for the position of project manager were held in February 2001. The new project manager, a representative of RWFHA attended his first steering group meeting in March 2001. The project manager's plan was to have consultations until the summer 2001, to have a client launch in the new school year and to have an evaluation done in the autumn 2001. In January 2001 feedback was received from the Department of Health. It was clarified that whilst an information line was within the project's remit a counselling service was not.

Almost a year after successfully winning the bid it was not clear what the steering group proposed to do. Instead of having a local helpline it was suggested links would be made to national help lines. The steering group was trapped between the expectations of the DOH and the results of the consultation with young people. Due to a badly attended steering group and lack of decision making, it was not until May 2002 that an agreement was made to only set-up a website. In concession to criticisms made of a website during the first consultation it was agreed to provide any extra funds for hardware that would promote accessibility to the website for young people.

The communication strategy/website received a set back when the group member leading on this changed job. Thereafter concern was expressed in the steering group about the lack of attention being given to the communication programme. The estimated target group of the website was approximately 30,000. In the meantime the DOH confirmed that the monies could be accrued until the next financial year and the total budget (£130,000) was paid to RWFHA.

2.7   Second consultation

In the meantime (July 2001) a second consultation exercise took place with fifty-four 17-18 year old students at Caterham High School. This older end of the age range was thought most suitable for the consultation process as most of these young people should understand the basic issues and problems associated with recreational drug use. The young people were asked to produce storyboards for the website and the most popular would be judged the winner. To ensure the young people benefit from the consultation a number of educational initiatives were included in the session.

Two researchers from the University of East London attended the consultation day as observers and asked the students about their experience of the day and their need for a drugs website.

2.8   Consultation participants

The 54 were students nearing the end of their lower-sixth form and so were aged between 17 and 18 years old. Thirty-two young people were male (62%) and 20 (38%) female. Two did not specify their gender. Twenty-two (41%) described their ethnic origin as 'White', 'British', 'English' or a combination of these terms. The second biggest ethnic group were those who described themselves as being Asian comprising 13 (24%) of the sample. Four individuals (7%) described themselves as African and the same percentage as African-Caribbean (7%). Three pupils (6%) described themselves as being 'Asian/English' and two (4%) as 'Black-British'. Four students gave other ethnic backgrounds.

Lessons learnt from the second consultation: young people and the internet

With regards to the internet the consultation showed the following results:

- Ninety-three per cent of the students answered that they had access to the internet at least once a month.
- Nineteen per cent claimed that they had previously used the internet to access information on drugs.
- Out of 54 pupils, 27 (50%) reported that they used the internet every day, 17 (32%) that they used it every week, with 6 (11%) using it every month, and only four (7%) saying that they used the medium rarely.
- Of the 53 responses, 43 (81%) said that they had never accessed information on drugs over the internet.
- Of the ten (19%) who had, seven students (13%) had done so 'once or twice', with two (4%) having done so occasionally and only one (2%) claiming to do so regularly.
- Out of 54 pupils, 11 (20%) said they would use the website they were storyboarding regularly, 17 (32%) saying they would use it occasionally. Eighteen (33%) said they would use it once or twice, and 8 (15%) said they would never look at the site.

Second consultation: the use of legal and illegal recreational drugs within the sample
(Dinsdale 2001)

With regards to drug use the consultation showed the following results:

- Of 54 respondents, 46 (85%) claimed to never use illegal recreational drugs. Four individuals (7%) admitted to using such substances rarely, one (2%) to using them weekly, and three (6%) to using them every day.

These figures compare with those from a Study of the National Centre for Social Research which found that 30 per cent of 11-15 year olds had used drugs in 2001. This study also found that the proportion of students reporting drug use rose with age: only 6 per cent of 11 year olds had used drugs compared to 36 per cent of 15 year olds. (National Centre for Social Research 2003)

- More students admitted to using legal recreational drugs (cigarettes, alcohol etc), with two (4%) responding that they used these daily, 13 (25%) that they used them every week, and six (11%) that they used them once a month. Fourteen (26%) reported using such substances rarely, and 18 (34%) claimed that they never used them.

Lessons learnt from the second consultation: information on health and drugs

With regards to the information on health and drugs the consultation showed the following results:

- School was the main source of information on drugs. Forty-two out of 54 students selected this as an option (78%). Friends were the second most common source (n=12, 22%).
- The majority of the sample felt that it was easy to access information on drugs and health (n=30, 56%). Eight (15%) said it was very easy. Only three thought it was difficult (6%), though a larger proportion (13 students, 24%) said they did not know.

Lessons learnt from the second consultation: webpage suggestions through storyboarding

At the end of the consultation exercise the young people had produced six storyboards. These provided ideas for content, design and style of the final site such as information on:

- Types of drugs and information on each
- Information on who and where to seek help and advice (this could include local contact details)
- An email 'helpline'
- Chat page/forum for discussion on drugs amongst young people
- Games
- Celebrity stories/experiences
- Real life stories from other young people

The storyboards also provide many examples of the type of language, images and presentation that young people would like to see on the site.

The consultant to the project decided which was the best storyboard and this person won an award which was presented to him at the school assembly in December. A follow-up to the initial consultation was also proposed but not actioned. In the project brief a series of focus groups were planned (Project Brief 22 March 2001). A centre in South Leytonstone, The Click, agreed to run the focus groups but this did not take place.

Overall Lessons learnt from the second consultation

Several conclusions were drawn from the consultation day:

Drugs education on the web has a number of advantages. For one, the information can be accessed at any time and both secretly and anonymously. This may be an advantage for some young people who, for various reasons, may not want to access information on drugs publicly. The provision of a drugs-related chat room would increase this advantage, as young people would be able to share information and experiences with each other in anonymity.

Secondly a web-based service is able to provide links to a large volume of further information, which young people can access quickly, easily and at no cost. A booklet or a school resource pack would be unable to provide such a volume of information. The information on a drugs-education website can also be easily updated to keep pace with new trends, initiatives or information, something that cannot be done in other mediums without delays and, often, great expense.

Given these advantages, the evidence that our sample regularly uses the internet, and the finding that few young people currently access drugs-related information online, there appears to be an opportunity for a well designed and marketed site dealing with this topic. If the information from this consultation exercise is used wisely to produce a website which reflects this student input, this project may be successful.

2.9   Evaluation

In June 2001 a number of organisations were invited to tender for the evaluation. Despite concern about a conflict of interest due to the involvement of the UEL Media Department's involvement in the development of the website another department of UEL was selected to conduct the evaluation, beginning in October 2001. The evaluation was designed in three parts. The first part would consider the process of developing the website. Secondly, the evaluation was to develop baseline measurements of young people's drug knowledge by interviewing young people, followed by revisiting these after a period of six months to consider the impact of the website and thirdly repeat this exercise to identify if there were any changes in young people's knowledge following the implementation of the website.

2.10   Website development

For the development of the website the steering group hoped to identify the information needs of young people in the area through data gathered by local agencies. Information was gathered from SHADES (October 2000), local authority of Redbridge (February 2001), a Young People's Health Promotion mapping report (March 2001) and a survey by Barnardos (March 2001). In April 2001 a member of the group joined in with the Single Regeneration Budget (SRB) Youth Rising survey. Its members were to locate a report by the National Institute of Social Work on the effect on children of drug using parents.

By November 2001 two consultation exercises had been conducted, a patchwork of intelligence had been gathered from local agencies on the information needs of the target group, evaluators had begun work and a draft communication strategy had been devised. The project plan produced in March 2001 had committed the website to be developed and evaluated by October. The steering group therefore agreed to hire a consultant to help in the development of the website. In December 2001 a new programme manager began work with the target of having the website available for viewing by February 2002. Intensive work was done over the Christmas period. A consultant was hired to advise on drug health issues. It became clear from different emails that the project manager wrote a substantial part of the drug information text as well as interviewing drug users for the radio interviews. He also collaborated with one of the students from Caterham High School in the developing picture content. Between the 17th of December 2001 and 21st of January 2002 a series of animations were produced by this student who is deaf.

The website was available for viewing at the steering group meeting in February 2002. The major problems identified by the steering group were:

1. Paying people because Redbridge and Waltham Forest Health Authority was not reliable
2. Sorting out the budget: unpaid invoices and lack of clarity if some posts had been paid for
3. Hosting the website: site for hosting was still to be decided upon
4. Having a facility to respond to enquiries
5. Gaining funding for on-going support for the website
6. Options for on-going support of the website
7. Developing a communication strategy
8. Actioning a communication strategy

The website went live in February 2002 and has been marketed, mainly by the project consultant since November 2002. However, in December 2002 the process of website development came to a halt due to a dispute between the Media Department at UEL and the consultant about whether UEL had fulfilled the remit of the project. This was partially resolved in May 2003. Although the website is up and running it still contains a number of mistakes in October 2003 when this evaluation report was submitted.

At the time of writing the report the hosting of the website was agreed on, and will be taken over by the consultant for five years. However, insecure funding constantly threatens the continuation of the interactive project.

Issues for consideration

The integration of information technology (internet), community involvement and action research serve to achieve 'person-centred health promotion'. A participatory, community-based approach is taken where young people and community organisations are involved in all stages of 'project design, development, implementation, evaluation and dissemination' (Skinner 1999:4).

The action research approach describes young people as involved in all stages of the development, implementation and evaluation of the project, the argument being that this fosters 'participation, self-determination and active learning among youth' in addition to 'true sense of ownership' (Skinner *et al* 1999:4). The development thus involved five principles: 'participatory, relevant to teens, autonomy-supporting, active learning - fun, accessible' (Skinner *et al* 1999:5).

2.11   Partnership

The management of the project was conducted through a central steering group. At the first meeting in August 2000 twelve people attended the meeting: five representatives of the Redbridge and Waltham Forest Health Authority, two members of the Metropolitan Police Service, two representatives of the London Borough of Redbridge (Youth Service and Housing) and representatives of Waltham Forest Sure Start, Youth Offending Team and Community Health Council. Another four members sent their apologies, three of whom never participated in later meetings.

Sub-groups, consultants and project managers were all answerable to the steering group. Attendance at steering group meetings varied, ranging between three and twelve people. A third of the meetings had an attendance of four or less people. There was a change in the membership of the project over the winter of 2000/2001. Only one person who attended the first steering group meeting remained a member until the last meeting in May 2002. Concern was expressed about membership attendance at meetings throughout the life of the project. The dwindling membership meant that the skills of those who were experienced or expert in the subject were lost. Only one member had an IT background and several had no expertise in consultation, drug issues or public health promotion. This lack of expertise - all the more pressing in an innovative project like the DCP - meant that work proceeded cautiously. Efforts were made to involve other people, however the steering group never returned to the capacity it started out with.

2.12   The Drugs Communication Project: achievements and lessons learned

After many delays and frustrations the steering group more or less achieved their stated objectives. Some of the main reasons for the difficulties are revisited in this

section. One convincing explanation is that the DCP was an innovative project, which would inevitably take time to develop, and the time frame set for the project was unrealistic. Never the less several commentators were surprised at the extent of the delay in implementing the project.

From the moment the steering group were notified that their submission had been successful they were under pressure to deliver the project on time. In a sense the time pressure may have *caused* mistakes to be made. Ideally the steering group would have had the time to discuss issues, consult with local people and then develop a communications plan. In fact the project proceeded in the reverse order. Having only two days to make a submission gave the steering group little chance to produce a well thought out proposal. As we have seen, participants in the initial consultation preferred to have a helpline to a website. However, a helpline was not within the remit of the project, and this caused a dilemma for steering group members who decided, after six months, that the original specification should be adhered to.

The steering group seemed to drift into inactivity when some members did not complete the tasks they volunteered to do, making it difficult to take the project forward. This suggests that the steering group did not have sufficient authority to 'compel' its members to honour their commitments. Interest in the project's development therefore waned. Similarly, the accountable body, the RWFHA lost interest and there was no named person responsible for the project. The original concern that involvement in the DCP would be supplementary to stakeholders existing workloads was indeed the reality. Even those most closely involved in the project did not have time to check that work had been completed.

As well as losing experts, the steering group also lost people who were in senior positions in their organisation. When the project met with problems, such as the bureaucratic tangle in RWFHA it was difficult for the steering group to overcome them because it did not have enough senior people who could resolve the issue.

Awkward financial processes were a further encumbrance. Control of the project budget was originally held by DOH. In the spring of 2001 the monies were transferred to RWFHA. For every item of expenditure the steering group needed to liaise with RWFHA. Perhaps due to the reorganisation of the Health Authority receiving invoices, cheques etc. proved to be a difficult process. Invoices were left unpaid for months and in the steering group minutes the unpaid invoices were recorded as 'seriously jeopardising the whole project'. Budgeting became the primary issue of steering group business. It was explained that the problem lay in the accounts section of RWFHA and that the problem was due to the restructuring of RWFHA.

In other respects communication amongst steering group members was good. Issues were fully discussed and there was little inter-agency rivalry.

3 DRUGS AND YOUNG PEOPLE IN REDBRIDGE AND WALTHAM FOREST

3.1   Introduction

This chapter aims to draw up a profile of young people's drug use, their knowledge around substances and the existing services in Redbridge and Waltham Forest. The aim is to gain a deeper understanding of drug related problems young people are experiencing and understanding of the harmful effects of illegal substances. This information aims to:

- Assess the extent to which the website meets the needs of the young people
- Provide information to practitioners with a remit to develop a co-ordinated drugs policy for the area

To inform this research the University of East London carried out a small scale survey amongst young people in Redbridge and Waltham Forest. In addition, this chapter reviews a variety of other studies on drug use in the area.

3.2   The research

To inform this research and investigate drug use and knowledge on drugs amongst young people the University of East London researchers carried out a survey amongst 156 pupils in two schools in Redbridge and one in Waltham Forest. The self completion questionnaires were filled in by pupils of year 10 and 11 during class in April 2002.   We conducted questionnaires at all schools willing to participate in the study and in those classes where teachers were willing to conduct them. Thus, there was no random sampling process and all students in a class were included in the survey. The sample is therefore not representative. It excludes any school excludees and non-attenders on the day the questionnaires were administered. The teachers selected the classes and this may have introduced further bias. This might have unpredictable influence on the quality of the sample.

The teachers read an introductory statement to the students and then handed out the questionnaire. When the students had completed the questionnaire they sealed it in an envelope and returned it to the teacher.

The questionnaire has four sections. The first of these 'About Yourself' gathers demographic information on the respondent. The second section 'Knowing about Drugs' tests the respondents' knowledge of drugs and asks for example 'What drugs are physically addictive?' The third section 'Finding out about Drugs' asks questions about how the respondent has received information about drugs. The fourth and final section 'Drug Use' asks respondents whether they have used drugs.

Nine questions were asked in the 'Knowing about drugs' section to test respondents' knowledge of drug health issues. Two dimensions of drug health

knowledge were tested: firstly knowledge of the effect of drugs e.g. 'Is cocaine physically addictive?', secondly about the safety when taking drugs, e.g. 'Is it safe to take alcohol and drugs at the same time?'. The overall knowledge on drugs was calculated by awarding points for each question, adding up to a total between zero to 24.

The reasoning behind these calculations was that responses in the 'Knowing About Drugs' section may be taken as ordinal. In this section an incorrect response is given a score of zero, a correct response is given a score of two and a 'Don't know' response is given a score of one. The scores each respondent gets can be added up. The total score represents the level of knowledge the respondent has on drugs. We acknowledge that the following objections can be made to this scale:

a. More than one construct is being measured

A scale must be uni-dimensional to be valid. There may be two constructs in the 'knowing about drugs' section. These are an awareness of drugs (whether a respondent has heard of cocaine) and a knowledge of the health implications of drugs (what drugs are addictive, how to behave when taking drugs). Knowledge of the health implications of drugs is necessarily built on an awareness of drugs. Being aware of drugs may be separate to knowledge of the health implications of drugs. It may therefore be safer to exclude these variables from the scale.

b. It does not make sense to give respondents a score of one for answering 'don't know'

The original thinking for giving respondents who answer 'don't know' a score of one was that at least they know what they don't know i.e. a respondent who thinks that heroin is not physically or psychologically addictive deserves a lower score than a respondent who is aware s/he does not know whether heroin is addictive or not.

c. It is not meaningful to rank respondents knowledge of drugs on a scale

A general objection may be made that levels of understanding do not sensibly translate into numerical values. A specific objection may be that the scale is not a valid measurement of respondent's knowledge of the health implications of drugs. A valid scoring system is where the score each person has accurately represents his or her level of knowledge about drugs.

Respondents who scored below 12 points would have had little knowledge of the effect of drugs or of what is not safe to do when taking drugs and are therefore classified as having a 'deficient' knowledge. 'Deficient knowledge' usually centred on ignorance about the effect of drugs rather than how to act safely when taking drugs. Respondents who scored between 12 and 16 would have an idea of what drugs are addictive and of how to behave when taking drugs. Respondents with a score of 17 or over would have a superior knowledge of drugs.

A variable 'Cloud' was included to assess the reliability of the respondent. Among other drugs respondents were asked whether they had ever taken 'Cloud'. Three respondents answered that they had taken 'Cloud' and these three questionnaires were removed from the data entry phase of the research. This left 153 respondents. In four cases answers to specific questions were removed because their meaning was unclear.

Of the 153 pupils, 82 (54%) were female and 71 (47%) were male. The age of respondents ranges between 12 and 18 years with most respondents aged between 13 and 17 years. Seventy-five per cent of the respondents referred to themselves as 'White', eleven per cent of the respondents classified themselves as belonging to a Black ethnic group (Black British/Caribbean/African), nine as belonging to an Asian ethnic group (British Asian/Pakistani/Indian/Asian Other). Three per cent said they were of 'mixed race' and one per cent self-defined as 'other'.

3.3   Studies on drugs in Redbridge and Waltham Forest

Additional information is available from studies on needs, drug use and services in Redbridge and Waltham Forest. These studies are:

- A study on 'Drug markets in Waltham Forest' by Webster looks at the drugs market, drug related crime and current responses to these problems and their impact (Webster 2002).
- Parson's *et al* conducted two studies on 'Young people's substance use in Waltham Forest' which constitute a central part of this chapter. The first part looks at services in the area by using the categories given in the 'Young People's Substance Misuse Plans: DAT Guidance'. The second part of the research constitutes an in-depth needs assessment using in-depth interviews, focus groups and a survey (Parsons *et al* 2001).
- A study by Quadrelli *et al* examines drugs, alcohol and tobacco in an 'Audit of Young People's Needs and Services in Redbridge' (Quadrelli *et al* 2002).
- Vulnerable young people in the area are a specific focus of this chapter. We refer to two Home Office studies about the problem at a national level: 'At the margins: drug use by vulnerable young people in the 1998/99 Youth Lifestyles Survey' (Goulden *et al* 2001) and 'Substance use by young offenders: the impact of the normalisation of drug use in the early years of the 21st century' (Hammersley *et al* 2003). This is backed up by findings from studies by Khanom *et al* (2002), May (1999), Newburn *et al* (1999).
- A report by Sheikh *et al* at the University of Central Lancashire 'Planning drug and alcohol services for adults from Black and minority ethnic communities in Waltham Forest and Redbridge' informed this chapter on minority issues (Sheikh *et al* 2002).

3.4 Redbridge and Waltham Forest

The website was developed for the boroughs of Redbridge and Waltham Forest. These areas are characterised by a highly diverse population.

Of its 238,600 inhabitants Redbridge has a population of around 30,904 (12.9%) young people aged 10 – 19 years. The population of Waltham Forest is approximately 218,300[1] with 27,375 (12.5%) young people. They thus make up 12.9 per cent of the total population in Redbridge and 12.5 per cent of the total population in Waltham Forest (National Statistics Online 2001).

TABLE 3.1
Population in Redbridge and Waltham Forest by age

	10-14 years	15 years	16 – 17 years	18 – 19 years
Redbridge	16,039 (6.72%)	3,051 (1.28%)	6,228 (2.61%)	5,586 (2.34%)
Waltham Forest	14,017 (6.42%)	2,707 (1.24%)	5,460 (2.5%)	5,191 (2.38%)

(National Statistics Online 2001)

For the targeting of the website the highly diverse population in both boroughs is of specific interest. Redbridge has 25 per cent Asian or Asian British population, compared to 14.8 per cent in Waltham Forest and 4.6 per cent in England. Waltham Forest, in turn has 15.4 per cent of Black or Black British population, compared to 7.6 per cent in Redbridge and 2.3 per cent in England (see table 3.2).

TABLE 3.2
Population in Redbridge, Waltham Forest and England by ethnic groups

	Redbridge	Waltham Forest	England
White	63.5	64.5	90.9
Asian or Asian British	25.0	14.8	4.6
Black or Black British	7.6	15.4	2.3
Mixed other	2.5	3.6	1.3
Other (Chinese,...)	1.5	1.8	0.9

(National Statistics Online 2001)

In Redbridge 'Black other' and Indian comprise the largest Black and minority ethnic communities and in Waltham Forest the largest communities are Pakistani and 'Black' (Sheik 2002). Sheik estimates that there are around 9,000 refugees and asylum seekers in Waltham Forest, and 7-10,000 in Redbridge (Sheik 2002:10).

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[1] Please note that these numbers are rounded off. In 2001 National Statistics Online counted 238,635 people in Redbridge and 218,341 people in Waltham Forest.

3.5   Young people's substance use in Redbridge and Waltham Forest

This section describes how drug use varies according to area, kind of drug, age of drug user as well as other demographic data. The purpose of this is to establish a profile of the target population for the website in order to assess its relevance to the young people.

3.6   Drug markets

According to a recent report for the London Borough of Waltham Forest drug markets in Waltham Forest are well-established and growing. Although the report does not specify age groups, the busy market seems to serve mainly local people. Whilst the report does not indicate how many people buy or use drugs, it describes Waltham Forest as a 'buyers' market with more people selling drugs than wanting to buy them. As a consequence sellers try to encourage sales with proactive selling activities (Webster 2002). In order to point young people to this danger the website might want to comment on or illustrate this problem.

3.7   Drug use

Table 3.3 shows a 'best estimate' of the prevalence of drug use amongst 15-19 year olds.[2]

TABLE 3.3
Estimated prevalence of drug use in Waltham Forest
among 15-19 year olds in 2000

Drug	Total users[3]	Estimated percentage[4]
Cannabis	3,733	(28.9%)
Ecstasy	747	(5.6%)
Amphetamine	696	(5.2%)
Cocaine	597	(4.5%)
Poppers	597	(4.5%)
Glue, etc	299	(2.2%)
LSD	299	(2.2%)
Crack	149	(1.1%)
Heroin	149	(1.1%)
Methadone	-	

These figures are likely to be under-estimates, as the authors suspect that "somewhere in the region of 2,000 young people in the borough will have used at least one drug in the last month and around 3,500 in the previous year" (Parsons *et al* 2001).

Without conducting an expensive survey of all young people, data on the prevalence of drug use is generally unreliable. To our knowledge, there is no comprehensive or single database on substance use. This makes it difficult to get a robust assessment of the extent and nature of the problem.

To assess young people's substance use in Waltham Forest Parsons and colleagues examined specialist services and young people's needs (Parsons *et al* 2001). However, the data gathered by Parsons *et al* from these sources was mostly incomplete due to unknown or unavailable information. Nevertheless, Parsons and colleagues found that two out of three school excludees were identified as needing drug related intervention/care by the pupil referral units they were referred to. Fifty-seven out of 676 arrestees were referred to specialist drug agencies where they received intervention/care. Data on young offenders, children in need not in Local Authority care, self referrals or employee data on unmet need were not available (Parsons *et al* 2001:18).
Different small scale surveys give us a patchy impression of the prevalent patterns of substance use. The types of drugs tried by young people in Redbridge are

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[2] The total number of users was calculated by Parsons using data of The British Crime Survey and census data and should be used as an indicator of prevalence.
[3] Parsons *et al* 2001:3.
[4] Based on the neighbourhood statistics data we estimated that 13,373 young people aged between 15 – 19 years of age are living in Waltham Forest. Based on this we calculated the percentages as indicators of prevalence.

illustrated in table 3.4. Cannabis was by far the most commonly tried drug amongst 12-17 year olds (21.7%), followed by solvents (7.2%) and glue (6.6%).

TABLE 3.4
Types of drugs tried by young people in Redbridge (12-17 years) (n=166)[5]

Drug	Drug use in %
Cannabis	21.7
Solvents[6]	7.2
Glue	6.6
Cocaine	3.0
Ecstasy	3.0
LSD	2.4
Amphetamine	1.8
Tranquilisers	0

(Quadrelli *et al* 2002:19)

The UEL survey found somewhat similar results with 24 per cent of respondents saying they had taken at least one drug.

TABLE 3.5
Drug use by young people (aged 12-18)
in Redbridge and Waltham Forest (n=153)

Drug	Number (percentage) of drug users
Any drug	37 (24.2%)
Non-user	116 (75.8%)
Total	**153 (100%)**

TABLE 3.6
Types of drugs used by young people (aged 12-18)
in Redbridge and Waltham Forest (n=153)

Drug	Number (percentage) of drug users
Cannabis	30 (19.6%)
Glues or aerosols	7 (4.6%)
Cocaine	3 (2.0%)
Ecstasy	3 (2.0%)
Heroin	1 (0.7%)
Crack	0 (0.0%)

Out of the 37 (24.2%) respondents saying that they had taken a drug, almost twenty per cent had taken cannabis, 4.6 per cent glues or aerosols and two per cent

[5] 166 questionnaires were administered to young people in schools (n=166) and social services (n=25).
[6] We found out that "solvents are a group of chemicals that give off a toxic fume that can be inhaled or sniffed and include things like glues, gas, lighter fluid, deodorant cans etc." (Redbridge Drugs Education Worker 19.09.2003). It is therefore not clear why 'solvents' and 'glues' are listed separately in this analysis.

ecstasy and cocaine respectively. However, although a study on young people's substance use in Waltham Forest concurs with this information on cannabis use, alcohol and tobacco were widely used and there is some evidence of heroin, crack and ecstasy use in another study (Parsons *et al* 2001). In a UEL interview with a youth worker in Waltham Forest crack was identified as a drug spreading quickly amongst young people in the area.

3.8 Drug-taking and demographic data

The University of East London research found that the numbers of males and females who have ever taken a drug is similar and around 12 per cent for both males and females (see table 3.7).

TABLE 3.7
Drugs use by gender (n=153)

	Male	Female
Any drug	18 (12%)	19 (12%)
No drug taken	53 (35%)	63 (41%)
	71 (46%)	82 (54%)

However, the study found that there are differences in the type of drugs males and females have taken. Table 3.8 shows that cannabis was equally used amongst those males and females that had taken drugs (41%). However, more females (14%) than males (5%) sniffed glues or aerosols. Cocaine, ecstasy and heroin had only been taken by males.

TABLE 3.8
Drug type used by gender (n=37)[7]

	Male	Female
Cannabis	15 (41%)	15 (41%)
Glues or Aerosols	2 (5%)	5 (14%)
Cocaine	3 (8%)	0
Ecstasy	3 (8%)	0
Heroin	1 (%)	0
Crack	0	0

The UEL research shows that the numbers of those having taken or regularly using drugs increased with age and 43 per cent of 17 year olds had taken one type of drug. Most young people smoke cigarettes and drink alcohol before using illegal drugs. Solvents are the most common substance among non vulnerable young people aged below 14 years (Quadrelli *et al* 2002).

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[7] This table only takes into account those that marked themselves as drugs users as shown in table 8. The calculations of percentages are based on n=37.

3.9 Minorities and drug use

The UEL study shows a correlation between ethnicity and drug use patterns. Highest drug use was reported by Black respondents (35%) and the lowest drug use was reported by Asian respondents (17%).

TABLE 3.9
Drug use by ethnicity (n=153)

	Black	**White**	**Asian**	**Other**
Yes	35% (6)	24% (27)	17% (1)	15% (2)
No	65% (11)	77% (87)	83% (5)	85% (12)

Sheik *et al* found that drug use varies according to ethnicity in the amount and types of drugs used as well as the services accessed by users. The following points illustrate the findings[8]:

- Heroin and/or crack cocaine are the most commonly used drug in South Asian and African-Caribbean communities.
- In the Kosovan community heroin use is most prevalent.
- Prostitution, which is associated with crack cocaine use, is occurring amongst South-Asian women.
- There is a problematic level of qat (khat) use amongst Somali males.
- Alcohol use amongst male Muslims is problematic and only small numbers approach services due to the guilt attached to drinking alcohol.
- Alcohol use is problematic amongst males in the South Asian communities, African-Caribbean (mostly older generation), refugees and asylum seekers.

In Redbridge higher numbers of Indians present for treatment, whilst in Waltham Forest Black Caribbean and Black African groups access services in much higher numbers. This concurs with the distribution of ethnicities in the boroughs and would therefore be expected. Sheik *et al* found that the proportion of Black and minority ethnic community clients presenting for treatment on drugs or alcohol in both boroughs lies between 9 - 45 per cent. In some agencies, however, attendance data reveals that ethnic monitoring is poor and large sections of Black and minority ethnic community groups do not access drug and alcohol services (Sheik *et al* 2002:48).

3.10 Vulnerable young people and drug use

The report on young people's substance use in Waltham Forest identifies certain risk groups of young people and defines them as vulnerable, i.e. 'more likely to

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[8] Sheik et al (Sheik *et al* 2002) do not further illustrate drug use amongst the White community.

experiment with drugs at an earlier age'[9] (Parsons *et al* 2001). Table 3.10 shows the different groups identified and compares them to their less vulnerable peers.

TABLE 3.10
Prevalence of drug use by vulnerable groups[10]

	Ever used	Used last year
Persistent young offenders	**74 %**	**58 %**
Non-offenders	26 %	14 %
Excludees (from school)	**50 %**	**36 %**
Attendee's (at school)	13 %	9 %
Homeless (non rough sleeper)	**65 %**	**45 %**
Never been homeless	53 %	32 %
Children of drug-using parents	**41 %**	**31 %**
Children of non drug-using parents	33 %	22 %
All 16 -19 year olds	**42 %**	**27 %**

(Parsons *et al* 2001:26)

Vulnerable young people in all categories are more likely to have used drugs than their less vulnerable peers. This information concurs with the findings of an audit of young people's needs and services in Redbridge which found that vulnerable young people are more likely to be using drugs than other young people (Quadrelli *et al* 2002).

A Home Office Research Study reviews the 1998/99 Youth Lifestyles Survey looking at drug use by vulnerable young people across England and Wales. Levels of drug use were consistently higher for vulnerable groups. For 12-16 year olds around 50 per cent of school truants and excludees were using drugs, compared to 13 per cent of attendees. They were taking drugs more often and women were more likely to take drugs than men. Young offenders also had a generally higher rate of drug use than non-offenders and were using harder drugs more often. Three quarters of serious and/or persistent offenders had used an illicit drug in their lifetime. Of the young people who had slept rough 80 per cent had tried an illicit drug, compared to 53 per cent of those who had never been homeless. Over eighty per cent of the young serial runaways (i.e. those fleeing home more than once) had used an illicit drug, compared to 42 per cent non-runaways.[11] Children growing up in drug-using families were not necessarily associated with drug use themselves. The sibling data however pointed to higher rates of drug use among younger siblings where their older brothers or sisters had taken drugs (Goulden and Sondhi 2001).

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[9] Vulnerable is also defined as those who are currently engaged in substance related services delivering tier 2-4 support (targeted intervention through to drug treatment and testing orders) <u>and</u> those who could be considered in need of such services but as yet are not engaged and/or have unmet needs.
[10] Parsons has collated data from Goulden and Sondhi (Goulden and Sondhi 2001) who used a sample size of approximately 5,000 respondents.
[11] The authors point out that young homeless are not a homogenous mass and risk factors, mental health and substance use will vary within this group.

3.11   Crime and drug use

Although we do not have any quantifiable data on the relationship between crime and drugs in Redbridge and Waltham Forest (Webster 2002), research has established links between drug use and criminal offending (Goulden *et al* 2001; Hough 1996; Newburn 1999, for example) and between drug use and reconviction (May 1999). A Home Office Study on substance use by young offenders found high prevalence of drug use.[12] [13]   Alcohol, cannabis and tobacco were most extensively used. Other drugs were used as well but less often. Compared to 20 years ago a wider range of drugs at a younger age seems to be used. However, there was no indication of progression towards the use of heroin or cocaine (Hammersley *et al* 2003).

Generally, the association between substance misuse and crime seems to be well established, although the precise nature of the link is said to be unclear (Newburn *et al* 1999). Forty per cent of respondents in the Home Office Study admitted that they perceived some relationship between their offending and substance use (Hammersley *et al* 2003). There seems to be a correlation between crime patterns and the types of drug used, i.e. socially acceptable substances predicted offending more than the use of other drugs, shoplifting was related to addictive types of drug use. Crime and drug use have to be seen in the context of a young person's life and problems, amongst others low self-esteem, problems in school or multiple life events (Hammersley *et al* 2003).   Whilst there is some evidence that drug dependency is a contributory factor to the onset of criminal behaviour (South 1997) there is stronger evidence that they are mutually reinforcing and some evidence that drug use starts after a criminal career (Khanom 2002).

The target group and substance use patterns

An understanding of drug use patterns can be helpful in targeting non-drug users and drug users according to the specificities of the target group. This chapter shows that drug use patterns vary according to social context, the drug and the gender, age, ethnicity and other characteristics of the user.

Social context: Research shows that vulnerable young people are more likely to have used drugs than their less vulnerable peers and points to links between drug use and criminal offending. Crime and drug use have to be seen in the context of a young person's life history, identity and problems such as low self-esteem or problems in school. For example a higher number of school excludees (2 out of 3) were identified as needing drug related intervention in Waltham Forest.

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[12] See also Parsons findings, table 11.
[13] Findings are likely to exaggerate the severity of substance use and offending amongst young offenders as the sample over-represents those with longer offending histories and those who had greater involvement with the Youth Offending Team.

Drugs: Although the data is unreliable and incomplete there are estimates of around 21-30 per cent of cannabis users, 3–5 per cent for ecstasy in addition to lower usage numbers for amphetamine, cocaine, poppers, glue, LSD, crack and heroin users.

Gender: Although numbers male and female drug users are similar at around 12 per cent, the drugs used varied slightly according to gender.

Age: The research shows that numbers of those having taken or regularly using drugs increase with age.

Ethnicity: The research shows a correlation between ethnicity and drug use patterns in the amount and types of drugs used.

3.12   Young people's knowledge of substances in Redbridge and Waltham Forest

3.12.1 Sources of information

Although young people are generally aware of the health consequences of substance misuse, sources of information, advice and support were not known to the majority of young people interviewed in Redbridge (Quadrelli *et al* 2002).

The findings from the UEL survey identified drugs education classes (66%), media (32%), friends (30%), family (26%), professionals (18%), internet (11%) and help lines (0.7%) as main sources of knowledge about drugs. 'Actually taking drugs' or reading books such as novels involving drug use are other sources of information. Use of sources varied by age. Twelve -14 year olds were more likely to learn from family members and 14-15 year olds referred more to professionals. Friends seemed to be a source of information around the age of 17 years. The use of internet and media was consistent across all age groups. However, the type of information accessed on the internet might vary according to age. As one young person commented 'once they are older and have tried the drugs they won't be interested in reading about them'.

The UEL survey also found noticeable differences in information sources according to ethnicity. More white respondents received information from their family and friends. Black respondents were more likely to use the internet and media. In general Asian respondents used fewer information sources than other ethnic groups.

Parsons *et al* also asked interviewees to identify sources of help or advice around drugs. Most (10) respondents said they would ask a friend, youth workers (9), a doctor, nurse or GP (8). However, young people tend not to ask a teacher for advice around substances (5) and only one young person had asked a youth worker for advice (see table 3.11).

TABLE 3.11
Sources of information and advice around substance use
amongst young people in Waltham Forest (n=18)

Source of help or advice around drugs	Number of respondents that would refer to this source of help	Number of respondents that has referred to this source of advice
Friend	10	5
Youth worker	9	1
Doctor, nurse or GP	8	2
Leaflet, booklet	8	6
Other family member	8	3
Internet	7	2
Brother/sister	6	5
Parent(s)	6	2

(Parsons *et al* 2001:10)

3.12.2 *Knowledge of drugs*

The findings of the UEL survey show that, overall, 24 per cent of pupils in Redbridge and Waltham Forest had a 'deficient' knowledge of drugs, 71 per cent had a 'sound' knowledge and six per cent had a 'thorough' knowledge of drugs. The research did not find any different knowledge on drugs according to gender but there appeared to be significant differences between ethnic groups. The mean score of white respondents was 13.2 with 24 per cent scoring below twelve points. The mean score of black respondents was 12.5 with 41 per cent scoring below twelve points. The mean score of 'other ethnic group' was 11.7 with 33 per cent scoring below twelve points. The mean score of Asian respondents was 14.0 and no Asian respondents had a score of below 12.[14]

The UEL study found a surprising consistency in knowledge for those aged between 13 and 16 years old and a marked increase in knowledge at the age of 17 years. Of the latter, only 11 per cent had 'deficient knowledge' compared to 26 per cent deficient knowledge amongst the 13 – 16 year olds. Those who used fewer information sources on drugs showed less drug use (17%) than those who have used one or more sources of information (25%). There is some reassurance that those who have used drugs have a better knowledge of drug health issues than those who have not used drugs. The top three scoring respondents were all drug users. It is a matter for concern that 22 per cent of those who have used drugs have a 'deficient knowledge'. This compares to 24 per cent of those who have not used drugs.

In their study amongst young people in Waltham Forest, Parsons *et al* found that young people had a good knowledge of substances and almost all recognised the harm caused by the regular use of different drugs such as heroin (15), crack (14), cocaine (13) and ecstasy (11). Quadrelli *et al* found that most non-vulnerable young people thought there is a safe way of using drugs by taking only those drugs they

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[14] This data has to be treated carefully due to low numbers of respondents, especially Black and Asian and 'Other'.

thought are safe such as cannabis but excluding 'heroin, solvents and things like that' (Quadrelli *et al* 2002:22). Some cannabis users thought that there are not really any high risks associated with using it (Quadrelli *et al* 2002:22). Similarly, more than half of Parson's interviewees thought that regular use of cannabis would cause them no harm. Also, regular use of tobacco and alcohol are perceived as only 'quite harmful' or 'not at all harmful' to their health (Parsons *et al* 2001:6).

Access to information and learning about drugs

Research findings show that 24 per cent of pupils had a 'deficient' knowledge of drugs, 71 per cent had 'sound' knowledge and six per cent had a 'thorough' knowledge of drugs. The research also exposed knowledge differentials according to ethnic groups and consistency in knowledge for 13-16 year olds with a marked increase at the age of 17.

Those who used *fewer* information sources on drugs displayed less drug use. Whilst some research findings show that drugs education classes, media, friends and family seem to be the main sources of information, sources also vary according to ethnicity.

Natural-highs can complement these sources of information.

3.13 Substance use related services for young people in Redbridge and Waltham Forest

3.13.1 Structure of services

The Health Advisory Service defined the so called Tier Model in 1996, with revisions in 2001. The following definitions show how services are divided according to the type of service required, as outlined in the 'Young People's Misuse Plans: DAT Guidance' (Department of Health 2001:5):

- *Tier 1 services (for all young people):* providing substance misuse education; information and referral to support services.
- *Tier 2 services (for young people who may be vulnerable):* providing drug-related prevention and targeted education, advice and appropriate support for those identified as at risk of developing problems with substance misuse, in addition to Tier 1 services.
- *Tier 3 services (for young people who are problem drug users):* providing specialist (mainly non-medical) drug services and other specialist services that work with complex cases requiring multi-disciplinary work, including GPs and other primary care workers.
- *Tier 4 services:* providing very specialist (medical) forms of intervention for young drug misusers with complex care needs. Services may include specialist residential and mental health teams.

3.13.2 Perceptions of services

The research in Waltham Forest shows that interviewees had a good knowledge of local youth provision and of the fourteen services available to young people; most young people had attended at least one service during the past year. Displayed information on substance use had been read by all young people surveyed and many said they had been given advice by a youth worker whilst attending the service (Parsons *et al* 2001:14).

At the same time there is a general perception that a lot of young people do not seem to be accessing and are out of touch with local services. Young people were found to be generally mistrustful of them, especially the Asian community (Parsons *et al* 2001:29-33).

3.13.3 Access to services

Parsons *et al* emphasise that sources of information have to be identified as 'trustworthy, supportive and understanding' for young people to ask for help or advice. Barriers to seeking information included embarrassment talking to teachers or doctors about drugs, uncertainty about people's reactions, fear of arousing suspicion or worries about disappointing parents or friends. Some interviewees did not have access to a computer and did not know of any youth worker/centre in the area.

Services and young people

There is basic knowledge of potential services but these are not typically accessed by young people. Sources of information need to be identified as 'trustworthy, supportive and understanding' for young people to access help. Promoting services on the website in a manner that gives them credibility amongst young people would improve the usefulness of the website.

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4 ACCESSIBILITY AND USER STATISTICS

4.1   Introduction

In this chapter we take a look at key accessibility issues and investigate the user statistics from www.natural-highs.org.uk. We then contextualise this information by looking at some of the monitoring data from other websites.

4.2   Research

Six websites dealing with drugs education/information were contacted by email with requests for information.   We enquired about general experiences with their website, evaluation reports, average number of 'hits', how the site has been advertised and what their opinions were on www.natural-highs.org.uk.[15]

We also conducted a search on evaluations of drugs education websites. Some of the information we found has been included and is referred to below. In addition the technical comments of Crossley's evaluation of 'natural-highs' (Crossley 2002) informs this chapter.

Through the monitoring data (statistics) of natural-highs.org.uk we track the usage of the website, i.e. the number of times the natural-highs website (www.natural-highs.org.uk) was visited, when and how many pages were accessed.

4.3   Website Accessibility

The World Wide Web Consortium's[16] 'Web Content Accessibility Guidelines' define general principles of accessible design.   They make pages more accessible to people with disabilities, and have the additional benefit of making pages more accessible to all users, or to users using different browsers or one of the emerging handheld or voice-based computers. If implemented comprehensively, some of the problems www.natural-highs.org.uk faced in the feedback would be avoided.

Feedback received from one of the drugs education websites also raises the issue of website accessibility. It says: 'As natural-highs.org.uk is not an HTML version it is inaccessible to anyone with visual disabilities using a screen reader, which is why a change to HTML is recommended.' This respondent also pointed out that this might become law for government-funded websites.

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[15] We only received one response, providing feedback on accessibility and technical issues of www.natural-highs as well as supplying user statistics of their own website.
[16] The World Wide Web Consortium (W3C) is an international, vendor-neutral consortium, with over 400 Members; see http://www.w3.org. It promotes evolution and interpretability of the Web and has a strong focus on the universality of the Web.

Research by the Nielson Norman Group suggests that young people 'are not always that good with computers'. They found that '[children] get frustrated with badly designed web sites and are just as likely to leave them in their wake' as adults. Websites for children 'are simply pandering to a commonly held set of misconceptions'. Their researchers also noted that young people 'might love cool animation' but bad navigation is off-putting. The study pointed out that 'if children don't find a web site immediately satisfying they will go elsewhere'. Too much or fancy wording were a drawback, just as bad navigation. Young people, so the study, want 'quick and easy entertainment' and 'humour, colour and multi-media components'. They love 'animation and are willing to read instruction but do not scroll down pages' (Nielson Norman Group 2002).

In her evaluation of www.natural-highs.org.uk Crossley points out that '[natural-highs] is easy to use' and 'any person with reasonable computer literacy will be able to find their way around the website easily'. She describes the format as appealing to young people, but that the downloadable 'E-junkie' was not necessarily self-explanatory (Crossley 2002).

Feedback we received from one of our respondents described technical problems of natural-highs.org.uk as follows:

- 'the splash screen slows down the page', and
- 'lack of menu led to clicking the browser button and consequently leaving the site'.

Thus he recommend both to build into natural-highs website in HTML and to include more real interaction with the audience through boards, chat, mail, links or similar devices.

4.4   Finding www.natural-highs.org.uk through a web-search

The above respondents also commented that due to the splash screen search engines are less likely to give the page a high ranking. At the same time it is unlikely that this page would be found through a 'drug' search on a search engine. This was confirmed by the consultant employed by the project who said that the website is unlikely if not impossible to be found through a web-search as it would not come up if a user was to search for any specific drug-related information.[17] A web-search would relate to the name of the website which in the case of www.natural-highs.org.uk does not include any terms closely related to drugs.

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[17] In addition, we also entered 'natural highs' into the 'google' search-engine and did not find the website amongst the first 20 pages of suggested links.

4.5   Website marketing

In spring 2001 the steering group estimated a target group of approximately 30,000 young people. Marketing started in March 2002 and from November 2002 until March 2003 considerable effort went into marketing. The consultant liaised with youth and drug workers and of the 40,000 publicity cards 37,000 were distributed to schools or other organisations working with young people. The cards are credit-card size and pink. On one page there is the natural-highs link above a picture of Dougie, the main character of the natural-highs website. The text says: 'Featuring: Dougie the druggie with factfiles, advice and more'. On the other side of the card it says 'Miscellaneous' followed by a list of different website links, including Barnados, Unicef, netlaugher etc.

We have no evidence of how many cards were actually given to young people and how many young people visited the website as a result of reading the card.

4.6   Access to the website

The 'usage by session'[18] reports individual sessions for any day, week, month or selected time range within the recorded website history. The available statistics date back to July 2002. Between then and May 2003 427 usage sessions took place on the website.

We thus suspect that the large majority of the usage is due to publicity work of the consultant and other people involved in the development of the website as the site is unlikely if not impossible to be found through a web-search. Table 4.1 shows the usage by month from July 2002 to May 2003. November 2002 to March 2003 shows a time period when the monthly average of 38.82 sessions per month was exceeded and the website was accessed roughly 3-5 times more frequently than in the other months. Again we suspect that this is due to enhanced publicity work.

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[18] Sessions are tracked per Internet Protocol Address and must register at least one hit to be counted. This is most likely going to be the start page as access is gained via the web-address and not a web search.

TABLE 4.1
Breakdown of 'usage by session' by month
July 2002 – May 2003

Month	Usage per session by month: total hits
July 2002	26 (6.1 %)
August 2002	14 (3.3 %)
September 2002	12 (2.8 %)
October 2002	16 (3.8 %)
November 2002	65 (15.2 %)
December 2002	75 (17.6 %)
January 2003	49 (11.5 %)
February 2003	50 (11.7 %)
March 2003	57 (13.4 %)
April 2003	20 (4.7 %)
May 2003	43 (10.1 %)
Total	**427 (-)**
Monthly average	**38.82 (-)**

There might be seasonal reasons for the higher usage of the website between November 2002 and March 2003. With a total of 427 visits in the eleven months between July 2002 and March 2003 and roughly 37,000 cards given out the number of visits in relation to 'promotion' is below two per cent. When the focus groups were conducted we witnessed a lack of attention span by the young people who preferred their outdoor activities in the summery weather. Such circumstances might in part account for the differential usage. At the same time the higher usage at certain times might to some extent be due to intensified proactive promotion of the website.

In comparison the TeenNet project set up a drugs education website, CyberIsle, for young people in Canada. Between February 1997 and June 1999 around 99,000 people visited CyberIsle, spending an average of 19.39 minutes on the site. On average this implies around 3400 visitors per month, compared to an average of 39 visits of www.natural-highs.org.uk.

4.7   The stickiness of www.natural-highs.org.uk

The average page views per visit are indicators of the 'stickiness' of the website an indicator of successful mediation of content. The 'stickier' a website the more time a visitor will invest in the site.

TABLE 4.2
Breakdown of total pages viewed by month
and average page views per visit
July 2002 – May 2003

Month	Total pages viewed by month	Average page views per visit
July 2002	35	1.4
August 2002	40	2.9
September 2002	30	2.5
October 2002	16	1.0
November 2002	67	1.0
December 2002	114	1.5
January 2003	88	1.8
February 2003	71	1.4
March 2003	103	1.8
April 2003	27	1.4
May 2003	58	1.4
Total	**649**	**1.5**
Monthly average	**59**	**1.5**

The total pages viewed by months (table 4.2) show how many pages of the website were looked at during each month. Just as we observed a higher usage between November 2002 and March 2003 more pages were visited during these months. The overall monthly average was 59 pages looked at per month, the peak number of visits occurred in December 2002 with 114 pages viewed.

We have also calculated the average page views per visit, deduced from the number of pages viewed and the total number of sessions. The average number of pages looked at was 1.5 pages with the highest average of pages per visit (2.9) in August 2002 (see table 4.2).

Variations in the usage and page view patterns are hard to explain without knowing the patterns of the promotion of the website. Taking into account the number of total usage/page visits, for example, a single youth worker holding a session visiting the website with young people could have easily led to the higher number of average page views in August 2002. In addition, overall we do not know if the hits we are analysing in this chapter were made by young people or adults, for example youth workers or parents.

In comparison to natural-highs.org.uk feedback from 'urban75.com' stated that on average 20,000 of their pages are viewed per day. We calculated that this averages

to about 608,333 page views per month.[19] The drugs bulletin board is used frequently letting visitors post up their opinions and questions.

The TeenNet website mentioned above also operates a chat room and bulletin board. These were used most actively by young people with almost 84,000 visits (on average 2897 visits per month) between February 1997 and June 1999 (Skinner *et al* 1999:8-11).[20]

Usage of www.natural-highs.org.uk in context

The target group of 30,000 young people and distribution of 37,000 promotional cards compare to 39 hits per month with an average of 1.5 page views. Although considerable effort went into marketing between November 2002 and March 2003, demand patterns and possible implications for future usage remain unclear.

The number of hits and page views of natural-highs.org.uk are fewer in comparison to other websites.

Although the reference sites (user statistics) from other websites used are not fully comparable, they provide some indication of the possible future scope for www.natural-highs.org.uk.

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[19] This refers to the website overall which consists of more than only drug related pages.
[20] The TeenNet project also collected demographic information on users. Sixty-three per cent of the users were female and the average age was around 15.6 years. The website evaluators also gathered feedback from street involved youth and found that 90 per cent were willing to use the internet for accessing drug information.

5 THE WEBSITE AND YOUNG PEOPLE

5.1   The research

As mentioned earlier we have been unable to investigate the impact of the website on young people through repeat interviews due to a delay in the setting up of the website. Instead we chose to conduct focus groups in order to undertake an in-depth investigation into young people's reception of and reactions to the website as a means of establishing whether the site 'works'.

Thus 28 in-depth focus groups with two to five participants were conducted between early June 2003 and September 2003, involving a total of 94 young people. The focus groups were conducted at different youth centres, youth projects and schools, as well as amongst groups of young people in touch with detached youth workers.

Of the youth centres/projects and the detached youth workers, four were located in Waltham Forest, where a total of 16 young people were interviewed. Seven were located in Redbridge where a total of 55 young people were interviewed. The large number of young people accessing youth clubs in Redbridge led to the imbalance in the number of focus groups convened between the two boroughs. The two schools visited (one was visited twice) were located in Redbridge and Waltham Forest and a total of 23 pupils were interviewed.

We visited all project groups where we were granted access. The selection of the young people took place on a voluntary basis. A researcher explained the purpose of the research and conducted discussions with all those willing to participate.

It was difficult to gain access to schools despite multiple requests at more than 12, liaising with a Drug Advisor to Schools, a Drugs Education Worker, and the DAT co-ordinators of Redbridge and Waltham Forest. Access was gained to one school. The selection of the focus group participants was done by the teacher who either asked which students wanted to participate or selected them personally, without their consent. In one case the teacher asked students to obtain permission from their parents before participating in a focus group.

The representativeness of participants is therefore biased towards those willing to participate and those selected by teachers. After conducting the interviews the data was entered into a database and checked.

After a brief introduction the young people were first asked to fill in a one-page questionnaire on demographic characteristics before some general questions about drugs and where to find information on them were raised for discussion. Subsequently, the natural-highs website was visited which was then followed up by another one-page questionnaire on first impressions and the impact of the website. Here questions were raised on how the young people felt about the website, about the age group they thought the website is best for, what they had learned from it

and whether they would pass on the link to their friends. The focus group was then concluded with a detailed discussion on the website, its messages, pro's and con's, both overall and of different sections. We also discussed whether the website is fun, what it can teach young people and what the respondents might want to change to make it better.

On three occasions participants left the focus group before finishing, a total of five participants leaving early. As a general comment it is worth pointing out that the majority of focus groups had to be conducted swiftly in order to keep the young people's attention. As a consequence, some details of the website such as the introduction to the 'Dougie the druggie' section were often either not looked at thoroughly or not discussed at length.

5.2   Demographics

Participants were aged between 11 to 18 years old with most aged 13 or 14 years (see table 5.1).

TABLE 5.1
Age of participants (n=94)

Age	11	12	13	14	15	16	17	18	No answer	Total
Total	3	10	18	21	14	15	3	9	1	94

Youth centres visited tended to be frequented much less by young women. In schools many more boys than girls volunteered[21] to take part in the discussion groups. As can be seen in table 5.2 this led to a much higher number of males (63) interviewed than females (30).

TABLE 5.2
Gender of participants (n=94)

Gender	Male	Female	No answer
Total	63	30	1

Some youth clubs tended to be dominated by certain ethnicities whereas others were more evenly mixed. This also applied to the sessions we held at schools. In total, 33 White, 23 Asian, 29 Black, two 'other' and seven young people of mixed ethnicities were interviewed. In some instances different ethnicities had different approaches to drugs and drugs websites. This will become apparent in later discussions of the results.

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[21] Here several elements led to non-random selection. Pupils sometimes had to ask their parents for permission or on some occasions were selected by their teacher.

TABLE 5.3
Ethnicity/race of participants (n=94)

Ethnicity	Asian	Black	White	Mixed[22]	Other (unspecified)
Total	23	29	33	7	2

5.3   Drug taking and knowledge about drugs

In order to learn about the young person's peer group we asked them about their friends' behaviours towards drugs. In reply to 'how many of your friends take drugs' 41 young people stated 'none', 41 said 'some' and 11 stated that 'most' of their friends were taking drugs. Perhaps not surprisingly, we received more answers indicating less drug use as the sample was biased towards a younger age group.

TABLE 5.4
How many of your friends take drugs? (n=94)

	None	Some	Most
Total	41	41	11

We then proceeded by asking them "How often do they [your friends] take drugs?" Forty-four did not respond to this question, including the 41 respondents that said that their friends were not taking drugs. Twenty-nine respondents stated that their friends were taking drugs 'more than once a week'. Seven thought their friends were taking drugs 'once a week', 14 thought it was 'less than once a week'.

TABLE 5.5
How often do they [your friends] take drugs? (n=94)

	Less than once a week	Once a week	More than once a week	Not applicable/ No answer
Total	14	7	29	44

We also asked them what kind of drugs they thought their friends were taking. Again 46 participants did not answer, most of them having said that their friends were not taking drugs. The remaining 48 young people specified the following drugs:[23]

- Cannabis (40)
- Cigarettes (5)

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[22] Mixed refers to those that marked themselves as such although they might have stated their ethnicity more specific ethnicities for example as British Asian/Black.
[23] The number in brackets indicates the number of young people mentioning this drug. In a high number of cases more than one drug was mentioned.

- Coke (7)[24]
- Ecstasy (4)
- Gas/Glue (1)
- Heroine (1)
- LSD (2)
- Monk, highgrade, tal, squlli, Quver[25]
- All that are cheaply available (1)

We then asked the participants whether they thought their friends know enough about the dangers of taking drugs. Forty-four young people answered 'yes', 15 said 'no' and 35 did not know or did not give an answer.

TABLE 5.6
Do you think they know enough about the dangers of taking drugs? (n=94)

	Yes	No	Don't know	No answer
Total	44	15	20	15

Asked whether they thought their friends might be interested in finding out about drugs a total of 51 did not answer or did not know. Thirteen said 'yes', a total of 30 replied with 'no'.

TABLE 5.7
Do you think they are interested in finding out about drugs? (n=94)

	Yes	No	Don't know	No answer
Total	13	30	39	12

One of the questions raised in the discussion was "If you or a friend had a concern about drugs, for example if you had a bad trip, how would you suggest they could find out more about drugs?". The young people gave a variety of suggestions. Most commonly they mentioned the internet or said that they would talk to somebody about it, for example friends, a youth worker, family or social services. They also said they might ask people who have been affected by drugs or the drug dealer. More infrequently mentioned were leaflets, books, counsellor or drugs helpline. Once or twice adverts regarding free-phones (e.g. helplines) were mentioned.

On some occasions, participants (most commonly but not exclusively Asian youths) mentioned various sources of information but explicitly stated that they would not look for information as they were not into drugs. One person said he did not 'think you should know about this'.

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[24] 'Coke' is specified as cocaine or crack (www.urban75.com/Drugs/drugterm.html).
[25] Category names for drugs were found on http://www.urban75.com/Drugs/drugterm.html. For some of the drugs stated we were not able to find category names. Where this is the case we have assumed that the names are locally specific. These names are given in the report.

5.4   Information on drugs

As would be expected and as described in other research findings (see chapter 3) the peer groups of younger interviewees seemed to have less experience with hard drugs. In some focus groups with the older young people a clear divide between drug taking and non-drug taking young people emerged. This did not necessarily mean that those talking about themselves as non-drug users might not have taken drugs/be taking drugs at some point, nor that drug taking and non-drug taking young people might not get together. Rather that the distinction seemed to be about attitudes towards 'street behaviour'/crime with which drugs were often perceived as intertwined. Where older young people wanted to distance themselves from the crime/drugs lifestyle they were reluctant to participate in the focus group. In one focus group the young people felt strongly that, for these reasons the web-site was not applicable to them.

Twenty-eight respondents said they would not look on the internet for information - in part likely to be due to the above reasoning. As shown in table 5.8, 54 respondents said they would look on the internet for information. Only seven respondents said they had no internet access. However, this question appeared to be distorted by the fact that some participants later mentioned that they only had access at school and the three who had mentioned that they had internet access did in fact do so but could not access a drugs website at school. Others did not have internet access at home but sporadically had access at youth centres, internet cafes or similar. One of the focus groups consisted of four Asian participants. They said they would generally use the internet but would find it embarrassing to look at a drugs website, especially at home where their families might see it and think they were taking drugs.

TABLE 5.8
Would you look on the internet for information? (n=94)

	Yes	No	No internet access	No answer
Total	54	28	7	5

Table 5.9 shows that 71 out of 94 participants had never used the internet before to find out about drugs. Fifteen young people stated that they had.

TABLE 5.9
Have you ever used the internet to find out about drugs? (n=94)

	Yes	No	No answer/no internet
Total	15	71	8

The following question, whether the information was useful, is thus only applicable to the fifteen respondents.

Except for one respondent, the remaining 14 young people said that the information they found was useful. They had either searched a specific website to find information about a specific drug they were interested in (mostly cannabis) or had found the information they were looking for through a web-search. One young person said he "used a search engine to look up heroine and what it does". Another young person asked the teacher where to find information. Almost all young people found the information they had looked for and stated that this information had not necessarily been educational (in the sense of drug prevention) but useful for their purposes. As one young person said he looked up "information on drugs and their [intended] effects but the website was not educational "about drugs as a whole".

Eleven of the participants had heard of the website www.natural-highs.org.uk. The remaining had not heard of the website although in at least three youth clubs we saw that the information cards or posters were displayed, in another one the cards had been distributed. Three respondents had heard of the website in a youth club, three at school, one in drugs prevention advice run by the DAT and further four did not recall where they had done so. Two had visited the website, one in the course of the drugs prevention session, the other after having seen the poster displayed. Asked about their first impressions of the website both liked the dougie the druggie animations. One said the website was not serious enough and too 'cartoonie', the other said he found the information boring and was not interested.

TABLE 5.10
Have you heard of the website www.natural-highs.org.uk? (n=94)

	Yes	No	No answer
Total	11	80	3

Thus, only two of the focus group participants were familiar with the website before the focus group took place.

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Young people and the internet

- More than half of the young people (54) said they would look on the internet for information.
- Only seven (out of 94) said they had no internet access although most young people seem to access the internet at school or in youth centres.
- Eleven out of the 94 interviewees had heard of www.natural-highs.org.uk before and two had seen it before the focus group took place.

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5.5   The target group

After visiting the website we asked all young people which age group they thought this website is best for. The answers received were grouped where possible:[26]

Table 5.11
Which ages is the website most suitable for?

All ages	Less than 10 yrs old	11 and above	11 – 14	15 – 17	11 -16	18 and older	No answer
1	3	13	32	23	8	4	10

Whilst those aged around 15 years or younger often rated the website highly, older respondents, were mostly inclined not to do so.[27] Also, 'younger' respondents often rated the website as good for all age groups including their own whilst 'older' young people mostly thought the website was good for younger age groups than their own.

As can be seen above (table 5.11) most young people thought the website was best for 11-14 year olds. A significant number still thought the website might be used up to the age of 17.

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The target group

- Most young people thought the website was good from the age of 11 to 14 and 15-17 years, with most believing that the upper age limit should be 14 years.
- In the focus groups young people up to the age of 15 were engaging much more positively with the website than older young people.
- A significant number of older young people thought the website was 'childish' and was for younger people.

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[26] Although pre-coded age groups were given in the questionnaire the additional comment section was often used to specify clearer views on the age group. Due to this a clear age categorisation was not possible.

[27] In the following text we will distinguish between 'younger' and 'older' young people, signifying a rough distinction between those aged younger than 16 and those aged 16 or older.

5.6   Access to the website

We then enquired whether they thought they could learn from the website and, if so, asked them to give an example. The respondents gave a wide range of answers, mostly positive, saying that young people could learn something from this website. They described what they themselves had learned, saying that they had learned 'facts about different types of drugs and the effects', 'how to take drugs safely', 'what it feels like if you ever try it' and 'how mixing drugs with drink can affect people'. Other comments were:

- "different drugs give different effects", "yes, how drugs are", "where I can get help from", "things that can happen to you", "taking drugs can make you paranoid, vomit, disoriented".
- "I learnt that up until 1904 'coca cola' used cocaine as one of its original ingredients".
- "I have learned that the most unlikely people around can get into drugs".
- "I have learnt a lot from this website, the effect of speed and ecstasy and how easy these drugs can be taken, for example coke".
- "I have learnt that drugs can do very bad stuff to you on the website where the radio is. It tells you what people have suffered".
- "it's exciting".

Quite a large number of young people commented on the deterrent messages on the website such as "Don't take drugs" or "drugs is bad for you". Further comments were:

- "Drugs are bad because causes illness".
- "I have learned that drugs is bad for you and it could cause brain damage".
- "Yes, don't take drugs and drugs are dangerous and bad to your body".

At the same time, several young people thought they had not learned anything from the website and answered:

- "no", "no – I know everything on the website", "no - already know" and therefore did not learn anything.
- "I have not learned new things only some of the effects that some drugs have".

We also had replies indicating possible difficulties with the website content, such as "if you are on drugs don't spread [them] and make people ill by kissing".

We asked the young people what the main messages of the website were. Common replies included: 'to stop drug users', 'Don't take drugs'. Others mentioned the message was to 'make you aware' 'don't take drugs cause you don't know the effects' or 'be careful with the drugs you take', 'take drugs properly' and 'how/why other people use drugs'.

In one focus group a discussion evolved as to 'whether the website tells you not to take drugs or to be careful when you do'. Two young people of this group thought it encourages drug taking 'because of advice on what to mix [drugs] with'. One young person said the site was 'encouraging to take drugs but to not overdo' them. Further comments by two other young people were '[the website] makes drugs look like fun when they are not' and '[the website] doesn't mention drugs are bad. I think it should'.

We also raised the question whether 'this website can teach young people about drugs'. This was answered positively by the large majority, who said that 'yes', they probably could learn from a website'. Reasons for this were that the website provided a lot of good information in an attractive and colourful way. Issues that were raised concerned the age group the website was made for as well as lack of interest 'because they don't take drugs'.

Younger participants were more convinced than the older ones that the website could teach young people about drugs but a group of older people pointed out that they thought it was good for younger age groups. One group mentioned that the website was only useful to some people because 'if you know about drugs then it is not really useful' whereas others mentioned it would not teach young people as they would not look at the website.

The length of text was a matter of concern too but 'if they want to read it, it'll teach them'. One group discussed that it would probably be best to use the website at schools.

The first page of the website is of importance in terms of attracting the users' interest and curiosity so that they 'stick' with the website. A common comment in the focus groups was that the first page looks 'boring' and was missing decoration, background, and wording or should have different colours. While some respondents liked the cannabis leaf, other said it would be embarrassing to be seen (by authority figures) when looking at this page. Also we experienced that a large part of the young people did not fully explore the website on their own. Some minor changes might be helpful to facilitate engagement with the website. Alternatively, mediation could be useful to make better use of the website. This might be done by providing youth clubs or schools with a website prepared for use in class or drugs education sessions in youth clubs.

Access to natural-highs
- A large proportion of respondents thought that this website was a good tool to learn from and give examples of what they had learned.
- A few young people said they already knew enough about drugs and did not learn anything new.
- Age (suitability) was a concern. Younger participants were more convinced than older ones that the website could teach them about drugs and an older group pointed out that they thought it was (only) good for younger people.

5.7   Content of natural-highs

Discussions evolved around the question whether the website is interesting and/or fun. Overall most respondents gave positive feedback or said it was 'alright'. Female respondents tended to give much more positive feedback than males.

Quite a significant number of respondents were positive about the dougie the druggie animations. Others found this section far too childish. Overall younger people tended to be more positive or neutral towards the website. In several instances older participants reacted negatively towards the website. They seemed to feel treated as if they were kids and said "it's got the information but no seriousness" or it "might be funny for little children or 10 year olds". Consequently they reacted by saying that the website was 'boring' and 'sad' with 'nothing serious really happening to dougie'. Overall they thought that the website should be 'less cartoonie, more dramatic, more tension'. Another comment was that it is 'too obvious that the website is about drugs'. Almost all of the young people said the website had too much writing.

We then went on to discuss the content of the website in more detail by looking at each of the cannabis 'leaves'. Each section, including the first page and panic button, was discussed in turn.

5.7.1 Start-page - Cannabis leaf

We had mixed but overall mostly positive replies about the cannabis leaf as the start page of the website. Most said it looks 'good', some 'alright'. One group said it looks interesting but a bit educational. Most people liked the colours and one group said it 'invites to have a look', 'cool, parents would not tell you off for looking at that'. Others said some 'decoration' was missing in the background to make the first page more interesting. In several groups it was mentioned that 'more info on the first page' might be good, for example the name of the website and some guidance to the leaves and the other sections of it.

Some of the older young people though said it was 'boring' and thought it were 'for young children'. As mentioned earlier some young people said they would be embarrassed to be seen whilst looking at what is obviously a drugs website. Other comments were that they would expect 'a lot of info on cannabis' and that the 'first page is good for drug users as they recognise the leaf'.

5.7.2 Leaf one – Dougie the druggie comic

Overall people thought the comics are 'good' and 'quite interesting'. Other comments were that the comics are quite funny, 'simple, not too much writing' and the actual cartoons and stories are pretty good. They thought the comics could help people to learn and thought this page has good stories that 'could actually happen' and 'could be good for school'.

Whilst the younger people were pretty unanimous in this view, again we had more mixed comments amongst the older part of the young people. Although they mostly liked the story of the comic some respondents thought certain parts were unrealistic and 'should be made more serious' in the way it is presented. Others said it looks 'alright' but is made for a young age (10-15 year olds). These young people also said that it looks like a 'teletubbies' page and that 'somebody taking drugs would never look at this'. It was suggested that 'real speaking' would be better as there was 'too much to read'.

5.7.3 Leaf two – Radio

Participants mostly thought that the radio clips were 'good', 'alright' even 'brilliant'. Other comments were 'interesting', 'very good' and that they would actually listen to it and it is 'better than text'. It was suggested to add visual material, for example one focus group suggested having some real pictures and not cartoon drawings of the radio. In another group it was suggested that 'maybe there should be a cartoon talking or they could show the interview'. One group commented on 'poor sound quality'. Although the clear majority thought radio clips were a good idea, a few young people lacked interest and said they 'wouldn't listen to it' as it is 'kind of boring cos its just talking'. A participant thought that 'druggies don't have an interest in this though'. Again another group thought 'radio clips are silly'.

5.7.4 Leaf three – Factfiles

A lot of participants liked the idea of the pills flying around and the short information pieces. They also reacted towards the street names in the background. One participant said that it was 'perhaps too much information but he would use' this page. A few young people pointed out that the text was good. Although the people liked this page a majority of the participants said that there was too much to read and they thought that they were unlikely to read this much. Suggestions were to bullet-point the main issues, to make it shorter and 'get to the point', using more pictures if possible. Quite regularly it was suggested that the pills should be labelled with the name of the drug it represents. It was also suggested to enlarge the pictures of the drugs, and that there should be some talk instead of text. Nevertheless on the whole the young people thought it was good to have some facts.

5.7.5 Leaf four – Advice

The feedback on the advice section is very similar to the factfiles section due to the information based text. The young people thought it was good to have an advice section and good information. One group also said that overall the text was good, although it might be good to take out some points. One young person said she 'would not read it but probably just look through it'. The majority were much stricter in pointing out that the text was 'too long' and the possibility of looking through the text did not seem to be an option. Few explicitly said they would use

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this section. Older respondents commented that it was a 'bit like teacher and student'.

5.7.6 Leaf five – Dougie the druggie

The majority of respondents spontaneously laughed when watching the 'dougie the druggie' animations. The large majority of young people thought the clips and quiz were good, entertaining and interesting. The noises (soundtrack) were appreciated. The video clips amused them and held their attention and they showed an interest in details. In some groups the quiz questions worked very well as a group exercise with youngsters discussing possible answers whilst enjoying themselves. The younger ones were especially eager to do the quiz questions.

Some respondents mentioned that the style of dougie was good and that it was a good idea. One group mentioned it should be made clearer which drug had been taken in relation to the symptoms shown. In some groups it was hard to keep the young people's attention throughout longer text sections. Especially the long introductory text and comic strip at the beginning of this section proved difficult.

Overall this was the part that received most positive feedback from the young people and was described as the best bit. On two or three occasions young people came forward to ask for a website link to go back another time.

5.8 Panic button

Although the panic button did not attract much of the young people's attention the overall feedback was that it was 'good', 'cool', 'could be helpful to tell you what to do'. Some thought it was 'alright' and one group mentioned that it was good that it had just one piece of information.

5.9 Suggestions for change

The young people also commented on what they would change to make the website better/more informative overall. Here it is important to note that not all young people came up with suggestions and that comments such as 'I would change nothing - it's perfect!' were made too.

5.9.1 Text
As can be seen in the results above one of the main criticisms by young people was the length of text. Suggestions were made to shorten and/or bullet-point text and to replace it with audio and/or visual material where possible.

5.9.2 Navigation
A number of times young people mentioned that the start page should include a navigation framework. These young people also wanted permanent headings or titles on the leaves as guidance. Further suggestions were 'an introduction of what the website is about'.

5.9.3 Games

Especially the older respondents pointed out that they would have liked more games, 'maybe with a person who takes a drug and then the effect is shown, what the drug will do'. Other suggestions were a police or drug-war-like game about drugs, 'maybe where you try to get rid of the drugs like a CID – where you'd have to find clues and talk to other people'.

5.9.4 Chat room

A chat room was suggested. One girl said that 'maybe famous people could go on there'.

5.9.5 Colours

Colours were an issue repeatedly mentioned. Whilst a large number of young people referred to them positively, some pointed out that they should be brighter as they found them dull. Again another group envisaged somewhat darker, 'more serious' or 'rare' colours. One respondent suggested a black site with green or white colours.

5.9.6 Content

In several instances young people remarked that they thought 'real life things' such as seeing 'real people with the symptoms' of taking drugs would be good. The argument behind this was to show 'real life videos to shock'. A few of the young people also mentioned that they wanted more deterring information, 'telling [us] more about not taking drugs'.

Content of the website
- Most respondents liked the website or thought it was 'alright'.
- Dougie the druggie was the favourite part of the site for most young people.
- Many young people thought there was too much text (too long) on the website.
- A lot of young people made suggestions for change around the length of text, easier navigation, suggested additional games, chat rooms or video clips of real life drug experiences. Improving the colours was also discussed.

5.10   Spreading the word

Whilst almost two-third of young people interviewed (60) would pass the link to www.natural-highs.org.uk on to a friend, only a few said they would not pass it on (15) and the remaining respondents did not give an answer (19). On a number of occasions they said that they would pass it on to drug users as they felt responsible for letting them know more about drugs. Thirty-seven of the 94 respondents said that they would visit the website again and almost the same number, 32, said they would not visit it again. The remaining 25 interviewees were mainly unsure and said 'maybe' or did not give an answer.

Those who said that they would go back were mostly interested in looking at the cartoon clips or the quiz as these were 'funny and eye catching but brought real life

things'. One participant comments 'I would be interested to see the animation, to see the situation people can get in. Its much better explaining through something young people can understand. Instead of a text book reading word for word.' Another participant said 'so I could learn more interesting things on drugs' and 'cause its funny!'.

Some interviewees also said they wanted to have another look at everything and had an overall interest in the website. Two were interested in looking up information on specific drugs, another two wanted to go back to listen to the radio stories.

Future visits of natural-highs
• The large majority of the young people said they would pass on the natural-highs link to a friend.
• More than a third of the participants (37) said they would visit the website again.
• These young people were most interested in looking at the dougie the druggie, although there was some interest in other sections as well as the website as a whole.

6 THE WEBSITE AND PROFESSIONALS

6.1 Introduction

We interviewed eight individuals working with young people. Of these, four were youth workers,[28] one a year eight head teacher, one a Drugs Education Worker for the Inner London Authority, one Drug and Alcohol Specialist and one a project co-ordinator working with young people at risk of offending and school excludees.

Where focus groups were conducted and circumstances allowed for it, we asked the person in charge (teacher, youth worker, project co-ordinator) for an interview. Where agreement was given we conducted it face-to-face. In two cases interviews were done over the telephone.

The representativeness of the sample is thus biased towards those willing and/or able (time, etc) to participate in an interview.

Of the eight people interviewed four were female, and four were male. Five of the youth workers interviewed were White, three were Black.[29] Two interviewees were quite young, the others were older – in most cases significantly so. The interviews with the two young youth workers stand out in part due to the closeness in age between them and the people visiting their youth club. Both were below 20 years of age.

The interview started out with general questions on the person's demographics and job. We then introduced the interviewee to the website; asked about their opinions of it, whether they thought it would attract young people, what they thought young people might like/not like about the website and whether they thought young people would learn from the site and as a result change any of their behaviour.

6.2 Youth workers and the internet

Six workers said they would use the internet in activities educating young people about drugs although in two cases this would depend on the venue of the activity. Two do not use internet related activities in their work. According to the information obtained through focus groups and the above interviews, young people by and large seem to have access to the internet at youth clubs, schools, advice centres and - to a lesser extent - home. As mentioned before, certain sites including drugs websites are not allowed to be used in some schools.

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[28] Two of the youth workers interviewed work in a drugs related position
[29] This combines Black Caribbean, Black African and Black Other. It is recognised that this is not a detailed categorisation but occurred due to self-categorisation.

Six professionals stated that they have used the web (including the natural-highs website) before in drugs-related educational work.[30] Two had not used the internet in drugs education. One professional had given out natural-highs promotion cards. In two of the venues used by professionals we saw natural-highs advertised through cards or posters.

Six of the eight professionals had heard of the website natural-highs.org before, three of them through a visit by the consultant, one through getting posters from Redbridge council, one through working as a Drugs Education Worker and the other one through drugs prevention training. These six professionals had also visited the website before we conducted the interview (which includes an introduction to the website), albeit briefly. Four of them said their first impressions were 'good', describing the website as quite exciting. Comments included that the idea of an interactive game was good with the information pitched at the right level and in the right language. One professional was more sceptical and found the website 'selectively useful'. Another worker thought the website was not catering for a diverse community nor was it tailored to the target group he was working with. He thus did not expect young people to have an interest in the website. One of the professionals who had not seen the website before mentioned that he had been told informally by young people that the website was good.

6.3   The target group

The different professionals interviewed defined the age groups they thought this website is best for as:

- 11 years and older (2 professionals)
- 12/13 - 15/16 years of age (4 professionals)
- above 16 years of age and interested in reading
- any age group

Six of the interviewees thought that young people would be interested in this website and think of it as fun. More specifically they thought the site would work well 'for those who are experimenting' and 'those who have started using' drugs. 'The curious 13 year olds.' 'The people first becoming aware of drugs and finding out what they are', they would be 'just becoming members of a peer group finding out about drugs'.

Two professionals had doubts about the degree of interest the young people would have - one of them doubting that young people would be interested at all.

6.4   Website content

Strengths of the website were seen as it being 'informative, giving you a lot of facts', 'accurate information without being too sterile', colourful, accessible and interactive pages in the right language and funny cartoons. The quiz and Dougie

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[30] However, two professionals only used the internet in preparation of activities.

the druggie were mentioned specifically as interesting points of the website. One professional thought it was a major strength that the website was representing 'people of today'. Other workers positively mentioned the quick access to information in the factfiles and the advice sections.

Out of the eight interviewees one respondent was not happy with the 'objective'[31] approach the website was taking to drugs in general. It was suggested that young people should use the website with guidance as the information was not clearly saying 'Do not take drugs'. Another professional mentioned that in some parts the website was very stereotypical, 'confirming drugs being fun' and therefore not sure whether they were getting across the right message.

One of the professionals suggested guidance through a worker or parent as the website might 'open up questions' on drugs if young people visit natural-highs without prior knowledge on drugs. This worker mentioned that 'it would be good to have a parent version for their background knowledge on the website and drugs' and suggested inserting more links to services provided locally.

6.5   Access

However, two professionals thought that those most likely to access the website would not be using drugs and said 'it is more prevention than cure', 'you can't re-educate drug users on drugs'. At the same time one worker pointed out that the spoken information would 'work well for those who have learning difficulties'. This worker thought the animations would work well for all. Yet another professional liked the fact that the website contained 'accurate information without being threatening'.

Interestingly the two younger professionals had strong doubts about young people being interested in the website.

One worker thought that teachers and external users might use it to 'feed' young people with information (especially due to the long text). Describing young people as a visual generation, this respondent thought it would be more effective to have more visual elements in advertising the website, maybe a little doll of dougie the druggie. This professional also suggested a website serving as a 'one-stop-shop' for drugs education, including drugs education material and a message board for drugs workers/teachers.

The other young professional described the 'lack of ownership' as a weakness of the website. Working with a group of ethnic minorities this person felt that 'not everybody's view had been taken on board' in the sense that the website was not targeted enough at young people in the street and they did not feel it was theirs. Suggestions were to have less text, more games, more appealing music and somebody online to reply to any emails by young people. This worker also suggested integrating a group of young people all the way through the

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[31] As opposed to a 'harm reduction' approach.

development process for them to 'connect' with the end product, an approach that was found to work well in the TeenNet project mentioned earlier.

Whereas the other six workers did not mention these doubts, the majority of them saw a weakness of the website in the fact that some sections have too much text. Also, those more 'endangered to use drugs might not use computers'. Another professional mentioned that the website 'could have been more hard-hitting' for it to have an effect on the young offenders this worker works with. One worker mentioned sounds as the only problem as a lot of the computers might not have speakers. It was also suggested to integrate an index or a search function at the beginning.

Opinions of professionals on www.natural-highs.org.uk

- No specific age group was recommended but most professionals thought it would be most appropriate for those 12 to 16 years old.
- Six of the interviewees thought that young people would be interested in the website and find it fun.
- Most workers thought that some sections have too much text.
- Interestingly the two younger professionals had strong doubts about young people being interested in/accessing the website.
- The professionals criticised the lack of ownership by young people (users) and thought it might be useful to create an internet website that can serve as a one-stop-shop for drugs education and associated materials, serving a wider range of stakeholders.

6.6   Feedback on the different sections of the website

6.6.1 Start-page - Cannabis leaf

The cover page was widely seen as 'good' and 'appealing', 'encouraging to look around' although a lack of guidance due to it lacking a menu was mentioned. One worker wondered whether this page was 'appealing for the wrong reasons' by simply showing a large hemp leaf.

The panic button was seen as a good idea although it was not always clear what it should be for and whether it is likely that young people would use this button in an emergency.

6.6.2 Leaf one – Dougie the druggie comic

Overall the comics (leaf 1) were seen as fun and good, likely to appeal to young people. Whereas one youth worker mentioned lack of 'realism' as an issue two professionals described the stories as 'quite real'. Another one said it was a good way of exploring, especially if there is someone to guide a young person through the pages as they can raise a lot of talking points.

6.6.3 Leaf two – Radio

The radio was praised for being about listening and little reading, and including young people talking. One youth worker said it was good as it was 'not patronising and raises talking points', thus it too would be especially good with guidance. Nevertheless the radio clips also should not be too long and an image on screen was suggested as possible back-up. Technical problems also came up as an issue in several interviews where the professionals did not expect young people to have speakers to listen to the clips.

6.6.4 Leaf three – Factfiles

The factfiles were found to have good, concise text presented in a usable manner. Overall, the professionals thought this section was good and informative, although most had doubts about the length of text. It was mentioned that it might possibly be more for parents. However, one worker felt that the balance and length were right for the age group targeted (as he saw it) and thought it was good that one has to explore and find a way through the factfiles. One worker mentioned that it was difficult to know 'which drug the bubbles were to be about' and therefore no quick access to information.

6.6.5 Leaf four – Advice

Opinions again varied with regards to the length of the text. Whilst two thought the information was 'bite size', the other professionals found it far too long. Again it was mentioned that it might be especially useful with guidance. It was also felt that this section did not offer enough links to local organisations as well as to other topics linked to drugs education, such as sex and health issues.

6.6.6 Leaf five – Dougie the druggie

Dougie the druggie was described as good and interactive. Overall it was thought that young people would easily relate to this section. The professionals positively recognised that the section was about learning and testing knowledge in a fun way although the questions in some part were found quite difficult.

7 CONCLUSION

The original aim of the project was to increase awareness of drugs amongst 11-18 year olds in Redbridge and Waltham Forest by establishing a new communications pathway, consisting of a website and electronically mediated discussion groups, supported by publicity materials and targeted promotions in partnership with schools, youth services, community groups and libraries.

In addition to achieving these core objectives it was also expected that the initiative would contribute to the overall development of young people's drug services in the area and help to promote other related projects via the new communications pathway. Finally, it was hoped that experience from the pilot might find its way into the new citizen 2000 PHSE curriculum.

To this end Redbridge and Waltham Forest Heath Authority identified agencies to deliver a pilot, key areas for the campaign and established what information was available locally to produce resources that filled the gaps. Various specialists and young people were consulted. Consultation with parents, carers and professionals working with young people was planned, but did not take place.

The target audience was defined as young people aged 11-18 with a range of knowledge and experience of drugs, as well as their parents, carers, teachers and youth workers. There are just over 58,000 young people aged 10 – 19 years living in the borough. Of these potential users, it is estimated that at least a third are from minority ethnic groups, the main target group for the web-site.

It was intended that the information included was to be drug specific, covering both legal and illegal drugs as well as their uses. Communications between the project (DAT) and clients (young people) were envisaged to be two-way, allowing for continuous feedback with regards to the type of services young people want and what levels of knowledge they have.

In total, two rounds of consultation were conducted. During the first round young people showed a strong preference for a 24-hour telephone helpline, staffed by young professionals. A web-based service was the second most popular option. Hence it was recommended that a helpline service should be developed in preference to, or in tandem with, a web-based service. At a steering group meeting a change of direction - from 'a web only service' to 'a web and helpline service' - was subsequently agreed but later reversed (back to a web-only service).

The second round of consultation investigated young people's use of the internet, their access to information on health and drugs, and their visual and editorial likes and dislikes through participatory storyboarding. It was found that although most young people had access to computers and the internet (93% of respondents), access was most commonly provided by schools and it was thus through schools that they were most likely to find out about drugs via the internet.

Overall, the information gained through these consultations seems to suggest that drugs education on the web has advantages as it can potentially be accessed at any time, both secretly and anonymously by people who for various reasons may not want to be seen accessing information on drugs publicly. Furthermore, a web-based service is able to incorporate links to a large volume of further information, which young people can access quickly, easily and at little cost. However, since most young people in the target group rely on access at school, some of these benefits, particularly those related to anonymity, are not always realised.

Understanding drug use patterns can be helpful in targeting both non-drug and drug users according to the specificities of the target group. We know that patterns vary according to social context, drug, gender, age, ethnicity and other characteristics of the user. Vulnerable young people for instance are more likely to have used drugs than their less vulnerable peers and there are links between drug use and criminal offending. In Waltham Forest for example 2 out of 3 school excludees were identified as needing drug related intervention.

Within the target population as a whole it has been estimated that approximately 21-30 per cent use or have used cannabis and that about 3-5 per cent use/used ecstasy; whilst the use of amphetamines, cocaine, poppers, glue, LSD, crack or heroin seems much less common. On the whole, those who take drugs have the greatest knowledge about drug use and its affects. It is also worth noting that although we have no data on the availability of drugs in Redbridge, Waltham Forest is often described as a buyer's market, characterised by much proactive selling.

Furthermore, our research shows that even though the numbers of male and female drug users are similar at around 12 per cent, the drugs used vary slightly according to gender and that the overall number of those having taken or regularly using drugs increases with age. We also found a correlation between ethnicity and drug use patterns in the amount and types of drugs used.

Some of the research findings suggest that, not the internet, but drugs education classes, mass media, family and friends are the main sources of information. Knowledge about sources and information appears to vary according to ethnicity and age; clear differences in the consistency of knowledge amongst 13-16 year olds with a marked overall increase in knowledge at the age of 17 years were identified. Interestingly, we also found that those who use fewer information sources on drugs are also less likely to take them.

Knowing of an information source however does not necessarily mean that it is used. For this to happen, people need to be able to find it with ease when they need it, be captured by it once they have found it, trust it and be able to use it according to their needs. To bridge the gap between knowing about a service and using a service, some changes could be implemented quite easily. For instance, the name 'natural-highs' hinders access, as the website is almost impossible to find through a search engine, preventing any coincidental usage by people looking for information on drugs. At a more fundamental level, implementing 'The Web Content Accessibility Guidelines' would solve many of the website's more generic problems.

In the meantime, lack of access and/or interest remain real and unresolved issues. Despite considerable marketing efforts between November 2002 and March 2003 targeting 30,000 people (37,000 promotional cards were distributed in the process), demand patterns and possible implications for future usage remain unclear as the website still only achieved 39 hits per month with an average of 1.5 page views per user.

This may be due to a number of reasons. We found that the site is far more attractive to the younger young people in the target group. They were also more convinced than the older ones that the website could actually teach them about the risks of taking drugs. For the older ages, some young people associated drugs with crime, and for this reason thought that the website was not relevant to them. Some, particularly Asians, were unwilling to access a drugs website at home in case it, wrongly, gave their parents the impression they were taking drugs.

The young people are especially attracted by the visuals. For the website to work across the wide age spectrum of the target group it needs to be easily accessible and understandable. The length and complexity of text is the main barrier to access whilst access to computers - although mostly not at home - seems to be available for most young people. Dougie the druggie received very positive feedback and the young people suggested further games and real life videos of drug experiences in addition to easier navigation toolbars making the site more attractive and accessible. Despite the supportive feedback only a small number of people intended to re-visit the website. Closer links with local professionals, and formal as well as informal educational institutions might help to overcome some of the difficulties young people have in understanding the information.

Interestingly, although six of the professionals interviewed thought that young people would be interested in this website and think of it as fun, the two young youth workers both had strong doubts about young people being interested in this website. They also criticised the lack of ownership by young people and thought it might be useful to create an internet website that can serve as a one-stop-shop for drugs education and associated materials, serving not only young people but also their parents, teachers, youth workers and other welfare professionals.

Key Lessons learnt and recommendations

- Implementing the 'Web Content Accessibility Guidelines' would overcome any generic problems such as access for the disabled and significantly improve access for all users.
- The name 'www.natural-highs.org.uk' hinders access, as the website is almost impossible to find through a search engine. At the same time a change of name might invalidate the marketing of the website that has taken place so far.
- We suspect that an adjustment of the website to the 'taste' of the older young people would involve major changes of the website. We therefore suggest targeting the younger teenagers.
- Changes in the length, structure and syntax of texts would make the site far more accessible in general and more accessible to the younger young people in particular.
- Further involvement of a wider group of young people in the development and setting-up of the website, ideally in co-operation with local agencies and/or schools, would foster a greater sense of ownership.
- Closer links (through links on the website) with partners would further integration and improve visibility.
- The website (content, functionality, etc) could be expanded to serve multiple constituencies – for example teachers or youth workers who are likely benefit from information sharing (materials, ideas, best practise, etc).

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