

Pre-teenage children's experiences of drug use

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Received 27 February 2004; received in revised form 17 June 2004; accepted 23 June 2004

Abstract

This paper examines the experiences of a sample of 43 pre-teenage drug users. The main reasons which they gave for using drugs were enjoyment and boredom. These are consistent with the reasons for using drugs reported in studies of older youths. While the children set firm boundaries regarding the drugs which they would and would not use, several aspects of their experiences give cause for concern. These include the ease with which they were able to obtain illegal drugs, their lack of knowledge of the risks involved with their drug-taking, the tendency of some to combine the consumption of drugs and alcohol, and the secluded or remote nature of the locations in which the drugs were used. The paper concludes by emphasising the need for interventions which address the issue of harm reduction for this population and which provide a range of alternative activities as a way of diverting young people from drugs.

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Keywords: Pre-teenage; Children; Drug use

Introduction

While a substantial amount of research has investigated the drug-related attitudes and behaviour of teenage populations (Manning et al., 2001; Miller & Plant 1996; Parker, Aldridge, & Measham, 1998; Power, Power, & Gibson, 1996; Smit, Monshouwer, & Verdurmen, 2002; Wibberley and Price, 2000), very little is known about the use of drugs by pre-teenage children. In particular, we have little knowledge of the prevalence of drug use in this population, the reasons why some of them are using drugs, which drugs they are using and their experiences of that use. This gap in our knowledge is especially important given recent evidence that increasing numbers of pre-teenage children are experimenting with illegal drugs (Boreham & Shaw, 2001). For example, research by McKeganey and Norrie (1999) found that more than one in ten (11.2%) of a sample of 930 eleven- to twelve-year-olds in Scotland reported initiating some form of illegal drug use. An understanding of this sort of precocious drug use is important for at least two reasons. First, we know that the

early initiation of illegal drug use is frequently associated with the development of significant drug-related problems in later life (Kandel & Yamaguchi, 1993; Robins & McEvoy, 1991). Second, the comparative youth of pre-teenage children must render them especially vulnerable to harm when they participate in drug use and associate with drug users.

The present paper seeks to contribute to our knowledge of drug use in this population by reporting on the experiences of a sample of 43 pre-teenage drug users in Glasgow (Scotland) and Newcastle (England).

Sample and methods

The data on which this paper is based were collected during 2000–2001 in the course of a larger study of pre-teenage schoolchildren's attitudes towards illegal drugs and their experiences of them. The study had both quantitative and qualitative components. The quantitative element consisted of a survey of 2328 ten- to twelve-year-old children carried out in 47 schools in Glasgow and Newcastle. The schools were selected to reflect the social demography of the two cities. All

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of the children who were present at the participating schools on the days of data collection were asked to complete a standard questionnaire under examination type conditions. This was supervised by a trained data collecting team with the teacher absent but nearby. Informed consent was obtained from the pupils and from their parents. It was emphasised that at no point would schools or individuals be identified and that confidentiality would be maintained at all times.

The purpose of the survey was twofold. Firstly, it was used to collect information on the children's views and experiences of drugs and a range of other aspects of their lives that might impinge upon these. The data generated by the questionnaire is the subject of separate analyses and reports (McIntosh, Gannon, McKeganey, & MacDonald, 2003; McKeganey et al., 2003, 2004). Secondly, the survey was used to identify particular groups and individuals for subsequent interview in which it was hoped to obtain a greater depth of information on the pupils' perceptions and experiences of drugs.

At the end of the questionnaire, pupils were asked to provide their names so that a sample of them might be contacted for face to face interviews at a later stage. The voluntary nature of this was emphasised and the confidentiality of information obtained in these interviews was assured. In Glasgow 76% of the pupils attached their name to the questionnaire while the corresponding figure for Newcastle was 66%. The anonymity of pupils who gave their names was preserved by removing their names from the questionnaires and replacing them with a unique identifying number. A document containing the pupils' names and numbers was held securely in a locked cabinet.

A total of 230 children were approached for interview. They included all of those who indicated in the survey that they had either used or been offered drugs together with a random selection from the remainder. Four parents withheld permission for their child to be interviewed and a further 10 children were absent on the date of the interview and were excluded from the study. The resulting sample (216) included 43 children who had used drugs on at least one occasion, 42 who had been offered drugs but had not used them and 131 who had neither used nor been offered drugs. The present paper concentrates on the 43 children who had used drugs on at least one occasion. The age and gender distributions of this reduced sample are shown in Table 1.

The interviews were conducted in the children's schools by the authors and one other male interviewer. They were semi-structured in nature and explored a range of topics associated with the children's knowledge of drugs, their attitudes

towards them and their experience of drug use or of being exposed to use by others. We also investigated the context of these views and experiences by asking the young people to describe their main activities, their families and their friendship networks. The topics were explored in a loosely structured way, using open-ended questions as far as possible, in an attempt to avoid constraining or conditioning the children's responses. The children appeared to talk freely and openly to all of the interviewers about what were sometimes quite sensitive topics. The confidential nature of the interviews was impressed on the interviewees and, on the basis of the elaborate and explicit nature of the accounts which they provided, there did not appear to be a major problem in terms of the withholding of information. Having said that, we are aware that a measure of under-reporting may have occurred.

The interviews generally lasted between 30 and 40 min and were tape recorded with the child's consent. All of the interviews were transcribed before being coded and analysed with the assistance of the NVivo software package for the analysis of qualitative data.

Pattern and nature of drug use

Table 2 shows the pattern of drug use exhibited by the 43 pupils who reported having used an illegal drug or volatile substance. The most frequently used drug was cannabis with 37 of the children who had ever used any drug having used cannabis at some time. Of the 43 drug users, 25 had only ever used cannabis and 4 had only ever used solvents. Around half (19) of the children said they had only used a drug or volatile substance on a single occasion. Twelve of the children who had used cannabis had also used other substances. Of this group, nine had used cannabis more than once. The other substances used in combination with cannabis were; ecstasy (5), solvents (8), magic mushrooms (3), amphetamines (2), prescription drugs (1) and LSD (1). Only five of the children had used more than two drugs. The most extensive use was reported by a girl who claimed to have used cannabis, ecstasy, amphetamines and LSD, all on more than one occasion. Apart from cannabis and solvents, repeated use of individual substances was rare. Only two children had taken ecstasy more than once while one child reported having used amphetamines and LSD several times. One pupil had experimented with magic mushrooms on two occasions.

Table 1
Age and gender distribution of sample

	10 years	11 years	12 years	Total
Boys	3	12	12	27
Girls	3	10	3	16
Total	6	22	15	43

Table 2
Frequency of use of different drugs

	Once only	More than once	Total
Cannabis	20	17	37
Ecstasy	3	2	5
Solvents	6	5	11
Magic mushrooms	2	1	3
Amphetamines	1	1	2
LSD	0	1	1
Prescription drugs	1	0	1

Reasons for the children's initial use of drugs

We have discussed the reasons which the children gave for their initial use of drugs at length elsewhere (McIntosh, MacDonald, & McKegane, 2003a). In summary, curiosity and a simple desire to try something new and potentially enjoyable were reported as being the main motivations for their initial experimentation. The following account by one 11-year-old girl was typical.

I: Do you remember the first time you had hash? Why did you try it?

R: Because everybody else had tried it and everybody else still does it and . . . I just wanted to know what it wis like . . . 'Cos everybody looked as if they were pure enjoying themselves. (Girl – aged 11)

Around half of the children reported initiating drug use, in part, in response to other influences. Some of them claimed to have given in to the prompting or encouragement of peers while others said they had participated out of a desire not to feel left out of the group. The following extract is a good example of a child responding to a mixture of curiosity and mild pressure and eventually accepting an offer of cannabis.

Well, I wis dead curious and then I got asked and I said, 'Naw' and I kept on turning it down but they asked me too many times and I ended up saying, 'Aye, all right then.' (Boy – aged 12)

Only around one in five of our interviewees reported that their initial use of drugs had been brought about by pressure of an unpleasant kind. A small minority (5) of the children said that they had been drinking alcohol at the time of their initial use of drugs and only two of those claimed that the effects of the alcohol had influenced their decision to experiment with them.

Reasons for the children's continuing use of drugs

From the accounts which the children gave of why they continued to use drugs, three reasons could be discerned. These were enjoyment, boredom and the group nature of the activity. The reasons given were not mutually exclusive and two or more might be referred to by the same individual.

The most frequent explanation which the children offered for their continuing use of drugs was that they found the experience pleasurable. The drug made them 'feel good', 'relaxed' them or gave them a 'buzz' and these were all feelings which they liked.

I: So how often do you smoke hash?

R: About three times a week.

I: And why do you do it?

R: It's good. Ah like it. It's a good feeling. (Boy – aged 11)

You just get this buzzy feeling in your head. Feels dead good. (Girl – aged 10 – regular solvent user)

It also appeared from the children's accounts that boredom and a lack of satisfying alternative activities was an important contributory factor in their continuing use of drugs.

It's partly you're just bored. Nothing else to do. And it's fun. (Girl – aged 11)

I used to do it all the time, every day nearly wi' ma cousin. Something to dae. Just bored man. (Boy – aged 12)

From their descriptions of how they spent their spare time, it is clear that boredom was a major feature of the leisure experiences of a large proportion of this age group. Time and again they would refer to a lack of activities and leisure facilities locally and their consequent recourse to wandering the streets or simply 'hanging out' with friends. In this context, drug use provided them with something different, and even exciting, to do when they felt at a loose end.

While it was seldom referred to as the sole reason for continuing use, being a member of a group within which drug-taking was a shared activity acted to reinforce the other motives. Unlike some adults, it is highly unlikely that any of the children whom we interviewed would have engaged in regular drug-taking on their own. Certainly none of them reported doing so and those who were asked, were emphatic that this is not something that they would contemplate. There appeared to be two reasons for this. First, for many of the children, the presence of a group in which the purchase of the drug could be arranged and in which use could take place in the company of others seemed to be a precondition for its use. For most of our interviewees, part of the enjoyment of drug-taking was associated with the fun that could be derived from chilling out or experiencing a 'buzz' in the company of friends. Second, for other children the sense of belonging that communal drug-taking conferred was an important aspect of its appeal. Several of the children referred obliquely to the way in which engagement in this shared activity encouraged social bonding within the group.

Some of ma pals do it (smoke cannabis) and if we're oot and they say, 'let's get some hash', you just do it 'cause they're your pals. But it's good as well. (Boy – aged 12)

How the drugs were obtained

Most of the initial experimentation with cannabis occurred without charge, the drug being offered free by friends or relatives. The exception to this was a small number of children who combined with friends to purchase their first sample of the drug. However, this was extremely rare – only three cases in all – and overwhelmingly the initial use of cannabis occurred in response to free offers received from

others. The initial samples of other drugs such as ecstasy and amphetamines were nearly always supplied by older friends and acquaintances in the context of a group in which other drug-related activities or the consumption of alcohol was taking place. Sometimes, in the case of ecstasy for example, they were offered in return for payment. On other occasions, such as the two instances of amphetamine use, they were offered free.

As far as the regular use of drugs was concerned, in the great majority of cases the substances were obtained in exchange for payment. By far the most common sources for these purchases were relatives (usually siblings or cousins) or older friends or acquaintances who had their own sources of supply. The following description of the purchasing chain was typical.

We get it (cannabis) off one o' ma pals who gets it from his big cousin who gets it off a dealer. (Boy – aged 12)

According to the children, cannabis was extremely easy to obtain in this way. Most of them also reported that they could readily obtain ecstasy by the same means.

If ye want tae get hash it's dead easy. Ecstasy as well . . . speed wouln't be difficult. Ye just ask one o' your bigger pals you know can get it. There's loads o' folk can get a deal for ye. It's no problem. I could walk out o' here (school) and get hash in about five minutes. (Boy – aged 11)

Only a small minority of the children claimed to have purchased illegal drugs from dealers by themselves. In fact, several of them reported that dealers would not sell drugs to them on account of their youth. Some of them described having had first hand experience of this. According to the children, the reasons for dealers' reluctance to sell to them had little if anything to do with conscience or the immorality of providing young children with drugs. Instead, it was motivated by a fear that the children's youth and inexperience might increase the risk of something going wrong and that, if that happened, it might have serious consequences for the dealer.

Experiences of drug use

As we discussed above, enjoyment was the main reason which the children gave for their continuing use of drugs. In particular, they simply enjoyed the 'buzz' or 'stone' which the drug provided. However, while those who reported a continuing use of drugs were largely positive in their assessment of their effects, the children's initial experience of them could vary considerably. Some of them clearly found the initial experience to be positive and enjoyable. All of those who did so went on to use the substance on more than one occasion. Others, on the other hand, described their initial experience in negative or, at best, neutral terms. Some of them had found the taste or smell of the drug unpleasant; one said, 'I tried

hash but it's disgusting. It tastes like leaves.' Some of the children disliked the sensations the drug created.

It was a bad feeling . . . everything moves. Stoned, just completely. Can't even walk right an' that. (Boy aged 11 – cannabis)

I was sick and felt like I was going to faint or something. Just didn't like them. (Boy aged 12 – magic mushrooms)

It was horrible 'cause you feel all dizzy and you don't know where you are. (Girl aged 10 – solvents)

A few of the children had been frightened by the effects that the drug had had on them.

It was at a party and some friends showed me them (magic mushrooms) and they were saying 'go on, try them,' so I did. And then I didn't like the effects 'cause ma tongue was dead swollen . . . and it got me kinda seein' a wee bit o' funny stuff . . . it was like scary stuff. The first time when I took too much it was like a mars bar chasing me. And all the colours went dead brighter. Stuff like that. (Boy – aged 12)

However, for a considerable number of the children the problem with their initial experience of drugs was not that it had been a bad one but that there had been an absence of a discernible effect of any kind. In short, the drug had done nothing for them.

It (cannabis) didn't really do anything. It was just a big cloud of smoke and that was it. It wasn't powerful or anything. (Boy – aged 12)

I: Why won't you try it (glue) again?

R: There's no point. Didn't get nowt off it. (Boy – aged 11)

It was also clear from the accounts which the children gave that their initial experience was a major factor in determining whether or not they continued to use a drug. While a small number of them cited fear of being caught as a factor in their decision not to continue, for the great majority of those who did not continue beyond initial use the main reason given was a negative or unexceptional first experience. Consistent with this view, 16 of the 20 children who had used cannabis only once said that they had either not enjoyed the experience or had felt nothing. The other 4 described the effects they experienced but were equivocal regarding whether they had found these to be pleasurable or not. It is also significant that none of those who continued their use of drugs reported that their initial experience had been a negative one.

The fact that some of the children reported little or no effect on first using a drug suggests that perhaps some do not consume enough of the substance on the first occasion to experience any typical psychotropic effect. This possibility is supported by the fact that most of those who had merely experimented with cannabis reported that they had only taken one or two draws from a joint or bucket. The main reasons

reported for minimal use were a dislike of the taste or of the effects of smoke. A small number of children said they had held back because they had been apprehensive about the effect the drug might have upon them.

Although none of them said so, some of the children who tried a drug in a minimal way may have never had any intention of engaging in more extended or prolonged use of it. They may simply have been satisfying their curiosity and/or attempting to deal with the invitations and exhortations of others in a way that was effective while at the same time being of low risk.

Unlike an unpleasant experience, an uneventful one did not mean that the child would not go on to repeat the experiment and become a regular user of a drug. Sometimes these individuals responded to encouragement from peers who assured them that it was quite common to experience only a limited or no effect on the first occasion of use and that, if they persevered, the experience would improve.

Boundaries to use

Most of the children who used drugs on an occasional or regular basis had a clear sense of which substances they would and would not use. For the great majority this meant confining their use to cannabis. A small number were also prepared to use Ecstasy or amphetamines on an occasional basis but all of the children regarded illegal drugs such as heroin, cocaine and LSD as being of a different order in terms of the risks associated with their use.

Hash is OK like but I wouldnae try anything else, smack or something like that . . . they're dangerous. Even eccies are dangerous. They can kill you. (Boy – aged 11)

Hash and eccies are alright . . . but I would never try speed, heroin, acid or jellies. (Girl – aged 11)

None of the drug-using children in our study considered themselves to be 'drug users', including those who had used a number of different substances. When these young drug users and experimenters talked about 'drug users' they clearly did not identify themselves with such individuals or populations. For them, being a 'proper' drug user was associated with hard drugs and/or the problematic use of them. They did not regard their own use of drugs as being in any sense problematic. Instead, they saw themselves as engaging, in a recreational way, in something they enjoyed and which they believed would cause them no harm. Although they did not use such language, even at this age the interviewees had absorbed ideas about the difference between recreational use and problematic use and dependence. Many of them expressed contempt for those whom they would term 'drug users' – for example, 'filthy, begging rats' – and offered stereotypical images of 'junkies' and 'druggies'.

I: What do you feel about junkies?

R: Just don't like them. They've got a bad reputation, that's it. And they're rubbish, and that. They never. . . every time you see one he's at least like pure stoned or just pure sagging about. (Boy – aged 11)

The children's perceptions of boundaries were also reflected in their responses to questions about their possible future use of drugs. Some of them stated clearly that they would continue to use the drug or drugs they were currently using. Others who had experimented with drugs, but no longer used them, frequently expressed uncertainty regarding their future actions. This expression of uncertainty was undoubtedly a genuine assessment of their possible future behaviour on their part. Having tried a drug or drugs in the past, some of them did not feel able to pronounce with confidence that they would definitely abstain from drug use in the future.

However, what both the continuing users and the past users were very clear about was *which* drugs they might consider sampling and which they definitely would not. Many of them drew the line at cannabis, regarding all other illegal drugs as being too risky to try. Those who thought they might go beyond cannabis use in the future still had a firm line which they would not transgress. The other substances that some of them thought they might use in the future were ecstasy, amphetamines, and magic mushrooms. The first two are unsurprising given their associations with recreational drug use and the club culture, activities in which some of the interviewees would expect to be involved once they reached their late teens and early twenties. None of the interviewees could envisage themselves taking volatile substances (apart from a current user), opiates, LSD or any other substances.

Harm reduction

We asked those who had used a drug more than once if they did anything to try to ensure that they stayed safe when did so. Hardly any of them replied in the affirmative. With cannabis, safety and risk were generally considered to be non-issues. While some interviewees acknowledged that the act of smoking might have a negative effect on their fitness, other possible long-term cognitive and psychological effects of cannabis use were not mentioned.

With ecstasy, there was a greater recognition of the dangers associated with its use. As a result of drug education messages and media coverage of deaths, many pupils were aware that just one tablet could kill and that it was an unpredictable and potent drug.

You could take eccies for like two years and then you could take it one time and you would die straight away. (Boy – aged 11)

Hardly any of the children understood the effects of ecstasy on the body and the ways in which it can kill. They displayed very little knowledge of harm reduction and some of the ideas which the children held had the potential to place

those using ecstasy at serious risk of adverse side effects. For example, while a few knew that fluid intake was important, they were unaware that this had to be limited and that, in excess, fluids could cause other health problems.

I: If somebody was taking 'E', what should they do?

R: Don't know. . . it's like drink water or something, drink loads of water, don't fall asleep. Something like that.

I: How do you know that they should be drinking water?

R: Like to flush out their system or something. I don't know if they do have to drink water, it's like common sense, drink water, get it out. (Boy – aged 12)

They also displayed no awareness of the fact that sustained activity, such as dancing, could add to the danger of overheating and dehydration. In fact, the undertaking of strenuous activity was precisely the advice one young boy followed when he took ecstasy.

I: What did it feel like?

R: I've only took it once and I'm not taking it again, 'cause it was like, 'cause it. . . I thought, you just take it and that's it, you get a buzz, but like, you have to. . . it's so important you've gotta do things you have to stand up. If you sit down you like, 'cause like, my Dad told us if you take ecstasy and you erm, you sit down or something, well your fluid goes to your brain and squashes your brain in. That's what happens to you, so like, I had to stand up the whole time and just dance, and it was pretty hard. (Boy – aged 11)

None of the children mentioned the danger of contamination or the selling of other tablets in the guise of ecstasy as being a risk. One ecstasy user believed that she could control its effects by taking halves or parts of pills rather than whole ones. This allowed her to consider her use to be relatively safe. She reckoned that she had taken the equivalent of nine ecstasy tablets in her life, but showed no cognisance of the ways in which the strength and content of pills can vary. None of the children referred to attempts at harm reduction in relation to any other drug.

A further risk to the children arises from the environments in which their drug use takes place. Because of the illegal nature of the activity, it was frequently pursued in hidden locations such as empty premises, behind shops or in the remote corners of public parks or waste ground. The secluded nature of these locations must increase the risks to these children should something go wrong in the course of their drug-taking. This particular danger was not something that any of them appeared to have thought about.

Comparison of users and non users

An important question concerning the use of drugs by this age group is whether it is possible to identify any factors

or circumstances that might distinguish those who use drugs from those who do not. We have reported elsewhere on what our analysis of the survey data revealed about the differences between the two groups (McKeganey et al., 2004). Specifically, this showed that drug users were more likely to have friends or family members who used drugs, to be more likely to drink alcohol regularly, to be more likely to have friends who engaged in problem behaviours and to be more likely to take part in anti-social activities themselves.

These findings were reinforced by the analysis of the interview data. This confirmed that those children who used drugs were considerably more likely than their non-using counterparts to associate with peers and older children who engaged in problem behaviours of various sorts and to take part in these activities themselves. The anti-social activities which were most commonly described were graffiti writing, shoplifting, vandalism, creating a disturbance (usually under the influence of alcohol), throwing objects at buildings or cars and fighting as part of a gang.

The association between drug use and the consumption of alcohol was particularly strong. This drinking usually occurred out of doors in a group situation and was often engaged in with the aim of becoming inebriated. One eleven-year-old girl who drank every weekend gave the following description of why she did it.

I: What do you like to drink?

R: Buckie, Buckfast. Twenty Twenty. Bacardi Breezers. Hooch. That's all really.

I: And how often would you have a drink?

R: Every weekend (laughs). Friday and Saturday. It's good.

I: What's good about it?

R: I don't know, you just get pure wasted. I don't know, I just like it. Everybody acts real funny. It's good fun. It's just enjoyable. (Girl – aged 11)

Of the 43 children who had used drugs, around three-quarters (31) reported having consumed alcohol without the knowledge of an adult. The majority of these children (23) had done so more than once and many of them (18) confessed to drinking on a monthly or weekly basis and, in some cases, two or three times a week. In contrast, of the 173 interviewees who said they had not used drugs, only 36 (21%) reported ever drinking alcohol unsupervised by an adult. However, there were variations among the drug users which suggest a particularly close relationship between the unsupervised consumption of alcohol and the repeated use of drugs. All but 2 of the 24 children who had used drugs more than once or who had used more than one drug reported having drunk alcohol with friends without adult supervision. Of those who had used a drug on a single occasion only, the proportion was considerably lower at around half with 8 of the 19 children reporting the unsupervised use of alcohol.

At least eight of the children had combined their use of drugs and alcohol. All of those cases involved the combining of alcohol with cannabis. Only one child reported taking ecstasy while under the influence of alcohol. Sometimes the children would smoke cannabis and drink alcohol simultaneously. On other occasions, they would spend some time drinking before completing the session with a joint or bucket. This practice is a matter for concern because of the enhanced risks which the mixing of different substances must pose for these children. These risks are, in turn, likely to be heightened as a result of the secretive nature of the activities referred to earlier and, in particular, the secluded nature of the locations which are selected for engaging in them.

A further point of contrast between the drug using children and their non-using peers was evident in their attitudes towards cannabis (McIntosh, MacDonald, & McKeganey, 2003b). There was no substantial difference between those who had used drugs and those who had not as far as their attitudes towards other illegal drugs were concerned. Users were just as likely as non-users to express a negative view of these drugs and were equally able to describe their dangers. However, cannabis was different. The overwhelming majority of those who reported having ever tried any illegal drug expressed a relatively tolerant attitude towards cannabis and regarded it as being relatively harmless. They were aware of large numbers of people who used the drug regularly and they regarded its use as a common and unexceptional activity. In contrast, a much smaller proportion of non-users shared this view. The following comment was typical of the views expressed by the users.

Hash is no' bad for you like other drugs. It just helps you relax an' that. It cannae kill you or anything and you cannae get addicted to it. Nobody I know has been harmed by it. (Girl – aged 11)

There are a number of possible reasons for this difference in the way in which cannabis was perceived by the two groups. Those who have come into contact with drugs may be more likely to take an interest in the topic and to develop a more differentiated view of substances with which they have some experience. However, it is equally likely that an individual's interest in a drug may precede its use. The likelihood is that many of those who had experimented with cannabis regarded it as different from 'harder' drugs prior to their initial use or they would not have taken the risk of trying it, especially since most of them regarded other drugs as being potentially dangerous.

Discussion

This research has identified a number of issues which are of considerable concern as far as pre-teenage drug users are concerned. One of the more notable features of the children's accounts was the apparent ease with which they were able to obtain illegal drugs, especially cannabis and ecstasy. It

would appear that, in certain communities, if a 10- or 11-year-old child wishes to acquire cannabis, they can do so very easily. What is also worrying is the way in which the ready availability of illegal drugs may bring these children into contact with more powerful substances. While the fact that the children set strict boundaries to their use of drugs was encouraging, we do not know how stable or enduring these views are likely to be. As they get older, that dividing line may shift as their exposure to different drugs and the opportunity to experiment with them increases.

The findings of the present study are consistent with those of other research on young people. For example, the children's main reasons for initiating drug use are similar to those reported by Hart and Hunt (1997) who describe experimentation with drugs among 11- to 16-year-olds as a 'way of knowing' the drug so that they can decide whether or not it is something they want to continue to use. Curiosity would also appear to be the main reason why older youths experiment with illegal drugs (Mayock, 2000). Having said that, curiosity is clearly not the only reason why young people experiment with drugs and other factors such as the availability of drugs, the influence of friends and other peers and the contexts in which drug offers are made are also important (McIntosh et al., 2003a; Parker et al., 1998).

As far as the continuing use of drugs is concerned, the motivations of the children in our study correspond closely with research on older youths. A number of studies confirm the importance of the pleasurable effects of the drug as a determinant of regular use by young people. The positive aspects of drug-taking are variously described in terms of the experience of a 'buzz' or 'high', a feeling of relaxation or escape and the facilitation of social interaction by lowering inhibitions and increasing confidence (Boreham & Shaw, 2001; Boys et al., 1999; Health Education Board for Scotland, 1997; Lowden & Powney, 2000; Mayock, 2000; Parker et al., 1998). The sociable and socially bonding nature of the activity has also been shown to be an important aspect of the experience of drug-taking among young people (Hart & Hunt, 1997; Mayock, 2000; Parker et al., 1998). Finally, the reasons which young people give for using drugs are more or less identical to those which they report in relation to the consumption of alcohol (Honest, Seymour, & Webster, 2000; Newcombe, Measham, & Parker, 1995; Pavis, Cunningham-Burley, & Amos, 1997).

However, it was also clear from the children whom we interviewed that boredom played a significant part in their drug-taking. Feeling bored accentuated a child's curiosity to try new and potentially exciting things while drug-taking itself provided something to do that was fun and socially bonding. However, it was not only the drug users in our study who complained of being bored. This sentiment was expressed by a high proportion of the non-drug users as well. This undesirable state of affairs reflects badly on the lack of facilities available for children and it is almost certainly something which is replicated in communities throughout the UK.

Our study reinforces the association between the illicit use of alcohol and the use of drugs observed in other research (Boreham & Shaw, 2001; Parker et al., 1998). Although intoxication did not appear to play a major part in the children's initial use of drugs, the unsupervised consumption of alcohol was closely associated with continuing use. It would appear that regular drinking draws children into the company of drug-taking peers and thereby increases their opportunity to use other substances. What is especially worrying here is the way in which some children would combine their use of drugs and alcohol in ways that were potentially dangerous.

One of the more concerning aspects of drug and alcohol use amongst this age group is the nature of the environment in which this use occurs. Frequently this took place in concealed locations well away from the prying eyes of adults. This clearly increases the risk to the child should something go wrong.

Another worrying feature of drug use among this group is the way in which it may lead the children into problem behaviours of various kinds and into the company of those who engage in them. There are two ways in which this dynamic operates. Frequently anti-social behaviour of various kinds is prompted by the consumption of drugs or alcohol. On other occasions, the activity – specifically stealing – provides the means by which alcohol and drugs can be purchased.

Finally, there was little awareness among the children who used drugs of the risks that were associated with the drugs they used or of how these risks might be reduced. While it is difficult to know how best to broach this topic with children given the danger that simply discussing harm reduction might be interpreted as a tacit endorsement of drug-taking, there is nevertheless a clear need for those children who are most vulnerable to receive appropriate guidance (Parker & Egginton, 2002).

In conclusion, this study of pre-teenage drug users suggests a need for intervention in two main areas. First, in terms of prevention, the findings argue strongly for an increase in the facilities and activities that are available for children and young people both as alternatives to drug-taking and as an antidote to boredom. Second, in addition to attempting to influence drug choices through education, there is a need for children to be provided with more guidance on the risks associated with particular drugs and practices and how these might be reduced. As we have acknowledged, this is a difficult and sensitive topic to address with young people but our study suggests that it is necessary in the interests of their safety.

Acknowledgements

We are extremely grateful to the young people who participated in this study and to the schools in Glasgow and Newcastle who co-operated with the research. The Education Departments in Newcastle and Glasgow also provided valuable assistance in facilitating the study. The research on

which the paper is based was funded by the Department of Health as part of its Drug Misuse Research Programme. In addition to Professors McIntosh and McKeganey, grantholders on this project included; Dr. Eilish Gilvarry, Consultant Psychiatrist, Newcastle and North Tyneside Alcohol and Drug Service; Professor Malcolm Hill, Director, Centre for the Study of the Child and Society, University of Glasgow; Dr Paul McArdle, Child and Adolescent Psychiatrist and Senior Lecturer, University of Newcastle upon Tyne; and, Dr Steven McCarthy, Research Psychologist, Newcastle and North Tyneside Alcohol and Drug service. James McIntosh was funded by the Robertson Trust. The views expressed in this paper are those of the authors and should not be attributed to the funding bodies.

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