The Belfast Youth Development Study

A Longitudinal Study of Adolescent Drug Use, Well-Being and Behaviour
Undertaken at the Institute of Child Care Research

A Summary of Published Findings

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Purpose of this Booklet

This booklet contains outlines the key findings from the Belfast Youth Development Study that have been peer reviewed and published to date. The aim is to provide general information on published outputs based on the seven data sweeps completed to date. If you require further information on any of the findings from the study or further information on the areas covered, please contact the BYDS team who will be able to advise you further.
Introduction

Increasing use of alcohol and other drugs remains a major problem confronting modern society. Young people who engage in these and other offending behaviours run the risk of harming their physical and mental health, as well as coming into conflict with the law. During the 1990s, the rise in levels of drug use among young people across the UK was well documented. However, comparatively little was known about drug use and risk behaviour in the particular context of Northern Ireland. It was against this backdrop that the Youth Development Study commenced in 2000.

The Belfast Youth Development Study (BYDS) is a longitudinal study of adolescence. The study aims to examine the natural course, onset and desistance of drug use and the developmental pathways to problem use. It attempts to answer the question of “why do some young people decide to use drugs while others do not?” Also, the study has considered how and why some young people move beyond recreational drug use into more problematic forms of drug use and the implications this has for their longer term developmental outcomes. To meet these aims, we have collected information on young people, their behaviour and mental health, their families, their peers, their schools and their neighbourhoods. This study can therefore provide meaningful inferences on the causes of a wide range of behaviours.

The first phase of the study (2000-2005) concentrated on the school years between age 11 and 16. The second phase of the study (2006-2010) examined how the participants experienced their development into late adolescence and early adulthood between age 16 and 22. In the current phase, our team of students and researchers are examining the existing seven waves of data to further explore the importance of family, community and social networks to a range of outcomes, including substance use and its consequences, sexual behaviour, self-harm and education.

The Young People Participating in the Belfast Youth Development Study

We are able to continue to work on this project thanks to the willing participation of over 5,000 individuals. The core sample began post-primary school in autumn of 2000 and completed a questionnaire each year until the age of 16 and again at age 18 and 22. The study was initially administered through post-primary schools, but also retained the participation of a sample of young people not attending mainstream school and attending an alternative education project, an Emotional and Behavioural Difficulty (EMBD) unit, or Educational Resource Centre for young people with moderate learning disabilities.

Aims and Objectives - BYDS 2001-2005

The aim of this stage of the study is to investigate the risk and protective factors associated with adolescent drug use. In addition, the study has a number of key objectives.

- The comprehensive mapping of drug use among young people and how this may change over time.
- The examination of the psychological and social processes that shape drug use pathways of young people.
• The development of guidance from empirical research to assist the design and development of effective prevention programmes that seek to reduce the harm associated with drug use.
• The examination of risk and resilience amongst high-risk groups.

Aims and Objectives - BYDS 2006-present

The aim of this second phase of work is to investigate drug use behaviours within the BYDS cohort as they make the transition from adolescence to emerging adulthood within the changing social context that is contemporary Northern Ireland. The research questions for this second stage are:

1. To what extent have members of the cohort engaged in new types of substance use (e.g. use of legal highs)?
2. What are the early adult sequelae of adolescent substance use behaviours?
3. What is the relationship between patterns of substance use and psychiatric symptoms (e.g. depression) in a society in transition?
4. How does the transition from school to further education, employment, training or unemployment moderate drug use?
5. How can romantic experiences and the formation of relationships shape future behaviours and how might these processes vary by gender and drug use history?

To give a sample of what the study has achieved and the type of questions to which it can provide some answers, in what follows we present synopses of past publications categorised by subject as well as some information regarding on-going projects.
Illegal Drug Use: Patterns, Risks and At-Risk Groups


This paper reports the findings from the first two years of the Belfast Youth Development Study (BYDS). The BYDS is a five year longitudinal investigation of the onset and development of adolescent drug using behaviour. The findings of the first two years from the study in relation to drug use patterns among the young people participating in the research are reported here. The findings show that whilst the majority of young people have not yet used an illicit substance, the study has seen a substantial increase in the numbers using such substances between year 1 and year 2. Boys still make up the majority of drug users in this period but there has been a substantial increase in the number of girls using illicit drugs and, more generally, an increase in the frequency of use amongst all those using such substances during this period.

**Aim**
To explore the patterns of substance misuse during the first two years of BYDS.

**Sample**
3844 young people in year 1
4308 young people in year 2

**Key findings**
- The proportion of young people reporting substance misuse increased between years 1 and 2 of the study.
- Alcohol was the most frequently used substance.
- Males were more likely to misuse drugs in both years, but by the second year the gender gap had narrowed.

**Conclusions**
Substance misuse was evident during the first two years of post-primary education.

The drug use patterns and behaviours of 90 young people who reported cannabis use from the age of 11/12 years when they entered post-primary schooling and continued to report its use during three further annual data waves of the Belfast Youth Development Study (a longitudinal study of the onset and development of adolescent drug use) until the age of 15 are examined in this paper. The data collected from these young people revealed high levels of both licit and illicit drug use compared with young people who have not used cannabis by the age of 15. The findings perhaps suggest the existence of a ‘hidden’ high risk group of young people who continue to attend school regularly. This raises the question about the extent to which their needs are being met by existing school based drugs education and prevention initiatives which are often delivered through a standardized strategy for all school aged young people.

**Aim**
To examine drug use behaviours of young people at a high risk of problem drug use during adolescence who continued to attend school regularly.

**Sample**
90 early onset cannabis users who continued its use through years 1-4 of the study.

**Key findings**
- A ‘hidden’ high risk group of young people who continue to attend school may exist.
- This group of young people reported comparatively high levels of drug use by age 12 which may have stabilised by age 15.
- These young people may move beyond experimental drug use by age 15 years.
- The findings support the design and development of early targeted intervention for school based high risk group.

**Conclusions**
The identification of school based high risk groups present particular challenges for school based education interventions.
Young people excluded from school are a group at an increased risk of drug use and antisocial behaviour during adolescence and later marginalisation and exclusion from society in adulthood. As part of the Belfast Youth Development Study, a longitudinal study of the onset and development of adolescent drug use, young people who entered post-primary school in 2000 (aged 11/12 years) were surveyed annually on four occasions. This paper reports on findings from this survey in relation to a supplementary group of young people who were surveyed because they had been excluded from school. The findings show higher levels of drug use and antisocial behaviour among school excludees, lower levels of communication with their parents/guardians, higher levels of contact with the criminal justice system and increased likelihood of living in communities characterised with neighbourhood disorganisation. This lifestyle perhaps suggests these young people are leading a life that is already taking them towards the margins of society.

**Aim**
To explore the links between drug use and antisocial behaviour for young people excluded from school.

**Sample**
Young people attending alternative education projects
Year 1 (aged 11/12 years) n=10
Year 2 (aged 12/13 years) n=29
Year 3 (aged 13/14 years) n=28
Year 4 (aged 14/15 years) n=51

**Key findings**
- Young people who were not attending mainstream schools were exposed to illicit drugs at an earlier age than those who remained in school.
- Drug use prevalence rates increased each year for all young people participating in BYDS with those excluded from school consistently reporting higher levels of licit and illicit substances.
- School excludes were more likely to live in a disrupted family, engage in antisocial behaviour, have lower levels of commitment to education and experience social deprivation.
- Exposure to and use of both licit and illicit substances appeared to stabilise around 14 years, which was slightly earlier than for those attending mainstream school.

**Conclusions**
For those who stop attending mainstream schooling the timing of interventions for this group at risk is crucial and it is suggested that early adolescence may be more effective.
Twenty-nine young people aged 12-13 years considered to be at a high risk of substance abuse primarily because they no longer attend mainstream school participated in the study by completing a questionnaire designed to obtain information on their drug-using behaviours. The evidence in this paper suggests that many of them are already at a high risk for problem drug use compared with their peers in mainstream education. This is heightened by the fact they are excluded from school and are not accessing school-based prevention programmes delivered to their contemporaries at school. The paper concludes by suggesting that additional resources are needed to fully meet their requirements in relation to identifying and delivering appropriate drug prevention strategies.

**Aim**
To investigate substance use amongst 12/13 year olds who are at high risk of drug use.

**Sample**
29 young people aged 12/13 years who no longer attended mainstream schooling at the time of the study.

**Key Findings**
- A high proportion of young people excluded from school who have misused substances.
- Three quarters of the sample were daily smokers and half were weekly cannabis users.
- Young people excluded from school were at a higher risk of substance use than their peers in mainstream education at age 12/13.

**Conclusions**
This paper highlights the limited existing knowledge about substance misuse among those excluded from school at age 12/13 years, and identifies this as an area for further research in the drug use field.

This paper reports on the findings from a longitudinal survey of the drug use behaviours of young people who were attending Emotional and Behavioural Difficulty (EBD) units from the age of 11–16 years. It forms part of the Belfast Youth Development Study, a longitudinal study of adolescent drug use. This paper presents a follow-up report to a cross-sectional paper that reported on drug use behaviours of a sample of young people attending EBD units when aged 12–13 years at school (Year 9). In the present paper, reported drug use and behaviours associated with increased risk of its use between the ages of 11 and 16 years were examined. The findings show that those attending EBD units consistently reported higher levels of licit and illicit drug use throughout adolescence. Compared with young people in mainstream school, higher levels of behaviours associated with drug use including antisocial behaviour, disaffection with school, and poor communication with their parents/guardians were noted. These findings have implications for the development and timing of targeted prevention initiatives for young people attending EBD units at all stages of adolescent development.

**Aim**
To examine the drug use behaviours of young people attending emotional and behavioural difficulty units between the ages of 11-16 years old.

**Sample**
Young people attending EBD units
Year 1 (aged 11/12 years) n=10
Year 2 (aged 12/13 years) n=12
Year 3 (aged 13/14 years) n=16
Year 4 (aged 14/15 years) n=10
Year 5 (aged 15/16 years) n=4

**Key findings**
- Young people attending EBD units were more likely to be male, less likely to live with both biological parents and more likely to be in receipt of free school meals.
- Those attending EBD units consistently reported higher levels of licit and illicit drug use throughout adolescence.
- Illicit drug use amongst the EBD sample at the beginning of the survey (when aged 11/12 years) was comparable to the reported levels of use for the school sample at the fifth year of the survey when they were aged 15/16 years.
- Higher levels of antisocial behaviour, disaffection with school and poor communication with their parents were noted by these young people.

**Conclusions**
The findings suggest consideration for the timing and development of age appropriate targeted prevention initiatives for young people attending EBD units at all stages of adolescent development.
Modifying the school social environment can significantly reduce substance use, and may be a highly-effective complement to existing interventions addressing individual knowledge, skills and peer norms. There are increasing calls for health education to be accompanied by comprehensive, ‘whole-school’ health promotion approaches, which include changes to an institution’s overall organisation, working practices, and culture, recognising that adolescents’ substance use is partly determined by the wider school social environment.

**Aim**
To examine whether students’ school engagement, relationships with teachers, educational aspirations and involvement in fights at school are associated with various measures of subsequent substance use.

**Sample**
N = 2968: Belfast Youth Development Study participants who gave information on substance use and school involvement at age 13/14 and age 15/16.

**Key Findings**
- The two factors which were consistently and independently associated with regular substance use among both males and females were student–teacher relationships and fighting at school:
  - Positive teacher-relationships reduced the risk of daily smoking by 48%, weekly drunkenness by 25%, and weekly cannabis use by 52%;
  - Being involved in a fight increased the risk of daily smoking by 54%, weekly drunkenness by 31%, and weekly cannabis use by 43%.
- School disengagement increased the likelihood of smoking and cannabis use among females only.

**Conclusion**
This study provides further evidence regarding the potential importance of school experiences in determining subsequent substance use, particularly the importance of fighting at school as a potential risk factor and the quality of student–teacher relationships as a potential protective factor for the most harmful patterns of youth smoking, drinking and cannabis use. These analyses suggest that future ‘whole-school’ interventions should include components which focus on promoting positive teacher–student relationships and school safety.
Fifty-one young people aged 14–15 years considered to be at a high risk to substance abuse and exhibiting antisocial behaviour, primarily because they longer attended mainstream school, participated in this research by completing a questionnaire to measure drug use and delinquent behaviour. The findings suggest that many of them may have already developed a high propensity to drug abuse and antisocial behaviour compared with their peers in mainstream education. As they were all excluded from school, they were not accessing school based prevention programmes delivered to their contemporaries at school suggesting that additional and specialized resources are required to fully meet their needs.

**Aim**
To explore the drug use behaviours of young people attending alternative education provision.

**Sample**
51 young people participated in the study.

**Key findings**
- The sample reported relatively high levels of lifetime drug use compared with the school sample.
- They reported relatively low levels of use compared with ‘softer’ drugs such as cannabis although one in seven had taken cocaine and a number had been offered heroin (all males) but did not use it.
- 90% reported they smoked cigarettes every day (with a mean of 14 per day); 50% drank alcohol at least once a week, drinking to intoxication each time.
- Nearly 75% reported weekly cannabis use with 40% claiming to do so on a regular basis.
- These young people reported comparatively higher levels of risk factors to problem drug use (i.e. antisocial behaviour, weak family attachments).

**Conclusions**
By age 15 many young people are exhibiting the factors associated with problem drug use.
This article reports on the findings from a survey of 12- and 13-year-old young people with statements of special educational needs who are attending emotional and behavioural difficulty units in Belfast. The existing literature in the area of special education suggests that a gap in contemporary empirical evidence for drug use behaviours of adolescents attending EBD units and other special educational facilities exists at present. In attempting to redress this knowledge gap, the findings from the present study support the opinions of commentators in the field that young people attending EBD units are at a high risk of illicit drug use in comparison with their contemporaries in mainstream school.

**Aim**
To examine the drug use behaviours of young people attending emotional and behavioural difficulty units when aged 12-13 years old.

**Sample**
12 young people attending EBD units aged 12/13 years.

**Key findings**
- Substance use rates were higher than compared with those in mainstream school.
- Tobacco is the most popular substance, followed by alcohol with half telling us they had been drunk at least once.
- Two thirds reported lifetime cannabis use and 58% reported its use in the last 12 months.
- More serious antisocial behaviour for example joyriding, fighting or stealing from home were associated with high levels of drug use.

**Conclusions**
The findings suggest that young people attending EBD units are already exhibiting high level risk factors to problem substance use by age 13.

Young people excluded from school face additional challenges compared with their contemporaries in mainstream school throughout adolescence, particularly at the end of compulsory schooling when aged 16 years. This paper reports on the experiences of 77 young people excluded from school at year 12 when aged 15/16 years. They were participating in the Belfast Youth Development Study during the period immediately prior to the end of compulsory schooling. The findings provide a profile of the lives of these young people as they approach the developmental period referred to as ‘youth transitions’. These young people reported high levels of antisocial behaviour and increasing detachment from the norms of mainstream society at a time when most young people are preparing to make the transition from adolescence to adulthood. This raises questions about the impact of targeted initiatives for addressing disaffection with school and their value for preparing young people for the transition to adulthood who may instead enter a period of NEET (Not in Education Employment or Training).

**Aim**
To examine the experiences of young people excluded from school when aged 15/16 years.

**Sample**
77 school excludees attending their final year of compulsory education in an alternative education project.

**Key findings**
- Almost all had smoked tobacco had been intoxicated with alcohol, used cannabis and over half reported ecstasy use.
- 90% smoked cigarettes every day (with an average of 13 cigarettes a day).
- Almost half used cannabis each day.
- More than 82% reported offending and antisocial behaviour during the 12 months prior to the survey including more serious antisocial behaviour e.g. joyriding, fighting.
- Those using substances also spent much more of their leisure time away from their parents and reported going out every evening.

**Conclusions**
Targeted support to vulnerable groups such as school excludes during this final period of compulsory education should include initiatives to tackle antisocial behaviour and disaffection with school to help them with the period of transition from adolescence to adulthood.
Substance use behaviors of young people attending a special school are reported over a 4-year period from the age of 12–16 years. The article investigated these behaviors by surveying a cohort of young people with a statement for moderate learning disabilities annually during the last 4 years of compulsory schooling. The findings show that these young people consistently reported lower levels of tobacco, alcohol, and cannabis use compared with those attending mainstream school. No other illicit drug use was reported. The potential implications of these findings are discussed in relation to the context and timing of targeted substance education and prevention initiatives for young people with moderate learning disability attending a special school.

**Aim**
To explore substance use among young people attending a special education resource centre for young people with moderate learning disability (MLD).

**Sample**
Young people attending an educational resource centre with those with a MLD
Year 2 (aged 12/13 years) n=15
Year 3 (aged 13/14 years) n=18
Year 4 (aged 14/15 years) n=16
Year 5 (aged 15/16 years) n=15.

**Key findings**
- At each stage of the study, regardless of age, the MLD sample consistently reported lower levels of both licit and illicit drug use.
- Illicit drug use was almost non-existent except for relatively low level cannabis use from age 13-16 years.
- Delinquency and anti-social behaviour were consistently lower among the MLD sample at all stages of the study, however this increased throughout the survey – most common types of anti-social behaviour were fare dodging on public transport, rowdy behaviour and drawing graffiti in public places.
- The sample also displayed high levels of home-based leisure activities, behaviours associated with lower levels of risk to drug abuse.

**Conclusions**
The MLD sample exhibited lower level risk factors to drug use than the school sample.

Over the past two decades the levels of substance misuse amongst children and young people have increased at a global level generally and within the UK in particular. Some school aged young people are considered to be at an increased risk to substance misuse, particularly those outside mainstream school. However, the literature on substance use by these young people remains comparatively limited. This paper explores this issue through an investigation of cannabis use trends amongst the High Risk Booster Sample of the Belfast Youth Development Study, a longitudinal study of adolescent substance use. It focuses upon the cannabis use patterns of young people excluded from school and those attending Emotional and Behavioural Difficulty units from the age of 11–16 years, groups who are historically categorised as vulnerable to substance misuse. The experience of these young people provides evidence to highlight the contemporary challenges facing policy makers and practitioners when addressing substance use and misuse amongst these young people.

**Aim**
To highlight the challenges facing practitioners working with young people at a high risk of substance misuse.

**Sample**
Young people excluded from school
Year 1 (aged 11/12 years) n=12
Year 2 (aged 12/13) n=29
Year 3 (aged 13/14) n=48
Year 4 (aged 14/15) n=51
Year 5 (aged 15/16) n=77

**Key findings**
- Identification of the scale of the problem facing practitioners
- Development of targeted education and prevention initiatives to address the level of intervention required
- The timing and ongoing evaluation of the delivery of interventions are key to their success
- Accessing the required resources is a particular challenge to practitioners in the field.

**Conclusions**
The evidence from this paper suggests a case for earlier targeted interventions for young people who do not attend mainstream schools.
It is now common for young people in full-time compulsory education to hold part-time jobs. However, whilst the 1990s experienced a rise in illicit drug use particularly among young people and a corresponding increase in interest for identifying factors associated with drug use, little attention has been paid to the influence of part-time work, the money young people have to spend and its potential links with drug use. Four thousand five hundred and twenty-four young people completed a questionnaire in school year 10 (aged 13/14 years). The findings suggested there was a positive association between the amount of money (and its source) young people received and higher rates of drug use. The study concludes that money, and how it is spent by young people, may be an important factor for consideration when investigating drug use during adolescence. The findings may help inform drug prevention strategies particularly through advice on money management, and taking responsibility for their own money.

**Aim**
To investigate the influence of money and its availability on adolescent substance use.

**Sample**
4524 young people aged 13/14.

**Key findings**
- The majority of young people received money from at least one source (pocket money, paid work, ‘other source’ e.g. selling or stealing things).
- Higher amounts of pocket money was associated with use of cigarettes, cannabis, ecstasy and alcohol intoxication.
- Money from other sources was associated with ecstasy use.

**Conclusions**
Money management could become an important part of school based drugs education.
Drug misuse in Northern Ireland, as in many parts of the world, is becoming one of the major issues facing society today. A first step in addressing this problem is effective drugs education and prevention strategies targeted at school-aged young people. A survey of a range of education providers including mainstream and special needs schools, and school exclusion projects, suggests that all education providers aim to provide drugs education. Within mainstream schools, drugs education and prevention for young people with special education needs is provided within an existing framework developed for all school children. In contrast, special education providers deliver this facility through an approach developed to meet the specific requirements of their client group. The findings suggest that whilst expertise in the delivery of drugs education and prevention strategies exist for young people with special education needs, it may not be specifically targeted at all of them whilst attending school.

**Aim**
To assess the level of drug education in secondary schools generally but particularly to the needs of young people with special education needs.

**Key findings**
- Most schools deliver drugs education through a standard drug education approach but did not customise this approach to young people with special education needs.
- EBD and AEPs provide examples of good practice for mainstream schools aiming to target this provision for those with special education needs.
- Drugs education in special education needs remains primarily but not exclusively the domain of special education providers.

**Conclusions**
The study provides further evidence to demonstrate that the field of drugs education in special education needs remains primarily but not exclusively the domain of special education providers.

Existing empirical evidence on substance use among young people living in residential state care during adolescence is comparatively limited. This paper reports on substance use trends of young people living in residential state care during three annual data-sweeps when aged 14, 15 and 16 years. A repeated cross-sectional research design was utilised in the research. The findings suggest some similarities for lifetime prevalence rates for tobacco and alcohol use for those living in residential state care with a group of same-age young people not living in residential state care who participated in the research. However, solvent abuse and cannabis use was higher among those living in care. More frequent substance use was reported by the residential care sample for all substances at each stage of the study. These findings suggest that young people living in state care continue to merit higher levels of vigilance from researchers and policy-makers in order to fully understand this behaviour and develop appropriate prevention initiatives to meet their needs regarding potential drug problems.

**Aim**
An examination of substance misuse amongst young people living in residential state care.

**Sample**
Young people living in residential care  
Year 3 aged 13/14 n=31  
Year 4 age 14/15 n=34  
Year 5 age 15/16 n=19

**Key findings**
- This is the first empirical study of substance misuse amongst young people living in residential state care in Northern Ireland.
- Cannabis use was higher amongst young people living in residential state care.
- Young people living in state care were more likely to be regular substance users.
- More focused research is required with this group to determine the full extent of substance misuse amongst these young people.

**Conclusions**
Ongoing vigilance and monitoring of young people living in state care is an important part of delivering effective prevention initiatives.
The drug use habits of an individual’s peers have long been thought to influence that individual’s own levels of drug use. However, this is difficult to demonstrate statistically because there are a plethora of reasons to expect that friends will behave similarly (e.g. shared characteristics, shared environment).

**Aim**
This paper examines peer effects in adolescent cannabis use from several different reference groups. To do this, we exploit a field within the BYDS survey data in which participants were asked to name up to 10 classmates who they consider close friends.

**Sample**
4,286 BYDS participants who responded to wave 3 (circa age 14), gave a valid response on cannabis use experience in the past 12 months and nominated at least one classmates as a close friend.

**Key findings**
- Treating the school grade as the reference group, and using both neighbourhood fixed effects and instrumental variables for identification, we find evidence of large, positive, and statistically significant peer effects.
- Treating nominated friends as the reference group, we again find evidence of large, positive, and generally statistically significant peer effects. Our preferred IV approach exploits information about friends of friends – ‘friends once removed’ who are not themselves friends – to instrument for friends’ cannabis use.
- When we examine whether the cannabis use of schoolmates who are not nominated as friends – ‘non-friends’ – influences own cannabis use. Here, the evidence suggests zero impact. In our data, schoolmates who are not also friends have no influence on adolescent cannabis use.

**Conclusions**
The peer influence detected at the school level emanates from close friends nominated by the individual. This suggests that the “whole school” approach proposed for tackling drug use will only affect levels of cannabis use via the individual’s immediate friends.
At the beginning of 2004 the UK government downgraded the legal status of cannabis from a Class B to a Class C drug. Following a review of this decision two years later, cannabis remained a Class C substance—which for some contrasted with the potential harmful social and health effects associated with its use, particularly for young people. These included its links with respiratory damage, problems during pregnancy and its potential to exacerbate mental health problems. When Gordon Brown became Prime Minister in June 2007 his government decided to revisit this issue and requested a re-examination of its legal status. Despite the advice of its own scientific advisory body, the Advisory Council on the Misuse of Drugs, the UK government reclassified cannabis back to a Class B drug in May 2008. This paper examines the existing scientific evidence on the potential impact of cannabis use on young people within the context of the UK government's reclassification initiative over the past four years. This evidence remains inconclusive whilst the perception of young people to the effects of cannabis use during, and now after, the period of the reclassification debate is not yet known. This now makes it particularly challenging to communicate a clear message in the most effective manner with young people about the possible risks of cannabis use, and would appear to make it difficult to provide a clear and unambiguous statement on what message this initiative has sent to the next generation of cannabis users, as they see the government rethink its position on several occasions before eventually changing its mind.

**Aim**
To explore the potential impact of the UK Government’s classification of cannabis under the Drug Misuse Act 1971 over the past five years.

**Key findings**
- Several changes to the classification of cannabis adds to the challenge of presenting a clear and unambiguous message to young people on the legal status of cannabis.
- This challenge with involve balancing the reclassification of cannabis from Class B to Class C and back to Class B with the potential health and social consequences for all users, particularly young people.

**Conclusions**
There may not be a clear message for young people on the legal status of cannabis because of the debates and initiatives on its changing status over the past seven years.
Relatively high levels of cannabis use among young people are a cause of concern because of the positive relationship between its early onset use, antisocial behaviours and associated lifestyle. Amongst a survey of 3919 young people at school year 11 in Northern Ireland (aged 14/15 years) 142 reported daily cannabis use. These young people also reported particularly high levels of licit and illicit drug use and accounted for a high proportion of use of hard drugs such as cocaine and heroin for the full school cohort. Daily cannabis users also reported high levels of antisocial behaviour and disaffection with school. The findings perhaps raise questions about the existence of a potentially ‘hidden’ high risk school based group of young people during adolescence who require specific targeted prevention strategies.

Aim
To investigate the characteristics of 14/15 year old daily cannabis users.

Sample
3919 young people aged 14/15 years attending school year 11.

Key Findings
- 4% of young people used cannabis daily, 33% used less than daily
- Males were more likely to use cannabis
- Cannabis use was higher among young people with poor parental relationships, high neighbourhood disorganisation and those who spent more time away from the family home.

Conclusions
The findings suggest some young people are moving beyond experimental cannabis use by the age of 15 years.

This paper aimed to investigate the factors associated with ecstasy use in school aged teenagers. This was a longitudinal study of adolescent drug use which was undertaken in three towns in Northern Ireland. A questionnaire was administered annually to participants and ecstasy use patterns amongst a cohort of young people aged 14-16 years participating in the Belfast Youth Development Study was explored. The percentage of those who had used ecstasy at least once increased from 7% when aged 14 years to 9% at 15 and 13% at 16 years. Female gender, delinquency, problems behaviours at school and the number of evenings out each week were found to be significant variables predicting ‘ever use’ of ecstasy in all three years. The findings suggest that ecstasy use patterns may be changing from the historical perception of a ‘party’ drug, as the demographic profile ecstasy of users in this study reflected the traditional profile of illicit drug use during adolescence which raises challenges for addressing the problems associated with this drug.

**Aim**
To investigate the factors associated with ecstasy use in school-aged teenagers.

**Sample**
4491 adolescents aged 13/14 in year 3  
3903 adolescents aged 14-15 in year 4  
3788 adolescents aged 15/16 in year 5

**Key findings**
- Lifetime ecstasy use increased from 7% when aged 14 to 13% at 16 years.  
- Factors associated with ecstasy use included delinquency and antisocial behaviour, problems at school and socialising with their friends more than users. More girls used ecstasy.  
- The profile of ecstasy users may be changing from its historical perception as a ‘party’ drug to one that may be becoming part of the contemporary adolescent drug scene.  
- Ecstasy use should be evaluated within teenage prevention policy and practice in the same way as cannabis which has historically received much more attention.

**Conclusions**
Ecstasy use may become part of the adolescent drug scene in Northern Ireland.
The image of cocaine as a ‘party’ drug used by more affluent members of society has begun to change as the levels of use of the drug rise among school aged young people. Cocaine use patterns amongst young people aged 13-16 years who were participating in the Belfast Youth Development Study, a longitudinal study of adolescent drug use were investigated. Data was collected through an annual data sweep in participating schools. This paper includes data collected in year 3, 4 and 5 of the study. The results show higher levels of cocaine use among this age group than reported in much of the existing harm reduction literature. Lifetime use was 3.8 per cent at age 13/14 years, rising to 7.5 per cent at 15/16 years. The profile indicated that adolescent cocaine users were more likely to be female, live in non-nuclear families and experience social deprivation, which is similar to existing adolescent drug use profiles. Additionally there was some evidence of experimental cocaine use amongst the sample. These findings provide further evidence for the development of age appropriate school focused harm reduction initiatives and continued monitoring of contemporary trends of use of cocaine among school aged young people.

**Aim**
To investigate the profile of adolescent cocaine use.

**Sample**
4491 adolescents aged 13/14 in year 3
3903 adolescents aged 14-15 in year 4
3788 adolescents aged 15/16 in year 5

**Key findings**
- Lifetime cocaine use rose from 3.8% in year 3 to 7.5% in year 5
- There was evidence of more frequent cocaine use
- Girls were more likely to have used cocaine than boys
- Young people with disrupted family backgrounds were more likely to have used cocaine.

**Conclusions**
The findings suggest that cocaine may be emerging as a part of the adolescent drug scene as the user profile is similar to that of other drugs in adolescence.
The link between poor health outcomes and deprivation has been well documented: poorer health and wellbeing, risky health behaviours and higher mortality all have positive associations with social class. Less is known about socioeconomic influences on risky drinking behaviours in early life.

**Aim**
This study used the BYDS to investigate the socioeconomic differences in trajectories of alcohol use from onset to establishment of drinking patterns in adolescence, assessed the consequences of these pathways in terms of alcohol-related harm, and the inter-relationship between the two.

**Sample**
3,749 school children attending 44 post-primary schools. Measures used included gender, Alcohol Use Disorders Identification Test (AUDIT), living arrangements, Strengths and Difficulties Questionnaire (SDQ), self-reported measures of tobacco, alcohol, and other drug use, Family Affluence Scale, free school meal eligibility.

**Key findings**
- Latent class analyses identified seven trajectories of alcohol use, ranging from non-drinkers through people drinking little or nothing at younger ages, but drinking moderately by age 16 (early infrequent/late moderate), to those drinking weekly or more often from a very early age and continually thereafter.

- Regression analyses showed that, after adjusting for area deprivation, personal characteristics and substance use, there was no association between affluence and signs of alcohol problems by age 16 (as measured by AUDIT score). Drinking trajectory was associated strongly with AUDIT, with around a 7 point difference comparing the normative group (early infrequent/late moderate) to the heaviest drinking group (early frequent/late frequent). This difference reduced to a 5 point difference after accounting for other drug use and background variables.

- There was also an interaction between affluence and alcohol use trajectory: for the heaviest drinkers (those in the early frequent/late frequent group), the more affluent were at greater risk of alcohol related problems than the less affluent (mean AUDIT: most affluent 15.6 95% CI (14.7, 16.5); middle affluent 14.9 95% CI (14.0, 15.9), least affluent 13.0 95% CI (12.0, 14.0).

**Conclusions**
The association between affluence and alcohol use shows the expected health gradient. However, the risk of potential alcohol problems, among those at high risk does not conform to the expected pattern. Further research should investigate if this pattern continues throughout emerging adulthood.

Using data from an ongoing longitudinal study of adolescent drug use, this study examines the proportion of teenagers living with parents who are problem alcohol or drug users. Around two per cent of parents report high levels of problem drinking and one per cent report problem drug use. If a broader definition of hazardous drinking is used, the proportion of teenagers exposed increases to over 15 per cent. When substance use is examined at a family level (taking account of alcohol and drug use amongst dependent children in addition to that of parents), the proportion of families experiencing some form of substance use is considerable. These findings add further support to the call for increased recognition of the needs of dependent children within adult treatment services when working with parents. Likewise, the reduction of harm to children as a result of parental substance use should be an increasingly important priority for family support services. This is likely to be achieved through the closer integration of addiction and family services.

**Aim**
To examine the extent of problem alcohol and drug use within a community sample of parents of teenage children.

**Sample**
10987 parents of BYDS sample

**Key findings**
- A significant proportion of children and young people lived with parents who had alcohol or drug problems.
- The problems associated with this situation remain largely hidden from professional view.
- A partnership approach involving both non-drug agencies as well as treatment agencies have a role to play to ensure an adequate response to the parenting needs of this client group.
- Assessment of harm associated with parental users should include its impact on other family members.

**Conclusions**
A more holistic approach to drug education during adolescence that includes family circumstances and non-drug agencies has important merits for delivering effective interventions.
Growing up in Northern Ireland: Risks and Challenges


As Northern Ireland transitions to a post-conflict society the nature of violent victimization and its influence on adolescents following the “Troubles” becomes an even more important area of interest. Adolescents are particularly at risk of victimization and associated social, emotional, and psychological health problems. In this analysis of the fifth year of the Belfast Youth Development Study (BYDS), the prevalence and implications of exposure to violence is examined for a sample of 3,828 young people (aged 15–16 years). Knowledge of violent events was particularly prevalent suggesting that the social and psychological legacy of the “Troubles” may pass onto post-conflict generations. Over three quarters of young people had experienced violence within their community. Exposure was associated with higher levels of depression, psychotic symptoms, and substance misuse. The findings suggest that adolescents in Northern Ireland are vulnerable to both direct and vicarious victimization, and, subsequently, to significant risks to psychological well-being.

**Aim**
To explore the prevalence and implications of exposure to community violence.

**Sample**
3828 young people aged 15/16 years.

**Key findings**
- 77% of young people had experience violence within their community.
- Witnessing violence was the most common experience, followed by having knowledge of a violent event and being the direct victim of violence was the least common.
- Males were more likely to experience violence.
- Exposure to violence was associated with higher levels of depression problematic substance use, and psychosis related symptoms.

**Conclusions**
The findings suggest that the violence experienced by young people in Northern Ireland may have serious consequences for their physical and psychological well-being.
School based drugs education and prevention initiatives should be based upon contemporary empirical evidence. These programmes are traditionally developed with evidence gathered from school surveys which collect data on the prevalence estimates of those receiving mainstream education. As a result most education prevention initiatives which are delivered to school aged young people are not based upon evidence of the drug use experiences of those who do not attend mainstream school during adolescence. This paper will report on the drug experience of the school exclusion sample of the High Risk Booster Sample of the Belfast Youth Development Study (BYDS) and its value for targeted education and prevention initiatives. The drug use behaviours of these high risk young people from the age of 11-16 will be presented in order to provide insights into the key temporal stages of experimental and onset regular illicit drug use. This analysis over a five year period will highlight the key stages for the development and delivery of drug use education and prevention initiatives for those who stop attending mainstream school before the age of 16 years.

**Aim**
To examine the value of findings from the High Risk Booster Sample of BYDS for the design and development of targeted intervention and prevention initiatives.

**Sample**
Young people excluded from school
Year 1 (aged 11/12 years) n=12
Year 2 (aged 12/13 years) n=29
Year 3 (aged 13/14 years) n=48
Year 4 (aged 14/15 years) n=51
Year 5 (aged 15/16 years) n=77

**Key findings**
- Young people excluded from school are using both licit and illicit substances at a much earlier age than those who continue to attend school.
- Many of these young people who have moved beyond experimental use.
- Targeted drug education and eradication initiatives should be delivered for those who remain in mainstream school.
- Appropriate resourcing is a key factor to success here.

**Conclusions**
This paper suggests that young people who do not attend mainstream school begin using both licit and illicit substances at a much earlier age than those who continue to attend mainstream school.
Young people's participation in sexual risk behaviours is commonly linked with participation in a range of other risky behaviours, and in particular with substance use behaviours. This cross-sectional analysis of the sixth sweep of the Belfast Youth Development Study aimed to examine associations between substance use and sexual activity and related risks among 17–19-year-olds in Northern Ireland. Being sexual activity and participating in sexual risk behaviours was associated with the use of a range of licit and illicit substances particularly alcohol and ecstasy. Additionally, females were more likely to have been tested for a sexually transmitted disease (STD). The findings add to the existing research body suggesting that substance misuse and sexual risk behaviours tend to co-occur in adolescence and highlight a need to develop appropriate interventions and initiatives for school-aged young people.

**Aim**

To investigate the sexual risk-taking behaviour of young people in late adolescence.

**Sample**

2137 late adolescents aged 17/18 years.

**Key findings**

- 52.9% of young people were or had been sexually active by age 18 years
- For the 1132 young people who had sex:
  - The mean age of sexual initiation was 15.98 years
  - The mean number of sexual partners reported was 3.17
  - 37.7% had had casual sex
  - 11% had been tested for a sexually transmitted disease or infection
- Participation in sexual risk behaviours (i.e. multiple partners, casual sex) was associated with substance use

**Conclusions**

The findings support suggestions that substance use and sexual risk taking co-occur in adolescence.
Over the past decade the levels of drug use amongst school aged young people have risen. Prevention initiatives have been developed using empirical evidence obtained from school based surveys. However, the empirical evidence base of drug use amongst young people with Severe Emotional and Behavioural Difficulties (SEBD) attending special education provision is very limited. The paper explores the implications of this knowledge gap for addressing drug use amongst these young people. Proposals for the way forward are suggested for developing a framework for targeted evidence based interventions for young people attending EBD Units.

**Aim**
To explore the implications of the knowledge gap for drug misuse amongst those attending SEBD units.

**Sample**
Young people attending EBD Units
Year 1 (aged 11/12 years) n=10
Year 2 (aged 12/13 years) n=12
Year 3 (aged 13/14 years) n=16
Year 4 (aged 14/15 years) n=10
Year 5 (aged 15/16 years) n=4

**Key findings**
- The limited information base on illicit drug use amongst those attending SEBD units is due to a number of reasons that include both scientific challenges and comparatively lower levels of intellectual ability of the target sample.
- The comparatively low level of interest in this topic inhibits funders from supporting appropriate research to develop the required measures.
- Having identified these difficulties it is now possible to explore the development of an appropriate empirical base.

**Conclusions**
Whilst limited, the existing empirical base shows there is scope for the development of appropriate intervention strategies for young people with SEBD.

The Strengths and Difficulties Questionnaire (SDQ) is a widely used 25-item screening test for emotional and behavioural problems in children and adolescents. This study attempted to critically examine the factor structure of the adolescent self-report version. As part of an ongoing longitudinal cohort study, a total of 3,753 pupils completed the SDQ when aged 12. Both three- and five-factor exploratory factor analysis models were estimated. A number of deviations from the hypothesized SDQ structure were observed, including a lack of unidimensionality within particular subscales, cross-loadings, and items failing to load on any factor. Model fit of the confirmatory factor analysis model was modest, providing limited support for the hypothesized five-component structure. The analyses suggested a number of weaknesses within the component structure of the self-report SDQ, particularly in relation to the reverse-coded items.

**Aim**
To assess the measurement properties of the Strengths and Difficulties Questionnaire (SDQ).

**Sample**
3753 young people aged 12/13 and 14/15 years.

**Key findings**
- Neither a five or three factor model of strengths and difficulties was a good representation of the SDQ.
- A five factor model was a better fit than the three factor model.
- Problems were identified with the reverse scored items of the SDQ.

**Conclusions**
The findings suggest there may be weaknesses in the measurement capabilities of the adolescent self-report SDQ which may have consequences for its use by health professionals.
Estimates of the extent and nature of drug use among young people derived from social surveys are confounded by response error. Such error may arise from multiple sources. In this study, high levels of drug use recanting were identified, ranging from 7% of past alcohol use to 87% of past magic mushroom use. Recanting increased with the social stigma of the substance used. Denying past alcohol use was associated with being male, attending a catholic school, having positive attitudes towards school, having negative education expectations and not reporting any offending behaviour. Recanting alcohol intoxication was associated with being male and not reporting serious offending behaviour. Cannabis recanting was associated with having negative education expectations, receiving drugs education and not reporting serious offending behaviour.

**Aim**
To investigate the accuracy of substance prevalence rates between the first two years of the BYDS.

**Sample**
3336 young people who participated in BYDS at both sweeps one and two.

**Key findings**
- There was evidence of errors in the accuracy of self-reported substance misuse between the first two years of BYDS.
- This was higher among substances with greater social stigma (e.g. cocaine, ecstasy).
- Males were more likely to deny previous alcohol use, but there were no gender differences in the accuracy of cannabis use estimates between year 1 and 2.

**Conclusions**
This paper draws attention to the need for caution in interpreting adolescent self-reports of substance use, and identifies the need for appropriate techniques for testing the accuracy of school cased studies of adolescent substance use.