

An Exploration Into The Drug And Alcohol Related Knowledge, Attitudes And Behaviours Of Early School Leavers Aged 15-20 Years In The West of Ireland.

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Declaration

I the undersigned declare that this project which I am submitting, is all my own work and research.

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ABSTRACT

An Exploration Into The Drug And Alcohol Related Knowledge, Attitudes And Behaviours Of Early School Leavers Aged 15-20 Years In The West of Ireland.

By Susan Redmond

Substance use can lead to a variety of negative impacts on society and individuals. Early school leaving places a person at increased risk of substance use and potential dependence. There are numerous reasons why a person engages in drug and alcohol use. The impact on health i.e. emotional, mental, social and physical can be devastating, including self-esteem, dependence and relationships with peers and family. Currently there is no research available which details the attitudes of early school leavers to substance use. This research aims to explore the drug and alcohol related attitudes, knowledge and behaviours of early school leavers in the West of Ireland.

A mixed method approach, triangulation, was employed to collect data. Data collection involved three phases; questionnaires, focus groups and photo-voice. Included in this study were 106 questionnaires (47m/59f; 15-20 years, mean age 16 years), 22 participants in three focus groups (14m/8f; mean age 16 years), one per county; Galway, Mayo and Roscommon, and five male (15-16 years) participants in photo-voice.

The findings suggest that use of all substances, except solvents, is high by comparison with school going counterparts, in particular cannabis, cocaine, ecstasy and speed. Alcohol use is widespread and accepted, with knowledge of the harms from alcohol coming from lived experience. Parental influence was seen as important with regard to a young persons respect for alcohol. A lack of understanding of the link between drugs, mainly cocaine, and addiction is evident. Dissatisfaction with current drugs education, or a lack of it, was apparent and knowledge level varied considerably within the group studied.

The conclusions drawn suggest that while a high proportion of early school leavers use substances, many do not. Consistent and appropriate means must be used to engage young people in particular; to challenge attitudes to substance use, enhance knowledge, positively impact behaviour and utilise normative education. A link must be made to parenting practices as parents hold significant influence in developing resilience, self-esteem and motivation for non-drink or drug using activities. Emphasis must also be placed on providing a range of youth services to meet the needs and diversity of young people, and the education system as it stands requires a creative approach to become more holistic in achieving better mental health, social health and emotional health.

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List of Abbreviations

Department of Education and Science (DES)
Department of Health and Children (DOHC)
Department of Tourism, Sport and Recreation (DTSR)
Economic and Social Research Institute (ESRI)
European School Survey Project on Alcohol and Other Drugs (ESPAD)
Galway, Mayo and Roscommon (GMR)
Health Behaviours in School going Children (HBSC)
Lysergic acid diethylamide (LSD)
National Youth Health Programme (NYHP)
Responsible Service of Alcohol (RSA)
Sexually Transmitted Infections (STI's)
Social Personal and Health Education (SPHE)
Statistical Package for Social Sciences (SPSS)
Strategic Task Force on Alcohol (STFA)
TREO (Irish word for alternative route)
Western Region Drugs Task Force (WRDTF)
World Health Organisation (WHO)

Chapter 1: Introduction

Chapter 1: Introduction

1.1 Introduction

The aim of this research was to explore the attitudes, knowledge and behaviours of early school leavers to substance use such as tobacco, alcohol and illicit drug use. This chapter outlines the purpose of the research project and the rationale behind it. The introduction describes the research question, aims and objectives, methods utilised, and the layout of the paper.

1.2 Background

In the foundation charter the World Health Organisation (WHO 1946) declared that “health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. The concept of health promotion has evolved gradually and has consistently been aimed at enabling people to achieve health as defined above. The Ottawa Charter (WHO 1986) highlighted that health should be “seen as a resource for life, not the objective of living”. This Charter highlighted five interlinked tasks which policy makers need to undertake for health promotion to become a reality, these include building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting the health services.

Strategies such as the Health Promotion Strategy (2000), National Alcohol Policy (Health Promotion Unit 1996) and National Drugs Strategy (Department of Tourism, Sport and Recreation (DTSR) 2001) all place prevention and education on their agendas whether it is to encourage young people to delay the onset of alcohol consumption or to promote the non-use of drugs. The Health Promotion Strategy (2000) also considered a harm reduction approach in encouraging moderation in drinking and targeting to decrease the number of young people who drink to excess. The National Drugs Strategy (DTSR 2001) in addition to prevention and education set out to incorporate supply reduction, treatment and rehabilitation, and research to their approach, as well as harm reduction. The upcoming

National Drugs Strategy due to be published in 2009 will direct how current education programmes, law enforcement, treatment and research are carried out.

Health promotion places empowerment and personal development at the centre of its approach to reducing health inequalities. Through the understanding of the theories behind health behaviour it provides strength in targeting where health education and promotion need to go. Substance use behaviour can be modelled on a range of theories including social cognitive theory (Bandura 1977a), social learning theory (Bandura 1977b), the health belief model (Rosenstock 1966; Becker 1974), theory of reasoned action (Fishbein and Ajzen 1967), and the theory of planned behaviour (Ajzen and Madden 1986).

There are varied reasons why a person uses drugs or alcohol. The initial choice to take is mostly voluntary. The selection of drugs available in Ireland have properties which can stimulate, sedate, cause hallucinations or reduce pain, therefore at anyone time a person can obtain a substance to alter the way they feel or behave as desired. Substance use in can lead to a range of negative impacts on individuals and society, including health, social, emotional and economic, these consequences can be detrimental to a person's life, their family life or their relationship with others.

Early school leaving is seen as a risk factor for substance use. Education is a basic determinant of health (Whitehead 1990) and without it places a person at greater risk of health inequalities. Education is fundamental to reducing the health inequalities worldwide; it also provides people with the knowledge and ability to make informed decisions about their health. Health literacy is vital for people to gain access to, understand and use information (Nutbeam 1998). A lack of educational attainment and potentially fewer opportunities to progress within the workforce and society can place young people who fail to complete educate at greater risk of substance use, and developing problems with substance use. Many factors contribute to early school leaving, motivation, academic skills, social skills, family environment and peer influence (Hymal and Ford 2003).

In the west of Ireland social isolation also plays a contributing factor to engaging in substance misuse. The Western Region is made up of counties Galway, Mayo and Roscommon (GMR). The population of the three counties was 414277 in 2006 (Central Statistics Office 2007:16), this includes 56521 young people aged 10-19 years. The population of the area has increased by 10% since the previous census in 2002 which detailed a population of approximately 380000 people living in the area. The GMR area comprises one fifth of the land mass of Ireland, but has only one tenth of the population. The total area of the three counties is around 1400kmsq. Approximately 60% of the total Irish population are living in urban areas; towns with a population of 1500 or more. However, in the GMR area 66% of inhabitants live in rural areas. For county Galway 50% of inhabitants live in a rural area, in Mayo 75% of inhabitants and in Roscommon 80% of inhabitants live in a rural area (Shared Solutions 2006:11). This can mean restricted access to facilities and services, and contribute to boredom and early experimentation.

Alcohol is the substance used by 75% of the people in the GMR area. The Strategic Task Force on Alcohol (STFA 2004) found that Ireland has one of the highest levels of per capita alcohol consumption in the world, and 30% of male and 22% of female drinkers consume more than the recommended upper weekly limit. The European School Survey Project on Alcohol and Other Drugs (ESPAD 2003) found that 72% of Irish 15-17 year olds have been drunk compared with an EU average of 53%. This shows that high-risk drinking is a major concern among young people in Ireland today.

The ESPAD (2003) found that 39% of 15-17 year olds have used cannabis, almost double the EU average of 21%. Further to this inhalant misuse was also higher for young Irish people at 18% compared to 10% of the European average. Other illicit substances, such as LSD, speed, ecstasy, cocaine and heroin were used by 9% of young Irish people compared to 6% of the European average. These figures suggest that Irish young people are more likely than their European counterparts to engage in high-risk behaviour such as drug taking.

Most previous drug and alcohol research has been undertaken with school going populations in Ireland. This highlights the need for research in our most at risk young people; early school leavers. Particular areas of importance to this study include self-reported behaviour, so as to determine if there is a difference between those who leave school early and those retained in schools. The attitudes of this population to drugs and alcohol in an attempt to better understand their reasons for substance use and their knowledge to ascertain whether current education is sufficient or existent for this group of young people. Furthermore there is currently a lack of research in the West of Ireland, Kelleher et al., (2004) has conducted research in the Mid-West in school going populations and some work has been done in the Northwest (McBride 2000) with young people, however as yet there is no such research available in the West of Ireland.

In Ireland, a number of programmes have been established to engage early school leavers such as Youthreach, Community Training Workshops, Department of Justice Workshops and Traveller Training Centres (Youthreach 2000). In the Galway, Mayo and Roscommon area nine such centres which engage with early school leavers and will be the primary focus of accessing the target population of early school leavers.

Therefore, the purpose of this study was to:

- Explore the attitudes of early school leavers towards drugs and alcohol.
- Measure the knowledge early school leavers have in relation to drugs and alcohol.
- Investigate self-reported drug and alcohol behaviours of this population.
- Ascertain whether a knowledge-behaviour gap exists in the West of Ireland.
- Explore the views of early school leavers in relation to current drugs and alcohol education.

1.3 Research Approach

This research study utilised triangulation as the method to explore the research topic. This enabled in depth analysis of the attitudes, knowledge and behaviours of early school leavers to substance use, using both qualitative and quantitative approaches.

Phase I

Phase I utilised a qualitative approach, in the form of a questionnaire. This enabled personal security for participants as these were completely anonymous and strictly confidential. All questionnaires were distributed, administered and collected by the researcher, to ensure that confidentiality was paramount.

Phase II

The second phase, qualitative, utilised three focus groups, one per county, which enabled greater depth and scope to be explored with respect to the attitudes of early school leavers towards substance use.

Phase III

The third phase of the study employed photo-voice to visually represent the attitudes of participants to drugs and alcohol in their community.

Potential beneficiaries of this research include; the National Drug Strategy, the National Alcohol Strategy, Department of Social and Family Affairs, Health Promotion Unit, Health Service Executive, Social Work, Youth and Community workers, local and regional Drugs Task Force's, Nationwide early school leaver projects, Social Personal Health Education coordinators and teachers, secondary school principles and teachers, drugs education workers, and drug and alcohol treatment services.

Thesis Structure

Chapter Two provides a review of literature that highlights the emergent themes of the research findings. The chapter examines the definitions of drug use, dependence, theories in relation to substance use, an exploration into Irish and international strategy, and influential factors such as health determinants, risk factors and health promotion. This chapter also serves to highlight currently the limited research in this area in Ireland.

Chapter Three outlines the research methodology. Triangulation is discussed and the research methods are examined. Topics such as negotiating access to the centres, participant selection and ethical issues are examined. The process of data collection and analysis are discussed.

Chapter Four presents the study findings. The findings from the questionnaires are presented in graphs, tables, and charts. Findings from the three focus groups are presented in narrative form and emergent themes identified. The focus groups are outlined by quotations from the focus group transcripts. Photo-voice is presented alongside the themes that emerge from the drawings and clay mouldings.

Chapter Five discusses the research findings, while bearing in mind the relevant literature. Emphasis is placed on the central themes highlighted throughout the research process.

Chapter Six presents the main conclusions of the study. This section also includes recommendations and suggestions for further research. A reflection by the researcher is included in this chapter.

Chapter 2: Literature Review

Chapter 2: Literature Review

2.1 Introduction

This chapter explores previously published information on substance use related attitudes, knowledge and behaviours of early school leavers. This includes an overview of the national and international research, definitions, risk factors, peer influence, impacts of early school leaving, social and policy context, as well as looking at education and in depth at tobacco, alcohol and illicit drugs research. This literature review seeks to highlight the gaps present in the literature which provides a further rationale for the research.

2.2 Health Context

WHO (1986) states that: “health is created and lived by people within the settings of their everyday life: where they learn, work, play and love” (Pan American Health Organisation 1996:332). Substance misuse not only leads to economic loss, but along with violence and serious accidents can be detrimental to a person’s life and health, their family life or their relationship with their friends. As outlined by the Ottawa Charter (WHO 1986) five principles which policy makers must undertake for health promotion to become a reality include: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting the health services. Individuals to a large extent determine their own health patterns and as such by being informed and enhancing their decision making skills people may optimise their health, along with the appropriate policies and supports to enable them to make healthier choices. These principles are important in reducing the harms associated with substance use.

2.3 Definitions

Useful definitions which explain for the purpose of this research what a drug is and what drug misuse is are as follows:

Definitions:

A drug: can be defined as a chemical which causes changes in the way the human body functions, either mentally, physically or emotionally (Corrigan 1996:2).

Drug misuse: is the use of any drug, legal or illegal, which damages some aspect of the user's life, this can be their physical health, mental health, emotional health and social health (Corrigan 1996:2).

2.4 Continuum of Substance Use

Bozarth (1990) presented an illustration that described drug use from casual drug use to addiction. Wise and Bozarth (1985) argued that drug addiction does not represent a special situation, but rather an extreme case of behavioural control. The only change is in the drug's motivational strength and its disruption of the individual's normal motivational hierarchy. Drugs vary in both their availability and their potential to cause harm, and as such depending on the substance can increase the frequency at which a person may encounter them or move along this continuum towards addiction.

2.5 Determinants of Health

Whitehead (1990) outlined key determinants of health such as education, socio-economic impacts, cultural and environmental conditions, social and community networks, which are pertinent to this research. Education is vital for health gain, therefore early school leavers are at a higher risk of ill-health, particularly in areas of nutrition, substance use and sexual health. These determinants are influenced by knowledge, attitudes and behaviour, indicators which will be focal points of this research.

2.6 Risk Factors

Having a bad experience of school, being from a family with a history of substance misuse or living in a geographically isolated area were some of the characteristics in an Irish context that puts a young person at risk (Youth as a Resource 1999). National Youth Health Programme (NYHP) (2002) found that social and environmental risk factors can include: neighbourhood crime, community disorganisation, acceptance and availability of drugs, lack of community support structures, lack of positive academic, sport or recreational programmes and little formal support, which can influence a persons susceptibility to substance use and addiction. Risk taking behaviour is normal among young people and can have a number of functions. It can be a symbol of status and maturity, an expression of conformity, an attempt at coping, the instrument of release of individual transformation, or the thrill (NYHP 2002). This study aims to assess clearly the attitudes of early school leavers to substance use and to explore whether they are aware of the risk and potential for addiction.

2.7 Peer Pressure or Peer Preference

Coggans and McKellar (1994) explored both peer pressure and peer preference in drugs use. The peer pressure theory suggests that the peer-groups norms and rules are consistently strong enough to exert control over members of the group, thereby pressurising them into taking drugs. This could be considered quite a disempowering view of adolescents. The peer preference theory suggests that rather than pressure, young people actively seek out a peer group that share mutually-preferential norms and values (NYHP 2002). Young people who they choose as their friends generally take up similar interests and activities. Peers can have positive expectations and knowledge about substance use which can be particularly influential and the introduction to these activities is usually through friends (Urberg et al 2003).

2.8 Early School Leaving

The Department of Education and Science (DES 2003) found that approximately 20% of young people nationwide leave school before completing their Leaving Certificate with the number as high as 40% in certain areas of Dublin. Between 5% and 10% of all early school leavers, did so without a Junior Certificate and therefore no qualification at all. The Economic and Social Research Institute (ESRI) Annual School Leavers Surveys (McCoy et al., 1998) similarly found that about 3.5% of early school leavers leave with no qualification and that 15.5% leave with only their Junior Certificate. Additionally 900-1000 students do not transfer from primary to secondary school.

2.8.1 Link to Unemployment and Probation

The ESRI report (McCoy et al., 1998) found that the unemployment rate is 47.5% for those with no qualifications, compared with 9.6% for those with a Leaving Certificate, indicating that early school leaving is a risk factor for unemployment. For unqualified leavers, significantly more boys (48.1%) than girls (38.9%) enter employment. TREO, a Probation and Welfare Service Project in Waterford City, for 16–23 year olds involved in criminal behaviour, reported that all participants in the previous three years was an early school leaver (TREO cited in Youth Work Ireland 2004). Other research shows that 3 out of 4 prisoners had poor attendance at school and about 40% had left school before age 14 (Morgan, Kett 2003). Projects targeted at early school leavers have been established to enable the participants to overcome learning difficulties, develop self-confidence and gain a range of competences essential for further learning.

2.8.2 Link to Substance use

Good quality education and the need for lifelong learning opportunities are of particular importance to young people in assisting them to achieve their full potential. The only national research pertaining to substance use and early school leavers in Ireland was a study conducted by Mayock and Byrne (2004) who found that the average early school

leaver left school at 14.4 years, with large numbers reported behavioural and academic difficulties. Many were also victims of bullying by their peers and school was depicted as a negative and intimidating experience, with little appeal, relevance or meaning. Mayock and Byrne (2004) found that the average early school leaver had their first alcoholic drink at 13.2 years, the majority sampled alcohol for the first time in the company of friends, and 87.8% drank at least once weekly. They also found that 61% of early school leavers reported lifetime use of an illegal drug. The average age of first drug use was fourteen years. Ecstasy use was reported at 29.3%, 17% had used magic mushrooms, 9.8% reported experimenting with amphetamine and/or cocaine, 7.3% had used inhalants and 4.9% had tried LSD. While the prevalence rates of substance use amongst early school leavers is depicted above, the research does not consider qualitatively their level of knowledge, awareness and more over attitudes of this population. Furthermore no published research is available in the West of Ireland to consider how social isolation may influence behaviour of young people.

2.8.3 Link to Addiction

The National Drug Treatment Reporting System (O'Brien and Moran 2004) found that in 1998 just over a quarter of people (26.8%) who present themselves for help with their drug use problems had left school before the official leaving age of 15 years. Over half (55.4%) had left school before the age of 16 years and 79% had left school before the age of 17 years. This indicates a strong correlation between early school leaving and problem substance use. This study aims to provide an insight into the participant's perceptions of drugs and alcohol education, and in particular to document their understanding of the link between substance use and addiction.

2.9 Social Context

Young people develop an awareness of alcohol and drugs at an early age, whether it is through the media, their family and friends or absorbed through Irish culture. Irish people have one of the highest levels of per capita alcohol consumption in the world at 14.4 litres

of pure alcohol per adult aged 15 years or over in 2001 (DOHC 2004). This represents a per capita consumption that has increased by almost 50% since the early 1990s. 30% of male drinkers and 22% of female drinkers consume more than the recommended upper weekly limit of 21 units and 14 units, respectively, a figure which is substantially higher among young men with lower levels of educational attainment (DOHC 2004).

2.10 Policy Context

The National Drugs Strategy took a multi-faceted approach to tackling substance misuse by basing their strategy on the four pillars including supply reduction, prevention, treatment and research. This approach engaged a number of key agencies both statutory and voluntary/community in developing a strategic approach in relation to all pillars. The overall strategic aim is:

To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction prevention, treatment and research (DTSR 2001:4)

The National Drugs Strategy aims to reduce the level of substance misuse in Ireland by using a range of education and prevention measures such as implementing and evaluating two school based programmes called ‘Walk Tall’ and ‘On My Own Two Feet’, and to deliver the Social Personal and Health Education (SPHE) in all second level schools nation-wide, as a preventative approach to substance misuse. In terms of treatment of young people the strategy set out to have access for under-18s to treatment (DTSR 2001) for which it now has a confidential, free counselling service.

The Health Promotion Strategy (2000) intends to promote moderation in alcohol consumption and to delay the onset of drinking, particularly those under 15 years old. In terms of drug misuse, the Health Promotion Strategy (2000) promotes non-use of drugs and hopes to minimise the harm caused by them by coordinating approaches to drug prevention and education. The National Alcohol Policy (Health Promotion Unit 1996) endeavours to encourage all young people through education to postpone the decision to drink alcohol

until they are mature enough to consume the drug responsibly. The development of policies to promote health is vital to reduce drug and alcohol use, the smoking-ban (Public Health Tobacco Act 2002) is one such example.

2.11 Social, Personal and Health Education

Official recognition of the need to integrate social, personal and health education was recognized by the Education Act (1998). This emphasised that schools should promote the social and personal development of students and provide health education for them, including drugs and alcohol education. SPHE was approved for post-primary schools, at Junior Cycle level in September 2000.

SPHE provides students with a unique opportunity to develop the skills and competence to learn about themselves and to care for themselves and others and to make informed decisions about their health, personal lives and social development. (DES 2000:3)

The successful implementation of SPHE in schools would help facilitate the personal development of students, a principle at the centre of the Ottawa Charter (WHO 1986). Geary and McNamara (2002) reviewed the implementation of the SPHE programme and found that there was a decrease in student participation identified as the years progressed from first to third year with significantly less third year students having the subject on offer to them. Up to 30% of students in first year were not offered SPHE this increased to 54% by third year. 45.5% of principals felt that a barrier to implementing SPHE was that staff felt inadequately trained and 38% of teachers/coordinators felt that in-service training was insufficient to teach SPHE. This review highlights the need for commitment to development the capacity of teachers and to fully implement the programme. SPHE has the scope to enhance access to health education and personal development, particularly important for those who leave school early as they are at higher risk of health, social and economic disadvantage. Moreover it remains unknown to what degree the programmes delivered incorporate drugs and alcohol education, and if this is in line with best practice.

2.12 International Strategy

International approaches to substance use vary. The Netherlands and Australia, set out to reduce the risks experienced by drug users. The Netherlands 'tolerates' drug use and distinguished between 'hard' and 'soft' drugs in an attempt to remove the user from the criminal justice system, this is because they view the justice system as potentially more damaging to the user than the drug (DTSR 2001). Health Promotion aspires to enhance the health status people in a client-centred way, this means starting where a person is; in the case of substance use this can mean by starting with the person who is misusing a substance and striving to enhance their health status by empowering them with choice, harm reduction, decision making skills and autonomy (Tones and Green 2005). By not placing individuals in the criminal justice system these countries recognise the human condition of experimentation and addiction, and as such set out to further minimise the harm by not placing them in potentially more harmful situations, such as prison.

A short sentence [prison] of a few days or weeks may have a powerful deterrent effect on some individuals, but it only serves to stigmatise, embitter and harden many others, who are drawn deeper into criminality by the experience. Countries like Germany and Austria have recognised this and have strongly discouraged prison sentences of less than six months. These countries have turned to fines, community-based sanctions, suspended sentences, community service and restorative justice approaches to deal with minor offenders. These methods are as effective as prison at preventing future crime and have the great advantage of avoiding the many negative effects of imprisonment (O'Mahony 2006).

Swedish society treats drug use as a matter for the criminal justice system as distinct from the social services. The aim is that drugs should never become an integral part of Swedish society and that drug use should be regarded as unacceptable behaviour and as a marginal phenomenon (DTSR 2001). This approach may act as a strong deterrent but may also have a damaging effect on a user who may need help for an addiction.

2.13 Child Well-being

The United Nations Children's fund (UNICEF) (2007) published a report revealing that the Netherlands tops the UN child well-being table for advanced economies, while the UK ranked at the bottom along with the US, Ireland came in ninth. Forty indicators were explored and combined into the six dimensions of well-being; material well-being, health and safety, education, peer and family relationships, behaviours and risks, and young people's own subjective sense of well-being, which revealed that Dutch children had a more positive self-image than their counterparts in other first world countries surveyed. Maslow's Hierarchy of Needs (1943); illustrates how a person can progress to self-actualisation once needs for food, shelter, belonging and self-esteem are met. One of the factors contributing to the success of the Netherlands in this report could be their social, personal and health education.

2.14 Education System

McWilliams (2006) argued that the primary issues affecting young people with respect to education is the system itself. It is ill equipped to deal with students who do not excel in academia and does not look at students other abilities to them develop in positive and productive way. This is seen and reiterated through the increasing school drop-out rates. Ireland has one of the highest school drop-out rates in the first world, with 5% of students dropping out before they take the Junior certificate (DES 2005). In disadvantaged areas more than 50% of students drop-out before their Leaving certificate (DES 2005). The present education system targets mainly those who are competing for places at college and even so does not take into account an individual's suitability to the course they get. This is apparent with 16.8% dropping out from Universities (Morgan et al., 2001). Alternatives such as Notschool.net (Duckworth 2001) engage early school leavers in an online community and provide the opportunity to develop their self-esteem and be reintroduced to learning.

The Department of Education (1995) found that educational disadvantage is primarily a rural phenomenon in that three out of every five disadvantaged students live in small towns or rural areas. The Association of Secondary Teachers Ireland (2002) has consistently voiced its concern that the current system of indicators used to select “designated disadvantaged schools” are biased towards urban areas and do not reflect the fact that educational disadvantage is largely concentrated in rural areas. This further highlights the need for this research in the West of Ireland.

2.15 Tobacco

It is estimated that 7000 people die in Ireland every year as a result of tobacco use; this represents 20% of the annual total deaths (DOHC 1999a). Tobacco smoking also contributes to a 30-50% increase in risk for cancer of the stomach, liver, uterus, kidneys and myeloid leukaemia (International Agency for Research on Cancer 2002). Smoking amongst adolescents is a major public health problem, particularly as it exacerbates respiratory conditions, reduces the growth of the lungs when exposed before the age of maximal lung growth and is a risk factor for lung cancer (Wiencke and Kelsey 2002). In Ireland the ESPAD (2003) found that lifetime smoking for all students (aged 15-17 years) was similar to the European average (67% vs 66%). The Health Behaviour in School-aged Children (HBSC 2006) survey (Molcho and NicGabhainn et al., 2007) found that by the age of 15-17 years the smoking rates of girls, 27.3%, exceeded that of boys, 21%. A delay in the onset of smoking by even 1-2 years could translate to a significant reduction in risk of lung cancer (Wiencke and Kelsey 2002).

2.16 Alcohol

The adverse effects from alcohol range from problems with physical health, mental health, social issues including violence and aggression and economic issues. Alcohol misuse is associated with cancers of the liver, mouth and oesophagus, liver disease, cardiovascular disease, suicides, homicides and accidents (Anderson and Baumberg 2006). Young people can experience poor school performance, relationship problems, accidents, encounters with

the law and involvement in crime as a result of their alcohol use. Alcohol is an influencing factor in young people engaging in sexual intercourse, frequently unprotected, which is a major risk for sexually transmitted infections (STI's) and teenage pregnancy (Kiely and Barry 2002). One in four deaths in young men aged 15-29 in Europe is attributed to alcohol, these included traffic accidents, poisoning, suicide and homicide (WHO 2001). The HBSC survey (2006) found that 55.3% of 15-17 year olds reported having been 'really' drunk. The ESPAD (2003) found that 72% of Irish 15-17 year olds were drunk in the past 12 months compared with a European average of 53%.

Alcohol policies directed at young people should be part of a broader societal response, since drinking among young people to a large extent reflects the attitudes and practices of the wider adult society (WHO 2001:2)

Wichstrøm (1998) found that frequent alcohol intoxications increase the risk for school dropout by means of increased truancy and differential association with counter-normative peers. A delay in the onset of drinking alcohol and harm reduction in relation to 'safer' drinking among young people could help to reduce high risk drinking.

2.17 Drugs

In their literature the National Youth Council of Ireland (1998) found that 53% of young people in Ireland have tried an illegal drug. The possible health problems, accidents, drug-related crime and social problems associated with use of stimulants and psychoactive substances is a particular public health concern. The National Drug Treatment Reporting Centre (O'Brien and Morgan 2004) found that in the majority of clients reporting for treatment were characteristically male, in his early 20s, early school leaver and living in the family home. The mean age of starting drug use was between 15-16 years. The ESPAD (2003) found that 39% of 15-17 year olds have used cannabis compared with an EU average of 21%. Further to this inhalant use was higher at 18% compared to a European average of 10%. These figures suggest that Irish young people are more likely than their European counterparts to engage in high-risk behaviour such as drug taking. Other illicit substances, such as LSD, speed, ecstasy, cocaine and heroin were used by 9% of young

Irish people compared to 6% of Europeans. The HBSC (2006) found that 16% of children reported use of cannabis in the previous 12 months, while 19.6% of girls aged 15-17 years and 23.3% of boys aged 15-17 years tried cannabis (Molcho and NicGabhainn et al., 2007). Kelleher and Houghton (2003) surveyed the Mid-West region and found that 39.4% of those surveyed reported they had used an illicit substance, with 28.6% reporting lifetime cannabis use, an increase of almost 10% on the previous survey. Inhalant use was reported at 21.3% for the Mid-West region. Lynskey et al., (2003) revealed that early regular cannabis use (weekly use at age 15) is associated with increased risk of early school-leaving.

2.18 Social Isolation

As highlighted in the introduction the Western Region comprises a large landmass with relatively few services in the rural area. Social isolation may play a role in influencing the behaviours of this population of young people. The study proposes to assess whether young people see this as an influence on their behaviour the 'nothing to do culture' and 'boredom factor' which Shared Solutions (WRDTF 2006) suggests could be one reason for substance use. The lack of previous research in this provincial area further serves to highlight the existing gap.

2.19 Drug Education

Several evaluations of information-based drug prevention programmes have been undertaken, findings suggest that providing young people with knowledge alone can actually increase drug use and promote positive attitudes towards drugs (Dorn and Murji, 1992). Ennett et al., (1994) found that prevention programmes which emphasise interpersonal factors by focussing on social competencies and by using interactive teaching strategies were more effective across all outcome measures.

The ultimate goal of drug prevention in the field of drug related problems is to ensure that members of a given population do not abuse

drugs at all, i.e. absenteeism and consequently do not put themselves at risk of suffering damage or causing social harm (WHO, 1993)

It is also possible to talk about preventing harm as well as preventing of use. As such prevention should be seen in its broadest terms as a wide range of activities and initiatives designed to tackle drug use and misuse, which aim to prevent or postpone initiation, discourage misuse and reduce drug related harm (NYHP 2002). This research will also explore participant's perceptions of current drugs and alcohol education.

2.20 Theories in relation to Substance Use

The social cognitive theory (Bandura 1977a) suggests that behaviour is affected by environmental influence and places self-efficacy as the most valuable feature to determining behaviour and change. Social learning theory (Bandura 1977b) suggests that human behaviour is learned observationally. Individuals are more likely to adopt a modelled behaviour if the model is similar to the observer and has admired status, giving the behaviour a functional value. Indicating how social interactions, experiences and outside media influences can influence young people. The health belief model (Rosenstock 1966; Becker 1974) proposes that health-related behaviour depends on an individual's perception that an action will lead or will not lead to illness. This is outlined by the severity of the illness, potentially from substance use, their believed susceptibility of getting the illness, the benefits of taking preventative action and the barriers to this action. The theory of reasoned action (Fishbein and Ajzen 1967) suggests that behavioural intention depends on a person's attitude towards the behaviour and subjective norms. The theory of planned behaviour (Ajzen and Madden 1986) outlines that behavioural intentions are made up of attitudes, social norms and perceived behavioural control. Behaviours do not occur in isolation as such a multitude of variables determine the health related behaviour of a person. These theories will be used to underpin the discussion of the findings.

2.21 Conclusion

This literature review outlines the current research in the area of drug and alcohol use including; national and international research, definitions, risk factors, peer and social influence, impacts of early school leaving and current policy. The literature review also explores current research in relation to education, tobacco, alcohol and illicit drugs, as well as outlining relevant health promotion theories and principles. This literature review highlights a clear gap in research available with respect to drug and alcohol related attitudes, knowledge and behaviours of early school leavers in the West of Ireland. The methods utilised to extrapolate the data for this research will be outlined in Chapter Three.

Chapter 3: Methodology

Chapter 3: Methodology

3.1 Introduction

This chapter outlines the methods used to collect the data for this research, as well as a rationale for choosing these methods. The research design was a mixed method approach, triangulation, incorporating both quantitative and qualitative research through the use of questionnaires, focus groups and photo-voice, respectively. A description of the instruments used will be provided along with ethical considerations, data analysis approaches and limitations of these methods.

3.2 Research Approach

The positivist paradigm holds that the truth is out there waiting to be discovered, that essentially facts exist independently and this kind of analysis must be expressed in law-like generalisations (Cohen et al., 2000). Despite the scientific methods proven success, positivism is less successful in its application to the study of human behaviour, which with its complexity is difficult to examine. The naturalistic approach argues that people actively construct their social world (Cohen et al, 2000). In this context, the interpretive paradigm would be to understand the subjective world of human experience, while retaining integrity but getting a view from inside to heighten understanding (Cohen et al., 2000). The goal of the approach taken, the ethnographic approach is “to grasp the native point of view, his relation to life, to realise his vision of his world”, (Malinowski 1922 cited in Hitchcock and Hughes 1995:119). This research is concerned with the attitudes, knowledge and behaviours of young people with respect to substance misuse. As such the approaches chosen have been selected to meet the objectives stated in Chapter One.

3.3 Triangulation

The chosen research approach is a mixed method one, triangulation, which Cohen et al., (2000:112) describe as “the use of two or more methods of data collection in the study of

some aspect of human behaviour”. Triangulation limits bias and promotes researcher confidence (Cohen et al 2000). Using both quantitative and qualitative techniques was considered the most effective method of answering the questions posed. Exclusive reliance on one method may bias the researchers picture of a particular reality being investigated (Lin 1976). Questionnaires, focus groups and photo-voice were the tools used for data collection. The use of these methods, and how they were developed and customised for this study, will be discussed in this chapter.

3.4 Informed Consent

Consent is defined as “compliance in or approval of what is done or proposed by another” (Webster 1996:97). Morse and Field (1995:62) describe three different levels of consent required when research is being conducted; with special populations such as school children, hospital patients or prison inmates. The first level of consent is from the organisation where the research will take place, the second is from the parent or guardian of the participants and the third is the consent of the participant. As the subject area is also of a sensitive nature, that of engaging using illegal substances, it is vital that participants feel that their identity is protected. Therefore confidentiality and anonymity are of paramount importance, with the exception of areas of concern with regard to Children First Guidelines (DOHC 1999b).

3.5 Negotiating Access

The centres were contacted and invited to participate in the study in June 2007. The organisations central role was to provide second chance education for early school leavers. Further to the initial telephone call, the researcher sent an introductory letter which outlined the purpose of the study, the student status of the researcher and the commitment to anonymity and confidentiality throughout the research process (Appendix A). All centres replied via email and consented to be part of the study (Appendix B). Further contact was made when ethical approval was attained and arrangements were made to conduct the research.

3.6 Research Setting

The setting for this research was in early school leaver centres in counties Galway, Mayo and Roscommon. These centres provide further education and development for early school leavers. There are nine centres in the three counties, one in Roscommon, three in Mayo and five in Galway.

3.7 Quantitative Research

Quantitative research is utilised predominantly in the positivistic approach as it is concerned primarily with measuring variables, deducing relationships and yielding generalisable results (Cohen et al., 2000:9).

In the context of health promotion this study serves to ascertain whether substance misuse has been an influential in the lives of early school leavers. For this aspect of the study the questionnaire generates data which will enable the researcher to quantify the substance use related knowledge, attitudes and behaviours of early school leavers. The results of which will be compared to current data that exists for the general population of school going students. The results will also feed into the qualitative phase and enable in depth analysis of the attitudes of young people in relation to substance misuse.

3.8 Qualitative Research

Qualitative research sets out to answer “what is going on and why it is going on” (de Vaus 1996:11).

To help us understand social phenomena in natural settings, giving due emphasis to the meanings, experiences and views of all the participants (Pope and Mays 1996:42).

Values, attitudes and perceptions are subjective in nature and as such a qualitative approach adds depth to the substance use related attitudes, knowledge and behaviours of early school leavers. As substance misuse can directly impact the health of the user it is important to

ascertain how young people see substance misuse in the context of their lives and how they see it influencing their health. WHO (1986) state that “health promotion is the process of enabling people to increase control over, and to improve, their health”. A concept that is largely is difficult to quantify and as such qualitative research tools are better equipped to investigate perceptions and attitudes.

3.9 Sampling

3.9.1 Questionnaire Sampling

The sampling method used in selecting participants for the questionnaire was by stratified random sampling.

Stratified samples are where it is desirable to select a sample in such a way that the research worker is assured that certain subgroups in the population will be represented in the sample in proportion to their numbers in the population itself (Borg and Gall 1983:248).

The advantage of this form of sampling is that stratified sampling provides a means of ensuring greater sophistication in obtaining representatives (Hitchcock and Hughes 1995:108). It also enables the researcher to gain a good overall view of a population group. A list of participants from each centre was compiled and fifty percent of attendees on the day were randomised, i.e. every second young person who signed in that day was invited to participate in the questionnaires.

3.9.2 Focus Group and Photo-voice Sampling

The idea of qualitative research is to “purposefully select informants” that will provide the most useful information to answer the research question (Creswell 1994:148). Purposive sampling was used to select the participants for the focus groups and photo-voice. Three of

the nine centres were then chosen to participate in the focus groups, one per county, and one centre was invited to participate in the photo-voice.

3.10 Data Collection: First Phase

3.10.1 Questionnaire

The questionnaire is essentially a list of questions set to specific individuals who respond. Kumar (1999) highlighted that it was vital that questions are clear, unambiguous and easy to understand. If the respondent misunderstands a question only slightly, their reply is very likely to be of little value (Grix 2001). Questionnaires are a way of collecting information quickly and also afford the respondent anonymity, something that is important when asking sensitive questions; such as those around substance misuse. De Vaus (1991) presents a number of advantages of closed questions including; easier to code and recommends providing many alternative responses so that respondents have greater choices. Closed questions were mainly chosen for this questionnaire to facilitate low literacy levels.

3.10.2 Questionnaire: Design

The questionnaire was designed using aspects of both the ESPAD and HBSC surveys (European Monitoring Centre for Drugs and Drug Addiction 2006), these surveys have both been well documented and undergone validity and reliability testing. Dummy drug 'Revelin' was included in self-reported behaviour questions to ensure that the data was as reliable. Questionnaires were discarded when 'Revelin' use was acknowledged, as reliability to subsequent questions could not be guaranteed. Questionnaires are designed to fulfil specific objectives (Leedy 1997) in this study to fulfil the objectives outlined in Chapter One.

Overview of questions in the questionnaire:

Section A: Demographics: Background information of the respondents for questions 1-3

Section B: Behaviour related data: Drug and Alcohol use and frequency for questions 4-16.

Section C: Attitude related data: Perceptions of impact of substance use on respondent for questions 17-55.

Section D: Knowledge related data: Knowledge of influence of drugs and alcohol on the body, included perceived knowledge of same for questions 56-64.

Section E: Perceptions of risk in relation to substance misuse for questions 65-74.

Section F: Perceptions of education, ability to community around substance misuse with parents and knowledge of where to go for information or help for questions 75-82.

3.10.3 Questionnaire: Pilot

“Preliminary testing of the instrument will highlight necessary adjustments that can be made prior to the main data collection”, (Bell 1997:65). Questionnaires were piloted with ten young people to determine whether the questions would derive the information required and were easy to understand. The young people were given highlighters to identify any questions they found difficult to understand, they were encouraged to write notes beside any questions if they wanted further information or instruction on. They were also asked what they thought of the layout. The questions were modified slightly to make them more appropriate for the target group.

Questionnaire Changes:

Question 57 was changed from *'tolerance'* to *'women are affected by alcohol quicker than men'*. Question 58 and 59 were reworded. Additional information was given for question 70 with the word *'inhalants'*. The word *'occasionally'* was removed from question 65 as it could be interpreted in many different ways. The layout was also changed so that it was more attractive (Appendix C: Questionnaire).

3.10.4 Questionnaire: Delivery

The questionnaires were distributed, administered and collected by the researcher to ensure anonymity and confidentiality. Participants were separated to guarantee accurate individual completion. As per the Declaration of Helsinki (World Medical Association 2004) information was provided to participants both written and verbally. The questionnaire was read aloud for clarification and to support low literacy level respondents.

3.11 Data Collection: Second Phase

3.11.1 Focus Groups

Focus groups are defined as “a form of group interview that capitalises on communication between the research participants in order to generate data” (Kitzinger 1995:1). Hitchcock and Hughes (1995:161) propose that the strength of group interview “lies in the insights that they can provide into the dynamic effects of interaction between people and the way this can effect how views are formed and changed”. The focus group is particularly appropriate in studies of participant’s attitudes and experiences, the focus group highlights what people think and reveals how they think (Kitzinger 1995). The role as a researcher is to act as a moderator or facilitator and less of an interviewer (Punch 2000).

3.11.2 Focus Group: Advantages and Disadvantages

Focus groups are quick, reliable and give a good range and depth of information. It allows people to explore a topic in a group discussion and allows the facilitator assess reactions, experience or suggestions to the topic. They can however be hard to analyse.

3.11.3 Focus Group: Topic Guide Development

A topic guide for the focus group was developed (Appendix D) from the findings of the questionnaire and with the help of two youth workers. Section I included a roaming debate, with a range of statements where participants either: Strongly Agree, Agree, Disagree or Strongly Disagree. This format enabled the young people to voice their opinion and challenge their peer's attitudes. Section II included a range of discussion topics. In the transcripts participants were given pseudonyms to protect their identity.

3.11.4 Focus Groups: Delivery

The focus groups were conducted in each county to explore the attitudes of the early school leavers involved in the study. The centre coordinators suggested participants to be involved. These participants were asked if they would like to take part. Information and consent forms were read to all the participants. Participants were asked to take the information and consent forms home to their parents or guardians to sign to ensure informed consent obtained. Participants signed separate forms to give their consent to participate in the study, also acknowledging they could opt out at any stage. The focus group included 6-8 early school leavers from each county, Galway, Mayo and Roscommon. The focus groups were 30-50 minutes, recorded with a digital MP3 recorder and participants received refreshments for their involvement.

3.12 Data Collection: Third Phase

3.12.1 Photo-voice

Photo-voice is a creative opportunity of enabling people a medium to express themselves, particularly for those experiencing language barriers.

Photo-voice is a method by which people can identify, represent and enhance their community through a specific photographic technique. (Wang and Burris 1997:369).

It was also considered a good technique to further back-up the other tools, and thus increasing reliability and trustworthiness of the findings. Five participants (male 15-16 years) were invited to take part in the photo-voice, all participants agreed. They created pictures and clay models to depict their attitudes and knowledge about drugs and alcohol, and then discussed them. These drawings and sculptures set out to capture what the participants views are in relation to substance use and to add an extra dimension to the research.

3.13 Validity and Reliability

Qualitative research has been criticised by researchers of the empirical tradition on the grounds that validity and reliability were poorly controlled (Morse and Field 1995). Validity is key to effective research and can be addressed through “honesty, depth, richness and scope of the data achieved, the participants approached and the extent of triangulation and the disinterestedness of the researcher” (Cohen et al., 2003:105). Validity is important in that it adds weight to the results obtained and suggests that such results are legitimate, well-founded and authentic. Validity is strengthened in this research through the use of triangulation. The use of all centres in the region and the high levels of participation in each centre add strength to this research. Morse and Field (1995:142) suggest that qualitative research can be “both biased and unreliable and may contradict other participant’s reports”. It is important to consider the purpose of qualitative research as not “to determine

objectively what actually happened but rather to objectively report the perceptions of each participant in the setting” (Morse and Field 1995:142), and as such all reports in qualitative research are acceptable data.

Reliability suggests that “data generated be consistent and replicable over time, instruments or groups of respondents” (Cohen et al., 2003:117). The use of dummy drug ‘Revelin’ to the questionnaire increases the reliability of the data collected, as those admitting ‘Revelin’ use were discarded as reliable answers to other questions could not be guaranteed. In the case of focus groups Kitwood (1977 cited in Cohen and Manion 1994:282) argues that:

Reliability and validity become redundant notions for every interpersonal situation may be said to be valid, as such, whether or not it conforms to expectations, whether or not it involves a high degree of communication, and whether or not the participants emerge exhilarated or depressed.

3.14 Researcher as an Instrument

As the researcher is a tool for evaluating and analysing the data personal involvement is high. This can be considered a strength as the person gets an in-depth view of how things progress, or considered a weakness and contribute to bias. Bias is considered “a systematic or persistent tendency to make errors in the same direction, that is, to overstate or understate the true value of an attribute” (Lansing, Ginsberg and Braaten 1961 cited in Cohen and Manion 1994:281). Cohen and Manion state that “the sources of bias are characteristics of the interviewer, the respondent and substantive content of the questions” (1994:282). The researcher reflected on her role as researcher, remained constantly aware of her position and took care not to introduce bias throughout the research. To further reduce bias the researcher recorded the focus groups and analysed them some time after they were completed ensuring a more reflective view point of occurrences.

3.15 Data analysis

The statistical package for social sciences, SPSS, was used to analyse the data collected from the questionnaires. This packaged measured and assessed the relationship between different variables. Numeric codes were used for the closed questions (Never = 1, Once/Twice = 2, Monthly = 3, Every Week = 4, Three Plus times per week = 5, Daily = 6). Cross tabulation with the use of chi squared tests, where <0.05 is considered significant, was used to deduce the significance of relationships between different variables. The naturalistic qualitative inquiry is concerned with the description and explanation of phenomena (Hitchcock and Hughes 1995:296). Data collected from focus groups was transcribed, analysed and emergent themes identified. Analysis of qualitative research is, according to Burnard (1991), to establish a detailed and systematic recording of themes and link them together in a category system. Hitchcock and Hughes (1995:173) lay out guidelines to qualitative analysis including: “familiarity with the transcript, isolation of general units of meaning, relate general units of meaning to the research focus, examine patterns and themes extracted”.

3.16 Ethical Considerations

Ethical approval was sought and granted from the University of Limerick College of Education Research Ethics sub-committee (Appendix E). All centres consented to the study (Appendix B). The questionnaires were distributed, administered and collected by the researcher to ensure anonymity and confidentiality. Parental information and consent (Appendix F, H and J), and participant information and consent (Appendix G, I and K) was sought for the questionnaires, focus group and photo-voice, respectively. The researcher was a resource with experience of facilitating groups, and ensured a safe environment for discussion of sensitive topics. The researcher highlighted prior to each focus group that information received would be treated with the strictest of confidentiality, with the exception of areas of concern with regard to Children First Guidelines (DOHC 1999b). Additional information sheets were distributed to all participants including; numbers of local and regional free confidential counsellors, a list of relevant helpline numbers and

websites so participants could access services should any issues arise for them during data collection (Appendix L).

3.17 Limitations

Some limitations to the research must be acknowledged.

The length of the questionnaire was disconcerting to some participants, this may have affected the quality of response.

The question on age at first use was included for all substances, it was over looked by the majority of participants and as such analysis of age at first use was not possible.

Some behavioural and attention issues arose in the final focus group, which meant that all areas of the topic guide could not be explored in depth.

3.18 Conclusion

The research process employed triangulation, a mixed method approach, which involved both quantitative and qualitative approaches. Phase one of the study consisted of 106 questionnaires with early school leavers. The statistic package SPSS was utilised to analyse the data. Phase two of the study comprised three focus groups. The data was transcribed, analysed and emergent themes identified. Phase three used photo-voice to add an extra dimension to the research. The tools were employed to give greater understanding to the drug and alcohol related attitudes, knowledge and behaviours of early school leavers. The data from the three phases was collated and is detailed in Chapter Four.

Chapter 4: Findings

Chapter 4: Findings

4.1 Introduction

This chapter details the results of the research undertaken during this study. Data obtained from the questionnaire and the focus groups is presented simultaneously under emergent themes in an attempt to illustrate as clear a picture as possible of the attitudes, knowledge and behaviours of early school leavers to substance use. Data obtained in the questionnaire aims to quantify current tobacco, alcohol and drugs related-behaviour and investigate the attitudes and knowledge towards these substances amongst this target population. Data from the focus groups and photo-voice intends to further explore the attitudes towards alcohol and drugs, while also focusing on early school leaver's perception of current drugs education. Participants were given pseudonyms to protect their identity.

4.2 Demographics

Of the 106 completed questionnaires 47 were male (44.3%) and 59 were female (55.7%). The respondents were aged from 15-20 years with an average age of 16 years. Participants in the focus groups were: focus group 1 (n=7); 4 females and 3 males aged 16-19 years (mean age 17 years), focus group 2 (n=8); 4 females and 4 males aged 15-17 years (mean age 16 years), focus group 3 (n=7); 7 males aged 15-18 years (mean age 16 years). Five males (15-16 years) participated in photo-voice.

4.3 Questionnaire Response Rate

The total number of students in the combined centres was 290. The response rate was calculated as the proportion of young people who completed the questionnaire out of fifty percent of the total number of young people that attended the centre on the day. The total number of young people who attended the centres on the day the questionnaire was administrated was 252. A total of 121 questionnaires was completed yielding a response rate of 96%. Of the 121 questionnaires, 106 were completed correctly, 6 discarded due to

ticking 'Revelin' the dummy drug and 9 due to questionnaires being incomplete or destroyed. This yielded an actual response rate of 84% for valid questionnaires.

The gender of the respondents included in the questionnaires is outlined in table 4.1.

<i>Gender</i>	<i>Frequency</i>	<i>Percent</i>
<i>Male</i>	47	44.3
<i>Female</i>	59	55.7
<i>Total</i>	106	100.0

Table 4.1: Gender frequency and percent.

The age of the respondents included in the questionnaires is outlined in table 4.2.

<i>Age</i>	<i>Frequency</i>	<i>Percent</i>
<i>15 years old</i>	13	12.3
<i>16 years old</i>	32	30.2
<i>17 years old</i>	24	22.6
<i>18 years old</i>	25	23.6
<i>19 years old</i>	6	5.7
<i>20 years old</i>	6	5.7
<i>Total</i>	106	100.0

Table 4.2: Age frequency and percent.

4.4 Self-Reported Behaviour

Self-reported alcohol and drug use are included in this section along with patterns of use of various substances.

4.4.1 Tobacco Use

Table 4.3 outlines the frequency of tobacco use and shows that 17.9% of respondents never smoked and revealed that 66% are daily smokers.

<i>Reported Use</i>	<i>Frequency</i>	<i>Percent</i>
<i>Never</i>	19	17.9
<i>Once/Twice</i>	12	11.3
<i>Monthly</i>	3	2.8
<i>Every Week</i>	2	1.9
<i>Every Day</i>	70	66.0
<i>Total</i>	106	100.0

Table 4.3: Tobacco use frequency and percent.

Table 4.4 indicates that more young people between 15-17 years old smoke cigarettes than those over 18 years old. The differences were statistically significant at the $p < 0.05$ level (Chi square=10.647, $df=4$, $p=0.014$).

		<i>Tobacco</i>				<i>Total</i>
		<i>Once/Twice</i>	<i>Monthly</i>	<i>Every Week</i>	<i>Every Day</i>	
<i>Age</i>	15-17	5	0	0	47	52
	18-20	7	3	2	23	35
<i>Total</i>		12	3	2	70	87

Table 4.4: Age crosstabulation with tobacco.

4.4.2 Alcohol Use

The pattern of alcohol use is outlined in table 4.5. This table highlights that 85.9% of respondents have drunk alcohol, while 70.8% drink frequently at a combined monthly, every week, three plus times a week or every day.

<i>Reported Use</i>	<i>Frequency</i>	<i>Percent</i>
<i>Never</i>	15	14.2
<i>Once/Twice</i>	16	15.1
<i>Monthly</i>	21	19.8
<i>Every Week</i>	39	36.8
<i>3 plus/wk</i>	13	12.3
<i>Every Day</i>	2	1.9
<i>Total</i>	106	100.0

Table 4.5: Alcohol use frequency and percent.

Table 4.6 indicates that over 18 year olds were more likely to drink alcohol, the differences were statistically significant at the $p < 0.05$ level (Chi square=9.337, $df=2$, $p=0.009$). There was no statistically significant gender difference.

		<i>Alcohol</i>			<i>Total</i>
		<i>Never</i>	<i>Once/Twice</i>	<i>Regularly</i>	
<i>Age</i>	15-17	13	14	42	69
	18-20	2	2	33	37
<i>Total</i>		15	16	75	106

Table 4.6: Age crosstabulation with alcohol.

Table 4.7 highlights that a greater proportion of early school leavers in Roscommon are more likely to drink and do so more regularly than in the other counties, the differences were statistically significant at $p < 0.05$ level (Chi square=13.940, $df=4$, $p=0.007$).

		<i>Alcohol</i>			<i>Total</i>
		<i>Never</i>	<i>Once/Twice</i>	<i>Regularly</i>	
<i>County</i>	Galway	12	6	36	54
	Mayo	1	10	24	35
	Roscommon	2	0	15	17
<i>Total</i>		15	16	75	106

Table 4.7: County crosstabulation with alcohol.

4.4.3 Lifetime Use

Table 4.8 outlines that lifetime reported use of any illicit drug was 51% and lifetime use of any illicit substance, excluding cannabis, was 30%.

	<i>Yes</i>	<i>No</i>	<i>Total</i>
<i>Lifetime use of an illegal drug</i>	54 (51%)	52 (49%)	106
<i>Lifetime use of an illegal drug excluding cannabis</i>	32 (30%)	74 (70%)	106

Table 4.8: Lifetime use of illegal drugs.

4.4.3 Cannabis Use

Table 4.9 demonstrates that 55.7% of respondents have never smoked cannabis, 44.3% of respondents have tried cannabis and 24.5% report regular cannabis use. Gender and age differences in use of cannabis were not found to be statistically significant.

<i>Reported Use</i>	<i>Frequency</i>	<i>Percent</i>
<i>Never</i>	59	55.7
<i>Once/Twice</i>	21	19.8
<i>Monthly</i>	12	11.3
<i>Every Week</i>	4	3.8
<i>3 plus/wk</i>	8	7.5
<i>Every Day</i>	2	1.9
<i>Total</i>	106	100.0

Table 4.9: Cannabis use frequency and percent.

4.4.4 Other Drug Use

Table 4.10 illustrates that 12% of respondents have used solvents. Ecstasy has been used by 22.4% of respondents and speed has been used by 17.9% of respondents

<i>Reported Use</i>	<i>Solvents</i>		<i>Ecstasy</i>		<i>Speed</i>	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Never</i>	93	87.7	82	77.4	87	82.1
<i>Once/Twice</i>	12	11.3	8	7.5	13	12.3
<i>Monthly</i>	0	0	13	12.3	5	4.7
<i>Every Week</i>	1	.9	3	2.8	1	.9
<i>Total</i>	106	100.0	106	100.0	106	100.0

Table 4.10: Solvent, Ecstasy and Speed; frequency and percentage of use.

Table 4.11 indicates that a greater proportion of early school leavers in Roscommon used ecstasy than in the other two counties. The differences were statistically significant at $p < 0.05$ level (Chi square=15.336, df=6, $p=0.018$)

<i>County</i>		<i>Ecstasy</i>				<i>Total</i>
		Never	Once/Twice	Monthly	Every Week	
	Galway	47	3	3	1	54
	Mayo	25	5	4	1	35
	Roscommon	10	0	6	1	17
<i>Total</i>		82	8	13	3	106

Table 4.11: Ecstasy crosstabulation with county.

Table 4.12 indicates that 7.5% of respondents have used magic mushrooms and LSD was used by 7.5% of respondents.

<i>Reported Use</i>	<i>Magic Mushrooms</i>		<i>LSD</i>	
	Frequency	Percent	Frequency	Percent
<i>Never</i>	98	92.5	98	92.5
<i>Once/Twice</i>	8	7.5	8	7.5
<i>Total</i>	106	100.0	106	100.0

Table 4.12: Magic mushrooms, LSD; frequency and percentage of use,

Table 4.13 illustrates cocaine was used by 21.7% of respondents it also demonstrates that crack cocaine has been used by 3.8% of respondents and heroin was used by 4.7% of respondents.

<i>Reported Use</i>	<i>Cocaine</i>		<i>Crack cocaine</i>		<i>Heroin</i>	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Never</i>	83	78.3	102	96.2	101	95.3
<i>Once/Twice</i>	15	14.2	2	1.9	5	4.7
<i>Monthly</i>	7	6.6	2	1.9	0	0
<i>Every Week</i>	1	.9	0	0	0	0
<i>Total</i>	106	100.0	106	100.0	106	100.0

Table 4.13: Cocaine, Crack cocaine, Heroin; frequency and percentage of use.

4.5 Attitudes and Perceptions

The prevalent themes that represent the perceptions, opinions and experiences of the participants from data gathered in the questionnaires and focus groups will be presented in this section. The emergent themes include; attitudes to tobacco use, alcohol use and illicit drug use, perceptions in relation to likelihood of response of parents and friends to substance use. Views in relation to impact on education, likelihood of addiction and impact on self-esteem are highlighted.

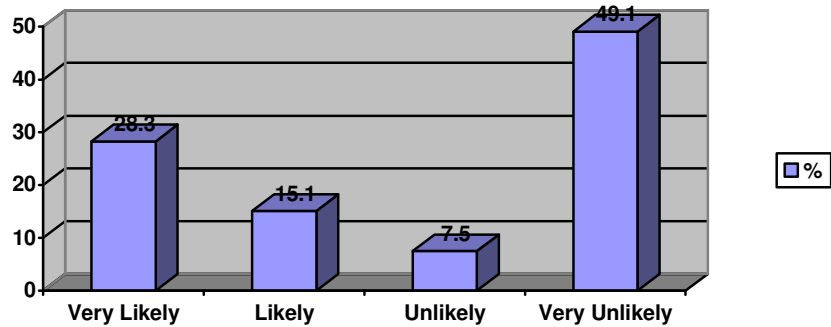
4.6 Attitudes to Tobacco

The general perception towards smoking cigarettes was that people should have the right to smoke cigarettes, that it was an individual's choice. Smokers were seen to be only doing harm to themselves. Interesting discussions developed around what would happen if cigarettes were banned.

FG3: "No sure they'd be smoking anyway, they'd be just bringing a load of fags into the country". (Paul)

FG3: "Someone would have to make money out of them". (Aaron)

Trouble with parents was not viewed as a problem for 56.6% of respondents in relation to smoking cigarettes (graph 4.1). However, 43.4% felt that their parents would not be pleased to know that they were smoking.



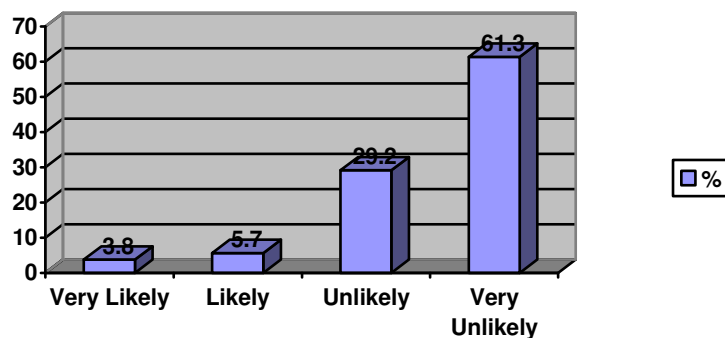
Graph 4.1: How likely is it that if you smoked cigarettes in the next month you would get into trouble with parents.

Table 4.14 indicates that a greater proportion of smokers felt that it was unlikely they would get into trouble with their parents for smoking than non-smokers. The differences were statistically significant at the $p < 0.05$ level (Chi square=22.230, $df=3$, $p=0.000$).

		<i>Trouble</i>		<i>Total</i>
		Likely	Unlikely	
<i>Tobacco</i>	Never	14	5	19
	Once/ Twice	9	3	12
	Occasionally	4	1	5
	Every Day	19	51	70
<i>Total</i>		46	60	106

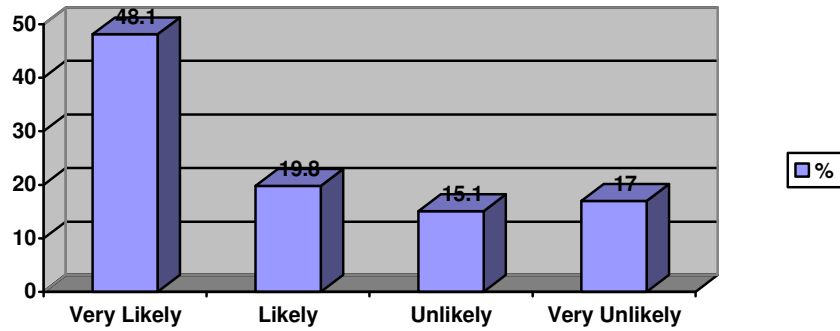
Table 4.14: Tobacco use crosstabulation with likelihood of trouble with parents.

Most respondents (90.5%) did not believe that their friends would have a problem with them smoking (graph 4.2).



Graph 4.2: How likely is it that if you smoked cigarettes in the next month you would have problems with friends.

Potential for addiction to cigarettes was deemed likely or very likely by 67.9% of respondents, 32.1% believed that if they smoked in the next month they would not become addicted (graph 4.3).



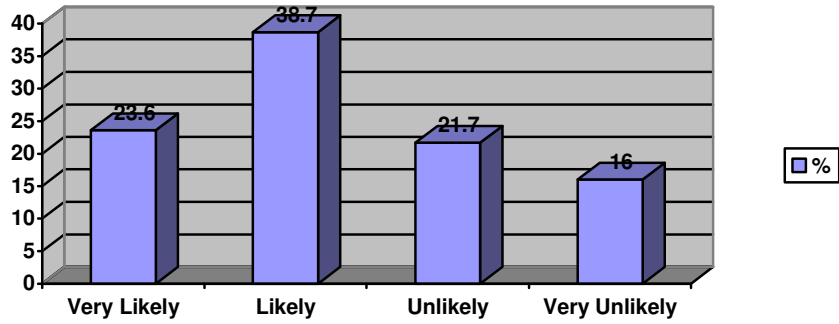
Graph 4.3: How likely is it that if you smoked cigarettes in the next month you would become addicted.

Table 4.15 indicates that a greater proportion of smokers believe that smoking is likely to lead to addiction to cigarettes. The differences were statistically significant at the $p < 0.05$ level (Chi square=22.156, $df=3$, $p=0.000$).

		<i>Addicted</i>		<i>Total</i>
		Likely	Unlikely	
<i>Tobacco</i>	Never	8	11	19
	Once/ Twice	3	9	12
	Occasionally	4	1	5
	Every Day	57	13	70
<i>Total</i>		72	34	106

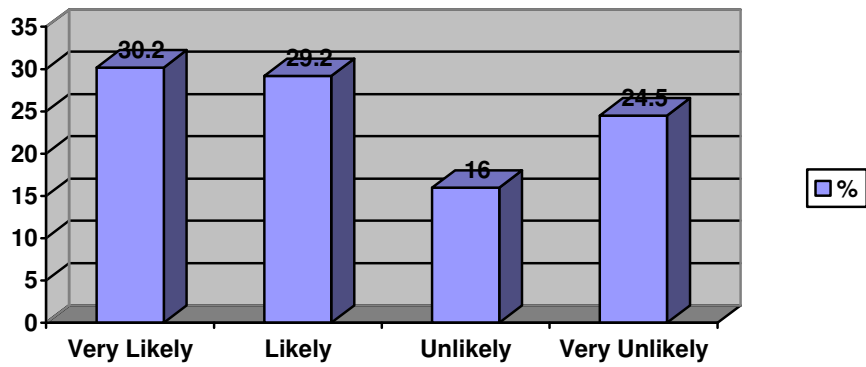
Table 4.15: Tobacco use crosstabulation with likelihood of addiction

Graph 4.4 highlights that 62.3% of respondents perceived that smoking cigarettes could lead to money problems.



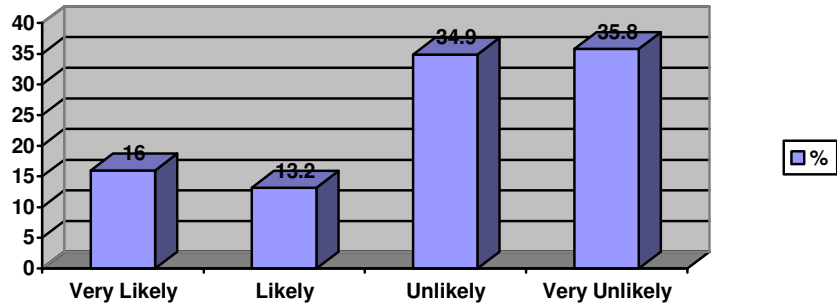
Graph 4.4: How likely is it that if you smoked cigarettes in the next month you would have money problems.

Perceived influence on relaxation indicated that 59.4% of respondents did think that smoking tobacco would lead to relaxation (graph 4.5).



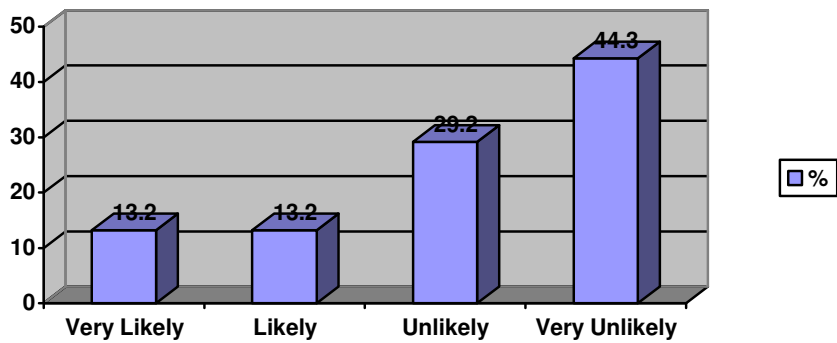
Graph 4.5 How likely is it that if you smoked cigarettes in the next month you would feel more relaxed.

The majority of respondents, 70.7%, did not think that smoking cigarettes would lead to greater levels of fun (graph 4.6).



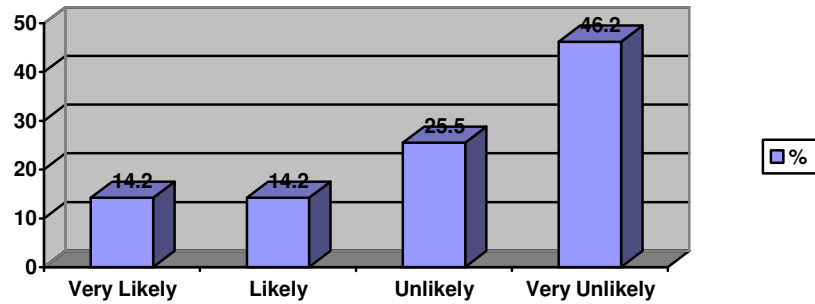
Graph 4.6: How likely is it that if you smoked cigarettes in the next month you would have more fun.

The graph 4.7 highlights that 73.5% of respondents did not think that they would be more popular by smoking cigarettes.



Graph 4.7: How likely is it that if you smoked cigarettes in the next month you would be more popular.

When asked whether they believed that smoking would make them more confident or outgoing 71.7% of respondents did not think that smoking would increase their confidence (graph 4.8).

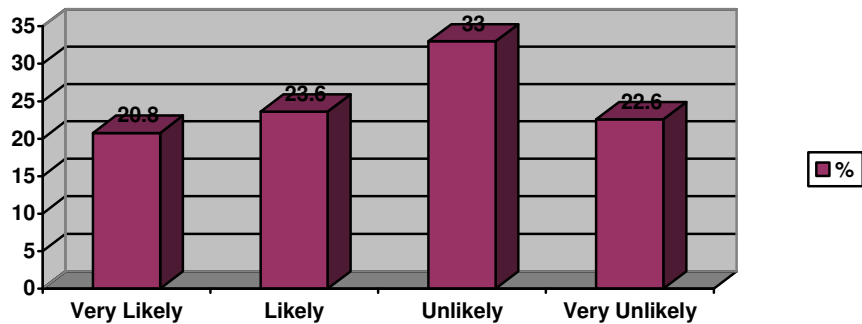


Graph 4.8: How likely is it that if you smoked cigarettes in the next month you would be more confident and outgoing.

4.7 Attitudes to Alcohol

For the most part participants perceived alcohol as a positive substance that would enhance their confidence and increase enjoyment. Some risks were highlighted and participants were aware of the impact of heavy drinking on decision making and poor judgement and potential for violence and aggression.

Graph 4.9 indicates that slightly more respondents 55% thought that drinking alcohol would not affect their education.

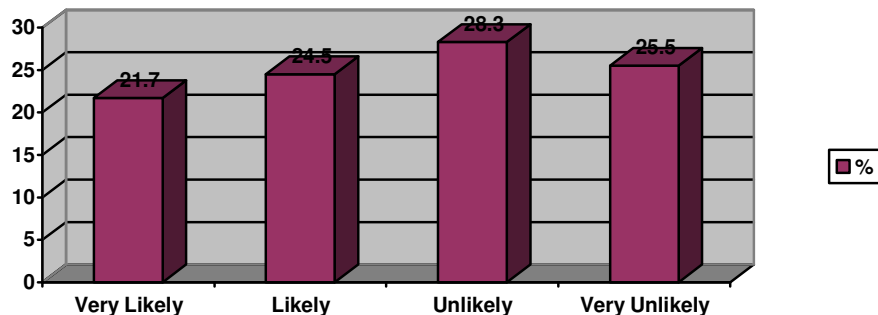


Graph 4.9: How likely is it if you drink alcohol in the next month you would do badly in your education.

4.7.1 Parental Influence

Just over half the respondents, 53.8%, thought that they would not get into trouble with their parents if they drank alcohol (graph 4.10). However, parental influence was seen as a crucial to behaviour with respect to alcohol. Most participants felt that if parents allowed their teenagers drink alcohol with them it would make it less attractive, not being allowed drink alcohol made it something more desirable. Participants also felt that if parents allowed their teenagers drink in their presence they would have a more responsible approach to alcohol.

FG1: Yea, if you're allowed to drink with your parents then you know what you can handle... you won't go home rat-arsed. Where as other guys I know who never drank at home when they went out they got completely pissed. (Dave)



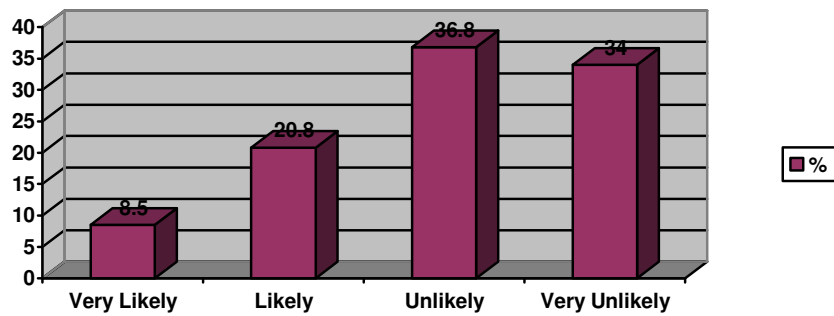
Graph 4.10: How likely is it if you drink alcohol in the next month you would get into trouble with parents.

Table 4.16 demonstrates that a greater proportion of those who drink regularly, feel that they are unlikely to get into trouble with parents for drinking. The differences were statistically significant at $p < 0.05$ level (Chi square=25.260, $df=2$, $p=0.000$).

		<i>Alcohol</i>			<i>Total</i>
		<i>Never</i>	<i>Once/ Twice</i>	<i>Regular</i>	
<i>Parents</i>	<i>Likely</i>	15	10	24	49
	<i>Unlikely</i>	0	6	51	57
<i>Total</i>		15	16	75	106

Table 4.16: Alcohol use crosstabulation likelihood of trouble with parents.

Problems with friends due to alcohol use was perceived to be unlikely or very unlikely by 70.8% respondents (graph 4.11).



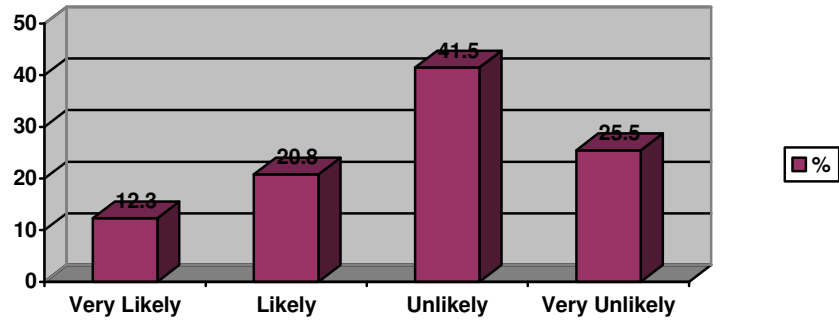
Graph 4.11: How likely is it if you drink alcohol in the next month you would have problems with friends.

Table 4.17 indicates that a greater proportion of those who drink regularly believe that it is unlikely they would have problems with friends from drinking alcohol. The differences were statistically significant at $p < 0.05$ level (Chi square=16.499, $df=2$, $p=0.000$).

		<i>Alcohol</i>			<i>Total</i>
		Never	Once/Twice	Regular	
<i>Friend</i>	Likely	11	4	16	31
	Unlikely	4	12	59	75
<i>Total</i>		15	16	75	106

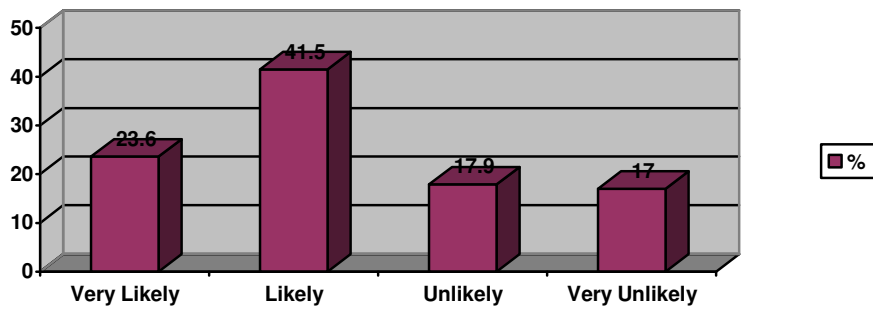
Table 4.17: Alcohol use crosstabulation with likelihood of trouble with friends.

Perceived potential for alcohol addiction was thought to be unlikely or very unlikely by 67% of respondents if they began drinking in the following month (graph 4.12).



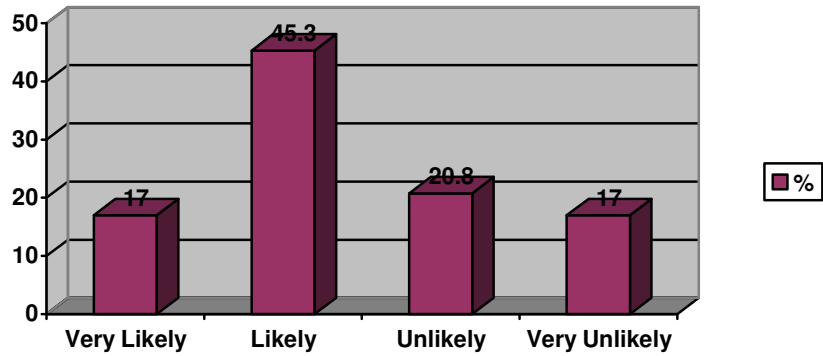
Graph 4.12: How likely is it if you drink alcohol in the next month you would become addicted.

Alcohol was perceived by 65.1% of respondents to potentially lead to money problems (graph 4.13).



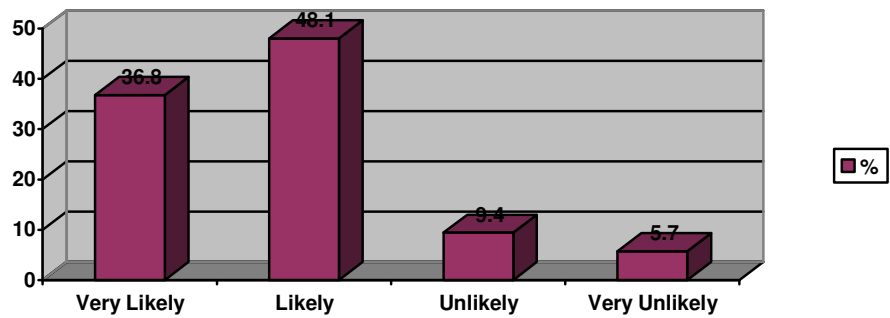
Graph 4.13: How likely is it if you drink alcohol in the next month you would have money problems.

Alcohol was perceived by 62.3% of respondents to contribute to relaxation (graph 4.14).



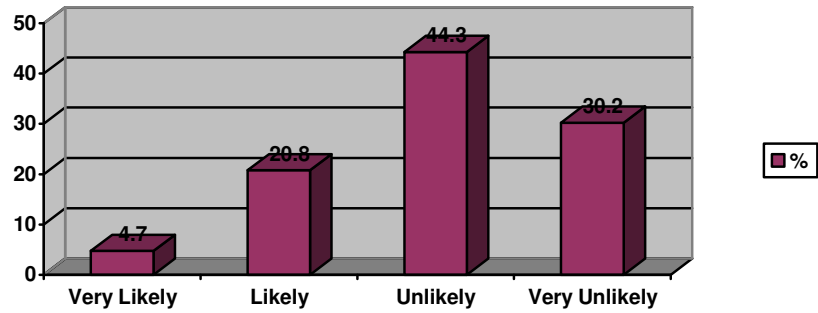
Graph 4.14: How likely is it if you drink alcohol in the next month you would feel more relaxed.

The majority of respondents, 84.9%, believed that drinking alcohol would translate into having more fun (graph 4.15).



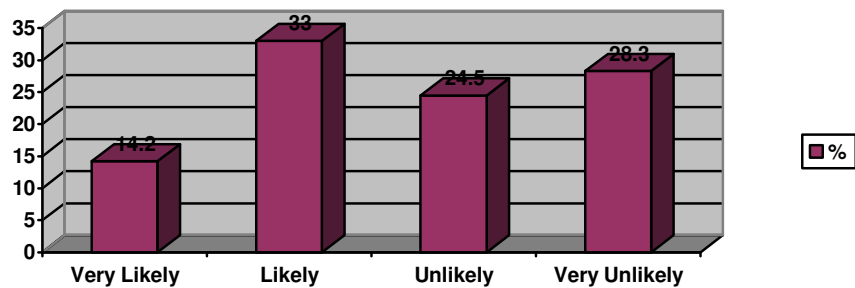
Graph 4.15: How likely is it if you drink alcohol in the next month you would have more fun.

Interestingly, the majority of respondents, 74.5%, thought that it was unlikely or very unlikely that drinking would make a person more popular (graph 4.16).



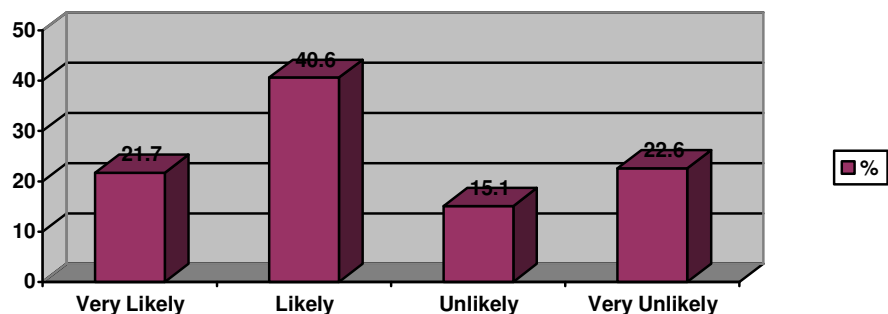
Graph 4.16: How likely is it if you drink alcohol in the next month you would be more popular.

In terms of using alcohol as a coping strategy, 47.2% of respondents believed that alcohol could help them to forget their troubles (4.17).



Graph 4.17: How likely is it if you drink alcohol in the next month you would forget my troubles.

Respondents in the main, 62.3%, considered that alcohol would increase their confidence and make them feel more outgoing (graph 4.18).



Graph 4.18: How likely is it if you drink alcohol in the next month you would be more confident and outgoing.

The survey revealed that alcohol has been used by 85% of respondents, with a general attitude to alcohol as positive, leading to enhanced confidence and increased fun. Alcohol use was seen to have relatively low levels of perceived risk of addiction, a 50/50 perception of reducing troubles and low level of perceived impact on friendships.

4.7.2 Appropriate Age for Alcohol Consumption

The perceptions of participants towards alcohol were mixed. The older participants were aware that drinking at 15 years old was harmful, despite having done so themselves. They felt they had insight into the damage and risks that it posed to the behaviour and decisions made by young people, through their own experience. The younger participants believed that it was alright to drink at 15 years old and felt strongly that the drinking age should be lowered so that they could drink in pubs in a safe environment and not ‘bushing’ i.e. drinking in fields or parks

FG1: I don't really agree or disagree, I know I was drinking when I was 15 but for a lot of people it is too young, it all depends on your attitude for some young people they can't handle it too much, as anything really. (Keith)

FG2: Well, everyone is drinking before they get to 16 anyway, so at least then you wouldn't be on the street or in an alley way drinking. (Andrea)

FG3: That's a good age to start, sure 13-14 is when most of us started. (Brian)

All participants in focus group 2 believed that the drinking age should be lowered due to insufficient venues or alternative activities for young people aged 16-17 years. In the main it was felt that at 16 you are too old for youth clubs and too young for the pub.

FG2: Yea its boring if you can't go to the pub you have no where to go. (Jeff)

4.7.3 Alcohol and Irish Culture

When asked whether they believed that Irish people had a problem with controlling their drinking, most felt that it was no more a problem in this country than in any other and that it really was only a small percentage of the population who generally gave the rest a bad name. While others felt that as there was very little to do in Ireland and that the weather was bad, that there was nothing else to do but drink.

FG2: I think that's just what people say, most people are fine with drink, it's just a few that get rough and fighting and stuff. (Olga)

FG1: It's to do with the weather as well, and depression so, it sort of goes with our nature I suppose. (Jane)

FG3: Irish people and drinking is a love hate relationship, they love to drink and hate to stop. (Mick)

4.7.4 Alcohol and Perceived Harm

In terms of potential to cause problems for people, most people felt that alcohol facilitated great fun and in the main did not cause huge amounts of problems. However, they were aware of when people did drink too much there was an increased risk of violence and sexual risk taking

FG1: Some of it does cause problems but when you drink too much you can end out in fights and stuff so then it causes problems (Liam)

Another participant believed that the greatest influence on alcohols ability to lead to problems was determined by the people that you were with.

FG1: If you're with the right people you can have a great night without any trouble but if you're with the wrong people who just want to get really drunk, then something bad is going to happen, its all about the people you are with, always. (Keith)

One participant highlighted that it does lead to problems in the family such as arguments and break-ups.

FG1: Loads of lives and families aswell that have been split up over drinking, its all drinking, nothing else, all the arguing and everything is because of drink they come home pissed and just want to start a fight, its all because of drink, nothing else. (Kate)

However, the majority of participants believed that with the exception of occasionally doing things that you regretted that it 'doesn't really cause problems for most people' (Mark) FG2. This was further backed up by Aoife's comment:

FG2: It's only really alcoholics that have a problem with drink. (Aoife)

4.7.5 Alcohol and Perceived Risks for Females

A variety of dangers that girls were at risk of when under the influence of alcohol were highlighted. These included not looking after themselves or each other by walking home alone or leaving friends behind if they did not get into a venue. They also believe they can be vulnerable when they are drunk and may be taken advantage of. They may not have respect for themselves when they do get drunk and then do things that they had not intended to or will regret, such as unprotected sex leading to STI's, unplanned pregnancies or taking drugs while under the influence of alcohol.

FG1: People take advantage of girls when they are drunk. (Kate)

FG1: Not only that but girls turn into little tarts when they are drunk. Go a bit sluttly when they've had a drink... no respect for themselves. (Jane)

4.7.6 Alcohol and Perceived Risks for Males

When participants explored the negative consequences of alcohol for boys, universally it was identified that violence and aggression were key outcomes they were at risk of.

FG1: I've seen one guy will say something little, really small and it can turn into something they end out having a huge fight over, and get really aggressive and violent, over something so little. (Dave)

FG3: Fighting and robbing and stealing and the guards (Mick)

The females identified that the males were more likely to cause trouble when under the influence of alcohol. They believed that alcohol alters the way people behave and as such can lead on to increased violence, aggression and sexual assault.

FG1: Mainly lads cause more trouble, it's the attitude when they drink it just changes, it changes you. There's a point where they drink too much and can't control themselves, stupid things then happen like rape and stuff like that. (Jane)

Other dangers that males were perceived to be at risk of in particular in relation to drugs was:

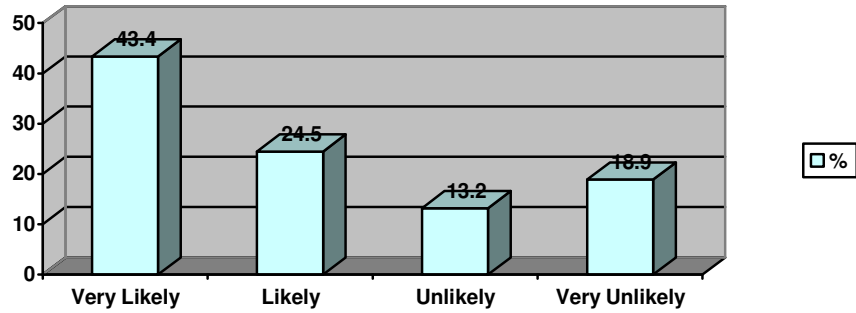
FG3: Impotency... (Dan)

Also the male participants believed that they would probably go to greater lengths to attain drugs than their female counterparts and as such were at greater risk of harming themselves and of harming others.

FG3: Drugs have a worse effect on lads than on girls, because lads will do more to get the drugs, girls won't do as much, I lad will go off and rob somebody but it'll take a girl an awful lot to go and do that. It's a male ego thing. (Dan)

4.8 Attitudes towards Drugs

Almost 43% of respondents perceived that they could get into trouble with the Gardaí if they used illicit substances (graph 4.19).



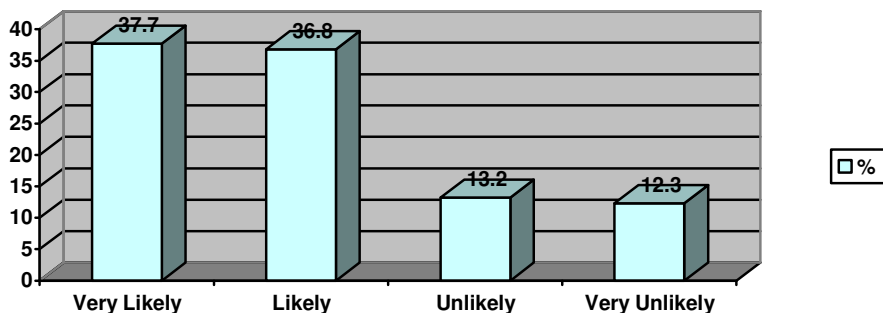
Graph 4.19: How likely is it if you took marijuana or other illegal substances in the next month you would get into trouble with the Gardaí.

Table 4.18 indicates that more young people who had not tried cannabis thought that it was likely that they would get into trouble with the Gardaí if they did use drugs. The differences were statistically significant at $p < 0.05$ level (Chi square=11.225, $df=2$, $p=0.004$).

		<i>Gardaí</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	48	11	59
	Once/ Twice	10	11	21
	Regular	14	12	26
<i>Total</i>		72	34	106

Table 4.18: Cannabis crosstabulation with likelihood of trouble with Gardaí.

Substance use was perceived to have a negative influence on education by 74.5% of respondents (graph 4.20).



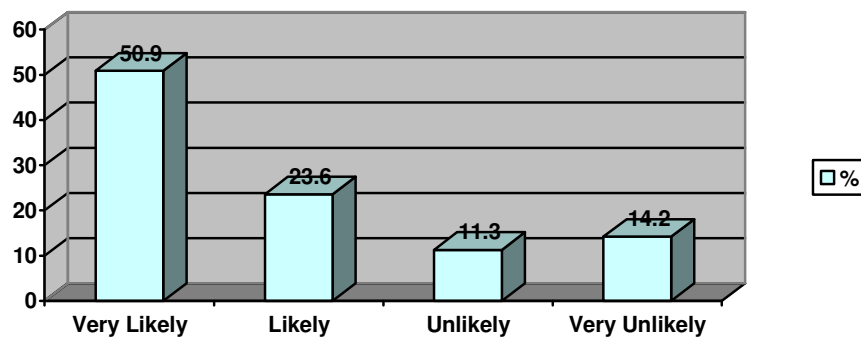
Graph 4.20: How likely is it if you took marijuana or other illegal substances in the next month you would have problems in your education.

Table 4.19 demonstrates how more of those who never used cannabis felt drug use was likely to lead to trouble with their education. The differences were statistically significant at $p < 0.05$ level (Chi square=7.810, $df=2$, $p=0.020$).

		<i>Trouble</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	50	9	59
	Once/ Twice	14	7	21
	Regular	15	11	26
<i>Total</i>		79	27	106

Table 4.19: Cannabis crosstabulation with likelihood of trouble with education.

Respondents' perception of getting into trouble with parents if they engaged in illicit substance use was 74.5% (graph 4.21).



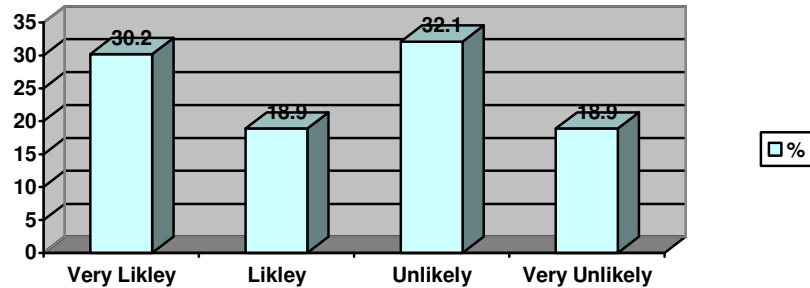
Graph 4.21: How likely is it that if you took marijuana or other illegal substances in the next month you would get into trouble with parents.

Table 4.20 indicates that more respondents who had not used cannabis felt that it was likely they would get into trouble with parents if they did use drugs. The differences were statistically significant at $p < 0.05$ level (Chi square=10.953, $df=2$, $p=0.004$).

		<i>Trouble with parents</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	51	8	59
	Once/ Twice	14	7	21
	Regular	14	12	26
<i>Total</i>		79	27	106

Table 4.20: Cannabis crosstabulation with likelihood of trouble with parents.

There were mixed views in terms of substance use leading to problems with friends yielding an almost a 50/50 divide (graph 4.22).



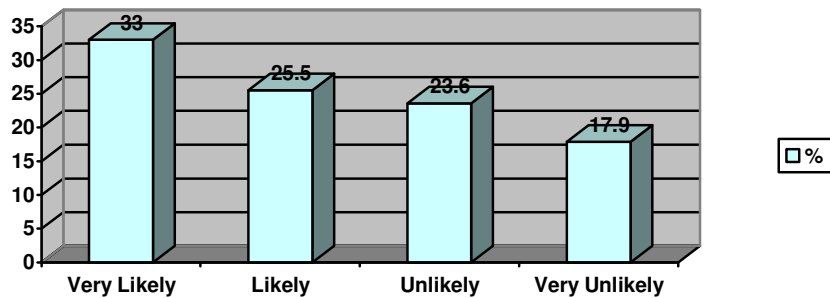
Graph 4.22: How likely is it that if you took marijuana or other illegal substances in the next month you would have problems with friends.

Table 4.21 indicates that more regular cannabis users felt that it was unlikely that they would have problems with friends from using cannabis compared with non-users. The differences were statistically significant at $p < 0.05$ level (Chi square=15.958, $df=2$, $p=0.000$).

		<i>Problem with Friends</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	39	20	59
	Once/Twice	7	14	21
	Regular	6	20	26
<i>Total</i>		52	54	106

Table 4.21: Cannabis crosstabulation with likelihood of problems with friends.

The relationship of substance use to addiction was only perceived likely or very likely by 58% of respondents (graph 4.23).



Graph 4.23: How likely is it that if you took marijuana or other illegal substances in the next month you would become addicted.

The data from the focus group revealed that some participants could not understand how substance use lead on to addiction, particularly cocaine. Also there was the perception that the cocaine available in Ireland was of less good quality and therefore probably less addictive.

FG1: But coke I don't see how people get addicted to coke. (Liam)

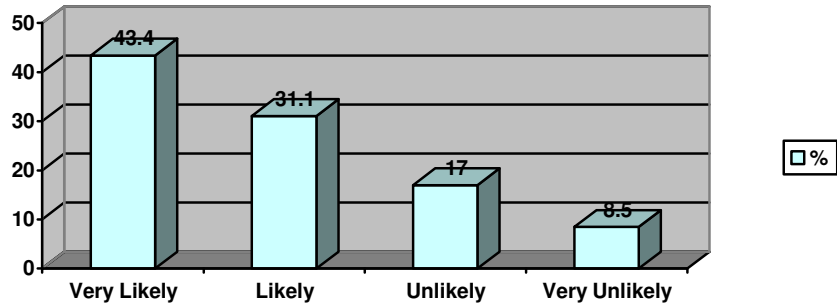
FG1: Yeah just not the Irish cocaine *Laughs...* (Jane)

Some participants were of the opinion addiction to substances was as a result of other underlying issues.

FG2: For most people they can try it a few times and its fine, I dunno about people who get addicted though I think they've other problems. (Ronald)

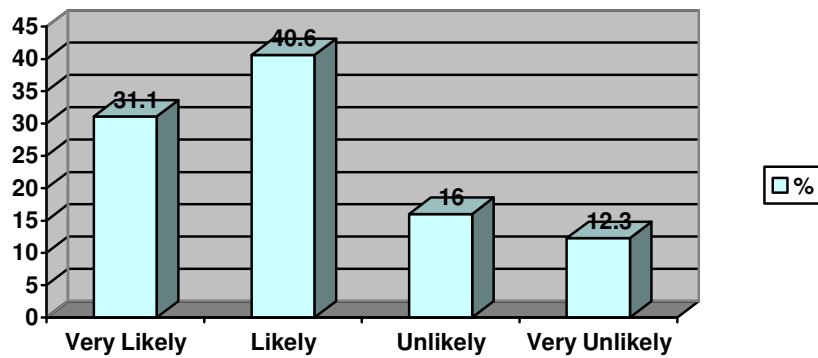
FG2: Yea like if ya take it when they are down or have broken up with someone and just use it to cope, then you'd find it harder to give it up. (Jeff)

The majority of respondents, 74.4%, felt that substances use could contribute to money problems (graph 4.24).



Graph 4.24: How likely is it that if you took marijuana or other illegal substances in the next month you would have money problems.

The majority of respondents, 71.1%, believed that marijuana and other illicit substances would increase feelings of relaxation (graph 4.25).



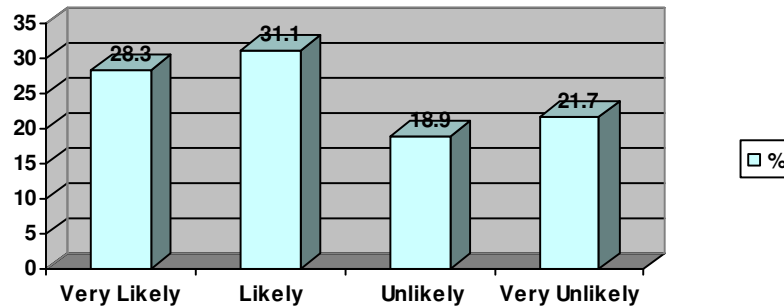
Graph 4.25: How likely is it that if you took marijuana or other illegal substances in the next month you would feel more relaxed.

Table 4.22 indicates that more young people who used cannabis felt that drugs would enable a person relax. The differences were statistically significant at $p < 0.05$ level (Chi square=13.007, $df=2$, $p=0.001$).

		<i>Relaxed</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	34	25	59
	Once/Twice	19	2	21
	Regular	23	3	26
<i>Total</i>		76	30	106

Table 4.22: Cannabis crosstabulation with likelihood of being relaxed.

Most of the respondents, 59.4%, thought that taking illicit substances would lead to more fun (graph 4.26).



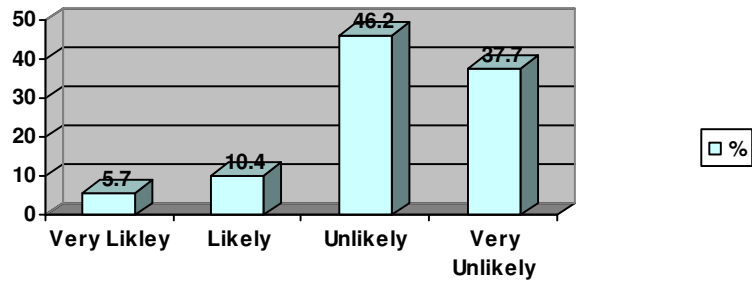
Graph 4.26: How likely is it that if you took marijuana or other illegal substances in the next month you would have more fun.

Table 4.23 indicates that a greater proportion of those who use cannabis regularly felt it was more likely to have fun by using drugs. The differences were statistically significant at $p < 0.05$ level (Chi square=16.065, $df=2$, $p=0.000$).

		<i>Fun</i>		<i>Total</i>
		Likely	Unlikely	
<i>Cannabis</i>	Never	25	34	59
	Once/Twice	17	4	21
	Regular	21	5	26
<i>Total</i>		63	43	106

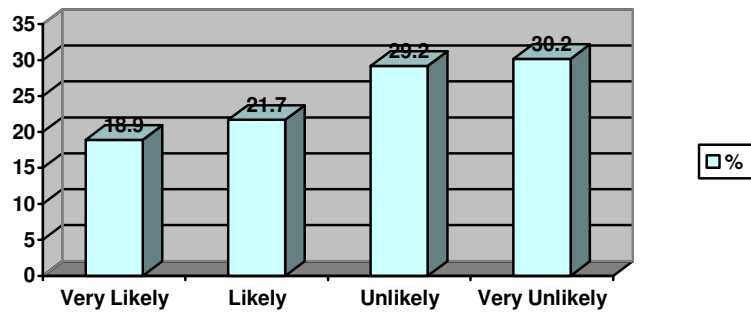
Table 4.23: Cannabis crosstabulation with likelihood of having fun.

Marijuana and illicit substances were not however, thought to increase a persons' popularity, with the majority, 83.9%, feeling that it was unlikely or very unlikely to enhance acceptance with peers (graph 4.27).



Graph 4.27: How likely is it that if you took marijuana or other illegal substances in the next month you would be more popular.

Mixed views were held as to whether illicit substances would enhance confidence with marginally more, 59.4%, feeling that it probably would not (graph 4.28).



Graph 4.28: How likely is it that if you took marijuana or other illegal substances in the next month you would be more confident and outgoing.

In the main, respondents believed that the laws on drugs should be stronger, however 36% did not agree (Chart 4.1).

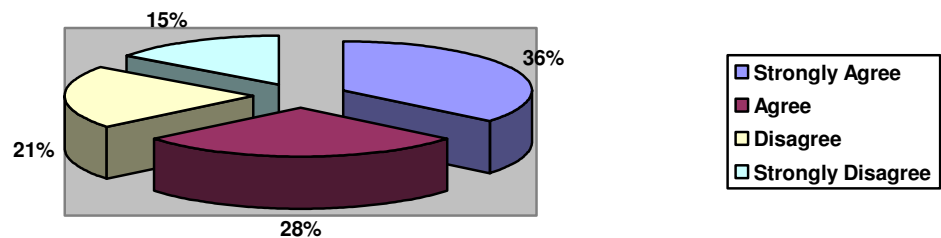


Chart 4.1: The laws on drugs should be made stronger

The majority of respondents surveyed, 87%, did feel that schools should educate about the harms that can be associated with substance use (Chart 4.2).

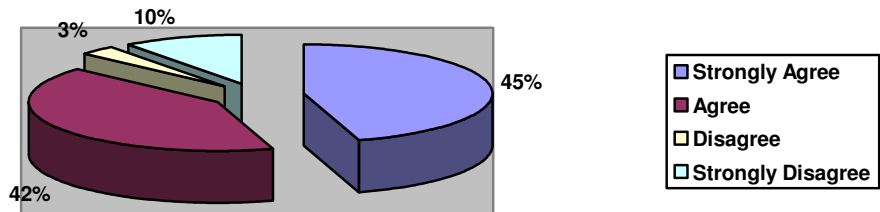


Chart 4.2: Schools should teach about the real dangers of drugs

Most respondents, 60%, believed that the Gardaí should intervene with people who use drugs, however 40% thought that they should not (Chart 4.3).

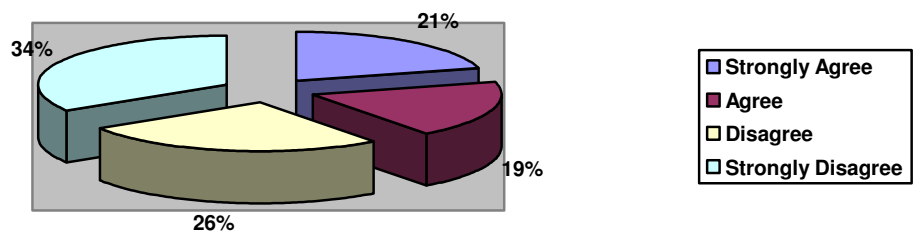


Chart 4.3: The Gardaí shouldn't be annoying people who try drugs

4.8.1 Legalisation of Cannabis

All focus group participants believed that cannabis should be legalised. Most felt that cannabis use was widespread and relatively harmless. In general participants were of the opinion that alcohol was more harmful than cannabis.

FG1: You're not going out starting fights, you're not all rowdy, you're sitting down having a conversation... like chilled out, have the buzz. (Kate)

FG1: They are a lot more placid, its more of a thinking drug, you're harming yourself as much as you are with cigarettes... Alcohol is more harmful than cannabis. (Jane)

Participants did acknowledge that it can have some negative impacts on mental health too.

FG2: It does make some people feel a bit depressed or paranoid, like if they are taking it when they are depressed it'll only make them feel worse. (Jeff)

FG1: I know the mental health issue that it can cause schizophrenia but you've chances of that anyway. (Jane)

FG2: You wouldn't do it everyday that's just too much, you'd never do anything if you did it everyday, just like if you drank everyday. (Aoife)

Some participants believed that if cannabis was legalised then there might be less gangland crime.

FG3: Drugs on the street wouldn't be such a big problem then either, there might even be less violence. (Keith)

FG3: Less people would be arrested as well, less people in prison too. (Liam)

Interestingly participants did realise that boundaries would be needed if cannabis was legal. Participants believed that people would have to make decisions for themselves and not to smoke when at work, school etc.,

FG1: It'd be just like having a can of beer now you're not going to do that on your break. (Keith)

4.8.2 Legalising All Drugs

The majority of participants felt strongly that all drugs could not be legalised.

FG2: No, everyone would just go mad. No just cannabis (Aoife)

FG2: No you couldn't legalise them all, loads of people would die (Mark)

One participant felt that less harm would come to individuals if the drugs were regulated.

FG2: But sure there are loads of people who are taking them anyway it might just mean that people would get better quality drugs and less deaths' from them. (Andrea)

However, the majority of participants did feel that experimenting with drugs was ok.

FG 1: Everyone's a bit curious, everyone is going to be curious about something, if you're going to try it you're going to try it. (Kate)

FG2: Yea you have to do it yourself to find out about them. Most people are curious about them. (Andrea)

The differentiation between the drugs was evident, a common perception is that heroin is a 'bad' drug and that the others were fine, easy to control and less potential for difficulties.

FG3: No, cuz if you experimented with heroin then you'd be addicted to it. (Mick)

FG2: Yea but you'd have more people taking all the other drugs, maybe ecstasy would be alright but not heroin they are just bad news, people die and they wreck families. (Olga)

FG1: Death only really happens with the serious drugs though, heroin or cocaine... you wouldn't hear anything like some fella died from smoking cannabis. (Dave)

A common perception is that bad things will only happen to others such as those who take too much or take contaminated drugs.

FG2: Yea its no big deal, sure some people die from it and there were all those deaths before Christmas but most people don't, I just think they took too much or it was a bad batch of coke, but most people are fine just experimenting. (Gerry)

4.8.3 Peer Influence or Peer Pressure

Participants did recognise that if your peers were to use substances that you were more likely to try them, however they did not feel that it was pressure that made people try drugs.

FG2: Well if your mates are doing it, then you're more likely to do it, but I've never been pressured to take anything, but I'd be curious ya know. (Andrea)

FG1: I don't think its peer pressure, I think they see someone else doing it and they are sort of like say I'll give it a try. If they do enjoy it then they'll probably like keep going. (Jane)

4.8.4 Illegal Drugs and Perceived Harm

The general perception is that illegal drugs, with the exception of cannabis, cause more harm than alcohol. There was the awareness that other illicit drugs such as cocaine, ecstasy, heroin etc., have the ability to affect everyone in your surroundings and the belief was that people tend to deteriorate faster when using these illicit substances.

FG2 Junkies definitely have problems with drugs they can't think of anything else but the drugs, they spend all their time thinking about drugs and rob and stuff so they can get drugs, but other people who only take them every so often don't really have a problem with them, they are fine really, yea ok some people do stupid things, or they might die if they took too much, but the majority are grand. (Mark)

4.8.5 Relationship between Alcohol use and Illicit Drugs use

Some participants felt that alcohol increased their likelihood of trying other things, and noted that it was common among some of their typically non-drug using peers to use illicit drugs when under the influence of alcohol and then regret it.

FG1: It all starts off with alcohol, when you have a bit of alcohol, its easier to do something else Say someone has a spliff, you might just go alright I'll have some of that. I've seen one person do that, many times, if you meet him normally he wouldn't take anything but after a few cans he might take a few pulls of it. (Liam)

FG1: Like this fella he never took a yolk in his life and he was at a house party and was really drunk and he just took one and he got absolutely off his rocker and the next day he says he'll never touch it again, and the next night he was locked he was at them again. (Mary)

4.9 Social Isolation

Participants felt that there was very little for young people to do in the area and that this could impact on drug or alcohol use.

FG2: Yea there is nothing to do when you're 16-17, not in this town anyway. (Kathleen)

FG3: It's just boredom and they've nothing else to do. (Mick)

FG3: Ireland is depressing. (Eddie)

4.10 Knowledge Based Questions

The majority of respondents, 63%, did not feel that addiction to cigarettes would take many years however, 26% felt it would (Chart 4.4).

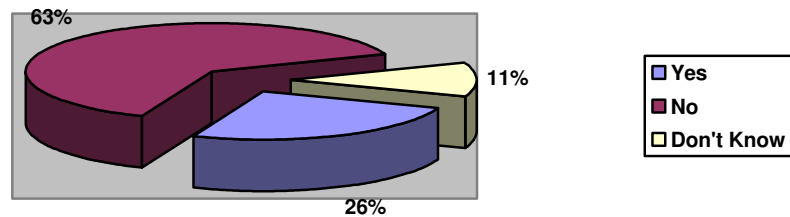


Chart 4.4: You need to smoke several cigarettes a day over many years to become addicted.

Just over half of respondents, 58%, knew that women were less tolerant to alcohol than men, however 23% did not believe so (chart 4.5).

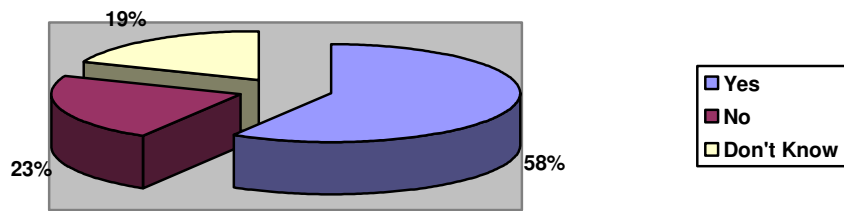


Chart 4.5: Women are affected by alcohol quicker than men.

It takes the body one hour to process one unit, one pint of beer contains two units and therefore it takes two hours to process this quantity. Approximately half of all respondents, 49%, did not know the answer to the question and a further 20% felt that it would take the body thirty minutes to process two units of alcohol (Chart 4.6).

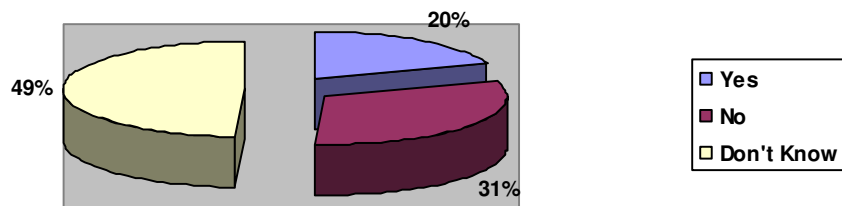


Chart 4.6: One pint of beer is processed through the body in a half an hour.

Just over half of respondents, 54%, were unaware that cannabis decreases sexual desire, while 45% believed that it does (Chart 4.7).

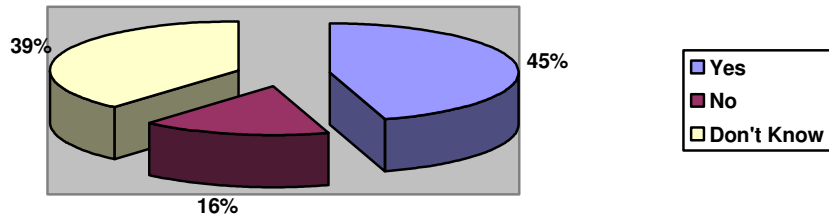


Chart 4.7: High use of cannabis decreases sexual desire

The majority of respondents, 77%, were unaware that sharing rolled up bank notes to snort cocaine also posed the risk of transmitting infections such as hepatitis (Chart 4.8).

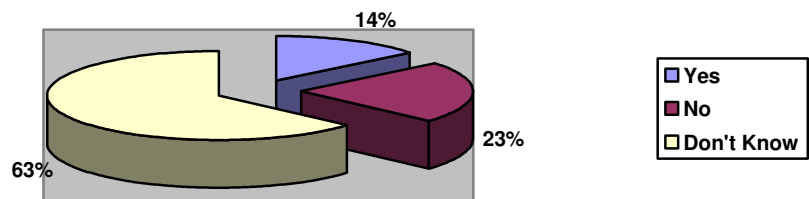


Chart 4.8: Hepatitis can be spread by sharing rolled up bank notes to snort cocaine

4.11 Personal Satisfaction with current Knowledge

The majority of respondents, 71%, felt they knew enough about nicotine and its effects (Chart 4.9).

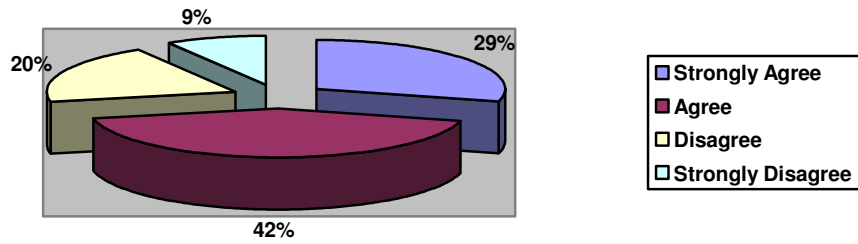


Chart 4.9: I know all I need to know about nicotine and its effects

The majority of respondents, 80%, felt that they knew all they needed to know about alcohol and its effects (Chart 4.10).

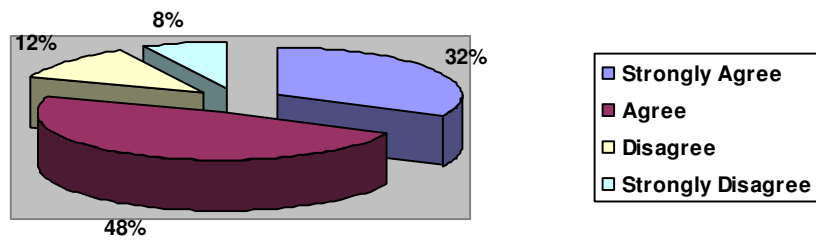


Chart 4.10: I know all I need to know about alcohol and its effects

Just over half of respondents, 55%, felt that they knew all they needed to know about illegal drugs and their effects (Chart 4.11).

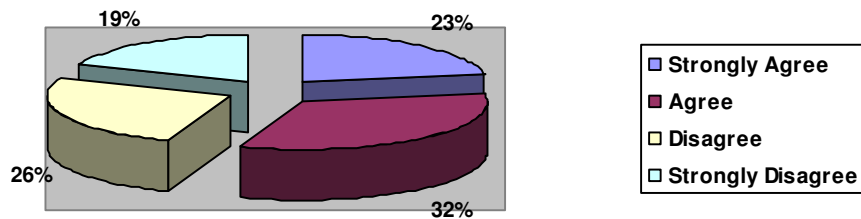
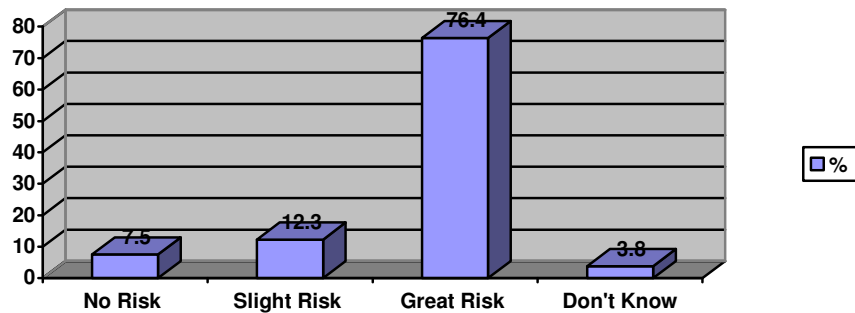


Chart 4.11: I know all I need to know about other drugs and their effects

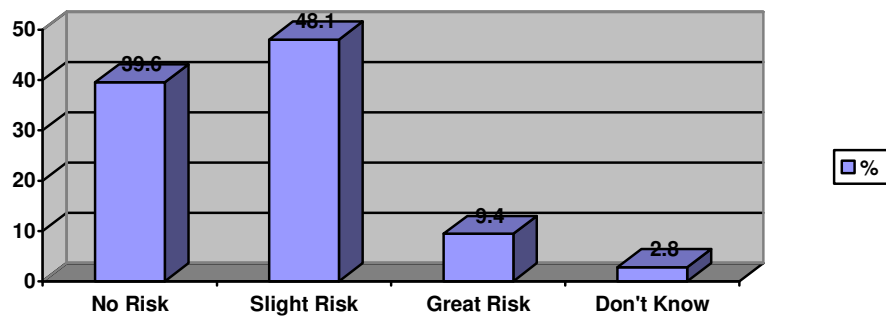
4.12 Perceived Risk from Substance use

Smoking one or two packs of cigarettes per day was seen by the majority as putting a person at great risk. While almost 20% felt that it would put a person at slight or no risk (graph 4.29).



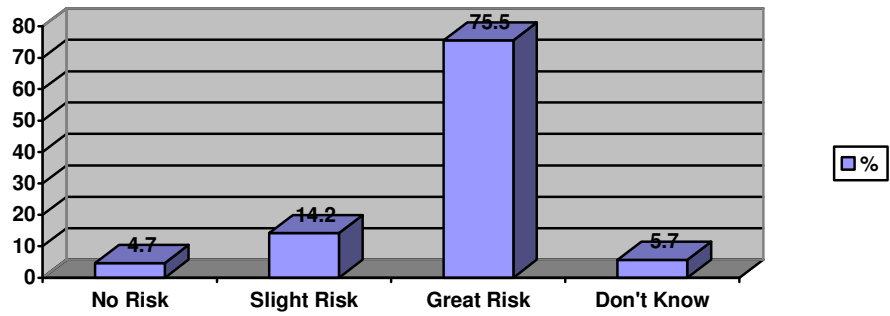
Graph 4.29: How much do you think people risk harming themselves (physically or in other ways) if they smoke one or two packs of cigarettes a day

Most respondents, 88%, did not feel that one or two drinks a week would put a person at great risk (graph 4.30).



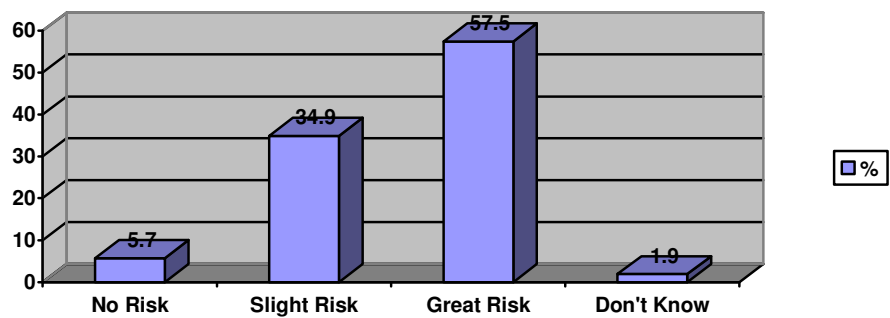
Graph 4.30: How much do you think people risk harming themselves (physically or in other ways) if they have one or two drinks each week

Drinking alcohol everyday was perceived as a great risk by 75.5% of respondents (graph 4.31).



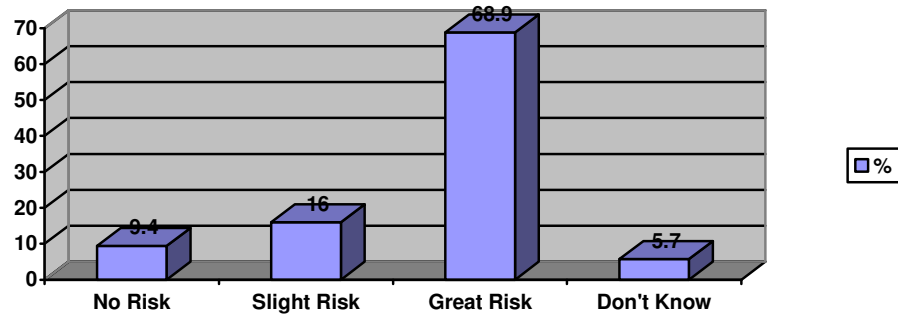
Graph 4.31: How much do you think people risk harming themselves (physically or in other ways) if they drink alcohol every day

Over half of the respondents, 57.6%, felt that getting drunk put a person at great risk (graph 4.32).



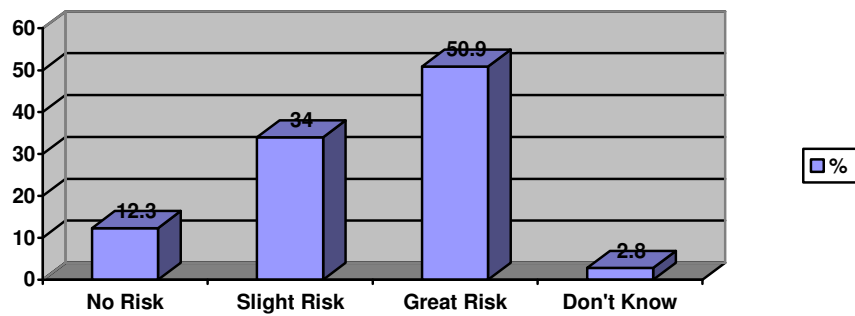
Graph 4.32: How much do you think people risk harming themselves (physically or in other ways) if they get drunk every week

The majority of respondents, 68.9%, thought that inhalant use posed a great risk, however almost 10% felt that there would be no risk (graph 4.33).



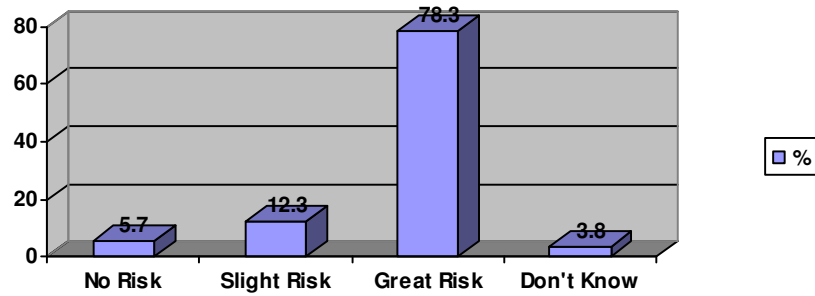
Graph 4.33: How much do you think people risk harming themselves (physically or in other ways) if they use inhalants

The rate of respondents perceiving using cannabis of slight or no risk was 46.3% compared with 50.9% who thought it would put a person at great risk (graph 4.34).



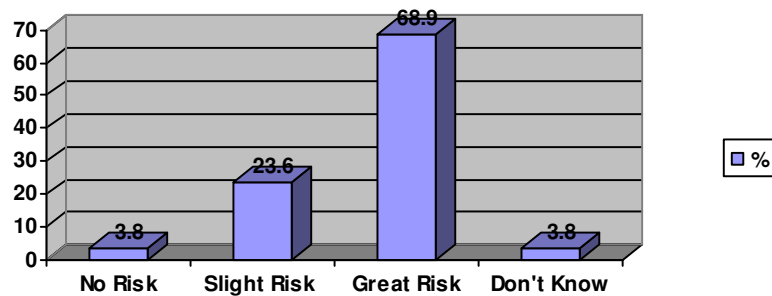
Graph 4.34: How much do you think people risk harming themselves (physically or in other ways) if they use cannabis

Ecstasy use was seen as a great risk by 78.3% of respondents and only a slight risk by 12.3% and no risk by 5.7% of questionnaire respondents (graph 4.35).



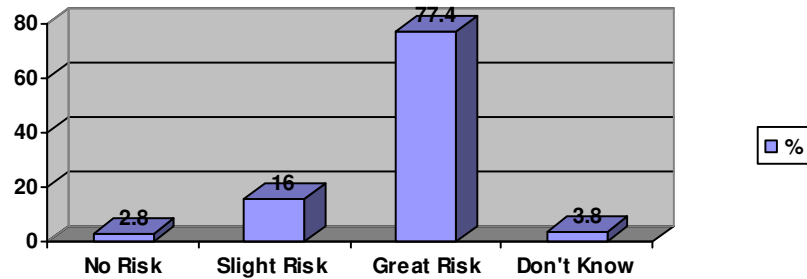
Graph 4.35: How much do you think people risk harming themselves (physically or in other ways) if they use ecstasy

Cocaine use was seen as a great risk by 68.9% of respondents, while 23.6% felt it was only a slight risk and 3.8% felt there was no risk associated with cocaine use (graph 4.36).



Graph 4.36: How much do you think people risk harming themselves (physically or in other ways) if they use cocaine

The majority of respondents, 77%, felt that heroin use was a great risk, while 16% felt it posed only a slight risk (graph 4.37).



Graph 4.37: How much do you think people risk harming themselves (physically or in other ways) if they use heroin

4.13 Perceptions towards Alcohol related Education

The majority of participants believe that most young people don't know enough about alcohol before they start drinking and they felt that they generally learnt about alcohol by drinking it themselves. They also felt that a person may learn about alcohol from their parents, particularly if they allow them drink with them, but in the main their understanding and knowledge come from first hand experience.

FG2: Most of it you learn yourself when you drink. (Andrea)... and from your mistakes (Liam)

FG2: With alcohol if you've never drank and you go out with your mates then you'll probably drink too much trying to keep up with them, but if you've had a few at home with your parents you're more likely to know what you can handle. (Kathleen)

4.14 Perceptions towards Drugs Education

Most participants felt that they did not receive enough education around drugs, predominantly they felt they discovered for themselves the effects, influences and often the risks associated with taking drugs.

FG2: We've not really done drugs education here. (Gerry)

FG2: Yea most people learn from trying it, then they really know what it's like not from someone telling them that it's 'bad'. (Mark)

4.15 Participants Preferred Approach to Drugs Education

When asked about what kind of education they felt would have the greatest positive impact at reducing substance use, the general opinion was that of bringing in an addict who was in recovery.

FG1: School tours to rehab. (Jane)

FG2: Yea get them scared about it, if you tell them the horror stuff then maybe they won't want to do it. (Olga)

They also discussed the benefits of having a person who was comfortable talking about the topic and engaging them in a range of activities where they could express their opinions in a non-judgemental way.

4.16 Attitude towards Deaths from Cocaine

While some young people mentioned they would not go near cocaine after the recent deaths from cocaine. The prevailing attitudes was that they got greedy and took too much, or that it was contaminated, highlighted that effectively they were 'safe' if they did not take too much or encounter that 'batch' of cocaine.

FG1: Since Katy French died, everyone is like don't go near cocaine its bad... but they were serious coke-heads, they'd been doing it for ages, weren't getting as high of it as they usually were and were dumping it into their drink and knocking it back and having heart attacks. (Jane)

4.17 Drink Driving and Stoned Driving

Attitudes towards drink driving were predominantly negative, with participants initially saying they would not get into a car with someone who had a few drinks on them. As the conversation progressed participants revealed that though they did not like the idea of being in a car with someone who had a few drinks, if it was late and they had a few drinks taken

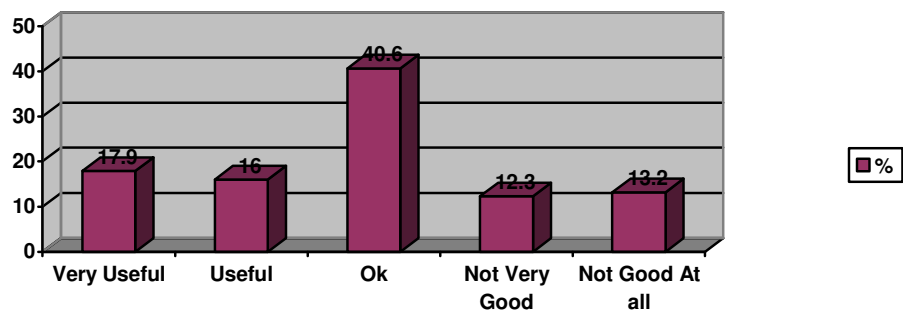
themselves they would be more inclined to do so, also the person driving would have to be fairly drunk for them to consider not taking a lift. Overall participants seemed to prefer the idea of getting into a car with someone who would be stoned, though some participants felt that the driver might be unable to react if too stoned.

FG1: I'd get into the car with someone smoking a joint but I wouldn't get into a car with them taking anything else, or drinking either I wouldn't get into a car with someone fairly steamed, they get too cocky and do stupid things. (Liam)

FG1: I don't like getting into a car when someone is smoking a joint, cuz they are so relaxed like they mightn't react. (Kate)

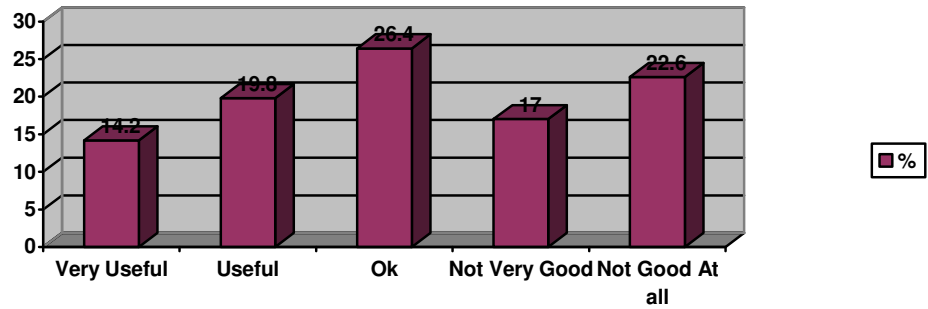
4.18 Perceptions to Education

The majority of respondents, 74.5%, surveyed felt that education around alcohol was useful or OK, however 25.5% felt that it was either not very good or not good at all (graph 4.38).



Graph 4.38: Perceptions towards alcohol education received.

Most respondents, 60.4%, were of the opinion that their education around drugs was useful or OK, however 39.6% believed that it was either not very good or not good at all (graph 4.39).



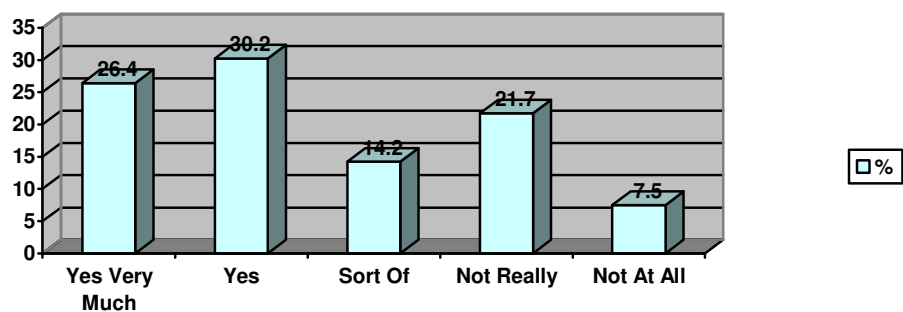
Graph 4.39: Perceptions towards drug education received.

The attitudes some participants had to drugs education they received was that teachers were not comfortable talking about drugs and alcohol, and often they did not receive it.

FG1: They don't know anything they just read it out of a book. (Liam)

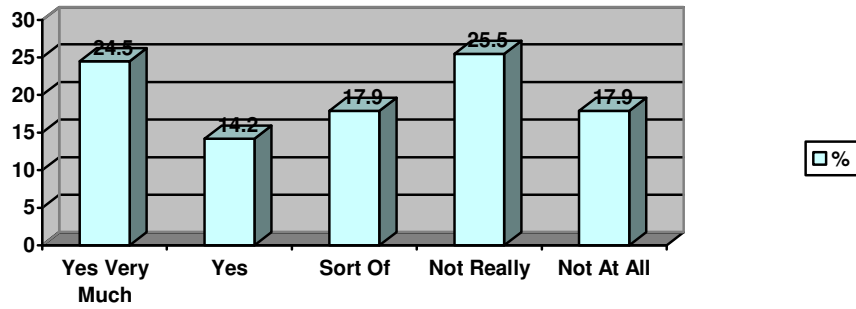
4.19 Parental Communication and Approachability

In terms of approachability of parents to talk to about alcohol, 56% of respondents felt that they were approachable, 14.2% sort of felt they were, while 29.2% felt that their parents were unapproachable (graph 4.40).



Graph 4.40: Do you feel that your parents are approachable to talk about alcohol

For drugs 43.4% of respondents did not feel that their parents were approachable to talk to about drugs and 17.9% felt they sort of felt they could approach them (graph 4.41).



Graph 4.41: Do you feel that your parents are approachable to talk about drugs.

4.20 Access to Services

In terms of knowing where to access help or information just over 50% of survey respondents did not know where to access help or information if they needed it (Chart 4.12).

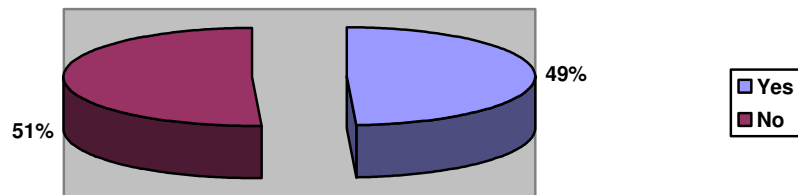


Chart 4.12: Respondents who knew where to go for help or information

4.21 Photo-Voice

Photo-voice was a visual way of enabling participants to depict their attitudes towards substance use in their community. It was used as a descriptive tool to add strength and validity to the focus groups and questionnaires.

Picture 4.1 indicates how drinking alcohol can lead to a variety of harms; self-harm, homelessness, drink driving and fatal road accidents.

Picture 4.1



This picture details the life of a young guy who goes out drinking and smoking, he is troubled and ends up cutting his wrists while under the influence of alcohol. Years later he is homeless and relies on a cardboard box for shelter. In a final twist of fate he was killed by a drunken driver who also dies in the crash. (Karl)

Picture 4.2 illuminates how using substances such as LSD can lead to vivid unpleasant trips which can often be terrifying for the user.

Picture 4.2



This picture tells the story of a guy who goes to a disco after taking LSD/acid. His friends leave him and he begins to have a very bad trip on LSD. He has visual hallucinations of snakes, leprechauns, spiders and bunnies. He freaks out. (Conor)

Picture 4.3 demonstrates the link between cannabis use, anxiety and vomiting

Picture 4.3



This picture shows before and after effects of cannabis. Before: These young boys are smoking cannabis by a wall. After: They get very sick from smoking so much and don't want to do it again. (James)

Picture 4.4 highlights the link between substance use and criminality, it indicates that dealers do not always value life when money is concerned.

Picture 4.4



This picture outlines how the young person is broke and wants money to score another hit. The dealer offers to give him some so long as he pays him off the following day. The red splatters represent the young mans brains when they are blown from his head after he doesn't meet the deadline. (Darl)

Picture 4.5 demonstrates how smoking heroin can physically affect a person.

Picture 4.5



This picture shows a guy smoking heroin, his eyes are shot and he has lost his teeth. He is strung out. (Conor)

Picture 4.6 makes the link between drugs and the impact on relationships with others, and also mental health.

Model 4.2



This guy is out of his head. Drugs have made him loose his mind. Drugs affect your brain and this can mean that you act and think differently than normal. This can affect your family and friends. (James)

Picture 4.7 demonstrates how normalised the participant views cannabis in his community.

Model 4.5



This model also shows how normal cannabis smoking is within our community. (Karl)

4.22 Key Findings

- Alcohol use is widespread and accepted. Most of the older participants (17-18 years old) seemed aware of the potential negative impacts of excessive drinking as experience had taught them, where as the younger participants (15-16 years old) felt that it was in general a positive drug that enabled them relax and feel more confident.
- Early school leavers believed that the drinking age should be lowered to 16 years old as this would enable young people have a safe place to go to socialise.
- Use of all illicit substances is high. Lifetime reported use of any illicit drug was 51% and lifetime use of any illicit substance, excluding cannabis, was 30%. Cannabis was tried by 44% of respondents and 24.5% report regular use. Cocaine was used by 21.7%, ecstasy by 22.4% and speed by 17.9%.
- Focus groups and photo-voice revealed the attitudes to substance use are normalised, particularly cannabis and ecstasy.
- Participants called for cannabis to be legalised and believed it to be less harmful than alcohol.
- Early school leavers also perceived heroin as the 'bad' drug and considered the others to be relatively fine.
- Knowledge of the drug-related risk exists but does not deter behaviour.
- A lack of understanding of the link between drugs, mainly cocaine, and addiction is evident.
- A preference was seen for being in a car with a person who was stoned over a person who was drunk.
- Participants felt that if parents had supervised their initial encounters with alcohol they may have developed more sensible behaviours around alcohol.

- The recent deaths were perceived to be due to greed (taking too much) or a contamination, and as such did not feel they were in any great danger from use.
- Early school leavers believed that drugs education was not very good and went on to say that their preferred method of drugs education would be bringing in a recovering addict so that they could relay their experience.
- Although their personal satisfaction with their current knowledge was quite high, their actual knowledge was quite low.

4.23 Conclusion

The findings from the questionnaire, focus groups and photo-voice generated great wealth and depth of data. The participation throughout the focus groups added richness to the data collected from the questionnaires. The layout integrated both aspects of the research together under developing themes to illustrate clearly the prevailing attitudes, knowledge and behaviours of participants to paint an overall picture of the general perceptions to this population group. The photo-voice served to further back up the findings of the focus groups and questionnaire while also adding a visual dimension to the attitudes of participants. The implications of these findings will be discussed in Chapter Five.

Chapter 5: Discussion

Chapter 5: Discussion

5.1 Introduction

This chapter serves to consider the findings of the study outlined in the chapter four. The study found that the perceptions, knowledge and behaviours of early school leavers can be described under distinct themes; self-reported behaviour, attitudes, perceived harm, parental influence, peer influence, legalisation, satisfaction with personal knowledge and perceptions of education. The findings of the survey are generalisable to the population of early school leavers in the West of Ireland. The findings will be discussed in this chapter in light of previous research, and relevant literature pertaining to health promotion theories and principles.

5.2 Self-Reported Behaviour

The initial research was quantitative and set out to determine the self-reported substance use behaviours of early school leavers. The data revealed that a higher percentage of early school leavers use both legal and illegal substances, which puts them at greater risks of health, social, emotional and economic problems. For ease of interpretation the findings will be presented in conjunction with the findings of the ESPAD (2003) and HBSC (2006), to illustrate the comparison with school going peers.

5.2.1 Tobacco use

The findings revealed that 66% of early school leavers use tobacco daily compared with 27% of 15-17 year old school goers who report smoking over 40 times (ESPAD 2003). The HBSC (2006) found that 24% of 15-17 year olds were current smokers. This demonstrates that a greater proportion of early school leavers are current smokers. Cross-tabulation indicates that a significantly greater proportion early school leavers between 15-17 years smoke cigarettes than those over 18. This could be due to early experimentation, outgrowing it as they mature or become aware of the health benefits of not smoking. The

proportion of over 18 year olds who tried it once/twice was higher than 15-17 year olds indicating taste preference may also have played a factor.

5.2.2 Alcohol use

For alcohol consumption 85.9% of early school leavers have drunk alcohol and 49.1% do so frequently (every week or three times plus). For school goers, 88% report having drunk alcohol and 35% report having drunk 20 or more times over the past 12 months (ESPAD 2003). The HBSC (2006) found that for 15-17 year olds, 75% have drunk alcohol and that 47% did so in the last month. Similarities exist between both school and non-school goers for drinking alcohol, however there is a higher proportion of early school leavers who use alcohol more frequently. A significantly greater proportion of early school leavers in Roscommon were more likely to drink and do so more regularly than in the other counties. This could have been due to the relatively small number of respondents from Roscommon and the fact that only one centre was involved in the study. The finding suggests that the respondents in Roscommon may also have a greater influence over each other.

5.2.3 Cannabis use

In terms of cannabis use, 44.3% of early school leavers have tried cannabis and 24.5% report regular use. The ESPAD survey (2003) revealed 39% report life-time use of cannabis, and 17% have used in the previous 30 days. The HBSC (2006) found that for 15-17 year olds 21.5% have used cannabis, with 11% reporting use in the previous 30 days. The Kelleher et al., (2003) survey found that 28.4% of 13-19 year old post-primary school have tried cannabis in Mid-West Ireland. The findings of this study reveal that a higher proportion of early school leavers have tried cannabis and report regular use. This may be in part explained by the fact that the centres involved in the study engage young people who may be more likely to engage in risk taking behaviour, be more 'like-minded' or exert greater influence over each others curiosity and experimentation, as well as having more money available to them from incentives to attend the programme. Lifetime use of any illicit drug was 51% of the population which was lower than Mayock and Byrne (2004)

who found that 61% of early school leavers reported lifetime use of an illegal drug. This differential may be due to higher incidences of drug use in Dublin.

5.2.4 Use of other Illicit Drugs

Lifetime use of any other illicit drug such as LSD, ecstasy, cocaine and heroin was 30% for early school leavers compared with 9% of school goers (ESPAD 2003). Early school leavers reported use was 7.5% for both magic mushrooms and LSD, 21.7% for cocaine, 22.4% for ecstasy, 17.9% for speed, 4.7% for heroin, 3.8% for crack cocaine. Mayock and Byrne (2004) found early school leavers self-reported behaviour was 29.3% for ecstasy, 17% for magic mushrooms, 4.9% for LSD, 9.8% for amphetamine and/or cocaine. This comparison outlines the variability of drug use in this population and highlights the increase prevalence of cocaine use for the respondents of this study. The findings demonstrate that early school leavers are three-fold more likely to use other illicit drugs than their school going peers. A significantly higher incidence of ecstasy use was observed in Roscommon than the other counties. This may be due to the small numbers of respondents in Roscommon and the influence they may have over each other.

5.2.5 Solvent use

Reported solvent use was 12% for early school leavers in this study compared with 18% of school goers (ESPAD 2003). Mayock and Byrne (2004) reported solvent use at 7.3%. Kelleher et al., (2003) found that 21.3% of school going adolescents in Mid-West Ireland had used inhalants. The lower number for early school leavers could be due to the fluctuating nature solvent use. It may also be due to early school leavers having more money than their school going peers from attendance incentives in their programme and therefore can afford more expensive drugs.

5.3 Attitudes

Early school leavers demonstrated normalised attitudes towards drugs and alcohol. Cannabis use was perceived to be common within society, and participants demonstrated low levels of concerns about its relationship to depression, paranoia, anxiety and schizophrenia, and concurrently high levels of invincibility. Other drugs such as ecstasy and cocaine were perceived to be more harmful, but also commonplace. The use of cocaine was predominantly opportunistic with little understanding of how people got addicted to it. Heroin was considered the ‘down and out’ drug and perceived with greater negativity as knowledge of the degeneration, chaos and damage to family life was better known. The European Opinion Research Group (2002) found that heroin is viewed by young people as very dangerous, with cannabis being seen as least dangerous, apart from cigarettes and alcohol. Thrill seeking with other illegal drugs; cocaine, ecstasy and cannabis may therefore appear somewhat ‘safer’ to young people, something the media may also be responsible for perpetuating.

5.4 Attitudes towards Tobacco

The general perception towards cigarettes was that people should have the right to smoke; they were only seen as doing themselves harm. Banning cigarettes was thought to only make it more attractive and also send their sale underground. With 56.6% of respondents believing that their parents would not mind if they smoked cigarettes, and 66% of respondents being daily smokers this also demonstrates how influential parents can be in the decision making process. Theory of planned behaviour (Ajzen and Madden 1986) indicates that attitudes, norms and behavioural control, including parental play a part in behavioural outcomes. If young people are more likely to think that their parents did not want them smoking some maybe they would be less inclined to. No relevant research was available to compare the participants’ attitudes to.

5.5 Attitudes towards Alcohol

Kiely and Barry (2002) found that young people can experience personal and social problems including poor school performance, relationship problems, accidents and involvement in crime as a result of their alcohol use. The perceived attitudes towards alcohol were that it had a positive influence on confidence and increase the chances of having fun. Some risks were highlighted and participants were aware of the impact of heavy drinking on decision making, poor judgement and potential for violence. Younger participants (15-16 years old) felt that it was important to reduce the legal drinking age to 16 years so they would have a 'safe place' to socialise. They felt there were more compelled to drink to excess which led to greater dangers when they went 'bush' drinking. McBride (2000) found that when exploring the promotion of non-use of alcohol in the 11-13 year old population in North-West Ireland early school leavers believed that alcohol was the main problem for this age group and that education in national school was important.

5.6 Parental Influence and Alcohol Use

Young people in this study believed that if parents were to supervise their initial encounters with alcohol they would have a more responsible approach to alcohol. This would give them the knowledge and skills to understand how alcohol affects their behaviour, in a safe environment. They believed it could also strengthen their abilities to make safer choices when they drank alcohol with their peers. Cox et al., (2006) found that many parents believed that letting young people try and experiment with alcohol in a safe and supervised environment, was the most effective approach. A majority of parents in that survey consistently suggested that setting harsh, imposing rules was not likely to lead to non-use of alcohol. Peele (2007) outlines how it is important for parents to instil real-life motivators to keep young people addiction free such as independence, critical thinking, responsibility, and the ability to enjoy life. He highlighted that adolescents who do not drink at home with their parents are three times more likely to binge drink, and that parents are the most important influence on young people who become addicted. Tobler and Kumpfer (2000) undertook a meta-analysis, which found the effect sizes for family-focused interventions to

reduce youth problem behaviours were, on average, nine times higher than for youth-only programmes in both traditional and minority families.

5.7 Alcohol and Irish Culture

Young people identified that the culture of alcohol use within Ireland as something that was inherent in the nature of people. They viewed that this was as a result of not having things to do, bad weather and depression. In general they also felt that it was probably no different to any other country.

Alcohol policies directed at young people should be part of a broader societal response, since drinking among young people to a large extent reflects the attitudes and practices of the wider adult society (WHO 2001:2)

A direct comparison could be made to European countries where introduction to alcohol is through parents in a responsible family setting, they notably have a lower incidence of underage drinking, and drunkenness. Liquor Act (1982) in New South Wales, Australia advocates mandatory Responsible Service of Alcohol (RSA) training for those working in the liquor industry, one element includes not serving someone who is intoxicated. This is backed up by policing measures including severe fines on the bartender and premises, and bar closers to ensure non-drunkenness is enforced. Recently Ireland began delivering RSA training however it does not implement the policing of non-drunkenness. Off-license sales have age differentials in Sweden, a person must be 20 years old to buy alcohol other than beer and Norway differentiates between the type of alcohol; beer and wine may be consumed at age 18, spirits at age 20 (International Center for Alcohol Policies 2002). These approaches could assist in reducing access to spirits, binge drinking in this age group, and underage access to alcohol.

5.8 Attitudes to Substance use

The prevalence of drug use is often overestimated by adolescents and adults, and therefore perceived as ‘normal’ behaviour, which in turn promotes use by suggesting it is acceptable (SixSmith and Nic Gabhainn 2008). These findings highlight the normalised attitude towards drug use among early school leavers and concurrently the high frequency of use. The benefits of not using or moderate use were only apparent when use was out of control. It would appear that currently thrill-seeking behaviour and association with enjoyment outweigh perceived harm. Behaviour appears to be dictated by the health belief model (Rosenstock 1966; Becker 1974), as such *‘it won’t happen to me’* or *‘most people who take it are fine with it, so it should be fine’*. This indicates perceived risks are linked with the severity or susceptibility of experiencing an illness, and positive effects are linked to the benefits of taking a preventative action.

5.9 Stigma

Stigma associated with drug addiction is remains prevalent. Currently, while there is an increased level of normalisation surrounding substance use, terms such as ‘excitement’, ‘fun’ and ‘recreational’ indicate that substance use can bring pleasure, anticipation and exhilaration. However, words associated with problem drug or alcohol users are predominantly derogatory ‘drunk’, ‘junkie’ and ‘stoner’. It appears that in this sample of early school leavers if a person is in control of their drink or drug taking it is considered ‘cool’ however if they are not in control they are afforded little sympathy and the original words of ‘excitement’ and ‘fun’ are replaced by ‘idiot’ and ‘should have known better’. Leshner (2000) found that stigma surrounds addiction, and people think that addicts did it to themselves and are moral failures.

5.10 Understanding of Addiction

The perception of substance use for young people was part of the normal ‘risk taking’ that is associated with this developmental phase. The social cognitive theory (Bandura 1977a)

indicates that knowledge can be directly related to observing others within the context of social interactions, experiences and outside media influences. If drug use is perceived to have some benefit by observing others this may increase motivation for that behaviour. In terms of the link to addiction, there did not appear to be much understanding of how substance use could lead to dependence. It was also a common perception that dependency would not happen to them, and they would somehow remain in control or at very least know when it was becoming a problem and stop. The health belief model (Rosenstock 1966; Becker 1974) proposes that health-related behaviour depends on an individual's perception that an action will lead or will not lead to illness. This lack of understanding the link to addiction also appears to be a common misperception in society, however 1 in 7 cocaine users become dependent and 1 in 20 cocaine users become addicted in the first year of use (National Advisory Committee on Drugs: NACD and NDST 2007). Young people who use cocaine do not see themselves as having a problem because they are not on heroin. Heroin is still perceived as the worse drug by most young people in this study.

5.11 Peer Pressure or Peer Preference

Young people in this study did not feel that they were pressurised to try drugs. They considered if a person was curious about something they were more likely try it, particularly if their friends have access to it. They also maintained that if your experience was a positive one, you were more likely to try it again. The social cognitive theory (Bandura 1977a) suggests that behaviour is affected by both personal factors and environmental influences, such as home life or peers. This theory also outlines that a person has to believe in their own ability to perform or not perform a behaviour, self-efficacy. The social learning theory (Bandura 1977b) indicates how influential peers can be particularly in encouraging people to adopt certain behaviour that results in outcomes that they value; such as being cool, fitting in etc., Individuals are more likely to adopt a modelled behaviour if it results in outcomes they value.

5.12 Risk Factors

These results support the findings of Youth as a Resource (1999) which highlight early school leaving is a risk factor for substance use. The findings reveal that substantially more early school leavers will engage in substance use and go on to use with greater frequency than their school going counterparts. Barry and Hannan (1997) found that those who do not complete formal education have less employment opportunities and higher unemployment levels. This highlights the importance of education, a basic determinant of health. The International Adult Literacy Survey (1997 cited in National Adult Literacy Agency 2002) found that one in four Irish adults aged 16-66 years have very poor literacy and can not satisfactorily read the instructions on medications, something which directly affects health literacy.

5.12.1 Setting as a Risk Factor

Early school leaver centres can have a positive impact on a young person's development and education to employment, particularly if the mainstream education system does not meet their needs. Young people's attitudes are largely shaped by their peers. Having a high proportion of drug accepting peers brings the worry that for those young people who have not used substances they may see the benefit in changing their attitudes to accommodate their new surroundings, something highlighted in the social learning theory (Bandura 1977b).

5.13 Empowering Females

The perception of the early school leavers to females who drink excessively was that they are more vulnerable to being taken advantage. They were also seen as more likely to do things that they regret, argue with loved ones, at risk of unprotected sex leading to unplanned pregnancies and greater danger of sexual assault. Kelleher et al., (2003) found that rates of alcohol use were higher for females than males. The Jakarta declaration (WHO 1997) placed the empowerment of women as an important goal to achieve health and had a

vision that women would be active participants in their society. Promoting gender equality and empowering females enables them to develop the skills and knowledge necessary to make healthier life choices, something central to health promotion. This could help reduce unplanned pregnancies, abuse, addiction and poverty that some women experience as a result of alcohol or drug use.

5.14 Empowering Males

The focus groups identified that violence and aggression was an issue for males when under the influence of drugs or alcohol. Empowering women without empowering men will not solve the problem of drug and alcohol related violence. Health promotion endeavours to encourage people to engage in behaviour or behaviour change which becomes conscious of the risks associated with substance use and promotes healthy behaviour. Empowering male youth to recognise when alcohol or drugs may be impacting negatively on their lives could enhance their ability to make healthier choices, readily assess services and positively impact relationships. Enabling men develop skills to eliminate violence and aggression would benefit their mental and emotional health as well as reduce domestic violence (Bennett 2003). It would also enhance the understanding of the vulnerability of females and encourage respect for females and themselves.

5.15 Legalisation

Overwhelmingly early school leavers supported the legalisation of cannabis and considered it to be safer than alcohol. The general perception was that people who smoke cannabis are less likely to end up in fights, be aggressive or cause trouble. They did acknowledge that using too much of it could lead to depression, paranoia and anxiety, but felt that people would have to make their own choices in relation to its use. Stafford (2003) found that the British public have increased support towards legalising from 12% in 1983 to 41% in 2001. In terms of legalising all drugs, most young people felt it that would be to the detriment of the general population in terms of health, violence, aggression and addiction. However, one person did feel that legalising all drugs would at least improve the quality of the drugs and

mean that there could be fewer deaths. Stafford (2003) found that attitudes to heroin did not change, ecstasy was seen in a similar light, with nine in ten wanting it to remain illegal. In general, participants did still feel that experimenting with drugs was alright and was an individual choice.

5.16 Alternative Activities

The young people felt that greater availability of alternative activities where they could be themselves and socialise with friends would provide good alternatives to drinking. The findings demonstrate how boredom and insufficient services and facilities particularly in rural and isolated areas can lead to experimentation at an early age. Humphreys et al., (2003) cited alternative activities as a key diversion from participating in risky behaviours such as drug use. The findings highlight how important it is to provide ample alternative activities and services to engage young people actively in their own development. In such a way as to value and respect young people for their attitudes and opinions but also encourages positive behaviour and act as a support throughout the teenage years.

5.17 Knowledge Behaviour Gap

To a certain extent early school leavers in this study know that drugs and alcohol can have negative impacts on their behaviour, health and lives. However it would appear that despite this knowledge continued and escalating substance use is evident. This links with the health belief model (Rosenstock 1966; Becker 1974) where behaviour is dependent upon the perception that it will or will not lead to harm. With increased normalisation of substance use within society young people see that while the dangers may be discussed in class or an ex-addict may be brought in to educate them, it is still far removed from their friends or their own experience. Social learning theory (Bandura 1977b) highlights that human behaviour is learned by observation. When young people see people they know enjoying their drug use, knowledge that they could have a good time begins to outweigh knowledge that they could be putting themselves at risk. The transtheoretical model (Prochaska and DiClemente 1984) highlights the different phases of behaviour change. A person can

remain in the initial phases of pre-contemplation and contemplation for a long time or never move, particularly if their environment or social circle promotes substance use as a way to relax or enjoy themselves. This can make it difficult for a person to feel they have the self-efficacy to be change behaviour. Hedonism should also not be underestimated, as many recreational drug users take their substance of choice to achieve a 'buzz' or a 'thrill'. It should be recognised that the pursuit of this 'high' is a very conscious and calculated one on the user's part (NYHP 2002).

5.18 Knowledge Based Questions

Knowledge of substances and their effects was mixed. Most respondents knew that addiction to cigarettes would not take years. Just over half of the respondents knew women were affected by alcohol quicker than men and the majority did not know how long it would take for a person to process one unit of alcohol. Approximately 45% of young people knew that high use of cannabis decreases sexual desire and the majority were unaware that sharing rolled up bank notes to snort cocaine posed the risk of transmitting infections such as hepatitis. Knowledge of the effects of substances should be higher amongst this target group, particularly as drug use is high in this population.

5.19 Personal Satisfaction with current Knowledge

The majority of respondents, 80%, felt they were well equipped with knowledge of nicotine and alcohol. Just over half of respondents, 55%, believe they have sufficient knowledge of illegal drugs, which highlights that a large number feel they require further education. A concern when early school leavers are at higher risk of problem drug or alcohol use. Health Promotion Agency for Northern Ireland (1998) study found that only 21% of 14-17 year olds felt they knew enough about drugs. The difference here may be due to acquisition of knowledge through lived experience for early school leavers.

5.20 Education

The participants felt they were ill equipped with knowledge about alcohol before they started drinking, with many reporting drinking as young as 12-13 years old. Drugs education was deemed inadequate by 40% of respondents. Some participants felt that drugs education they received was not very good and often teachers did not feel comfortable delivering it. Morgan (1998) found that many people see themselves as invulnerable to the risks associated with drug use. Morgan also found that many programmes 'fail' because they have never in fact been implemented and highlighted that programmes needed to focus on attitudes to substances, as knowledge gains are the easiest outcome to achieve but behaviour is the most difficult. Health Promotion Agency for Northern Ireland (1998) found that young people want straight-forward, accurate and credible facts without an obvious anti-drugs message. While young people appeared to acquire knowledge from their drug education, they perceived limited progression in the depth and complexity of information from one year to the next which made drug education feel boring and repetitive (Scottish Executive 2007). Drug education can not inoculate children against drug use, it does however form part of the range of measures society needs to take to encourage personal development and reduce the harm caused by drugs. A salutogenic approach (Antonovsky 1979) to the reasons for early school leaving and problem drug or alcohol use is required to improve health, education and development of this population

5.20.2 Ex-Addict in Education

When asked what they believed was effective in drugs education, initially participants wanted an ex-addict to relay their story. Their interest appeared more for gossip than having any impact on their substance use-related behaviour. Upon further discussion they were of the opinion that scare tactics do not work, and balanced information and decision making were most important. Tobler et al., (1997) found that programs that rely on scare tactics have not shown reduction in the incidence of harmful drug use. They also found that the ex-addict can gain a heroic status in telling their story and inadvertently glamorise risky behaviour. Montazeri (1998) found that fear arousing messages may actually encourage

resistance among audiences and denial that the message applies to them, and may even contribute to positive attitudes to the very behaviour they are trying to counter. The very ethics of this form of education would be questionable as scare tactics go against the principles of health promotion such as empowerment and personal development.

5.21 Harm Reduction

The findings of this research indicate that use of all substances is high therefore realistic approaches to education including harm reduction are required. The National Drug Research Institute Australia's (2000) School Health and Alcohol Harm Reduction Project (SHAHRP) found a statistically significant difference between control and SHAHRP students in favour of the harm reduction programme. This indicates that an approach grounded in harm reduction can have a positive impact on reducing alcohol-related harm in secondary school students.

5.22 Media Influence

While there was little discussion in relation to the influence of media on their attitudes, early school leavers highlighted that the lives of Katy French and Britney Spears were far removed from their own. The media's ability to sensationalise celebrity's drug use can assist in normalising drug use. Young people are informed about drugs through a variety of sources including media (Witty 2008), music (Herd 2005) and film (Gunsekera et al., 2005). Whilst drug use in mainstream society is condemned, celebrity drug use appears to be more readily accepted and even forms part of normal entertainment. The fact that so many celebrities appear to be using drugs and given so much attention, whether it is reported positively or negatively, bestows a certain level of glamour upon them (Drugscope 2005).

5.23 Key Conclusions

- Early school leavers self-reported behaviour is higher in relation to all substances when compared with school going peers, with the exception of solvent use.
- Attitudes to alcohol and drugs was normalised which indicates that perhaps a greater proportion of early school leavers experiment with drugs due to their view that such use is common place, even though many remain drug free.
- Behaviour appears to reflect whether the young people feel it poses a significant threat to their way of life. Alcohol, cannabis and ecstasy would appear to be the least harmful in their view. In light of the recent deaths from cocaine use it was viewed with greater caution.
- A lack of understanding of the link between drug use, particularly cocaine, and addiction was evident.
- Heroin remains to be considered the most harmful drug which greatest negative impact.
- Parental influence was seen as key to forming respectful attitudes to alcohol use.
- Education itself is a basic determinant of health and as such early school leavers are at greater risk of health inequalities from disengagement from school.
- Empowerment of both females and males is important to reduce drug and alcohol related violence, aggression, sexual assaults and domestic violence.
- Harm reduction approaches need to be genuinely looked at as risk taking remains a part of this age group.
- Alternative activities and facilities are necessary to encourage young people to engage in non-alcohol or drug using activities.
- Drugs and alcohol education programmes currently are either not implemented, poorly delivered or fail to meet the needs of the young people.

5.24 Conclusion

The conclusions drawn from this study highlight the normalised attitude of early school leavers to substance use. The findings also indicate a higher incidence of tobacco, alcohol and drug use, with the exception of solvents, when compared with school going peers. Knowledge appears predominantly from observed or lived experience revealing a gap in drug and alcohol education. The findings were discussed in this chapter in light of previous research and linked with health promotion theories and principles. Conclusions and recommendations will be drawn from this discussion in Chapter Six.

Chapter 6: Conclusion & Recommendations

Chapter 6: Conclusion & Recommendations

6.1 Introduction

This chapter will summarise the outcomes of the research undertaken. The chapter will also highlight policy, practice and further research recommendations to best facilitate the promotion of health and well-being of early school leavers. The questionnaires, focus groups and photo-voice emphasised the normalised attitudes towards substance use of the population studied and further revealed that higher self-reported behaviour amongst early school leavers than their school-going counterparts.

6.2 Conclusions

The findings in this study indicate that there is a link between early school leaving and substance use in the West of Ireland. Behaviour-related data indicate that a greater proportion of early school leavers tend to smoke regularly and drink more frequently than their school-going peers. The use of cannabis and other illicit drugs was also higher for early school leavers. These findings indicate that this population of young people are exposed to greater health risks, relationship problems, mental health problems, addiction and sexual health risks as a consequence of their drug or alcohol use.

Early school leavers believed that the drinking age should be lowered to 16 years old as this would enable young people have a safe place to socialise. A common perception by the participants was that there was very little for them to do between the ages of 16-18 years they were too old for youth clubs or youth discos, and too young for pubs. The lack of facilities targeted specially at this age group put them at greater risk of experimenting with alcohol or drugs.

Early school leavers demonstrated normalised attitudes towards drugs, particularly cannabis, which they felt should be legalised. The findings highlight how common

cannabis has become with low levels of concern of mental health problems associated with its use. They did not feel that 'harder' drugs should be legalised, but believed it was an individual's right to choose whether they wanted to use drugs. Attitudes to the drugs differed in terms of known severity of impact on health. Acceptance of cannabis was highest, followed by ecstasy, some concern was raised about cocaine in light of recent deaths and heroin was deemed as unacceptable.

Parental attitude was considered quite influential in particular early school leavers felt that if parents were to supervise their initial encounters with alcohol that they would learn more responsible behaviour to alcohol. This is dependent however on a parent also having a responsible approach to alcohol. If the young person is growing up in an environment of alcohol misuse then their introduction to alcohol under these circumstances could be very damaging and almost encourage underage drinking and drunkenness. Parents have a significant role to play when it comes to educating their children about alcohol and drugs, and setting a good example is of paramount importance. Robert Fulghum (1989) set an apt piece of imagery when he said '*don't worry that children never listen to you; worry that they are always watching you*'.

The culture of drinking in Ireland plays an important role in the attitudes that young people develop to alcohol. Young people are influenced by their environment, if Irish adults had a more sensible approach to alcohol this could be mirrored by young people. Policies are required to encourage society as a whole to develop a sensible approach towards alcohol which would directly affect the social norms which influence young people.

Behaviour related data indicated that 44.3% have used cannabis, 22% have used ecstasy and 21% have used cocaine. While the views in the focus groups and photo-voice revealed normalisation of drug use, it is clear that while the self-reported behaviour of the population is high it also indicates that not every early school leaver is using drugs. Therefore, enhanced measures are needed to highlight that while young people may have the view that '*everyone is doing it*' it is clear that everyone is not doing it.

While celebrities are afforded sympathy when they experience problem drug use, addiction is associated with stigma in mainstream society. Early school leavers perceive experimentation and recreational use as cool, but when a person loses control over their drug use they are considered failures. Enhanced measures must be incorporated into drugs education to enable young people and parents understand addiction. This may help to reduce the stigma associated with addiction.

While a high proportion of young people use drugs, many do not. The media create the illusion that everyone is doing drugs and that cocaine is glamorous. Whether positive or negative reporting is employed around celebrity drug use the excessive attention they are afforded is not lost on the young audiences who can associate this with success. Movies and bands can perpetuate the images of normalisation of substance use and encourage young people to believe they are not cool unless they are keeping up with what their favourite pop-star is doing. Media responsibility is vital to reduce the normalisation of substance use.

Peer preference versus peer pressure dynamic indicates that there is a reciprocal relationship between individuals and peers. Fundamentally everyone wants to belong, whether it is to a family, group or culture. There is a need to support the role of the individual in their own development. Particularly to reinforce the role of choice, motivation and responsibility in relation to drug use and social interaction with peers, without assuming that motivation for drug use arises solely out of personal or social inadequacy.

Early school leaving places an individual at greater risk of substance use. Education is a basic determinant of health, vital to reducing health inequalities. Risk factors for early school leaving need to be addressed, so that young people can develop personally, socially, mentally and emotionally, and are facilitated to make healthy choices in life. The structures within schools must be looked at, in particular how best to meet the diverse needs of young people and how can we keep them within a positive learning environment.

To some extents early school leaver projects meet education and development needs of early school leavers. They could also be seen as a risk factor for substance use as they concentrate at risk young people together which could exacerbate the risk-taking behaviours they engage in. Health promotion principles advocate for reducing differences in current health status, and ensuring equal opportunities so all people can achieve their fullest health potential. Where possible young people should be maintained in secondary school where they interact regularly with other young people. Particularly so they do not begin to experience the fringes of society and potentially develop more negative behaviours. There is obviously the fear that they may be disruptive but there is also the potential that the other young people could promote positive behaviour. Where it is not possible to keep a young person in school, programmes such as NotSchool.net may provide an alternative way of reintroducing young people to learning in an online community, without placing them in a potentially drug accepting environment where they could develop further risk-taking behaviours. The financial incentives for attending early school leaver projects may also inadvertently encourage some young people to leave secondary school.

Empowering both females and males with the skills to develop sensible approaches to alcohol and drugs could translate into a range of benefits. This could enhance understanding of the vulnerability of females under the influence. Greater personal development around ones self and how drink or drugs trigger behaviours such as violence, aggression and promiscuity, could translate into a reduction in the number of assaults on both males and females, the number of sexual assaults as well as other health consequences, unprotected sex, STI's, teen pregnancies, suicides etc., Empowering both sexes is important as this would promote compassion and understanding, and potentially reduce the consequences of drinking and drugging.

To a certain extent early school leavers in this study know that drugs and alcohol can have negative effects on health and behaviour. Thrill-seeking behaviour appears to outweigh the knowledge of the risks they are posing to themselves. This highlights that a knowledge-

behaviour gap exists for these young people. Further illustrating that attitude and social norms are vital determinants of behaviour.

Early school leavers highlighted that there was a lack of drugs and alcohol education, and that in some cases that it was either not well delivered or did not meet their needs. If as we are led to believe that drugs are available on every street corner then so too should drugs education. This requires enhancing the capacity of those delivering it to challenge attitudes and move beyond information giving and scare tactics, in line with best practice. Most participants felt that they had insufficient knowledge of alcohol before they encountered it, the subsequent acquisition of knowledge was through lived experience. Some participants mentioned drinking as young as 12-13 years old, which highlights the need for a multi-faceted approach including national and secondary school education programmes, and good quality skills parenting programmes to reduce early alcohol use.

Much research exists questioning the effectiveness of drugs education. Education itself can not immunise young people from experimenting with drugs however, it does provide the opportunity to engage young people consciously and actively in the development of their attitudes and skills in relation to drugs and alcohol use. As all young people come through some aspect of mainstream education, there are at least some school years where they encounter drugs and alcohol education. Education programmes must be realistic and consider employing some level of harm reduction, in line with best practice.

Most young people and early school leavers are healthy, act responsibly and have a positive outlook on life. Young people present a challenge to health promotion in that they can see themselves as immortal with the adage "*It'll never happen to me!*" frequently used. Many young people's development and active participation in society can be seriously affected by low educational achievement, substance use, risky sexual behaviour, unplanned pregnancies, involvement in crime and violence. The challenge for health promotion is to take advantage of the health and energy of young people while also allowing them to push their boundaries which is part of this phase of development.

6.2.1 Key Conclusions

- Self-reported substance use is higher in early school leavers than school going peers.
- Attitudes to alcohol and drugs are normalised in this population.
- While the proportion of early school leavers engaging in substance use is disproportionately high there is still a large number who do not and this requires exploration.
- Parents have a key role in educating adolescents with relation to alcohol and drugs.
- Maintaining young people in education is vital as it reduces the health inequalities and the risk of substance use.
- Drugs education programmes must be developed to engage young people in learning, discussion and understanding of the link between substance use and addiction.
- Media responsibility is required so that substance use is not glamorised and become part a normal part of entertainment.
- Personal development is a crucial principle to health promotion and holds the key to empowering young people to make healthy choices in relation to drugs and alcohol.
- Heightened use of substances can not be looked at in isolation, they form part of the risk taking that occurs in this developmental stage of youth, health promotion must look at introducing harm reduction strategies in an attempt to keep young people safe while also enabling them to push their boundaries.

6.3 Recommendations

Further provisions for youth cafés and alternatives activities including thrill seeking activities are required to engage young people positively in their development. Youth discos need age differentials from 12-14 years and 15-17 years, making them more desirable for the older teens to socialise and not feel they are too old for youth discos. Increased importance must be placed on the value of community participation and volunteerism in the provision of such services which in turn could enhance the community spirit and positively reinforce non-alcohol use and non-use of substances amongst young and old in society.

Child welfare payments could be linked in with parent's completion of parent skills programmes at various intervals throughout the child's development to adulthood. This would ensure parental attendance at skills programmes, facilitate personal development and impact positively on the health and relationships of young people. It would also support parents in learning ways to effectively discipline, reward and communicate with their child throughout their development. A link must be made to parenting practices as parental influence has a major impact on the life of an addicted person, so too should it be encouraged to have greater influence in developing resilience, self-esteem and motivation.

Laws should be effectively implemented to promote non-drunkenness in bars and clubs. Some of the approaches could be adopted from other countries including enforcing non-drunkenness through random inspection and fines of bars, reducing access of under 20 year olds to off-license alcohol which could curb binge drinking and underage drinking. Community policing should be nationwide with a focus on building positive relationships between young people and the Gardaí through regular interactions with schools and youth projects in a fun non-threatening way.

Education programmes, such as normative education which seek to undermine the popular beliefs that drug use is prevalent and acceptable should be enhanced which may deterred the onset of use. Harm reduction strategies and programmes are needed to encourage

moderation in alcohol and drug use. This includes liaising with Gardaí and making public any knowledge of concerns of contamination of drugs including how to effectively detect it.

Attitude is the key determinant as to whether a person engages in substance use an increased emphasis needs to be placed on positive peer education programmes from a young age, to encourage non-drug or alcohol use and promote the engagement in positive alternatives to substance use.

The findings advocate for compulsory drugs and alcohol education training for SPHE teachers, to enhance their capacity to confidently deliver and discuss difficult topics such as drugs and alcohol. Alternatively, there could be dedicated SPHE facilitators in each school to deliver the subject in its own right, having received training for SPHE through a dedicated college course similar to any other subject taught in schools. This would enable them to implement drugs education effectively in their programmes. It would also ensure that all young people would receive balanced, well informed education with respect to tobacco, alcohol and drugs, in line with best practice. SPHE must be given equal importance and timetabling as examinable subjects as it is a resource for life.

Alternatives are required for early school leavers to receive education. Programmes such as Notschool.net appear promising. However, further attempts to re-evaluate the current education system are required as substance use can not be viewed in isolation and issues such as mental health, self-harm, bullying, suicide and sexual health must be looked at, particularly as basic inequalities in education can perpetuate these problems.

Enhanced availability of in school counsellors trained to deal with the problems facing young people is required. Yearly secondary school student needs analysis, the findings of which would be accompanied with the requisite training for all teachers to be mindful of issues specific to the young people in their school. Play therapists for primary schools which allow children express their experiences and feelings through a natural, self-guided, self-healing process, and the provision of community social skills facilitators to meet the

developmental needs of young people who do not attend school regularly. Home-work clubs to be provided nationally to assist people from an early age with learning difficulties, including parental literacy opportunities.

The transition from primary to secondary school can be difficult for students and may contribute to early school leaving. In school mentoring programmes between older students and first year students, and transition programmes to help the move from primary to secondary school and may help to reduce the difficulties some students experience.

A greater focus on addiction in education is required. This could help young people and parents understand addiction, and also enable them become aware of the warning signs of compulsive drink or drug taking. This could also help to reduce the stigma associated with addiction.

6.3.1 Key Recommendations

Policy Recommendations

- Compulsory drugs and alcohol training for SPHE teachers.
- Linking parent's skills programmes to child welfare payments.
- Compulsory RSA training for the drinks industry.
- Dedicated SPHE only facilitators in each school and a SPHE college course.
- Provision of community social skills facilitators to meet the developmental needs of young people who do not attend school regularly.
- Legislation against serving off-licence alcohol to under 20 year olds.
- Legislation to police non-drunkenness in licensed premises.

Practice Recommendations

- Effective law enforcement of current licensed premises to promote non-drunkenness.
- Smaller SPHE group sizes, a maximum of 15 young people so all opinions can be engaged with in a safe environment, in line with group work best practice.
- Further provision for skills based parenting programmes.
- Health promotion needs to genuinely look at a variety of harm reduction strategies in an attempt to keep young people safe.
- Enhanced community policing measures and a focus on building better relationships between Gardaí and school and youth projects, and an emphasis on understanding the law and how it protects people.
- Alternative activities are a strong motivator for engaging in healthier lifestyles. An emphasis must be placed on the importance of thrill-seeking activities for families, schools and communities to focus on a ‘natural’ high as an alternative to drugs.
- Further investment in community development and social capital in the provision of alternative services to help build strong communities which protect against substance use.
- Having services and facilities available to young people and communities when they need them such as youth services on Friday and Saturday evenings, and on-call social work after 5pm
- As adults have a choice of venues to meet their tastes so too should young people, to ensure all diversities are equally catered for.
- Greater emphasis needs to be made on developing drugs and alcohol education programmes within schools, which are fully implemented, competently delivered and stringently evaluated, in line with best practice.

- Earlier interventions at national school level, including evaluation of the implementation and effectiveness of the 'Walk Talk' programme.
- Age-appropriate facilitation skills for all teachers, irrespective of their subject as they can be key role models for young people.
- A comfortable room dedicated to SPHE, not structured like a classroom.
- In school mentoring programmes between older students and younger students.
- Transition programmes to facilitate the change from primary school to secondary school, which some students find very difficult.
- Further availability of counsellors in schools who are trained to deal with the problems facing young people.
- Yearly secondary school student needs analysis and accompanying the findings with requisite training for all teachers to be mindful of issues specific to the young people in their school.
- Play therapists for primary schools which allow children express their experiences and feelings through a natural, self-guided, self-healing process.
- Nationwide provision of home-work clubs to assist people from an early age with learning difficulties, including parental literacy assistance.
- The press ombudsman must take responsibility for excess attention given to celebrity drug use.

Further Research

- Research into the factors that protect those early school leavers who do not engage in substance use, their health promoting behaviours and looking at finding a way to transfer this to other young people.
- Nationwide research of the education needs of early school leavers and the reasons why the current system fails them.

- Further research into the drugs and alcohol related attitudes, knowledge and behaviours of early school leavers, nationwide.
- Research into the influence of media coverage of celebrity drug use on youth substance use related attitudes and behaviours.

In light of this research the responsibilities for improving the education and development of early school leavers and the reduction of substance use lie with; the National Drug Strategy, the National Alcohol Strategy, Health Promotion Unit, Department of Social and Family Affairs, Health Service Executive, Social Work, Youth and Community workers, Local and Regional Drugs Task Force's, Nationwide early school leaver projects, Social Personal Health Education coordinators and teachers, secondary school principals and teachers, drugs education workers, drug and alcohol treatment services and parents. It takes a whole community to save an individual therefore greater measures must be made to work coherently and consistently together to achieve greater equality in health and education.

To conclude this research set out to explore the drug and alcohol related attitudes, knowledge and behaviours of early school leavers. It discovered that prevalence of substance use was substantially higher when compared with school attendees, as well as the normalisation of attitudes to drugs and alcohol. This highlights the importance of cooperative multi-faceted approaches to reducing the risks posed to early school leavers. Including enhanced education measures aimed at reducing substance use related risk and integrative programmes to engage parents, teachers and young people. Furthermore it serves to highlight the need to enhance services present to cater for the diversity of young people and encourage the development of their uniqueness in a way that incorporates a holistic approach to health.

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Personal Reflection

This research has taken me to so many places both geographically and mentally. I feel I have learnt so much. I knew once I decided on early school leavers as my main population I was researching something I was very interested in. In part my excitement came from knowing that I could use this research to add knowledge to the way I work, which added to my commitment to be as thorough as possible.

Trying to meet the needs of low-literacy levels in deciding on a questionnaire, while also getting the data I required took some time. I feel I achieved this after quite a bit of work on layout, questions included and piloting. I am glad of the experience of piloting because it did open my eyes to questions I felt were fairly obvious but held ambiguity. Delivering the questionnaires was really enjoyable, the beauty of the West lay before me and I was excited at the prospects of collecting my data. The respondents were very receptive to the questionnaire; however at times the length was disconcerting for a few. I tried to reduce the size of it initially but feared I would miss something if I did not include all questions. As I collated my data and began to get saturated I was better able to see how I could possibly have reduced it to a more youth-friendly size. I am really glad I used SPSS for my analysis. It was something I felt I would not be able to get my head around but I feel I have learnt a valuable skill in using it.

During the qualitative aspect of the study, I found the focus groups gave me a great insight in to the lives of those most at risk in our society. This was challenging but I was delighted by how articulate they were about their attitudes and how important it was for them to be heard. This highlighted to me how important it is to promote their health and well-being by looking directly at their needs and put in place health promoting interventions to encourage them to truly become what they are capable of, and not what some people consider they are 'only' capable of. There is so much scope through education and personal development for this to become a reality that I felt my study had a strong purpose as I reached my conclusions and recommendations. Further research is desperately needed in this population to look directly at their needs and ways of enhancing the services and provisions

for them so equality can be achieved. There were at times behaviour issues but I expected this and in the main was able to manage the focus groups so that data of significant wealth and depth was generated. I was happy with the way the focus groups went, it gave great insight into my research topic, however I would have loved if the final group had of had less behavioural issues and engaged better.

I was delighted with the photo-voice I feel it gave a further aspect to this research that would otherwise have been missing. The visuals for me depicted a story of the understanding of drugs and alcohol within the participants' community. I feel it added a nice dimension and also helped achieve data saturation as recurrent themes emerged in particular the normalisation of substance use. It was also something the participants and I really enjoyed.

I am very happy with the research I conducted. I did find aspects of it difficult, especially trying to pull it all together and at times got frustrated, more with myself than anything else. I feel I learnt so much during the process that it was invaluable, particularly in the development of my own patience, attitudes, ability to critically analyse and capacity to apply theories to my work. I feel now I have a more holistic view of health and am also more solution focused. I am so appreciative of the time and energy both Eva and Patricia gave to our research and feel the approach brought our group very well together. Most of all I enjoyed it.

Appendices

Appendix A: Introductory Letter

From: Sue Redmond
Sent: Thu 12/07/2007 14:34
To: [REDACTED]
Subject: Research

Dear Coordinator

I am currently studying for a qualification of Masters in Health Education and Promotion to the University of Limerick. The title of the study is 'An Exploration Into The Drug And Alcohol Related Knowledge, Attitudes And Behaviours Of Early School Leavers Aged 15-20 Years In The Western Region.' This study aims to identify the current attitudes and behaviours of this target group to substance use and to further inform drugs and alcohol education in the region. I am writing to ask if you and your centre would be interested in participating in this piece of research.

I hope to conduct this research in September/October and it would take the form of an anonymous questionnaire which would also be displayed on overhead and explained verbally. Permission will be sought from participants and all will be given the option to opt out should they prefer not to take part. All participants will also be given an additional sheet with contact details of local counsellors, helpline and web addresses should any issues arise for them. Following on from this would be a focus group one in each county to further explore in depth the attitudes towards drugs and alcohol and to look at the perception of participants on their education around life-skills, drugs and alcohol and sexual health.

I would be delighted if your centre would consider this opportunity to assess the needs of those we work with. I am mailing you now as I realise you are coming near to the end of your term and the holidays are approaching

Please find attached the draft of the questionnaire I propose to use as a research tool for this study. If you have any questions please do not hesitate to contact me. I look forward to hearing from you soon.

Kind Regards
Susan Redmond

Tel: [REDACTED]
Email: [REDACTED]

Appendix B: Letters of Consent to Study

Email 1

From: [REDACTED]
Sent: Tue 17/07/2007 11:49
To: Sue Redmond
Subject: RE: Drugs and Alcohol Questionnaire

Hi Susan

Yes that would be fine. If you contact us again in September we can arrange dates and times.

Regards,
[REDACTED]

Email 2

From: [REDACTED]
Sent: Wed 18/07/2007 12:31
To: Sue Redmond
Subject: RE: Drugs and Alcohol Questionnaire

Hi Sue

We would be interested in being involved in this study. We are going on holidays for the month of August so I will be in touch in the next term.

Regards
[REDACTED]

Email 3

From: [REDACTED]
Sent: Fri 07/09/2007 10:21
To: Sue Redmond
Subject: RE: Training and Research

Sue

Sorry for the late reply, yes our centre would be interested. If you let me know what time or date suits we can arrange for you to call out.

[REDACTED]

Email 4

From: [REDACTED]
Sent: Thur 06/09/2007 11:25
To: Sue Redmond
Subject: RE: Training and Research

Hi Sue

Yes you can count us in, also can you give me further information on the training you offer and we can discuss some dates?

Thanks

[REDACTED]

Email 5

From: [REDACTED]
Sent: Thur 20/09/2007 12:59
To: Sue Redmond
Subject: RE: Training and Questionnaire

Sue

That's fine with us, plus we'll arrange the training but it will probably be in the new year.

Thanks

[REDACTED]

Email 6

From: [REDACTED]
Sent: Wed 19/09/2007 14:33
To: Sue Redmond
Cc: [REDACTED]
Subject: RE: Training and Questionnaire

Hi Sue

Yes we would like to take part in your study, I'll leave it with [REDACTED] to arrange the times so if you want to just contact him about it that would be fine.

[REDACTED]

Email 7

From: [REDACTED]
Sent: Tue 18/09/2007 11:38
To: Sue Redmond
Subject: RE: Research Project

Hi Sue

Yes that would be no problem, let me know what way you want to do this, when suits or how you want to sample them. I'll see you before then anyway.

[REDACTED]

Email 8

From: [REDACTED]
Sent: Fri 28/09/2007 10:18
To: Sue Redmond
Subject: RE: Research Project

Hi Sue

Yes we'd like to be involved, can you resend that questionnaire it wouldn't open for me I think the file was corrupt.

Thanks

[REDACTED]

Email 9

From: [REDACTED]
Sent: Thur 27/09/2007 9:58
To: Sue Redmond
Subject: RE: Research Project and Training

Sue

Yes that's no problem, you can tell me more about it at the training next week, also we want to update our policy for the whole county can we spend some time on that maybe get a working group together?

Thanks

[REDACTED]

Appendix C: Questionnaire

Drugs and Alcohol Education Questionnaire

The following questionnaire sets out to inform a study for qualification of Masters in Health Education and Promotion to the University of Limerick of the **attitudes, knowledge and behaviour** of the young people in the West of Ireland with respect to drugs and alcohol education. This questionnaire aims to enhance the development of various drugs education programmes with **your** needs in mind. Please tick the boxes to indicate your use of the substances in the box below, if you have never used a substance tick never. Where different options are given please circle the one that most applies to you. Remember that all information is ***Strictly Confidential!***

- 1) Male/Female 2) Age _____ 3) County _____

Drug	Have you used this? Never	Once/ Twice	Once/Twice a month	Every week	Three plus times a week	Every day	Age at first use
4) Tobacco							
5) Alcohol							
6) Cannabis							
7) Solvents							
8) Magic Mushrooms							
9) LSD/Acid							
10) Revelin							
11) Cocaine							
12) Crack Cocaine							
13) Heroin							
14) Speed							
15) Ecstasy							
16) Other (specify)							

How likely is it that each of the following would happen to you if you **smoked cigarettes in the next month**? Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
17) Get into trouble with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Have problems with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Have money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Be more popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Be more confident and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that each of the following would happen to you if you **drink alcohol in the next month**? Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
25) Do badly in your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Get into trouble with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) Have problems with friend's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) Become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Have money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Be more popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) Forget my troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Be more confident and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely is it that each of the following would happen to you if you take **marijuana or other illegal substances in the next month**? Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
35) Get into trouble with the Gardaí	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Have problems in your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37) Get into trouble with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Have problems with friend's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40) Have money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Be more popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Be more confident and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some statements that people have made about illegal substances.

How much do you agree with the following opinions on drugs? Mark the answer that is closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
45) Using drugs can be a pleasant activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46) A young person should never try drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) Using drugs is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48) Many things are much more risky than trying drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49) Everyone who tries drugs eventually regrets it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50) The laws on drugs should be made stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51) Drug use is one of the biggest evils in the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52) Drugs help people to experience life in full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53) Schools should teach about the real dangers of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54) The Gardaí shouldn't be annoying people who try drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55) To experiment with drugs is to give away control of your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each statement below, please mark whether you think it is correct or not by checking the appropriate box.

	Yes	No	Don't Know
56) A person needs to smoke several cigarettes a day over many years to become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57) Women are affected by alcohol quicker than men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58) One pint of beer is processed through the body in a half an hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59) High use of hash or marijuana decrease sexual desire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60) A person could die instantly from spraying lighter gas directly into their mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61) Hepatitis/HIV (infectious diseases) can be spread by sharing rolled notes to snort cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some statements about your knowledge about some substances.

How much do you agree with the following? Mark the answer that is closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
62) I know all I need to know about nicotine and its effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63) I know all I need to know about alcohol and its effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64) I know all I need to know about other drugs and their effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they..... Mark the answer that is closest to your opinion.

	No risk	Slight risk	Great risk	Don't know
65) Smoke cigarettes once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66) Smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67) Have one or two drinks each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68) Drink alcohol every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69) Get drunk every week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70) Use inhalants (aerosols, glue etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71) Use marijuana or hash (cannabis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72) Use ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73) Use cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74) Use heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75) **How would you rate your education around alcohol?** (circle one)

- a) v. useful b) useful c) ok d) not very good e) not good at all

76) **How would you rate your education around drugs?** (circle one)

- a) v. useful b) useful c) ok d) not very good e) not good at all

77) **Do you feel your parents are approachable to talk to about alcohol?** (circle one)

- a) yes v. much b) yes c) sort of d) not really e) not at all

78) **Do you feel your parents are approachable to talk to about drugs?** (circle one)

- a) yes v. much b) yes c) sort of d) not really e) not at all

79) **Have you received any of the following education?** (circle as many as you need)

- a) Life-skills b) Sexual health c) Drugs and Alcohol d) SPHE

80) **Where would you go for information about alcohol or drugs?**

81) **Where would you go for help with a alcohol or drug problem?**

82) **Do you want to comment on anything to do with drugs or alcohol?**

Thanks!

Appendix D: Focus Group Topic Guide



UNIVERSITY of LIMERICK

O L L S C O I L L U I M N I G H

Focus Group Topic Guide:

Introduction to the Focus Group: its purpose, layout and duration.

Group Contract

Part I Roaming Debate:

- 1) 15 years old is too young to be drinking?
- 2) Irish people have a problem with controlling their drinking?
- 3) Drinking is great fun, it rarely causes problems for most people.
- 4) Cannabis should be legalised?
- 5) Experimenting with drugs is ok, it's part of growing up.
- 6) Illegal drugs really don't cause problems for anyone, only junkies.

Part II:

- 1) What do you think shapes young peoples attitudes around alcohol/drugs?
- 2) Do you think that young people are adequately prepared with knowledge and information before they first encounter drink/drugs?
- 3) Why do you think young people take drink/drugs?
- 4) Do you think most young people have a good knowledge of the effects/impacts of taking drugs/alcohol?
- 5) What do you think shapes young peoples attitudes around drugs?
- 6) What do you think about the drugs education you have received?
- 7) What would you like to see in it or think would be more useful?

Appendix E: Ethical Approval

1 September 2007

Patricia Mannix McNamara
College of Education
University of Limerick

Re: Patricia Mannix McNamara/ Susan Redmond

Dear Patricia/ Susan,

The above application was considered by a delegated member of the College of Education Research Ethics sub-committee.

I am happy to grant approval from 1 September 2007.

Yours sincerely

Dr Roland Tormey
Chairman
University of Limerick College of Education Research Ethics Sub-Committee

Appendix F: Parental Information and Consent Questionnaire



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARENT/GUARDIAN QUESTIONNAIRE INFORMATION SHEET

Dear Parent/Guardian

I am a University of Limerick Masters student and wish to carry out a questionnaire to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission your child will be asked to fill out a questionnaire next week to explore their attitudes and knowledge around alcohol and drugs misuse, and their perception of current drugs and alcohol education available to them.

Please note your child will be asked **NOT** to put their name on the questionnaire and all information will be treated in the strictest confidentiality.

Should any issues arise for your child during the participation in this questionnaire an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to allow your child complete this questionnaire. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]

Kind Regards

Susan Redmond

PARENT/GUARDIAN QUESTIONNAIRE PERMISSION FORM

I _____ (Parent/Guardian) am happy to have my child

_____ participate in the questionnaire on date _____.

Parent/Guardian Signature _____

Appendix G: Participant Information and Consent Questionnaire



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARTICIPANT QUESTIONNAIRE INFORMATION SHEET

Dear Participant

I am a University of Limerick Masters student and wish to carry out a questionnaire to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission you will be asked to fill out a questionnaire to explore your attitudes and knowledge around alcohol and drugs misuse, and what you think of your current drugs and alcohol education.

Please note you will be asked **NOT** to put their name on the questionnaire and all information will be treated in the strictest confidentiality.

Should any issues arise for you during the completion of this questionnaire an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to participate in this questionnaire. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]

Kind Regards

Susan Redmond

PARTICIPATION QUESTIONNAIRE PERMISSION FORM

I _____ consent to participating in the following questionnaire.

Signature _____.

Date _____.

Appendix H: Parental Information and Consent Focus Group



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARENT/GUARDIAN FOCUS GROUP INFORMATION SHEET

Dear Parent/Guardian

I am a University of Limerick Masters student and wish to carry out a focus group to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission your child will be asked to participate in a focus group to explore their attitudes and knowledge around alcohol and drugs misuse, and their perception of current drugs and alcohol education available to them.

Please note your identity will **NOT** be revealed at any stage of the focus group. The focus group will be recorded by a Dictaphone to enable transcription to text at a later stage. Participants can stop the focus group at any point or opt not to answer any question

Information received will be treated with the strictest of confidentiality, with the **exception** that if the researcher believes that a participant is of potential harm to themselves or to others, the researcher is obliged under the Child Care Act 1991 to pass that information on to a relevant body such as social work to ensure that Child Protection is adhered to.

Should any issues arise for your child during the participation in this focus group an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to allow your child participate in this focus group. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]
[REDACTED]

Kind Regards
Susan Redmond

PARENT/GUARIDAN FOCUS GROUP PERMISSION FORM

I _____ (Parent/Guardian) am happy to have my child
_____ participate in the focus group on date_____.

Parent/Guardian Signature _____

Appendix I: Participant Information and Consent Focus Group



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARTICIPANT FOCUS GROUP INFORMATION SHEET

Dear Participant

I am a University of Limerick Masters student and wish to carry out a focus group to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission you will be asked to participate in a focus group of eight young people. This focus group sets out to explore your attitudes and knowledge around alcohol and drugs misuse, and what you think of your current drugs and alcohol education.

Please note your identity will **NOT** be revealed at any stage of the focus group. The focus group will be recorded by a Dictaphone to enable transcription to text at a later stage. Participants can stop the focus group at any point or opt not to answer any question.

Information received will be treated with the strictest of confidentiality, with the **exception** that if the researcher believes that a participant is of potential harm to themselves or to others, the researcher is obliged under the Child Care Act 1991 to pass that information on to a relevant body such as social work to ensure that Child Protection is adhered to.

Should any issues arise for you during the participation in this focus group an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to participate in this focus group. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]

Kind Regards

Susan Redmond

FOCUS GROUP PARTICIPANT PERMISSION FORM

I _____ consent to participating in the following focus group.

Signature _____.

Date _____.

Appendix J: Parental Information and Consent Photo-Voice



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARENT/GUARDIAN FOCUS GROUP INFORMATION SHEET

Dear Parent/Guardian

I am a University of Limerick Masters student and wish to carry out an art project to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission your child will be asked to participate in this art project to explore their attitudes and knowledge around alcohol and drugs misuse.

Please note your identity will **NOT** be revealed at any stage. Participants can opt out of the art project at any stage.

Information received will be treated with the strictest of confidentiality, with the **exception** that if the researcher believes that a participant is of potential harm to themselves or to others, the researcher is obliged under the Child Care Act 1991 to pass that information on to a relevant body such as social work to ensure that Child Protection is adhered to.

Should any issues arise for your child during the participation in this art project an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to allow your child participate in this art project. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]

Kind Regards
Susan Redmond

PARENT/GUARIDAN PHOTO-VOICE PERMISSION FORM

I _____ (Parent/Guardian) am happy to have my child
_____ participate in the art project on date _____.

Parent/Guardian Signature _____

Appendix K: Participant Information and Consent Photo-Voice



UNIVERSITY *of* LIMERICK

O L L S C O I L L U I M N I G H

PARTICIPANT PHOTO-VOICE INFORMATION SHEET

Dear Participant

I am a University of Limerick Masters student and wish to carry out an art project to explore the attitudes, knowledge and behaviours of young people in the West of Ireland in relation to alcohol and drugs, for the award of Masters in Health Education and Promotion.

With your permission you will be asked to participate in an art project of five young people. This focus group sets out to explore your attitudes and knowledge around alcohol and drugs misuse.

Please note your identity will **NOT** be revealed at any stage. Participants can opt out of the art project at any point.

Information received will be treated with the strictest of confidentiality, with the **exception** that if the researcher believes that a participant is of potential harm to themselves or to others, the researcher is obliged under the Child Care Act 1991 to pass that information on to a relevant body such as social work to ensure that Child Protection is adhered to.

Should any issues arise for you during the participation in this art project an additional sheet will be included with the contact details of completely **Free Confidential** Counsellors in your area and additional helpline numbers.

Please sign below if you are happy to participate in this art project. If you have any questions in relation to this please do not hesitate to contact me on [REDACTED]

Kind Regards
Susan Redmond

PHOTO-VOICE PARTICIPANT PERMISSION FORM

I _____ consent to participating in the following art project.

Signature _____.

Date _____.

Appendix L: Additional Information Sheet

Contacts List

This sheet details a list of **Free & Confidential** Counsellors in your area should you need someone to talk to.

Galway

Galway City & South County Galway

Allen Moran Tel: 091-561 299

Hilary Nolan Tel: 091-561 299

Christine Delaney Tel: 091-561 299

Connemara & North County Galway

Shane McGuire Tel: 087-9059222

East County Galway

Emer Dalton Tel: 091-847 088

Roscommon

North Roscommon County

Karen Gavin Tel: 071-9664900

South Roscommon County

Mary McCartney Tel: 090-6625395

Mayo

North Mayo

Seán Foy Tel: 096-60060

South Mayo

Claire Gavin Tel: 094-9020430

Other Useful Numbers:

Drugs Helpline: 1800 459 459

Alcoholics Anonymous: 091-567807

AI Teen: 01-8732699

Samaritans: 1850 609090

Teenline: 1800 833 634

Narcotics Anonymous: 01 6728000

AIDS West: 091-566266

Mental Health Ireland: 01-2841166

Drug Awareness www.dap.ie; Drink Aware www.drinkaware.ie; Spunout www.spunout.ie

A-Z of drugs and advice www.talktofrank.com

Appendix M: Focus Group 1 Transcripts

7 young people (4F/3M; Kate, Mary, Dave, Keith, Jane, Caroline, Liam)

Roaming Debate

15 is too young to be drinking:

Jane: Yes it is, I know I was drinking at 15 but now I think it's too young.

Keith: I don't really agree or disagree, I know I was drinking when I was 15 but for a lot of people it is too young, it all depends on your attitude for some young people they can't handle it too much, as anything really.

Mary: It's alright in moderation.

Kate: Well if you're allowed to you

Kate: Cuz if they say no you're going to rebel. But if your parents guide you or drink with you then you will learn how to drink in moderation.

Dave: Yea, if your allowed to drink with your parents then you know what you can handle, you'd be allowed go home but you won't go home rat-arsed. Where as other guys I know who never drank at home when they went out they got completely pissed and one guy feel over a gate. *Laughing...*

Caroline: Well if they think they are not being allowed drink then they want it more

Jane: They are just being told no and not told why

Whats the best way

Lee: Well 15 depending on the parents, well what kevin said but depends on the parents

Irish people have a problem with controlling their drinking

Liam and Dave (strongly disagree)

Liam: Just because its tradition that happened years ago, its just stuck, like holland and the smoke.

Dave: Yea I reckon most irish people can handle their drink but there is just a few that can't and they give everyone else a bad name.

Caroline: I just think It's just a stereotype, everywhere else is the same

Kate: I reckon there are more alcoholics in Ireland than in England.

Jane: Ireland is the second highest in Europe for drink abuse.

Liam: It's not a surprise

Jane: We are the second smallest country in Europe and the second highest with drink abuse problems, it's to do with the weather as well, and depression so, it sort of goes with our nature I suppose.

Keith: again attitude, certain people can, I know some people who can go mad drinking for days and they are alright, and then there are some people that are being hard and drink loads at once, and get into fights and can't handle it. It's like they say we're Irish we might as well go drinking.

Mary: It's the same to at weddings, funerals, christenings, they are all the same for drinking

Kate: I remember being in the pub when I was young and getting a bottle of coke and a packet of crisps and told to sit down and shut up. We were all brought up in pubs.

Do you think that shaped your attitude?

Kate: I know my mum never had a problem with me drinking, if I was going to have a drink I was going to have it with me ma. If she had said no, then I probably would have when mad for drink but I did sometimes but mostly I knew how to handle it, ya know.

Drinking is great fun, it rarely causes problems for most people

Liam: (strongly agree) some of it does cause problems but when you drink too much you can end up in fights and stuff so then it causes problems

Dave (agree) you can go out and have a good time of it, like, and drink sensibly it's all about knowing how to drink, education. The majority go out and have fun with drink but some have problems

Keith (middle): if you're with the right people you can have a great night without any trouble but if you're with the wrong people who just want to get really drunk, then something bad is going to happen, it's all about the people you are with always.

Jane: people who drink mainly lads cause more trouble, it's the attitude when they drink it just changes, it changes you. There's a point where they drink too much and can't control themselves, stupid things then happen like rape and stuff like that.

Kate: (disagree) Loads of lives and families as well that have been split up over drinking, it's all drinking, nothing else, all the arguing and everything is because of drink they come home pissed and just want to start a fight, it's all because of drink, nothing else.

Caroline: I think the same.

Liam: its more girls than lads, I know for a fact that girls are the worse far worse than lads,

Jane: Not as they get older, girls cop on when they get older.

Liam: that's the majority

Kate: When I was younger I'd never have started a fight, if one came to me then yeah, but I wouldn't have started one.

Whats the Main prob for girls

Dave: boys

Kate: not being able to look after themselves when they've been drinking

Mary: they do stupid things when they are drunk, things they wouldn't do if they were sober. Experiment like.

Kate: people take advantage of girls when they are drunk.

Jane: not only that but girls turn into little tarts when they are drunk. Go a bit sluttly when they've had a drink, like on the papers they were saying that in dublin in some posh school that they girls would be going out in their little skirts with no knickers on, falling around the street, its disgraceful no respect for themselves.

Main probs for boys

Dave: I've seen one guy will say something little, really small and it can turn into something they end out having a huge fight over, and get really aggressive and violent, over something so little.

Liam: Like in rapes and stuff girls do look slutty and look back then, so its not all the boys fault.

Jane/Caroline: I think we need the next question.... lets move on.

Cannabis should be legalised

Every body strongly agrees/agrees

Liam: people won't go out starting fights and all

Kate: chill out, have the buzz

Jane: they are a lot more placid, its more of a thinking drug, your harming yourself as much as you are with cigarettes, I know the mental health issue that it can cause schizophrenia but you've chances of that anyway. Alcohol is more harmful than cannabis.

Dave: the gardai have lost the battle against drugs, it's in every street

Kate: it's really good for cancer patients, its good for their appetite and it's a painkiller.

All agree its less harmful than alcohol.

Kate: you're not going out starting fights, your not all roudy, you're sitting down having a conversation and like

Liam: people are less likely to get aggressive about the same conversations that they might if they'd been drinking.

Keith: you should try 2 groups one group go out drinking and the other group stay in smoking...

Kate: and I can guarantee you that the group drinking will come back with a lot more bruises than the other group. And they won't have as bad a hangover... *laughing*

Age restriction

Liam: say 21

Mary: 16

Jane: say 18 they have to let their minds develop, and if it was legalised it wouldn't be used as much either.

Keith: drugs on the street wouldn't be such a big problem then either, there might even be less violence.

Liam: Less people would be arrested aswell, less people in prison too.

Jane: someone gets caught with a couple of grams the judges are getting really annoyed and sending them to court, over no matter how much you have on ya.

Kate: I know a guy who got a 200 euro fine for not even enough for a joint.

What about younger people and their development

Kate: younger people are using it anyway

Liam: you hear of kids as young as 8 using it in ballymun.

Jane: as long as you are keeping your brain active you're not going to get that harm from it, if you are just sitting in your house all day doing nothing, or just eating all day of course its going to harm you.

Kate: if it was legalised people wouldn't be that pushed to do it anyway, you know what kids are like, tell them not to and they want to.

What if cannabis was legalised would you have a joint at youth reach?

Liam: no of course ya wouldn't you're not meant to, plus in schools they aren't 18 so they deffo couldn't do it if ya had a legal age limit.

Keith: its just like having a can of beer now you're not going to do that at youth reach on your break

Kate: use for entertainment only!

Experimenting with drugs is ok, its part of growing up.

All strongly agree/agree

Just cannabis or all drugs?

Kate: everyones a bit curious, everyone is going to be curious about something, if you're going to try it you're going to try it

Liam: you really learn from your mistakes. Everyone does.

Does peer pressure play a part?

Jane: I don't think its peer pressure, I think they see someone else doing it and they are sort of like say I'll give it a try. If they do enjoy it then they'll probably like keep going.

Is it a because of a lot of education focuses on if you take cocaine you're going to die, if you take ecstasy you're going to die, and then young people see their friend doing it and they didn't die, but having a lot of fun so they want to try it then?

Mary: once someone is experimenting and if they keep experimenting then they can get hooked on it.

Liam: but I don't see how people get hooked on the stuff. Like yolks (ecstasy) or cocaine, like.

Jane: ecstasy is not so much addictive.

Liam: but coke I don't see how people get addicted to coke.

Kate: cocaine is addictive

Jane: yeah just not the Irish cocaine *Laughs....*

Liam: washing powder and something...

Do you think that as long as you are relatively in control of what you are doing that you'd be ok? What kind of people get addicted to drugs?

Jane: a lot of people have addictive personalities

Mary: the addicted bit is in your head, like physically your not addicted but mentally you are.

Liam: like you could smoke a fag, like and be addicted, its all up here (points to his head)

Mary: you might not want a fag, but you might like go, I'll have one or... same could happen with drugs, like you just have one and then decide to have another to just boost you up a bit.

Jane: kids just have this little self-destruct button anyways like. Just want to be rebellious.

Dave: yeah just blasting out crap music or whatever.

Liam: what ever your parents don't like you, like.

Illegal drugs really don't cause problems for anyone, only junkies

Everybody disagrees.

Liam: Everybody has problems with them, junkies keep going taking more and won't sort out their problems

Mary: say like if you're going out with a junkie, then like you'd have problems with them as well even if you don't take them, it affects everyone around you.

General discussion: most recreational users wouldn't have problems with them.

Kate: unless they got a bad dose or something. Katy French...

Keith: depends on the person, say if they're at a really bad stage and they take drugs, they might just keep going with it because it makes them feel better, then they might have problems with it. Could turn out to be addicted then.

Liam: teenagers have problems with drugs as well,

Mary: money problems,

Liam: a lot of crime from wanting to get drugs as well

Kate: self-esteem problems.

Liam: it all starts off with alcohol, when you have a bit of alcohol, its easier to do something you know? Say someone has a spliff, you might just go alright I'll have some of that. I've seen one person do that, many times, if you meet him normally he wouldn't take anything but after a few cans he might take a few pulls of it, that would be about it.

Mary: like this fella he never took a yolk in his life and he was at a house party and he just took one and he got absolutely off his rocker and sure the next day he says he'll never touch it again, and the next night it was at them again.

Jane: sure that happens a lot

Kate: motivation is another problem, particularly around cannabis.

Mary: you just get pure lazy like.

Liam: you can get really depressed over smoking that stuff, some people get awful depressed over it.

Dave: they could be staying in all every day smoking and doing nothing

Keith: they could be depressed in the first place and thinks that it helps them ,then they start taking it every day its only going to get worse. Or if they do it anytime the get angry or annoyed then its not good.

Mary: you know the way you say some people get lazy then there are others who need it to motivate them in the morning

Liam: if I had a joint in the morning I wouldn't get up I'd just go straight back to bed.

Jane: You know what I think is brilliant is you know people with ADHD who smoke cannabis, it just literally puts them on a normal level, they are just normal, just like us, not hyperactive or like stoners, just normal.

Liam: It's all the same as alcoholics or alcohol causing depression.

Jane: its all to do with your serotonin levels and if you stop taking drugs, then you don't have as much of it there that's why people end out feeling depressed and stuff when they don't take it.

Do you think that all illegal drugs should be make legal?

Unanimous No only cannabis.

Mary: that's what most people use.

Keith: Nothing would work if everything was made legal. Everyone would just go mad.

Liam: instead of everyone killing each other over drugs it would be something else.

Dave: What would it be?

Liam: just killing each other for the sake of it, cuz they could.

Trails for a while....

Kate: My uncle is on a methadone programme in dublin for the past 20 years

Liam: if you stop it then you relapse

Kate: If he wasn't taking it he wouldn't be able to function in the morning, and he goes to work like, and does a hard days work, comes home and cooks his dinner, and that methadone keeps him normal, if he didn't have that in the morning he'd be going through the whole day with hot wets, like going through cold turkey.

Jane: I think cold turkey is the way to go though,

Kate: well some people can die from cold turkey.

Jane: but you are just getting them hooked from one thing to another.

Kate: but they need it

Jane: but they also need the heroin when they have that,

Kate: I suppose, but my uncle depends on it, so.. if he didn't have that he might be dead

What do you think shapes young peoples attitudes around drugs or alcohol?

Liam: the news

Keith: people who you see, anyone really

Jane: say in this town if your in first year or second year, you look at the people above you and they influence you. Their opinion really.

Liam: college, if you don't try drugs here then you'll definitely try them in college.

Jane: yea if you don't try them in secondary school, you will when you go to college.

Do you think yp have enough knowledge before they encounter drink or drugs?

Liam: they can but

Dave: they've seen their parents drink, their friends drink so they do have an idea. They don't see why they can't get drunk, I got drunk at 13 first time ever, it was class..

Keith: depending on your parents, but if your parents don't drink how are you going to know?

Liam: in the school do they have courses on what happens if you drink or take drugs, the sphe, so they are getting taught from their parents and from schools.

Is that adequate?

Liam: they'll learn from their own mistakes.

Jane: a few people have done projects on drugs, you read the information and some of it just isn't true.

Liam: like I saw this thing and it said, 'my son is angry all the time he must be doing drugs'

Jane/Keith: the information just tries to put the worst on it all.

Keith: Leaflets, HSE and stuff. Everything is like, its bad, you're going to die and lots of stuff missing, not enough information really. It doesn't say whether the drug will make you feel good or bad or what ever, or whether you'll lie there for a day twitching.

Liam: it gives you more stupid information you don't need.

Do you retain any of it.

Liam: no not really.

Keith: it just confuses you.

What do you think would be a better way of going around drug education?

Mary: they should put you in a room with someone who's been on drugs for a certain amount of time right, and let them tell you what happened to them and their life and what the side effects are and stuff.

Jane: school tours to rehab.

Liam: that would scare the living daylights out of ya.

Mary: yeah if you see someone in rehab and the effects on them like.

Do you think that's the only way education would work?

Jane: if you want to scare them out of it.

Do you think scare tactics work?

Jane: since Katy French died, everyone is like don't go near cocaine its bad. Yea some people did still take it, but a lot of people say they won't go near cocaine again.

Kate: Yeah so do I, people that would never touch it again.

Jane: I know the papers said it was nothing to do with the cocaine, they just did too much of it and had a heart attack.

Kate: yea but a lot of people died in them two weeks

Jane: yeah but they were serious coke-heads, they'd been doing it for ages, weren't getting as high of it as they usually were and were dumping it into their drink and knocking it back and having heart attacks.

Liam: Yer one she had a lot of money like as well so

Jane: yea they're all bluddy well off and like socialites and stuff.

Dave: death only really happens with the serious drugs though, heroin or cocaine.. you wouldn't hear anything like some fella died from smoking cannabis.

Trails off....

Do you really think that going to rehab or having an ex-addict in is the best way for drugs education?

Mary: well yeah

Keith: even someone that knew something about it, instead of someone going 'this is a bad thing, I've heard this is a bad thing', that's what I'm going to say, rather than someone who has actually done some of it and can say this yea some of it was bad

Mary: you can't get someone in who's never done drugs and get them to say this is what happens

Liam: they don't know nothing just reading it out of a book.

Jane: some of the counsellors that are assigned to people recovering are usually ex-junkies themselves and I think that's really good.

Liam: so they know what you've been through.

Jane: they'll sit their and talk and say I used to be mad, even worse than you like, and talk to them on a level. But you have to get into trouble before you get one of those.

Trails off..

Jane: they are doing it with the drink or road safety thing now where they are showing people who's lives have been ruined by drink and driving.

Mary: yeah but I know some people who can drive better when they are off their head, than when they are sober.

Liam: I'd get into the car with someone smoking a joint but I wouldn't get into a car with them taking anything else, or drinking either I wouldn't get into a car with someone fairly steamed, they get too cocky and do stupid things.

Jane: they think they are brilliant.

Kate: I don't like getting into a car when someone is smoking a joint, cuz they are so relaxed like they mightn't react

Liam: I'd get into a car with someone quicker after a joint than drinking.

Mary: sometimes taking drugs is about your up bringing, say if your family take drugs then you're more likely to take them too.

Keith: yeah you get most of your attitudes around drugs from your brothers and sisters, not your parents.

Jane: or find out for yourself. That's the only way really.

Appendix N: Focus Group 2 Transcripts

8 young people (4f/4m; Aoife, Olga, Andrea, Kathleen, Jeff, Mark, Ronald, Gerry)

Roaming Debate

15 is too young to be drinking:

Agrees

Gerry: Well no, I was drinking at 15 I think it's grand

Jeff: Yea most people have a drink before they are 15

Mark: I had my first drink at 15 and I think it was ok.

Gerry: I had mine at 11 it was great craic

Ronald: Yea like it's ok in small quantities, you don't want to be getting absolutely f&@ked.

Strongly Agrees

Olga: yeah I think 15 is alright

Andrea: like if your parents give you a drink at 15 that's fine, my parents knew I went out drinking when I was 15.

Kathleen: my sister brought me out drinking when I was 15, I'd rather bring my little sister than to have her to discover it on her own.

Whats the best way to first encounter drink?

Aoife: well if your parents were to give you a drink, I don't think it'd be such a big deal then when you'd have it, it's cuz you're not allowed that you want it.

So what age do you think the drinking age should be?

Unanimous: 16 years old.

Andrea: Well, everyone is drinking before they get to 16 anyway, so at least then you wouldn't be on the street or in an alley way drinking.

Kathleen: yea there is nothing to do when you're 16-17, not in this town anyway.

Jeff: yea its boring if you can't go to the pub you have no where to go

Irish people have a problem with controlling their drinking

Aoife: Yeah we drink more than anyone else, it's like that's all we do.

Jeff: No, I think we're fine, every country drinks as much, it's just a few people that make everyone else seem really bad.

Olga: No I think that's just what people say, most people are fine with drink, it's just a few that get rough and fighting and stuff.

Mark: Yeah but overall we drink more than anywhere else, I think we're proud of it though

Andrea: Most people are fine with drink, yea sometimes you might drink too much and do stuff you regret but mostly its fine.

Ronald: I think we're fine with drink, some people can't handle it but and yea I've had a few fights and stuff, but everybody drinks

Drinking is great fun, it rarely causes problems for most people

All agree/strongly agree

Olga: yea it is great fun, most people are fine with drink

Mark: yea it doesn't really cause problems for most people

Andrea: well except when you do something stupid that you regret

Aoife: yea its only really alcoholics that have a problem with drink

What's the Main problem for girls

Aoife: Girls get drunk and do things they regret, you know what I mean

Olga: yeah sometimes you might do things you wouldn't normally do

Andrea: Well get into trouble, or fight with your boyfriend, or you know

Gerry: yea girls get into fights more than guys when they're drunk

Mark: yea girls have more problems controlling themselves when they have drink than guys

Andrea: no they don't, guys are far worse than girls

Main problems for boys?

Andrea: boys get aggressive and get into fights when they drink

Mark: yea some of them do, not all

Gerry: yea but I know a few guys that are quite and they're grand until they have a few drinks and then they get all roudy and stuff.

Ronald: some guys do get into fights alright when they've had too much, especially if they are drinking all day like at weddings and stuff.

Cannabis should be legalised

Everybody strongly agrees/agrees

Mark: yea it should everyone is smoking it anyway. All it does is relax you.

Gerry: yea then there would be no crime

Ronald: less people would smoke it too, it's only cuz you're not meant to that everyone does, it's cuz they are curious

Andrea: yea hash is fine, it just chills you out.

Jeff: it does make some people feel a bit depressed or paranoid, like if they are taking it when they are depressed it'll only make them feel worse.

Olga: people are much more easy going when they have a joint, there would be no fighting if everyone was to just get stoned and not drink

Ronald: yea its just an easy going drug, relaxes ya

Kathleen: yea most people I know have tried it at least, no big deal.

Gerry: It'd be better if it was legal, then it wouldn't be such a big deal, less people would do it and there'd be less crime.

Would you legalise all drugs?

Aoife: No, everyone would just go mad. No just cannabis, its harmless really, yea some people have problems with it, but no more than with alcohol, just the same as if you were to over do anything, their the only ones that really have a problem with it.

What about the de-motivation and laziness with cannabis would that be a problem for some people?

Aoife: well yea for some but you wouldn't do it everyday that's just too much, you'd never do anything if you did it everyday, just like if you drank everyday.

Olga: yea some people will get lazy on it, but mostly just chilled out, you'd never see anyone fighting on it.

Andrea: I don't think you need to legalise the other drugs, but people take them anyway and they know they are risky.

Experimenting with drugs is ok, its part of growing up.

All strongly agree/agree

Andrea: Yea you have to do it yourself to find out about them. Most people are curious about them

Jeff: Yea I think experimenting is ok, like if your friends are taking them and your curious you're more likely to try it.

Gerry: yea its no big deal, sure some people die from it and there were all those deaths before Christmas but most people don't, I just think they took too much or it was a bad batch of coke, but most people are fine just experimenting.

Olga: I think the only way you'll learn is to do it yourself.

Ronald: for most people they can try it a few times and its fine, I dunno about people who get addicted though I think they've other problems.

Jeff: yea like if ya take it when they are down or have broken up with someone and just use it to cope, then you'd find it harder to give it up.

Kathleen: most people will experiment with drugs and they'll be fine.

What about peer pressure is that part of the reason why people take drugs?

Andrea: well if your mates are doing it, then your more likely to do it, but I've never been pressured to take anything, but I'd be curious ya know. if you're curious you're going to try it and if you like it then you're more likely to keep going'

Aoife: yea I don't think people pressure ya into trying drugs, you're either gonna do it or your not.

Ronald: I reckon your right tho' your probably more likely to take stuff if you're friends are taking it, they have the biggest influence on ya.

Kathleen: and your family, like if your family are taking drugs, then your gonna be more likely to take them too. Lots of people take stuff cuz their family take it

Illegal drugs really don't cause problems for anyone, only junkies

Olga: yea most people are fine with drugs, it's only a few that end out having problems with them

Andrea: Yea but some people end out doing stupid things when they have drugs too, like fights and stuff. But most people are fine they just have the buzz and they're grand.

Ronald: it makes some people nicer! *Laughs*

Jeff: A lot of families have problems with drugs, like they'll spend all the money on drugs and then the family fall out and have fights.

Kathleen: Yea I think they can cause problems for anyone, depends on how much they take and who they are with. Some people are cool but some others will go mental with anything even alcohol

Mark: Junkies definitely have problems with drugs they can't think of anything else but the drugs, they spend all their time thinking about drugs and rob and stuff so they can get drugs, but other people who only take them every so often don't really have a problem with them, they are fine really, yea ok some people do stupid things, or they might die if they took too much, but the majority are grand.

Andrea: I think anyone can have problems with drugs, if you're in control though you should be fine.

Mark: Yea like if its all you do then you'll have a problem

Do you think that all illegal drugs should be make legal?

Andrea: yea then there'd be no crime

Mark: no you couldn't legalise them all, loads of people would die

Ronald: yea everyone would just go crazy, just cannabis, that's all most people do anyway, it'd make it less attractive to people too.

Aoife: yea just cannabis, if all the drugs were legal it'd just be too much, people would keep taking it cuz its legal and get addicted and stuff.

Kathleen: yea I think just cannabis, that'd be enough it'd mean it'd be less of a big deal, less people would smoke it too.

Gerry: yea I say legalise cannabis and leave the rest of them illegal, you wouldn't want everyone taking all the other drugs

Andrea: but sure there are loads of people who are taking them anyway it might just mean that people would get better quality drugs and less deaths from them.

Olga: yea but you'd have more people taking all the other drugs, maybe ecstasy would be alright but not cocaine and heroin they are just bad news, people die and they wreck families.

What do you think shapes young peoples attitudes around drugs or alcohol?

Olga: who you hang out with like your friends and stuff.

Aoife: your parents as well, like they'd say don't drink or do drugs and you'd listen, but if your parents were drinking or doing drugs then you'd be more likely to do them too.

Jeff: yea I think who you know, your friends like, and if they drink or do drugs you're more likely to do them and if they don't you probably won't.

Kathleen: TV shapes your attitude, like Britney Spears and stuff, you see how they are wrecking her life and her kids are being taken away from her, so you know that doing too much isn't good.

Aoife: and your sisters like if they drink they're more likely to take you with them, like my sister brought me drinking, she was a big influence on me *laughs...*

Ronald: yea mainly who you hang out with, cuz ya wanna fit in don't ya, so if they think it's cool then you're gonna try it aren't ya..?

Mark: Yea its your friends isn't it or the people you look up to.

Do you think yp have enough knowledge before they encounter drink or drugs?

Andrea: some do yea, but most of it you learn yourself when you take them.

Kathleen: like with alcohol if you've never drank and you go out with your mates then you'll probably drink too much trying to keep up with them, but if you've had a few at home with your parents you're more likely to know what you can handle

Gerry: I don't think they do know enough, like we've not really done drugs education here, you don't really know what's going to happen, it's all a bit of a risk every time you take something.

Olga: well you learn from your own mistakes, if you drink too much you'll get wasted *laughs...*

Mark: yea most people learn from trying it, then they really know what its like not from someone telling them that it's 'bad'

Jeff: yea all you hear is its bad, but rarely how good it can be

Do you think it's always good?

Jeff: no not always but its not all doom and gloom either.

What do you think would be a good way of doing drug education?

Andrea: bring someone in who has taken drugs and get them to tell you about their experience.

Olga: yea get them scared about it, if you tell them the horror stuff then maybe they won't want to do it.

But I thought you said scare tactics don't work?

Olga: well yea but if they saw how badly one person was affected they might listen.

Gerry: I think bringing someone in to tell you about what happened them is a good way of learning about how bad drugs can be, especially when it really f&@ks people up.

Jeff: Well its better to have someone who really knows what happens instead of someone just reading from a book

Ok so you're doing a drug programme with a group of yp 2 years younger than you right, 6 weeks, what would you do?

Andrea: well week one you'd get them to talk about how they felt about drugs, find out what they know

Jeff: bring in real drugs
All laugh

Olga: week two you'd get a guy to come in that had a problem with drugs and get him to tell you about his experience

Ok what about week 3 plus

Gerry: talk about the effects and what can happen

Kathleen: show a DVD

Long silence

Mark: bring back in the guy who took the drugs *laughs...*

Jeff: teach them how to drink

Ok week 5 and 6

Andrea: I dunno

Ronald: Do some art or pictures about drugs.

Mark: get them to look up some stuff on drugs themselves, see what they find.

Alright anything else you'd like to see with drugs education

Andrea: no not really

Anyone want to say anything else about drugs/alcohol?

No

Appendix O: Focus Group 3 Transcripts

7M; Dan, Paul, Tom, Mick, Brian, Eddie, Aaron

Roaming Debate

Cigarette's should be banned

Paul: I disagree

Paul: Cuz if they were band I wouldn't be smoking them.

Dan: If you ban fags right, can you imagine the people who smoke when they get outside a pub, they're gonna kill someone. Its true.

Mick: you think someone would kill someone over a fag.

Do you think that if they were banned that they're be more people who would go underground to get them?

Paul: No sure they'd be smoking anyway, they'd be just bringing a load of fags into the country. The fishermen would bring it over.

Do you think it'd be a lot more attractive to smoke if it was illegal.

Dan: Probably yea cuz they are illegal.

Brian: Just like its more attractive to smoke weed yea.

Rambles...

Eddie: Agree cigarettes should be banned.

Brian: I don't give a sh*t what anyone else does.

Dan: would you rather live in a world where there was no smoke anywhere.

Rambles.

Tom: I dunno

Aaron: then I'd have to pay more money for them

Why

Aaron: cuz they'd be illegal, someone would have to make money out of them.

15 is too young to be drinking

Brian: that's a good age to start, sure 13-14 is when most of us started.

Aaron: I disagree, cuz its only 3 years in the difference.

Eddie: sure we were all drinking and we turned out ok.

Mick: I don't want my brothers and sisters drinking at 15.

Eddie: I don't really care any more cuz I'm not 15.

Rambles..

Dan: lets say you start at an early age and then by the time you're 18 you'll turn into an alcoholic, you're liver gets destroyed. The sooner you'll end up f*cked up.

Rambles...

Irish people have a problem controlling their drinking.

Mick: no its just boredom and they've nothing else to do.

Eddie: Ireland is depressing.

Aaron: I don't know.

Paul: they are all alcoholics or druggies.

Issues about turning off the recorder...

Issues about phones, messing

Mick: Irish people and drinking is a love hate relationship, they love to drink and hate to stop.

Drinking is great fun, it rarely causes problems for most people.

Mick: Its fun sometimes not all the time... when you've already gone out drinking and you make yourself sick.

Eddie: Its not fun when you're on your own.

Dan: sometimes you do stuff ya shouldn't.

Paul: we love alcohol.

Dan: if I had the money right now I'd go over and get some and we'd go drinking.

Eddie: It tastes good and makes ya relax.

Cannabis should be legalised.

Mick: No cuz I don't smoke it.

Aaron: Boys if they were selling hash, what would the brand names be.

Aaron: Yea it should, because it'd be cool.

Dan: Roland and his gang would have to shoot up tuam any more.

So there'd be less gang land crime if it was legalised.

Aaron if it was legal then less people would smoke it. They'd try it once or twice and leave it. It'd be cheaper if it was legal too.

Eddie: you wouldn't have to rob as much to get it then too.

Experimenting with drugs is ok, it's part of growing up.

Mick: no, cuz if you experimented with heroin then you'd be addicted to it.

(common perception is that heroin is the 'bad' drug and the others are fine good for a laugh)

Rambles...

Aaron: it's not part of growing up.

Dan: you could get addicted or get in trouble with dealers.

Mick: you could get your legs broken

Experimenting...

Dan: it's ok to experiment, if you're only doing it one time then you're not going to get addicted.

What about one time snorting a line of cocaine?

Aaron: that's no harm boys,

Dan: smoking hash or weed is ok

What about ecstasy and cocaine.

Mick: you know the little girl that took the ecstasy tablet out of her mothers boyfriends drawer and she took it and killed her stone dead.

What do you think of Katie French and how she died.

Aaron: I don't want to think about it.

Dan: she made the decision to take them and she died, it's her own fault.

Rambles...

Mick: it was her own choice.

What about all the people that take cocaine and don't die.

Mick: they're lucky.

Aaron: They've got the good stuff.

Aaron: sure if you've got 4 tons of stuff and then add in 1 ton of sooth then you've increasing your profits.

Illegal drugs don't cause problems for anyone only junkies.

Dan: Junkies will rob people to get their stuff, so other people have problems from them too.

Mick: Junkies cause problems for other people.

Dan: they cause problems for the family and the friends cuz they keep on borrowing money off them.

Aaron: they cause problems for others too.

Rambles...

Problems for girls

Mick: Pregnancy, they could sell themselves to get money for drugs too.

Rambles...

Problems for boys

Dan: impotency...

Mick: fighting and robbing and stealing and the guards

Dan: drugs have a worse effect on lads than on girls, because lads will do more to get the drugs, girls won't do as much, I lad will go off and rob somebody but it'll take a girl an awful lot to go and do that. It's a male ego thing.

What do you think of drug and alcohol education you've received

Mick: it's good yea, it puts you wide about everything going on around the world like ya know what I mean.

Dan: it lets ya know about things ya don't know