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The generation gap

Barriers to effective communication



For many parents the word 'drugs' can instil fear and anxiety. This is hardly surprising considering that often their only source of information is through the media and, invariably, the moral panics created reinforce parental concerns. The mixed messages they receive can create confusion about 'drugs' often leaving parents with little choice but to demand promises from their children that they will never touch drugs, while at the same time stressing that 'drugs can kill'.

For some, this anxiety can prevent them from ever mentioning the subject. This confusion along with broader generational conflicts is likely to hinder any effective communication about drugs. Faced with this situation, anyone aiming to produce educational materials for parents needs to give a great deal of consideration to bridging the communication and generation gaps. Last year, ISDD produced one such resource, *D-Word*, and this article reports on the findings from the extensive consultations carried out beforehand.

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Focus group market research methods were used, encouraging participants to develop their ideas and

experiences orally and enabling them to elaborate further than might have been possible in other forms of interview.¹

Over six months, 47 focus groups were held, made up of 33 parents and carers in 11 groups and 154 young people in 36 groups. This article will take the parent groups as its focus. There were 26 mothers and seven fathers in these groups, all caring for children aged 11-17.

The main topics discussed were the information that people would like in a magazine to help them communicate with each other about potentially sensitive issues, and how they would like that information to be presented. In the process, a great deal of vitally important information was garnered.

It's good to talk . . .

The discussions that developed out of the parent groups shed a great deal of light on the issue of communication with young people on the subject of drugs. It was noticeable that difficul-

ties with communication appeared to arise from the parents' perceptions of drugs, drug users and young people themselves. While all the parents had talked to their children about drugs, one mother summed up the majority opinion:

"You know the shock with drugs is that you think that if they try a drug once, then they become an addict".

Previous studies have shown that many parents have felt that taking the *Just Say No* attitude to drug education is the best way forward and have used this message in their own warnings to their children.² For most of the young people in this study who had been spoken to by their parents about drugs, it had more often than not taken the form of a command or threat with no expansion or explanation. Several were told variations of 'Don't take them', 'Don't be so stupid', 'I haven't brought you up to buy drugs', or 'I'll kill you!'. In some cases this was predicated by a rhetorical question such as 'You wouldn't do anything so stupid would you?'.

While several parents said they felt that talking with their children was important and that they had good lines of communication with their children, others admitted that when it came to talking about drugs they did not know how to discuss the issue. They all blamed this on their lack of knowledge, and the *Just Say No* attitude stemmed from this.

One mother elaborated on the prevalent use of 'scare tactics':

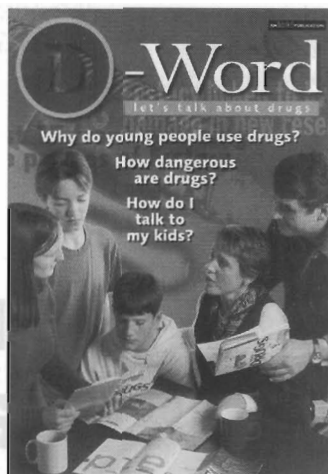
"I was trying to scare him you know. I'm not sure if that was the right way to do it. You are basically working off instincts, so you are thinking 'What can I do to stop my child taking drugs?' and usually the first thing that pops into your head is 'Right, I'll frighten them off by telling them what can happen to them'".

Another parent decided to warn his son against peer pressure, while one mother chose to tell her sons about their 'healthy, beautiful' bodies and how they need to look after them.

However, not all the conversations held between the parents and the young people were one-sided. Several parents said that they had found out as much as they could about drugs, which helped them have a conversation with their children. Others found it useful to disclose their own drug use. One woman told her son and daughter that she had taken drugs when she was 19. She went on to say that this had encouraged her children to divulge the fact that they too had used drugs and she felt that it had helped to keep open the lines of communication. Another father said that his disclosure had also helped him communicate with his son in a time of crisis.

Put it off

While all the parents had spoken to their older children about drugs, for many this had not happened until a crisis had been reached – they swept the issue under the carpet and most



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wished they'd spoken earlier. One male participant said that prior to finding out that his son had taken drugs, he had not felt that the issue of drugs was relevant. Another mother who had received drug education was still sure that her children would not use drugs, believing that they were sensible and that because she trusted them, this would not happen: "Oh no it wouldn't happen to my children. My children wouldn't get involved".

Several parents felt that if they talked about drugs with their children they would find out things they wouldn't like. One mother admitted that "ignorance is bliss", while another said, "I haven't questioned her, I haven't got that far, a large part of me doesn't want to know".

Ill-equipped and ill-advised

The most prominent obstacle to communication about drugs between parents and young people is the parent's fear of ignorance. While there is some evidence for this fear, it is not completely justified.³ Parents may in fact underestimate their knowledge and actually have enough information to instigate an open discussion, though they almost certainly need to be reassured of this.

Nearly all the parents felt that they did not know enough about drugs, which had prevented many of them from talking to their children.

Alongside this, all the parents said that they felt their children knew more about drugs than they did. One woman said, "I'm very ignorant, I really am, so my view stands on what I think and not what I know".

Many parents said that their lack of knowledge was what they based their assumption about the dangers of different drugs on. Several realised that alcohol and tobacco could be equally as bad as illegal drugs but they still felt that they were acceptable: "I wouldn't be so worried about the drinking as I would, although it is equally as bad but not with drugs – to me it's terrible".

Other parents, however, realised that their own use of alcohol and tobacco might be sending out confusing signals to their children and may be perceived as hypocritical: "This is what the young people tend to be saying 'Oh my parents won't let me smoke, they won't let me drink but they're doing it'".

A helping hand?

This research throws up several considerations that need to be taken into account if effective work is to be carried out to support and enable effective communication about drugs between young people and their parents.

Firstly, parents need to be reassured that they do have an important role to play in the education of their children, a role that many drug education professionals (though still not all) acknowledge. But part and parcel of this role is the education of the parents themselves – it is vital that they are enabled to build their parenting skills. Others have developed this to argue that parents need to be reassured of their abilities as drug educators.⁴

Secondly, coming from the research itself, several parents recognised that their perceptions differed from those of their children. Any information provided to parents, therefore, needs to be geared towards helping them understand a young person's viewpoint. Put another way, working with parents and young people together to enhance family relationships prior to the generational conflicts of adolescence could have a real impact on young people's drug use. Get them while young – get them in primary school ■

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4. Nelson E. "Helping parents cope with the drugs scene." *Healthlines*: 1996, 32, p11-3.