Mentor UK Coastal and Ex-mining Areas Project

A Review of the Literature

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Mentor seeks to undertake, identify, support and share information on effective, proven and promising practices that will portect children and young people from the harm that drugs cause and that will make misuse less likely.

Mentor UK's Coastal and Ex-mining Areas (CEMA) project is a 3 year project, jointly funded by the Department of Health and the Henry Smith Charity. The aim is to research and develop 12 pilot projects, each targeted at vulnerable young people in coastal or ex-mining areas, their parents/carers and those working with young people in these areas, addressing the issues of isolation, alcohol and drug misuse and parenting.

The project will be externally evaluated and Mentor will publish the findings in a report in 2007.

This review of literature sets the scene for the project, outlining the geography of deprivation in England and the risk factors associated with substance abuse among young people.

Risk Factors and Young People's Substance Misuse

Illicit drug use among young people stems from a variety of causes and occurs in a number of different social and cultural contexts. In 2003 a longitudinal study of a sample of more than 2,000 15 and 16 year olds in the United Kingdom found that 'over 90% had consumed alcohol at some time and 75% had experienced being drunk; almost 30% had smoked cigarettes in the past 30 days and almost 40% had tried illicit drugs at some time, mainly cannabis' (Plant, Miller and Plant, 2005). The authors noted that 'heavy or "binge" drinking and illicit drug use amongst teenagers are clearly still matters for real concern'. A more recent study by the Schools Health Education Unit found that up to 61% of 14-15 year olds are 'fairly sure' or 'certain' that they know a drug user while up to 20% of this age group have mixed drugs and alcohol 'on the same occasion' (SHEU, 2005). In 1998 The European Drugs Monitoring Centre reported that Britain had the highest level of adolescent drug use in Europe (Gilvarry, 2000). These findings confirm the persistence of high levels of drug use among school age adolescents identified by Miller and Plant in their earlier study where they noted that high levels of smoking were associated with poor school performance, and also that cannabis use was particularly high among smokers. Of the national 'regions', Scotland exhibited higher levels of drug use than England, Wales and Northern Ireland (Miller and Plant, 1996).

Although in Britain the 'trend..in prevalence surveys is towards increased availability, exposure, and use of illicit drugs across all social strata' (Christian and Gilvarry, 1999:265), there is also 'now strong evidence for indices of deprivation and social exclusion co-occurring with both psychiatric disorders and substance misuse as a triad of interlocking experiences' (Bushell, Crome and Williams 2002:355). A study into dedicated methadone treatment services for adolescents found that early age of initiation into drug use was a key predictor of later heroin use. On average, initiation into substance misuse began at 13 with heroin use commencing typically 2 to 3 years later. Of those who later went on to develop opiate dependency only 30% were living with both parents, and only 1 in 4 children had parents that were both employed, 84% of the subject group had never taken an examination, and 25% had been excluded from school (Crome, Christian and Green, 2000:87).

Low educational achievement is also indicated as a statistically significant risk factor for substance misuse in several international studies. For example, an

important Swiss study found higher educational achievement, remaining in school after 16, ability to confide in family members, and membership of sports clubs as highly prophylactic against marijuana use. Conversely, anti-social behaviour, accidents, and suicide attempts were strong precursors of substance misuse in adolescence (Stronski, 2000:423). In a Brazilian study, similar results were found, with forty-four percent of drug using adolescents reporting school failure, twice the rate among the cohort in Brazil as a whole. Forty percent of the sample also had criminal involvement, mainly for drug dealing. As with the Swiss study, cannabis was the most prevalent reported drug (da Silva, 2003:134,136).

Among specific groups of vulnerable young people, those in the care of the local authority ('looked after' children) were considered to be at a higher risk of substance misuse based on the findings of a Home Office Drugs Prevention Initiative study of one local authority care establishment (Ward, 1998). The author found that substance misuse was higher than among the general population, and although the young people did not regard their drug use as problematic, they are statistically more likely to develop a drug dependency or multiple drug and alcohol dependencies in later life. In the case of young offenders, a much larger study of some 1680 boys aged 15 and 16 in prison custody in England and Wales during 1999, found that approximately 40% had histories of being 'looked after'. The offending sub-group of 'looked-after' children also manifested very high rates of psychiatric disorder. A qualitative study of 19 boys within this category showed high rates of affective disorders, substance misuse and conduct disorder (Dimond and Misch, 2002:681).

Students who have been excluded from school are also more likely than those who remain within mainstream education to have used drugs according to a study of pupil referral units in North West London. Of those who had been excluded 78% had used an illicit drug and 38% had used a drug other than cannabis in the past, with 5% reporting use of crack cocaine (Powis, et al 1998). Without comparable data for children excluded from school in ex-mining and coastal districts we cannot say that the pattern of substance misuse reporting will be identical, but it is reasonable to assume that such categories of young people remain at higher risk of involvement in drug use and hence would benefit from targeted early intervention. NACRO also found that homeless young people usually suffered multiple deprivations in terms of their family background and educational under achievement, putting them at particular risk of substance misuse (NACRO, 2004).

Geographies of Deprivation

The problems faced by young people growing up in deprived inner-city neighbourhoods in avoiding involvement with illicit drugs are well documented (Hall, 1978; Murji, 1995) but only in recent years has attention been turned to the plight of young people at risk of substance misuse in rural communities (Mentor UK, 2004; Buchan, 2002; Forsyth, 1999; Henderson, 1998; Galt, 1997; Davidson, 1997).[1] However, whereas urban youth tend to have access to more age-specific specialist support, rural communities are often reliant on generic health and education provision or outreach provided at a distance from larger population centres.

In the case of coastal and ex-mining areas rural isolation is compounded by low levels of secure (i.e. permanent, full-time) employment, a low skills base, and less than average levels of educational qualifications. The coastal zone is particularly affected by a concentration of households in temporary accommodation and a significant population of temporary or short-stay residents in houses of multiple occupation (HMOs) and guesthouses both from the United Kingdom and from abroad.

In 1984, the year of the miner's strike, there were 170 working collieries in Britain. Today there are only eight working pits left in the country. The impact of the devastation of an industry that once employed over 100,000 workers has been especially severe for the communities concerned because in many villages the Coal Board was the sole employer. David Parry, spokesperson for the Coalfields Communities Campaign, comments:

> *You get 50 jobs created in a place where 2,000 men used to work and this means older men in particular are parked outside the labour market.*

Hidden unemployment is a large problem with many former miners existing on sickness benefit, while

> *Regionally there are some very real blackspots where not very much has moved in the past 10 years. The fabric of the housing stock has deteriorated and many*

1 'Drug worries over rural under 15s', BBC News Online, http://news.bbc.co.uk/1/hi/wales/4463821.stm

villages in the former coalfields have become like inner city sink estates except they are in semi-rural isolation[2]

The government has also acknowledged the particular problems faced by ex-mining and coastal communities. An employment report by HM Treasury noted that

Within regions, though, there remain pockets of high unemployment. A tail of around 15-20 local authority districts have not enjoyed the fruits of recovery seen throughout the rest of Britain. The majority of these areas are in inner cities, but seaside towns and former coal mining areas also feature. Often people from ethnic minorities, lone parents and people with disabilities are disproportionately concentrated within these small areas. They may suffer from poor housing, inadequate transport links and high crime rates, leading to social exclusion. Low employment rates are often both the cause and effect of these areas' problems (HM Treasury, 2000:1).

As the authors of the Indices of Multiple Deprivation (MDI) point out, '[t]he identification of deprived areas may be necessary if area-based solutions to deprivation are to be pursued', but 'identifying deprived areas in no way assumes that such solutions are the right ones' (Office of the Deputy Prime Minister, 2004:13). In other words demonstrating the existence of geographies of deprivation does not necessarily mean that territorially targeted policies will pay better dividends than targeting deprived individuals wherever they live. However, in the context of devising appropriate interventions to address substance misuse among young people, it is important to know where area based services should be optimally located because drug education, prevention and treatment services cannot be targeted at individuals in the way that, for example, pension credit, or working families tax credit can be. In terms of policy efficacy it is therefore vitally important that resources are targeted at the most at risk population groups, and agencies are better able to ensure this if they have a more complete understanding of the types of multiple deprivation that signal higher risks of involvement in substance misuse by young people.

2 'Watching the pits disappear', BBC News Online, http://news.bbc.co.uk/1/hi/uk/3514549.stm

Coastal and Ex-Mining Areas

The 2004 MDI uses a geographical measurement of deprivation derived from what are known as Super Output Areas (SOAs) which are based on an amalgamation of the 'output areas' used in the 2001 census. The deprivation indices rely on the 32,482 sub-ward level SOAs which each have a minimum population of 1,000 and a mean population of 1,500. They normally comprise between 4-6 census output areas. Using the SOA measure of relative disadvantage the former coalfield areas and former tin mining areas such as Penwith in Cornwall and seaside resort towns, such as Great Yarmouth and Hastings continue to show high levels of deprivation as do the ports of Plymouth, Kingston upon Hull and Bristol. In the South East region the most deprived neighbourhoods are concentrated in coastal resorts such as Brighton and Hove, together with Thanet, and Portsmouth. The 2004 MDI report confirms the finding of the 2000 Indices of Deprivation in identifying a pattern of severe multiple deprivation within the former steel, shipbuilding and mining areas such as Easington, Middlesbrough, Hartlepool, Redcar and Cleveland, and Stockton-on-Tees which contain many of the most deprived SOAs. There are also concentrations of very deprived SOAs in Newcastle-upon-Tyne, South Tyneside, Sunderland and Gateshead (Office of the Deputy Prime Minister, 2004:63).

If we consider the deprivation factors associated with a higher risk of substance misuse and early onset of substance misuse such as school exclusion, lone parent households, low educational achievement and the unemployment of both parents it will quickly become clear that such communities face similar levels of risk to many inner city areas, but they often lack the statutory and non-statutory interventions that could help to mitigate some of the worst effects of these risk factors.

One of the great advantages of the new method of mapping deprivation at a sub-ward level is that it allows the neighbourhood disadvantage which is often 'averaged out' by larger scale measurements to be revealed. More accurate, micro-level measures of poverty have been able to reveal significant concentrations of disadvantage—or 'islands of deprivation' (DETR, 2000:17) within a sea of relative prosperity

> *Differences within regions are now as important as those between regions. There are deprived areas in all regions, often side-by-side with labour markets where vacancies are going unfilled. Most of these areas are in the inner cities,*

> *but seaside towns and former coal mining areas appear too. The same pattern is repeated at an even more local level—the most deprived local authority wards are often only a short distance from buoyant labour markets (HM Treasury, 2000:12)*

In order to illustrate the usefulness of small-area analysis identified by research into deprivation we have chosen Great Yarmouth and Easington as examples of the problems experienced by a number of coastal towns and former mining communities. The choice of these two examples is not however meant to imply that these specific localities should be priorities for intervention, but rather that they are representative of the types of community challenges that the coastal and ex-mining project intends to address.

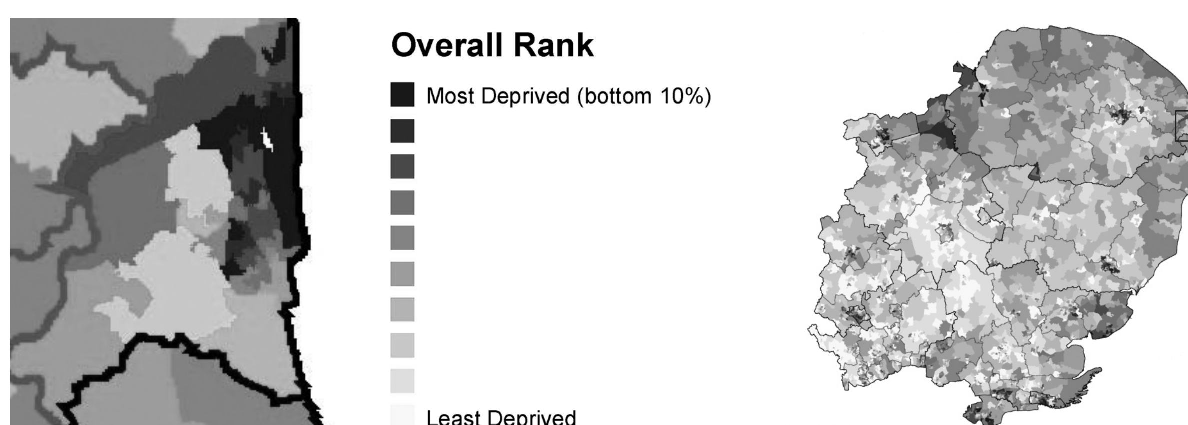
Great Yarmouth

The East of England Observatory in its report on Poverty and Social Exclusion in Rural East England noted that:

> *Because many young people, especially students, remain dependent on their parents into their early 20s, it is not appropriate to focus on income as the key measure of economic vulnerability. Rather, the concern focuses on those who rely on their own income and who are not in well-paid work. In addition, while some young adults are well on their way to a fulfilling and productive life, others are living in a world dominated by drugs, crime and homelessness and are effectively destitute.*

Within this general picture of rural deprivation, Great Yarmouth represents a statistical outlier, ranking 35th in terms of the extent of areas of multiple deprivation in England (Office of the Deputy Prime Minister, 2004:54). Only 7 out of 60 SOAs in great Yarmouth are in the least deprived half of the national rankings while one sixth of its households are in the bottom 10% (see figure 1). Yarmouth also has the dubious distinction of having the second worst SOA in terms of education and training scores in the country.

Figure 1. Great Yarmouth and East Anglia by Super Output Area Ranking
[Source East of England Observatory]



Although the Norfolk Drug and Alcohol Action Team does have a detailed Young Persons Substance Misuse Plan which focuses primarily on schools based drug education, it admits that there exists 'no strategic approach to the provision

of harm minimisation messages for young people' (Norfolk DAAT, 2005:3). In particular, the large geographic area that the DAAT is required to cover means that little attention is paid to particular islands of deprivation, such as Great Yarmouth, which is by no means unique in having a high concentration of multiply deprived neighbourhoods within the county as a whole, as can be seen from figure 1.

The plan does commit the DAAT to target harm minimisation programmes and education at 100% of vulnerable young people who have been identified as being at risk of becoming substance users/misusers by March 2008, but at no stage in the report are we offered a definition of what makes a young person vulnerable to substance misuse or where such young people are likely to be concentrated. For example the areas identified for intervention through dedicated youth workers—King's Lynn, Swafham and Breckland are not parts of the county where MDI statistics would indicate that there was a particularly high level of risk. The plan acknowledges a gap in the lack of 'locally defined and agreed clear care pathways for young people with identified substance related needs' and that the screening and referral of vulnerable young people in Social Service and Pupil Referral Units was inadequate (Norfolk DAAT, 2005:6). There are some well used locally based projects in the area targeted at young people such as the Matthew Project and the Mancroft Advice Project, but these are mostly based in Norwich and there does not appear to be a dedicated project working with young people at risk of substance misuse based in Great Yarmouth itself.

Easington

The former mining community of Easington often makes the headlines for the wrong reasons. It ranks 7th in the league table of multiple deprivation and has some of the highest levels of unemployment in the country. Out of 63 SOAs, 46 are among the 20% most deprived in the country. (National PCT Database, and see Figure 2) .

> *The District of Easington is situated on the North East coast of County Durham. There are approximately 94,000 residents of which 23,900, approximately 26% of the total population is made up of young people under 18. The District consists of 18 settlements the majority of which are former collieries. The district also has the two towns of Peterlee and Seaham located in the South and the North of the district respectively (District of Easington, 2003:1)*

According to the District of Easington Youth Strategy, the main health issues that emerged from focus group discussions with young people centred upon substance misuse, with well over half the sample group (59.9%) identifying substance misuse as 'a fairly serious problem' or 'a very serious problem' (Ibid.: 2). In reply to a question from Easington's MP the Secretary of State for Health reported that,

> *the average waiting time for residential drug rehabilitation placements commissioned by County Durham Social Services Department, which covers the Easington constituency is 2.5 weeks...This figure only includes individuals who were actually admitted to residential rehabilitation...In 2003–04, 967 people were in contact with structured drug treatment services within the Durham Drug Action Team. (Hansard, 21 February 2005)*

There would then appear to be an adequate response to adults with a recognised dependency who wish to enter treatment, however as community drugs projects such as 'Free the Way' in Seaham point out the picture of substance misuse in this former mining community remains bleak

> *...while Wayne, like many other former addicts in the Seaham area, is off heroin, he believes the drug problem in the rundown, former mining town is getting worse. 'I don't know the number of people using heroin now but it must be into the hundreds. When I started it was only a handful', he says.*[3]

3 http://www.thisisthenortheast.co.uk/healthspectrum/features/0205/drugs.html

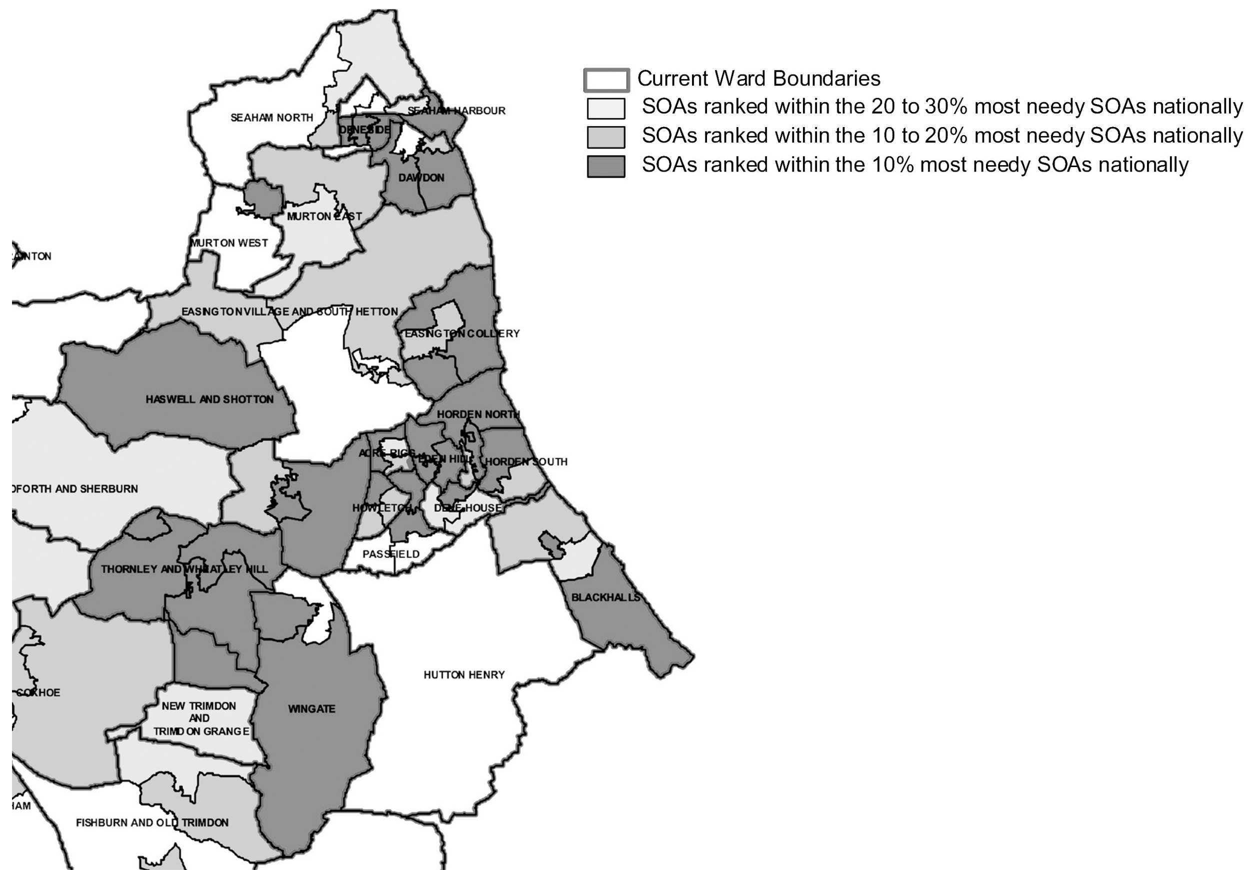
Although a breakdown based on the age profile of those accessing treatment was not provided, the County Durham Drug Action Team report for 2001/2002 noted that

> *Services do report the presentation of increasingly younger people with a problematic substance misuse problem. We know from Youth Offending Service data for both County Durham and Darlington that as many as 40% of current clientele misuse substances and approximately one in eight have used or actively use heroin (County Durham Drug Action Team, 2002)*

The emphasis within initiatives such as Communities Against Drugs has been on tackling the manifestation of drugs through cooperation between local communities and the police. The three principle strands of the partnership are to 1) disrupt the drug market, 2) combat drug related crime and 3) strengthen communities' abilities to respond to drug related problems. However, other than supporting drug education initiatives in local schools there was no evidence of a targeted prevention study aimed at young people most at risk from substance misuse. Instead, interventions with young people are directed at those who have already begun using drugs in some form. In its Young People's Substance Misuse Plan, the Durham Drug Action Team points out that there are significant health risks associated even with limited levels of use and talks of the need to step up interventions *when* a young person develops a seriously problematic substance misuse problem' which 'will require a range of community and sometimes residential and inpatient interventions' (emphasis added).

Despite important initiatives such as supporting school based drug education, widening access for NHS based treatment services to 16-18 year olds, developing links with youth offending services and providing dedicated workers to support parents, little attention appears to have been paid to the problems facing geographically isolated communities—especially in relation to islands of deprivation such as Easington. Risk factors appear to be considered in isolation (such as youth offending) rather than looking at what epidemiologists would term comorbidity—or the simultaneous existence of pathologies or health risks, such as for example, psychiatric problems and substance misuse. As Crome warns '[t]he extent and quality of research in this field has lagged far behind the rising prevalence of substance misuse in young people, and justified public concern' (Crome, 2004:51).

Figure 2. Easington District, County Durham by Super Output Area Ranking
[Source: Durham County Council]



Risk and Social Exclusion among Young People in 'Remote' Communities: A Double Jeopardy

This review has highlighted the generic risks of substance misuse and substance dependency faced by young people as a consequence of

- low educational achievement
- being 'looked after' or
- belonging to one parent households
- having a psychiatric or other mental illness or behavioural problem
- any form of offending behaviour
- living in a household where more than one parent is unemployed
- being homeless or housed in temporary accommodation

However, social exclusion affects different age groups, ethnic populations, genders and sexualities in different ways. For example, alcohol may present as less of a problem in some black and minority ethnic communities, but illicit drug use can be harder to measure because fears about the stigma attaching to drug use can lead to under reporting (National Treatment Agency, 2003:13-14). In seaside towns where bed and breakfast accommodation is used to house a sizeable homeless population, and in some parts of the country asylum seekers and refugees, young people are particularly vulnerable because, according to the police, such accommodation is also favoured by peripatetic drug dealers operating from the larger towns and cities of the UK, especially Merseyside.[4]

Services aimed at young people at risk of substance misuse tend to be concentrated in school education settings and less frequently youth offending teams, with an increasing number of services aimed at parents and carers. There is less evidence of direct provision for looked after children (though there is an awareness within some DAATs of the need for such a service), and hardly any work directed at the children of unemployed parents, children who have been excluded from school, and children with mental health and or behavioural problems.

Children who suffer multiple deprivation also tend to be geographically concentrated, and in the case of ex-mining and coastal communities this social

4 'Tide of misery by seaside as big city drug gangs move in', *The Observer,* September 5 2004.

exclusion is compounded by a spatial exclusion in terms of lack of access to specialist services that are more readily available in the larger town and cities of the region. Statutory agencies and dedicated voluntary sector agencies are beginning to develop an awareness of the particular challenges that certain forms of social exclusion pose for young people, but there is a lack of targeted prevention policy that is derived from a solid evidence base. Specialist providers therefore may wish to consider undertaking more thorough and detailed audits of the young people most at risk within their operational areas, while the use of geo-demographic measures of social exclusion such as the Multiple Deprivation Index could help to target scarce resources at the most at risk groups.

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