

# Drug Education For Hard To Reach Parents

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Evelena Williams, Lisa Fannon, Luul Nuur, Mike Whitton, Doug Haig, Harun Miah, Abjol Miah, Basharat Hamzah Hameed, Rayhan Uddin, Abdullah Folik, Joy Fairbrother, Eddie Concannon, Robert Burkitt, John Hadley, Chris Scott, Avtar Gill and Devbala Patel.

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## Drug Education for Hard to Reach Parents

### Engaging parents in drug education

The need to involve parents in drug education has long been established. The Government's *Updated Drug Strategy (2002)* emphasises the importance of parents in drug prevention. It states "Parents, carers and families have a vital role to play in reinforcing what young people learn at school ... Parents attitudes to alcohol and substance use, and the extent to which they feel able to discuss these with their children, help young people form their own attitudes to substance use." The strategy goes on to say "Young people who feel able to talk to their parents about drugs are much less likely to become problematic drug users, and parents can play a major part in helping young people with drug problems get over them." The importance of drug education for parents is also stressed in *Drugs: Guidance for schools* (DfES 2004).

Parents can lack basic knowledge and understanding about drugs and in some cases underestimate how much they know about them. This can prevent good communication between parent and child from taking place. Research by Sims (2002) cited in FRANK Action Update: We are Family (2003) found that when parents do try and address the (drugs) issue, they often feel unprepared and unconfident. The research shows that many parents feel that they are:

- Ill-equipped to deal with drug issues.
- Uninformed on drugs and drugs culture.
- Unsure of what to look out for, or how to spot signs of experimentation.
- Lacking the basic skills and confidence to communicate with their children.
- Unaware of where to turn for help and information.

Parents have expressed the need to be better informed about drugs. The difficulty lies in engaging them in drug education interventions. Many drug education programmes for parents tend to be located within and initiated by schools. School based events in general are excellent for the recruitment of many parents, for example via parents evenings, Velleman et al (2000) reported, "Most projects attempt to recruit parents via schools, as many are involved to some extent with their children's education. However there are other groups of parents that professionals find especially hard to reach. As Velleman et al (2000) go on to say: "some parents tend to have quite low involvement with schools, including fathers, ethnic minority groups uncomfortable with the English language, and families of low socio-economic status." Shapiro (1998) also includes families experiencing disruption such as divorce, unemployment or health difficulties, as being hard to reach by conventional school routes.

Schools can also be a deterrent for parents who may have had negative experiences from their own schooling, fear of lacking knowledge around drugs or fear of exposing existing drug problems in the family.

In 1998, the Parents and Drug Prevention Partnership conference, *Parents and Drug Prevention*, identified gaps in the knowledge base in engaging with some groups of hard to reach parents:

- How to recruit parents in rural areas.
- Ways of encouraging fathers to take part in parenting programmes.
- Identifying the needs and finding approaches that are relevant for particular groups, including black and minority ethnic groups, parents who are drug users themselves, those with special needs and parents who are disaffected and disadvantaged.

The list of different groups of hard to reach parents is extensive and can vary from one professional or organisation to another. For example, some organisations may have traditionally had difficulty in engaging with a particular group of parents from their local area, however, another organisation may be actively engaging in drug education intervention with the same group of parents.

Research carried out by Velleman et al (2000) used a variety of approaches to involve parents, including; drug awareness events, courses for parents, peer education training and Volunteer Befriender schemes. They found parents' involvement in their drug prevention project activities was hindered by a number of factors:

- social difficulties (including the extra financial and organisational difficulties of single parents);
- the location of the event and personal safety;
- lack of engagement with the school or community;
- lack of self-confidence;
- fear of being stigmatised as a parent of a drug user;
- lack of perceived need; and
- lack of project resources.

They further go on to identify factors that aided parents' involvement:

- project workers' skills, personality, persistence, and empathy;
- active networks with schools, local agencies, and community groups;
- the use of a familiar environment for sessions;
- invitations addressed to the whole family;
- courses with a focus wider than simply 'drugs';
- continued worker/parent contact;
- flexibility to fit with parents' commitments; and
- judicious use of news media.

Velleman et al (2000) further highlighted the importance of undertaking an effective needs assessment with parents and local agencies. They acknowledged that this could take time. Shapiro (1998) stresses the importance of distinguishing between 'needs' and 'wants', as what parents say they want may not be either what they need, nor what they will say they want once the process of learning has commenced. Velleman et al (2000) also suggested that small courses with no more than ten parents were most effective as it encouraged open communication and involvement. Additionally, drug prevention messages included in non-drug specific courses were found to be an effective method for engaging parents.

## Engaging hard to reach parents in drug education

Building on where the gaps are in engaging hard to reach parents and on what we know already, the aim of the Drug Education for Hard to Reach Parents Project is to develop innovative models and materials for informing and educating this parents' group about drugs, so they can talk to their children about them. The project is funded by the Recovered Assets Fund, from the Financial Crime Team at the Home Office.

## Mapping of drug education provision

### Mapping

A mapping exercise was carried out in the initial stages of the project (March-April 2003) to ascertain the current provision of drug education for parents and to gauge who would be interested in participating in the pilot project. This is an exploratory piece of research that will provide the basis for developing more focused work in this area in the future.

### Method

The mapping used existing DrugScope mailing lists. Questionnaires were sent via email networks and by post to the following agencies and organisations in England, Scotland and Wales:

- Drug Action Teams
- Youth Services
- Youth Offending Teams
- Young People Drug Services
- Local Education Authorities
- Drug Education Forum
- Drug Education Practitioners Forum.

The mapping wanted to include general parenting groups, however it was difficult to access relevant mailing lists as there were concerns that mailing lists had very recently been used for another mapping exercise and parenting groups may not want to complete another questionnaire.

A total of 1,200 questionnaires were sent out. A freepost address was provided for postal questionnaire returns and respondents also had the option of returning them by fax or e-mail.

A total of 220 (18 per cent) responses were received. A number of questionnaires were followed by a telephone interview asking for further information and/or clarification. Some respondents sent in extra information on specific work they were doing with parents, for example, course outlines, workshop plans, leaflets and booklets, information audiotapes and so on.

### Aims and objectives

The questionnaire sought to find out:

- The current provision of drug education for parents;
- Which parents are hard to reach parents;
- What would be the key aims of drug education for parents;
- What should be included in drug education for parents;
- Whether respondents would be interested in working with DrugScope on developing work with hard to reach parents;
- Whether they were aware of other local organisations that were providing drug education.

## Key findings from the mapping exercise

The following section draws on key findings from the mapping of drug education provision for parents.

- This was an exploratory piece of research that has provided the basis for more focused work in the area of drug education provision for parents in the future.
- The majority of respondents said they provide drug education for parents.
- ‘Parents evenings’ and ‘drug awareness’ events were identified as the most common drug education provision on offer to parents.
- A significant amount of drug education activity is apparent, examples include:
  - drug education courses e.g. foster carer training;
  - using different venues as means for providing drug education e.g. schools, youth clubs;
  - different methods of delivery e.g. one-to-one basis, parents evenings, literature;
  - through parenting courses/groups;
  - partnership work with other organisations to deliver drug education;
  - providing support to other groups/professionals to assist them in providing drug education for parents;
  - drug education targeted for specific groups.
- The majority of respondents do find some parents hard to reach or difficult to access.
- Black and ethnic minority parents, drug-using and problem-drinkers parents were the most frequently identified as hard to reach.
- Key aims of drug education for parents were recognised by the majority of the respondents as being:
  - drug awareness that provides factual information, addresses myths, and explores and challenges stereotypes;
  - communication with young people;
  - awareness of sources of help and how to access it.
- Aspects that should be included in drug education provision for parents most frequently cited by respondents are:
  - drug awareness;
  - parenting skills;
  - managing drug related incidents;
  - information about local/national services and helplines.

## Pilot sites

The project worked with five pilot sites; East Lothian, Lewisham, Tower Hamlets, Sheffield and Hounslow, to trial different models of engaging with hard to reach parents. The pilot sites were carefully selected from the mapping exercise. The selection criteria for recruiting the pilot sites was to include three London based sites, a pilot site in a rural area and pilot sites that were established in working with parents.

Each pilot was made up of key workers who formed partnerships and in some cases multi-agency teams which consisted of workers with experience of drugs work and workers with experience of working with the community.



The pilot sites identified which group of hard to reach parents they would like to work with. This was based on the needs of the local community and whom the organisations thought would be most beneficial to engage with.

### Case studies

The following table is an overview of the pilot sites that participated, the model they adopted and which hard to reach parent group they engaged with:

Pilot site	Model	Parents
East Lothian	Tupperware party style model	Drug Using Parents
Tower Hamlets	A multi-agency approach in a mosque environment during Ramadan (holy Islamic month)	Bangladeshi fathers
Lewisham	Community based workshops in community setting	Mothers from Somali community
Sheffield	Family support through group work in an informal setting	Fathers and male carers of drug users
Hounslow	Community development model using outreach in community setting	Indian and Pakistani parents

The pilot sites were provided with pre and post questionnaires to evaluate the impact the drug education intervention has had on the parents participating on the project. The key workers adapted and implemented the questionnaires according to the needs of the parents they were working with. Key workers also supported the evaluation questionnaires with follow up discussions.

The following case studies will include information on:

- Parents who participated in drug education.
- Model and activities involved in working with parents.
- Changes that evolved while piloting the model.
- What worked well.
- What did not work so well.
- Materials used when working with parents.
- Key themes covered in drug education for parents.
- Impact the project has had on parents.
- Key learning from the project.
- Other outcomes of the project.



## EAST LOTHIAN CASE STUDY

### Key people involved

- Youth Work Specialist, East Lothian Council.
- Drug Education Development Officer, East Lothian Council.

### Targeted parent group

Parents who have substance misuse issues were targeted. These parents were identified and supported by East Lothian Council and voluntary sector Drug Workers. The parents are from a rural area in East Lothian which is affluent but has pockets of deprivation.

### Pilot model adopted

Recognising the difficulties in reaching those parents who could most benefit from drug information/support sessions, it was planned to deliver a pilot initiative based along similar lines to a 'Tupperware' party style model. This model was developed in Holland and proven successful. Participants organised their own support sessions that met the groups' specific needs in a safe, neutral and mutually agreed venue.

### Activities involved

'Tupperware' party style sessions:

- Session 1: Introduction, ground rules and planning.
- Session 2: Benefits of exercise, belly dancing.
- Session 3: Healthy eating, cooking skills (soup), benefits of bringing family together at mealtimes.
- Session 4: Improving self-esteem (make up), parenting issues – keeping your child safe round the home.
- Session 5: When to call the GP, basic first aid, fatal/non-fatal overdose, advice on urine samples.
- Session 6: Social work issues, including child protection, inappropriate child care, teenage pregnancies.
- Session 7: Post-natal depression, yoga and other relaxation tips.
- Session 8: Reiki and relaxation. What next?

### Changes and development of the planned model

- In addition to the parent's pilot, a five-day summer programme was developed for children, whose parents are drug users. There were twelve children in total, all primary school age. The programme was run during the 2003 school summer holidays. The programme originated because the children's caseworkers pointed out that during home visits much of their time was taken up by the children's parents. Due to their complex needs, little time was spent addressing the needs of the children.
- As a result of the trust and confidence built up during this piece of work with both the families and the young people, the Youth Work Specialist worker has been asked to provide one-to-one male support for one of the children on an ongoing basis.
- As a result of the Tupperware style session for drug using parents, a mother came forward requesting a session for a number of individuals using drugs who were not previously in contact with social services. The mother asked for a closed, confidential session, which would encourage these chaotic drug users to meet with professionals and with their help start to address their concerns regarding illicit drug use.

### **What worked well**

- Five vulnerable parents identified themselves, attended and organised nine sessions, and have requested that their support group continues.
- Giving the parents control of the subject matter and venue allowed them to have ownership of the group/programme.
- Providing a crèche, meant those attending were able to have the freedom to spend time exploring/engaging without interruption or distraction.
- The success of these sessions has also led to a request from a parent to facilitate a further closed/confidential session for drug users.

The summer support programme for the children of drug misusing parents has complemented the work with parents.

### **Key themes covered in drug education for parents**

- Benefits of exercise
- Healthy eating
- Cooking skills
- Benefits of bringing family together at mealtimes and communication
- Improving self-esteem
- Keeping your child safe around the home
- When to call the GP
- Basic first aid
- Fatal/non-fatal overdose
- Advice on urine samples
- Child protection issues
- Inappropriate child care
- Teenage pregnancies
- Post-natal depression
- Relaxation tips

### **What impact did the project have on the parents?**

#### **Do parents feel they have more knowledge about drugs?**

#### **Do the parents feel confident to talk to their children about drugs?**

Parents reported:

- improved communication skills;
- improved parenting skills;
- life skills that they can apply at home with their children, including health and safety, first aid and dietary information;
- access to and knowledge of specialist drug related services and how they work;
- specific information about drugs;
- improved confidence and self-esteem;
- allowing a forum to discuss health related anxieties;
- something fun to look forward to each week.

### **Partnership working between key people**

Key professionals have played a vital role in facilitating these sessions. Their various professional backgrounds have provided invaluable skills and perspectives of working with drug related issues in the local community. In particular the Social Work Children and Families Drug and Alcohol Project have been essential in the 'Tupperware' pilot.

### **How did the key workers feel in working with this parent group?**

- The key programme staff had a great deal of confidence/expertise in working with parents on drug issues/awareness and therefore took the lead role in facilitating this work.
- They also felt confident in helping parents to develop their communication skills around drug issues with their children as this is an intrinsic part of their day-to-day work.

### **Key learning from this project**

- It is essential to have co-operation of all agencies concerned, including a supportive and knowledgeable steering/advisory group.
- Having the 'right' people (i.e. the key programme staff) in post is essential to the smooth running of this type of project.
- It is important to have clear aims and objectives.
- It is important to have shared vision and goals.
- It is essential to have clear lines of communication.
- Allow for sufficient resources and time.
- Allow for flexibility so that the project can be needs led.

### **Other outcomes from this project**

- Positive relationships built with chaotic drug users who are not currently known to statutory/social services.
- Integrated working partnerships with other professional working within East Lothian in drug, alcohol and young peoples services have been strengthened/established.

### **Areas of development for future work**

- Continuing and further developing the support groups for parents and young people that have been established through this pilot project.
- Repeating elements of this initiative within the Prestonpans cluster area, at a future date as need requires.

## TOWER HAMLETS CASE STUDY

### Key people and organisations involved on the project

The piloting was lead by the New Deal Community initiative (NDC)

- NDC Healthy Schools Drug Education Worker.
- NDC Outreach Worker / Nafas Drug Education Worker.
- NDC Abstinence Support Worker.
- Rihlah Parents Drug Education Co-ordinator.
- East London Mosque Community Cohesion Project Co-ordinator.

### Targeted parent group

It is recognised that Bangladeshi fathers and other male members of the family play a positive role in the Bangladeshi family structure. Tower Hamlets has not focused on targeting Bangladeshi fathers in the past. Whereas mothers are accessible through primary school activities and community events, all agencies recognise the difficulty and complexity of engaging with Bangladeshi fathers in schools or anywhere else.

### Other relatives who participated in the project

Older brothers and uncles were involved in the session. The Bangladeshi community tends to have an extended family system, therefore the role of other adult male family members can be equally positive.

Mothers and sisters made a contribution on the Muslim Community Radio (MCR).

### Pilot model adopted

Using a multi-agency approach drawing on various experiences and qualities of projects and project workers, working with Bangladeshi fathers in the holy month of Ramadan by using means of faith, culture and festive spiritual atmosphere. The interventions took place at a local mosque which involved working with the Imams (religious leaders).

### Activities involved

- Drug education seminar/workshop at the East London Mosque during Ramadan.
- Involvement and training of Imams.
- Live discussion by fathers and young people on Muslim Community Radio (MCR).
- Development and use of Ramadan calendar.

### Changes and development of the planned pilot model

#### Venue changes

- It was originally planned to work with Bangladeshi fathers from the NDC area in the Ocean Estate, however the local mosque facility was not adequate in capacity to hold a workshop/seminar. It was also felt that the small community in the NDC area would be more difficult to work with as it was identified that they have negative attitude towards drug education and being a small community where most people know each other, it may prevent fathers from attending a planned workshop/seminar. With the help of the Drugs Worker from East London Mosque, the venue for the workshop was moved to East London Mosque.

#### Muslim Community Radio

- Fathers who participated in the workshop/seminar were keen to have a live discussion on local Muslim Community Radio with young people; they thought it was important to get the message out to the wider audience and MCR would be a good means.

### Involvement of new projects

- Rihlah Drugs Project and East London Mosque Community Cohesion Project developed a keen interest in the pilot project and committed their support and became part of the multi-agency intervention.

### Multi-agency Ramadan calendar

- This was initiated by a number of local organisations. Three members of the pilot project were part of this partnership and were able to influence the information on the calendar with some of the objectives of the Drug Education for Hard to Reach Parents Project. The calendar was very successful, as Muslims tend to depend on its timetable for praying and breaking fast during Ramadan. It was given free to the Muslim community in Tower Hamlets. It was the first resource of its kind and included key messages on drugs, parental responsibility, communicating with your children, community safety issues, where to get help and advice with contact numbers of local services and a key religious message of the day.

### What worked well

- Key workers from the different organisations brought a wide range of skills, experiences, resources and qualities to meet the challenge of engaging with Bangladeshi fathers.
- The workers were very flexible in their approach. Interventions had to be delivered outside working hours – evenings, weekends and around prayer times.
- Workers had motivation, determination and passion to make a difference in the community. Partnership working was open and transparent.
- Effective communication between key workers made for rapid actions and responses.
- Ramadan and use of mosque

The spirit of Ramadan played a significant part on the success of the session and the mosque provided a safe environment for fathers. It is common practice for males to attend regular congregation prayers, relax, socialise, and in particular to break fast in the month of Ramadan at the mosque. The pilot project created interest in the East London Mosque Community Cohesion Project and as a result they provided facilities and catering arrangements for iftaar (breaking of fast). This has established a firm relationship with a very progressive project and will create further opportunities in working with the mosque in the near future.

- Half-day drug education seminar at East London Mosque

The workers agreed to hold one single event rather than a series of events to engage with fathers who may not commit to a lengthy series of workshops.

- Muslim Community Radio (MCR)

MCR is a very popular and established community radio. The station is based next to East London Mosque and broadcasts to the whole community in both English and Bengali.

The aim was to have a live discussion with fathers and young people from the NDC area on drug issues. This would highlight the concerns about communication problems faced by both, the young people and the parents. It will also give young people the opportunity to represent their views.

Dr Abdul Bari who is a known provider of training on parenting skills, and from a Bangladeshi background, was a guest speaker on the show.

The phone lines were very busy with calls from the community. Parents called from their homes and engaged in the discussions. The slot on MCR was at a peak time, an hour before iftaar, as most people listen to the radio before breaking their fast to listen out for their call to prayer/iftaar time.

The topic created a stimulating debate. It became apparent that young people struggled to communicate in Bengali with Bangladeshi fathers and the fathers struggled to communicate in English with the young people. The other parents who called in supported and enforced the objectives of the pilot project. They encouraged other parents to be proactive and play a greater role in building good caring and understanding relationship with young people who may be at risk of using drugs.

- Working with Imams

Working with the Imams proved to be very beneficial. The Imams are very important and well respected by the Bangladeshi community. The Imams were able to reinforce the information and messages that the fathers had gained from the workshop/seminar.

- Style and technique used to engage and communicate with the fathers

The workers were very aware of the need to respect and value the Bangladeshi culture, the Muslim religion and the life experiences of the fathers.

- Fathers were given time and space to express themselves at all times.
- Most conversations were taking place in Sylehti.
- Use of relative examples with the use of Bengali humour.
- Very interactive, used contribution and experience of the fathers.

### **What did not work so well**

- Friday prayer sermon

It was planned to have a slot on drug issues on the Friday prayer sermon at the mosque. However due to demand for various international issues and faith topics, this was not possible. The Friday sermon has the potential to reach over 3,000 worshippers at the East London Mosque.

- Written materials

Many of the fathers in the group were unable to read and understand written materials so the workers decide that it would not be appropriate to use written materials as key handouts.

Posters and leaflets were not used for the same reason; rather advertisements were broadcast in Bengali/Sylehti on MCR.

- The evaluation sheets were difficult to implement. The workers had to complete the sheets on behalf of the parents and this proved to be very time consuming. Without extra help, the evaluation sheets can be very problematic.

### **Materials used when working with parents**

It was established that the majority of the fathers would struggle to use written materials and this would create a barrier in engagement. Therefore priority was given to practical and visual methods rather than the use of written materials.

- Interactivity

Experiential examples from the parents were used. The parents could personally and culturally relate to these examples from the community in Tower Hamlets and from their experience in Bangladesh. The cultural relevancy is crucial in communication and engaging the parents and sustaining their interest.

- Visual

The video Ocean Parents Against Drugs (OPAD) was used to support the workshop/seminar. The video was especially compiled to meet the needs of the Bangladeshi parents in the NDC as it portrays the local area in Tower Hamlets in terms of population and the language spoken: Sylheti is the dialect more commonly used.

### **Key themes covered in drug education for parents**

- Introduction to the project.
- Parents attitude exploration.
- Parents needs analysis on their level of knowledge and understanding around drugs.
- Parenting skills, the importance of communication.
- OPAD video; main drugs effecting Bangladeshi community, drugs and the law.
- Group discussion on the impact drugs can have on the family and community. Information on the services and support available.
- Question and answer.
- Iftaar (breaking of fast); social interaction between fathers, Imams and drug workers and an opportunity to seek further advice and support, and look at information stalls.

## **What impact did the project have on the parents**

### **Do the parents have more knowledge about drugs?**

#### **Do parents feel confident to talk to their children about drugs?**

- There was a shift in attitude from some fathers. This was measured by follow up discussions with them at the end of the workshop/seminar. Two fathers who participated in the workshop/seminar have volunteered to support the Rihlah Drugs Project Worker to develop further drug education initiatives to engage other fathers who regularly attend the mosque.
- The fathers' knowledge about drugs was very limited at the beginning of the session but they were very aware of the level of problems in the community. At the end of the session, the group had gained knowledge on the legal status and classification of many drugs.
- The fathers appreciated the opportunity to see placebo drugs and became familiar with what drugs look like.
- The evaluation showed that, after viewing the video, the parents were able to name the three main drugs that were identified as a problem in Tower Hamlets (cannabis, heroin and crack cocaine).
- The fathers said they were more confident in discussing the issues of drugs with their children but would benefit from further support and guidance/training. They acknowledged the gap in experiences and understanding between the two generations and indicated they would be keen to get involved in future work.
- The parents felt that although it is important for them to understand their children, it is equally important for their children to have an understanding of them; how they feel, their life experiences, difficulties they faced when settling into this country, their priorities. Many young Bangladeshi are unable to communicate fluently in Bengali and find it difficult to express themselves and the parents find it hard to understand.
- Some of the fathers are also grandparents and will use their knowledge and skills to communicate with their grandchildren.

### **Partnership working between key people**

Partnership working was crucial to raise drug awareness at community level. The key people brought different aspects, resources and qualities of drugs work together; parents involvement in drug education and prevention in schools, parents education and support work from the mosque, abstinence support work for people coming off drugs, drugs outreach work, reaching young people on the streets and culturally sensitive drugs work. Additionally, the key workers are all local residents in the borough of Tower Hamlets and are very familiar with the local Bangladeshi community.

### **How did the key workers feel in working with this parent group?**

- The key workers were confident in working with parents around drug issues and developing communication skills.
- Some of the key workers have limited Sylheti vocabulary and expressions, which in some instances proved to be difficult when communicating with the fathers.

### **Key learning from this project**

- Multi-agency approach is very effective, resourceful and brings a wide range of experience and expertise.
- Workers from the community are likely to have knowledge, understanding, and who speak and understand the language can empathise, relate and communicate effectively with Bangladeshi parents.
- Male workers are more suitable when working with fathers especially in a mosque environment.
- A friendly, safe and familiar environment is important to make contact and engage with parents; the mosque was a good venue for Bangladeshi fathers.



- Need to be flexible in timing; any intervention should be at a time that is convenient to the parents. The workshop/seminar with the Bangladeshi fathers was based around prayer and breaking of fast.
- Community radio is a good means of engaging with parents who do not attend community venues or mosques and reaches a wider audience. From the experience of the live radio discussion, it is clear that parents are confident to come live on air to ask and put forward views on various community related issues from their own home or own space.
- Ramadan is a good time to concentrate and focus on key community issues, including drugs, for the Muslim community; Bangladeshi fathers were more receptive during Ramadan due to the nature of the holy month.

### **Other outcomes of the project**

The work with Bangladeshi fathers has made clear that professionals are working with parents and not just young people. This in time will create for young people, who may face communication or cultural barriers at home, the opportunity and confidence to engage with adults or use services that work with parents.

### **Areas of development identified for future work**

- Producing further drug education materials to work with the Bangladeshi and Muslim community.
- Training drug workers in Bangladeshi culture and providing them with the skills for working with Bangladeshi parents.
- Developing a model for using MCR during the month of Ramadan which will allow more airtime and evaluation methods to measure the impact.
- Creating future projects for parents together with all the agencies involved in the pilot.
- Developing work with young people that will support the work with parents. Many of the young people on MCR expressed the need to engage with their parents and other adults from the community and have a better reciprocal understanding of each others feeling and experiences.
- Developing a stage drama that will entertain and educate parents. Many Bangladeshi parents enjoy the Bengali family drama 'Natok'. This could be a useful and creative means in delivering drug education to Bangladeshi parents.

### **What could be done differently if replicated**

- Use of culturally appropriate images and pictures.
- Work with young people to support work with parents.
- Use of drama entertainment to deliver drug education.

## **LEWISHAM CASE STUDY**

### **Key people and organisations involved on the project**

The Community Drug Education Project (CDEP) was established in 1997 as a result of the recommendations of Lewisham's Citizens Jury on Drug Use and Community Safety. An increase in external funding has enabled the project to develop and deliver drug education initiatives across Lambeth, Southwark and Lewisham. The Project aims to equip the residents and workers of Lambeth, Southwark and Lewisham with the knowledge and skills needed to deal more effectively with issues resulting from drug use in the community, by providing education which:

- reduces the harm caused by drug use;
- promotes physical, social and mental health, self-esteem and self confidence;
- dispels myths about drug use, drug cultures and drug users;
- acknowledges the complexities of the social and political context of drug use;
- recognises that access to appropriate treatment is an integral part of prevention.

CDEP aims to provide reliable and accurate information on drugs and drug use in a balanced way, by providing:

- a comprehensive training and education programme to professionals and the community
- community drug education programme to educate parents and young people about drugs
- drop-in resource centres and library services
- educational displays and resources stalls and local events
- professional support on drug education and drug policies
- website [www.drugsinfo.org.uk](http://www.drugsinfo.org.uk)

The key workers involved in this project are:

- CDEP Young Person's Community Drug Education Worker
- CDEP Black and Minority Ethnic (BME)/ Young Person's Support Community Drug Education Worker

CDEP worked closely with the Family Support Worker at the Somali Education Development Centre (SEDEC) who was key in engaging with and translating for the Somali mothers.

### **Targeted parent group**

Mothers from Somali community.

### **Pilot model adopted**

The model piloted involved community based drug education interventions, which included:

- Formal workshop/education sessions.
- Informal experiential learning in informal/formal setting.
- Street outreach/detached work to engage parents in their community settings.
- Partnership and community development activities.
- Peer education/cascade training to capacity build within communities.

### **Activities involved**

- Outreach work targeted at the Somali community to identify the level of interest from members of this community in receiving information/training workshops about drugs and drug related issues.
- Partnership work with other external projects and organisations that work with this community. Links were made with workers from Orexis (local drug agency), Refugee Health Team, Connexions and the Lewisham Somali Community.
- Feasibility study to identify whether a piece of work this long would be viable with this particular Somali group of parents and to also identify who out of the group would be able to commit to a six/eight week course.
- Drug advice information taster sessions were delivered to whole Somali community via men's group, women's group and young persons' group.
- Attendance at conference on health, khat (jaad) and other drugs for the Somali community where a presentation was given by CDEP about the proposed Drug Education for Hard to Reach Parents Project.
- An informal needs assessment was undertaken to establish what particular issues they would like to address and which drugs in particular they would be interested in finding out about This was also an opportunity to introduce the workers involved on the project. There was also an interest from the community leaders 'peers' or 'sheikhs' to participate on the course, however the women were very adamant that they would prefer a mothers only group and if the peers/sheikhs were to get involved it will make it difficult for them to participate openly and honestly. Khat and its use among the Somali men was an area of concern for the Somali mothers. Khat was described as 'Somali salad', which indicates how widely it is used and not seen as an area of concern by those who use it. It also became apparent that within this community other people's children were seen and treated as their own to an extent.

Therefore any knowledge and skills developed with this group can be beneficial for communicating with their own children and also to other children in the community.

- Drug education workshops designed for eight weeks were delivered in a community centre that the group was familiar with and found most accessible. It was in the same place throughout the whole course and a crèche facility was available next to the room that they were in.
- Health event planned by the pilot group to share their knowledge and experience gained.

### **Changes and development of the planned model**

Due to the timing set out by DrugScope, the course was introduced to the group and workshops commenced on 4 October 2003. The course then had to be suspended due to Ramadan, the Islamic holy month. The Somali mothers were unable to attend due to commitments and responsibilities at home and with the family. The course resumed after Ramadan and further sessions were completed.

### **What worked well**

Group discussions using translated material, case studies focusing on medicines and discussions focusing on khat worked really well with this group. The women were keen to discuss the impact khat has had on their community, these discussions were effective as the workers allowed the women to take ownership of these discussions and allowed them to share personal experiences before factual information was given. Khat was referred to as 'jaad' as this was a more familiar term to them.

Building a good trusting relationship with this group was crucial as well as setting up a group agreement, this allowed for open discussion. The workers from CDEP could not speak the Somali language therefore having the Family Support Worker from SEDEC was a real asset.

### **What did not work so well**

The CDEP project workers did not speak the Somali language and in the early stages of the pilot project some of the conversations with the women were lost to the workers who didn't speak Somali. Roles and responsibilities were discussed among key workers but it took a while for the Family Support Worker to translate and share the information as they were used to working on their own with this group and also being fluent in the language made it difficult to translate everything back to the CDEP workers.

### **Materials used when working with parents**

Translation was key in the dissemination of information. During the workshops the group used translated material produced in partnership by CDEP and HIT and this aided the discussions. Although Somali is the first language for this group, they were keen to have the opportunity to compare English and Somali language during the sessions. All handouts to support training were prepared in English and then were given to the worker from SEDEC so they could be translated into Somali, so the women could refer to them.

### **Key themes covered in drug education for parents**

- Drug awareness – improve and up-date knowledge of effects and impact on individuals and society as a whole.
- Attitudes about drugs and drug users.
- Why young people use drugs.
- Young people and drug use.
- Drugs and the law.
- Responding to young people's drug use.
- Signs and symptoms of drug use.
- Talking to young people and other members of the community about drugs.
- Information on khat.
- Information on medicines.

Sharing of medicines is common practice among this group of women. The women said in Somalia medicines are freely available and not always prescribed or bought from the pharmacy, they are sold door to door to people's houses. The dangers of sharing medication in this country were discussed.

### **What impact did the project have on the parents?**

#### **Do parents feel they have more knowledge about drugs?**

#### **Do the parents feel confident to talk to their children about drugs?**

The project has enabled a core group of parents/carers to become equipped with knowledge relating to drugs and drug issues. The sessions have provided the women with the opportunity to meet on a regular basis and promote discussion on a subject that is not openly discussed within their community.

The parents have repeatedly commented verbally and via the evaluation forms on the impact the sessions has had on their knowledge about drugs within their community and society as a whole. They have also expressed their enthusiasm for the sessions to be continued to develop their knowledge further.

The women are able to recognise the issues faced by their children growing up in a society that is very different to their 'families' culture and the need that drugs are discussed and not left solely to schools and other professionals. The women feel that they can now talk confidently to, not only to their children, but also the children within their community about drugs and related issues.

### **Partnership working between key people**

In the main the partnership between the key people worked very well and regular meetings were scheduled to discuss any changes or issues that arose. Translation was key to the project being successfully delivered; CDEP workers were reliant on the SEDEC worker to translate all materials used in workshops. Difficulties were experienced at times around timescales and organisation that needed to be worked through. The worker from SEDEC who translated for the project was new to the project and the post and learnt as this pilot project developed.

### **How did key workers feel in working with this parent group?**

- The key workers from CDEP have extensive experience of working with not only parents but also working with young people from various cultures around developing communication skills. However, working so closely with a translator on a longer project was a new experience, both have had previous experience of working with translators for one off pieces of work.

### **Key learning from this project**

- Projects undertaken with communities where English is spoken as a second language need more time and flexibility around timescales.
- Project workers need to undertake a comprehensive needs assessment and be aware of any cultural event that might impact on delivery and timescales.
- When working with translators there is a need to be creative when delivering workshop to ensure learning is not lost, all work delivered needs to be clarified and revisited to ensure participants understand, especially as not all drug terminology translates the same.
- Visual aids are more effective than written materials.
- Ensuring that not too much material/exercises are planned for each workshop but to allow for the time it takes to translate information.

### **Other outcomes of this project**

The project has:

- Assisted in the professional development of the SEDEC Family Support Worker who translated for CDEP on this project.
- Further strengthened partnership working with SEDEC.
- Developed a model of work that can be used with other organisations across Lambeth, Southwark and Lewisham. CDEP is currently in the process of utilising the programme with another Somali women's group in Lambeth.
- The project workers have developed their skills further around working with translators and translated materials.

### **Areas of development for future work**

Follow up work with the Somali women to potentially train them further to enable them to deliver workshops to more women within their community as well as potentially working for CDEP on a sessional basis providing drug education/advice/information. This pilot also has potential to be developed and rolled out to other groups with BME communities across Lewisham.

### **Changes that could be implemented if replicated**

Longer lead in time to undertake needs assessment with the women to identify what individual needs, issues and skills might have been utilised in the delivery of the project.

## **SHEFFIELD CASE STUDY**

### **Key people and organisations involved on the project**

- Community Development Officer - Lowedges, Batemoor and Jordanthorpe (LBJ) Drugs Forum
- Project Worker - Relatives of Drug Abuse (RODA)
- Volunteers from RODA and LBJ Drugs Forum

### **Targeted parent group**

Fathers of drug users, and other male carers including brothers and grandfathers.

### **Other parents participated on the project**

Parents of children in primary and secondary schools have attended drug education sessions in schools.

### **Pilot model adopted**

The model was to provide family support through group work to fathers whose children are using drugs. The support group to meet in an informal venue where fathers would feel comfortable in attending. Volunteers, who were ex-users, with support from key workers, facilitated the support group.

Alongside work with fathers, training provided in schools by volunteers, with support from key workers to parents that include drug awareness, impact of drug use on the family, harm caused by drug use and how to talk to your child about drugs. The sessions also included input from the volunteers, who were ex-users, about their experience of using and coming off drugs.

### **Activities involved**

- Outreach and home visits to fathers.
- Fortnightly support group meetings in an informal setting.
- Support group to be facilitated by male volunteers.
- A rolling programme of drug education in schools for parents.

## **Changes to the planned programme**

Work with volunteers was temporarily stopped due to lack of capacity to support them from the LBJ Drugs Forum. The volunteers were later supported by the partner project RODA for work with fathers to continue.

## **What worked well**

- Informal venue was important. Fathers said they wanted to attend somewhere where they felt safe and were familiar with. A local hotel was used as the venue for the support group.
- Male facilitators were effective in engaging fathers.
- Ex-users with personal experience proved to be very powerful. Fathers were pleased to have the opportunity to ask questions to someone with experience of drug use, to help them understand what their children could be experiencing.
- Both agencies are part of the Families and Friends Alliance Group, who offer support and share information in Sheffield.

## **What did not work so well**

- Lack of support for volunteers at the initial stages of the project, which resulted in work with fathers being postponed for a short while. RODA later took on supervision and support for the volunteers. Male workers provided supervision for volunteers.

## **Materials used when working with parents**

- Leaflets of local support agencies.
- Leaflets advertising fathers support groups.
- Video produced in Sheffield sharing experience of families affected by drugs.

## **Key themes covered in drug education**

- Drugs and their effects.
- Effects on the family.
- How to discuss drugs in the family.
- Health issues.
- Drugs in history.
- Outlining 'cycle of change' – process of becoming a drug user.
- Sharing personal experience of drug use from volunteers.

## **What impact did the project have on parents?**

### **Do the parents feel they have more knowledge about drugs?**

### **Do the parents feel confident to talk to their children about drugs?**

- The project has enabled male parents and carers to access drug education and support in a friendly environment. Fathers with children who are using drugs traditionally have not been accessing support in Sheffield. This has resulted in stress related illnesses and in family's relationships breaking down. A fathers-only support group has provided them with an opportunity to seek information and support that they can use to support their children.
- From the evaluation forms completed at the end of the session with fathers, it is apparent that parents now have more drug knowledge and understanding.
- School parents evening have also contributed to parents' increased awareness and understanding about drugs.
- The evaluation forms also indicate that parents feel more confident to talk to their children about drugs.
- One member of the group felt that at present he does not feel confident enough to talk to his children about drugs.

### **Partnership working between key people**

The partnership working across the two organisations was very useful. It has made referrals an easier process. The partnership has also helped in offering support to volunteers where one of the organisations has been unable to do so.

### **How did key workers feel in working with this parent group?**

- The key workers were very confident in working with parents, as it was part of the work they do for their projects.
- The volunteers had received extensive drug awareness and facilitation training before they worked with parents.

### **Plans to sustain work in local area**

- RODA plan to continue the support group for fathers with support from volunteers.
- The school drug education programme is ongoing.

## **HOUNSLOW CASE STUDY**

### **Key people and organisation involved on the project**

Both workers are from EACH (Ethnic Counselling in Hounslow) providing support to those who are affected by drugs and alcohol as well as families and carers.

- User/Carer Support Worker
- Counsellor

### **Targeted parent group**

Asian parents were targeted. Asian parents were defined as those primarily from the Indian subcontinent; Indian and Pakistani parents.

### **Other parents who participated in the project**

A more generic group of parents were also targeted through GP surgeries, local contacts, leafleting, and speaking to mother/carers outside primary schools.

### **Pilot model adopted**

A community development model was piloted. This included a substantial amount of outreach work on a face-to-face basis and distribution of leaflets. Organisations across Brent and Harrow were visited to assess whether there was interest and to publicise the workshops. Organisations visited included local community and voluntary organisations, faith community groups, temples and Gudwaras, GP surgeries and schools.

### **Activities involved**

The activities involved:

- outreach;
- producing and disseminating leaflets;
- visiting organisations and groups.



**The activities in the workshop included:**

- A brief introduction on the aims and objectives of the workshop.
- A quiz on drugs leading to open discussion with parents which ascertained their knowledge and understanding around drugs.
- Following on, a detailed discussion on different drugs and updating their knowledge through visual aids (replica drug case).
- Parents openly discussing their fears and concerns.
- An additional workshop specifically on parenting skills, communication and bridging the gap between teenagers and parents.

**Changes to the planned model that evolved**

The outreach work to get the project started took place in October and November and this was followed by workshops. Unfortunately due to lack of personnel, the workshops were postponed and then continued when the workers were available.

**What worked well**

- Initially the parents were reluctant to come forward to attend the workshops because of the stigma and concerns associated with a drug related event. They worried that attending the workshop would imply they had problems around drug use in the family. After extensive outreach and one-to-one discussions at community centres, many parents did sign up.
- The replica drug case was very well received.
- The quiz was interactive and got the parents participating.
- The key workers were able to communicate and engage with the parents in their own language and with empathy and understanding, there was a good level of openness and sharing of information, which enabled the parents to speak about their fears and concerns.
- Participants were very interested in all the issues that were discussed and expressed their own views and beliefs. Myths and stereotypes were explored and positively challenged.

**What did not work so well**

- The time scheduling did not work as planned due to unforeseen personnel issues. This hindered the implementation of the project.
- In retrospect more time was needed to work on a project that involves working with parents. Time was needed to build rapport and trust particularly working with a close-knit Asian community who are reluctant to seek help and advice from external agencies, especially on drug matters.

**Materials used when working with parents**

- replica drug case;
- leaflets;
- quiz and handouts for workshop;
- key workers who were able to communicate in different languages, including Gujarati, Hindi and Punjabi

**Key themes covered in drug education for parents**

- myths, beliefs and prejudice about drugs;
- drugs and the law;
- how drugs are used;
- effects of drugs, risks involved and patterns of behaviour;
- triggers and relapse;
- communication skills;
- range of services and treatment available.

### **What impact did the project have on the parents?**

#### **Do parents feel they have more knowledge about drugs?**

#### **Do the parents feel confident to talk to their children about drugs?**

- Parents felt there was a need to have more similar workshops.
- Some parents have requested training for themselves to deliver to other parents.
- Fears and anxieties were verbalised and they felt more confident to seek help in the future.
- Many parents requested workshops to be delivered jointly with their children present.
- Parents felt reassured that they were not alone in experiencing difficulties in communicating with their children.
- Most parents felt relatively comfortable to talk to their children about drugs.
- The parents said they were more knowledgeable about facts and issues around drugs and were more aware of what help and range of services were available. They felt they would be in a better position to identify earlier if their children needed support and seek help for it.

### **Partnership working between key people**

The key workers worked very well together. The workers planned in advance aspects of the workshop and defined roles and responsibilities. Between them they were able to speak to the parents in English, Hindi, Gujarati and Punjabi.

### **How did key workers feel in working with this parent group?**

- Initially the key workers were nervous about working with a new group of parents. Their confidence developed as the workshop progressed and a relationship was built with the parents.
- The key workers feel they need more training to develop their confidence in working with parents on communication skills.

### **Key learning from this project**

- It would have been beneficial to have a volunteer or another parent working alongside the key workers. This would have enabled the work with the parents to be sustained in the absence of a key worker and in the community after the pilot project is complete.
- It is important to build a trusting relationship between the parents and key workers before any drug education intervention can take place.

### **Other outcomes from this project**

- Plans are underway to deliver further workshops with parents on a regular basis by involving community groups, voluntary organisations, and places of worship.
- Plans are also being developed to recruit volunteers from the community to deliver workshops, with adequate training and support provided by EACH.

## Key learning from the different pilot models adopted

This section draws out key learning from the pilot sites working with different hard to reach parent groups and using various models to engage with parents.

### Assessing needs of parents

- It is essential to carry out a needs assessment with parents. Questionnaires are helpful to assess needs but are best when supported by informal discussions with parents.
- Needs assessment should be a continuous process as needs of parents can change once drug education intervention has begun.
- Parents need help to identify what their actual needs are from drug education. It is important to highlight that information on drugs alone may not be as beneficial as also having skills to communicate to their children about drugs.
- Parents should be made aware of how realistic it is to meet their needs.
- Needs assessment should consider the feasibility and availability of parents to be involved in drug education interventions, for example, short courses or one-off sessions are more likely to get parents interest. Long-term commitments can put parents off from engaging.

### Support

- Establishing support from local organisations and agencies is imperative to increase interest, achieve credibility and to sustain work with parents.
- Establishing support from management and colleagues is essential.
- Establishing a supportive and knowledgeable steering/advisory group is beneficial for smooth running of any intervention with parents.

### Project workers

- The skills, experience and personality of the key workers are crucial in working with parents and the community.
- The professional background of the project workers, i.e. drug workers and community workers, is important to develop projects with parents.
- Developing partnerships between workers from local agencies is very effective, resourceful and brings a wide range of experience and expertise.
- It can be beneficial, although not essential, to have workers who can communicate in the spoken language of the parents.
- It can be advantageous, but not essential, to have workers from the same community as the parents as they can have knowledge and understanding of the needs of the parents and could be seen to have more credibility.
- Project workers who are of same gender are more appropriate for engaging parents from Muslim community; for example, male workers are more appropriate for working with fathers in a mosque environment and female facilitators are more suitable for working with mothers from Somali community.
- It is vital for project workers to establish good working relationships and have clear lines of communication.
- It is important to have shared visions and goals among the project workers.
- It is essential to develop a trusting relationship between the project workers and the parents before any drug education intervention can take place.
- Working with volunteers and parent volunteers to deliver drug education can help sustain work with parents. Although they will need training and will need to be adequately supported.

### **Sufficient resources and time**

- Working with parents requires sufficient resources and careful planning to ensure the work is deliverable.
- Working with parents needs plenty of time to develop. It is essential to build trust and confidence of the parents in the project workers to engage but also retain parents' involvement.
- When working with communities where English is a second language, need to allow for more time to translate and reinforce the information to ensure it is understood.

### **Outreach**

- Outreach into the community is required to get parents interested in engaging in drug education. Community venues are good places for approaching parents, for example, visiting places of worship and community centres, leafleting local GP surgeries or libraries.

### **Flexibility**

- Being flexible is crucial to allow the work to be needs led. Parents' needs change as drug education work develops so it is important to be flexible to meet these needs.
- It is unhelpful to include too much information and activities in drug education sessions, allowing time for discussions is useful.
- Although flexibility is crucial, it is also important to have clear aims and objectives of what you are trying to achieve from drug education with parents.

### **Cultural awareness**

- It is essential to be aware of cultural sensitivities when working with different community groups.
- It is important to be aware of cultural and religious events that can have an impact on time of delivery of drug education. Cultural and religious events can be an excellent opportunity to engage with parents, however this can also be a barrier. For example, Ramadan (Islamic holy month) is effective for engaging Bangladeshi fathers in a mosque setting, however, Ramadan is not a suitable time to engage with Somali mothers.

### **Appropriate materials**

- Visual aids are helpful for supporting drug education. Many parents prefer visual resources, for example, replica drugs, pictures of drugs and paraphernalia.
- Videos, especially those produced locally can help parents understand and relate to local drug issues.
- Translated video in community languages can be very effective in communicating with parents where English is not the spoken language.
- Translated literature into community languages is useful for providing information to community groups. However some parents do have difficulty reading in their mother tongue, therefore translated material is best supported by verbal communication.
- Translated material is best when supported with information in English as well. It would be best to support information with WorldEnglish. WorldEnglish is more accessible to a wide range of parents including those who have basic understanding of the English language and those with low literacy skills.
- Culturally specific resources can be useful for sharing drug messages, for example, a Ramadan calendar and prayer timetable is useful for including drug related messages alongside information on parenting and Islamic messages.

### **Venue**

- Using a friendly, safe and familiar venue is essential for engaging parents. Parents prefer to be in an informal environment that where they are comfortable and can easily access.
- Using specific venues can be helpful for targeting specific parents, but in some cases can exclude other parents. It is important to establish which group of parents are being targeted when selecting venues.

### **Size of groups**

- Interventions with hard to reach parents are most effective when delivered to small groups of parents. Parents have concerns about accessing drug education and have fears of not knowing enough about drugs or fear of disclosing drug use in the family, therefore small groups can allow for more openness and discussions to take place.

### **Not exclusively drug education**

- Drug education interventions that are part of other interventions can be effective for engaging parents. Parents can feel intimidated or put off attending drug specific events, therefore it can be useful to include a drug education element as part of other community or health events.
- Drug issues cannot be explored in isolation. Wider family issues and social contexts will also need to be considered.
- Including other non-drug specific information for parents can increase the interest of parents, for example, sessions with drug using parents that also included information and advice on healthy eating and basic first aid proved to be successful.

### **Local media**

- Utilising local media is effective in engaging parents and raising the profile of drug education for parents. It also has the potential to engage large numbers of parents. For example, Muslim Community Radio in Tower Hamlets engaged with Bangladeshi fathers and young people on the show, but also engaged with many others parents who were listening and calling in to the show.

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DrugScope

**DrugScope**  
**32-36 Loman Street**  
**London**  
**SE1 0EE**

**Tel: 020 7928 1211**

**Fax: 020 7928 1771**

**Email: [services@drugscope.org.uk](mailto:services@drugscope.org.uk)**

**Website: [www.drugscope.org.uk](http://www.drugscope.org.uk)**

**Written by: Hajra Mir**

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