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"Drink doesn't mess with your head … you only get a hangover": Adolescents' views on alcohol and drugs, and implications for Education, Prevention and Intervention

Within each of the four countries of the United Kingdom (UK) there exist different strategic approaches to the issue of alcohol and drugs. England (DH, 2007; H.M. Government, 2010) and Scotland (The Scottish Government, 2009) operate discrete alcohol and drug strategies, while Wales (The Welsh Assembly Government, 2008) and Northern Ireland (NI) (DHSSPSNI, 2006) strategically address "substances" collectively. Historically, NI operated discrete alcohol and drug strategies but, in May 2001, a Model for the Joint Implementation of the existing Drug and Alcohol Strategies (or Joint Implementation Model (JIM)), was adopted.

Due to a failure to achieve core alcohol objectives (Parker, 2005), the JIM was replaced by the *New Strategic Direction for Alcohol and Drugs* (NSD) (DHSSPSNI, 2006) in 2006, which included among its long-term aims an aspiration to "increase awareness on all aspects of alcohol and drug-related harm in all settings and for all age groups" (p.17) and the promotion of opportunities "for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or use illicit drugs …" (p.17). A revised version of this strategy, the *New Strategic Direction for Alcohol and Drugs Phase 2* (DHSSPSNI, 2011), retained these long-term aims.

Prevalence surveys have consistently suggested that alcohol consumption among 15-16 year olds in the UK is among the highest in the European Union (EU) (Hibell et al., 2009). Furthermore, while alcohol consumption may be decreasing in some EU countries, the UK is an exception (Eisenberg-Stangl & Thom, 2009); and compared with the UK as a whole, alcohol consumption has increased since 1986 to a greater degree in NI (Smith & Foxcroft, 2009). This is largely due to an increase in consumption by 15-16 year olds through to people in their mid-20s.

On the other hand, frequent and problematic drug consumption is less prevalent in the UK than in other EU countries (Hibell et al., 2009). Compared to other countries, cannabis use has fallen since 1995; with lifetime ecstasy use and the simultaneous use of alcohol and tranquilisers or sedative drugs also decreased (Hibell et al., 2009).

Although the use of alcohol and controlled drugs by young people may share common antecedent risk factors (e.g. Donovan, 2004; Cleveland et al., 2008), findings suggest that use among 15-16 year olds in the UK follows different behavioural patterns. Whereas alcohol use is widespread, the use of controlled drugs remains relatively low. Given the co-existing realities of different prevalence rates and the joint strategic approach in NI, a series of focus groups were conducted in order to explore whether 15- and 16-year olds viewed the use of alcohol and drugs as similar or unrelated phenomena or behaviours. The data collected would help to inform the content of future alcohol interventions and education and facilitate an assessment of whether a joint strategy rather than a discrete strategy in terms of alcohol and drugs best serves the health interests of adolescent drinkers and/or drug users.

Method

Participants

24 focus groups were held in May and June 2008 in 24 post-primary schools in the greater Belfast area. A total of 216 young people from year 11 (age 15/16) participated, with a mean of 9 participants in each group (maximum 11, minimum 6).

Procedure

All participants gave informed consent to participate. The focus groups lasted between 50 and 75 minutes, depending on the length and depth of participant responses. All groups were asked the same set of prompt questions, although follow-up discussion was open ended. During the current set of focus groups, one young person, often the most experienced drinker, usually took the lead in responding. The facilitators were keen to avoid a situation where the most confident member would dictate the view of the group, particularly given the range of experience with alcohol among participants, so sought individual support for or challenge of this lead position from other members.

The discussions were free-flowing, needed little facilitator intervention beyond the opening discussion or statement and involved a good degree of debate and at times differences of opinion. Detailed notes were taken by two researchers present at all focus groups.

Data Analysis

The responses to individual questions were grouped and thematically analysed in order to identify and code recurring themes. The thematic approach to analysis advised by Braun and Clarke (2006) was used and the following phases were applied to data analysis: (1) familiarization with the notes, (2) generating initial codes, (3) search for themes, (4) review of themes, (5) definition and naming of themes and (6) manuscript preparation. The grouping and coding was undertaken by one of the authors and by two colleagues, one of whom was present at the focus groups and one of whom acted as a third party at the coding and whose role was to challenge any unwarranted interpretation of raw data. Within this part of the analysis, the facilitators who had been present at the groups were able to describe the group interactions and dynamics to the third party so that while the coding identified the frequency of response types, the weight or importance of these response types were coloured by the passion or enthusiasm with which they were given in the initial group discussion.

Results

Alcohol and Drugs… are they the same or different?

Groups were asked to consider the differences between alcohol and drugs in general terms with subsequent specific prompts on whether or not both behaviours were "wrong" or involved "risk-taking". The majority of groups rejected the idea that drugs and alcohol were the same for three main reasons.

Firstly, discussion focussed on the "more damaging and dangerous" pharmacological effects of drugs compared to alcohol; for example, "Alcohol makes people more aggressive but drugs are more harmful" or "Drink doesn't mess with your head … you only get a hangover". One aspect of this was the onset of action of drugs compared with alcohol, and also the fact that participants believed that drugs can kill first-time users while alcohol is unlikely to. However, the more powerful and immediate effects of drugs were not always considered negative. Some argued that the more rapid effects of drugs could be positive (for example, with respect to anxiolysis) while the effects of alcohol could often be more negative (i.e. aggressive behaviour).

The second issue centred on the cultural and social acceptability of alcohol compared to drugs. It was argued that because so many people drink alcohol and because it is so widely available that it is not really seen as a serious issue. On the other hand, fewer people in wider society would consider drugs to be acceptable or safe:

> *"The effects are different … drugs are like taboo … alcohol is everywhere and is not as harmful … alcohol is more sociable, parents do it … people of all ages do it"* (Boy).

The legal status of drugs and alcohol was the third main issue. Participants believed that

"alcohol is legal and drugs are not" and cited this as a reason for viewing and treating them differently.

Additionally respondents argued that "there is a safe limit" for alcohol, you "get in more trouble" if you get caught with drugs, alcohol is "easier to access", and you can "control yourself better" when consuming alcohol. In a small number of cases, respondents argued that alcohol may be as or more dangerous than drugs from a health point of view:

> *"I don't understand why drinking is legal and drugs are not … people don't know what they are doing when they are drinking"* (Boy).

Consuming Drugs and Alcohol "safely"

The majority of young people believed that it was acceptable for young people to drink as long as they did it 'safely'. However, drugs were viewed as unsafe because they can damage the body even when taken in small quantities, first-time use can lead to death, different people react to the same drug in different ways, drugs are normally impure and contain unknown additives, and drug use can quickly lead to addiction.

> *"There is no such thing as 'safely' when you are talking about drugs"* (Boy).

A small minority of participants argued that it was okay to take drugs if they were taken 'safely' and even among individuals who at first claimed that it could never be done safely, they suggested techniques or methods which, in their opinion, would serve to reduce harm. These included using drugs indoors, using drugs from a known dealer or supply route, using drugs supplied by a doctor, making sure that somebody knows what you are doing when using drugs, making sure that somebody else is not using and can help if necessary, not using drugs at parties where you do not know the people very well, not using dangerous drugs, not using a mix of different types of drugs, not using too much at any one time, and only using enough to make you "happy".

Drug and Alcohol Education in School

Both drug and alcohol education in schools received negative appraisals. Drug education was described as "boring", "stuff that we already know", "not relevant to everyone" and it "makes some people feel uncomfortable"; while alcohol education was viewed as "repetitive" and "overly factual".

The majority of young people reported that they would like to learn more about alcohol and drugs in a "realistic" and non-patronising way which was "relevant to them". They would like to learn about the effects and consequences of alcohol and drug use and the real-life experiences of people. Furthermore, they indicated a desire to learn how to recognise if someone has been using drugs, and what different drugs look like and the differences between them.

Taught by teachers?

A small minority of participants said that they would prefer to have drug education delivered by teachers with whom there is an existing "good relationship" and because there "could be continuity [of message with on-going contact]" or because "some outsiders use videos [and resources] that are really cheesy [old fashioned and simplistic]".

However, the majority of participants indicated that they would prefer to receive alcohol and drug education from external facilitators. It was believed that in comparison to teachers who have "little knowledge about the subject", external facilitators would have greater expertise and would relate to the pupils in a more informed "on their level" way. Participants believed that some teachers would be "boring" and for some, if certain teachers were to teach alcohol and drug education, that in itself would be an obstacle to learning. Issues such as "not liking a particular teacher" and "teachers having a biased opinion" were cited as particular obstacles.

Participants feared that teachers would breach confidentiality and discuss or pass on disclosed information to other teachers, year heads or parents. They also feared that if they disclosed the true extent of their alcohol use, they would be judged by their teachers. External facilitators were viewed with less distrust and as people with whom it would be possible to have an open discussion; anonymity would allow young people to be open and honest; and they would be less likely to judge

students because of the short period of contact.

Discussion

The focus group discussions demonstrated that the majority of participants view alcohol and drug use as distinct behaviours, with drug use considered more pharmacologically dangerous and less culturally and socially acceptable than alcohol use, with both considered very differently from a legal point of view. The majority of participants also believed that it is acceptable for young people to drink alcohol as long as they do it safely whereas any drug use was not considered safe. Despite stating reasons as to why drug-taking could never be considered safe, many participants were aware of harm reduction methods.

In this sample of 15- to 16- year olds, there was informed discussion about the effects of alcohol, cannabis and sedative hypnotic medicines, but prejudiced speculation about the effects of other illicit drugs. There was a lack of consistency in the views presented and principally this would appear to result from a relative lack of experience of the effects of these drugs compared with alcohol. Equally worrying from a public health perspective was that participants' discussion comparing drugs and alcohol was a simplistic one, generally lacking discrimination of types, quantities or drug purity and strengths of alcoholic drinks. The participants' conversations suggested that it would be important for them to understand that all drugs have both acute and long-term effects, regardless of legal status or social and cultural acceptability. It is critical that those in health promotion try to engage young people honestly and meaningfully so that when faced with the decision about whether or not to use alcohol or drugs, their decisions are based on accurate information rather than speculation. Furthermore, because inaccurate knowledge and understanding of alcohol and drugs is apparent among students, educationalists should obtain an understanding of pupils' views and attitudes toward alcohol and drugs even before the educational phase commences; this would also correspond with good practice recommendations that such education should be developmentally appropriate (AGDAE, 2008).

Participants articulated concerns with drug education in school, labelling what they currently receive as boring, patronising and lacking in real-world credibility. Of particular concern to educators might be the disparity between what young people are told by teachers and what they observe or hear from their friends. Teachers might want to consider the dangers inherent in risk amplification of abstinence-focussed education particularly if, as desired by the participants, alcohol and drug education is to be more credibly, maturely and honestly delivered. Participants indicated a desire to learn about alcohol and drugs in a way that was realistic, relevant and considered the consequences and real-life experiences of people. In relation to the participants wanting "real-life" educators (i.e. drug dependent individuals); schools might consider this carefully as there is likely to be a lack of concordance with the typical ex-user story and young people's own experiences.

The majority of students indicated a preference for alcohol and drug education to be delivered by outside facilitators rather than school teachers. While this is most likely unfeasible, school-based educators need to be aware of the need to present the issues in a mature and transparent fashion; otherwise young people cannot be expected to engage optimally.

Conclusion

Young people in these groups did view alcohol and drugs differently. However, in an economic climate where services will be increasingly asked to do more for less money, a bilateral approach to universal prevention for alcohol and drugs seems difficult to justify.

However, given the prevalence data suggesting that many 15- to 16-year olds drink to intoxication, yet fewer use drugs, and the data herein which suggest that drug awareness is often immature and illogical, public health might be better served by treating them as discrete issues. There are arguably two discrete target groups depending on whether or not one is discussing drugs or alcohol. For alcohol the 'potentially vulnerable' group are the majority of young people, who are exposed to harm resulting from their own or others' drinking. Thus, specific harm reduction initiatives delivered on a population level appear

warranted. For drugs, the vulnerable population are smaller in number, but the discussions in this paper suggest that a general naivety among the adolescent population regarding drugs and drug use, calls for a general review of drug education content and specific drug-harm education messages for the fewer who are at most risk.

Above all there would appear to be the danger that strategically addressing alcohol and drugs jointly in an environment where their prevalence is so different, might lead the many drinkers to view it naively and simplistically (as they did generally with drugs) and/or to minimise the dangers of drugs as a result of the relative infrequency of adverse alcohol-related events.

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