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## **Drug Use Amongst 12 and 13 year olds Attending Emotional and Behavioural Difficulty Units in Belfast**

**McCrystal P, Higgins K, and Percy A**

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### **Abstract**

This paper 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 educational 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.

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## **Introduction**

Early and persistent behaviour problems, low commitment to school, peer rejection in the primary schools, and experiences of school failure all place young people on a path toward the use of alcohol and other substances in adolescence (Hawkins et al, 1992). The presence of more than one risk factor is seen as having a multiplicative impact on the likelihood of drug use and other problem behaviours during this period (Garmezy, 1987). Young people who have entered the special education system not only face the usual development hurdles (i.e. sexual maturation, identity, and role definition), but also must confront difficulties in peer acceptance, relationships with authority, low social competence and self-acceptance, and maladaptive coping strategies (Jackson 1987). This view is supported by Snow et al 2001 who claim that given the cognitive, emotional, communicative and behavioural challenges frequently faced by young people with special education needs, they have fewer opportunities to engage in experiences likely to develop resilience to anti social behaviours. They suggest that young people who have entered the special education system are a group requiring particular attention for preventive intervention.

Furthermore, Snow and his colleagues argue there may be a perception on the part of policy makers, teachers and/or parents that alcohol and other drug education is a lower priority for this group, relative to young people in mainstream schools, and/or these young peoples physical, communicative and/or behavioural needs. As a result there is a an urgent need for an accurate estimate of drug use/misuse by young people with special education needs. Other studies and government reports have stressed the importance of addressing the limited empirical evidence on the prevalence rates of substance abuse amongst those with special education needs (Daniels et al, 1999). One of the reasons for an empirical shortfall here is due in part to the relative lack of attention given to this problem by researchers. Kress and Elias (1993) for example believe that substance abuse prevention is an important and neglected area for all special education

populations. This should be considered in conjunction with the opinion of Rutter and Smith (1995) who argue that there has been a significant pan-European rise in psycho-social problems in children and young people. Amongst existing knowledge Devlin and Elliot (1992) found that 51% of a sample of young people classified with behavioural problems showed patterns of high level drug use. Only 14% of a matched control group showed similar rates of use. In fact, only 28% of the young people in Devlin and Elliot's study reported no drug use (compared with 74% of those in mainstream school). Fowler and Tisdale (1992) found that 70% of special education teachers felt their pupils were at a high risk for substance abuse.

A disturbing finding by Fox and Forbing (1991) suggests that drug users' behaviour resembles that of young people with emotional problems and, as such, many drug users might be classified with such problems and placed in special education settings. In this environment, they receive little drug education with few services targeted specifically at their problems. Furthermore, the presence of such young people in special education classrooms creates an extremely high-risk environment for their non drug using classmates. Fox and Forbing (1991) feel that a neglect of research on the topic of substance abuse prevention for young people with special education needs seems to have occurred as a result of a misconceptualisation of these young people's risk status. In light of the level of risk they face, the need for validated drug abuse prevention programs explicitly aimed at special education populations is a strong one. Of particular importance are programmes that are based on addressing behaviours that are important risk factors for substance abuse in special education populations which Fowler and Tisdale (1992) claimed was not being delivered. An important prerequisite for such programmes is contemporary empirical evidence of the extent of substance abuse amongst those attending special education facilities.

## **Methodology**

### *The Sample*

The young people participating in the study attend one of the EBD Unit's in Belfast having received a statement of educational needs and a referral to their education placement. Each unit co-operated with the researchers to obtain parental consent for these young people. The young people participating in the study were all in school year 10 (second year postprimary)

### *The Interview Protocol*

The interview protocol developed for the study included questions on drug use, delinquency, family, school, peers, neighbourhood and leisure activities. It was originally developed for use in the Belfast Youth Development Study, a longitudinal study of the onset and development of adolescent drug use (McCrystal et al, 2003a). A structured interview format taking into consideration the varied reading abilities of the sample was used, with each young person interviewed individually in the unit they attend.

### *Data Analysis*

Each completed interview was coded and input onto the SPSS software. Several categories of questions (i.e. school, neighbourhood, and leisure) were created from the full list of questions in certain categories. This included commitment to school and motivation to do well there from the 13 school questions; attachment to neighbourhood, neighbourhood disorganisation, from the 20 questions about the areas in which they live. The 21 questions asking about leisure activities was reduced to three categories of home based activities (i.e. watching TV, listening to cds), friend based activities (i.e. going to the cinema) and out of home based activities (i.e. going to a youth club) (McCrystal et al, 2003b)

## THE FINDINGS:

### Drug Use Behaviour

Responses in relation to drug use the included 'ever been offered', 'ever used' and 'use in the last twelve months'. Table 1 presents the findings from these questions. Tobacco is the most popular substance used by the young people in the study, followed by alcohol with half reporting to have been drunk at least once. Following tobacco and alcohol, cannabis is the most commonly used substance with two thirds (67%) reporting having ever used this, and more than half (58%) of the young people having used this in the twelve months prior to the interview. Seventeen per cent of the young people reported abusing solvents. A higher proportion of these young people reported using these substances compared with those in mainstream school (McCrystal et al, 2003a). Use of problematic substances including amphetamines, cocaine and heroin was almost non-existent among this group.

**Table 1: Drug Use and Prevalence Patterns**

Drug	Been offered? %	Ever Used %	Last Year %
Tobacco	-	100 (53)	75 (34)
Alcohol	-	92 (79)	67 (68)
Been Drunk	-	50 (32)	33 (27)
Solvents	33 (23)	17 (10)	17 (8)
Cannabis	83 (32)	67 (20)	58 (17)
Magic Mushrooms	8 (6)	0 (3)	0 (2)
Ecstasy	25 (10)	0 (4)	8 (3)
Speed	0 (8)	0 (4)	0 (3)
LSD	0 (6)	0 (3)	0 (2)
Cocaine	8 (8)	8 (3)	0 (2)
Heroin	0 (5)	0 (2)	0 (1)
Poppers	42 (12)	25 (6)	17 (5)
Other Pills	33 (10)	25 (6)	17 (5)

\* Belfast Youth Development Study (BYDS) school survey in brackets (McCrystal et al 2003a)

The frequency of substance use provides a fuller picture of drug use patterns among this group.

Half the young people who smoke cigarettes do so every day (Table 2). The evidence from

Table 2 suggests that some of these young people have moved beyond recreational drug use, particularly in relation to cannabis and tobacco, although those who have abused solvents claim to have stopped. This compares with only ten per cent of their contemporaries in mainstream school who smoke every day, four per cent of whom drank alcohol at least once per week and report being intoxicated as often. Three per cent of those in mainstream school use cannabis on a weekly basis and one per cent abuse solvents as frequently (McCrystal et al 2003a).

**Table 2: Frequency of Substance Use**

Substance	Only once %	2-5 times %	Once a Month %	Once a week %	>Once a week %	Used to %
Smoking	0	8	8	0	50	8
Alcohol	8	17	0	0	8	33
Drunk	0	8	0	0	8	17
Solvents	0	0	0	0	0	17
Cannabis	17	17	0	0	25	0

An examination of various combinations of drugs that are used by the young people will provide further evidence of the drug using patterns of this group. As half the young people have been intoxicated at least once it is possible to examine the trends between alcohol intoxication and other drug use. This produces a strong pattern which shows that those who have been intoxicated are more likely to have tried other illicit substances (Table 3).

**Table 3: Alcohol Intoxication and other drug use**

	Alcohol intoxication and other drug		Never been intoxicated but tried other drug	
	%	n	%	n
Smoking	100	6	100	6
Solvents	17	6	17	6
Cannabis	83	6	50	6
Poppers	33	6	17	6
Pills	17	6	33	6

Table 4 further supports this trend. Young people who have abused solvents are more likely to have used other substances. However, this finding must be mediated by the fact that only two young people reported abusing solvents.

**Table 4: Solvent abuse and the use of other drugs**

	Solvent abuse and other drug		Never abused solvents but tried other drug	
	%	n	%	n
Smoking	100	2	100	10
Alcohol	100	2	90	10
Intoxicated	50	2	10	10
Cannabis	100	2	60	10
Poppers	100	2	10	10
Pills	100	2	10	10

Table 5 shows that young people who have not tried cannabis have only used alcohol and smoked cigarettes, and are much less likely to have been intoxicated than those who have used cannabis. They have not yet used other substances.

**Table 5: Cannabis use and the use of other drugs**

	Tried Cannabis and other drug		Never tried cannabis but tried other drug	
	%	n	%	n
Smoking	100	8	100	4
Alcohol	88	8	100	4
Intoxicated	63	8	25	4
Solvents	25	8	0	4
Poppers	38	8	0	4
Pills	38	8	0	4

Young people obtain substances from a variety of sources. For licit substances (cigarettes, alcohol) many young people say they purchase these from shops themselves or through older friends. Friends are the most popular source for most substances, this includes younger friends, older friends and same age friends. A variety of other sources are reported for all substances, including siblings, younger friends, their home, parents, with a small number of young people

saying they have obtained these from somewhere else other than these sources such as a dealer (Table 6).

**Table 6: Source of Substances**

Source	Smoking %	Alcohol %	Intoxication %	Solvent %	Cannabis %
Older friends	17	27	33	0	63
Younger friends	17	0	17	0	0
Friends own age	50	18	17	50	25
Brother/sister	17	9	17	0	13
Parents	8	9	17	0	0
From the house	25	9	17	0	0
Bought from the shop	58	18	0	0	0
Dealer	0	0	0	0	13
Somewhere else	0	9	17	50	0

Young people indicated a number of locations where they use substances (Table 7). For most of them this takes place outside in the street, a park or the town centre. The house of a friend or a party are the next most popular locations for abusing solvents and cannabis, in some cases this may be the same location, as young people were asked to indicate all locations. These locations were also among the most popular for becoming intoxicated. Other locations where young people use licit and illicit substances include home, at a disco and for a small number a concert or in a car.

**Table 7: Location of Substance use**

Source	Alcohol %	Intoxication %	Solvent %	Cannabis %
Home	18	17	0	0
Friends House	9	50	50	50
At a party	9	17	0	38
At a disco	0	17	0	25
Concert/festival	9	17	0	13
Outside	46	50	50	50
Somewhere else	9	0	0	0



## **Drug Use and Delinquency**

Young people not attending mainstream school are more likely to offend compared with those in mainstream school (Audit Commission, 1996). There is a strong body of evidence showing a link between drug use and crime, but the direction remains in question, i.e. does drug use cause crime, or does crime result in drug use (Foster, 2000; Sneddon, 2000). Other studies have shown heightened dependency on addictive substances such as heroin as the root of offending (Bennett, 1998). The young people were asked about offending and anti-social behaviour. This involved answering questions about 14 types of delinquent behaviour during the twelve months prior to the interview. The term 'delinquency' is used to describe these acts, because many incidents reported by young people would not normally be treated as criminal acts. For example, behaving badly in public is unlikely to be treated as a criminal act by the police, but breaking into a car or house is likely to result in police action. Only one person did not report any type of offending or antisocial behaviour. Amongst the others, half reported they had been in a fight or painted graffiti on walls, and 42 per cent reported shoplifting and being rowdy in public. Perhaps more worrying, one-third (33%) admitted to vandalism or theft from home, one quarter have carried a weapon or had been 'joyriding' in the 12 months prior to the interview. More serious offences were associated with very high levels of drug use, particularly fighting, joyriding and theft from home (Table 8).

Almost without exception, young people reporting any delinquent behaviour in the twelve months prior to the interview have smoked or drunk alcohol. This trend was similar for young people who have been intoxicated, but was particularly high among those who have committed more serious acts of delinquency such as joyriding, theft from school, and breaking into a car to steal something. These acts of delinquency are more serious incidents and may be classified as

criminal acts, as they are more likely to involve the police and the criminal justice processes. Young people who have committed these acts are also much more likely to have abused solvents and tried cannabis.

**Table 8: Drug Use and Delinquency**

<b>Delinquent item</b>	<b>Tobacco %</b>	<b>Alcohol %</b>	<b>Drunk %</b>	<b>Solvent %</b>	<b>Cannabis %</b>	<b>Total %</b>	<b>BYDS</b>
Fare dodge	100	100	100	0	0	8	23
Shoplift	100	100	60	20	60	42	19
Rowdy	100	100	60	20	40	42	40
Joyride	100	100	67	0	100	25	7
Theft at school	100	100	100	0	100	8	13
Carry a weapon	100	100	33	0	33	25	18
Vandalism	100	75	25	25	75	33	23
Break-in	100	80	50	50	50	17	4
Graffiti	100	100	67	33	67	50	37
Rob (with a weapon)	0	0	0	0	0	0	3
Theft at home	100	100	75	25	75	33	38
Fire setting	0	0	0	0	0	0	6
Injure, fight	100	100	83	17	83	50	47
Car break	100	50	50	0	100	17	3

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

The number of delinquent acts committed by each young person was also calculated, as was the level of substance use by number of delinquent acts (Table 9). Nearly half (42%) of the young people committed five or more acts of delinquency. The mean number of delinquent acts committed during the twelve months prior to the interview was 3.5 with a median of 2.5. For those attending mainstream school the number of delinquent acts reported was a mean of 2.8 and a median of 2 (McCrystal et al, 2002). Table 9 presents the number of delinquent acts by substance abuse for the young people showing a clear trend between high levels of delinquency and drug use.

**Table 9: Frequency of Delinquent Acts by Drug Use**

Number of Delinquent Items	Tobacco %	Alcohol %	Drunk %	Solvent %	Cannabis %	Total %	BYDS
None	100	100	0	0	0	8	25
1 or 2	100	80	40	20	80	42	31
3 or 4	100	100	100	0	100	8	19
5+	100	100	60	20	60	42	24

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

### Parental Supervision by Drug Use

Parenting styles have an important influence on the risk of young people engaging in anti-social behaviour. Parental monitoring and supervision of a young person's behaviour is effective in detecting and addressing behaviours that can lead to anti-social behaviour. The young people completed the Statin & Kerr (2000) parental monitoring questionnaire, which assessed the extent to which they inform parents of their behaviours.

Three quarters (75%) of the young people reported low disclosure; half (50%) reported low solicitation, 58% low control, and low monitoring (Table 10). This compares with half (53%) of those attending mainstream school reporting low disclosure and 53 per cent reporting low parental solicitation and 47 per cent low control and 44% low control (McCrystal *et al*, 2002). However, no clear trend between the level of parental monitoring and substance abuse emerged at this stage.

**Table 10: Parental Monitoring and Drug Taking**

Monitoring Level	Tobacco %	Alcohol %	Drunk %	Solvent %	Cannabis %	Total %	BYDS
Low Disclosure	100	89	44	22	67	75	53
High Disclosure	100	100	67	0	67	25	47
Low Solicitation	100	83	50	0	67	50	53
High Solicitation	100	100	50	33	67	50	47
Low Control	100	86	43	0	57	58	47
High Control	100	100	50	40	80	42	53
Low Monitoring	100	86	57	14	71	58	44
High Monitoring	100	100	40	20	60	42	56

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

### School Factors and Drug Use

Along with the family, school is a major influence on the development of young people, as this is where they usually spend a major part of their day. The young people were asked about their views and experiences of school. This enabled us to investigate things like their commitment to school and educational aspirations and the association between these factors and drug taking behaviour. Half of the young people reported low commitment to school and two thirds (64%) low motivation to do well there (Table 11), which compares with 54 per cent of those attending mainstream schooling reporting low commitment to school and 50 per cent reporting low motivation to do well at school (McCrystal *et al*, 2002). There appears to be a strong association between these factors and substance use as these young people were all smokers and more likely to have been drunk. However, more significantly, they were nearly twice as likely to have tried cannabis than the young people who reported high commitment to school and high motivation to do well at school.

**Table 11: School Factors by Drug Taking**

School Factor	Tobacco %	Alcohol %	Drunk %	Solvent %	Cannabis %	Total %	BYDS
Low Commitment	100	100	67	17	50	50	54
High Commitment	100	83	33	17	33	50	46
Low Motivation	100	86	43	14	57	64	50
High Motivation	100	100	50	25	75	36	50

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

### Neighbourhood Factors and Drug Use

The area in which young people live may play an important role in shaping their behaviour particularly during adolescence as young people begin to spend more time away from home and their parents. The neighbourhood in which they live can influence their lifestyle both in terms of access to pro-social activities, such as recreational and leisure facilities, as well as drug use behaviours. The latter is influenced through a number of factors including the level of crime and anti-social behaviour in the neighbourhood (neighbourhood disorganisation). The perceptions of young people to these factors and their association with drug use were measured along with the extent to which they were content with the area they live in (neighbourhood attachment).

Nearly all (92%) of the young people reported low attachment to their neighbourhood, two thirds (67%) reported high neighbourhood disorganisation. In relation to young people attending mainstream schooling, 56 per cent reported low neighbourhood attachment, less than half (46%) reported high neighbourhood disorganisation (McCrystal et al 2002). There did not appear to be strong trends between young people's view of the neighbourhood in which they live and substance use. However there was an association between neighbourhood disorganization, and substance abuse as young people living in neighbourhoods with high

levels of crime, graffiti and derelict buildings were more likely to have been intoxicated and tried cannabis. Those reporting solvent abuse were also more likely to report low neighbourhood attachment and high neighbourhood disorganisation.

**Table 12: Neighbourhood Factors by Drug Use**

<b>Neighbourhood Factor</b>	<b>Tobacco %</b>	<b>Alcohol %</b>	<b>Drunk %</b>	<b>Solvent %</b>	<b>Cannabis %</b>	<b>Total %</b>	<b>BYDS</b>
Low Neighbourhood Attachment	100	91	46	18	64	92	56
High Neighbourhood Attachment	100	100	100	0	100	8	44
Low Neighbourhood Disorganisation	100	75	25	0	50	33	54
High Neighbourhood Disorganisation	100	100	61	25	75	67	46

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

### **Leisure Activities and Drug Use**

During adolescence young people begin to spend more time with their friends pursuing their own leisure activities. The young people were asked what they do in their leisure time. This involved their responses to how much time they spend doing a range of activities, which fall into three categories: home based activities (e.g. watching TV, listening to CDs), activities with their friends (e.g. going to the cinema, hanging around the street), and out of home activities (e.g. going to a youth club, going to a park). Table 13 shows drug use behaviours by these types of activities.

These findings show that the young people are spending much more of their leisure time in activities away from the influence of parents as they are more likely to be involved in out of

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home activities. Nearly all (92%) reported low level home based activities with just eight per cent reporting high home based activities. Less than half reported high friends based activities. Those attending mainstream schooling reported substantially higher levels of home based activities and lower levels of out of home activities (McCrystal et al, 2002). The young people reporting low home based activities were much more likely to have been drunk and abused solvents. Those reporting high out of home activities were more than twice as likely to have tried cannabis and three and a half times more likely to have been drunk.

**Table 13: Leisure Activities by Drug Use**

Leisure Factor	Tobacco %	Alcohol %	Drunk %	Solvent %	Cannabis %	Total %	BYDS
Low Home Activities	100	91	55	18	64	92	55
High Home Activities	100	100	0	0	100	8	45
Low Friends Activities	100	83	67	17	67	50	21
High Friends Activities	100	100	33	17	67	50	49
Low Out of Home Acts	100	80	20	20	40	42	54
High Out of Home Acts	100	100	71	14	86	58	46

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

### Number of evenings out each week

As much of their leisure time is spent in out of home activities the young people were asked about the number of evenings they usually go out each week. Only one said they did not go out in the evening, another goes out three evenings per week, with nearly three quarters (71%) saying they go every evening compared with just one third of those attending mainstream schooling (McCrystal et al, 2002). These young people as a group are responsible for all solvent abuse and nearly all cannabis use.

**Table 14: Evenings out by Drug Use**

<b>Leisure Factor</b>	<b>Tobacco %</b>	<b>Alcohol %</b>	<b>Drunk %</b>	<b>Solvent %</b>	<b>Cannabis %</b>	<b>Total</b>	<b>BYDS</b>
None	100	100	0	0	0	9	6
One	0	0	0	0	0	0	5
Two	0	0	0	0	0	0	14
Three	100	0	100	0	0	9	14
Four	0	0	0	0	0	0	10
Five	0	0	0	0	0	0	9
Six	100	100	100	0	100	18	9
Seven	100	86	43	14	71	64	35

Belfast Youth Development Study (BYDS) School Based Survey (McCrystal et al 2002)

## **Discussion**

The findings suggest that young people attending EBD Units are more likely to use licit and illicit substances than their contemporaries in mainstream school. These findings are a particular concern, as they belong to a group of 12 and 13 year olds who at present have limited contact with the mainstream education system, one of the elements of society that traditionally acts as a protective factor against illicit drug use. It also contradicts contemporary thinking that young people in early adolescence are at a low risk to substance misuse than those in later adolescence (Manning et al, 2001; Smit et al, 2002). This view appears to be supported by the substantially smaller rates of drug use among their contemporaries in mainstream schooling. The findings perhaps support the view that those attending an EBD Unit are at a higher risk of substance abuse than those attending mainstream education. The results present a profile of young people who report more delinquent behaviour, less parental supervision, less commitment to school and are more likely to be involved in leisure activities with little adult supervision than those attending mainstream school.

Most or all of the young people in the present study will not return to mainstream schooling



and will spend three more years without the full support of the mainstream education system. The findings also show a worrying trend as more than one third of the young people may already have become regular cannabis users and are regularly intoxicated. The evidence from the interviews also shows that many of the young people are already using more than one substance (Tables 3-5). Without the strong protective factors that mainstream school can offer this puts an immense pressure on the curriculum within EBD Units particularly in relation to drug education. As these Units deliver a specialised curriculum to meet the needs of their pupils, evidence to date suggests that such curricula in relation to drugs education either do not exist or rely on the model for mainstream school which is not always appropriate for those in special education. There is a clear risk that these young people could become more regular drug users and further increase the likelihood of problem drug use at an early age.

Many are already regular offenders and the findings show that one other main sources of prosocial norms has already diminished as parental monitoring is weak for many of them. Many have already committed more serious criminal activities such as breaking into a house or a car to steal something. The third source of primary socialisation is a young person's peer group, which for many becomes the dominant source during adolescence. The research has not yet produced detailed empirical evidence of the role of peers for these young people, but older friends are already providing a source of illicit substances (Table 6), and many of these young people already have limited contact with their traditional peer group who are in mainstream school because they attend EDD Units with small student numbers. If they find themselves associating with a peer group that is involved in delinquency and drug use this may lead them into more anti-social behaviour. The findings from this study may provide evidence that this

has already begun for a smaller number, for example friends including older friends are an important source for licit and illicit substances (Table 6).

On a more general note the information contained in this study provides a valuable information base upon which to develop individual profiles for all participating young people throughout adolescence. This will be achieved in the BYDS as we develop a comprehensive profile of the individual 'drug careers' of all young people in the succeeding years of the study by interviewing each of these young people once a year for the next three years. Such an approach will assist us in highlighting the level of risk to which they are exposed, an important factor for determining the type of approaches to prevention required to effectively meet the needs of young people in special education.

One potential limitation of this research and its application to those in the field of special education is the sample size. Whilst only twelve young people participated in the study, it is important to consider this within the context of the age of the young people. At school year 10 (second year post primary) most young people with special education needs remain in mainstream school and in receipt of the national curriculum, with small numbers excluded to special education provision such as EBD Units. For this reason they are under researched during early adolescence, making them a more challenging proposition to researchers than their contemporaries in mainstream school which has been overcome in the present study.

## **Concluding thoughts**

This paper has presented the drug-using behaviours of a group of 12 and 13 year olds who are traditionally regarded as at a high risk of problem drug use because they are in receipt of special education and attending an EBD Unit. The BYDS now aims to track these young people for the next three years, until they reach the end of compulsory school age. As a group of young people they are already reporting a high level of drug use and beginning to exhibit the behaviours associated with drug-using adolescents, including high levels of offending behaviour and delinquency and weak bonds to the education system and their parents. They represent a valuable opportunity for researchers to more fully understand their lifestyle during adolescence. For example, a recent study examining the transitions of young people to adulthood found that those who became involved in criminal careers had disengaged from school by the age of 12 or 13 (Johnston et al, 2000). Johnston and his colleagues used a cross-sectional approach to study a group of young people aged 15-25 years whose transition to adulthood they studied retrospectively. The present study may become particularly important as a limited research base exists on such young people in Northern Ireland and no longitudinal research has been undertaken within the UK on those attending EBD Units. As a result, this study may offer a valuable source of information for practitioners and policy makers as well as researchers to gain a fuller understanding of the social and psychological processes acting on young people attending an EBD Unit who are at a high risk of becoming problem drug users.

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