

Neil Robertson

# Parents who aren't scared about drugs – and other curiosities

**A couple of years ago, Druglink ran a Practice Notes on needs assessment for parents, which found that though they wanted drug education, its delivery – and even its contents – might not be such easy aspects to resolve. After publication, Fast Forward, the Edinburgh-based drug education agency which carried out the research, received a large number of enquiries from around the country, suggesting both a depth of interest in the issue and a dearth of useful literature.**

In the intervening period, the mixed success of 'parent projects' seems to chime with our initial findings, and as part of our ongoing research programme, *Fast Forward* has just concluded an evaluation of two more Scotland-wide projects.

These programmes saw drug education workshops being offered to parents and concerned relatives either at the local community level or in the workplace. A similar 'curriculum' of information on prevalence, drugs and their effects, discussion of attitudes and consideration of case-study scenarios was offered in both cases. In all, 3000 parents received at least one workshop and around 200 workshops took place between August 1997 and June 1998.

The workplace programme was 'sold' in a range of ways, but most successfully as a positive form of employer intervention. Most employers then advertised for participants on a voluntary basis, though a few organisations made it more or less compulsory, so that 'everyone would be at the same level and no-one would feel singled out'. There are a number of

advantages in holding workshops in the workplace, but the main factor seemed to be that little effort was needed to attend. Significantly, there was also a much higher percentage of fathers in the workplace programme (47 per cent compared to 19 per cent in the community level workshops).

The community programme was much more complex, as local councils and Drug Action Teams were initially approached. This led to a wide variety of participants and groups ranging from PTAs and school boards to family support groups, foster carers, community groups and drug forums.

## The unconcerned parent

Like everyone else, we found that in general parents are concerned and anxious about drugs. But it's a moot point whether this is just an aspect of the workshop situation – after all, if you don't care, you won't go.

The workplace programme was, however, able to redress the balance somewhat, by providing us with a number of co-opted 'unconcerned parents'. They tended to be fathers, and were usually in blue collar positions. And they were fascinating. There was little wringing of hands or 'it'll no happen to ma laddie'. They were calm, and often expected their children – particularly boys – to experiment with drugs. They seemed relatively relaxed about risk taking and expected to have to 'give him a good skelp' at some stage. They also tended to be extremely judgemental about dependant drug

users, suggesting that no punishment was bad enough.

Overall, they were challenging to work with and resisted much of the educational arguments put to them. Having said that, they viewed the workshop surprisingly positively, tending to highlight debating attitudes with colleagues as being the most useful element. And ultimately, if we want to work with the 'unconcerned father', the workplace is a good place to find him.

## A return to the norm

The contrast with some of the typically female school governors attending the community-based workshops could not have been greater. The confident, sometimes arrogant beliefs and misbeliefs of the previous group were replaced by a deep and generalised anxiety about the dangers out there for their children.

These parents were hard to reassure and were not encouraged by statistics showing negligible heroin use in school-age young people – it was bound to be worse next year. More dismay followed the realisation that it is notoriously difficult to detect someone's drug use. The case study debates were extremely popular, on the grounds that now they had practiced, they were more ready for future problems. This was useful as it certainly raised confidence, reduced fear a bit and did not lead to the mutual reinforcement of terror that might have been expected.

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### Thinking the unthinkable

Another category – drug-using parents – were different again. They were relatively well informed and often divided drugs into unacceptable and acceptable categories for their children. Workshops with such people were particularly lively. In one exercise with a school board I had priced amphetamine at £10 per gramme. A woman approached me afterwards and said “Son, you’re paying too much for your speed”, before going on to tell me of a cheaper source!

There are challenges here both for other parents in the workshop, who often assume that only young people use illegal drugs, and also for drug education policy, which if only to be relevant, needs to resensitise itself to the range of cultures in which it operates.

### Rerouting the conduit

A further category that stood out were parents who had ‘other responsibilities to young people’ through, for instance, fostering, youth work or Scout troops. These parents had a better than average understanding of the young person’s perspective on drugs (an important component of the workshop).

This understanding, coupled to

better communication and listening skills, made them about the only realistic hope in immediate ‘conduit’ situations – that much discussed but equally elusive scenario where non-specialist adults channel information and education to young people.

### How was it for you?

The trainers and parents were not the only groups involved in the programme. Employers and local ‘stakeholders’ also benefitted. The former emphasised a number of ways in which hosting courses helped them achieve wider strategic objectives.

Firstly, it raised the profile of the issue throughout the workplace, including those who did not attend a workshop. Secondly, it was seen as a positive alternative to drug testing, while also being a good stimulus to develop or revise drug policies. And finally, it not only assisted them in gaining awards such as SHAW, a health in the workplace award, but it was also good PR among employees, business colleagues and the wider community.

As for local ‘stakeholders’ (council departments, Drug Action Teams, voluntary organisations and other training partners), they played an active part in the planning and

delivery of the community programme. Their feedback was that the programme helped them meet the ubiquitous strategic objective of ‘educating parents’, while the flexibility of the programme in the face of local variety was also viewed positively.

### Arms length?

The experience of all this suggests that, as if we didn’t already know, parents are a far from homogenous group. Furthermore, as a group, they are unlikely to be a reliable ‘conduit’ for sensible drug education. The short term nature of most interventions, coupled with the diversity of parental attitudes and outlooks, as well as the

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challenges presented by the significant gap between adult and young people’s perspectives, all mean that parents will not, in the main, provide a straightforward channel for information and education.

Nonetheless, we found that we can usefully and enjoyably educate parents. So what then is their subsequent role? With general parent education programmes, the minimum standard should be to produce parents who are ‘*not unhelpful*’. A well-informed and realistic parent will probably not be ready for a home-based drug education programme (even if that was desirable), but at the very least, they will not make things worse with extreme views, over-reactions, intense questioning and avid scans of the media for pictures of diseased organs to photocopy for their loved ones.

This is not a plea for leaving education to the professionals. But it is a recommendation that parental drug education can only work if we are realistic about what is achievable and *where* we can achieve it. Ultimately, it is a vital complement to – but never a substitute for – proper interventions with young people ■