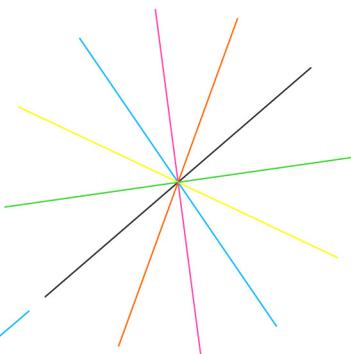


Community Attitude Research on Alcohol and Other Drugs

Executive Research Report

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1. BACKGROUND, OBJECTIVES AND METHODOLOGY

1.1 BACKGROUND

The aim of the National Drug Strategy 2010-2015 is to build safe, healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities. Research commissioned by the Department of Health (the Department) has shown that the drugs landscape is constantly changing. It is important to continually review the field of drugs, and to understand the latest trends and community perceptions, in order to stay abreast of the situation and to be able to develop targeted, informed and effective initiatives.

The Department sought to conduct a further phase of community attitude research to make direct comparisons between research conducted in 2012 and the situation as it stands in 2016. This research was designed to build upon learnings from 2012, and update findings within community perceptions and the cultural context of drug use, attitudes and awareness.

1.2 RESEARCH OBJECTIVE

The overarching objective of the research was to update and refresh the Department's understanding of current factors influencing community attitudes and behaviour when it comes to illicit drug use - to inform future alcohol and other drugs policy and planning. A core element of this overall objective was to provide an analysis of consistencies and changes that have occurred over time, by referring back to previous work that has been conducted in this area.

1.3 RESEARCH METHODOLOGY

Phase 1: Gathering expert perspectives (Qualitative)

Half-day workshop with key Departmental stakeholders; and 9 stakeholder expert interviews.

Phase 2: Diving into youth culture (Qualitative)

20 online 'auto-ethnographies' with young people, whereby young people submitted videos, photos and diaries that allowed the research team to understand the broader context of their lives. This was supplemented by two days of 'online listening' to young people, and a review of research and academic literature on youth culture, drug and alcohol use and media sources.

Phase 3: In-depth examination of drugs (Qualitative)

A series of 35 group discussions with young people aged 12-24 years (6-8 participants, 1 ¾ hours); 10 group discussions with parents of young people aged 12-17 years (6-8 participants, 1 ¾ hours); six mini-group discussions with ice users aged 18-30 years (4-5 participants, 1 ¾ hours); one triad discussion with injecting drug users aged 18-30 years (3 participants, 1 ½ hours); two mini-group discussions with Aboriginal and Torres Strait Islander parents of young people aged 12-17 years (4-5 participants, 1 ½ hours); 10 individual interviews with youth workers who work in Aboriginal and Torres Strait Islander settings (1 hour); three mini-group discussions in-language with Culturally and Linguistically Diverse parents of young people aged 12-17 years (Chinese, Arabic and Vietnamese, 4-5 participants, 1 ½ hours); and six individual interviews with youth workers who work in Culturally and Linguistically Diverse settings (Chinese, Arabic and Vietnamese, one hour).

Phase 4: Quantifying our learning (Quantitative)

A 20-minute online survey amongst 12-24 year olds, sample size of n=1,710, including a statistical segmentation based on current category behaviour and attitudes of 12-24 year olds; and a 15-minute online survey amongst parents of 12-17 year olds, sample size of n=450.

2. YOUNG PEOPLE IN 2016

2.1 A LENGTHIER PERIOD OF ADOLESCENCE

It appears that the period of 'adolescence' per se is becoming longer. Childhood and psychology experts now talk about it starting as young as nine years old and lasting up to the age of twenty-five. 'Youth' can be a time of excitement and fun, as well as a time of increasing pressure and worry. Many young people have very busy lives, which involve a range of activities, including sport and employment. As such, they often have a range of friendship groups, particularly as they get older.

2.2 YOUNG PEOPLE'S BELIEFS AND VALUES

Many young people appear to have a strong sense of responsibility, and an awareness that the things they want from life (such as owning their own homes) will not simply be served to them but that they must work hard for them.

Young people can also have extremely high expectations of themselves, and measure themselves against unrealistic expectations. The 'perfectionism' that can be evident across social media can, in some cases, be internalised by young people and result in diminished feelings of self-worth.

Across young people of all ages, it appears that social values are clear and consistent. Many are aware that they are growing up in times of economic and cultural change, where traditional social structures are breaking down, and claim they are unwilling to conform to what they see as being outdated social ideals. The key issues that tend to be most often mentioned are equality, flexibility, authenticity, being socially-minded and individuality.

2.3 THE ROLE OF SOCIAL MEDIA

Social media can be viewed by young people as a double-edged sword. On one hand it can clearly help foster strong connections and create a sense of shared experiences with others. Conversely, however, many also believe that social media can be a brutal environment where they can be exposed to 'trolls' and this can contribute to the mental health issues many young people face, especially with perfectionism, body image pressure and bullying.

2.4 ATTITUDES TO LIFE

There appears to be a shift in attitudes to life among young people since 2012. Overall, there is a greater openness to taking risk (45% vs 32% in 2012) and 'doing what it takes to have a great time' (63% vs 46% in 2012). Young people are also increasingly 'interested in new ways to enhance their experiences' (69% vs 64%).

Whilst the vast majority of 12-24 year olds 'like their life' (72%), for most, 'life is very busy' (63%) and all their responsibilities can overwhelm (62%). Possibly linked to this, an increasing proportion of young people 'like to escape the reality of their life' (55% vs 49% in 2012) and although still a minority, more now agree that they are 'not really in control of their life' (26% vs 21% in 2012).

Although the changes in many of these attitudes are seen among both males and females, there are some more subtle differences, which potentially indicate differing reasons for these attitudinal shifts for males and females.

While both genders are less risk averse compared to 2012, young females are more 'overwhelmed with all their responsibilities' and increasingly 'not in control of life', which may be linked to an increased desire to 'escape the reality of their life'. Conversely, among young males, the increased openness to risk taking and 'interest in new ways to enhance their experiences' appears to be more about having a great time ('I'll do what it takes to make sure I have a great time').

3. TODAY'S DRUG AND ALCOHOL LANDSCAPE

3.1 DIFFERENCES IN PERSPECTIVE ACCORDING TO LIVED EXPERIENCE

There is a huge difference in perspective when it comes to drugs according to a person's level of experience of them. This can markedly affect how drugs are perceived, as well as levels of awareness of drugs. Young people with little or no experience of drug taking and most parents tend to perceive different drugs according to how they have been taught or informed about them. Conversely, those with either some or significant experience of drug-taking generally perceive drugs according to their own, personally lived knowledge of them. This lived knowledge can be recently acquired or developed over a long period of time. Perceptions of different drugs among this audience are often quite specific and detailed, and go far beyond the perceptions of those less informed.

With this in mind, the research has observed three distinct groups within the population when it comes to drugs and alcohol:

- > non-drug using young people and parents with relatively low awareness, knowledge and experience of drugs who are currently low-risk;
- > shorter-term drug-using young people with high awareness and knowledge and growing experience of drugs, who are at significant risk of their drug use escalating; and
- > longer-term drug-using young people with high awareness, knowledge and experience of drugs who may be at risk of losing control of their drug usage.

As a result, indications are that drug and alcohol policy and planning would benefit from a multi-faceted set of initiatives that seek to address each of these groups in separate and targeted ways. For example, it is clear that a population based prevention approach will likely be less credible for those with greater exposure to drugs and alcohol, compared to an intervention that acknowledges their lived experience, highlights key risks of escalation, and offers help and support where needed.

3.2 A BROAD RELAXATION OF ATTITUDES TOWARD DRUGS AMONG YOUNG PEOPLE

There appears to be a general relaxation of attitudes towards drugs among young people broadly. There is a significant decline in agreement that 'all drugs are harmful' since 2012, and despite still being the minority, the proportion of those who now agree that 'some drugs are ok' has grown. This is potentially linked to a perception that drug use is becoming increasingly normalised (26% claim that 'using drugs at my age is just normal these days').

Contributing to this more relaxed view, drugs are increasingly seen as 'fun' (28% vs 19% in 2012) and the perceived risks associated with drug use also appear to have softened (30% agree that 'drugs are only a problem if you let them be' vs 21% in 2012). In addition, perceptions of the functional benefits of drugs i.e. 'improve reality' (11% vs 6%), 'help me cope with life' (11% vs 5%), 'keep me going' (11% vs 5%), 'help me get things done' (9% vs 4%) have strengthened since 2012. Of all the reasons to take drugs, 'to have fun' is most commonly agreed with (19%).

In addition, significantly more young people claim they would be likely to try drugs in 2016 compared to 2012 (30% vs 21% would 'probably' or 'definitely' take any drug).

That said, drugs 'frighten' the majority of young people. For most, there is still a view that drugs can have negative effects on one's life (67% 'drugs just make your problems worse') and most claim to be 'not interested in drugs' (70%).

3.3 ACTUAL DRUG USAGE IS STABLE AMONG YOUNG PEOPLE

Despite this relaxation in attitudes toward drugs, this is not (yet) reflected in actual drug usage – the incidence of recreational drug use remains similar to 2012, and there has even been a reduction in the trial of alcohol since 2012 (from 66% to 60%).

34% of all young people have taken at least one ‘recreational’ drug, which is relatively stable when compared to 2012. Of this, marijuana is by far the most commonly tried drug, with 27% of young people claiming to have done so. Trial of other drugs drops markedly, with only 11% having tried ecstasy or MDMA, and 5% or less of young people having tried any other drug. Trial of all drugs has remained stable since 2012, with no significant differences. Critically, 34% of young people claim to have never tried any drug, including alcohol or tobacco – this is significantly more than in 2012, when 29% claimed the same thing.

With the exception of cocaine and speed, trial of drugs is higher among those residing in regional areas. This gap in trial between young people in regional and metro areas has also widened in 2016. The incidence of drug trial is higher among those who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI), with trial of MDMA, ice / meth, LSD / acid and mushrooms all above the 2016 average.

3.4 SIGNIFICANT DIFFERENCES EXIST BETWEEN ACTUAL AND PERCEIVED USAGE

When young people aged 15 years and above are asked about the percentage of people their age they think have tried a range of drugs, they significantly over-estimate the proportion of people using each drug. Estimations of usage of marijuana, ecstasy / MDMA and ice have significantly increased since 2012, while as indicated, actual drug use among young people has remained steady.

While only 27% of young people have tried marijuana, young people believe that 47% of their contemporaries have done so. 11% have actually tried ecstasy or MDMA, while young people believe that 34% have done so. This pattern of significant discrepancies between perceived and actual usage is reflected across all illicit drugs, including ice (4% vs 21%).

3.5 PERCEIVED AVAILABILITY OF ECSTASY AND MDMA IS INCREASING

Although its use has remained steady since 2012, the availability of ecstasy / MDMA appears to be on the rise, as the proportion of young people aged 15+ years who have been offered or have had the opportunity to use either drug has increased significantly (20% vs 16%). The opportunity to use ecstasy / MDMA in the past year has seen a particular increase among males (22% vs 16%) and those aged 20 and over (24% vs 18%).

3.6 SEGMENTING YOUNG PEOPLE AGED 12-24 YEARS IN RELATION TO ILLICIT DRUGS

In 2012, research identified a series of segments according to usage and risk attitudes. In 2016, a review of the validity of the 2012 segmentation solution was undertaken. It was concluded that the existing solution remains relevant and provides a strong lens through which to view the population.

The population of young people is split into six segments which broadly fit into three usage and risk groups. These six segments are summarised by the following key traits and attitudes:

Non-drug-user segments

- > Conservative Rejectors: conservative, don't need/want excitement, less satisfied with life, negative attitudes to drugs and very low drug use;

- > Risky Rejectors: positive about life and open to new experiences/ fun/excitement but currently not interested in drugs;

Lower-risk drug using segments

- > Neutrals: primarily neutral for both life and drug attitudes – could be attitudinal and/or scale neutrality (i.e. they are secretive and don't want to disclose);
- > Occasionals: occasionally use a limited number of drugs, controlling their risk;

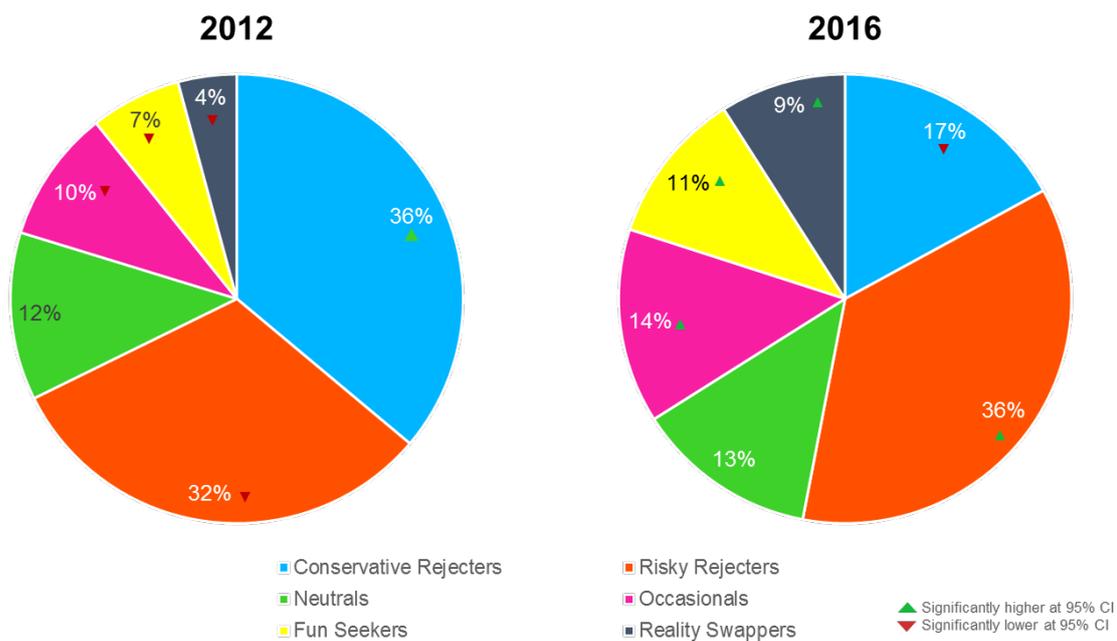
Higher-risk drug using segments

- > Fun Seekers: happy, secure, very open to new experiences and have many motivators to take drugs; and
- > Reality Swappers: open to drug use, unhappy and want to escape. Need to use drugs to cope with life.

Segment sizes

In line with the changes in attitudes towards drugs seen across young people, the sizes of these segments have changed significantly. As young people have a greater openness to risk and have relaxed their attitudes to drugs, the proportion of Conservative Rejectors has now more than halved, with all other segments except Neutrals, increasing.

Figure 1. Segment sizes - % of young people in 2012 vs 2016



Base: Young people aged 12-24 years (2012 n=1,600 / 2016 n=1,710)

The significance testing between the two time periods in this figure has been indicated with a green 'up' arrow and red 'down' arrow.

The largest declines in the proportion of Conservative Rejectors are among 12–17 year olds, who have largely shifted to the other non-user segments. This suggests the shift is currently attitudinal rather than behavioural.

3.7 SPECIFIC DRUGS, AND CHANGES IN PERCEPTIONS OF THESE SINCE 2012

Alcohol

It seems that perceptions of alcohol may have become more complex over time. Alcohol is perceived as highly socially acceptable, and an intrinsic element of social culture, strongly associated with positive occasions. However, it seems that there are also more negative perceptions of alcohol than in the past and it is now linked to issues such as violence.

Among drug users, a deliberate choice can be made between alcohol and drugs. Drugs can be selected for being cheaper and more convenient than drinking alcohol. Some also believe there is less risk of getting out of control and dangerously drunk with some drugs than with alcohol.

Marijuana

Marijuana (most commonly referred to as 'weed') is widely felt to have been increasingly normalised as a drug. Given a more tarnished view of alcohol, it can seem safer, and less a source of societal problems. It also has more of a sense of permissiveness borne out of coverage of decriminalisation and medical marijuana. In 2016, young people are significantly more likely to see marijuana as a drug that 'is not a problem if you use it occasionally', 'makes people feel more connected', and 'helps a person escape from reality'. Conversely, they are significantly less likely to see it as a drug that 'can cause problems with friends or family', 'can lead to long term health problems', 'is addictive', 'can make some people aggressive', 'can make a person lazy', makes people freak out, and 'can cause immediate serious harm'.

Ecstasy / Pills / MDMA

This broad grouping of drugs are commonly referred to as 'party drugs'. This is a category that appears to have changed significantly among regular drug users, for whom the term 'ecstasy' is seen as a thing of the past. To this audience, 'pills' have now become negatively associated with 'dirty', harmful ingredients and many claim to either no longer take pills, or to have restricted their use. The drug of choice within the party drug category is now firmly considered to be MDMA capsules, or as they are more often called, "MD" or 'caps', generally perceived among this audience as being far cleaner and purer than pills, and on a price parity. Among this audience, the perceived associations with MDMA (including its effect) are almost identical to the (largely positive) perceived associations with ecstasy in the past.

The quantitative survey indicates that there is a generally positive view of the effects of MDMA, while ecstasy is more associated with having unknown ingredients (you don't know what's in it). This more positive perception of MDMA is driven more by older young people aged 20+.

Among less experienced young people and parents, there can be confusion about this category of drugs. Few in these audiences feel confident that they know about the differences between these types of drugs at all.

In 2016 young people are significantly more likely to see pills/ecstasy as a drug that 'is not a problem if you use it occasionally'. However, they are significantly more likely to see it as a drug that 'can make a person lazy'.

LSD / acid and mushrooms

Hallucinogenic drugs appear to be very much present on the drugs scene. They are often taken by users as an alternative to party drugs, for those seeking more mind-altering experiences. Broadly, hallucinogens remain positively associated among users with spiritual, creative encounters which can help them see things differently. Users often assert that they need to be in a positive frame of mind prior to taking these drugs. Given their mind-altering effects, they are aware that if they are feeling depressed or paranoid prior to a hallucinogenic experience, this could result in a 'bad trip'

which they cannot escape from. Equally, there is a general preference to take these drugs with trusted friends who will be able to help them if this occurs.

It seems that usage of hallucinogens overall is far more deliberate and less spontaneous than, for example, weed or MDMA, particularly because of the length of the effects, which can be up to eight hours.

In 2016 young people are significantly more likely to see LSD / acid as a drug that 'makes the world seem better', and 'makes people feel more connected'. Equally, young people are more likely to see mushrooms as a drug which 'makes things seem more intense', 'is a fun drug', and 'is a party drug'. They are significantly less likely to see mushrooms as a drug that 'can cause problems with friends or family', 'can lead to long-term health problems', and 'can cause mental health problems'.

Ice

Ice remains one of the final frontiers of drugs – to all but those who take it. For most, the negative imagery from the National Drugs Campaign ice advertisements has been highly successfully embedded into their minds. In addition, regular media coverage of ice addiction and horror stories keeps it top of mind. For the majority of people, ice is now firmly positioned as the heroin of this generation.

Among those who use ice or who have used it in the past, first time use of this drug can be claimed to have been as a result of curiosity or a lack of availability of other drugs. For many ice users, a key reason to continue using ice is asserted to be its cheapness compared to other drugs.

Those who have used ice can be highly disparaging about the NDC ice ads. While users clearly agree that the consequences depicted in the advertising can absolutely be realistic, their personal experiences allow them to challenge it. They perceive the advertising to show only the extreme consequences of taking ice among people who are addicted (junkies). Given that many users believe their ice usage is under control and is likely to remain so, they refute the idea that these extreme consequences could happen to them.

In spite of this, ice users tend to believe that there is a need to treat ice with a lot of respect. They are aware of how addictive ice can be, and most claim to control their usage of it. There are however some physical and behavioural indications among more frequent ice users that they may be on the verge of addiction, and may benefit from some kind of support or intervention.

Ice users claim they may be persecuted if it becomes known that they take it. Many say they worry that they would be negatively judged and ashamed if people found out. If any users feel they are losing control, there appears to be a lack of willingness to ask for help, for fear of judgement.

In 2016 young people are significantly more likely to see ice as a drug that 'makes things seem more intense', 'can make some people aggressive' and 'helps a person escape from reality'. They are significantly less likely to see ice as 'a party drug'.

Cocaine

Cocaine remains the most glamorous of drugs, widely considered to be very expensive, often restricted to 'special' occasions. It is associated with high end bars and clubs, and is seen as the upmarket party drug, which many claim they would take more regularly if they could afford to. The quantitative survey indicates no significant changes in perceptions of cocaine among young people since 2012.

Speed

Speed - in its original powder form – appears to have almost vanished. Only a very small minority of people are believed to take it anymore, and if they do, it is often for functional use. In 2016,

young people are significantly less likely to think that speed is a drug that 'makes people freak out' or 'makes a person lose control of their life'. This is arguably due to an overall decline in its visibility.

Heroin

For most, heroin has disappeared from view and its media visibility has shrunk so much that some question whether it still exists. However, the quantitative survey indicates a slight softening in perceptions of heroin. In 2016, young people are significantly more likely to believe that heroin is a drug that 'can make a person lazy', and 'is not a problem if you use it occasionally'. Equally, they are significantly less likely to see heroin as a drug that 'can cause mental health problems'.

Prescription Drugs

Prescription drugs tend to be categorised into a range of types, each of which appears to be used for quite different purposes: 'study drugs' for functional use such as Adderall, Ritalin and Dexamphetamine; 'downers / looseners' to 'take the edge off' such as Xanax, Valium and Benzodiazepines; and 'opiates' used less commonly for a 'blissed out' high, such as Endone, Oxycontin and Codeine.

It appears that there may be a slight shift in the traditional 'journey' of drug takers. Marijuana remains the first drug ever used for 78% of young people who have ever taken a drug. However, among the younger group (12-17 years), 13% have used a prescription drugs as their first drug taken (which is significantly higher than their older peers aged 18-24. That said, marijuana is still the first drug taken for 71% of 12-17 year olds.

3.8 PERCEPTIONS OF THE USERS OF MOST DRUGS ALSO APPEAR TO BE SOFTENING

Similar to the perceptions of the actual drugs, users of marijuana and mushrooms are generally more strongly associated with more positive traits, such as being 'creative', 'open-minded' and laid back. In contrast, users of 'harder' drugs such as heroin and ice / meth are perceived more negatively, being most closely associated with 'psycho' and 'junkies'.

Also in line with drug perceptions, there is weaker differentiation in perceptions of the users of these 'harder' drugs (i.e. cocaine, speed, GHB, ketamine). There is even less distinction with the users of ice / meth and heroin.

Positive perceptions of marijuana and mushroom users ('open-minded', 'cool', 'friendly', 'creative' 'popular' etc.) have strengthened in 2016. Ecstasy, LSD / acid and cocaine users are also increasingly seen in a positive light. An increasingly negative view of ice / meth is also reflected in perceptions of its users, who are seen as more 'anti-social' (38% vs 20%) 'psycho' (55% vs 43%) and 'intense' (34% vs 22%). Speed users are also increasingly perceived as being 'anti-social' (22% vs 14%) and 'intense' (35% vs 24%) in 2016.

3.9 KEY INDICATORS OF CONCERN ABOUT DRUG USAGE ARE WELL KNOWN

To all, the indicators of concern about someone's drug usage are clear and consistent, and most are readily able to cite a range of them. Indicators include when usage turns into a need, not a want, when a user will spend money on the drug rather than other necessities such as fuel, when users start to skip work or social events as a result of their drug use, when they start to look unwell, when they borrow money to buy their drugs, when they seem unable to stop, when they can talk about nothing else and when they are quick tempered for no apparent reason.

4. THE PARENTS' PERSPECTIVE

4.1 PARENTS IN 2016

The vast majority of parents of children aged 12-17 years claim to be 'well aware of the stresses their kids face', although with 1 in 2 also agreeing that 'kids today have got it easier than their generation', this awareness doesn't always appear to stretch to sympathy.

4.2 PERCEPTIONS OF DRUGS

For parents, drugs are clearly a concerning issue and for over half they are seen to be the 'most concerning issue' regarding their children. There is, however, acknowledgment from parents that there is a need for more education, with 81% agreeing 'there is just as much need for parents to be educated about today's drugs as our kids'. 40% of parents believe their children know more about the topic than they do.

Parents have far more conservative attitudes towards drugs compared to young people. 75% of parents agree that 'all drugs are harmful' compared to 56% of young people and only 17% of parents agree that 'some drugs are ok' (versus 32% for young people).

Sharing similar perceptions with young people, ice / meth and heroin are considered the most dangerous drugs among parents. However, parents generally perceive all drugs to be more dangerous than young people do and with the exception of marijuana, see all drugs as 'very dangerous'. 1 in 3 parents still see tobacco and alcohol as 'very dangerous' (although less so than illicit drugs).

4.3 KNOWLEDGE ABOUT DRUGS

Name recognition of most illegal drugs is high, with the majority of parents aware of all drugs except MDMA and ketamine. However, the bulk of parents are not overly familiar with the drugs they can name, generally only knowing a 'few things about them'. Familiarity is particularly low for MDMA and ketamine, with 1 in 3 parents (who are aware of them) only knowing the name.

Despite limited familiarity with each drug, overall, most parents claim to feel knowledgeable about drugs, with less than 1 in 5 believing that they have no knowledge. However, there is still appetite for further knowledge, with 8 in 10 agreeing there is 'as much need for parents to be educated about drugs as kids'.

Parents often believe their children know more about drugs than they do. They are aware that their children are taught about drugs at school, and in many cases assume that the information they receive is more up to date than the drugs they are aware of (or took in their youth).

4.4 USAGE OF DRUGS

The majority of parents (57%) claim to have never tried any recreational drugs. Among those who have tried drugs, the usage rate is highest for marijuana (40%), dropping off markedly to speed (17%), cocaine (11%), ecstasy (10%), mushrooms (10%), and LSD / acid (10%). Notably, the rate of ecstasy use is significantly higher among those aged under 45 (18%). Usage frequency of each drug is relatively low, with most users only having used each drug 'occasionally' at most.

These parents often claim to feel unsure as to whether they should divulge their usage to their children – not doing so could seem hypocritical, but doing so could provide a sense of permission to their children and in fact encourage them to experiment with drugs.

4.5 PERCEPTIONS OF CHILDREN'S DRUG AND ALCOHOL USE

When we look at perceptions of parents around youth drug and alcohol use against usage of young people in general, they are generally relatively accurate, although slightly underestimated, particularly with alcohol use. Among the parents who think or know their child is drinking or taking drugs, this use is largely perceived to be 'occasional' and 'standard teenage experimentation'.

4.6 CONVERSATIONS ABOUT DRUGS WITH CHILDREN

Almost 3 in 4 parents have had some form of discussion about drugs with their child, and one in three parents of older teens are likely to have had 'detailed discussions' about drugs. There is a considerably strong relationship with a parent's confidence in discussing drugs and the depth of discussion had with their child.

Parents of young people can vary significantly in confidence levels. In this context, 'confidence' relates to the amount of influence parents feel they credibly have over their children, and the extent to which parents feel able to have successful conversations with their children about more difficult or sensitive issues such as drugs, alcohol, sex and violence.

In general, parents appear confident in having 'difficult conversations' with their kids (86% say 'I'm confident talking openly with my kids about difficult topics'), but at the same time many think 'kids learn their most valuable life lesson from making mistakes'. It seems that the majority of parents sit somewhere in the middle of the confidence spectrum and claim to be happy to talk to their children, but often feel that they don't know as much about some 'difficult' topics (such as drugs) as they could, and lack some confidence in their own influence.

There are also smaller groups of parents with lower and higher levels of confidence. At the lower end of the spectrum, parents may avoid talking about more difficult topics with their children, and at the higher end, a minority of parents claim to proactively and confidently talk to their children about these topics and to set aside time to do so.

5. INFORMATION, SUPPORT AND TREATMENT

5.1 DIFFERING LEVELS OF TRUST TOWARDS INFORMATION SOURCES

The extent to which drugs information sources are trusted can vary significantly across different audiences. Among parents and younger teens with no experience of drugs, more 'traditional' sources of information (school, government sources) tend to be positively taken at face value. Conversely, among young people with even a small amount of awareness of and exposure to drugs, these traditional sources can be questioned and challenged for being overly biased, and failing to take into account the potential positives of taking drugs.

5.2 SEEKING INFORMATION ABOUT DRUGS

Young people with some awareness of drugs often seek the views of those with experience, and claim to be most trusting of information and advice from those with first-hand experience of drugs, who offer a realistic view of drugs, highlighting both the positives and negatives of taking them, rather than having a particular agenda either for or against them. To them, the ideal source of information about drugs balances a factual approach with a comprehensive approach.

Parents are often prompted to seek information about drugs once they think about the subject in any depth. Spontaneously, many initially claim they don't necessarily need information about drugs. However, during the course of discussions, many begin to realise the extent of what they don't know, and concur that they would benefit from being armed with more information and tips to help them have conversations with their children about drugs.

When asked where they would go to for help or advice about drug use, parents are more likely than young people to say they would consult with a professional service, such as a local doctor / GP (64% vs 42% for young people), rehab clinic (33% vs 26%) or other counsellors (29% vs 19%). For young people, there is greater reliance on the internet for help or advice (search 41% vs 35%, forum / communities 26% vs 18%) and their peers (33% vs 18%) or siblings (15% vs 5%).

Just under 1 in 5 young people (17%) have sought help for themselves or someone they know, although double the number of young people (36%) have sought 'information about drugs out of general interest'. Among the 17% who sought help for themselves or someone they know, an internet search (59%) was the most common source used, followed by friends (35%) and the local doctor or GP (26%).

Approximately 1 in 4 parents (26%) have sought out drug help for themselves, their child or someone they know. While seeking help is more common among parents, there is a similar level of information sought out of 'general interest' (38%). Parents use the internet (49%) to seek help and advice more than they anticipate they will (35%) - both the internet and the local doctor or GP are most the commonly used help or advice service.

5.3 SATISFACTION WITH HELP AND ADVICE SERVICES

Overall, satisfaction with the help / advice that is available is not overly high. On average, satisfaction with what young people were able to find is rated 6.6 out 10. Satisfaction is higher among those young people who went to a professional (local doctor or GP 7.1, school / university counsellor 7.3), although use of these services among young people is relatively low (26% and 22% respectively).

When asked about satisfaction with specific aspects of the current help or advice services, satisfaction with availability of 'non-judgemental' information or advice is rated the lowest (6.5), particularly among occasional drug users (used in last year - 6.3). While 'non-judgemental' information appears to be the aspect most in need of attention, other aspects do not perform well,

from making it easier to find information or advice (6.8), making it easier to understand (6.7) and making it more relevant to young people (6.6).

Overall satisfaction with help or advice services used is higher among parents (7.1 out of 10 vs 6.6 among young people). Help or advice used is seen to be particularly good in terms of ease of understanding (7.3), which directly contrasts with how it is seen by young people. Also in contrast to young people, satisfaction with receiving 'non-judgemental' information or advice is higher among those parents who have been drug users themselves. For parents, there is lower satisfaction with information / advice that is 'relevant to their situation' (6.8 out of 10).

5.4 SUPPORT AND TREATMENT FOR DRUGS

'Support and treatment' for drugs is relatively unclear. Few are able to definitively describe what each of these elements constitute. In relation to support, some mention counselling or helplines and organisations such as Lifeline and Beyond Blue. In relation to treatment, most are only able to suggest rehabilitation facilities as options. In terms of support, there appears to be a lack of a natural place to go. Beyond mental health organisations, very few suggestions emerged. Despite this, many articulate what they would like to see available. Tools and tips as to what to do in certain situations (such as friends causing concern, children in trouble) are suggested.

A real stigma appears to exist around the area of treatment. For many, there is a general impression that it is a last resort, which relates to the most addictive, scary drugs only. As a result, there is a sense that those who are in trouble may be less likely to feel confident asking for help. There is no widespread sense of 'normalisation' or permission about seeking support or treatment for drugs.

5.5 KNOWING SOMEONE WITH A HISTORY OF DRUG USE

1 in 3 young people (34%) know someone who has had a problem with drug use, and for over half of this group (20% of all young people) this person was a friend. The vast majority of those exposed to someone with a drug problem claim that this has made them 'more cautious about using drugs' (78%). However, among this group the prevalence of illicit drug use in the last year is almost three times that of those who don't know anyone who has a problem with drugs (27% vs 10%).

Among parents, knowing someone who has had a problem with drug use is more common, at 53%. These people tend to be friends (20%) and family (both immediate 18% and extended 19%). This exposure also commonly prompts an action from parents, with 54% claiming to 'monitor their child's behaviour more closely' as a result, while for 77%, it prompts them to talk to their child about drugs. Furthermore, among parents exposed to someone with a drug problem, confidence talking about drugs with their child (8.3 vs 7.6 out of 10) is significantly higher than parents who do not know anyone.

6. POTENTIAL COMMUNICATION APPROACHES

6.1 OVERVIEW

Of the wide range of materials shown to participants in the qualitative stage of this research, certain communications messages and approaches appear to work consistently well:

- > among less aware young people, real stories can work well in terms of prevention and risk management approaches;
- > among parents, stark reminders of the dangers of drugs work well to activate them on the issue; and
- > factual and impartial drugs information can work well for those seeking ‘the truth’ about drugs.

6.2 REAL STORIES

Real stories about people’s experiences have clear power and resonance among younger teenagers, who often talk about being highly impacted by the actual experiences of others, especially those who may have ‘lost their way’ or had negative experiences. This approach could have potential to reinforce both prevention and risk management messages about drugs, and can be a strong, impactful way to capture their attention.

6.3 REMINDERS FOR PARENTS

Reminders of the dangers of drugs can have significant impact among parents. The old National Drugs Campaign ad aimed at parents called ‘Lost Dreams’ where we hear the voiceover of a young child telling us their dreams, juxtaposed with negative imagery of young girls prostituting themselves, children fighting with their parents, and a young person being zipped into a body bag clearly still has very strong resonance among parents, although it does not deliver any real guidance as to what they can do. Messages aimed at parents are not felt to have been ‘out there’ for some time, and targeting them can lend the subject of drugs renewed relevance and encourage parents to talk to their children. It seems there is a potential role for communications to ‘re-activate’ parents.

6.4 FACTUAL, IMPARTIAL DRUG INFORMATION

Factual, honest approaches to information delivery such as the British ‘Talk to Frank’ website are often appreciated ([Visit the British ‘Talk to Frank’ website](#)). They are considered to be a refreshing break with what is expected from the ‘establishment’, and seem positively targeted at young people themselves, rather than traditional government websites. Overall in this kind of approach, the information delivered is considered to be credible and ‘the truth’. This particularly appeals to young people who are considering taking certain drugs and are seeking information about the experiences they may have, as well as those who have already begun to take drugs.

The Positive Choices website tends to be appreciated by parents in this way ([Visit the Positive Choices website](#)). Parents often welcome the fact that there is a dedicated section on the site that is aimed at them, as well as the hints and tip included regarding how to talk to their children. Many parents claim they would use this website and find real value in it.

Among young people, however, there can be a strong impression that this is a school-based website, which comes across as being more aimed at teachers and parents than at them specifically. The section ‘Student Resources’ is often expected to contain one-sided information about drugs which is aimed at an early teenage audience, rather than ‘the truth about drugs’. The homepage can feel highly focused on school projects and resources, potentially exacerbated by the fact that there are dedicated sections ‘Teacher Resources’ and ‘Student Resources’.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 KEY CONCLUSIONS

It appears clear that there is an urgent need for action to be taken around the issue of illicit drugs and young people. There have been numerous significant changes in attitudes, drug perceptions and motivations for drug use since 2012, that in their entirety could pose considerable risk:

- > attitudes toward drugs are more relaxed than ever before;
- > the lowest risk segment of young people has more than halved in size;
- > young people are far more likely to claim they would try illicit drugs;
- > perceptions of drug users (excluding ice / meth) are more favourable;
- > the perceived availability of MDMA and ecstasy is on the rise; and
- > of all the reasons to take drugs, 'to have fun' is most often agreed with.

As a result of this, we have made a range of recommendations, as below.

7.2 THREE-PRONGED STRATEGY

From this research, there appears to be an opportunity for a three-pronged communications and initiative strategy, aimed at different audiences who have differing levels of experience and awareness of drugs. These three potential strategies are described below.

Prevention

There is still a clear role for a prevention approach for non-users, which highlights the dangers of drugs to a younger cohort who have not yet begun to think about using drugs, and in doing so, is aimed at the wider, non-drug taking population in general. Ultimately this strategy would be designed to reinforce widely held beliefs about the negatives of drugs use.

In addition to this, it also seems timely to re-activate parents in relation to drugs and their children. Parents clearly vary in levels of confidence when talking to their children about more difficult or sensitive issues such as drugs. Many would undoubtedly benefit from greater information and tips about what to do if a problem arises. In addition, it is clear that communications that remind them about the risks of drug taking among their children has a clear and powerful impact on them, and can help to galvanise them into being more proactive about drugs with their children.

Reinforcing risks to short-term drug users

In addition to this, there is a real opportunity to reinforce the risks of drug taking among young people who are currently dabbling with drugs but have not yet developed habitual behaviour – the shorter-term drug users. This approach would have the aim of trying to stem the flow of their drug use and prevent it developing into longer-term, habitual drug use.

However, a significant caveat here is that it is vital that this is done in a manner that is perceived as credible, delivering factual information that recognises both the positives and negatives of drug taking. Ideally it would be crisp and pragmatic in tone, not overly dramatic, emotional or persuasive. This approach could potentially allow young people to understand the 'truth' about drugs, and to inform their own decisions. If this approach is not perceived as credible, it is likely to be dismissed outright by this audience.

‘Holding a mirror’ and offering permission to seek help for heavy drug users

Holding a mirror to heavier drug users may help them slow down – particularly those whose drug usage is clearly becoming a cause for concern, either to them or those around them. Essentially, providing reminders about the well-recognised ‘tipping points’ or indicators of concern that can denote that someone’s drug use has become a problem could encourage heavier users to re-assess their behaviour. While this approach is unlikely to result in drug use stopping altogether, it may encourage users to be more measured in their usage, or concerned friends to speak up about it.

At the heavy, regular end of the drug using spectrum, it is clear that some require greater permission to ask for help. Some in this group are clearly on the verge of losing control and potentially becoming addicted (and may have already recognised this). However, they can feel that there is a real stigma around asking for help, particularly if the drugs they take are felt to have been very negatively portrayed. Ideally, messaging around support and treatment would focus on confidentiality as well as the benefits of seeking help, and crucially, would reassure this audience about a lack of negative judgement when seeking help.

7.3 POTENTIAL TO LEVERAGE DISPARITIES BETWEEN PERCEIVED AND ACTUAL USAGE

A key finding from the research is that there are significant differences between the actual levels of drug usage among young people, and the extent to which young people believe their contemporaries engage in drug use. This presents an opportunity to consider a ‘social norming’ approach that seeks to challenge the perceived levels of drug use among young people.

7.4 TACKLING SPECIFIC DRUGS

Clearly for the most part, ice is firmly established as a terrifying drug that most would never consider using. Both media coverage and previous NDC campaign activity appear to have contributed toward ice being positioned in this way.

In this respect, when developing strategies aimed at young people, be aware that the imperative is currently less about ice and more about other common drugs such as MDMA / ecstasy, mushrooms and acid. In future activity, consider tackling MDMA and ecstasy separately, particularly in any interventions that target more experienced drug users.

While marijuana clearly remains the drug that most young people take first, it appears that targeting it specifically may be less credible due to its significant normalisation.

Consider directly tackling prescription drugs, given that they are on the increase as a first drug taken, particularly among 12-17 year olds.

Keep a watching brief on heroin – perceptions of its use are growing and softening, and users are perceived less negatively.

7.5 REGIONAL AND LGBTI AUDIENCES

Consider targeting regional and LGBTI audiences, given that actual drug use is on the increase in these areas.

7.6 PARENTS

Consider re-activating parents in relation to their children and drugs by reinforcing the seriousness of the issue:

- > offer information and advice to parents as to specific drugs and what to do when problems arise;

- > in doing so, arm parents with a greater understanding of drugs today and a desire to be more involved with their children about the subject;
- > this could help to bridge the significant gap that currently exists between parents' perceptions of drugs, and those of their children.

7.7 INFORMATION AND SERVICES

In developing information and services, there are a range of considerations to be mindful of:

- > focus on online given that it tends to be the first port of call, particularly among young people;
- > aim to make information and services feel as accessible as possible, and crucially, aim to make them seem entirely non-judgemental in their approach; and
- > consider developing and promoting information and services that are more tailored to the needs of young people, given that currently parents seem more likely to be satisfied with what they find.