

Consulting Young People about the World of Drugs

Briefing paper



March 2006

INTRODUCTION

The purpose of the briefing is to explore how the process of consultation with young people about the world of drugs can take place at two levels:

- a micro level with an individual teacher acting as a facilitator of **learning**, in an individual lesson or with an individual young person.
- a macro or policy level to inform **community or organisational change**.

Both levels of consultation support the intention that young people should be more involved in the development of services and in shaping the learning process. This intention is at the heart of recent developments in children's services described in *Every Child Matters* (2003) and *Youth Matters* (2005) and underpins the National Healthy School programme.

At the centre of this paper is the conviction that consultation is not a series of 'activities' but a way of working that promotes learning communities through a culture of participation and reflective practice. For some agencies concerned with drugs and young people, the critical information concerns behaviour with regard to drug use and other risk taking. For other agencies such as schools, it is also important to clarify the underlying beliefs, knowledge, and understanding that underpin risky behaviour. Whilst information about behaviour identifies the strategic priorities, young people's feelings, beliefs and understanding should inform the nature of any intervention. This paper is about consulting young people about their understanding and perceptions of the world of drugs and their feelings and attitudes towards drugs and drug use.

It is important to recognise that while this paper is about consulting young people about their needs, support services and drug education should not be based solely on what children and young people tell us. It should also be based on other forms of evidence of their needs. Bradshaw (1981) describes 4 kinds of needs:

- Felt need is what people tell us they want or need, when asked
- Expressed need is what people spontaneously demand of others

- Normative need is the need determined by professionals or others within a community who can be expected to understand the local culture and conditions
- Comparative need is the need identified by professionals who are in a position to understand inequalities determined by social factors such as poverty, deprivation

This requires us to take an evidence-based approach to devising interventions.

This paper focuses on establishing young people's felt needs.

Planning for effective support services, and effective teaching for learning about substances must be informed by an understanding of how young people make sense of growing up in a complex and ever changing drug using world.

This paper will argue that

- the process of consultation is beneficial in itself since it demonstrates to participants or stake holders that they and their opinions are of worth;
- the process encourages a sense of shared ownership within policy; development
- the gathered data and subsequent analysis is essential in ensuring the relevance of specific interventions such as substance education.

In addition this briefing:

- reviews the policy background for consultation with young people;
- reviews the key principles of consultation with young people and the practical and ethical considerations involved;
- reviews the rationale for and the strengths and weaknesses of a variety of approaches to consultation with young people a variety of purposes;
- considers in detail how 'illuminative' approaches can be used to consult with young people from a broad range of ages and abilities in order to explore how they are experiencing and making sense of growing up in a rapidly changing, drug using world.

WHO THIS BRIEFING IS FOR?

Primarily: Local Education Authority (LEA) Advisory staff, Community Development Workers, Healthy Schools Co-ordinators, Personal Social Health Education (PSHE) Co-ordinators, teachers and professionals

responsible for constructing, supporting and reviewing drug prevention programmes and interventions in individual schools and within a larger community.

Those who may also find it useful:

Drug (and Alcohol) Action Team (D(A)AT) co-ordinators and those commissioning consultative processes with young people.

Youth workers

TERMINOLOGY

Children and young people

For the purpose of this briefing 'children' refers to those less than 11 years of age.

'Young people' refers to those between 11 and 19.

Pupils

'Pupils' refers to those children and young people in schools.

Drugs

The definition of a drug given by the United Nations Office on Drugs and Crime is: A substance people take to change the way they feel, think or behave.

The term 'drugs' unless otherwise stated, is used throughout this briefing paper to refer to all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

Drug use

Drug use is drug taking, for example, consuming alcohol, taking medication or using illegal drugs. Any drug use can potentially lead to harm, whether through intoxication, breach of the law or the possibility of future health problems, although such harm may not be immediately apparent.

Drug misuse

Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It may be part of a wider spectrum of problematic or harmful behaviour.

Culture of participation

An organisation within which there is an expectation that every member has the skills and responsibility to share in its development for the benefit of all.

The function of 'leadership' is distributed throughout the entire organisation.

Learning communities

Learning communities recognise that in a climate of constant change there is a need to continuously reflect on and refine practice in order to meet the needs of its members.

Reflective practice

The practice of constantly monitoring, evaluating and refining practice in the light of research or evaluation evidence.

POLICY BACKGROUND TO THIS PAPER:

Every Child Matters; Youth Matters

The Green Paper 'Every Child Matters', confirmed in the Children Act (2005) the Government's aim for every child to have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve through learning
- Make a positive contribution to society
- Achieve economic well-being

The two outcomes, being healthy and staying safe are taken to include physical and emotional health and physical and emotional safety.

This new agenda seeks the specific outcome of young people choosing not to use illegal substances. The school's approach to drug education will be included as a specific comment in the new Ofsted framework.

Every Child Matters (ECM) also demands collaboration between agencies and participation by young people in shaping the support and learning services which they use.

The more recent Youth Matters (YM) Green Paper reinforces the importance of the active involvement of young people in shaping their communities, from youth and leisure services through to specialist provision for those most likely to be involved in risk taking behaviour, including substance misuse.

The proposals aim to address four key challenges:

- to engage more young people in positive activities and empower them to shape the services they receive;
- to encourage more young people to volunteer and become involved in their communities;
- to provide better information, advice and guidance to young people to help them make informed choices about their lives; and
- to provide better and more personalised intensive support for each young person who has serious problems or gets into trouble.

Consultation with young people is essential in ensuring young people feel valued and able to contribute to the achievement of these aims.

The approach of YM to reform is based on six underpinning principles:

- making services more responsive to what young people and their parents and carers want;
- balancing greater opportunities and support with promoting young people's responsibilities;

- making services for young people more integrated, efficient and effective;
- improving outcomes for all young people, while narrowing the gap between those who do well and those who do not;
- involving a wide range of organisations from the voluntary, community and private sectors in order to increase choice and secure the best outcomes; and
- building on the best of what is currently provided.

Healthy Schools

Healthy Schools is a national and international movement to promote the health and well being of children and young people, staff and communities. In England Healthy Schools is supported by the Department for Education and Skills (DfES) and the Department of Health (DH) through the National Healthy Schools Programme (<http://www.wiredforhealth.gov.uk>).

At the heart of Healthy Schools is a belief that every member of the school community (parents and carers, governors, staff and young people of all ages and abilities) has a voice in their learning and the improvement of their school. The Healthy Schools Programme requires that schools facilitate young people, their parents and carers and the wider community to work together with staff to develop appropriate policies for drug education and incident management (DfES, 2004). A wide range of consultation strategies can be used for this purpose.

GOOD PRACTICE PRINCIPLES IN DRUG EDUCATION

Consultation with young people is at the heart of *Drugs: Guidance for schools (DfES 2004)* which clearly outlines the expectations for drug education:

Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.

Drug education in the classroom should be supported by a whole-school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents and carers, governors and the wider community.

Drug education should be delivered through personal, social and health education (PSHE) and citizenship and fulfil the statutory requirements of the National Curriculum Science Order. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression.

The guidance states that the aim of drug education is to provide opportunities for all young people to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle,

relating this to their own and others' actions. It states that drug education should:

- Increase knowledge and understanding and clarify misconceptions about:
 - The short and long term effects and risks of drugs
 - The rules and laws relating to drugs
 - The impact of drugs on individuals, families and communities
 - The prevalence and acceptability of drug use among peers
 - The complex moral, social, emotional and political issues surrounding drugs.

- Develop personal and social skills to make informed decisions and keep themselves safe and healthy, including:
 - Assessing, avoiding and managing risk
 - Communicating effectively
 - Resisting pressures
 - Finding information, help and advice
 - Devising problem-solving and coping strategies
 - Developing self-awareness and self-esteem.

- To explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

Drug education should include teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. However, there may be occasions when there is a need to focus on particular drugs. *Drugs: Guidance for Schools*, DfES (2004) states that given the prevalence, availability and social use of alcohol in our society, it should be a priority to educate young people on the effects of alcohol and how to reduce alcohol related harm. This can be achieved by taking a harm reduction approach. This approach accepts that many, although not all, people drink alcohol and seeks to enhance young people's abilities to identify and manage risks and make responsible and healthy choices. This however does not suggest that alcohol misuse is acceptable or that all young people will eventually drink alcohol.

Many young people overestimate how many of their peers use drugs (*Drugs: Guidance for schools*, DfES 2004). It is important to correct misconceptions such as these through 'normative education' by exploring attitudes and discussing what influences young people's decisions.

The DfES guidance also highlights the importance of active or participatory learning in effective drug education. Active learning, in which young people draw on their own experience, is a form of consultation at the micro level and has been demonstrated to be a key feature of programmes which delay the first use of drugs by young people (Tobler, 1997).

A RATIONALE FOR CONSULTATION

Consultation is vital if drug education interventions are to meet the needs of young people and be relevant to them. The process of consultation may also increase young people's perceived 'stake' in their school drug education and encourage a recognition that their voice is important.

- **Micro-level:** (an individual teacher acting as a facilitator of **learning** in an individual lesson or with an individual young person).

Some have argued that it is not important to consult with young people about their drug education needs since they may be too young to know or tell us anything meaningful, or what they do know is wrong and simply needs correcting. However, it is a mistake to assume that their interpretation of the world of drugs is nonsense, although it may be 'non-sense'.

From birth children are trying to make sense of their new world, firstly through observation and then through modelling the behaviour of others. We should not be surprised, therefore that research has shown that very young children are already making their own sense of what they see, hear, experience about the world of drugs (Williams, Wetton and Moon, 1989). As they mature young people's understanding develops, based on direct experience, the media, peer and family relationships.

This means that discovering the language, understanding and knowledge that young people bring to the classroom is vital in knowing what to:

- Reinforce
- Challenge
- Teach
- Extend

Teachers and other professionals have a shared responsibility to understand the world of drugs from the child or young person's point of view, and to use this in their teaching.

The accumulation and sharing of data obtained at the micro level also informs the macro level. This is at its most powerful when young people and professionals from a wide variety of local agencies work together throughout the entire consultation process, deciding the purpose, shaping the questions, choosing the approach, carrying out the consultation and analysing the outcomes.

- **Macro level** (or policy level to inform school, **community or organisational change**)

The five outcomes of 'Every Child Matters', should not be thought of just as a series of 'outcomes' but rather as processes to be modelled through the way we teach, through the school's existing culture and methods of school and curriculum improvement. The strand which stresses 'enabling young people

to make a positive contribution' is not separate from the others but mutually supportive. For example, participation supports self-esteem and rehearses language and skills which are vital for staying safe.

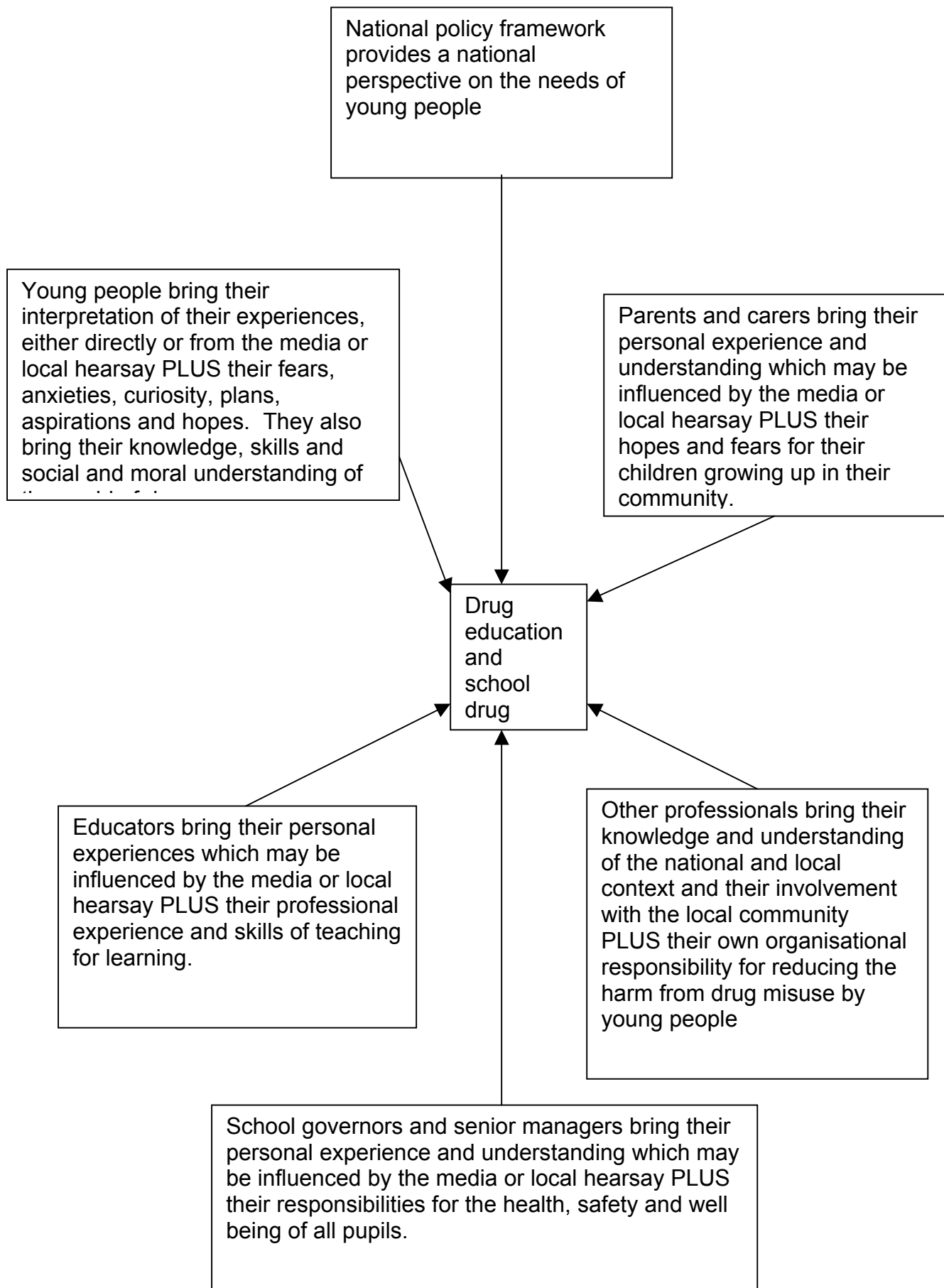
However, true participation is only likely to happen when individuals feel they are in an emotionally safe social climate. Simply asking anyone, young or old, to share their beliefs, feelings and understanding about any sensitive or emotive issue without managing their emotional security is both unethical and likely to deliver very poor data.

When considering drug related issues it also is important to recognise the range and limitations of each participant. In the preparation of an education intervention or policy it is likely that the final 'product' is informed by data gathered from a range sources. This is sometimes called 'triangulation'.

The data

- from young people will offer insights into existing vocabulary and understanding, to identify their felt and expressed needs
- from professionals, issues to prioritise and timing of interventions,
- from parents, their understanding, and knowledge to identify their needs in order to best support the intervention of policy
- from colleagues to determine their professional development needs
- from senior managers to identify their understanding, concerns, policy imperatives and where they might have their own development needs.

These can be illustrated thus;



At both micro and macro levels, we need to be cautious in setting out the purposes of consultation with children and young people and in our interpretation of what we invite them to tell us. Consultation is not solely about asking the pupils to tell us what to include in their drug education curriculum, or how school policy should be implemented. Through consultation we also ask them to share their views and experiences of growing up in a rapidly changing, drug using world. We need to ask them, starting with the very youngest children, to share their perceptions and explanations of the drug related behaviour they see around them. We can use this feedback to challenge our, and others people's thinking and to ensure that our policies and programmes are relevant and immediate.

While consultation is an important approach to help us make our practice more effective, its purpose is not to surrender content or pedagogy to what young people say they want, since this may not be the whole picture. Although it is vital to use young people's feedback to challenge our thinking, it is also vital to be clear about, and not lose sight of, our aims and objectives which will be informed by the wider picture.

Consultation has many purposes, therefore:

- It can provide insights into how children and young people perceive and explain the world as they are experiencing it and the language they use for those explanations
- It provides an insight into their attitudes to drugs, drug use and drug users.
- It ensures that what children and young people know, half know, don't know or have misunderstood can inform the planning, content, delivery, teaching and evaluation of a programme particularly appropriate for them.
- It can demonstrate to children and young people that their views have value and are being taken account of,

With consultation it is possible to devise programmes and strategies which are appropriate to the range of young people's needs and to the wide range of their experiences.

Without regular and genuine consultation a programme of study or scheme of work can quickly become irrelevant and this damages not only the credibility and effectiveness of the programme but also that of the teacher as a credible source of information. At worst this lack of credibility can migrate to other topics taught by the teacher or even other adults.

All this highlights the importance of reflective practice and the development of teachers as researchers able to refine the curriculum to reflect the changing social context for young people.

HOW CAN WE CONSULT CHILDREN AND YOUNG PEOPLE ABOUT THE WORLD OF DRUGS?

The over-riding principle of consultation is that the process needs to be 'done with' rather than 'done to' young people. There are also three issues at the heart of all consultation and research with young people. These are concerned with methodological, practical and ethical issues. There will always be some overlap between these issues, and any process of consultation will have to strike a balance across all three.

Ethical issues

The whole purpose of consultation is to obtain relevant information to share with service providers, teachers, parents and carers and the wider community. It is therefore essential to consider the how this can be done within an ethical framework.

Alderson (2004) suggests we consider if the aims of consultation

- Respect children and young people as sensitive, dignified human beings
- Support their basic needs
- Protect them from harm
- Provides opportunities for true participation?

We should also consider:

- Who is funding the consultation and how open are they to using the results of the process, especially if the results may challenge their views and interests.
- How to ensure that all young people understand the aims of the consultation and can make an informed decision to opt in or out of the consultation process.

Where appropriate, parents and carers should be informed about the consultation and have opportunities to withhold their consent for participation. This will be of most concern at the macro level when information is to be shared with other professionals. It would be appropriate to seek consent from parents when

- the consultation includes specific aspects of illegal behaviour such as Class A drug use amongst school age children, or
- the consultation itself could take up a considerable amount of curriculum time;
- the information obtained is to be shared with other professionals.

Young people and their parents should be informed that they can withdraw from a consultation at any time and that withholding consent, or withdrawing at a later stage, will have no detrimental effect on their education.

Small scale consultation to inform the planning at a class or micro level may not need parental consent, since it is part of good practice to start where pupils are in their understanding of complex issues like drugs. However, if information is to be shared, even anonymously, with others you should consider obtaining consent to do so.

Relationships. Any consultation process needs a consideration, not only of the mechanical process of data gathering, but also issues of relationships and trust between the young people, the researcher and if appropriate the client (e.g. local D(A)AT). Ensuring everyone knows the aims of the consultation and how their contribution will be used helps to establish this trust.

Inclusivity. Enabling vulnerable young people, perhaps with low self esteem and poor language skills to contribute to school or community development in sensitive areas such as drug use needs careful handling. The most confident, motivated and articulate young people within a community can be easy to locate and engage. However they may not speak for their least confident and more vulnerable peers. Consultation methods should enable children of all backgrounds and abilities within the target group to participate. This process must not be 'tokenistic'; it is important that the consultation process genuinely enables their voice to be heard. Regardless of the chosen method, protocols should be adopted to ensure these voices are contributing to the consultation. Simply increasing the sample size is not enough to ensure inclusivity.

The sample size. The sample should be large enough to ensure that the target group is appropriately represented, but this has to be balanced against the resources available to capture, analyse and interpret the subsequent data. It is possible to increase a sample size significantly whilst still failing either to capture a desired target group or to be inclusive.

Anonymity. Children and young peoples' contribution to the consultation process should be anonymous except where they have given consent for their name, or school's name, to be used - e.g. in the acknowledgement section of a report.

Confidentiality. Children and young people should not be promised confidentiality within any consultation process. Child protection issues are always paramount when working with any young person and this should be made clear to young people prior to the consultation.

Dissemination. Participants should be told the findings or outcomes of the consultation and how the information will be used.

Research issues

What do you want to find out?

Be clear about what is the critical information you actually wish to collect. Clarifying exactly what you wish to find out is never quite as easy or as

obvious as it might seem. Without doing this it is possible to collect a wealth of data which whilst interesting is of little use in meeting the initial aims.

It is also important to select consultation methods according to the questions you are trying to ask and answer. Where possible any consultation exercise should be trialled to ensure that it answers the actual questions the consultation required.

How can we be sure they are telling us the 'truth'?

What is true for one person on a certain day and in a certain place may be different for the same person at a different place and time, and for different people at the same time and place. However, it is vital that we choose strategies that enable young people to share their feelings, beliefs and understanding as honestly and openly as possible, whatever their circumstances. Where trust has been established between the teacher or researcher and the young people, they are more likely to try to represent their views honestly.

Methods also need to be chosen which enable young people to be able to respond as individuals as free as possible from the influence of others including peers, parents and carers, teachers and other adults.

It is important to choose methods which are appropriate for the age and developmental stage of the person being consulted.

Well-planned consultation will both focus on the major consultation questions, while allowing space for unexpected findings to emerge.

How should the sample be decided?

Selecting a sample to work with always requires careful thought. For some purposes it is important to consult with the specific target group who are perceived to be at risk or for whom an intervention is to be devised. At the micro-level this means consulting with every member of a class to determine their drug education needs for the term's work. However, if you are planning work for a whole year group, one class will probably not represent their diverse needs and wants. Any consultation exercise that does not involve the entire target group will always have some shortcomings.

For most consultation exercises, at a macro-level, it may be impossible to consult all young people in the target group (e.g. all 15 year olds in a community). A randomly selected sample of boys and girls from different year groups may be enough to represent of a whole school, but you may need to supplement this with some 'purposive sampling' to reflect the cultural and social mix of the school. If the purpose of the consultation is to develop a community wide intervention then it is important to have a large enough sample to be able to generalise about the needs of the wider group. Many areas now have established groups such as the Youth Parliaments or Young Peoples' Assemblies which can be utilised, but although these young people

may have been elected by their peers, they may not reflect the breadth of knowledge or opinions of those peers more than any adult elected member reflects the knowledge and opinions of their constituency.

For large studies it may be worth consulting a statistician for help in determining the sample size.

Practical Issues

Resources. Before any process of consultation it is important to assess the resources available to carry it to completion, including data gathering, analysis, reporting and implementation of the findings. Resources include:

- Time
- People
- Money
- Support from key stakeholders
- Access to the target group

Location. The consultation process needs to take place in a suitable location and with sufficient time to allow young people to provide answers that honestly reflect their thinking.

Written responses. Any written instructions should be appropriate to the reading and comprehension age of the target group and the instructions should also be read aloud.

Where written responses are required in classroom settings it is important to specify that individual responses are expected, and to allow sufficient privacy for pupils not to overlook others' work.

When working with those with poor or undeveloped writing skills a scribe should be provided to write exactly and only what the young person wants recorded.

Young people not fluent in English may need a scribe who can write in their home language and then translate the response into English.

When requesting written participation young people should be encouraged to write what they wish, regardless of their ability to spell correctly. It is important that poor spelling skills do not inhibit the consultation process.

Many practical, ethical or research issues overlap with one another. For example it is unethical to take up a lot of people's time in participating in consultation if you do not have the resources to analyse, report on or disseminate the findings.

CONSULTATION PROCESSES

No one method is perfect. The choice of method depends on the balance of practical, ethical and research issues discussed above. Each method has its own inherent strengths and weaknesses. In some cases, using more than one method will enable you to get the best quality of information.

Surveys. This is the most common approach to consultation with young people. Surveys using printed questionnaires enable a large number of young people to participate but care needs to be taken regarding readability of the text. Telephone surveys can also be used, where a form of structured interview is carried out, with the questioner recording the respondent's answer on a pre-designed form. Surveys that offer closed questions have the advantage of being relatively easy to analyse and to present information in statistical form. These styles of survey, however, may risk only offering the questions you feel are appropriate. These may not provide the opportunity for young people to share with you critical information that may be relevant to progressing your work. Closed questions often fail to capture the answer that begins 'It all depends...'

Using open-ended questions in surveys can address these disadvantages but may still only provide narrow themes for respondents. As questions become more open any analysis may become more subjective and since greater analysis may be required it can become more labour intensive.

Semi -structured interviews can offer a greater degree of openness and provide opportunities to probe the answers in more depth. Interviewing individuals is a very labour intensive process and consumes considerable time, both in carrying out the interviews and in transcribing and analysing the responses. With individual interviews it is essential to be very clear about your sample, since it will inevitably be smaller than a survey using a printed questionnaire.

Small group interviews or **buzz groups** can offer a compromise and also benefit from individual members stimulating and challenging their peers. Some experts consider small group interviews are most useful for establishing a consensus or gaining an overview of a situation.

Focus group interviews share many of the same opportunities as small group interviews, but differ in that they are seeking a range of opinions, rather than a consensus. It is often necessary to carry out several focus group interviews with a range of respondents in order to reach 'saturation', i.e. when the same ideas have been generated more than once by different individuals.

The make up of any group interview needs very careful consideration. A group of peers may be reluctant to share their beliefs or may exaggerate their opinions depending on their need for secrecy or approval. Conversely young people who have not met before may be reluctant to trust others in the group and speak openly. Some experts recommend that adolescents be interviewed in single sex groups to enable gender differences to emerge. In any group interview it is important to facilitate everyone being able to

contribute. Analysis can be challenging since the process may take on its own direction or emphasis.

Photography . Young people can use a range of media including photography to capture their perceptions of the world of drugs. Careful risk assessment should be carried out where pupils are taking photographs beyond school premises and permission sought if individuals are to be identified in the photographs.

Illuminative research

A process that has proved highly effective in gathering data from diverse groups is known as 'draw and write'. This is form of 'illuminative research' so called because it is powerful in shedding light on the ideas, beliefs and understanding of those taking part. Draw and write was pioneered by Noreen Wetton at the University of Southampton.

Illuminative research strategies have the advantage of being more inclusive than surveys or interviews. They can be used with a large number of children and young people, and yet be simpler to analyse than interview data. A well designed 'draw and write' strategy can tap into perceptions and feelings, capture attitudes and values, provide explanations of why people behave as they do, uncover stereotypical views and reveal the language the young people themselves use to describe their views.

Children who, because of their age or poor ability to read might be excluded from participation in other forms of consultation can participate confidently on an equal footing using draw and write though the use of adult 'scribes'. At the heart of illuminative research is the conviction that the more we can tap into the feelings of children and young people, the more we can begin to understand their own and others' behaviour. The more we understand this the more likely we are likely to build an effective reflective and relevant drugs education programme. The more we can learn about how the young people see and explain what they are experiencing, the more likely we are to teach in ways which help them to become reflective and effective contributors to life in their schools, homes, and communities.

Although illuminative research has been used to uncover a wealth of data about how young people make sense of many health and social issues, we will focus on two applications that have been successfully used to inform community and curriculum development and classroom practice in drug education and prevention.

The world of drugs

This illuminative research strategy, sometimes referred to as '**Jugs and Herrings**', was devised as part a joint collaboration between the Health Education Authority and the University of Southampton (Williams, Wetton and Moon, 1989; Health for Life, Wetton and Williams, 2000). It was first developed at a time when it was generally regarded that young children knew little about the world of drugs. Children of primary school age were asked to

illustrate a story about a child or children who found a bag with drugs in it. This distancing approach discouraged the children from describing their personal experience by inviting them to illustrate the activities of the anonymous characters. The children were also asked to draw and write (or be scribed for) in response to specific questions about who lost the bag and what the various characters in the story would do next. Finally the children were asked what they themselves might do in these situations.

No explanation of 'drugs' was given. The response to the first invitation – to draw a bag with drugs in it -was very illuminating. Some of the youngest children drew jugs, perhaps the nearest they could get perhaps to explaining the word drugs. Others in the 6-7 age range drew fish in the bag and wrote 'herring,' their explanation, it would seem of 'heroin'. Others drew bags of white powder, also labelled 'herring'.

From this moment the research became known as the Jugs and Herrings Research, though not everyone who used the title could explain where it came from.

The full instructions can be found at Appendix A.

Since 1990 'Jugs and Herrings' has been replicated with several hundred thousand children and young people ages 4-11 in UK, USA, Australia and New Zealand. Over the past 15 years it has shown how children's views and perceptions have changed. The earliest responses showed that most children saw drugs as bad things done by bad people for bad purposes.

In more recent research the bags of drugs contain an increasing number of named drugs and substances and more paraphernalia such as syringes and needles. In some communities knives and guns have featured quite strongly and children are aware at a young age that there is a connection between illegal substances and making money. However, more children also include every day medicines, alcohol and cigarettes, showing how children's understanding of drugs has widened.

Inclusivity

Because draw and write was initially devised for use by teachers and researchers working with 4-7 year olds, draw and write always included the advice to provide scribes who would write only what a child wanted to say about their picture. Draw and write has been extended to a '**draw and tell**' for younger children where children are simply invited to draw a picture and talk to a researcher or teacher about their drawing. Once again this provides invitations for young people to respond to a situation or scenario. Although very young children can often only make simple marks on a page these marks have meaning to them and careful questioning can illuminate an often already complex picture of their world. Draw and write has also been adapted for concept key boards so that children with no verbal language can participate, although in a less open ended format. Children with behaviour problems have

enjoyed recording themselves role playing the responses 'Jugs and Herrings' on video.

'A class of its own.'

As part of a community development project in Essex (Boddington et al, 1999; McWhirter et al, 2000), some teachers in secondary schools felt that 'Jugs and Herrings' did not offer their pupils the best opportunity to describe their perceptions of the world of drugs. With the help of the teachers a new research tool was devised inviting young people to draw, describe or write their responses to open ended questions about young people's drug use.

Secondary school pupils appeared to value the freedom to answer in their own ways using this technique. Although they were not instructed to draw, the majority preferred to draw and annotate their pictures with personal comments and explanations.

In the first part of the survey, pupils were asked to draw and/or describe a young person who uses drugs. The purpose of this invitation was to focus the pupils on young people and their understanding of drug use. As in 'Jugs and Herrings' no explanation of the word drug was offered and teachers were warned not to answer questions on this point.

Pupils were then invited to write which drugs this young person used. This clarified the meaning of drugs as well as providing information about the pupils' breadth of knowledge of legal and illegal substances. The next invitation sought the respondent's explanation of drug use by the young person, whom they had described.

This was followed by a series of questions about the context of drug use which enabled pupils to describe when and where drugs were obtained, when and where they were used and with whom.

The final series of questions invited the pupils to describe the benefits and risks of drug use for the young person they had described, the risks for other people and for themselves. The last question asked the pupils to write about how they felt about these risks.

The full instructions are given at Appendix B.

Illuminative research can appear deceptively simple. However, it needs the same rigour as all other research methods and it is vital to trial any research tool with a small group to ensure that it answers the questions you want to ask, and that it is acceptable to the young people you are working with.

This activity has subsequently been used to inform the Home Office Blue Print project.

CONCLUSION

The importance of involving young people in the process of consultation is more than simply demonstrating respect for what they have to say, it is about creating a climate of collaboration in learning. In this way the teacher and young people working together can define the learning outcomes, essential in a topic area such as drug education. .

Whether for research purposes or for evaluating a programme or intervention or simply in planning an effective, relevant lesson, consultation is a critical factor in ensuring motivation and involvement in learning.

References

The Department for Education and Skills (DfES) published their revised guidance on drugs for schools *Drugs: Guidance for Schools (DfES 2004)*. Practitioners should refer to this document for guidance and support in planning and delivering drug education and supporting all young people. *The document provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development.*

Copies of the guidance can be downloaded from www.dfes.gov.uk/drugsguidance

Hard copies are available from DfES publications by calling 0845 602 2260, quoting reference number DfES/092/2004.

For practitioners working in Further Education institutions, it will be useful to also refer to *Drugs: Guidance for Further Education Institutions (DrugScope and Alcohol Concern 2004)*. This document can be downloaded from DrugScope website www.drugscope.org.uk and Alcohol Concern website www.alcoholconcern.org.uk

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Appendix A : The World of Drugs¹

This was originally devised for use with primary school aged pupils (aged 4-11 years).

Invitations to draw and write;

1. Two children were walking home when they found a bag with drugs inside it. Draw what you think was in the bag. If you can, write at the side what it is you have drawn. If you can't write, whisper to me what it is that you have drawn and I will write it for you.

Next ask the children to continue drawing and writing in response to the following questions and instructions. Not all the questions will be appropriate for all the children. Some children may not have the stamina to answer all the questions in one session. You will know the children and be able to make the best decision about when to stop.

2. 'Who do you think lost the bag? Draw the person. If you can, write at the side who it is that you have drawn. If not, whisper to me and I will write it for you. What kind of person is this?

3. Draw and write about what you think the person was going to do with the bag'.

4. Draw and write about what the children did with the bag.

5. What would you have done with the bag?

6. Can a drug be good for you? Can it help you? If so when?

7. Can a drug be bad for you? Or hurt you? If so when?

N.B. Further guidance about using the draw and write technique can be found in *Health for Life 1* by Noreen Wetton and Trefor Williams (2000).

¹ Adapted from: Wetton, N.M and Williams, D.T. (2000) *Health for Life* London: Nelson Thornes

Appendix B

In a class of its own: Invitations to 'draw, describe and write'²
This was devised for young people aged 11-16 years.

1. Please describe or draw a young person who uses drugs.
2. Think about the young person you have described or drawn. What drug or drugs does this young person take?
3. Why do you think this young person takes drugs?
4. Where do they get the drugs they take?
5. Where and when do they use the drugs they take?
6. What does the drug do for them?
7. What are the risks for the person themselves?
8. What are the risks for other people?
9. What would be the risks for you if you took these drugs?
10. How do you feel about these risks?

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² McWhirter, J.M., Young, A.J. and Wetton, N.M. (2004) In a class of its own: Introducing a new tool for understanding adolescents' perceptions of the world of drugs *Health Education Journal* **63**(4) 307-323

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