

"It's all just a bit of a mess when drugs are involved, it really is". A narrative study of young people who have recently been discharged from a specialist support service for their substance use

P.Chana

A thesis submitted for the degree of Doctorate in Child, Community and Educational Psychology

Tavistock and Portman NHS Foundation Trust and University of Essex

2017

Abstract

There is a lack of narrative research in the United Kingdom (UK) that captures the stories of young people who are, or have previously been, dealing with issues surrounding their use of drugs and/or alcohol. This study, through the utilisation of a narrative approach, aims to provide a rich and detailed description of young people's experiences, and the difficulties they've faced, with their use of drugs and/or alcohol.

In this study I have presented the stories of three males aged seventeen to eighteen in rough verse form and then individually analysed the narratives using Engels' narrative analysis approach. The young males have recently been discharged from a specialist support service for their use of drugs and/or alcohol which has caused concern. The specialist support service supports adolescents (aged fourteen – eighteen) with their drug and/or alcohol use.

Each young male was interviewed twice, the first interview allowed the young person to tell their story in its entirety. During the second interview, each young person's narrative was presented back to them in rough verse form and they were asked to reflect upon reading their story as well as check the anonymity of their identity in their narrative.

It is hoped that the findings will help inform Educational Psychologists of some of the challenges faced by young adults who have experienced difficulties as a result of their substance use. In turn it is hoped that this may lead to better informed hypothesis generation when encountering young people who have problematic relationships with drugs and/or alcohol.

Acknowledgments

First and foremost I would like to express my sincerest gratitude to James, Bob and Tom, for whom without, this research would not have been possible. I am forever thankful to all three for giving me their time and sharing their stories with me and readers of this research. I wish them all the very best in all that they do.

I would also like to thank my amazing and supportive husband, Karandeep, who has been my rock throughout and provided me with unconditional love and patience throughout this journey. I am extremely grateful to my parents and sisters, for whom I would not have been here without them. Their love and support has given me the motivation to pursue my dreams and overcome challenges, for which I am forever grateful and thankful for.

A special thank you to the amazing ten beautiful women, with whom I shared this incredible journey with. I have learnt a great deal from them all, and they have given me the support and guidance to get me through the training and complete the research.

Finally I would like to express my gratitude to my academic tutors over the last three years, my personal supervisors Brian, Vikki, Jo and Ben and finally, my supportive and patient research supervisor, Jude. They have all developed my learning and enhanced my skills both as an educational psychologist and a researcher. I have grown into the professional I am today due their amazing teaching, support and guidance.

Table of Contents

| | |
|--|-----------|
| Key Terms..... | 11 |
| Drugs/ Substances | 11 |
| Drug/ Substance Misuse | 11 |
| Drug/ Substance Abuse | 11 |
| Substance Use | 12 |
| Chapter 1. Introduction..... | 13 |
| 1.1 Why do young people use substances and in what ways do they use them..... | 13 |
| 1.1.1 Experimental Drug Use..... | 13 |
| 1.1.2 Recreational Drug Use | 14 |
| 1.1.3 Binge Drug Use..... | 15 |
| 1.1.4 Dependent Drug Use | 15 |
| 1.1.2 <i>Risk and Protective Factors</i> | 16 |
| 1.1.3 Drug use is always functional | 17 |
| 1.1.4 Consequences of substance misuse..... | 18 |
| 1.2 Prevalence of Substance Use | 19 |
| 1.2.1 National Context – Statistical Data | 19 |
| 1.2.1.1 Alcohol Misuse..... | 19 |
| 1.2.1.2 Illicit substance misuse..... | 20 |
| 1.2.1.3 Trends and Disparities in the data..... | 22 |
| 1.2.1.4 Vulnerabilities related to young people’s substance use | 22 |
| 1.1.3 Local Context | 23 |
| 1.1.3.1 Policy..... | 23 |
| 1.1.3.2 Prevalence | 24 |
| 1.3 Support Services | 25 |

| | | |
|---|--|-----------|
| 1.3.1 | National support services for young people’s substance use..... | 25 |
| 1.3.1.1 | Referrals for specialist services | 26 |
| 1.3.2 | Local specialist support service (SSS)..... | 27 |
| 1.4 | Motivation and need for current research | 28 |
| 1.5 | Research Rationale | 28 |
| Chapter 2. Literature Review | | 30 |
| 2.1 | Purpose of the review | 30 |
| 2.2 | Review questions..... | 30 |
| 2.3 | Description of search strategy..... | 31 |
| 2.4 | Excluded studies and what they present..... | 32 |
| 2.5 | Critique of identified literature | 50 |
| 2.6 | Review and critique of identified studies | 51 |
| 2.6.1 | Idiographic/ Narrative studies | 51 |
| 2.6.1.1 | Marginalised young people and inhalant use | 51 |
| 2.6.1.2 | Relationships, alcohol and interventions | 53 |
| 2.6.2 | Qualitative studies | 54 |
| 2.6.2.1 | Support and social networks | 54 |
| 2.6.2.2 | Adolescent’s perspectives on substance use | 56 |
| 2.6.2.3 | Cannabis and tobacco use | 58 |
| 2.6.2.4 | Young people’s views on alcohol consumption | 61 |
| 2.6.2.5 | Alcohol promotions and the influence on alcohol consumption | 66 |
| 2.7 | Recommendations for further research..... | 67 |
| 2.8 | Implications of the literature review on this research..... | 68 |
| 2.8.1 | Research questions | 68 |
| Chapter 3: Methodology | | 70 |

| | |
|--|-----------|
| 3.1 Purpose | 70 |
| 3.2 Ontological and Epistemological Position | 70 |
| 3.2.1 Realism, Positivism and Post-Positivism | 71 |
| 3.2.2 Relativism, Social Constructionism and Constructivism..... | 71 |
| 3.2.3 The worldview of the current research | 73 |
| 3.3 Narrative Research | 73 |
| 3.4 Narrative Analysis | 76 |
| 3.5 Research Design | 77 |
| 3.5.1 Research Setting | 78 |
| 3.5.2 Sampling and Recruitment of Participants | 78 |
| 3.5.3 Data collection..... | 80 |
| 3.5.4 Data Analysis | 82 |
| 3.5.4.1 Phase One of Analysis – Rough Verse Form | 83 |
| 3.5.4.1.1 Temporal Organisation..... | 84 |
| 3.5.4.1.2 Rough Verse Form & Scenic Understanding..... | 84 |
| 3.5.4.1.3 Final Rough Verse Narrative..... | 86 |
| 3.5.4.2 Phase Two of Analysis – Engel’s Narrative Analysis | 87 |
| 3.6 Establishing credibility, transferability, dependability and confirmability | 90 |
| 3.6.1 Credibility | 91 |
| 3.6.2 Transferability..... | 93 |
| 3.6.3 Dependability..... | 93 |
| 3.6.4 Confirmability..... | 94 |
| 3.7 Ethical considerations | 94 |
| 3.7.1 Considerations when interviewing young people with substance use issues..... | 95 |
| 3.7.2. Anonymity and confidentiality | 96 |

| | |
|---|------------|
| 3.7.3 Relational power dynamics | 96 |
| 3.8 Reflections on chapter | 97 |
| Chapter 4: Findings..... | 98 |
| 4.1 James' Story..... | 98 |
| 4.1.1 Temporal organisation, identified scenes and rough verse story. | 98 |
| 4.1.2 Analysis of James' story using Engel's narrative analysis framework | 98 |
| 4.1.2.1 Content | 98 |
| 4.1.2.2 Form | 100 |
| 4.1.2.3 Underlying Meaning..... | 102 |
| 4.1.2.3.1 Loss of Self-Control vs. Self-Control..... | 102 |
| 4.1.2.3.2 Overcoming difficulties | 105 |
| 4.1.2.4 Perlocutionary Effect..... | 107 |
| 4.1.2.5 Intra and Interpersonal Function | 108 |
| 4.2 Bob's Story..... | 110 |
| 4.2.1 Temporal organisation, identified scenes and rough verse story. | 110 |
| 4.2.2 Analysis of Bob's story using Engel's narrative analysis framework | 110 |
| 4.2.2.1 Content | 110 |
| 4.2.2.2 Form | 112 |
| 4.2.2.3 Underlying Meaning..... | 114 |
| 4.2.2.3.1 Reality vs. Blurring reality | 114 |
| 4.2.2.3.2 Prevention of drug use for young people | 116 |
| 4.2.2.4 Perlocutionary Effect..... | 117 |
| 4.2.2.5 Intra and Interpersonal Function | 118 |
| 4.3 Tom's Story | 119 |
| 4.3.1 Temporal organisation, identified scenes and rough verse story. | 119 |

| | |
|--|------------|
| 4.3.2 Analysis of Tom’s story using Engel’s narrative analysis framework | 120 |
| 4.3.2.1 Content | 120 |
| 4.3.2.2 Form | 121 |
| 4.3.2.3 Underlying Meaning | 123 |
| 4.3.2.3.1 Self-Control | 123 |
| 4.3.2.3.2 Importance of relationships | 126 |
| 4.3.2.4 Perlocutionary Effect..... | 130 |
| 4.3.2.5 Intra and Interpersonal Function | 131 |
| 4.4 Reflections on the Findings | 132 |
| Chapter 5: Discussion | 134 |
| 5.1 Purpose of research | 134 |
| 5.3 Locating the findings and study in the broader context of the literature..... | 134 |
| 5.2.1 Similarities of study to other literature | 135 |
| 5.2.2 Differences identified in the study in regard to the literature | 136 |
| 5.2.3 New findings..... | 136 |
| 5.3 Limitations of the study | 137 |
| 5.4 Further research | 138 |
| 5.5 Relevance of study to Educational Psychology | 139 |
| 5.5.1 Relevance of findings..... | 139 |
| 5.5.2 Relevance of study (Use of a narrative approach)..... | 142 |
| 5.5.3 Links to educational psychology practice and policy | 143 |
| 5.5.3.1 EP Practice..... | 143 |
| 5.5.3.2 Policy..... | 147 |
| 5.6 Dissemination | 149 |
| 5.6.1 Dissemination to James, Bob and Tom | 149 |

| | |
|--|------------|
| 5.6.1.1 James' feedback | 149 |
| 5.6.1.2 Bob's feedback | 150 |
| 5.6.1.3 Tom's feedback | 152 |
| 5.6.2 Dissemination to stakeholders (Educational Psychology Service, Specialist Support Service and University)..... | 153 |
| 5.6.3 Publication | 154 |
| 5.7 Reflections of research journey | 154 |
| 5.7.1 Reflexivity of being an Educational Psychologist and researcher in this process..... | 154 |
| 5.7.2 Difficulties encountered in research | 156 |
| 5.7.3 A rewarding experience..... | 158 |
| 5.7.4 Closing reflections | 159 |
| Chapter 6. Conclusion | 159 |
| 7. References..... | 160 |
| 8. Appendices..... | 169 |
| • F3 – Tom's rough verse story | 169 |
| • F4 – James' detailed analysis with comments from researcher on underlying meanings 169 | |
| • F5 – Bob's detailed analysis with comments from researcher on underlying meanings 169 | |
| • F6 – Tom's detailed analysis with comments from researcher on underlying meanings 169 | |
| Appendix L.1. Literature Search. | 170 |
| Appendix L.2. Critical appraisal skills programme (CASP) applied to critique the available literature | 185 |
| Appendix M1 – Interview Schedule | 202 |
| Appendix M2 – Participant Information Sheet..... | 205 |

| | |
|---|-----|
| Appendix M10 – Ethics Approval (Anonymised) | 209 |
| Appendix M11 – Participant consent form..... | 212 |
| Appendix F1 – James’ Rough Verse Story | 214 |
| Appendix F2 – Bob’s Rough Verse Story | 237 |
| Appendix F3- Tom’s Rough Verse Story | 253 |

Key Terms

The following terms have been used throughout the thesis. The meaning ascribed to each term in this research is detailed below:

Drugs/ Substances

Refers to a substance that has a marked psychological and/or physiological effect when taken into the body. Drugs are substances that when consumed changes the way we feel, what we may perceive and how the body works over a period of time. This can include medicines, legal and illegal substances (Cohen, 2014, p.55).

Drug/ Substance Misuse

Substance misuse is used interchangeably with substance abuse and encompasses alcohol, tobacco and solvents as well as conventional pharmaceuticals products and illicitly manufactured substances, (Ghodse, 2004). Drug/ Substance misuse also implies that drug use is harmful and not carried out in the proper manner. Like abuse, misuse is often used in a blanket way indicating that the use of certain drugs or in large quantities is either bad or wrong. However, what one person may portray as abuse or misuse, another person may not, (Cohen, 2014, p.56).

Drug/ Substance Abuse

Substance abuse is used interchangeably with the term substance misuse, as detailed above. It is also a social, legal and medical term. Socially, using certain substances that are not accepted by wider society, or using in ways not condoned could be viewed as abuse. Legally, the use of any controlled drugs (substances subject to the Misuse of Drugs Act, 1971), can be viewed as abuse. Finally, medically the use of medicines that are not prescribed 'correctly' by a doctor or regulatory instructions, can be seen as abuse. (Cohen, 2014, p.55).

Substance Use

The term substance use in this research has been used to honour the different narratives that arise in relation to what each young person constitutes use and misuse/abuse.

Chapter 1. Introduction

“You never really understand a person until you consider things from his point of view... Until you climb inside of his skin and walk around in it.” (Harper Lee, To Kill a Mockingbird)

This chapter aims to highlight the reasons for and various different types of substance use as well as the prevalence of substance use issues concerning young people aged under 25, with statistical data for the national and local contexts of the research. The chapter will present support services and their role in supporting young people with substance use issues. It will also detail motivation for the research and finish with the rationale for the study.

1.1 Why do young people use substances and in what ways do they use them

The reasons that some young people use drugs are similar to the motivations that adults have to use mood-altering substances. Humans have always wanted and found ways to change the way they feel, and have used drugs to enhance pleasure and relaxation, and to reduce pain and distress. (Cohen, 2014, p.37).

The reasons for drug use can be best understood by appreciating that there are different ways that drugs are used; experimental, recreational, binge and dependent, and usually different motivations for each form of use.

1.1.1 Experimental Drug Use

Experimental drug use involves young people trying a particular drug for the first few times. These users may be ignorant about the drugs they are using and may not know what to expect, how much to take, or how to administer the drug etc. For these reasons, experimental drug use can be dangerous. There are a range of reasons for experimental drug use, these can include; drugs being made freely available, curiosity, media and positive feedback from friends from drug use.

Additionally, some young people may use drugs to feel included and a part of particular social groups. They may experiment due to boredom and drug use may seem appealing and exciting. Furthermore, young people may be more inclined to use drugs as an act of 'deviancy amplification' to denote the process whereby adults criticising the use of drugs by young people, may in itself, give drug use added meaning and legitimacy for some young people (Cohen, 2014). Most of these reasons provided are in part due to some of the normal aspects of being an adolescent and experiencing the world in different ways independently. Young people can view drug use as risky and thrilling, therefore becoming an attractive experience.

1.1.2 Recreational Drug Use

Recreational drug use may be occasional or relatively regular, but it is not every day compulsive use. For young people, recreational drug use is usually taken place alongside socialising with friends, clubs, attending pubs, music festivals, dancing, playing computer games, watching sports or relaxing into sexual situations. Commonly recreational drug use is a weekend and holiday activity (Cohen, 2014).

Unlike experimental drug users, recreational drug users are more likely to be aware of what they are doing, how they are administering, who with and the frequency and quantity of drug use. Some of the reasons outlined for experimental drug use may also be the same for recreational drug users. Additionally, some young people may feel that they are achieving something special from their drug use i.e., feeling pleasure from the drug use, helping them to feel more confident or to relax. This type of drug use often enhances social communication and bonds between young people. (Cohen, 2014).

For some young people the appeal of drugs is to help them explore different states of consciousness and to find out more about themselves and the world around them. Drug

use can give a very much needed and appreciated temporary relief from the worries and stresses of everyday life. In this sense it can give people a break and be a treat to oneself.” (Cohen, 2014, p.40).

1.1.3 Binge Drug Use

Binge use involves taking a large quantity of drugs in one session. This is especially common when young people drink excessive amounts of alcohol to get drunk. It can also happen with other drugs, such as mixing drugs or taking large quantities to ‘get out of our heads’. It is common for both young people and adults to binge at weekends. The motivations for binge drug use amongst young people tend to be based on the views of escapism from their monotonous lives, or everyday stresses from work, college, school, friends and family, (Cohen, 2014).

1.1.4 Dependent Drug Use

Dependent drug use refers to a person who takes drugs usually on a daily basis and has done so regularly for a period of time, developing a strong compulsion for drug use. The reasons that a small minority of young people may become dependent drug users are often different from other forms of drug use, however some of the motivations may be similar to that of binge drug users.

Being continually under the influence of drugs can block out deeply ingrained emotional distress and allow people to mask negative feelings about themselves, other people in their lives and the world around them. A disproportionate number of dependent users have experienced significant loss in their life or suffered physical, emotional or sexual abuse or neglect as children. For some young people life can seem of little purpose with no hope for the future.” (Cohen, 2014, p.41).

Dependent drug use can be as a result of wishing to escape from significant social and/or emotional issues, and some people may view that constant drug use is one of escapism.

Dependence on particular drugs such as heroin is instructive, in that it is a very effective pain killer, for both physical and emotional pain, (Cohen, 2014).

It is important to appreciate that young people who may be dependent drug users may not experience drugs in this way for the remainder of their lives. With the right opportunities and on-going support provided from mainstream society, young people will often be able to deal with the underlying issues that they have been facing and make positive changes in their drug use behaviour and their life, (Cohen, 2014).

1.1.2 Risk and Protective Factors

The context in which a young person lives can be influential on the likelihood that they may become involved in drug use. This may include past and current physical, social, economic and emotional environment. Risk factors can include the following:

- Poverty and/or homelessness,
- Childhood neglect,
- Sexual or physical abuse,
- Mental health difficulties which can include parental mental health difficulties and/or parental substance misuse,
- Inadequate adult supervision, and stress at home or school or elsewhere in the child's immediate environment,
- Family breakdown or family disharmony,
- Not in education or employment,
- Truancy from school and/or few educational qualifications,
- Those who may have been in trouble with the law or criminal behaviour in the child's close family, (Cohen, 2014 & Ghodse, 2004).

However, there are also very many protective factors, that make it less likely that young people will become heavily involved in drug use. These tend to be the converse of the risk factors as well as:

- A stable and loving home environment,
- Adequate access to material goods and
- Fulfilling employment opportunities,
- Positive relationships,
- Positive image of oneself and their future,
- Educational achievement, (Cohen, 2014, p.43).

Peer pressure and feeling accepted and part of the crowd is also crucial at the age of adolescence. Influence of others with whom they associate is especially powerful, affecting the way in which the individual feels and behaves. Learning how to select a peer group, how to behave within that group and how to be influential is important both for the individual and for the development of a healthy culture within the group. The positive influence of acceptance within such a group may be an important factor in preventing substance misuse. (Ghodse, 2004, p.8).

“Risk and protective factors are not associated so much with whether young people use them but with how they use them” (Cohen, 2014, p.44).

1.1.3 Drug use is always functional

It is important to appreciate that whatever form of drug use, it serves a function for the young person who engages in it. It is an activity that has purpose and meaning for the young person using. People return to drug use when it is successful in achieving the

outcomes that they want or need and they cannot find other ways of getting through life.”
(Cohen, 2014, p.44).

1.1.4 Consequences of substance misuse

As reported in Cohen’s book (2014), Professor David Nutt (2012) has worked with various drug experts to develop the following comprehensive list of potential harm resulting from drug use. These have been divided into two categories; harms to the individual user and harms to other people.

Harms to individual users:

- Drug specific mortality: Death by poisoning.
- Drug related mortality: Death from chronic illness caused by drug taking, and associated behaviours and activities such as injecting.
- Drug specific harm: Physical damage such as alcohol related cirrhosis, tobacco related emphysema, damage to the nose from snorting cocaine or to the bladder from ketamine use.
- Drug related harm: Damage from drug related activities and behaviours, such as viruses and infections, and accidents whilst under the influence of drugs.
- Dependence: How easy it is to become dependent on different drugs.
- Drug specific impairment of mental functioning: How are intoxication impairs judgement that may lead to risky behaviours such as unsafe sex or drink/drug driving.
- Drug related impairment of mental functioning: Referring to psychological effects that may continue once the drug has left the bloodstream and the user is no longer intoxicated. This may include psychotic symptoms, depression, anxiety, memory loss, aggression etc.
- Loss of tangibles: Losing your job, income, possessions or home.
- Loss of relationships: Losing family and/or friends.

Harms to other people:

- Injury: Injuring others whilst being intoxicated such as road traffic accidents or domestic violence.
- Crime: Acquisitive crime to fund drug habit and crime committed when judgement is impaired while under the influence.
- Economic cost: Lost workdays, police time spent dealing with associated crime and cost to health and support services.
- Impact on family life: Including negative effect on family relationships and functioning and child neglect.
- International damage: Caused by the drugs trade, War on drugs and brutality of drug barons.
- Environmental damage: Pollution through drug production, dereliction and lack of safety in areas where drugs are sold.
- Decline in reputation of the community: Where particular social groups become stigmatised and certain areas become no-go areas. (Cohen, 2014, p.65-66).

1.2 Prevalence of Substance Use

1.2.1 National Context – Statistical Data

1.2.1.1 Alcohol Misuse

The 2011 European School Survey Project on Alcohol and Other Drugs (ESSPAD) revealed higher percentages of substance use in young people in school aged 15-16 in the United Kingdom (UK) compared to the European average. Table I1 below details the differences between young people's substance use in the UK compared to young people in Europe.

Table I1. (ESSPAD, 2011).

| Substance Use | UK young people aged 15-16 | European young people aged 15-16 |
|---------------|----------------------------|----------------------------------|
| | | |

| | | |
|--|-----|-----|
| Heavy episodic drinking (past 30 days) | 52% | 39% |
| Lifetime use of Cannabis | 25% | 17% |

The European countries with young people who reported drinking large quantities of alcohol included Nordic and British Isles countries. Reported use of illicit drugs varied considerably between countries, the Czech Republic, France, Monaco, Bulgaria and the UK were countries with higher numbers of young people admitting to illicit drug use (including cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB).

1.2.1.2 Illicit substance misuse

Data from within the UK reveals that there are growing concerns with regard to the level of drug use by adolescents and young adults aged between 16-24 in England and Wales. Table I2 below details key findings from the Drug Misuse: Crime Survey for England and Wales (CSEW) over the years from 1996, 2006/7, 2012/13 and 2014/15 (Cohen 2014; and Crime Survey for England and Wales, 2015).

Table I2: The Crime Survey found the following results for the percentage of 16-24 year olds reporting use of particular drugs in the past year for 1996, 2006/7, 2012/13 and 2014/15.

| Drug | 1996 | 2006/2007 | 2012/2013 | 2014/2015 |
|----------------|--------------|-----------|-----------|-----------|
| Amphetamines | 11.8 | 3.5 | 1.3 | 1.3 |
| Cannabis | 25.8 | 20.9 | 13.5 | 16.3 |
| Cocaine Powder | 1.3 | 6 | 3 | 4.8 |
| Crack | 0.2 | 0.4 | 0.2 | 0.1 |
| Ecstasy | 6.6 | 4.8 | 2.9 | 5.4 |
| Ketamine | Not provided | 0.8 | 0.8 | 1.6 |

| | | | | |
|--------------------|------|------|------|--------------|
| Heroin | 0.4 | 0.2 | 0 | 0 |
| LSD | 4.5 | 0.7 | 0.4 | 1.2 |
| Magic mushrooms | 2.3 | 1.7 | 0.6 | 1.5 |
| Methadone | 0.1 | 0.1 | 0 | 0 |
| Poppers (nitrites) | 4.6 | 4.2 | 1.2 | Not provided |
| Steroids | 0.5 | 0.2 | 0.3 | 0.5 |
| Tranquillizers | 0.9 | 0.6 | 0.4 | 0.7 |
| Any drug | 29.7 | 24.1 | 16.3 | 19.4 |

Table I3: The following presents figures from the Crime Survey for the percentage of 16-24 year olds reporting having ever used drugs in their lifetime over the years.

| Drug Use in lifetime | 1996 | 2006/2007 | 2012/2013 | 2014/2015 |
|----------------------|------|-----------|-----------|-----------|
| Any drug | 48.6 | 44.7 | 36.7 | 36.5 |

The CSEW 2014/15 survey also explored the frequency of drug use and found that 5.1% of young adults aged 16-24 were classified as frequent drug users (taking an illicit drug more than once a month in the last year), compared to 2.2% of adults aged 16-59.

These surveys examine the prevalence of drug use by asking people if and when they've consumed drugs. They provide some insight into what is happening in society, especially as they are repeated over time. However, they do not provide information regarding quantity of drug use or the experiences of people who have consumed drugs, both positive and negative. Additionally, samples may not be sufficiently representative of the population as a whole; some young people may refuse to participate, or may not be in education or employment or those who do not have fixed home addresses may have been missed. Respondents may also have had difficulties with completing the questionnaires, or may not have been fully truthful, particularly if they are reporting

illegal activity. “These surveys could be regarded as an under representation of the true extent of overall drug use among young people” (Cohen, 2014, p.28).

1.2.1.3 Trends and Disparities in the data

With the information that we do have, the following trends in young people’s substance use can be summarised as follows:

- Fewer young people have been using substances over the years, and more recently the number of any drugs consumed in a lifetime appears to be relatively similar, particularly between 2012/13 and 2014/15.
- Cannabis use has decreased between 1996 – 2012/13, however trends depict that it has begun to rise again, albeit with smaller numbers compared to 1996 and 2006.7.
- Cannabis is still by far the most commonly used illegal drug.
- The number of young people who have used crack or heroin remains relatively small and has declined in recent years.
- Although, like Cannabis, Cocaine powder use by young people between 2012/13 and 2014/15 has slightly increased. This is same for ecstasy, ketamine, magic mushrooms, LSD, tranquilizers and steroids. However, numbers of use remain relatively small.

While there has been a decline in the number of young people using certain drugs in recent years, drug use among young people in the UK is still relatively high compared to other European countries as presented in Table I1.

1.2.1.4 Vulnerabilities related to young people’s substance use

Many young people with substance use issues have a range of vulnerabilities relating to their substance use. 17 vulnerability factors were identified via the Young People’s statistics from the National Drug Treatment Monitoring System (NDTMS), (2014-2015). The most prevalent vulnerability factors have been reported below in Table I4.

Table I4: Vulnerability factors related to young people's substance use.

| Vulnerability | Percentage of young people |
|--|----------------------------|
| Early Onset (use of primary substance under the age of 15) | 93% |
| Poly-drug use | 61% |
| Antisocial behaviour | 32% |
| Being affected by others' substance misuse | 21% |
| Domestic abuse | 20% |
| 4 or more vulnerabilities | 37% |
| 2 or 3 reported vulnerabilities | 47% |
| 1 vulnerability | 15% |
| Reported no vulnerabilities. | 2% |

1.1.3 Local Context

1.1.3.1 Policy

The local authority (LA) in which I work (a county based in the south of England) highlighted young people's substance misuse as an area of concern that needs to be addressed locally. Drug and alcohol harm is a priority of the LA's Health and Wellbeing Board. The LA had devised a strategic plan, Local Authority Young People's Substance Misuse Strategic Plan 2014-15, which focused on prevention (preventing young people from taking drugs, alcohol or smoking), minimising the potential harm (experienced by young people who may be taking substances in addition to the harm they may cause to the wider community) and treating young people in the local authority who may have a problem with drugs, alcohol or smoking. The plan defines 'young people' as those under the age of 25. The 2015-2016 strategic plan has not yet been made available.

The strategic plan is a partnership document, owned by the Young People's Substance Misuse Joint Commissioning Group, who is responsible for setting an annual action plan and monitoring performance against it. The strategic plan also links in with other local strategies, namely the LA's children's services plan, youth justice plan, drug strategy, alcohol plan, tobacco control strategy, public health strategy and health and wellbeing strategy.

1.1.3.2 Prevalence

The LA's specialist support service (SSS) for young people with substance use issues is identified as the main support base locally. Data derived from SSS in 2012-13 revealed a 5% decrease of young people engaged with their service as compared to 2011-12. The decrease followed the national trend that started in 2009-10, which supports the decreasing number of young people reporting their use with substances. Although there has been a decrease in numbers, any amount of substance use/ misuse by young people is still of major concern both nationally and locally, particularly in regard to their health and mental wellbeing (NDTMS, 2014/2015).

64% of young people accessing SSS in 2012-13 were male, compared to the LA's overall male population of 50% aged 9-17. 18% of common assessment frameworks (CAFs) identified substance misuse issues; 83 cases were for the young person's substance use and 106 cases were for parental substance use.

The majority of young people accessing SSS were receiving help for issues associated with cannabis and/or alcohol. For the first time in 3 years, cocaine use was also cited as a primary drug. 77% of young people were receiving help for primary cannabis use, 35% for alcohol and 26% for cocaine use (Local Authority Young People's Substance Misuse Strategic Plan 2014-15).

1.3 Support Services

1.3.1 National support services for young people's substance use

Internationally, it has been recognised by the United Nations that young people (under the age of 18) should be protected from illicit use of drugs through legislation and social and educational measures. Additionally, members of the United Nations should prevent the use of children producing or trafficking illicit drugs. The United Nations 1989 Convention on the Rights of the Child states that:

Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances (Article 33, p.10).

Legislation in the United Kingdom stipulates that The Advisory Council on the Misuse of Drugs (Misuse of Drugs Act, 1971), states the importance of support efforts for substance misusers. Section 2.b. in the Act highlights “persons affected by the misuse of such drugs, to obtain proper advice, and for securing the provision of proper facilities and services for the treatment, rehabilitation and after-care of such person” (Misuse of Drugs Act, 1971). This support is for both young people and adults.

The National Treatment Agency for Substance Misuse (2008/09) reported that all local authorities in England had access to a specialist substance misuse service for young people. The Public Health England (PHE) produced the report ‘Specialist substance misuse treatment for young people in England 2013-14’, defined the role of specialist substance misuse services as

Helping young people address their alcohol and drug use, reducing the harm it causes, and preventing it from becoming a greater problem as young people get older. These services should operate as part of a wider network of universal and targeted services

(universal services include drugs and alcohol education as part of personal, social and health education, and sex and relationships education in schools, colleges and youth clubs; targeted services are for young people at risk of developing drug or alcohol problems, and are delivered by youth offending teams and in non-mainstream education settings) that support young people with a range of issues and help them to build their resilience (2008/09).

1.3.1.1 Referrals for specialist services

The Young People's statistics from the National Drug Treatment Monitoring System (NDTMS, 2014-2015) found that young people's substance misuse services saw fewer young people in 2014-15 compared to previous years (18,349, a drop of 777 young people compared to 2013-14). The numbers of young people accessing specialist services has been reducing since the peak of 2008-09 where 24,053 young people were accessing services. The survey also revealed that in 2014-15, 86% of young people stated that they had a problem with cannabis use, this number has been increasing since 2005. The next biggest substance young people had an issue with was alcohol (51%). Young people accessing specialist support services for substance misuse use a range of substances. The NDTMS survey of 2015 presented approximately 7% of young people were receiving support for ecstasy use, 9% for amphetamine use, 8% for cocaine use and 5% for new psychoactive substances, also known as 'legal highs'. Most referrals for services came from youth justice services (29%), education provisions (26%), children's social care (12%) and self-referrals (7%). 65% of young people accessing the service were male, with 52% of all young people aged 16 or over.

As part of the NDTMS survey, education and employment of young people was recorded. Their survey revealed that 53% of young people accessing specialist support services were recorded as being in education, with a further 19% in alternative education. 17% of young people were not in employment, education or training (NEET).

1.3.2 Local specialist support service (SSS)

One of the key stakeholders in this study was the local authority's specialist support service (SSS), who provides support for young people experiencing difficulties with substance use. SSS supported this study by identifying three young people, willing to take part in this study, who had recently been discharged from their service, as their treatments had come to a close.

SSS is commissioned by The Young People's Substance Misuse Joint Commissioning Group in the LA in which I work. SSS is based within the Local Authority Partnership University NHS Foundation Trust and located in Children Services within the Targeted Youth Support Service. SSS offers support to young people up to the age of 18 who are referred to their service when young people's substance use is seen to be causing significant problems in their life; use of Class A substances (cocaine, heroin), volatile substance use (lighter fuel, gas or petrol, solvents) or daily problematic consumption of Class B substances (amphetamines, cannabis) or Class C drugs (ketamine, some painkillers) or significant alcohol use. To receive support from SSS the young person needs to be under the age of 18 years at the point of referral with a drug and/or alcohol problem and living in the LA or have a LA General Practitioner or attending school in the LA.

SSS is a multi-disciplinary team comprising members from professional backgrounds in counselling, psychology, medicine, nursing, youth work and social work. They offer multidisciplinary assessment and treatment provision, which includes: psychosocial interventions, specialist harm reduction, pharmacological prescribing interventions and family interventions.

SSS discharge their service users based on the following two criteria:

- Young people are drug free or they have reduced their drug use significantly and feel that it is manageable and no longer chaotic.

- The particular piece of intervention work has come to an end.

According to the LA's young people's substance misuse strategic plan 2014-15, the majority of young people who accessed SSS in 2012-13 received harm reduction support, addressing the impact of substance misuse on their physical, sexual and mental health. Psychosocial and family interventions were also used to address the underlying causes and consequences of substance misuse.

The average length of time young people received treatment for was 18 weeks locally, as compared to the national average of 22 weeks. In 2012-13, 36% of SSS service users aged 16-17 were not in education, employment or training (NEET) and 21% of service users were looked after.

1.4 Motivation and need for current research

The motivation and interest in this study is both personal and professional for me. I have a particular interest in exploring research into young people's substance use experiences and the difficulties they've faced from this, due to watching firsthand the problems and issues substance use has caused for some of the people close to me, both friends and family, who started using substances at a young age. Additionally, in 2009 I completed a quantitative dissertation for my MSc in Psychology, which investigated the comparisons between alcohol consumption and alcohol tolerance levels in young people, aged 18-25.

1.5 Research Rationale

As part of my training on the Educational Psychology Doctorate course, I noticed a gap in the training and work that is undertaken and offered by Educational Psychologists (EPs) when working with young people who experience substance use issues. Therefore, through undertaking research in this field, I wanted to develop both others and my own understanding of some of the

current difficulties young people experience in regard to their substance use, so as to extend professional skills and knowledge base when working with this population of young people.

Additionally, with the recent release of the Special Educational Needs Code of Practice, (2014), Educational Psychologists now have a responsibility to provide services for young people up to the age of 25. Substance use by young people could impact a variety of factors including; their learning, education, social and emotional mental health and wellbeing. By undertaking research in this area, it is hoped that some of the issues discussed by young people could be transferable to other contexts in which professionals work.

This study aims to produce a rich understanding of the experiences of three young people who have recently been discharged from a specialist support service for their substance use. There is a paucity of educational psychology research within this area and it is hoped that the rich stories produced will allow for a better understanding of some of the difficulties faced by young adults in similar contexts. In turn it is hoped that this may lead to better-informed hypothesis generation when encountering young people who have problematic relationships with drugs and/or alcohol.

Chapter 2. Literature Review

This chapter aims to describe, appraise and synthesise the body of research that has been published in relation to idiographic and qualitative studies relating to young people's substance use. The methodology for the systematic literature review is presented, alongside a synthesised overview of their findings. It seeks to locate this research alongside that which has already been undertaken and to highlight that it is a unique piece of research that can generate new knowledge for the Educational Psychology profession.

2.1 Purpose of the review

A systematic search of the current and relevant literature on young people's substance use was undertaken, in April/ May 2016, in order to identify and synthesize existing research evidence (Robson, 2011). This review sought, as recommended by Robson (2011) to:

- Follow a detailed and explicit approach to the synthesis of the data,
- Use a transparent and rigorous process,
- Provide comprehensive coverage of the available literature in the field of interest, and
- Appraise the quality of the evidence reviewed (p.103).

2.2 Review questions

This research subscribes to a constructivist epistemology (detailed further in chapter 3).

Therefore, the questions for the literature search were as follows:

1. What idiographic/ narrative studies have been undertaken on young people's substance use, and what do they tell us?
 - How reliable are the conclusions drawn from the studies?
 - What are the questions remaining for further research?

By undertaking a search of the literature for the questions above (detailed further in 2.3), the results presented two studies. I thereafter, posed a second set of questions for the literature

search, to expand my understanding and knowledge of the current relevant research, in line with this qualitative research. The questions were as follows:

2. What qualitative studies have been undertaken on young people's views of their own substance use, and what do they tell us?
 - How reliable are the conclusions drawn from the studies?
 - What are the questions remaining for further research?

From this search, fifteen studies were identified and will be discussed below.

2.3 Description of search strategy

To identify relevant studies, the databases PsycINFO and PsycARTICLES were searched. Inclusion and exclusion criteria were applied to identify relevant research papers. Inclusion criteria included papers that were fully available (full text) and peer reviewed. It also included papers written in the English language. As per the aim of this study, 'to explore individual narratives of young people who have been discharged from a specialist support service (SSS) for their substance use', it was important that the search for relevant research was undertaken with young people (aged 13-25) and presented young people's own narratives or accounts, using idiographic methods. For papers that did not use an idiographic approach, they were excluded. For full details of inclusion and exclusion criteria please see appendix L.1 (literature search).

Abstracts and key words were searched for, using the following terms to screen studies for their relevance, (the * truncated the word so all associated words were included e.g. substance use, abuse, misuse etc., as is available on the database):

- Narrative* (and) drugs (or) alcohol.
- Narrative* (and) substance*.
- When the term idiograph* was used instead of the term narrative, the search resulted in the same papers (as presented in appendix L.1 literature search).

From the results that arose, papers were then scanned by hand to see their relevance to the research question, with the use of inclusion and exclusion criteria in line with whether or not the studies explored young people's substance use, using narrative or idiographic approaches. Through this search two studies were identified, these will be discussed further below. All papers that were excluded have been detailed in appendix L.1 literature search.

A similar search was adopted for the second literature search question: what qualitative studies have been undertaken on young people's views of their own substance use, and what do they tell us? The inclusion criteria was the same for search question 1, however, the papers sought out were not specific to narrative or idiographic studies only. Papers from the searches undertaken for the first review question were searched in line with this question. From this search, fifteen papers were identified as relevant and will be discussed further below. To extend the search, I also used new search terms, in line with the review question. The abstracts and key words were searched in the databases PsycINFO and PsycARTICLES. The terms were as follows:

- *views (and) drugs (or) alcohol,
- *views (and) substance*.

From this additional search, no further papers were identified as relevant. Please see appendix L.1 literature review, for full details of all the searches and the inclusion and exclusion criteria.

2.4 Excluded studies and what they present

This research focused on qualitative individual stories from three young men's experiences with substance use. Therefore, it was imperative that the critique of the literature within this research focused on similar studies where possible (which included idiographic and qualitative studies) in line with the epistemological and ontological stance of the research.

However, the results from the searches as detailed in Appendix L1 did present studies from a quantitative and mixed methods methodological standpoint. In line with the idiographic nature of

the study, these particular studies were not critiqued. Conversely, the tables below (Table L1 and Table L2) detail the main findings of the quantitative and mixed methods studies to provide further insight into the various research and findings undertaken on young people's substance use.

| <u>Table L1: Main findings of quantitative studies from the literature searches.</u> | | | |
|---|------|--|---|
| Authors | Date | Title of study | Main Findings |
| Severin Haug, Michael P Schaub, Vigeli Venzin, Christi an Meyer, Ulrich John and Gerhard Gmel | 2013 | A Pre-Post Study on the Appropriateness and Effectiveness of a Web- and Text Messaging- Based Intervention to Reduce Problem Drinking in Emerging Adults | The study revealed three main findings: (1) a large percentage of vocational school students could be reached by the web and text messaging based program, (2) the acceptance of the program was good, and (3) the program may reduce problematic alcohol consumption in young people with heterogeneous and primarily lower educational levels. The data revealed a statistically significant decrease in the percentage of persons with at least one risky single occasion drinking (RSOD) in the last month from baseline assessment (76%) to follow-up assessment (68%), as well as a statistically significant decrease in the percentage of persons with more than two RSOD occasions in the last month (from 48% to 41%). Furthermore, the study found statistically significant decreases in the percentages of |

| | | | |
|---|------|--|---|
| | | | persons with alcohol-related problems and in the mean number of standard drinks per week. |
| Lori F Black & Lynn V Monrouxe | 2014 | 'Being sick a lot, often on each other': students' alcohol-related provocation | Respondents mainly reported drinking alcohol on a weekly rather than a daily or a fortnightly basis, with almost half saying they drank with the intention of becoming inebriated. Very few respondents were abstinent. Less than one-quarter admitted to habitually consuming more alcohol when stressed. The study found gender differences whereby males reported significantly more situations of coercion and of feeling compelled to 'fit in' than females. Very few participants described events in which they resisted alcohol-related provocation. The fundamental reason for not resisting was their desire to fit in, succumbing to peer pressure. Implications for medical education. The findings of the study suggest that students may be inadequately informed about the importance of safe alcohol consumption on arrival at medical school. Addressing this at a time when initiation ceremonies are most likely to occur may be beneficial. |
| James Allen, Carlotta Ching Ting Fok, David Henry, | 2012 | Umyuangcaryara q "Reflecting": Multidimensional Assessment of | These findings suggest that the reflective processes scale (RPS) provides a promising measure of reflective processes about alcohol that Alaska Native youth engage in when |

| | | | |
|---|-------------|---|--|
| <p>Monica Skewes and People Awakening Team</p> | | <p>Reflective Processes on the Consequences of Alcohol Use among Rural Yup'ik Alaska Native Youth</p> | <p>thinking about reasons not to drink. The RPS can be understood as measuring culturally mediated protective processes similar but not identical to mindfulness and alcohol expectancies. The RPS taps reflective processes regarding negative consequences of alcohol use along three dimensions of concern: (1) personal consequences of alcohol abuse, (2) impact upon the youth's family, and (3) effect on the way of life the youth aspires to lead. The measure provides an assessment of reflective processes about alcohol that Alaska Native youth engage in when thinking about reasons not to drink. The concept of reflective processes has potential to extend understandings of cultural variation in mindfulness, alcohol expectancies research, and culturally mediated protective factors in Alaska Native and American Indian youth.</p> |
| <p>L. M. Kaljee, B. L. Genberg, T. T. Minh, L. H. Tho, L. T. K. Thoa and B. Stanton</p> | <p>2005</p> | <p>Alcohol use and HIV risk behaviours among rural adolescents in Khanh Hoa Province Viet Nam</p> | <p>Adolescents reported numerous reasons for why they drink alcohol. The most common reasons were that it was a part of socializing with friends and for celebratory purposes, e.g. holidays and weddings. Many adolescents also noted that drinking was a way to deal with 'feeling sad'. Other reasons youth gave for their or their friends drinking included sharing happiness or</p> |

| | | | |
|--|------|---|--|
| | | | <p>sorrows with others, to reduce anger, and to relieve boredom. Peer pressure and imitating peers were often described as the situations that prompt adolescents to start to drink. These pressures seemed to be particularly important among adolescent boys as they tried to 'prove their manhood'. Another factor which seemed to affect whether youth drink or not was access to money. Thus, youth who worked were perceived to be more likely to drink than those in school.</p> <p>There was a strong association between alcohol use and sexual behaviours. Nearly 70% of those engaging in oral, anal or vaginal sex also reported drinking.</p> |
| Ana Margareth Siqueira Bassols, Raquel De Boni, Flávio Pechansky | 2010 | Alcohol, drugs, and risky sexual behaviour are related to HIV infection in female adolescents | <p>Substance use was highly prevalent in the sample. The use of marijuana, cocaine, and benzodiazepines was twice as common as compared with the use of these substances by Brazilian girls in the same age group.²⁵ The use of injected cocaine was low. This is in accordance with the findings of previous studies conducted by the group demonstrating a low prevalence of IDU in women from Porto Alegre.</p> <p>In the multivariable logistic regression analyses, only drug score was significantly associated with HIV infection. Substance use reduces the perception of risk and the ability to negotiate</p> |

| | | | |
|------------------------|------|---|--|
| | | | <p>safe sex and can thus mediate HIV infection.</p> <p>Additionally, low-income women in need of drugs are more likely to trade sex for drugs and money.</p> |
| Aldis, L. & Putnin, S. | 2003 | Substance use and the prediction of young offender recidivism | <p>There had been an expectation that greater use of any substance would be related positively to recidivism. While most of the correlations (although not all) were positive, many were too small to be of either practical or statistical significance. The substances related to recidivism most consistently were alcohol and inhalants: nine of the 12 correlations involving these substances were statistically significant, whereas only two of the other 30 correlations were significant. An examination of the relationship between substances used at the time of the youths' last offences and subsequent recidivism did not reveal any consistent trends.</p> <p>The use of particular substances is often transitory or episodic. Neither the use of a substance in general nor the use of any particular substance at the time of the last offence consistently predicted recidivism— nor did self-reported problems with substance use.</p> <p>Although marijuana was the most widely used substance, there was no support for using it as a marker for increased risk of re-offending.</p> |

| | | | |
|---|-------------|---|---|
| <p>Karen Chan Osilla, Eric R Pedersen, Bret t A Ewing, Jeremy NV Miles, Rajeev Ramchand, an d Elizabeth J D'Amico</p> | <p>2014</p> | <p>The effects of purchasing alcohol and marijuana among adolescents at-risk for future substance use</p> | <p>About a third of teens reported purchasing alcohol and about 70% reported purchasing marijuana. These numbers are higher than national statistics of teens of similar age given that we recruited youth from the California Teen Court system with a first-time Alcohol and/or Drug (AOD) offense. The higher proportion of marijuana purchasers compared to alcohol purchasers is noteworthy and may reflect more lenient attitudes around marijuana use. In the study, youth often expressed during intervention sessions how they felt marijuana was “natural” and beneficial to the body, and less dangerous than alcohol. Findings highlight that teens who purchase marijuana are at greater risk for future problems. Teens who purchased both alcohol and marijuana experienced more severe outcomes compared to teens who purchased marijuana only and non-purchasers. Dual-purchasers appear to be a particularly risky group of teens in terms of future alcohol use.</p> |
| <p>Ari M. Oklan and Sheila J. Henderson</p> | <p>2014</p> | <p>Treating Inhalant Abuse in Adolescence: A Recorded Music Expressive Arts Intervention</p> | <p>The participant for this study was a 14-year-old White male who had been experiencing significant depression, psychosis, and neuropsychological sequelae, resulting from 3 months of daily inhalant abuse. For this client, the gains in psychological functioning appeared</p> |

| | | | |
|--|--|--|--|
| | | | <p>to be related to the Recorded Music Expressive Arts (RMEA) intervention's ability to engage the participant in a process that he found meaningful and maintained his motivation for engaging and persisting in a therapeutic process. Researchers summarised that the RMEA process may have also been particularly effective in increasing self-esteem, as described by the participant on the RMEA Questionnaire, by facilitating the externalization of problems. It may be that RMEA's use of lyric writing and analysis promotes a similar externalization process, in which addiction can be confronted at a safe distance, as an objectified or personified problem, within the context of a familiar song.</p> |
|--|--|--|--|

| <u>Table L2: Main findings of mixed methods studies from the literature searches.</u> | | | |
|---|------|---|---|
| Authors | Date | Title of study | Main Findings |
| James Allen, Gerald V. Mohatt, Carlotta Ching Ting Fok, David Henry & Rebekah Burkett. | 2014 | A Protective Factors Model for Alcohol Abuse and Suicide Prevention Among Alaska Native Youth | The protective factors variables at the level of the individual, family, and community provided measures of change. These included such elements as providing opportunities for youth involvement in the community, enhancing the relational supports for youth within families, and facilitating strategies to involve youth with the resources of friends and especially family to solve problems and to cope with stress. This study provided both a framework for prevention, and a system of measurement for assessing outcome in suicide and alcohol prevention efforts. Accurate reporting could be compromised, as could community acceptance of the program and its outcome assessment plan, if the measures were experienced as overly intrusive. |
| Jim McCambridge & John Strang | 2005 | Age of First Use and Ongoing Patterns of Legal and Illegal Drug Use in a Sample of Young Londoners | Among those who had used all three drugs (cigarettes, alcohol, and cannabis), age of first cigarette smoking was found to be highly predictive of age of first cannabis use, while age of first alcohol consumption was not. Along with ethnic group and gender, age of first cigarette smoking was predictive of 39% of the variance in age of first cannabis use. One in eight (12.5%) |

| | | | |
|-------------------------------|------|---|---|
| | | | <p>cannabis users have not smoked cigarettes more than once or twice. While elevated risk of cannabis use should be expected when comparing cigarette smokers with non-smokers, sustained cigarette smoking is clearly not a necessary precursor to cannabis use. Age of first cigarette smoking does, however, emerge as a powerful predictor of age of first cannabis use, among those who have smoked both drugs.</p> <p>There is an age association, with age of first cannabis use predicting age of first stimulant use. Age of first use does not have any relationship to levels of consumption of cigarettes, alcohol, or cannabis in this study. The strongest support for a gateway effect emerges from the relationship between ages of first use of cigarettes and cannabis. Age of first use of alcohol, on the other hand, appears largely irrelevant to later drug use, perhaps as a result of the place of alcohol within British culture.</p> |
| Peter Nygaard & Joel W. Grube | 2005 | Mixed messages: Contributions to adolescent drinking and driving | <p>The overall picture that the respondents painted of the communication with their parents about alcohol and drinking and driving was that they experienced their parents as being either lax about or uncomfortable with discussing the topics, or that they even thought that it was unnecessary to discuss alcohol with their teenagers. Only a</p> |

| | | | |
|--|--|--|--|
| | | | <p>small minority of the respondents reported that their parents had openly discussed drinking and driving with them. Although most of the participants believed that their parents were not aware of how much they sometimes drank or what might transpire when they went out. In general, the respondents were very skeptical about the impact of the school based programs they had experienced. Only a few interviews revealed that the interviewee remembered some of the activities in school and that they had impacted his/her drinking or drinking and driving behaviour. The one thing that some of the respondents remembered having had an impact on their attitude to drinking and driving was assemblies in high school, where drunk driving accident scenes were performed with the participation of students from the school. In most cases this seemed to have had an effect, although some of the respondents felt that it had more impact on people who would not drink and drive anyway than with people who would do so. Even if most of the respondents reported knowing someone who had been caught drinking and driving, and this was perceived as a deterrent, the inconsistency of police enforcement of the drinking and driving laws could undermine the</p> |
|--|--|--|--|

| | | | |
|--|-------------|---|--|
| | | | <p>impact of this deterrent effect. The more stories about peers and friends who got away with driving after drinking, the more the teenagers might feel that they themselves could get away with it.</p> |
| <p>Jim McCambridge & John Strang</p> | <p>2003</p> | <p>Development of a structured generic drug intervention model for public health purposes: a brief application of motivational interviewing with young people</p> | <p>Forty-five participants were interested in brief self-monitoring and other materials relating to intervention components. These were mainly those with whom controlled drugs use was discussed. The two most popular of these were 'Episode analysis', and 'Self-assessment'. The first of these presented a simple model for retrospective scrutiny of thoughts, feelings and actions, before, during and after particular episodes which gave rise to concern. The latter contained information on means of monitoring consumption and consequences. Cigarette smoking was most discussed with 12 participants, drinking alcohol with 23, cannabis use with 62 and stimulant drug use with 8. For 23 participants only one drug, cannabis, was discussed in any depth, often because it was the only drug used. Clear decisions to act to change some aspect of drug use were articulated by 25 participants in the course of the intervention. In a further 29 cases discussion of specific changes took place, with it being unclear as to whether a particular change had been decided upon. Of the 54 cases where</p> |

| | | | |
|--|------|--|---|
| | | | <p>changes were articulated, 35 involved one drug, 15 involved two drugs and 4 involved three drugs. The principal finding reported in this paper was the feasibility of the targeting of multiple drug use among young people in receipt of single session motivational interviewing for public health purposes. In the study, young people already involved in drug use were engaged by intervention for secondary preventive purposes.</p> |
| Ingeborg Rossow, I., Storvoll, E. E., Baklien, B., & Pape H. | 2011 | Effect and process evaluation of a Norwegian community prevention project targeting alcohol use and related harm | <p>Comparisons of changes in lifetime and past-year prevalence of drinking and intoxication among junior high school students from pre-intervention (T1) to post-intervention (T2) revealed no statistically significant differences between the intervention and control communities. Average drinking frequency and intoxication frequency among all students did not change significantly in the intervention communities, but a slight increase in the control communities implied a statistically significant difference in favour of the intervention communities. Among junior high school students, these changes from T1 to T2 were smaller and the differences between the intervention and control communities were not statistically significant. The observed differences between the intervention and control communities were small, unsystematic, and not statistically</p> |

| | | | |
|---|------|--|---|
| | | | <p>significant. About half of the purchase attempts in the intervention community were successful at T1, whereas almost two thirds of the purchase attempts were successful in the control community. One finding of the process evaluation was that it took time before most of the preventive measures were implemented in the communities. Thus, for various reasons, the local implementation of measures often occurred fairly late or even towards the end of the project period. The list of recommended strategies comprised a variety of universal and selective programs, most of them targeting children and adolescents, either directly or via parents. Most of these also aimed at delaying the onset of—and/or reducing—alcohol use (or other drug use). Overall, the analyses of various indicators of drinking behaviour and the availability of alcohol suggested that the community prevention project had no clear effect on adolescents, who were the main target group for the project.</p> |
| <p>Sarah J. MacLean, Jozica Kutin, David Best, Andrew Bruun</p> | 2014 | <p>Risk profiles for early adolescents who regularly use alcohol and other</p> | <p>Among early adolescents in the sample, 83% reported alcohol as their first or second drug of choice and 91% reported cannabis as their first or second drug of choice. Opiates were not cited as the main drug of choice by any 13–15 year old. In contrast, opiates were the first or second drug of</p> |

| | | | |
|--------------------------|--|--|--|
| <p>and Rachael Green</p> | | <p>drugs compared with older youth</p> | <p>choice for 14% of 16–19 year olds and 44% of 20–24 year olds. Almost all participants argued strongly that they were not dependent on alcohol or drugs (AOD) and that they used AOD to alleviate boredom or to make social activities more enjoyable. Participants' living arrangements at the time they completed the survey also differed significantly, with a tendency to greater prevalence of homelessness and insecure housing in the older cohorts. Almost one-third of early adolescents were living in foster or residential care. Survey participants moved schools frequently and had on average attended over six different primary schools and secondary schools, with older participants having attended significantly more schools. Of 13–15 year olds survey participants, 69% reported generating an income as a result of stealing or theft during the previous six months, compared with 57% of 16–19 and 37% of 20–24 year olds. Significantly more 13–15 year olds also reported begging, which is illegal in Victoria (67%, compared with 36% and 32% of the older cohorts). There were no age differences between the proportions of participants that had sold drugs for financial profit. Over one-third of survey participants (38%) had been diagnosed with a mental illness within their</p> |
|--------------------------|--|--|--|

| | | | |
|--|------|---|--|
| | | | lifetime and this was more common among older than younger participants. The importance of friends for young people aged 13–15 was apparent from the interviews. Most reported that a large part of their substance use occurred with friends. |
| Laura M. Hopson and Lori K. Holleran Steiker | 2010 | The Effectiveness of Adapted Versions of an Evidence-based Prevention Program in Reducing Alcohol Use among Alternative School Students | The purpose of this study was to evaluate the effectiveness of adapted versions of the 'keepin' it real' (kiR) curriculum. The adaptation was intended to make the curriculum more relevant for alternative high school students by using videos and scenarios that the students created. The findings indicated that the intervention may have influenced the intentions and behaviours of the younger students with respect to alcohol use. Younger students reported significant decreases in alcohol use and intentions to accept alcohol, but older students did not. A theme that emerged frequently in the focus groups involved discussing the reasons peers choose to use substances. Students acknowledged a need for discussing the negative consequences but wanted some discussion of their reasons for using drugs. They sometimes experienced no immediate negative consequences. Some students reported experiencing positive consequences of their drug use, including improved concentration and |

| | | | |
|--|------|---|--|
| | | | <p>reduced stress. Students said that hearing others talk about the real consequences of their substance use would have an impact on their peers. It was not surprising that the adapted video that received the most positive feedback showed peers talking about their own experiences with alcohol and drugs.</p> |
| <p>Richard O. de Visser and Rebecca Graber, Angie Hart, Charles Abraham, Tom Scanlon, Phil Watten, Anjum Memon</p> | 2015 | <p>Using Qualitative Methods Within a Mixed-Methods Approach to Developing and Evaluating Interventions to Address Harmful Alcohol Use Among Young People</p> | <p>Results indicated that moderate drinking may be encouraged by (a) raising concern about the health effects of alcohol; (b) challenging misperceived peer norms for heavy drinking; and (c) developing skills to resist personal or peer-influenced impulses to drink. Analysis identified six major themes clustered around a central concept of the “sweet spot” of moderate drinking. The “sweet spot” was defined as an experience or frame of mind in which an individual feels good physically, feels in control, feels an authentic sense of belonging, feels satisfied with his or her choices to drink or not to drink, enjoys him/herself in drinking situations, and feels like him/herself when drinking. These themes related both to immediate experiences during drinking situations and to longer-term alcohol use. Analysis identified the importance of “feeling like you can be who you are.” Participants tended to value acting in ways that reflected who they were, regardless of</p> |

| | | | |
|---|------|---|--|
| | | | <p>the amount of alcohol consumed. However, they also sometimes experienced a disjunction between “real” choices made when sober and choices made “because I was drunk.” This could be experienced positively as greater confidence or sociability. Young people generally believed that the video realistically addressed important social contexts of drinking, contributors to drinking practices, and consequences of excess. They valued this approach as realistic because it incorporated real experiences, and acknowledged perceived benefits of drinking. Young people noted that the ease of implementing the strategies in the video would depend upon the nature of drinking spaces, prior experience, and friendship groups.</p> |
| <p>Jeffrey J.Wilson, Frances R. Levin, Stephen J. Donovan & Edward V. Nunes</p> | 2006 | <p>Verbal Abilities as Predictors of Retention Among Adolescents in a Therapeutic Community</p> | <p>In this study, researchers found that verbal diversity in response to therapeutic material was associated with retention, although higher general verbal scores negatively predicted retention. Verbal skills, particularly therapeutic expressiveness, were associated with restraint, consistent with the hypothesis that verbal skills may mediate behavioural restraint. Restraint did not predict attrition. Differences in levels of restraint between incarcerated youths versus youths in a therapeutic community may explain</p> |

| | | | |
|--|--|--|--|
| | | | these disparate observations. In addition, it is possible that treatment in a therapeutic community may enhance restraint (one of the main treatment goals). |
|--|--|--|--|

2.5 Critique of identified literature

For the seventeen studies that were identified in the literature searches, two for question one of the search, and a further fifteen for question two of the search, a review and critique of these studies was undertaken using the critical appraisal skills programme (CASP) (Gray, 1993), to ensure the seventeen studies were appraised in a systematic manner. The following ten questions were utilised from the CASP to critique all the qualitative studies:

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of research?
5. Was the data collected in a way that addressed the research issues?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

Appendix L.2 (Critical appraisal skills programme (CASP) applied to critique the available literature) presents details of the individual critique undertaken of each study in accordance with the ten questions posed by the CASP for the qualitative studies.

2.6 Review and critique of identified studies

The studies will be reviewed and critiqued against the review questions outlined in this chapter above; question one and question two, with their respective follow up questions. The two identified studies resulting from the first search for idiographic/ narrative studies will be discussed. Thereafter, the remaining fifteen identified studies, for the second review question, have been grouped in accordance with their research findings; support and social networks, adolescent's perspectives on substance use, cannabis and tobacco use, relationships and alcohol and finally alcohol promotions and the influence on alcohol consumption. The studies will be described briefly with emphasis being placed on the findings of the studies. I will then review their findings and conclude the robustness of the studies (in line with the critique as presented in appendix L.2) in terms of the confidence placed in the findings. Questions that arise from the literature will be addressed in section 2.7 (recommendations for future research) and finally I will conclude with discussing the implications of the findings in the research upon this study and the generated research questions that have arisen as a result of the literature review.

2.6.1 Idiographic/ Narrative studies

The two studies identified from the initial search are both idiographic. One study used narrative analysis (MacLean, 2007) and the second study (de Visser, Wheeler, Abraham and Smith, 2013) used interpretative phenomenological analysis (IPA) identifying themes within their analysis. Each paper will be discussed and reviewed individually as both researched different areas of young people's substance use.

2.6.1.1 Marginalised young people and inhalant use

MacLean (2007) undertook a study in Australia gaining the narratives of 28 young people aged 13-24, who either had past or current experiences with inhalant use. The young people in the study were loosely described as economically and socially marginalised. Many of whom were not in employment, homeless, had left school, no regular income or were receiving state

benefits. Many of the young people were receiving support or treatment for their substance use and experienced high levels of adult and state interventions.

MacLean presented four meaning making practices that the young people spoke about through their hallucinogenic drug use to enact selfhood that had been “observed in electronic games and other contemporary global youth products” (2007, p.404). These were immersion, hybrid technological selves, re-imagining local places and diegetic border play: reading between worlds. The findings presented the young people engaging with global popular culture, such as gaming, chroming and watching television and films, as a means to increase their drug induced experiences and explore another reality through their drug use, often creating new worlds and immersing themselves in the games whilst creating avatars for themselves. Through these experiences the young people were reflective of their sense of self, the worlds in which they live and were more immersed in the global world than is currently technically possible.

MacLean’s study provided insight into the narratives and meaning making process for some young people; as to their escapism from their marginalised realities to a more positive, self-controlling world, where they could immerse themselves in global popular culture through their inhalant drug use. Details of clear analysis procedures had not been provided, MacLean referred to using a narrative analysis approach, however, she then also talked about coding the transcripts (which is not traditional of narrative analysis, as discussed in chapter 3). There are no details on credibility and trustworthiness, therefore, the findings should be approached with some caution. MacLean, however, does detail the implications of her findings upon service providers, and through explaining the stories of the young people and her findings, she discussed some of the changes service providers were considering upon hearing the views of young people, through her research.

2.6.1.2 Relationships, alcohol and interventions

De Visser et al., (2013) conducted a study to examine drinking and non-drinking motives among young people aged 13-25. The authors modified the IPA approach to allow for both individual and focus group interviews as a means of gathering data. The study still focused on idiographic approaches in terms of the individual interviews (making sense of individual's experiences), but they also expanded this, through focus groups, to "incorporate an examination of responses to health promotion campaigns and ideas for future interventions" (De Visser et al., 2013, p.1464). The study evidenced other IPA studies that had also used focus groups. Through this approach, it is difficult to say with full confidence that this study was wholly idiographic. However, as it partly adopted an idiographic approach, for individual interviews through IPA, I felt it appropriate to discuss and include as part of the first literature search question.

The findings of the study presented four identified themes that examined both the drinking and non-drinking motives of young people: social motives for drinking, motives for moderate drinking – threats to image and pleasure, foci for interventions – promising ideas and limitations, and finally messages and media. From the analysis of these themes, the study suggests that "interventions to reduce alcohol-related harm among young people should focus on the social consequences of excessive drinking and emphasise the value of being (and being known as) a 'good drinker'" (De Visser et al., 2013, p.1474). The findings presented that most young people experienced unpleasant aspects of excessive drinking, however, acknowledgement of health implications was limited and downplayed. Concerns for personal and peer safety when drunk were expressed by peers, particularly for female peers. Additionally, drinking alcohol also provided social bonding opportunities.

Detailed descriptions of analysis had been presented, therefore some trust can be attributed to the findings. However, there is a lack of information on the credibility and trustworthiness processes that the authors undertook. Therefore, the findings should be approached with some

caution. The study itself highlights the importance for supporting young people with social bonding activities that do not include alcohol use. They make suggestions for this to be undertaken in educational settings.

2.6.2 Qualitative studies

I will now review and critique, the fifteen studies that were identified for the second search question. These will be grouped according to findings and discussed collectively, in a similar manner as above for the first two papers.

2.6.2.1 Support and social networks

Four studies presented findings of support and social networks as key factors for young people experiencing issues with substance use (Notley, Scaife, O'Brien, Mceune, Biggart and Millings, 2012; Mason, Malott and Knoper, 2009; Gomes, Nascimento, Silva, Campos and Pillon, 2014, and Green, Mitchell and Bruun, 2013).

Notley et al., (2012) undertook a study to understand what sources of information young people approached for help and advice in regard to substance-use, and how credible these sources were perceived to be, so that service interventions could be targeted to suit identified needs. 11 interviews were conducted with young people, aged 13-18, who were engaged with services for vulnerable young people. Through utilising a grounded theory approach for analysis, the findings suggested that the concept of credibility amongst different information sources was complex, as much of this was dependent on the relationship, trust and respect that a young person gave. The following information sources were highlighted; parents, siblings, peers/friends, internet and phone lines, professional youth workers, medical professionals and teachers. Despite the varied responses, the study found a pattern of information-seeking from parental figures, mainly for alcohol, which was complimented by the credibility and approachability of siblings regarding sensitive aspects of substance use, namely drugs.

Mason et al., (2009) undertook a study with 22 young people aged 14-22, who had received substance abuse treatment. The aim of the study was to characterize the treatment experiences along multiple dimensions; social network understanding, treatment effectiveness and self-narrative reflections. The overall study used mixed methods, however this paper focused only on the qualitative data that sought to explain any causal links between the dimensions and their health outcomes. Themes were identified under each of the dimensions. They included treatment reflection area; awareness (increased awareness of impact of drug use and alternatives to drug use) and treatment effectiveness (positive change). Social network reflection; positive support (desire for improved social relationships) and negative support (recognition of negative influences from certain individuals in social network). Self-narrative; current hopefulness and future hopefulness.

Gomes et al., (2014) undertook a study where they aimed to investigate the influences of the family on young adult's alcohol consumption. The study interviewed 11 adolescents aged 14-19 with their families. This study was included in the review as the adolescents views have been clearly separated from their families and the study focuses upon the adolescent's views, more so than their families' views. Clear details of the analysis process have been provided in the paper, the authors used inductive thematic content analysis. The findings presented three main themes:

- The internality of the family: fragility and conflicts (family lives reflect conflict, violence, separation and death, quality of relationships with parents),
- Among us: limits, responsibilities and hope (accessibility and presence of alcohol in the home and with peers, loss of family structure due to different conflicts, parental alcoholism, and aspirations for the future),
- The decision to drink: fun permeated by risks (experiences with the pleasures of consuming alcohol, however they were very aware of the risks, mainly due to exemplars experienced through the repercussions of alcohol abuse by parents).

Finally Green et al., (2013) conducted a study which aimed to explore young people's (aged 15-22) subjective views on relationships and social connection in relation to their alcohol and or other drug (AOD) issues and needs and how well they were assisted in this domain. The young people who participated were clients of an AOD service. The study held focus groups and individual interviews, they analysed the data using a thematic approach. Young people reflected on three types of relationships; family or significant other, friends or peers and youth service providers, as people who were either important or most important to them in connection with either positive or negative AOD issues.

All four studies investigated different phenomena in regard to young people's substance use, and all four found that support and relationships (particularly family, peers and service workers) for young people were positive and at times negative influences upon their substance use in varied ways. Green et al., (2013) and Mason et al., (2009) provided information on credible checks that were undertaken, providing trustworthiness in the findings they presented. Notley et al., (2012) and Gomes et al., (2014) lacked information in their papers on the robustness of their studies, with no information detailed on the credibility and trustworthiness processes that may have been undertaken. Therefore these findings should be read with some caution.

[2.6.2.2 Adolescent's perspectives on substance use](#)

Two studies were focused on either investigating young people's perspectives on alcohol, tobacco and other drugs (ATOD) use, (Peterson, 2010) or adolescents' perspectives on addiction (Parvizy, Nikbahkt, Pournaghash and Shahrokhi, 2005). Both studies' findings were based on various factors surrounding young people's own substance use.

Peterson (2010), conducted a study gaining both parent and adolescent views on ATOD use. The paper however, clearly presents adolescents views, which is what I will focus on, given the

question posed for the literature search. Peterson conducted separate focus groups with adolescents aged 12-19. The paper does not disclose which form of analysis was used, however Peterson states that she coded the transcripts with the use of qualitative software (NVivo). The findings reflected four themes, with one sub-theme;

1. Perceptions of current ATOD prevention programmes (too infrequent, outdated, irrelevant and boring for youth),
2. Factors that promote ATOD use in the community (family culture, situations and relationships, strong peer influences and receiving mixed messages from parents, school and the culture),
(Subtheme) Youth use of ATOD (easy access to ATOD, use in homes and schools, older peers, family and co-workers procure ATOD),
3. Factors that prevent youth ATOD (fear of consequences, impede attainment of life goals, effects of ATOD use on family life).
4. Ideal ATOD prevention programmes (involvement from school, community, parents and media, opportunities to learn from mistakes, up-to-date age appropriate programmes for emotional domain).

The findings of the study could be regarded as credible as Peterson summarised each focus group at the end of the session to check validity with participants. Additionally, one researcher analysed each group separately and then checked this analysis with a research team to collaborate and identify common answers to each group question.

The second study conducted by Parvizy et al., (2005) investigated the perspectives of 41 high risk Iranian youths, aged 14-19, regarding substance addiction to offer an adolescent centred view. They undertook in-depth individual interviews and analysed the data using content analysis. The paper presented limited details of the findings. Findings were reported in table form with lists

of emerging themes and subthemes. Five themes were identified and were briefly mentioned, supported with what may appear to be quotes from the data however this is unclear. The five emerging themes and subthemes were as follows:

1. Causes of addiction (being free and relaxed, curiosity, lure of alcohol as it is forbidden, experiencing benefits of alcohol),
2. Increase in addiction rates (availability of drugs, rapid change from inhalant to injecting drugs),
3. Unhealthy friendships and communication (friendship roles, increased use of drugs in social places),
4. Relationship between health and addiction (smoking as a health barrier and start of addiction, protective factors included: religion, family, knowledge, self-esteem and exercise).
5. Family (parental role models, hidden drug abuse, parental indifference).

Although the findings of the study have not been presented as detailed accounts, the credibility of the study has been discussed by the authors. Member checks of the transcripts, themes, subthemes and categories were carried out. Debriefing with two expert supervisors also enhanced the robustness of the data analysis process for this study, providing further credibility to the findings. Finally, a second review of the data was conducted to account for inter-transcripts reliability. Therefore, the findings of this study would be deemed as credible.

2.6.2.3 Cannabis and tobacco use

Three studies focused on young people's views and perspectives on their cannabis and tobacco use: Akre, Michaud, Berchtold and Suris, 2010; Haines, Poland and Johnson, 2009; and Järvinen & Demant, 2011. Akre et al., (2010) and Haines et al., (2009) undertook similar studies in that they aimed to gain the accounts of young people regarding their experiences and accounts with cannabis and tobacco use. The paper by Järvinen & Demant, (2011) focused solely on young people's cannabis use, as their data was taken from a larger study on youth, alcohol and drugs.

Akre et al., (2010) used focus groups and individual interviews with 22 young people aged 15-24. Data was analysed using grounded theory processes. Their findings presented four dominant themes explaining the relationship between cannabis and tobacco: “cannabis and tobacco consumption frequencies and onsets as well as co-consumptions, cannabis cigarettes as the most common consumption mode, differences in perceptions of the two substances and substitute phenomena between the two substances” (Akre et al., 2010, p.80). The findings however, should be read with caution, as there is limited information provided on the analysis process and no information regarding credibility and trustworthiness processes for the study.

Haines et al., (2009) also adopted a similar research design to Akre et al., (2010), in that they used individual interviews and then invited participants to attend a follow up focus group. Haines et al., (2009), focused their study on young women’s smoking as social practice. They recruited 25 females aged 16-19. Analysis was underpinned by Bourdieusian theory with codes generated, the “analysis sought to understand how the social relations and cultural contexts of adolescents shaped smoking initiation and status” Haines et al., 2009, p.70). Two main areas highlighted by the young women included; becoming a smoker and the capital in addiction. The findings presented by the young women showed themselves as being able to “comprehend and mobilise themselves around a logic of substance use practices and an understanding of the benefits afforded to those who demonstrate smoker’s capital...it is useful to see adolescent substance use as generating a capital that operates within a specific social field” (Haines et al., 2009, p.77). These findings, like Akre et al’s., study (2010) should be read with caution. The robustness of the study can be questioned as details regarding who undertook data analysis and the credibility and trustworthiness of the study have been omitted from the paper.

The final study that focused on young people’s cannabis use was undertaken by Järvinen & Demant, (2011). They conducted a study on a larger scale and focused this paper on the

discussions and findings of cannabis use by young people aged 14-19. As part of the larger study, they conducted 49 focus groups across three phases. The first phase of focus groups was undertaken in 2004 when participants were aged 14-15 (14 groups), the second phase in 2005 (14 groups) with the same focus groups and some also interviewed in 2006 (9 groups). In 2008, a third set of focus groups were conducted, with a mix of the original participants and new participants aged 18-19 (12 groups). The method of data analysis that they used was not mentioned, however the process of analysis had been described. The researchers picked and analysed all areas of the transcripts where young people had discussed cannabis. The findings of the study throughout the phases presented the following:

- Phase 1: Cannabis, a drug the others use,
- Phase 2: Opening up for cannabis use,
- Phase 3: Cannabis, who doesn't smoke it?
- Defining the setting,
- Describing cannabis' effects as controllable,
- Differentiating cannabis from 'real' drugs,
- Distinguishing between spontaneous and habitual use.

The findings presented the differences of discussions at the different time phases, with the older of the young adults more tolerant and acceptable of cannabis use, compared to when some of them, and others were younger. This study, like the other two, also does not provide information in regard to who conducted the analysis and the credibility and trustworthiness processes that may have been undertaken to check the robustness of the analysis and findings. Therefore, the findings should be read with caution.

2.6.2.4 Young people's views on alcohol consumption

Five studies focused on young people's alcohol use. They used a mixture of focus groups, individual interviews or a utilisation of both methods to collect data from young people. Studies looked at the social capital and norms of alcohol (Demant and Järvinen, 2011, data was extracted from the same larger study as detailed in the paper reviewed above by Järvinen and Demant, 2011), young people sharing drinking stories with one another (Tutenges and Hulvej Rod, 2009), young men, alcohol and masculinity (Mullen, Watson, Swift and Black, 2007), different drinking styles among Danish and Finnish young adults (Demant and Törrönen, 2011), and finally a study that investigated the cultural factors that supported responsible drinking or abstinence (Suaalii-Sauni, Samu, Dunbar, Pulford and Wheeler, 2012).

Demant and Järvinen, (2011) focused this paper on the discussions undertaken by young people aged 14-19. As stated previously, this data and findings in this paper were taken from a larger study looking at youth, drugs and alcohol. Three phases of focus groups were held with young people; the first phase of focus groups was undertaken in 2004 when participants were aged 14-15 (14 groups), the second phase in 2005 (14 groups) with the same focus groups and some also interviewed in 2006 (9 groups). In 2008 a third set of focus groups were conducted, some with the original participants and new participants aged 18-19 (12 groups).

The paper details the theory underpinning the analysis, providing information on the focused themes for analysis: descriptions of drinking now compared to when they were aged 15/16, expressions of drinking norms, examples of good vs bad ways of relating to alcohol & finally, dominant & passive participants & their position in relation to the participant's drinking habits. The findings of the paper highlighted four dominant areas of discussion that ran throughout the various focus groups. Each area discussed has been presented with data from all focus groups to show comparisons between thoughts and perceptions from younger adults (aged 14-15), to the older adults (aged 18-19). The four areas highlighted by participants were; standing up to heavy

drinking, drinking over the limit, drinking for the wrong reason – and drinking alone, and finally closure mechanisms, social resource capital and normative capital. The findings of the study highlighted that the young people who held central positions in the groups tended to have the most influence on the discussions and lead an active party life, which included the consumption of alcohol, often depicting the right and wrong ways for consuming alcohol. Conversely, the findings also highlighted that “social resource capital is connected to normative social capital... the connection is secured by closure mechanisms directed at individuals who deviate from the ideals of drinking and intoxication held by the group” (Demant and Järvinen, 2011, p.99). This means that those who deviated from the group norms drank too little or too much and tended to find it difficult in “converting their experiences and conceptions into active assets (social resource capital)” (Demant and Järvinen, 2011, p.99). They still felt able to contribute to the discussions and were not rejected by the group.

The data and findings of this study should be read with caution as the paper lacks information in regard to the step by step process of analysis, which form of analysis was used and what processes were employed to check the credibility and trustworthiness of the data and findings.

Tutenges and Hulvej Rod (2009) undertook a study in which they aimed to capture why young people (aged 13-24) in Denmark found it meaningful to share drinking stories. They adopted a phenomenological stance and chose to analyse the stories as constructive and creative social practices in their own right using content analysis. Data collection of the study was separated in two parts and undertaken by each author. Both conducted field observations and took notes, as well as undertaking individual and focus group interviews to gather data. Tutenges observed and interviewed older young adults (aged 16-24), whereas Hulvej Rod observed and interviewed younger adults (aged 13-16), (further details of data collection is provided in appendix L.2).

The findings of the study presented four possible suggestions for why young people found it meaningful to share drinking stories; they constituted a narrative identity, they were entertaining (both for telling and listening), they allowed young people to cope with tragic events and finally provided a way for young people to explore taboo topics (e.g. exploring aspects of sexuality, physical limits and body functions when intoxicated). These findings should be read with caution, as details on credibility and trustworthiness of the data collection, analysis and overall findings has not been presented in the paper. The authors however highlight that in accordance with their theoretical phenomenological approach, claims to present an exhaustive interpretation of the sample cannot be made, and they invite the readers to make their own interpretations too. Nevertheless, there is limited information on the analysis process itself.

Mullen et al., (2007), undertook a study exploring young men's views on their masculinity and alcohol consumption. To collect data they used both focus groups (10) and individual interviews (12) with young men aged 16-24. The aim of the interviews was to gather information in regard to drinking behaviour and its consequences, interaction between masculinity and alcohol, and finally gender and drinking. The researchers analysed the data using grounded theory to identify key concepts. The findings presented two key themes that emerged from both individual and group interviews; context of young men's drinking and drunkenness, and masculinity and contemporary drinking cultures. Overall, the following seven themes were identified in the findings:

- Context of young men's drinking and drunkenness (attitudes towards drunkenness change as men get older, consequences were valued in older participants, their nights out affected by limiting factors e.g. money, work, parenthood),
- Getting drunk and stages of drinking (getting very drunk at one point was common amongst the men, discussions around first drinking experiences, and maintaining a certain level of intoxication for older men),

- Drinking and violence (violence when drunk tended to happen more often on the streets, confrontations frequently linked to arguments, age was a significant factor – younger men more hostile and quicker to respond to challenges),
- Control and knowing your limits (reflections on drinking behaviours of fathers and grandparents, attempts to keep drinking behaviour within 'acceptable' limits),
- Masculinity and contemporary drinking cultures (views on the drinking behaviour of young women, change over time of attitudes towards drink, compared to older generations. Both linked to changing environment of alcohol consumption),
- Male's perceived views on female drinking (female drinking viewed as expression of independence, impact on their own drinking and night out – asserting masculinity, female drinking allowed for ready-made excuses for men's behaviour),
- Beliefs in double standards (fundamental ambiguity about the role played by women in drinking situations).

The authors discussed their analysis process, which included some information on member checking and ensuring all findings were checked and reviewed as a whole by two other experienced qualitative researchers. Therefore, the findings could be interpreted as credible.

Demant and Törrönen, (2011) conducted a study which focused on heavy alcohol consumption, particularly drinking situations and styles, amongst young people, aged 17-23. They undertook 16 focus groups, 12 in Denmark and 4 in Finland. Young people were presented with nine pictures that depicted a variety of drinking situations. The pictures were used as tool to elicit discussions on drinking situations and styles, alongside the use of some guided questions. Details of data analysis procedures or the form of analysis used has not been made explicit in the paper. The information that is provided states that four of the nine pictures dominated the discussions and this was analysed through reading the discussions. The findings suggested four different areas that were discussed:

- Are all drinking situations fit for heavy drinking? (discussions had about certain situations where drinking wasn't considered to be appropriate for heavy alcohol consumption, e.g. at a park picnic with small children present),
- Heroic drinking ("the strong transgression from ordinary and discrete individual experience to a mutual ecstatic experience... the behaviour takes on carnivalistic (Bakhtin, 1968) and excessive (Bataille, 1987) features" (Demant and Törrönen, 2011, p.1245).
- Where does heroic drinking end? (discussions around passing out after drinking and cultural and gender differences on the acceptability of this, more acceptable from the Finnish males).
- Playful drinking (tends to happen in public places compared to heroic drinking and situations tend to have a "performative and controlled character, as they are carried out in front of an audience and emphasise gazes in the creation of communitas (Goffman, 1959, 1969)" (Demant and Törrönen, 2011, p.1245).

The data and findings of this study should be read with caution as the paper lacks information in regard to the step by step process of analysis, which form of analysis was used and what processes were employed to check the credibility and trustworthiness of the data and findings.

The final study was undertaken by Suaalii-Sauni et al., (2012), who investigated the cultural factors that supported abstinence or responsible drinking in Pacific youth living in New Zealand. This study was included as part of the review as participants had at some point, or continue to, consume alcohol and were able to reflect upon their experiences in their discussions. Suaalii-Sauni et al., (2012) interviewed 69 Pacific youth aged 15-25 in ethnically, age and gender matched focus groups. A general inductive approach was adopted to analyse common themes across the group data. The findings presented four main themes: family environment, ethno-culture pride and values, church influences and finally peer relationships and personal aspirations. Within these themes, young people spoke of significant experiences within the family

environment, where events effecting them or their family (ideas of shame and disappointment from drinking) lent some to abstain from alcohol use and others to not drink excessively. Cultural and religious factors also added to this abstinence and responsible drinking. Peer influences were both positive and negative with pressure to drink cited at school. Finally, many of the young people expressed taking responsibility for their choices (Suaalii-Sauni et al., 2012).

The findings of the study should be read with some caution as there is limited information on credibility and trustworthiness processes. The authors write about the analysis procedures and how themes were identified. They also state that coding of transcripts was undertaken by two members of the research team, however, there is no mention of member checks, or other forms of credibility checking.

2.6.2.5 Alcohol promotions and the influence on alcohol consumption

The final paper that was included as part of the review was written by Jones and Smith (2011), who investigated the point of sale (POS) alcohol promotions on the purchasing behaviours of young people, aged 16-25, in three different areas within Australia (metropolitan, rural and regional). Jones and Smith (2011), conducted focus groups with young people, split according to age and gender. The authors used content analysis to analyse the data deriving codes from immersion in the data. They also used thematic analysis to apply the constant comparison method (Glaser, 1965, cited in Jones and Smith, 2011). All participants were consumers of alcohol, the degree of consumption varied between young people. The following five factors were identified and presented as their findings:

1. Recall of POS promotions (unprompted recall of POS promotions was high for young people aged 18-25, whereas the younger groups were less able to recall details of specific promotions),

2. Impact of POS promotions on purchase (many young people initially stated that promotions didn't influence their drinking or purchasing decisions, however, through the discussions, groups identified promotions that did in fact influence their purchasing decisions),
3. Price (and price-volume) discounts, buy some, get some free (there was unanimous agreement that price promotions heavily influenced purchasing and drinking decisions, namely reduced and volume prices, would increase the amount of alcohol purchased and then consumed),
4. Free gifts with promotion (the term 'free' resonated with many of the young people, influencing their purchasing decision),
5. Competitions (all participants suggested that competitions had the least influence on their alcohol purchasing, as they were perceived as needing to put in too much effort for little or no reward).

The findings in this study should be read with caution. Although there is some information on the analysis process and the researchers attempting to be transparent with their analysis, details of credibility and trustworthiness processes have not been provided in the paper.

[2.7 Recommendations for further research](#)

The seventeen studies covered a range of different factors that were discussed by a variety of young people across the world. Although many different topics were covered, there are a number of potential studies that could be undertaken to learn more about the narratives of young people's experiences with substance use.

Of the seventeen studies that were undertaken on young people's views or narratives of their substance use, three were conducted in the United Kingdom (UK). Therefore, further qualitative research in the UK is required particularly to gain a deeper and in-depth understanding of the issues young people in the UK experience in regard to their substance use.

Additionally, there was a lack of narrative research available/ undertaken, gaining the personal experiences direct from young people about their individual stories of their substance use.

Furthermore, there was some mention of implications in some of the studies for professionals working with young substance users (Parvizy et al., 2005; Notley et al., 2012; Green et al., 2013; Mason et al., 2009; Gomes et al., 2014; and Suaalii-Sauni et al., 2012). However, these studies provided a broad overview of support services (generalising services as one, without giving detailed information as to which services). Therefore, further studies could focus on gaining the views of young people who have received support from a specialist service, thus finding out about how supportive the services have been to develop a better understanding, moving forward with how best to support young substance users.

Additionally, there is a lack of specific papers that discuss or imply implications of the stories/ views of young substance user's experiences on the work of educational psychologists. Finally, there was little qualitative research that focused on or highlighted in any detail, the support or influences of educational experiences alongside substance use for young people.

2.8 Implications of the literature review on this research

Due to the various areas for further research, this has highlighted the uniqueness of this research study. As presented there is a gap in the current literature regarding narrative studies, utilising both narrative methodologies and analysis, in the gaining the stories of young people's experiences of their substance use, in the UK. Additionally, there is a lack of studies that provide implications and information specific to the role of educational psychology.

2.8.1 Research questions

The question that has been asked of this research is as follows:

- What do the narratives of young people who have been referred to a specialist support service (SSS) for their drug and/or alcohol use tell us about their experiences?

As part of the research question, further questions were used as prompts in the interviews, to elicit a wide range of experiences, including experiences with education, professionals, peers and family. Details of the interview questions in the interview schedule are available in appendix M.1 and described further below in section 3.7.5.

Chapter 3: Methodology

This chapter outlines the methodological design of the current research. The broader philosophical position taken in this research is stated. It describes the research objectives, narrative methodology, the setting, the strategy and procedures undertaken for data collection and analysis. Ethical considerations are also outlined.

3.1 Purpose

This study is exploratory in its purpose. It also has an emancipatory purpose in that it gives a voice to a group of young people whose voice has not been fully explored through research in the UK.

The aim of the study is to explore the individual narratives of young people who have been referred to a specialist support service (SSS) for their drug and or alcohol use. These stories, although not generalizable to other contexts, may be useful to Educational Psychologists (EPs). In providing a rich and detailed description, it is hoped that readers of this research will be able to consider aspects that may be transferable to the contexts in which they work. The findings could help EPs develop hypotheses with regard to how best to support young people in educational settings who are struggling with personal substance use issues. It is hoped that this research will allow for a better understanding of some of the difficulties experienced by young adults as a result of their substance use.

3.2 Ontological and Epistemological Position

Within research there are various ways of planning a study and thinking through philosophical worldview assumptions (Creswell, 2014). "Worldviews are also referred to as paradigms (Lincoln, Lynham & Guba, 2011), epistemologies and ontologies (Crotty, 1998) or broadly conceived research methodologies (Neuman, 2009)" (Creswell, 2014, p.6). In order to establish a researcher's own ontological and epistemological position, they must ask 'What can we know?'

(ontology) and 'How can we know it?' (epistemology). The answers to these questions frame a researcher's view of what they are studying, and determine the way in which they carry out the research.

Differences in worldview fall within two main traditions; realist ontology (positivism and post-positivism epistemology) and relativist ontology (social constructionism and constructivism epistemology). Both contrasting worldviews will be discussed further below, providing insight as to why a relativist ontology and constructivist epistemology were most appropriate for this research.

3.2.1 Realism, Positivism and Post-Positivism

Realist researchers adopt the belief that the natural and the social world does exist independently from human action and observation (Blaikie, 2007) and that this reality can be objectively measured by bracketing and methodologically limiting our personal biases (Ramey & Grubb, 2009).

Positivism is a philosophical belief mainly identified with quantitative researchers. A positivist view in research states that "objective knowledge can be gained from direct experience or observation, and is the only knowledge available to science" (Robson, 2011, p.21). More recently, the post-positivism movement has challenged the notion of an absolute truth, but remains similar to traditional positivism in its acceptance that cause probably determines effect. Additionally, post-positivists are reductionists in their work as they reduce the ideas into a small and discrete set to test, and the knowledge that is developed through their belief is based on the objective reality that exists in the world (Creswell, 2014).

3.2.2 Relativism, Social Constructionism and Constructivism

In contrast to realism, relativism predicates that knowledge comes from an "evolved perspective

or point of view” (Raskin, 2008; p. 13). Relativist researchers adopt the assumption that the external world exists only as far as our thoughts about it, the world does not exist independently from our perception (Blaikie, 2007), or construction of it.

Contrary to positivism and post-positivist worldviews, social constructionism and constructivism are fundamentally disparate. Social constructionism and constructivism are worldviews that are typically inherent in qualitative researchers. Their acquisition of knowledge is based on the premise that “the type of knowledge aspired to is not knowledge about the world or knowledge about how things are experienced, but rather knowledge about the process by which such ‘knowledge’ is constructed in the first place” (Willig, 2009, p.71).

Social constructionists subscribe to the belief that people construct their realities of their experiences based on their social, historical and cultural relationships, “what we take to be real is an outcome of social relationships” (Gergen, 1999, p.237). In contrast to this view, constructivists believe that the process of construction is psychological and individual to each person which “takes place ‘in the head’” (Gergen, 1999, p.237).

Constructivism is based around the idea of the individual mind at the centre of interest, “individuals mentally construct the world” (Gergen, 1999, p.237). Constructivists advocate that human beings seek understanding of the world in which they live and work by constructing subjective meanings of their experiences, which results in multiple interpreted realities. A constructivist researcher strives to make sense of, or interpret, the meanings others have about the world, and are interested in capturing the complexity in views rather than narrowing views into categories (Creswell, 2014). Finally, advocates of this worldview accept that multiple views of an issue can emerge, whereby the readers, the participants, and researcher can each develop their own interpretation of the research.

3.2.3 The worldview of the current research

The current research subscribed to a relativist ontology and constructivist epistemology. This meant that my interpretation as a researcher of each story was individual to the participant's own constructions of their narratives. This approach fit well with the aims of the research and the methodology adopted (narrative analysis), as each young person constructed their stories based on their own subjective experience. However, it must also be borne in mind that as part of their story telling a realist ontology may also be apparent as I had interpreted their stories as factual and in line with the idea that their events happened at particular times during their lives and services such as SSS are real and in existence.

3.3 Narrative Research

A qualitative design was chosen to address the research question which relied on the generation and analysis of rich and detailed information. "Qualitative research allows for the capture of multi-layered complexities of meaning that are conveyed during storytelling episodes" (McLeod, 2011, p.188). This study aimed to give a voice to a particular group of young people and as such the findings needed to be contextualised and rich. The research aimed to answer the following question:

- What do the narratives of young people who have been referred to a specialist support service (SSS) for their drug and/or alcohol use tell us about their experiences?

With this in mind I felt that the most appropriate methodology to adopt was narrative research and analysis. In gathering individual stories through interviews as data collection and then utilising a narrative approach for analysis, this would enable readers and the researcher to gain a deeper understanding of the stories told by each young person. "The ways in which stories were structured and the interplay and contrast between different meaning elements within a story,

generated a level of meaning that would rarely be reflected within non-narrative research” (Mishler, 1986, cited in McLeod, 2011, p.189).

The term ‘narrative’ can be used in a variety of ways often it is used synonymously with the term ‘story’ (Larsson, Lilja, Braun and Sjöblom, 2013). Throughout this research I will be using the terms narrative and story interchangeably. Within narrative research, the teller’s narrative of personal experiences is of central importance as are the actions of the listener, transcriber, analyst and reader (Riessman, 1993, p.15). A narrative can be defined as a story that links events or ideas in a meaningful pattern on what would otherwise be disconnected and random (Riessman, 2008). Additionally, narratives are usually defined with a beginning, middle and end to the story, “Narrative research takes as a premise that people live and/or understand their lives in storied forms, connecting events in the manner of a plot that has beginning, middle and end points (Sarbin, 1986)” (Josselson, 2011, p.224). Additionally, Bruner identified the following principles which make up a narrative:

- It is comprised of a unique sequence of mental states and events involving human beings as the actors or characters.
- The narrative can be factual or fictional/ fantasy.
- The narrative focuses on the creation of associations between the exceptional and the ordinary. (Murray, 2008, p.112).

These principles and structures of stories help the researcher understand the narrative as a means of the narrator constructing their own reality and bringing sense to something that may be obscure or unusual (Murray, 2008).

Jerome Bruner (1990) linked narratives to his work which focused on cognitive psychology and the individual. He believed individual narratives told by people were building blocks of their experiences. Bruner argued that the narratives told by people represented an individual’s processing of the events they had experienced and made meaning of (Wertz et al., 2011).

Narrative psychological research focuses upon the human means of making sense from a changing world, by using narratives it can bring a sense of order to disorder, and define some sense of temporal continuity as being distinct from others, as well as being central to how we conceive ourselves to our identity (Murray, 2008, p.111/113).

Ricoeur (1984) (cited in Murray, 2008), believed that narratives were a means for people to provide agency to their stories. He spoke of 'suffering' being the converse to agency, and by providing individuals with the opportunity to express their agency they are freeing themselves from suffering. This philosophy coincides with the aim of the research, in that it is emancipatory for the young people. Narrative research is providing agency for the young people's stories to be expressed.

One of the unique qualities of narrative research is that it explores the whole account and looks at how the parts of the story integrate to create a whole meaning, adapted from Schleiermacher's idea of the 'hermeneutic circle', as opposed to fragmenting it into thematic categories or discursive units (Josselson, 2011). The hermeneutic circle depicts that "an understanding of the whole illuminates the parts, which in turn create the whole" (Josselson, 2011, p.226). This is particularly useful for gaining a richer and contextualised interpretation of each participant's constructions of their events and experiences they chose to narrate about.

Narrative research is undertaken reflexively by the researcher, focusing on holistic aspects of the participant's story, and thereafter utilising theory in meaningful ways (Wertz et al., 2001). Narrative research is conducted within a social constructionist or social constructivist epistemology whereby knowledge is constructed rather than discovered and respects the multiplicity and relativity of truth (Josselson, 2011). It is assumed to be "localised and perspectival, occurring within intersubjective relationships to both participants and readers" (Wertz et al., 2011, p.66).

3.4 Narrative Analysis

Meaning is generated by the linkages the participant makes between aspects of the life he or she is living and by the explicit linkages the researcher makes between this understanding and interpretation, which is meaning constructed at another level of analysis (Josselson, 2011, p.225).

Narrative analysis is a creative process which involves making the invisible apparent, linking events and experiences and deciding what is and isn't significant. It is also a process of organising the data so that the analytic scheme will emerge. Narratives are read numerous in a hermeneutic circle, where the whole highlights the parts that in turn provide a better understanding of the whole narrative (Josselson, 2011).

Freeman (2004) argued that narrative analysis mirrors the complexities of life and embodies both the beautiful and messy nature of real life experiences and emotions. He believed that narrative analysis "can support the aim of increasing compassion and sympathy, and a sense of connection to others" (p.79).

Narrative research and analysis can be undertaken in a variety of ways as there is no doctrine or one specific belief regarding how to undertake narrative research. Conversely, the commonality between different forms of narrative analysis is the fact that content and its meaning is emphasised (Josselson, 2011). Additionally, narrative analysis tends to focus on the individual as an idiographic means of interpretation of the understanding of the story rather than an explanation. It also relies on poetic forms of writing, which means it focuses upon both the cognitive and discursive functions of language as well as the evocative and emotional feelings (Freeman, 2004).

Narrative analysis corresponds with the relativist worldview in that the construction of the story

reflects the internal and social worlds of the narrator in which they live, “narrative analysis focuses on the patterned relationships in the flow of events and experiences within a multivoiced self that is mutually constitutive interaction with its social world” (Josselson, 2011, p.227).

Narrative analysis conveys poetic resonance through articulating and explicating meaning, rather than gaining theoretical knowledge (Freeman, 2004). “Trying to make sense of experience and trying to think about narrative become one and the same undivided process...it helps ensure that narrative analysis remains anchored in the world we most intimately know” (Freeman, 2004, p.79).

The analysis of narratives involves interpreting stories using a particular approach depending on what the aim of the research is and what the researcher is interested in exploring in the particular narrative(s). Stories can be analysed in various ways by a diverse range of researchers (Murray, 2008). There are various forms of narratives that can be analysed, ranging from whole life stories (biographies) to smaller episodic narratives focusing on particular life experiences or everyday experiences, especially disruptions of daily life and pertinent events for the narrator (Flick, 2002, cited in Murray 2008). Typically analysis of narratives tends to involve the interpretation and interrogation of language and intention – how and why events or incidents are storied, the way the story is narrated and also the effects on the listener and/or reader (Riessman, 2008).

Ultimately by using narrative analysis it is hoped that the interpretation of the stories will reveal something that isn't apparent in the surface of the text (Riessman, 2008; Josselson, 2011).

3.5 Research Design

This next section will detail the procedure adopted in this research. The section will start by describing the research setting, the main stakeholders in the research, the sampling and recruitment process, the participants and the interviews. It will also detail the analysis process that was undertaken. It will discuss the implications of interviewing a vulnerable group, ethical

considerations of the study including anonymity and confidentiality and an exploration of the relational power dynamics.

3.5.1 Research Setting

The research took place in a large local authority within the United Kingdom. The local authority was the same as that in which I worked as a Trainee Educational Psychologist. The young people identified to be a part of the study were previous service users of a specialist support service (SSS) located within the local authority, that supports young people aged fourteen to eighteen with drug and or alcohol issues, as outlined in chapter 1.

In line with my day-to-day work, I did not work with the SSS, therefore there was no conflict of interest throughout the research process. Establishing the correct service to approach was time consuming as I spoke to other agencies within the local authority before being put in contact with the SSS by the local authority Specialist Services Manager for Counselling in Schools Service/ Brief Therapy/ Mentoring. Upon contacting the SSS, I met the team and described the study and purpose for the research. The team agreed to support me in identifying potential participants for the research and offered locations around the authority for research interviews to be conducted, in risk assessed, familiar supportive environments for the young people.

3.5.2 Sampling and Recruitment of Participants

Participants were aged from 16 to 18 as they were able to provide their own consent without the need for parental consent, which may have proved difficult in recruiting participants as some parents were unaware of the young person's substance use and SSS involvement. Furthermore the SSS support ceased for young people aged eighteen and above as they would be referred to adult services, if further support was deemed necessary. Finally, this particular age of young people was chosen as they were in a position to reflect back on their substance use experiences in various contexts such as their education.

Staff members working directly with service users from the SSS were asked to identify between four to six potential participants at a time until enough participants had consented according to the following criteria:

Inclusion criteria:

- Aged 16-18, male or female.
- Currently accessing and coming to an end, or had previously accessed the specialist support service to support their use of drugs and or alcohol.
- To be fully competent in their English language, both speaking and understanding. (Participants' understanding and verbal abilities in English were needed to be sufficient enough for them to express their stories coherently).

Exclusion criteria:

- Those who had been identified as having a special educational need.
- Those with diagnosed expressive or receptive language difficulties.
- Those currently receiving support for substance abuse from an NHS professional or through the local authority initiatives such as adult substance misuse services (other than SSS).
- Parents.

Once the SSS staff had identified potential participants according to the above criteria, they then approached the potential participants regarding taking part in the research and provided them with the participant information sheet (see appendix M.2). Once verbal consent had been agreed, staff at the SSS then contacted me and I made arrangements either face to face with an SSS staff member present or on the phone to arrange the first interview date, time and location (ethically approved location closest to participants' resident within the local authority).

Upon making initial contact either face to face with the SSS staff present or via the phone, I explained my role as a Trainee Educational Psychologist, my interest in the research area and the purpose of the research. I also explained what would happen in each interview and what information would and would not be shared and with whom. Arrangements for the first interview were then made and contact details exchanged (telephone number and email address, if not previously received).

Potential participants were approached and recruited via SSS staff from October 2015 to January 2016. Within this time 4 potential participants were approached, 3 of which agreed to consent in taking part in the research. 1 potential participant did not meet all the inclusion criteria for the study when this was checked back. From February onwards it was difficult to recruit any further potential participants, given the time constraints of the research.

3.5.3 Data collection

I conducted semi-structured interviews to maximise the potential for capturing individual meaning and variation across stories. The semi-structured nature of the interviews allowed me to clarify issues in a way that would not have been possible had a more structured interview been used. It also permitted James, Bob and Tom the freedom to tell their stories in their own way, facilitating the construction of deeper and richer data. Please see appendix M.1 for the full interview schedule for interviews one and two.

Riessman (2008) identified that certain open ended questions can promote narrative opportunities which put the participant at ease and enable them to express their emotions through their story and open up topics, which allow for the participant to construct their story in ways they find meaningful. Therefore, the first interview followed a semi structured format, whereby one pertinent question was asked to elicit the stories from the young people, and prompts were used (if necessary) to gain a deeper understanding of emotions and experiences if these had not been

elicited during the narration. In terms of how many prompts were used and unstructured questions asked in each interview, this varied from person to person.

In narrative research, it is typical that a researcher meets with their participant on more than one occasion. The opportunity to have repeated conversations provides greater communicative equality and rapport (Riessman, 2008). During the second interview, it was important that each young person felt that their story had been retold in a way that they were comfortable with and was true to their original narration. Each participant was also informed of the type of analysis used to elicit their stories so that they were able to make sense of the structure and form. The participant was then handed their individual rough verse story and asked to read it carefully, amending any words or sentences that were not a true reflection of what was said in the prior interview. Once they had read over their narrative transcript, I then checked any amendments that were made and began to ask questions in accordance with Engel's narrative analysis (please see appendix M.3 for interview 2 transcripts (all three young people)). These questions provided each young person the opportunity to reflect on their stories and discuss their own interpretations, this will be discussed further in Chapter 5: Discussion.

The three young people were then offered the opportunity to receive a summary of the findings, either the whole findings, or those that related specifically to their own story. They were informed that this summary would be made available once the research thesis had been submitted, in the summer of 2016 via email. Additionally, one of the young people, James, had expressed an interest in reading the thesis once it had been passed, therefore I had agreed to email him an electronic copy upon full completion aiming for December 2016/ January 2017.

3.5.4 Data Analysis

As there are a variety of ways to analyse narratives, I decided to analyse the narratives in two phases. This was so that initially the transcripts could be structured into a storied form and then a deeper analysis of the story as a whole could be undertaken.

Murray stated two broad phases of narrative analysis; first descriptive and second interpretative. For the first phase, he suggests researchers to re-read narratives and highlight key issues in the text as well as identifying links in the narrative that connect various different parts. Within this, the researcher can discern subplots within the broader narrative and consider linkages between them (Murray, 2008). In line with this, I adapted Alfred Lorenzer's scenic understanding (as depicted in Hollway's research (2015)) and made links within each of the narratives based on events and experiences and grouped these into scenes to allow for a structure that as much as possible represented a chronology of the events as they happened in time to present a beginning, middle and end to the individual stories told. This process will be discussed further below.

The second phase Murray discusses refers to

connecting the narrative with the broader theoretical literature that is used to interpret the story... which requires simultaneous familiarity with the narrative accounts and with the relevant literature...this phase of analysis can lead to labelling certain accounts as being of a certain type that illustrates their theoretical content (Murray, 2008, p.120).

This second phase was in conjunction with my adaptation of Susan Engel's narrative analysis framework guiding my interpretation of each story. Again, this form of analysis will be further detailed below.

I felt that the two phases of analysis were particularly useful for interpreting each story as it encouraged me to think beyond the surface of the text and more comprehensively at the structure,

form and content of each story. Riessman (2008) advocates that a good narrative analysis prompts the reader to think more broadly about the commentary going farther than simply focusing on the surface of the text.

3.5.4.1 Phase One of Analysis – Rough Verse Form

The first phase involved transforming the narratives from transcript to storied form. This process involved looking at both the structure of the narratives and the language and experiences encompassed within to present a coherent narrative. This followed the principles of what constitutes a narrative and for readers to experience and follow the individual journey's narrated by each young person.

I felt that it was important to depict the stories in as much as possible the same way that they were narrated; in terms of language use, events told and encompassing the experiences and emotions of each young person. I was mindful of the influences of Labov and Waletzky (1967) on narrative analysis as pioneers for developing a structuralist approach to analysis looking at the way sentences and words were organised in order to determine if events followed a particular sequence to create meaning. "Labov and Waletzky provided a starting point for examining natural, oral, simple narratives" (Bernstein, 1997, p45). I used aspects of their approach, namely temporal organisation of sentences to create a more poetic form to the narrative. I then followed this with Wendy Hollway's (2015) use of rough verse form when she presented the experiences, journey and story of one her participants who was a first time mother. Rough verse form is poetic in nature, yet free and unrestricted in how to present the story of an individual. Following this, I then adopted Hollway's use of Alfred Lorenzer's scenic understanding so as to create scenes and then later verses for the different events, experiences, emotions elicited in the narratives so as to group these events e.g. events focused on first time substance use, so as to provide a more coherent and chronological sequence of events as they happened. This was to allow the reader to follow the individual journey with the narrator and as much as possible depict a beginning, middle and

end to each story. Figure 1: Step by step guide of phase one narrative analysis, presents the process.

3.5.4.1.1 Temporal Organisation

“Many forms of narrative analysis use Labov’s system as a starting point, for thinking about stories, even if they then decide to focus on other aspects of the story structure (Patterson, 2008)” McLeod, 2011, p.190). For the first part of analysis, I adopted Labov and Waletzky’s model of temporal organisation which meant that each sentence was broken down and numbered according to independent and dependent clauses. Labov (2013) describes independent and dependent clauses in the following way:

- An independent clause begins without a conjunction or with one of the coordinate conjunctions (and, but, then, or, nor, for, so).
- A dependent clause begins with a subordinate conjunction: (because, since, after, before, when, while, though, if, until, where and so on) (p.15).

Labov stipulated that by using temporal organisation, it was an approach in narrative that allowed for the retelling of the past in a particular way, “a narrative matches the order of independent clauses with the order of the original event referred to” (Labov, 2013, p.15).

In line with this, I formatted each original transcript by using temporal organisation, giving each independent clause and all subordinate clauses dependent on it a successive number (please see appendix M4 for original transcript and then appendix M5 for temporally organised transcript for James).

3.5.4.1.2 Rough Verse Form & Scenic Understanding

Once the narratives had been temporally organised I then adopted Wendy Hollway’s (2015) use of Ted Hughes (2008) rough verse form to poetically structure each narrative, ready to be presented back to each young person in the second interview. As part of Hollway’s (2015)

research regarding first time mothers, she used Ted Hughes rough verse form to structure and present back one of her participant's stories (Juhana).

Hughes first used the term rough verse in 2008 where he stated "I discovered something that surprised me. In verse not only did I seem to move at once deeper and more steadily into reliving the experience, but every detail became much more important" (cited in Hollway, 2015, p.123). Hollway (2015) described that by using rough verse it allowed her to "preserve the affect and the participant's idiom, through the content and form of her language including rhythm, cadence, intonation and associations" (p.26). In her study, Hollway based the rough verse on Juhana's situation, words and observed practices. The aim of this particular use was to convey Juhana's story in a way that provided a lively, emotion-laden, event filled story of Juhana's actions and words conveying more than the literal meaning (Hollway, 2015). In writing Juhana's experience as a poem, Hollway explains that by adopting this writing style she wished to "preserve the fresh simple presence of Juhana's experience, not smooth it over with an expert researcher voice that risked losing its aliveness" (Hollway, 2015, p.123).





In addition to presenting Juhana's story in rough verse form, Hollway also adopted Alfred Lorenzer's scenic understanding to create scenes in Juhana's story to provide images and further in-depth information about Juhana in her "family and local context in its complexity, conviviality, generosity and constraint" (Hollway, 2015, p.4). Lorenzer described the 'scenic' as "an affective and embodied register of meaning and experience" (Bereswill, Morgenroth and Redman, 2010). Therefore, the understanding of Lorenzer's idea of 'scenes' is that it allows the "researcher to reflect on their affective and embodied experience of their data" (Bereswill, Morgenroth and Redman, 2010). Hollway's use of 'scenes' and thus also my own use of 'scenes' within this research is that it enables an imaginative interpretation of personal meaning from the data (Hollway, 2015). Additionally, this also fit well with the hermeneutic circle of interpretation as "writing scenically requires the emergence of what is known holistically" (Hollway, 2015, p.123).

Therefore, in order to understand the scenes, I read over each story in full to gain an understanding of the overall story, which allowed me to look at the scenes within the story. This ultimately informed the story as a whole during the second phase of analysis. Please see appendix M6 which presents the temporally organised transcripts with scenes. Please also then see appendix M7, M8 & M9 which presents the original quotes in scenes, then transformed to rough verse form for all three young people).

3.5.4.1.3 Final Rough Verse Narrative

The final rough verse narrative for each participant was presented in a way that grouped all corresponding scenes together to create a verse, e.g. for participant one (James), all his scenes that were associated with his education were put together and presented in Verse 5. This final version was then presented back to each young person in their second interview with myself (details of the second interview are in section 3.7.5 The Interviews).

Figure 1: Step by step guide of phase one narrative analysis

1. Number each sentence spoken to break down the transcript into manageable sections, according to Labov's rule of temporal juncture.
- 
2. Identify salient sentences and scenes (according to Hollway's version of understanding scenes from Lorenzer's work, e.g. experiences, perceptions, thoughts, actions, feelings, events of narrator and also experiences and feelings being brought up in researcher).
- 
3. Categorise the poetic sentences according to identified scenes.
- 
4. Arrange the scenes to reflect a beginning, middle and end to the story, if possible, according to chronology of events.
- 

5. Convert sentences to rough verse form, use same words and sentence structure, so that each sentence makes sense, keeping to the participant's original words, (very little interference from analyst).

3.5.4.2 Phase Two of Analysis – Engel's Narrative Analysis

In order to decide which form of analysis would be best suited for all stories, I based this on the aim of the research (to explore the individual narratives of young people who have been referred to a specialist support service (SSS) for their drug and or alcohol use) and decided that an analysis that encompassed looking at the whole story, form, experiences, meaning and content of each story would be the most suitable form of analysis, as compared to utilising a form of analysis which focuses solely on the structure of the narrative (Labov & Waletzky). From conducting research in this area I felt that an adaptation of Susan Engel's (1995) analysis of children's stories would encompass this overall form of analysis in terms of analysing the stories as a whole whilst applying a hermeneutic circle approach to analysis.

Engel believes that through storytelling, children are able to convey their experiences and view of the world whilst developing a personal voice (Engel, 1995). This belief is also synonymous with young people and adults who tell stories (Freeman, 2004; Riessman, 2008; Josselson, 2011). Storytelling is a form of remembering and retelling events or experiences, Engel stated that within this process it is important to understand that it is not only

what we remember that shapes our experience and sense of who we are. It is also how we remember...our memories of personal experiences are what give us a history and sense of who we are – past, present and future (Engel, 1995, p.13-14).

As part of her work, Engel looked closely at speech and the meaning of this on the narrator and the listener/reader, "according to speech act theory, every utterance has three parts: locution (what is said), illocution (what is meant) and perlocution (the effect of what is said)" (Engel, 1995,

p.75). By focusing analysis on the way a narrative is told, the meaning derived from the story and the effect of this on both the narrator and listener/reader it helps to uncover what the narrator's thoughts, feelings and meanings in their story. Additionally, focusing closely on the perlocution of the story provides further latitude and credit to the role of the listener/reader, helping to "capture the dynamic by which stories are understood in everyday interactions" (Engel, 1995, p.76).

Engel encapsulated seven stages of analysis of narratives; content, form, underlying meaning, perlocutionary effect, intra- and interpersonal function, aesthetic devices and movement across categories (Engel, 2005). For this research, I adapted Engel's narrative analysis and adopted the first five stages of analysis as the last two (aesthetic devices and movement across categories) did not feel to be appropriate for the analysis use at this phase, as the structure of narratives had been addressed in phase one. Each stage of analysis focuses on the story as a whole, using a hermeneutic circle approach to gain a deeper understanding of each narrative. Each stage of analysis has been described further below in Table 1.

Table 1: Susan Engel (2005, cited in Greene & Hogan, 2005)

| <i>Stage of Analysis</i> | <i>Questions used to elicit analysis of the narratives</i> |
|---|---|
| Content - This stage focuses primarily on what the story is about. | What is the story about? Is it autobiographical or fictional? Are there any common themes throughout? (Events or experiences that share a common theme). |

| | |
|--|--|
| <p>Form - This stage focuses on how the story is put together, characterizing the story by genre.</p> | <p>How is the story put together?</p> <p>What literary forms are used (e.g. dialogue, genre)</p> <p>Do certain forms express one kind of content, and other forms another kind of content?</p> |
| <p>Underlying meaning - This stage looks at the various meanings portrayed in the story, often the narrator may or may not be aware of the meanings coming through in their story.</p> | <p>What are the conscious and unconscious themes, puzzles, and constructions of the world in the content, form and process of the story and its telling?</p> |
| <p>Perlocutionary effect – This stage of analysis focuses on the various effects upon and the emotions of the listener/reader</p> | <p>What does the ‘receiver’ of the story hear, feel, see or think when they receive the story?</p> |
| <p>Intra and interpersonal function – The final stage focuses upon the overall achievement and significance of the story on both the narrator (intrapersonal) and the audience/readers (interpersonal).</p> | <p><i>Intrapersonal:</i> What does the story do for the young person?</p> <p><i>Interpersonal:</i> What does the story achieve?</p> |

Aesthetic devices focuses upon what kind of aesthetic devices are in the story? For example, ellipses, alliteration, re-ordering of events, switches in level of detail and focus, switches in narrative voice, and omissions. Additionally, movement across categories looks at the way stories change their form and function in the course of telling by counting the number of times the story

shifts between various forms. Aesthetic devices and movement across categories focused predominantly on the structure of the story as opposed to the content and meaning, which was why they were not used in this particular study.

The narratives from transcription to final rough verse story included throughout both the narrators and interviewers (my own) comments, to present to the reader as clear as possible the whole narrative (Murray, 2008).

Throughout the analysis process it was imperative that I was mindful of my own experiences and feelings in this topic and to not allow that to interfere so much so in the interpretation of each story. To be mindful of this, I broke down each story commenting on what I felt was coming through as the various underlying meanings in each story. Details of this commentary can be seen in Appendices F4, F5 and F6. This process included me reading through each line in the story, making comments on various interpretations (using the questions above to guide my analysis), and then re-read the story as a whole and looked for themes and patterns that encompassed the story as a whole. By reading through the story as a whole, breaking it down and then re-reading as a whole once more, I found myself following the hermeneutic circle for the analysis process; particularly in regard to obtaining the underlying meanings.

3.6 Establishing credibility, transferability, dependability and confirmability.

In conjunction with the qualitative nature of this research, validity was evaluated in terms of the following criteria as stipulated by Lincoln and Guba (1985):

- **Credibility** - confidence in the 'truth' of the findings.
- **Transferability** - showing that the findings have applicability in other contexts.
- **Dependability** - showing that the findings are consistent and could be repeated.

- **Confirmability** - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (p.328).

3.6.1 Credibility

Lincoln and Guba (1985) advocate five different stages that could be applied to qualitative research in order to provide confidence in the truth of the findings and interpretations:

1. Activities that increase the probability that credible findings will be produced:

- Prolonged engagement. This was undertaken with the use of meeting each participant twice and building trust and rapport with them on both occasions. The second interview also served to check with each young person any misinterpretations from their telling of their story, as advocated by Lincoln and Guba (1985).
- Persistent observation. "If prolonged engagement provides scope, persistent observation provides depth" (Lincoln and Guba, 1985, p.304). I was mindful of each interview and discussed reflexively my involvement and that of the participants in supportive supervision. I also kept a reflexive diary and discussed my feelings and emotions that were evoked from listening to each story in the Perlocutionary effect stage of narrative analysis.
- Triangulation. Again this was achieved by holding a second interview with each participant providing them with the opportunity to check back their stories for correctness and anonymity. I also made use of my academic supervisor to support with checking through my findings and interpretations.

2. Peer debriefing.

Lincoln and Guba (1985) stated that peer debriefing allowed for a process whereby the "inquirers biases are probed, meanings explored and biases for interpretation are clarified" (p.308). This

was achieved through the process of academic supervision throughout the study by a highly experienced research supervisor.

3. Negative Case Analysis.

This involves searching for and discussing elements of the data that do not support or appear to contradict patterns or explanations that are emerging from data analysis (Lincoln and Guba, 1985). This study does not involve hypothesising/ looking for patterns and so negative case analysis does not have any relevance.

4. Referential adequacy.

Referential adequacy involves identifying a portion of data to be archived, but not analysed. The researcher then conducts the data analysis on the remaining data and develops preliminary findings. The researcher then returns to this archived data and analyses it as a way to test the validity of his or her findings (Lincoln and Guba, 1985). As per the methodology adopted, this approach again was not suitable in this study for identifying credibility, as the stories were analysed whole and not broken into parts/ segments so that some could be initially analysed and some thereafter, as per referential adequacy.

5. Member Checks.

The most crucial technique for credibility is member checks, whereby data, interpretations and conclusions are shared and tested with those from whom the original data were collected (Lincoln and Guba, 1985). This process has been undertaken through the sharing of individual stories and gaining each participants own interpretations of their stories in interview two. Additionally, as part of dissemination of findings, individual stories and their interpretations as understood by myself will be shared with each participant via email upon completion of the write up (this has been made explicit to each young person).

3.6.2 Transferability

In order to allow readers of the study to make judgements on the transferability of the data and analysis, thick descriptions of data and analysis have been provided in this study (in the findings section and in appendices F1, F2 and F3 (final rough verse narratives for all 3 participants)). Lincoln and Guba discuss the importance of transferability as a process which enables the reader of the study to make their own conclusions as to whether the findings could be possibly transferred to other contexts or people. Additionally, Lincoln and Guba advocate that it is “not the naturalists task to provide an index of transferability; it is his or her responsibility to provide the data base that makes transferability judgements possible on the part of the potential appliers” (1985, p.316).

3.6.3 Dependability

In order to establish dependability, the researcher must first demonstrate credibility of findings and interpretations (Lincoln and Guba, 1985). In line with credibility approaches, dependability of the study can be looked at through the use of an inquiry audit. This was achieved with the support and guidance of an external auditor (research supervisor), who was able to review the analysis, which, it is hoped, has enhanced the overall credibility of the research (Creswell, 2014). Additionally, my placement and personal university supervisors also provided support to me on certain emotional aspects of the research, providing a space for me to think and discuss reflexively the impact of the research on myself, throughout the whole process.

In addition to the support that was received from supervisors, I also adhered to Labov’s (2013) ideas around credible stories. Labov believed that the reconstruction of a story was based on the way the plot had been reconstructed in a manner that was understandable. He suggests that the credibility of the narrative does not lay with the belief of the story being true or false, but that “a credible narrative is one in which the sequence of events is plausible in accordance with what we know about human behaviour” (Labov, 2013, p.225).

3.6.4 Confirmability

Finally, confirmability relates to “a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest” (Lincoln and Guba, 1985, p.328). I was mindful of this throughout the research and maintained an audit trail which includes raw data (transcripts before analysis, reflexive research diary to be mindful of my own biases throughout the study and presenting interview schedules so that the process of interviewing could be checked and followed by others if need be).

3.7 Ethical considerations

The whole research process was conducted with respect, dignity, competence and responsibility to ensure that I had conducted all work ethically with the participants’ best interests in mind as stated in the professional governing bodies guidelines. These included the British Psychological Society, Association of Educational Psychologists and the Health, Care and Professionals Council (2012). Ethics agreement for the study was provided by the NHS Social Care Research Ethics committee whereby I submitted their ethical documentation and met with a panel of social care ethics staff to clarify any questions regarding the research prior to commencement. Once ethical approval had been granted by the NHS social care research ethics committee (see appendix M10), I also had to seek approval from the local NHS research and development team and the SSS to commence the study with SSS service users, this was agreed in October 2015.

Participants were provided with an information sheet detailing the purpose of the research (see appendix M2), what they would be required to do and how long this may take, as well as information regarding withdrawal, anonymity and confidentiality, the SSS staff were responsible for this process. Once James, Bob and Tom expressed an interest I then arranged via phone to meet with them and go through the information sheet once more and asked them to read and sign an informed consent form (see appendix M11).

Participants were provided with the opportunity to withdraw from the study at any point until Chapter 4 of the thesis had been written. This was noted in the information sheet as being 8th April 2016. It was made clear to participants that if they wished to withdraw they would not be asked any questions in regard to their withdrawal.

All interviews were recorded on a digital recorder. Interviews were anonymised then sent to a professional transcription service (Fingertips Transcription) for transcription and checked back by myself. Once transcripts had been checked I then destroyed all audio files. All files were stored on a secure server and their data was protected.

All data was stored on a password protected laptop that was kept locked and safe. Once the thesis has been completed and approved for printing (December 2016) all data will thereafter be destroyed. Anonymised data will be kept for 5-10 years.

3.7.1 Considerations when interviewing young people with substance use issues

By recalling and discussing stories from potentially difficult periods of time this may have evoked emotional distress in some of the participants. Therefore to anticipate this and support each young person I carried out the following:

- In the first instance efforts were made to avoid this happening by selecting participants for whom the SSS thought this risk was minimal.
- Asking questions sensitively.
- Monitoring participant's emotional states throughout each interview and adapting it or halting it accordingly.

I had planned the following if participants had become distressed; I would work with the participant to help them return to a resourceful and more balanced state. Once this was achieved I would

then arrange for the young person to meet their prior key worker from the SSS at the earliest opportunity. During both interviews, with all three young people, this did not happen. However, after the first interview I followed up each participant's emotional state with a text message to check in with them and again checked in with them at the beginning and end of the second interview.

I have experience of working with young people who are vulnerable and distressed in my professional capacity. From this I demonstrated the capacity to help relieve minor distress through the use of being sensitive to the emotional state of each young person and allowing time at the end of each interview to debrief and discuss support options for each young person, as outlined in the participant information sheet (see appendix M2)

3.7.2. Anonymity and confidentiality

The limits of confidentiality were discussed with all participants in the first instance. I explained that any identifiable data such as name, place of education or work, which professionals (if any) they had named and worked with would be anonymised prior to and upon transcription. Demographic information such as their gender, age, ethnicity and education/work statuses have been included upon verbal consent from each participant. I explained to James, Bob and Tom that some of what was discussed would be anonymised and spoken about with my research and personal supervisors. I had also planned the following if the participants made a safeguarding disclosure; I would discuss the safeguarding procedures with them and together we would identify who would be best to inform of the disclosure. This was also stated on the information sheet and consent forms. Throughout the interviews a safeguarding disclosure was not made.

3.7.3 Relational power dynamics

Power balance in research is particularly important, not only for the participant but also for the researcher. By adopting a narrative methodology and using a semi structured interview style, this

encouraged greater equality as the control for a fixed interview format was not present. Moreover, the narrative methodology encouraged participants to narrate their stories in their own words and talk for as much or as little as they felt comfortable, which can shift the power dynamics in an interview. Conversely the power relations were not fully equal, although the disparity between participant and interviewer was somewhat diminished (Riessman, 2008, p.24). I was mindful of the gender, age and ethnicity differences between myself and the three young men which didn't appear to impact on their story telling as they all appeared comfortable and relaxed and were open to answering my questions.

3.8 Reflections on chapter

This chapter presented the ideas and theoretical thinking that underpinned the study and the methodology that was utilised to gather and analyse the data that was collected. It aimed to highlight the processes that were taken for this research, allowing the findings to be presented, in an understandable manner, given the explanation of this process in this chapter.

Chapter 4: Findings

In line with the constructivist epistemology, this chapter presents the analysed stories of each participant individually. Each story is introduced by providing an indication of the level of temporal restructuring applied to it. This is followed by a detailed description of the analysed story in relation to; its content, form, underlying meaning, perlocutionary effect and its interpersonal and intrapersonal function. The chapter concludes with some reflections on the analysis.

4.1 James' Story

James is a 18 year old white British male who is studying for A Levels at a sixth form school. He also has a part time job. James stopped receiving support from SSS in November 2015, a few weeks prior to his first interview with me. He received support from SSS for approximately 18 months. James began using substances at the age of 12.

4.1.1 Temporal organisation, identified scenes and rough verse story.

James' story required a lot of temporal reorganisation as it was very fragmented. The numbering presents how the transcript was reordered. James' story was re-organised to produce a coherent story using a similar chronological order in which the narrated events happened, to depict as much as possible a beginning, middle and end. Appendix F.1 contains James' final rough verse story, organised into identified scenes.

4.1.2 Analysis of James' story using Engel's narrative analysis framework

4.1.2.1 Content

James' story focuses on his experiences, thoughts, feelings and reflections of his drug use since the age of 12. It highlights the negative and positive impact that his drug use has had on his relationships with peers, friends, teachers, family and professionals involved in his life. The following extract exemplifies the positive impact of his drug use on his friendships:

*“and then I started to, through that, meet other people
 who also smoked weed
 and I got a whole new range of friends that still to this day,
 a whole different, a lot of friends I would never have actually had if it wasn't for
 cannabis.
 So it was all positive initially,”
 (Verse 1: p.1).*

The following extract exemplifies the difficulties he conveys regarding the negative impact of his drug use on his relationships:

*“and then it's all just a bit of a mess when drugs are involved, it really is.
 Your mind is just not level, it's either up or it's either down
 and no matter where you are,
 if you're up you get brought down,
 or if you're down you get brought down even further.
 It's just, a horrible, horrible place,
 not just for yourself but for other people to be surrounded by you,
 because it's just such a negative energy.”
 (Verse 4: p.4).*

The story also highlights the difficulties James faced at school and the effect of his drug use on his mental health and wellbeing. James' story portrays his struggle with drug use and how he has managed to recover from this with the right support offered and accepted by him. For example:

*“It made things like school very difficult,
 especially between, like, year 10 and 11 very difficult.
 Yeah it got quite bad
 having to juggle between school work and then drug use*

*and trying to recover within these times,
it makes you agitated,
tension and school environments are the worst place to be when you are a problem drug user,
because it's an all day thing you have,"*
(Verse 5: p.5)

*"but I needed SSS, I needed a support network there,
because without it...
It was only from SSS that my life started to improve really.*

...

*You need someone whose really like trained to work with people who use drugs,
because, as I say, the school had no idea,
they're not specialised within the use of drugs
and they have pastoral care people, but they're not specialised in that field."*
(Verse 12: p.15-16).

4.1.2.2 Form

James' story is an autobiographical drama with hints of a horror genre. James is the lead character in his story expressing his feelings, experiences and reflections of his drug use and the different consequences of this on himself, mentally and socially. The drama reveals James at his best, his worst and everything in between. A dramatic affect is achieved through juxtaposing feelings associated with different experiences.

*"so in terms of feelings, I felt it all,
I felt the highs, the amazing highs from drugs
and the turmoil and the futile lows
and you don't want to be living up and down,
I mean of course life throws the ups and downs at you anyway,*

*but if you're intensifying them to an extent where they're unsafe and they're just dangerous
highs and dangerous lows, there's no real point"*

(Verse 4: p.4).

The horror elements of James' story showcase dark times relating to a loss of control of himself through his drug use, his self-harm, psychotic episodes and suicidal ideations.

*"the need to cut myself just from,
I'd be sitting in lesson and just had to cut myself
for no other reason
but just my brain would just trigger this internal thing,
so I was withdrawn from a lot of lessons
and was watched quite a lot in school,"*

(Verse 5: p.5)

*"and had suicidal thoughts and things like that,
but I wasn't in a position where I wanted to act on them,
they were just present,
because I was so tired of how I felt.
and then I'd self-harm.
My self-harm, it really got worse
because of things like just me not doing
what I was told to do
and... I couldn't see,
it just didn't register to me
that I was actually doing anything wrong."*

(Verse 9: p.12).

4.1.2.3 Underlying Meaning

Please see Appendix F4 for detailed notes on the various underlying meanings that arose from James' story. By breaking down his story and then re-reading again, there are two salient and reoccurring themes in James' story; loss of self-control vs. self-control and overcoming difficulties.

4.1.2.3.1 Loss of Self-Control vs. Self-Control

A key theme is the idea of a conflict between loss of self-control and self-control with drug use. Throughout his story, James talks about the control and loss of control he had over his own drug use and his awareness of the impact it was having upon him physically, mentally and socially. James' story is laden with the ideals of loss of control of himself when he was using drugs:

*“imagine before drugs you walk on just a straight path,
when you smoke weed and things like that,
the path just widens until there's no,
it's just pavement all around you
and you literally have no idea in which direction you're going.
So initially, when it opens up a little bit you,
You kind of get a clearer view of a lot of things,
you can see things around better
and obviously have a better perception of things altogether.*

...

*But if you just keep on going,
this road, it just widens to such an extent
you have absolutely no true recollection of what's real or what's...
how is this actually happening and, yeah.
It's bizarre, because not everyone goes through it all,
not everyone gets the bad side.”*

(Verse 2: p.2).

James often refers to drugs impacting on his education, his peer and teacher relationships as well as his mental health and much of this is presented as being out of his control.

*“so being in class,
having tasks to do
and literally not having the motivation to pick up your pen
and just resisting everything,
that would cause a friction between myself and other pupils,
other staff members.*

...

*I knew, I knew there was an issue
and there was times I couldn't physically do the work
and it wasn't because I didn't want to,
it was just, my body and my mind were just not letting me”*

(Verse 5: p.6).

In conjunction with loss of self-control, James was conveying feelings of vulnerability both physically and mentally to his drugs and struggled to see the impact of this himself, often giving a sense of being 'blinded' by the drugs. By reflecting back James re-evaluates whether he was not in control at times he previously thought he was.

*“I can always remember the psychiatrist at CAMHS,
and SSS support staff and my psychologist saying
at one point I was seriously high risk to myself
on the amount of different things I was taking,
but I was so deluded by the glaze drugs put over you,
you do not see a problem within it.”*

(Verse 10: p.13).

In contrast to James' loss of self-control of his drug use, he also speaks of gaining control of himself once he had developed self-awareness of the impact and negative effects that his drug use was having upon him.

"I knew from this moment that I don't need weed in my life now.

I can see how much worse they're making me now,

...

but in my understanding of it, it was mostly all drug related."

(Verse 10: p.13).

Upon gaining a sense of control of himself, James' story portrays his realisation of the effects his drug use had on himself and how harmful it was to him, mentally and physically:

"It's when you stop doing drugs you realise actually how different you are,

because now I don't have any issues with teachers."

(Verse 6: p.8)

"I was then able to recognise, actually drugs are an issue for me,

drugs aren't the best for me.

And it was horrible at first,

because I didn't want that to be true,

I was telling myself everything,

that it wasn't drugs,

I was fine,

and it wasn't just cannabis, it was other things that I'd been taking

...

My mood was just,

I knew from this moment that I don't need weed in my life now.

*And I don't need drugs anymore because this is...
I can see how much worse they're making me now,"*

(Verse 10: p.13).

4.1.2.3.2 Overcoming difficulties

Another theme within James' story was that of overcoming difficulties brought about from his drug use. His story details his struggles with his mental health and how, through being able to stop his drug use, he was able to overcome many of the mental health issues associated with his drug use:

*"But I don't have a mental health problem,
it was a lot of the worst things in my mind were caused by something
and I now know what that was and I can...
I'm now able to recognise a lot more through that
and think a lot more broadly about things now,
in a better way."*

(Verse 17: p.20).

James' story highlighted his difficulties with his education and his determination and perseverance to succeed and do well in life:

*"especially like schooling is so important to me,
so important.
Especially as this year,
applying to university, things like that,
I know what I need to do
and I need these grades.
I can't let anything hold me back now.*

...

*they were a huge part of that
and I needed to do drugs
to really realise the most important things in my life.*

*Things like school,
things like my future,
my family, my friends,
my health
and my own well being.”*

(Verse 16: p.18-19).

As described above, James talks of overcoming difficulties in education, mental health and relationships. He articulates how developing self-awareness and the support of others helped him to overcome these difficulties.

James paints a picture of greater self-awareness:

*“and I’m glad now that I now know that for a fact,
because if I still didn’t actually register that,
I think I wouldn’t be sitting here today,
coming out of SSS, kind of,
being able to say, like, “I don’t use drugs anymore”
because...you need,
as I say, it’s all about realising,
it’s all about knowing the problem”*

(Verse 17: p.20).

He also talks about the role that others have played in helping him:

“the pastoral care, one of my pastoral care people who used to work at the school,

*who I was extremely, extremely close with, was there, stationed there,
so if I had an issue, I would be up there
and she would sit there and speak with me, and she would sit with me.*

And she saw the worst of...

...

*I had someone who saw the issues,
saw my whole demeanour, my whole demise in some respects
and that was important. It's very important in schools to have someone who can help you,
if I didn't know that there were support networks in place within school,
I wouldn't have gone and I wouldn't of been able to actually get through school without them,"*

(Verse 7: p.9)

4.1.2.4 Perlocutionary Effect

Overall, the story produced an optimistic affect, upon hearing it I felt optimistic for James. He spoke about realisation of the negative effects of his drug use on him and his relationships, and how through self-realisation and support he was able to stop his drug use and move forward with his life. This filled me with hope and happiness and a sense of achievement for him. I also felt swept up in his determination and motivation to succeed and do well, and to stop his drug use for himself. Verse 17 is particularly powerful:

"No, I mean, I'm glad in some ways that I've done...that I've been through it.

I'm not regretful of the things I've done,

because it has shaped me as a person,

to who I am today

and you do have to go through things in life to come out of them with...

you need to just learn from your experiences

...

and I know my limits

and I know what the mind is capable of”

(Verse 17: p.20).

I also felt sympathy for James, especially as his story reflected a sense of loss of control of himself and some lack of awareness of the drug use related issues, not only in himself, but also a lack of awareness in others; school and CAMHS services.

Conversely, towards the end of his story, when he discusses the future and poses questions around drug use and young people, his story left me with uncertainty for the future for young people in general and their drug use.

4.1.2.5 Intra and Interpersonal Function

James' story enables him to see himself, and to present himself to others, as someone who is reflective and is in control.

“Whereas I think with myself, I can cope with a lot more

and I do on a daily basis,

I can cope with having to deal with a lot of things,

like my mum now,

I can cope a hell of a lot better than I reckon a lot of other people could, because...

and it's not expected in someone like me

who struggled with so many things.

But because I have struggled with so many things in the past,

I can now cope with so much more, now.

And drugs were a huge part of that,”

(Verse 14: p.17).

By creating a ‘this is me then’ and ‘this is me now’, the story enables him to distance himself from a past where he was out of control:

*“but I know for a fact that cannabis has,
and things like drugs,
mind altering substances,
they can have a huge, huge impact on just your whole perception of life.*

...

*just my perception of things were...
I took things too personally, things like that.”*

(Verse 2: p.3).

*“I didn’t want to be that person
but I couldn’t help it
because as much as I could have done by not doing the drugs,
at the time I had no idea what was affecting what and why I was being so,
why I was being just so vicious towards the teachers,
I didn’t actually understand it myself until I stopped.”*

(Verse 3: p.3-4).

Similarly, the story serves to highlight James’ capacity to remain in control of his life through evidencing how difficult it was to achieve this control:

*“and again it wasn’t an overnight thing,
it didn’t just...
it was a struggle to even try and suppress being,
having teachers saying things to you
and knowing that you had to try to suppress things
and having that in your mind constantly burdening you,*

*like you can't do anything wrong,
that builds anxiety"*

(Verse 6: p.8).

4.2 Bob's Story

Bob is a 17 year old white British male who attends college undertaking an Art course. Bob also has a part time job. Bob stopped receiving support from SSS in December 2015, a few weeks prior to his first interview with me. Bob received support from SSS for approximately 3 months. Bob began using substances at the age of 11.

4.2.1 Temporal organisation, identified scenes and rough verse story.

Bobs' story required quite a bit of temporal reorganisation as it was fragmented. Bob's story was re-organised to produce a coherent story using a similar chronological order in which the narrated events happened, to depict as much as possible a beginning, middle and end. Appendix F.2 contains Bobs' final rough verse story, organised into identified scenes.

4.2.2 Analysis of Bob's story using Engel's narrative analysis framework

4.2.2.1 Content

Bob's story reflects his own experiences and emotions expressed in regard to his drug use. His story encompasses multiple sub plots about his own and others' experiences with drugs in various different contexts, including school, college, relationships and friendship groups.

The following extract presents the sub plot of friendship and drug use reflecting back on a particular experience with drug use,

*"when I was like 14 I had this mate who was like 20
and for some reason like we chilled,
which is like weird looking back on it,*

*but erm like a few of us did
 and then we used to get bang on it all the time.
 And then erm..., one night like him and his girlfriend broke up or something
 and I went out with him and got like proper fucked up on MD.
 Erm ... and like he ended up staying at mine
 and then fucking he got all fucking depressed and shit,
 and this is when we were both proper fucking like trippin' innit
 and proper fucking smashed.
 Erm and he like smashed fucking Malibu bottle over his face
 and there was like blood and shit, glass everywhere,
 it was pretty brutal.
 And that was literally the last day I spoke to that guy,
 I was like "fuck you coz you're like 20 and I'm 14.
 And what the fuck is wrong with you?"*

(Verse 3: p.1).

Bob's story presents a fragmented past, detailing various experiences with; friendships and drugs, relationships, mental health (both his own and his ex-girlfriend's battles with mental health) and self-awareness when using drugs and the effects of this on himself and others. For example:

*"but at the time when I was doing bad drugs innit,
 that's my, was my excuse for allowing myself to get that bad
 was like "you're exploring your own consciousness"
 and things like that.
 So I was literally coming up with all sorts of like,
 and I know its bullshit innit.
 Well now I do anyway,
 but at the time I was coming up with all sorts of shit*

like, "that's cool" innit.

Like I'm just exploring my consciousness,

a bit like, at the end of the day innit,

you literally have only got your head in this world.

So why the fuck do you want to like explore your consciousness,

and experiment with shit like this man,

that can fuck it like so bad.

So just literally like, I've realised now that's some stupid shit,"

(Verse 11: p.14).

His story also portrays regret that he feels for having used drugs in the past.

"I just think drugs aren't a good idea.

Literally regret doing drugs. A great deal....."

(Verse 12: p.15).

4.2.2.2 Form

In his story, Bob is the lead character expressing his experiences of his drug use and the different consequences of this on himself, mentally and physically as well as on his relationships. Bob's story is a cross-genre story that combines autobiographical elements with self-help, horror and dark romance genres.

The self-help elements involve warnings of the horror of what can happen:

"like literally you need to tell people what like, the real shit man, the real shit,

like how if you do Ketamine for like a month straight you will have no bladder left

and you'll be fucked up.

My fucking mate's mum's best mate yeah,

walks round with a fucking plastic bag as a bladder

'cause she done too much Ketamine when she was younger.

It's fucked; tell people that sort of shit man."

(Verse 5: p.5).

The self-help elements extend to messages about drug awareness teaching:

"'cause like no-one respects their fucking primary school teacher

or middle school teacher;

everyone thinks they're a cunt man.

So to be honest nah

like don't have some fucking teacher like telling the youts...

you want to literally get someone that's had it

and had some peak shit happen man,

this is what actually happens innit.

...

And like they try to sugar coat it

because like 'oh kids shouldn't hear this sort of stuff

'cause like they're young'.

And they use cartoons and shit to like,

like fuck that man get a real picture man,

get a real picture of the state of someone's fucking like bladder bruv

after like a shit load of Ketamine has been like gone through it."

(Verse 5: p.5-6).

The horror elements detail horrors associated with his drugs use such as hearing voices:

"and because of the amount of time I was like spending at the hospital erm,

er and the stress and shit of the situation,

and the fact that I had taken copious amounts of drugs in the past

I fucking started to hear like voices myself,”

(Verse 9: p.9).

Bob’s story also portrays a dark romance, presenting experiences and feelings of the mental health issues he and his girlfriend faced together and his supportive role in that relationship. The story tells of how the relationship ultimately lead to Bob’s realisation of the negative effects of drugs and stopping drug use:

“Yeah when she went into hospital.

Like when she tried to kill herself,

I actually remember the date like, the date she fucking done it was the 1st June.

So whatever the day was before that that was the day I stopped doing class A’s

...

I wasn’t thinking about myself at the time innit you know what I mean

it was just like my girlfriend was like locked in a fucking mental hospital you know what I mean?”

(Verse 8: p8)

[4.2.2.3 Underlying Meaning](#)

Please see Appendix F5 for detailed notes on the various underlying meanings that arose from Bob’s story. There are two reoccurring themes in Bob’s story; reality vs. the blurring of reality and preventing drug use.

[4.2.2.3.1 Reality vs. Blurring reality](#)

Bob’s story presents juxtaposed positions in relation to confronting drug use.

The following extract highlights Bob’s presentation of confronting ‘the reality’ of drug taking:

“because it’s fucking, class A’s are just fucked up man.

Nobody even realises the damage they’re doing.

*Like it was cocaine that collapsed my nose innit
 but you've got to think like, you sniff it,
 you swallow it after you sniff it
 and you fucking digest it
 and fucking piss it out man,
 it's not just your nose that it's fucking up
 it's your whole like body."*

(Verse 2: p.1).

Conversely, the story also shows how, even in the face of compelling evidence, 'the reality' of drug use can wilfully be evaded:

*"it's 'cause like one of my teachers had clocked
 that I was like proper licked innit
 like proper stoned,
 and erm, sent me to the head teachers office.
 And I was sittin' in a comfy chair like this,
 just chillin'
 and he come in innit
 and he was just like*

"you're, you had a well late night last night and you're really tired this morning".

And I'm just like "that is exactly what has happened sir"...

... and he just let me off innit.

(Verse 4: p2).

Bob also presented the theme of blurring reality through his drug use. He spoke about exploring his own consciousness through his drug use, taking him away from reality and his curiousness regarding the true extent of some of the effects of drugs on himself.

“like the reason I was coming up with these excuses
 of why drugs were alright to do is like,
 I thought there was a massive conspiracy of why DMT was illegal
 ‘cause there’s shit they don’t want you to know about,
 the potentials of the human body and all this of shit.
 Because the point is
 if you can like synthesise it in your head yeah,
 then there is definitely going to be a way for you to like access that hormone
 without actually taking it as a drug if you know what I mean?
 ...
 It’s cool shit to think about, it’s not cool shit to do.
 That’s like, good like fucking like what I’ve learned innit,”
 (Verse 11: p.15).

Although the story overall reflected two parallel worlds for Bob, he was still able to reflect on both, the reality and fantasy, and present this in his story.

4.2.2.3.2 Prevention of drug use for young people

A second theme was that of preventing drug use in young people. The prevention of drug use was highlighted throughout his story, especially in Verse 5. The story speaks of feelings of being let down by drug education, feelings of anger relating to the effects drugs have had on others, as well as regret relating to the consequences of prolonged drug use:

*“It was literally that time innit
 they started to tell us about drugs
 I started doing drugs innit.
 And so erm, yeah sort it out man,
 like I literally remember how the shittest lessons*

were just like...

you've got to think, if you tell someone,

"if you smoke yeah you're going to die".

And then tell someone

"if you do drugs you're going to die"

everyone is going to look at the people smoking that aren't dying,

like well they're clearly not fucking going to die.

You've literally got to tell people like,

you need to tell young kids the horror stories about drugs

and the fucked up shit that happens about drugs innit."

(Verse 5: p.5).

4.2.2.4 Perlocutionary Effect

The story stirred up various feelings in me, much of these appear to mirror Bob's feelings, as portrayed in his story. When he spoke passionately about schools and agencies needing to be honest and do more to prevent young people from using drugs, I too felt swept up in his passion with a need to do more to prevent drug use issues occurring in young people.

Additionally, I was both surprised and worried for Bob and the people in his life when he spoke honestly and frankly about the harsh, dark realities of the effects of drug use on himself and people close to him.

Bob's story left me with a sense of helplessness and sadness for Bob's future as he ended his story in a negative manner, with feelings of regret and being unable to go back and change his past experiences.

"I just think drugs aren't a good idea.

Literally regret doing drugs. A great deal....."

(Verse 12: p.15)

4.2.2.5 Intra and Interpersonal Function

Bob's story casts him as someone who is self-aware and 'is real' when it comes to the negative effects of drugs. This serves to, despite acknowledging physical and mental health problems, present himself as someone who is strong and of sound mind.

This function is furthered by Bob presenting the ordeal of supporting his girlfriend whilst experiencing his own problems with drugs, and then also overcoming these problems.

*“When I was in the mental hospital looking after this girl,
well not looking you know what I mean,
there was obviously the other mental patients.*

*And like I was really close to properly sick people, like all the time, like properly sick in the
head, innit like,
even when my girlfriend was fucking like,
like I didn't even like realise how bad it was at the time,
but looking back it was like, she was like proper ill, proper ill innit.*

*And it's just disgusting how like people are born into that, like without doing anything to
themselves,
and they're literally made to endure that sort of fucking, that bullshit man, like in their own
head*

*and there is people out there that are fine as fuck man, they go out and do a shit load of
drugs and do it to themselves,
that's fucked man.*

*So like, I just don't want to go crazy pretty much,
that's literally it, its fucking scary shit man.”*

(Verse 12: p.15).

The story also serves an interpersonal function of warning people against the dangers associated with drug taking.

*“...Well I never had a good view of them in the first,
like I don’t know even why I started them innit,
like they are dirty, it’s fucked up and they do fuck you up.*

It’s just how it is. Like... ..

*...there is literally no pretty side to doing drugs innit,
like literally insane innit ... they’re just fucked up.”*

(Verse 10: p.10).

4.3 Tom’s Story

Tom is a 18 year old white British male. Tom attended sixth form undertaking his A Levels at the time of the first interview. When I met him for the second interview (two months later) he informed me that he’d left sixth form and was receiving private tutoring to complete his A Levels. Tom also works in employment part time. Tom was coming to an end with his SSS support at the time of the first interview in January 2016. He had arranged his last ‘goodbye’ meeting with SSS support worker Mathew in March 2016, a week after his second interview with me. Tom received support from SSS for approximately 21 months. Tom began using substances at the age of 14.

4.3.1 Temporal organisation, identified scenes and rough verse story.

Tom’s story required a lot of temporal reorganisation as it was very fragmented. The numbering shows how the transcript was reordered. Tom’s story was re-organised to produce a coherent story using a similar chronological order in which the narrated events happened, to depict as much as possible a beginning, middle and end. Appendix F.3 contains Tom’s final rough verse story, organised into identified scenes.

4.3.2 Analysis of Tom's story using Engel's narrative analysis framework

4.3.2.1 Content

Tom's story is an autobiographical account of the various positive and negative experiences he encountered with his drug use. He talks about the difficulties associated with his drug use, in terms of the mental and social impact upon himself and the different relationships he had with others and how they were related to drugs.

*"Erm... it started like it was always a social thing.
Or at one point when I moved, erm, from, er, Holland to here
in order to make friends it was, kind of just that I'd buy weed,
and then they'd smoke it with me,
and that was just a social thing."*

(Verse 2: p.1).

Tom's story presented the negative life experiences associated with his drug use, such as difficulties with his academic work, his suicide attempt and his traumatic family history linked with drug use.

*"Erm, well I would say that definitely weed leads to memory loss.
I mean, just today when I had to do, erm, this psychology revision with my teacher,
we would write something down,
and we'd turn the page over,
and she'd say, "Okay, just tell me what you just read?"
And I would have a mind blank.
It was, it was, it was such a struggle,
I'd be sitting there and I'd be like,
I, I can physically remember what we talked about,
but I can't.*

'Cause weed makes everything, like everything feel like it was a week ago."

(Verse 13: p.16).

Tom's story also highlights the positive life experiences and relationships as a consequence of his drug use, particularly in relation to his sociability with friends and work colleagues as well as using drugs as a 'bonding' experience with his older brother.

*"Erm, going back to the, to the brother,
erm, he did, he did introduce me to weed, I'll give him that.
That was just, he's, he's had a, a messed up childhood as well
- very, very awful.
So he found his haven in drugs
that was his euphoric feeling that he'd get.
It was, it was all he'd talk about,
and that was all we did talk about.
And it was, it was a bonding thing, I think, as well,
you wanna be the older brother, showing the younger brother."*

(Verse 10: p.13).

4.3.2.2 Form

Tom's story is an autobiographical drama with suggestions of horror of his teenage life from age 14, when he started using drugs. In his story, Tom is the lead character expressing his feelings, experiences and reflections of his drug use and the different consequences of this on himself, mentally and socially. A dramatic effect is achieved through juxtaposing positive and negative experiences associated with Tom's drug use.

*"Erm, so I found that that wasn't doing it for me anymore, so I started back on ecstasy, er,
'cause I found a person who was selling really good, erm, ecstasy, for really cheap,*

...

And I started taking that in school to give myself some kind of buzz.

*Erm, it was weird because I'd take it and I'd get the rush,
and I'd hate it because I have to sit still, or something, and I'm constantly vibrating and
moving.*

*And I'd tell myself, "D'you know what, this is awful, why do you do this to yourself? Why are
you touching this?"*

*But then the next day obviously they come down,
I'd be like, "Yeah, okay, take some more, it'll be fine.""*

(Verse 4: p.3).

The drama unfolds and suggests elements of horror in the story through the revelation of a traumatic family history and an account of a suicide attempt:

*"Hmm. I mean, thinking back to it now,
it was, it was just a fearful exam period,
it was GCSEs.*

*I, I didn't think I could do it,
and I'd been smoking weed,
and I didn't feel like I'd revised enough.*

*And it was just in the moment,
I went, "I, I'm happy to die now."*

...

*And, erm, and I swallowed,
I was just, I was waiting on my bed,
and I was like, "You're gonna die, but it's okay."*

You know, "At least you're gonna..."

*'Cause my mum died, erm, six years ago,
so I thought, "You know what, at least you'll be with her."*

She died from organ failure from all the crack use.

Erm, so I thought,

You know, at least you'll be with mum

at least, you know,

and then I woke up the next day,"

(Verse 9: p.11).

4.3.2.3 Underlying Meaning

Please see Appendix F6 for detailed notes on the various underlying meanings that arose from Tom's story. There are two key themes in Tom's story; self-control and the importance of relationships that are reoccurring and salient throughout.

4.3.2.3.1 Self-Control

The story portrays a message that it's a personal choice to use and experiment with different drugs; negative experiences can be reflected upon and choices can be made not to take certain drugs thereafter. The theme of self-control is apparent throughout the story.

The following extract depicts awareness of self and others leading to stopping the use of psychedelic drugs:

"Erm, and since I was on MD, it made me very loquacious,

I texted my boss telling him the truth,

I was like, "Look, I've taken this, I'm so sorry."

Blah, blah, blah, blah, blah.

So I ended up having to go to hospital, I couldn't go to work.

...

It was the fact that I then had to go into work the next day and explain.

And I work in a café,

so it's not a place where, if I miss a day, it's just missed.

It's like the other people had to do my job,

which they all hated,

they, they resented me for that

for a while.

And I did almost lose my job,

if I hadn't had worked there for such a long time,

and built up such a rapport,

they said, "Look, you are replaceable, we will get rid of you if you do something like this again."

So that woke me up to psychedelics,

I've never touched psychedelics after that.

'Cause I always have those, unfortunately it was that realisation, but that cleared,"

(Verse 5: p.6-7).

The feature of self-control as a means to stopping drug taking is also evidenced in the following extract. Here, Tom describes how 'never touching ecstasy again' can happen after reflecting on the impact of drug fuelled behaviour on others:

"But I could tell that it was changing me,

because it was during the summer,

and my, my dad said during that time I got very aggressive,

er, when I was on a come down.

I used to just punch things,

like I was, it really, really turned me into an awful person.

...

And, erm, I stopped taking it after a party,

where I'd taken maybe a gram and a half,

and I was just completely gone.

*I said some awful things to people I don't remember,
I was just swearing, it was, it was awful experience.
And after that I was, like, "I'm never touching ecstasy again".*

(Verse 3: p.2).

Self-control in the form of having self-discipline featured powerfully when positive features of drug taking are described using a meandering narrative, followed by a simple and direct explanation of 'quitting'. This appears to emphasise that a decision can be made and the result can follow:

*"'cause I used to come in high,
and I used to think I was, I used to think, "I'm the shit!"*

I'd come in high: "look at me".

You know, I'm sitting there,

"Are you high?"

I've got a huge grin on my face,

"No, hah, hah, hah!"

...

*'Cause it was interesting, it would liven up lessons,
or like, even in one of my exams I remember I did, like,
I did a huge line of coke before I had to stand and do my photography,*

'cause I thought it was gonna help.

I associated drugs with actually helping me,

like stimulants would help me.

Weed would relax me.

So, I couldn't actually have coke or something without weed,

it wouldn't work.

I'd have to have weed the next day

to make sure I was sound.

...

You said you did well in your exams.

*yeah, because I,
I quit everything,
and I had that discipline.”*

(Verse 4: p.4-5).

4.3.2.3.2 Importance of relationships

Another theme is the importance of relationships and the relationship between drugs and relationships. The following verse captures how the story portrays Tom’s identity in school, his self-identify and how others perceive him, as being intertwined with drug use:

“’cause, 'cause I was, I was an outsider coming in.

My, the school peers, like, if you asked "What do you think of Tom?"

They would all say, "He's the, he's the druggy."

It's the stigma that I've got, unfortunately.

Erm, understandably though,”

(Verse 4: p.4).

Outside of school, in not enjoying alcohol like everyone else, drugs needed to be taken to fit in:

“Erm, 'cause, 'cause I don't drink, interestingly.

I, I drank when I was, like, 15 at parties,

and I just didn't like what it did to me,

I didn't like the sway,

I didn't like not remembering stuff.

...

So that was, that was another problem with cannabis and drugs,

*to be honest,
 was that at a party I felt everyone feels left out if you're not,
 if you're sober it's weird,
 'cause everything you're doing is like,
 you're doing that deliberately,
 it's all intentional.*

...

*So, in a way I felt like I had to bring weed and stuff to parties,
 I had to bring ecstasy just so I could get my, my buzz.
 So I could have more confidence to talk to girls
 and, you know, etc.*

Yeah, yeah."

(Verse 7: p.8-9).

The story often presents relationship in relation to how they support and hinder drug use. Drugs use is located in the centre of family relationships:

The story presents the impact that Tom's mother's drug use had on his siblings:

"Erm, well my dad's, my dad's always looked after me from a young age.

*I was the, I, we would consider myself the lucky one
 of the three siblings,
 erm, from my mum.
 'Cause my older sister,
 she saw her use crack,
 and she, my mum used to prostitute herself to pay for it.
 So my brother saw that as well,
 he used to lay on the other bed,*

and she told him to look the other way.”

(Verse 10: p.12)

It also paints a picture of drug use impacting on wider family relationships upon Tom's father meeting a new partner:

“Erm, so I was, I was very lucky in the sense that my dad was caring.

He, he was my figure,

he was my mum and my dad

for about six, seven years.

And then my step-mum came into the picture,

erm, and they had children,

and then, I mean, they live with us now.

...

But my dad at first, like,

I remember I used to have to be so quiet about drugs,

And he's he's been like a coin,

he's been flipping all the time.

One minute he'll be, like, "You know what, I'm slowly understanding weed.

Erm, I understand that it's, it's, kind of, not you,

it's the fact that you rely on this drug, it's your social thing”.

(Verse 10: p.12).

Tom's story highlighted the significance of the support of people around him who helped him:

“cause my dad told them at parents evening,

he was like, "he's got a cannabis problem, er,

that's why he's falling behind.

And he's also ill.”

Erm, and they're, they're very,
 I was surprised at my school,
 I was expecting some kind of weird looks from teachers
 but they're all very, like, you know,
 "It's alright, you know, this stuff happens, we're willing to help you."

And that's comforting.

...

And one of my drama teachers
 used to smoke weed as well,
 so he knows what it's like.

And he said,

"It's like getting up in the morning and having,
 you know, like a Martini or a shot in the morning,
 that's how you've gotta see it."

And that, kind of, opened my eyes to it a bit,

I was like, "Yeah, it is, it is"

...

Erm, erm, luckily I had a psychology teacher who left,
 she would have a one-to-one session with me,
 and that really motivates, 'cause I was getting it."

(Verse 4: p.5-6).

A very poignant part of the story tells of a relationship with an SSS worker being life-saving:

*"And it was a Godsend, I got Matthew who I can't,
 I don't think I would be here,
 'cause I had suicidal thoughts,
 I was genuinely prepared to kill myself.*

*I, I did try in my GCSEs,
 I'd swallowed a huge bowl of pills before.
 And I was expecting to die,
 and I woke up the next day feeling awful,
 and had to do the exam.*

*But I feel, like, without Matthew I genuinely I wouldn't be here.
 'Cause I, I mean, it's still there, it's always a side thought,
 but there's always Matthew's kind words like
 cause I think he wasn't trying to give me an excuse,
 he was like, he was listening, he was understanding"*

(Verse 9: p.10).

4.3.2.4 Perlocutionary Effect

Whilst reading Tom's story I felt a variety of emotions. I felt compassion for Tom, especially when he was reflecting on his traumatic family history and the wider family connection to drugs. I felt immense compassion for him when listening to the story of his suicide attempt and his reflections on his feelings both at the time and then thereafter. Conversely, I also felt happiness for Tom, particularly when the story tells of his close relationships with his SSS worker (Matthew) and family.

My feelings of disappointment and frustration mirrored those shared via the story when Tom's bond with this brother was only experienced when using drugs together.

Overall, however, I was left with feelings of hope for Tom and his future. I would describe this as realistic hope in terms of Tom perhaps not being able to completely stop his drug use forever but hope that he would be able to reduce it and one day eventually stop.

*"I've quit, until like,
I know it's gonna be, erm, I know I don't wanna say that I'm gonna quit forever,
'cause I know that's not gonna happen - I know I'll have a little slip.
But I said, "Look, I'll quit 'til after exams, so at least it's out of the way, and then I can have"
If, if, if I want to, hopefully by then it might have just faded.
'Cause I know, I know what I'm capable of when I'm not on it."
(Verse 12: p.14).*

4.3.2.5 Intra and Interpersonal Function

Tom's story enables him to see himself, and to present himself to others, as someone who is reflective of the various experiences associated with his drug use, both positive and negative.

*"And after that I realised
'cause I always seem to have these moments of realisation,
of that is just like, it turned me into such an awful person.
It wasn't a nice feeling,
it's, it's very moorish, it's never moorish the next day, it's always moorish on the night.
Erm, and then I just went back to the usual cannabis."
(Verse 3: p.2).*

Tom's story serves an interpersonal function of presenting the significance of relationships and how these were varied from being inhibitive or supportive for his wants and needs to stop his drug use. The story has elevated the importance of those closest to Tom, his family, friends, school staff and professionals (Matthew).

*"And the only, I think the main thing that's stopped me so far, is the fact that I haven't been paid
yet - I get paid at the end of the month.
So there is gonna be that risk of: what is gonna happen in, you know, a few weeks.
'Cause my mates, I'm sure one of my mates will call me up.*

*And I also, I'm having a problem with having dealers on your phones –
you get a text maybe, like, once every two days saying, 'Yo, hot bags, shout me!'*

You know, and it immediately reminds you of weed,"

(Verse 12: p.15).

"Erm, so I was, I was very lucky in the sense that my dad was caring.

He, he was my figure, he was my mum and my dad for about six, seven years.

...

And he's he's been like a coin, he's been flipping all the time.

*One minute he'll be, like, "You know what, I'm slowly understanding weed. Erm, I understand
that it's, it's, kind of, not you, it's the fact that you rely on this drug, it's your social thing".*

...

but then there would be times when he'd be, like, "This is awful, it's taking over your life."

You know, like, I'd come home stoned, and he'd be able to tell,

'cause I'd come in with a huge smile on my face.

Erm, but he's, he's always been supportive on that, he's"

(Verse 10: p.12).

4.4 Reflections on the Findings

This chapter has presented that each young person's narrative brings striking and vivid insights into their experience of using substances. In seeking to honour each young person's narrative, by viewing the narrative as a whole and in engaging in an in depth analysis of the form and function of each story, it can be argued that the analysis provides a rich picture of each of the young person's constructions of their experiences.

The next chapter will start by considering how these findings fit in with the current literature that has been reviewed, while carefully avoiding generalising in a way that would be questionable given the idiographic nature of the study.

Chapter 5: Discussion

In this chapter I aim to discuss the findings in relation to the purpose and aims of the research, how it fits with the existing literature, the limitations of this study and suggestions for future research. I will also discuss the implications of the study to the Educational Psychology profession referring to theory, practice and policy as well as present details of dissemination of this research and to end the chapter, I will provide reflections on the research journey.

5.1 Purpose of research

The purpose of the study was exploratory and emancipatory, in that it gave a voice to a group of young people whose voice had not been fully explored through research in the UK. The study aimed to explore the narratives of young people who had recently been discharged from a specialist support service for their substance use. James, Bob and Tom each provided a detailed personal narrative of the different experiences they each encountered in relation to their substance use, before, during and after receiving support from the specialist support service. These stories, although not generalizable to other contexts, may be useful to Educational Psychologists (EPs). In having provided a rich and detailed description, it is hoped that readers of this research will be able to consider aspects that may be transferable to the contexts in which they work. The findings could help EPs develop hypotheses with regard to how best to support young people in educational settings who are struggling with personal substance use issues. It is hoped that this research will allow for a better understanding of some of the difficulties experienced by young adults as a result of their substance use.

5.3 Locating the findings and study in the broader context of the literature

As the research ascribes to a constructivist epistemology, comparisons between studies will not be made. However, I will aim to highlight how this research locates itself in the broader context of the literature (specifically to the literature that was reviewed in chapter 2).

5.2.1 Similarities of study to other literature

In regard to the literature that was searched for and reviewed, some of the areas and experiences that were discussed by James, Bob and Tom, had also been brought up in previous research which has looked at young people's views on substance use. One of the overall themes highlighted in Bob's story was the idea of reality vs the blurring of reality through his drug use. The idea of escaping reality was also highlighted in MacLean's (2007) study on inhalant drug users, who used their drugs to escape their reality.

Additionally, James, Bob and Tom, each spoke about the influences of various relationships on their substance use, and often the impact of their substance use on their relationships. All three often spoke about their substance use in relation to peers and friendships, either positive or negative. The 'theme' of relationships has also been identified and highlighted in previous research (Notley et al., 2012; Mason et al., 2009; Gomes et al., 2014; and Green et al., 2013). Additionally the findings in this study also made reference to various support networks and relationships that were fundamental for supporting either the young people's abstinence or responsibility with their current and future substance use. This was also highlighted in previous research, where young people had made reference to various relationships; family, peers and professionals, in supporting their substance use, or abstinence or responsible substance use (MacLean, 2007, Peterson, 2010, Notley et al., 2012; Mason et al., 2009; Gomes et al., 2014; Green et al., 2013; and Suaalii-Sauni et al., 2012).

The topic of prevention of substance use was heavily spoken about by Bob, and some of what he had said, in regard to professionals offering support to young people and preventing drug use, through educational settings, was also highlighted by the young people in Peterson's study (2010).

Furthermore, all three young men spoke about their ease of accessibility of drugs in some form, and this was also highlighted in the research undertaken by Parvizy et al., (2005) who presented that young people ascribed ease of accessibility of substances to addiction, as well as unhealthy friendships and communication.

5.2.2 Differences identified in the study in regard to the literature

In regard to the current literature that was searched, this study is the only narrative study that has explored and emancipated the views of young people in regard to their experiences with substance use in the United Kingdom. The only other narrative study, as identified in the search, focused on inhalant users experiences in Australia (MacLean, 2007).

A large majority of the literature reviewed, focused on alcohol consumption by young people. Although there was some mention of alcohol use by all three young men, their stories all focused on the use of various drugs, as opposed to alcohol use. Their stories highlighted that they perceived their difficulties with substances in regard to both legal and illegal drugs.

Additionally, cannabis use was spoken about by James, Bob and Tom, and was especially prominent in James' and Tom's stories. Their experiences with cannabis were focused more so on the social aspects of using cannabis and the various influences it had on each of them, in their own individual ways e.g. James struggled with mental health issues and cannabis use. The literature that was reviewed, focused largely on the social status of smoking cannabis and tobacco (Haines et al., 2010), cannabis in combination with tobacco (Akre et al., 2010) and attitude changes over time towards cannabis use (Järvinen and Demant, 2011).

5.2.3 New findings

In relation to the literature search, this study is unique, in that it is the only exploratory and emancipatory study that used a narrative methodology and narrative analysis to explore young

people's experiences with substance use, after being discharged from a specialist support service, in the United Kingdom.

In line with the theoretical and epistemological position, the research presented detailed, in-depth narratives of three young men's experiences with substance use. Their stories could allow readers to transfer this information to the contexts in which they work. In regard to Educational Psychologists, the understanding and information received from these stories could be transferred to work with young people, both in and out of education who are struggling with substance use issues.

The findings also highlighted experiences varied in education for James, Bob and Tom. This exploration, had not been undertaken in as much depth or focus by previous research in this field.

5.3 Limitations of the study

The first limitation of the study is that it is constrained by the idiographic approach, in that the findings although could be transferable, are not generalizable to other young substance users. The findings are specific to James', Bob's and Tom's own personal experiences. Additionally, the analysis process is also limited to an individual interpretation, although still being mindful of credibility processes. Conversely, this form of research also invites the readers to make their own interpretations of the stories and experiences, thus providing a potential wider insight into the many possibilities of the different difficulties that these young people faced in regard to their substance use.

A second limitation specific to this study, is the small sample size. Typically in narrative research, sample sizes tend to be small, due to the detailed form of analysis that is undertaken and the lengthy time this can take. However, when initially starting this research I had aimed to interview between four to six young people. When engaged in the process, particularly that of recruitment

it very quickly transpired that this number of participants would not have been possible given the time limits of gathering data (October 2015 – January 2016). This was due to reduced numbers of young people either coming to an end or having ceased their involvement with the specialist support service – in line with the inclusion and exclusion criteria for recruitment. Therefore, three people were identified as suitable and were asked by the specialist support service. They then agreed to take part in the research. Had there been more time, perhaps more young people may have been approached and thus interviewed.

5.4 Further research

Although the study was idiographic, therefore, comparisons across stories have not been made, all voices that have been explored and emancipated in this research have been the voices of young males. Further qualitative research in this area could focus on, or attempt to gain the voices of young females who have experienced issues with substance use.

Additionally, similar research could also be undertaken with older young adults (aged 18-25) to explore the various life experiences, had by young adults at this time in their life, in relation to substance use.

Furthermore, research into younger people (aged 11-16) could also be explored, in regard to their substance use and the various difficulties they may or may not have experienced. Due consideration would need to be given to younger participants, in terms of gaining informed consent from both young people and their parents. This was a potential barrier for this particular research, as some of SSS' clients were receiving support without parental knowledge.

Further qualitative research could also focus more specifically on the influences of substance use and young people's learning and/or educational experiences. This could be closely linked to the

implications for education providers and the professionals they work with, including Educational Psychologists.

Finally, another potential for further research could be to follow up young people's stories later, either six months to a year, to map their journey and allow a space for the young people to continue to reflect back to notice changes, either positive and/or negative. This would enhance the exploratory purpose of the research, in that continued conversations could help enlighten the ongoing struggles or triumphs young people have experienced in relation to their substance use.

5.5 Relevance of study to Educational Psychology

5.5.1 Relevance of findings

These stories, although not generalizable to other contexts, may be useful to Educational Psychologists. In having provided a rich and detailed description, it is hoped that readers of this research will be able to consider aspects that may be transferable to the contexts in which they work. The findings could help EPs develop hypotheses with regard to how best to support young people in educational settings who are struggling with personal substance use issues.

James' story overall depicted the various impact his own substance use had on the various factors in his adolescence. His story presented himself as possibly a recreational drug user who then became dependent on his drug use for everyday life. He spoke of various risk factors such as dealing with family stresses, stresses in education and especially fraught relationships with peers when younger (his reflections on his bullying). James also openly spoke about the impact of his substance use on his own mental health and the impact of this on his education. His story is highly relevant to EPs and professionals alike as it is likely EPs would come across young people similar to James, struggling in school with peers, relationships and their education. His story highlights the significance of his needs and the various factors surrounding these, substance use being of course central to this. It is important for EPs and professionals alike, particularly in educational

settings, to be aware of the different risk factors (as discussed in Chapter 1) and begin to unfold the stories and experiences of the young people they encounter. James' story also reflected on the support he received from SSS and how valuable this was for his recovery, which also presented as a protective factor. An implication of this, presents the need for multidisciplinary practice and for professionals to be aware of and work alongside all the different agencies, particularly services like SSS in local authorities.

Bob's story highlighted not only his own, but also other's varied experiences with substance use and the impact of this on their physical and mental health. Bob's story portrayed him as both a recreational drug user and also perhaps a dependent user until he was able to stop completely. His recreational use was presented through his story of wanting to explore his own consciousness through substance use. There are many implications for professionals from Bob's story. Bob highlighted the importance of being aware of his own and other's mental health and seeking the appropriate support. He also spoke passionately about drug awareness and drug education in schools for all young people to be aware of the risks and dangers surrounding various substances. Health care professionals and EPs working in child and adolescent mental health services would have a role to play in supporting young people like Bob. Needs could be identified through the young person, family, friends or school and support could be provided. Additionally, Bob's story reflects the need for drug education. Cohen (2014) talks about the importance of drug education for young people and what it should include. He states the following about what drug education should aim to do:

- Increase knowledge and understanding of drugs, drug use and related issues through the provision of information.
- Explore a range of attitudes towards drug use and drug policies and enable young people to reach their own informed views.

- Develop a range of skills to increase young people's confidence, abilities and skills to manage drug-related situations involving their own drug use and their responses to other people using. (Cohen, 2014, p.136).

Drug education has major implications for educators and professionals in ensuring the safety and wellbeing of young people. EPs alongside drug and alcohol specialists could deliver tailor made training on the areas discussed above, in relation to the needs of different schools, highlighting the issues and having young people discuss their concerns and become aware of realities and facts surrounding drug use and the varied effects.

Finally, Tom's story reflected the significance of his substance use on both positive and negative relationships with family and friends. He spoke of traumatic family experiences, which may have contributed as risk factors for his substance use. However, he also spoke of a loving and caring father who has acted as a protective factor in supporting his recovery from substance use. Tom also spoke of the valuable relationship with his teachers who were empathetic and understanding towards his needs and willing him to do well. Tom's story highlights the significance of understanding and empathetic adults in his life who helped support him. Professionals highlighting this importance to school staff, may further help other young people like Tom in dealing with various issues surrounding substance use and mental health.

Although not generalizable, the findings from the stories present different contexts in which young people can be supported and prevented from substance use issues through the various factors discussed. It is also important to be aware of the risk factors stated earlier in Chapter 1 and for EPs to be aware of these as possible triggers for young people developing substance misuse/abuse. Specialist schools such as pupil referral units and schools supporting young

people with social, emotional and mental health needs may have particularly vulnerable young people and it will be imperative for EPs to work closely with these educational settings in supporting both adult staff, (through individual or group supervision), supporting young people (through individual therapeutic work, consultation, or referral to services similar to SSS), supporting school policies on drugs and overall drug education.

EPs also have a valuable role in supporting young people direct in services such as SSS through similar therapeutic work to support their social, emotional and mental health needs, as well as offering supervision and support for SSS workers.

The many experiences that were spoken about and highlighted by each of the young people varied across their stories. In line with the constructivist epistemology, and idiographic approach of this study, the stories highlight the significance of individuality that is fundamental to the EP role. Much of the work undertaken at the individual level by EPs is usually idiographic and complex in nature (Frederickson, Miller and Cline, 2008). This research presents the complexity of different experiences had by individuals in relation to their substance use. It is hoped that by reading this study, particularly their stories, will add some insight of the difficulties some young people have faced in regard to their substance use.

5.5.2 Relevance of study (Use of a narrative approach)

Narrative analysis forms part of the broader field of narrative psychology, which is predicated on the content, function and structure of the stories we tell in social interactions. Murray (2003), states that in narrative psychology we “accept that we live in a storied world, where we interpret the actions of others and ourselves, through the stories that we exchange” (p. 95).

Psychologists such as Gergen and Gergen, (1986, cited in Murray, 2003), Murray, (1997, cited

in Murray, 2003), Polkinghorne (1988, cited in Murray, 2003) and Sarbin (1986, cited in Murray, 2003) adopted narrative methods and ideologies within their work, they “argued that narrative is a central human means for making sense of the world. In providing everyday accounts of ourselves we are speaking in narrative forms” (Murray, 2003, p.97).

The particular approach of narrative analysis that was adopted in this study, is useful and relevant to the role of the Educational Psychologist, particularly phase two: Engel’s narrative analysis. This form of gathering views and stories from young people, allows Educational Psychologists and professionals to gain the ‘voice’ of the child/ young person, which is crucial in the work undertaken by professionals when working with this population. This is especially important for Educational Psychologists who conduct both statutory and non-statutory work, whereby the education, health and care plan that is written for children and young people, advocates that the child/ young persons’ voice should be expressed in their education, health and care plan. One way of gathering their view, is through the use of a narrative methodology.

Additionally, narrative methods used by psychologists and professionals, allows the child/ young person to address their needs and develop a knowledge of themselves, which only they can possess (Billington, 2006). By using Engel’s specific approach, this allows the reader and narrator to view their story in full and gain an in-depth understanding of the processes and meanings underlying the experiences expressed in the story.

5.5.3 Links to educational psychology practice and policy

5.5.3.1 EP Practice

No amount of knowledge can improve the outcomes for an abused, or a seriously failing, or a painfully anxious young person, if this knowledge cannot be utilized appropriately, communicated effectively, tailored to the contexts and understandings of those in the

best position to help, and conceptualize within a set of values that are truly humanistic and person-centred (Frederickson et al., 2008, p.23).

This study, through the utilisation of a narrative approach, highlighted the personal meanings these young people ascribed to their experiences with substance use, exploring their potential inner worlds and the roles they took on, whilst using substances and later when they reduced or ceased their substance use. The nature and theoretical underpinning of this study and its findings, could be linked to personal construct psychology (PCP). PCP is underpinned by psychodynamic and ecological psychology. Melanie Klein (1963, as cited in Hutton, 2000) discusses the significance of a person's internal world, which affects their behaviour in their external environment. By attempting to be conscious of what is inside, such as ideas, thoughts and feelings, this allows the person to make sense of everything. In doing so, they include plans and intentions, regulations, instructions from others, roles they have taken on and responses to changes in the context.

PCP propose that "people are proactive in making sense of themselves and the world in which they live. They construct meaning from their experience and therefore an individual's particular way of making sense of the world will be personal to them" (Beaver, 2011, p.82). This view coincides with the idiographic nature of this study. However, caution should be advised, as although some links can be made to PCP in regard to this study, PCP also works in a solution focused manner to challenge or accept constructs for people in order to deal with and support difficult experiences. This study did not seek to locate constructs, nor did it analyse and present solution focused ways for supporting these young people. PCP has been highlighted, as the idiographic aspect of it is relatable to this research, particularly that people make sense of their worlds through their personal experiences. In practice, professionals and EPs could adopt PCP theory and approaches when working with children and young people to gain a better understanding of their personal meaning making processes for their various experiences.

This study can also highlight the significance of the use of the consultation model when working with children and young people as a safe and inviting space to discuss concerns and issues, particularly in relation to substance use. Consultation offered by EPs can tend to be a more useful, egalitarian, less instrumental, individualistic form of applied psychology (Wagner, 2000). Consultations require the consultant to remain neutral during the consultation, as although they are a part of the process, “they must also retain sufficient distance so that they can observe and feedback the thoughts and feelings that are expressed for the consultee to take note of” (Campbell and Huffington, 2008, p.5).

This tool used by psychologists, was helpful in the interviews with young people, as I remained neutral and sat listening to their stories. Consultation has been linked to this research, in that it provides an opportunity for Educational Psychologists to explore and emancipate young people’s voices and experiences, especially in regard to their own needs. Consultation could be utilised as a way to explore some of the substance use issues that are highlighted by young people and explore with them avenues of support, given the understanding of some of the difficulties young people can face with substance use.

The role and workplace setting for the Educational Psychologist is ever evolving. Educational Psychologists work in a range of settings, including local authorities and the National Health Service (NHS) to name a couple. Increasingly Educational Psychologists have taken up posts working in child and adolescent mental health units (CAMHS). This research could provide an insight into the difficulties faced by young substance users that they could transfer to their work settings in order to create multiple hypotheses when working with this population of young people.

In local authorities, many Educational Psychologists work in a multi-disciplinary team such as integration panels that discuss possible exclusions of young people, where substance use issues

are often raised (as has been the case in the local authority where this research was undertaken). Educational Psychologists also work alongside targeted youth support teams and this research aims to add insight and understanding of the issues faced by these service users (SSS is part of targeted youth support teams).

Finally, the research also highlights the many support services and professionals who are trained and specialised to support young people with substance use issues, like the specialist support service. The following statement in regard to the Educational Psychologist role is presented by the British Psychological Society (BPS) professional practice guidelines for Educational and Child Psychologists, which highlights the need for working closely with others surrounding children and young people,

Professional educational psychologists are concerned to support and promote the proper development of young people. In doing so, they work not just directly with young people, but also with their parents and families and with the other adults who teach and care for them (2002, p.4).

In line with multi-disciplinary working for Educational Psychologists, and the purpose of the study, Educational Psychologists could empower links in schools by using narrative methodologies as a tool for emancipating and exploring young people's views, thus expanding school's understanding of how and why it is important to listen to children/ young people. Tom Billington (2006), advocates that as professionals we should be mindful of how we listen to, write about, speak of and speak with children and young people. Additionally he also states the importance of how as professionals we listen to ourselves when working with children/ young people (Billington, 2006). This study adopted these principles outlined by Billington, in that I was very mindful of how each young person's story was listened to, recorded and then portrayed for readers to view (phase one of analysis). Furthermore, through the use of the perlocutionary effect in Engel's analysis, I was also aware of myself and what the stories stirred up in me as I listened to and read them.

Finally, another suggestion for practice from this study and its findings could be for Educational Psychologists to upskill school staff in some of the difficulties young people experience in regard to their substance use and which services are available to help support the young people, their families and the school. Training could be offered to schools jointly with specialist support services, that is tailored to the educational environment and its potential influences on substance use, as presented in James' and Tom's stories.

5.5.3.2 Policy

In line with the introduction of the recent special educational needs and disability [SEND] code of practice (2014), Educational Psychologists now work with young people aged up to 25. The code also stipulates that “there is a clearer focus on the participation of children and young people ... in decision-making at individual and strategic levels” (SEND Code of Practice, 2014, p.14). Substance use could become a need that is identified by young adults, in regard to their special educational need, especially as the young people in this study often referred to various individual mental health issues associated with their substance use. It is imperative that Educational Psychologists working with young adults, aged 16-25, are aware of some of the real life issues young people experience, including concerns or issues with substance use. Mental health issues had been experienced by all three young men at some point in their life, as presented in their stories. The SEND code of practice acknowledges that social and emotional difficulties can manifest themselves in many ways, which may reflect underlying mental health difficulties. Furthermore, the code of practice states that “schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils” (SEND code of practice, 2014, p.98). In this role, Educational Psychologists could support schools in their understanding of these needs.

Additionally a recent policy released by the Faculty of Public Health and Mental Health Foundation (2016), highlights the various mental health needs in schools and how best to support them. The policy (Better Mental Health For All: A public health approach to mental health improvement) highlights substance misuse to be associated with poor mental health. The policy discusses various mental health needs and addresses six principles overall that could support the mental health needs of young people and promote mental wellbeing, by educators, professionals and families. I selected three of the six that I believe to be most applicable to this study and the role of the EP:

- (1) Interventions which focus on the positive have added value over those which focus on finding or preventing the negative.
- (2) Engagement, both community and individual is central to public mental health. This is concerned with involving communities in framing the issues and the solutions, and developing individual strengths and resilience.
- (3) A truly multidisciplinary and inter-sectoral approach must be adopted as no one discipline has all the knowledge or power to effect the required level of change (Faculty of Public Health and Mental Health Foundation, 2016, p.28).

Finally the Department for Education (DfE) have published guidance for schools in supporting them to meet the needs of children and young people with mental health difficulties.

An important key to promoting children's mental health is an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges. The role that schools play in promoting the resilience of their pupils is important... School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. (DfE Mental health and behaviour in schools, 2015, p.8)

5.6 Dissemination

5.6.1 Dissemination to James, Bob and Tom

As discussed in chapter 3, 3.7.5, I met with each young person for the second time to feedback and present their story to them in rough verse form. They provided feedback on receiving and reading their story back, which was a powerful process in not only providing them with a voice in expressing their reflections of the interview process, but also allowing them the chance to express their personal opinions on the analysis process. Details of the full transcripts from the second interviews can be read in appendix M3. James, Bob and Tom consented to receive a copy of their story once analysed in full, upon completion of write up of the research. This has since been emailed to each of them (their individual sections as laid out in the findings chapter).

As per the poignancy of the feedback process, I have included some comments from each young person when they received their rough verse narrative in the second interview with myself to highlight their views on the research process.

5.6.1.1 James' feedback

"I really liked the way it was written ... because it was like all, cross-cutted as well which brought it all together in a whole way which was really good..., just makes me remember all of it in a better way...it's good."

"Were there any emotions it brought up in you?"

"Initially straightaway happiness definitely [short pause] obviously there were the dark times in there... the depression that side of it, that's completely understandable, I completely get why I'd feel that. I want to say [short pause] not so much regret... but yeah it is there... from reading something when I was so young, to reading it older it's just like, why didn't I listen to myself then... so yeah, a bit of regret there as well, but overall it's quite like, not refreshing, just, like, helps to cleansing."

“Anything that stuck out for you in particular?”

“The way it was written was like [short pause] I mean it linked mainly back to school and things [short pause] so I think what stood out for me the most was just the impact of everything... because I could see it all, it was in front of me... successfully portraying drugs and also the success... you can get through things with support and you can actually recover... it’s down to the person... this is my story so it was ultimately... this was the road I chose to follow, it’s not going to be the same with everyone, but... it can be done if you really want it to and it will be done in the way you want it to... I’ve come out in a way that I’m happy with and I think that SSS and CAMHS and other people... would be more than t takes a lot to really realise what’s, when you’ve got an issue, like what it’s actually affecting, how much it’s actually affecting, the extent of the problem. So... being able to see really it affected school, it affected my home life, my friends. Yeah it really showed how extensive it all kind of got.”

“What do you feel the story achieves?”

“I think it achieves... success in the end, definitely. It shows... in many respects, the different things drugs can do to you as well, because there were loads of highs as well as loads of lows ... when you’re in it and when you’re high at that time you don’t actually realise it until you’re thinking back to it retrospectively, so yeah, so it achieves a sense of I think, happy with compared to what I was before I went in without any of that support. So... determination, success I guess.”

5.6.1.2 Bob’s feedback**What did you think of reading your story back and the way it was presented to you?**

“I sound like such a fuckin’ loser. I do, innit... I just think I fucked it in terms of everything I’ve done at a young age.”

“What stuck out most to you when you read it?”

“It’s just disgusting... Literally disgusting the whole thing... What’s disgusting is that... that’s not my life, that is like a very brief pretty shit summary and that’s down to how I’ve explained it... of certain things that might have happened, but at the end of the day it’s just disgusting... But when you’ve actually been like, 11 years old, been completely naïve, thinking what you’re doing is cool, and like, sort of stupid shit, and you go through the years and you do all this butters stuff to yourself and you take all these nasty substances, you get to this point and you’re like, “shit really fucked myself up here” and there’s absolutely nothing you can do about it. All the damage that this stuff does is completely irreversible, no matter who tells you different, they’re just lying to you... I shouldn’t be regretting my childhood this much when I’m 17.”

“Anything that surprised you, when you read it, from your story?”

“I done it all, innit, so not really. Just wish I didn’t... Like I was literally a bright little lad when I was in Year 5, when I was 10... I don’t think you realise how pissed off I am with myself for doing that to myself. Like literally could’ve been so much more than that... To be honest it really gets on my nerves so much the whole fuckin’ [short pause] do you know it’s parents man, “you can’t tell that to my kid because it’ll upset them”. Well, do you want them to be upset for five minutes or do you want them to live a life of completely fuckin’ themselves up physically and mentally to a point where they don’t even know what the fuck is going on anymore... Pretty dirty shit man.”

“You’ve spoken a bit about, that you thought it was quite disgusting, there being some regret as well that the fact that you can’t go back and change that. But you also spoke about moving forward and I think that’s something that came more towards the end about how to help others.”

“Yeah [short pause] I don’t know how to explain it, like if I was given the opportunity... if I was to go into that sort of thing... I’d proper hammer it home man, it’s like this is not something you fuck about with. It just ruins your life, like, it literally just ruins your life.”

“Are there any themes that come to mind in your story?”

“Don’t know. Drugs I guess... It’s been a little shit really... that’s the thing with drugs and friendships, most of your friendships like, are fake as fuck because if you’re like proper into the drug scene, a lot of your friends will fuck you over just to get something that benefits themselves anyway. So friendships, it’s like, as I’ve grown up... You’re in a community where you... doing stuff like that, it appears at the time like it means something... but it means fuck all when you leave school, it literally means nothing... I don’t know man, you’ve just got to think about yourself...”

*5.6.1.3 Tom’s feedback***“How did you find reading it?”**

“I’d go off on a lot of tangents. I was looking at that and I feel like that’s a huge indication of weed in that sense of when I talk about memory loss how you would ask me a question, I’d start telling a story and then I’d go off on something else and I’d completely forgotten where I started. By the end of it, you know, I’m nowhere, and I hate that, but yeah...It’s insightful...I remembered saying these things, and I was like, at least I’ve said this and this...”

“When you were reading back was there anything that stuck out in particular?”

“It was just nice to read, there were some things that I’d said about Matthew, my dad and it was just nice to see that side of things. Going over experiences, like reading that and still a lot of it is true today.”

“If you could sum up your story... what would you say it’s about?”

“It’s about my struggle with drugs and how it’s a journey that you need help with, you cannot do it by yourself, because I think that being alone, that’s what eats away at you, that’s where all these problems come, just being by yourself with doing that. And it also shows a very fucked up

life ...It shows that not everyone goes into a room with clean shoes, I think that's a phrase. I mean, I also think that it depends how you use those situations in your life... you can either use them as an excuse or you can flip it the other way, and I think in my story, I give both sides of that. So I went through the good, the bad and the ugly."

"What do you think and feel the story does for you personally?"

"I mean it just shows that... it's nice reading over it because it shows how far I've come, even if I've had some stumbles along the way. Like, I've always tried to tell myself now, although you might be looking up and your destination might be far away, just always turn back and see how far you've come, because that's, you know, you're going to say that when you're up there as well, so it would be nice. I think that's what I get from my story, it's the journey and that I can still build on it. So I can either build on it... but I know that I have to... keep aiming."

5.6.2 Dissemination to stakeholders (Educational Psychology Service, Specialist Support Service and University)

As key stakeholders in this research, the Educational Psychology Service (EPS) that I worked for whilst undertaking the research, the specialist support service (SSS) who helped with recruitment and the Tavistock and Portman NHS Foundation Trust University, the study was disseminated to all three.

I presented the study and findings back to the EPS, which included educational psychologists, my supervisor, team manager, Principle Educational Psychologist, Trainee Educational Psychologists and Assistant Psychologists. The study was presented in a PowerPoint presentation which focused on each phase of the research, with emphasis placed on the individual narratives told by James, Bob and Tom. As well as the potential implications of the study on the Educational Psychologist role. The EPS has a copy of the presentation and upon VIVA approval, a copy of the final thesis will be sent to the EPS for their records. The EPs were

also made aware of the specialist support services within the county that support young people with substance use issues, such as SSS, counselling for schools, the targeted youth support team and more national organisations such as FRANK.

The same presentation was also sent to the head of the specialist support service, who expressed interest in the findings and outcomes of the study. He then shared this with his team.

Finally I presented the research to University staff and fellow Trainee Educational Psychologists in poster format, again highlighting the narratives of each young person and the potential implications of the study on the Educational Psychologist role.

5.6.3 Publication

I aim to publish this research in the near future, particularly as the research is unique to the current literature and provides implications for the Educational Psychology role. To highlight this research within the Educational Psychology profession, I feel that the Educational Psychology in Practice journal would be the most appropriate journal to publish in, if possible.

5.7 Reflections of research journey

“Narratives do not merely refer to past experience but create experiences for their audiences”

(Aristotle and Mattingly, cited in Riessman, 2008, p.40).

This journey has been both the hardest and most rewarding in terms of academic and professional work that I have undertaken, my mental wellbeing and emotional state.

5.7.1 Reflexivity of being an Educational Psychologist and researcher in this process

Throughout the process of this research I found it extremely difficult to separate myself as a researcher from my professional role as an EP and also more personally as a caring and

passionate citizen. I found myself questioning my role and which 'hat' to put on particularly during the interviews with each young person. My experiences of my particular role that I took with James, Tom and Bob differed from person to person.

With James, I felt that I was able to maintain the researcher role as he spent most the interviews articulating his story very well and allowing me to ask my questions with minimal prompts, thus following the interview schedule very closely. I had a somewhat similar experience with Tom, in that he articulated his story very well and was able to answer each of my questions. However, I had met with Tom after meeting Bob and thus was more prepared and aware of possible silences where I may have to use more prompts than I had potentially planned for. Therefore I also felt that my role as researcher was just as prevalent as my role as EP during the interviews with Tom as I was very much interested in his wellbeing during certain occasions throughout his first interview.

I was very conflicted in the roles I portrayed and felt during the interviews with Bob. His distressing experiences and low self-esteem in regard to his future impacted upon me in ways I had not anticipated or possibly prepared for. I found myself worrying about him the most and often taking on my EP role during the interviews, and drawing on my empathetic and interpersonal skills more so in the interviews which may have influenced some of the prompting questions. Bob was not able to articulate his answers as well as the other two and therefore required lots of prompting and also understanding of the various experiences he had been through and how far he had come since.

Throughout the whole experience it highlighted to me the significance of supervision in supporting me through dealing with the different roles. As well as being aware in myself of the transference during the interviews and the impact this may have had on the analysis. I also had to be mindful of my personal choices for this particular research and ensure that my own family experiences

were not clouding my judgements in regard to analysis. By recording my thoughts as they arose whilst reading each story at attempting to analyse (through reading the story as a whole, breaking it down and reading it back again as a whole) this enabled me to see clearly what my interpretations were and where they had come from, in regard to the different sections of the story, and how this then influenced the analysis of the story as a whole. By checking the analysis and results section with my supervisor, I was able to remain more neutral. All in all, I felt that throughout this research it was difficult to take on one role at a time and inevitably the roles would overlap, with one perhaps being more pronounced than the other at different times.

5.7.2 Difficulties encountered in research

It has been difficult to adopt an epistemological position that I do not usually ascribe to in my work and everyday practice. However, in doing so I have learnt about the value it can add as an Educational Psychologist to the individual case work that is undertaken, as well as the significance placed on the voice of the young person. Working ideographically has highlighted the varied meanings people ascribe to their individual experiences.

The data collection itself was also a struggle. Many adaptations had to be made, in terms of the setting of interviews to allow for recruitment of young people. The county is large, therefore I had agreed, upon ethical approval, to hold interviews at targeted youth office bases, closest to the participant's home or school. This was in itself stressful, having to negotiate my role as Trainee EP and researcher, as well as travelling around the county.

Additionally, I relied heavily on SSS to recruit participants as I was removed from this process. I found this time to be increasingly difficult as I had very little to no control over how participants were being recruited and if they were given all the information, as agreed. However, SSS successfully recruited three young men who gave up their time and shared their exceptional stories with me and readers of this research.

In conjunction with the idiographic nature of the study, I worked very much alone on this research (with due regard to the support from my academic supervisor). The research journey was very lonely and personal to this research. I did not have other trainees to support in my understanding of narrative methodologies and analysis as others had not chosen the same or similar methods. I spent much of the time self-learning about narrative methodology and the various forms of narrative analysis, and was extremely grateful to the support received with this from my academic supervisor. However, it was a lonely journey, and although difficult at the time, by using a methodology I was unfamiliar with, provided me with confidence to extend my learning and explore new ways of working. Especially as I have learnt the value of narrative research and how useful it can be, both in research and practice.

Given the highly emotive nature of the study, I was mindful throughout of the mental wellbeing, first and foremost of my participants, and also my own mental wellbeing. I discussed support services and checked the wellbeing of my participants each time I met them, as well as checking in via phone after an interview, as one participant was highly emotive towards the end. I received personal supervision where I felt safe and comfortable to discuss my emotional needs. These tended to be linked to the process of research more so than the emotive content that was discussed.

Furthermore, in the research I was also very mindful of potential psychodynamic processes, such as transference and countertransference from listening to, reading and analysing the stories, "the state of mind in which the other people's feelings are expressed as one's own" (Obholzer & Roberts, 1994, p.16). This was particularly pertinent when expressing my own feelings in the perlocutionary effect section of the analysis. I very much felt that many of the emotions expressed and experienced by the young people when telling their stories, were transferred into my own feelings upon reflection of hearing and reading their stories.

5.7.3 A rewarding experience

By far this piece of work has been the most rewarding endeavour I have undertaken, despite all the difficulties, anxieties and frustrations experienced.

The most rewarding aspect of the journey was to have been given the chance to meet with James, Bob and Tom, who shared with me, and readers of this research, their most intimate, personal and detailed experiences of some of the difficulties they each faced with their substance use. It was immensely gratifying to be able to feedback and present their rough verse stories to them in the second interview, and gain their views and interpretations of their own stories. Additionally, it has been a pleasure to share these findings and this study with peers, colleagues and professionals alike. This research also provided an opportunity for me to learn about services that I may not have necessarily come into contact with, such as the specialist support service.

Despite the initial apprehension with using a methodology and form of analysis unbeknown to me, especially one that is so broad in the form of analysis that can be utilised, I found it very rewarding to use narrative analysis. It has developed my learning and understanding of the qualitative research methodology as a useful and helpful way of exploring and emancipating a small group of young people whose voice has not been explored through research in the UK. I have also learnt a great deal about myself, both as practitioner and researcher. It has been difficult at times to undertake both roles simultaneously, whilst training to become an Educational Psychologist, however, through this process I have developed my own organisational skills and most importantly my interpersonal skills with people I work with.

As stressful as the research journey had been, I also still enjoyed learning about the new methodology, about myself as research practitioner in the real world and most importantly being able to explore and emancipate James', Bob's and Tom's stories of their substance use.

5.7.4 Closing reflections

I ensured that my work was conducted ethically, taking into consideration the following principles as outlined in the Meta code of ethics approved by the European Federation of Psychological Association (EFPA); “respect for a person’s rights and dignity, recognition of boundaries of competence, professional and scientific responsibility to all service users and the community and integrity of myself; to be self-reflective and open about personal and professional limitations” (Kelly, Woolfson & Boyle, 2008, p. 55-62).

Chapter 6. Conclusion

The findings of the current research contribute to the literature by offering a personal and in-depth understanding of some of the experiences and difficulties these three young men have faced in relation to their substance use. The use of a narrative methodology has provided the opportunity to both explore and emancipate the voices of these three young men, and shed light on their experiences, adding to a limited qualitative research base within the United Kingdom. The stories have allowed readers into the lives of James, Bob and Tom and it is hoped that the findings could help Educational Psychologists develop hypotheses with regard to how best to support young people in educational settings who are struggling with personal substance use issues.

7. References

- 2011 ESPAD report: Substance use among students in 36 European countries. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs. Retrieved from http://www.espad.org/uploads/espad_reports/2011/the_2011_espad_report_full_2012_10_29.pdf
- Akre, C., Michaud, P.A., Berchtold, A., and Suris, J.C. (2010). Cannabis and tobacco use: where are the boundaries? A qualitative study on cannabis consumption modes among adolescents. *Health Education Research*, 25(1), 74-82.
- Allan, J., Fok, C. C. T., Henry, D. and Skewes, M. (2012). Umyuangcaryaraq "Reflecting": Multidimensional Assessment of Reflective Processes on the Consequences of Alcohol Use among Rural Yup'ik Alaska Native Youth. *The American Journal of Drug and Alcohol Abuse*, 38(5), 468-475.
- Allen, J., Mohatt, G. V., Fok, C. C. T., Henry, D., and Burkett, R. (2014). A Protective Factors Model for Alcohol Abuse and Suicide Prevention Among Alaska Native Youth. *Journal of Community Psychology*, 54, 125–139.
- Atkinson (2002). The life story interview. In J. F., Gubrium and J. A., Holstein, (Eds). *Handbook of interview research: Context and Method (121-140)*. California, London and New Delhi: Sage Publications Inc.
- Bassols, A. M. S., De Boni, R., and Pechansky, F. (2010). Alcohol, drugs, and risky sexual behavior are related to HIV infection in female adolescents. *Revista Brasileira de Psiquiatria*, 32(4), 361-368.
- Beaver, R. (2011). *Educational Psychology Casework; A Practice Guide (2nd ed)*. London & Philadelphia: Jessica Kingsley Publishers.
- Behr, M. & Cornelius-White, J.H.D. (2008). *Facilitating young people's development: International perspectives on person-centred theory and practice*. Herefordshire, UK: PCCS Books.

- Bernstein, C. (1997). Labov and Waletzky in context. *Journal of narrative and life history*, 7(1-4), 45-51.
- Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016)
London: Faculty of Public Health and Mental Health Foundation.
- Billington, T. (2006). *Working with children*. London, Thousand Oaks, New Delhi: Sage Publications Ltd.
- Black, L.F, & Monrouxe, L.V. (2014). 'Being sick a lot, often on each other:' Student's alcohol-related provocation. *Medical Education*, 48, 268-279.
- Blaikie, N. (2007). *Approaches to social enquiry*. Cambridge: Polity Press.
- British Psychological Society: Professional Practice Guidelines Division of Educational and Child Psychology. (2002). Retrieved from http://www.bps.org.uk/sites/default/files/documents/professional_practice_guidelines_-_division_of_educational_and_child_psychology.pdf
- Camic, P. M., Rhodes, J. E. & Yardley, L. (2003). *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington, D. C.: American Psychological Association.
- Camic, P. M., Rhodes, J. E. and Yardley, L. (2003). *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington D.C.: American Psychological Association.
- Campbell, D. & Huffington, C. (2008). *Introduction: Six stages of systemic consultation*. In: Organizations connected: A handbook of systemic consultation. London, Great Britain: Karnac Books.
- Cohen, J. (2014). *All about drugs and young people. Essential information and advice for parents and professionals*. London and Philadelphia: Jessica Kingsley Publishers.
- Cortazzi, M. (1993). *Narrative Analysis*. London and Washington, D.C.: The Falmer Press.

- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches, Fourth Edition*. California, London, New Delhi and Singapore: Sage Publications Inc.
- De Visser, R. O., Graber, R., Hart, A., Abraham, C., Scanlon, T., Watten, P., and Memon, A. (2015). Using Qualitative Methods Within a Mixed-Methods Approach to Developing and Evaluating Interventions to Address Harmful Alcohol Use Among Young People. *Health Psychology, 34*(4), 349-360
- De Visser, R.O., Wheeler, Z., Abraham, A., and Smith, J.S. (2013). 'Drinking is our modern way of bonding': Young people's beliefs about interventions to encourage moderate drinking. *Psychology and Health, 28*(12), 1460-1480.
- Demant, J., and Järvinen, M. (2011). Social capital as norms and resources: Focus groups discussing alcohol. *Addiction Research and Theory, 19*(2), 91-101.
- Demant, J., and Törrönen, J. (2011). Changing drinking styles in Denmark and Finland. Fragmentation of male and female drinking among young adults. *Substance use and misuse, 46*, 1244-1255.
- Department for Education, Department for Health. Special Educational Needs and Disability Code of Practice. (2015). Retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SPECIAL_EDUCATIONAL_NEEDS_AND_DISABILITY_CODE_OF_PRACTICE_JANUARY_2015.pdf
- Department for Education. Mental health and behaviour in schools. (2015). Retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf
- Department of Health: Statistics on Drug Misuse England (2013) retrieved from
<http://www.hscic.gov.uk/catalogue/PUB12994/drug-misu-eng-2013-rep.pdf>
- Department of Health: Statistics on Drug Misuse England (2013) retrieved from
<http://www.hscic.gov.uk/catalogue/PUB12994/drug-misu-eng-2013-rep.pdf>

- Engel, S. (1995). *The stories children tell: Making sense of the narratives of childhood*. United States of America: W.H. Freeman and Company.
- Engel, S. (2005). Narrative analysis of children's experiences. In S. Greene and D. Hogan (Eds.), *Researching children's experiences: Approaches and methods* (pp. 199-216). London, California and New Delhi: Sage Publications Ltd.
- Findings from the 2014/15 Crime Survey for England and Wales retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf
- Foster, J., and Heyman, B. (2013). Drinking alcohol at home and in public places and the time framing of risks. *Health, risk and society*, 15(6-7), 511-524.
- Frederickson, N., Miller, A., and Cline, T. (2008). *Educational Psychology: Topics in Applied Psychology*. London: Hodder Education.
- Freeman, M. (2004). Data are everywhere: Narrative Criticism in the Literature of Experience. In C. Daiute and C. Lightfoot (Eds.), *Narrative Analysis: Studying the development of individuals in society* (pp. 63-80). California, London and New Delhi: Sage Publications Inc.
- Gergen, K. J. (1999). *An Invitation to Social Construction*. London, California and New Delhi: Sage Publications Ltd.
- Gomes, B.M.R., Nascimento, L.C., Silva, M.A.L., Campos, E.A., and Pillon, S.C. (2014). The context of alcohol consumption among adolescents and their families. *International Journal of Adolescent Medical Health*, 26(3), 393-402.
- Gray, M. (1993) Critical appraisal skills programme (2016) retrieved from <http://www.casp-uk.net/>
- Green, R., Mitchell, P., and Bruun, A. (2013). Bonds and bridges: perspectives of service-engaged young people on the value of relationships in addressing alcohol and other drug issues. *Journal of Youth Studies*, 16(4), 421-440.

Haines, R.J., Poland, B.D., and Johnson, J.L. (2009). Becoming a 'real' smoker: cultural capital in young women's accounts of smoking and other substance use. *Sociology of Health and Illness*, 31(1), 60-80.

Haug, S., Schaub, M. P., Venzin, V., Meyer, C., John, U. and Gmel, G. (2013). A Pre-Post Study on the Appropriateness and Effectiveness of a Web- and Text Messaging-Based Intervention to Reduce Problem Drinking in Emerging Adults. *Journal of Medicinal Internet Research*, (15)9. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785975/>

Health Care and Professions Council (2012). Standards of proficiency: Practitioner psychologists.

Hollway, W. (2015). *Knowing mothers. Researching maternal identity and change*. Hampshire: Palgrave Macmillan.

Hopson, L. M., and Hollernan Steiker, L. K. (2010). The Effectiveness of Adapted Versions of an Evidence-based Prevention Program in Reducing Alcohol Use among Alternative School Students. *Children and Schools*, 32(2), 81-92

Hutton. J. (2000) retrieved from: http://www.thebusinessofnow.com/wp-content/uploads/2014/03/034_Working-with-the-concept-of-organisation-in-mind.pdf

Järvinen, M., and Demant, J. (2011). The normalisation of cannabis use among young people: Symbolic boundary work in focus groups. *Health, Risk and Society*, 13(2), 165-182.

Jones, S.C., and Smith, K.M. (2011). The effect of point of sale promotions on the alcohol purchasing behaviour of young people in metropolitan, regional and rural Australia. *Journal of Youth Studies*, 14(8), 885-900.

Josselson, R. (2011). Narrative Research: Constructing, Deconstructing, and Reconstructing story .In F. J., Wertz, K. Charmaz, L.M., McMullen, R. Josselson, R. Anderson, & E. McSpadden, (Eds.), *Five ways of doing qualitative analysis: Phenomenological Psychology, Grounded Theory, Discourse Analysis, Narrative Research and Intuitive Inquiry* (pp. 224-240). New York: The Guildford Press.

- Kaljee, L.M., Genberg, B. L., Minh, T. T., Tho, L. H., Thoa, L. T. K., and Stanton, B. (2005). Alcohol use and HIV risk behaviours among rural adolescents in Khanh Hoa Province Viet Nam. *Health Education Research*, 20(1), 71-80.
- Kelly, B., Woolfson, L., & Boyle, J. (2008). *Frameworks for practice in educational psychology: A textbook for trainees and practitioners*. London & Philadelphia: Jessica Kingsley Publishers.
- Labov, W. (2013). *The language of life and death: The transformation of experience in oral narrative*. Cambridge and New York: Cambridge University Press.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. Essex: Pearson Education Limited.
- Larsson, S., Lilja, J., Braun, T. V., and Sjöblom, Y. (2013). General theoretical perspectives of narrative analysis of substance-use related dependency. *Substance Use and Misuse*, 48, 1294 - 1305.
- Lee, H. (1960). *To kill a mockingbird*. Philadelphia, USA: Lippincott.
- Lincoln and Guba's evaluative criteria (2016) retrieved from <http://www.qualres.org/HomeLinc-3684.html>
- Lincoln, Y.S & Guba, E.G. (1985). *Naturalistic Inquiry*. California: Sage Publications Inc.
- MacLean, S. (2007). Global Selves: Marginalised young people and aesthetic reflexivity in inhalant drug use. *Journal of Youth Studies*, 10(4), 399-418.
- MacLean, S. J., Kutin, J., Best, D., Bruun, A., and Green, R. (2014). Risk profiles for early adolescents who regularly use alcohol and other drugs compared with older youth. *Vulnerable Children and Youth Studies*, 9(1), 17–27
- Mason, J.M., Malott, K., and Knoper, T. (2009). Urban adolescents' reflections on brief substance use treatment, social networks, and self-narratives. *Addiction, research and theory*, 17(5), 453-468.

- McCambridge, J., and Strang, J. (2003). Development of a structured generic drug intervention model for public health purposes: a brief application of motivational interviewing with young people. *Drug and Alcohol Review*, 22, 391 – 399
- McCambridge, J., and Strang, J. (2005). Age of First Use and Ongoing Patterns of Legal and Illegal Drug Use in a Sample of Young Londoners. *Substance Use & Misuse*, 40:313–319
- Misuse of drugs act (1971) retrieved from <http://www.legislation.gov.uk/ukpga/1971/38/section/1>
- Misuse of drugs act (1971) retrieved from <http://www.legislation.gov.uk/ukpga/1971/38/section/1>
- Mullen, K., Watson, J., Swift, J., and Black, D. (2007). Young men, masculinity and alcohol. *Drugs: education, prevention and policy*. 14(2), 151-165.
- Murray, M. (2008). Narrative Psychology. In J. Smith. *A Qualitative Psychology: A practical guide to research methods (2nd Edition)*, (pp. 111-132). London, California, New Delhi and Singapore: Sage Publications Ltd.
- Notley, C., Scaife, V., O'Brien, M., Mceune, R., Biggart, L., and Millings, A. (2012). Vulnerable young people and substance-use information-seeking: perceived credibility of different information sources and implications for services. *Journal of substance use*, 17(2), 163-175.
- Nygaard, P., and Grube, J. W. (2005). Mixed messages: Contributions to adolescent drinking and driving. *Addiction Research and Theory*, 13(5): 411–426
- Obholzer, A., and Roberts, V.Z. (1994.) *The Unconscious at Work: Individual and Organizational Stress in the Human Services*. London: Routledge
- Oklan, A. M., and Henderson, S. J. (2014). Treating Inhalant Abuse in Adolescence: A Recorded Music Expressive Arts Intervention. *Psychomusicology: Music, Mind, and Brain*, 24(3), 231-237.
- Osilla, C. K., Pedersen, E. R., Ewing, B. A., Miles, J. NV., Ramchand, R., and D'Amico, E. J. (2014). The effects of purchasing alcohol and marijuana among adolescents at-risk for

- future substance use. *Substance Abuse Treatment Prevention Policy*, 9(38). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4177688/>
- Parvizy, S., Nikbahkt, A., Pournaghash, T., and Shahrokhi, S. (2005). Adolescents' perspectives on addiction: Qualitative study. *Nursing and Health Science*, 7, 192-198.
- Peterson, J. (2010). A qualitative comparison of parent and adolescent views regarding substance use. *The Journal of School Nursing*, 26(1), 53-64.
- Public Health England: Specialist substance misuse treatment for young people in England 2013- 14 (published 2015) retrieved from <http://www.nta.nhs.uk/uploads/specialist-substance-misuse-treatment-for-young-people-in-england-2013-14-commentary.pdf>
- Putnins, A. L. (2003). Substance use and the prediction of young offender recidivism. *Drug and Alcohol Review*, 22, 401 – 408.
- Ramey, H. and Grubb, S. (2009). Modernism, Postmodernism and (Evidence-Based) Practice. *Contemporary Family Therapy*, 31(2), pp. 75-86.
- Raskin, J. (2008). The Evolution of Constructivism. *Journal of Constructivist Psychology*, 21(1), pp. 1-24.
- Riessman, C. K. (1993). *Narrative Analysis*. California, London and New Delhi: Sage Publications Inc.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. California, London, New Delhi and Singapore: Sage Publications Inc.
- Robson, C. (2011). *Real world research: Third Edition*. West Sussex: John Wiley & Sons Ltd.
- Rossow, I., Storvoll, E. E., Baklien, B., and Pape, H. (2011). Effect and process evaluation of a Norwegian community prevention project targeting alcohol use and related harm. *Contemporary Drug Problems*, 38, 441-466

Suaalii-Sauni, T., Samu, K.S., Dunbar, L., Pulford, J., and Wheeler, A. (2012). A qualitative investigation into key cultural factors that support abstinence or responsible drinking amongst some Pacific youth living in New Zealand. *Harm Reduction Journal*, 9:36.

The United Nations 1989 Convention on the Rights of the Child retrieved from:

http://www.unicef.org.uk/Documents/Publicationpdfs/UNCRC_PRESS200910web.pdf

Tutenges, S., and Hulvej Rod, M. (2009). 'We got incredibly drunk...it was damned fun': drinking stories among Danish youth. *Journal of Youth Studies*, 12(4), 355-370.

Wagner, P. (2000). Consultation: developing a comprehensive approach to service delivery. *Educational Psychology in Practice*, 16(1), 10-18.

Wareham, K. (2012). Engaging with Young People through Narrative Co- Construction: Beyond Categorisation. *Educational and Child Psychology*, 29 (2), 77 – 87.

Wilson, J. J., Levin, F. R., Donovan, S. J., and Nunes, E. V. (2006). Verbal Abilities as Predictors of Retention Among Adolescents in a Therapeutic Community. *Child Psychiatry Human Development*, 36, 393–401

Young People's statistics from the National Drug Treatment Monitoring System, (2015) retrieved from: <http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-national-drug-treatment-monitoring-system-2014-2015.pdf>

8. Appendices

- L1 – Literature Search
- L2 – CASP of literature
- M1 – Interview schedule
- M2 – Participant Information Sheet
- M3 – Second Interview transcripts for all three young people (USB)
- M4 – James' anonymised original transcript (USB)
- M5 – James' anonymised temporally organised transcript (USB)
- M6 – James' temporally organised transcript with scenes (USB)
- M7 – James' organised scenes with rough verse quotes (USB)
- M8 – Bob's organised scenes with rough verse quotes (USB)
- M9 – Tom's organised scenes with rough verse quotes (USB)
- M10 – Ethics approval letter
- M11 – Participant consent form
- F1 – James' rough verse story
- F2 – Bob's rough verse story
- F3 – Tom's rough verse story
- F4 – James' detailed analysis with comments from researcher on underlying meanings
- F5 – Bob's detailed analysis with comments from researcher on underlying meanings
- F6 – Tom's detailed analysis with comments from researcher on underlying meanings

Appendix L.1. Literature Search.

Q1: What narrative/ idiographic studies have been undertaken on young people's substance use, and what do they tell us?

For the purposes of this review, the term 'narrative' relates to idiographic studies that employ a narrative analytic strategy.

| <u>Database:</u> PsychINFO Search | Terms searched: Abstract | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|---|--|---|-----------------------------|------------------------|--|------------------------|--------------------------|------------------------|-----------------------------|---------------------|
| 1 | Narrative* (and) drugs (or) alcohol | 33,043 | Peer Reviewed | 32,157 | Age: Young adulthood (18-29) Adolescence (13-17) | 8,673 2,945 | Language: English | 2,848 | Methodology: Qualitative | 132 |
| 2 | Narrative* (and) substance* | 190 | Peer Reviewed | 185 | Age: Young adulthood (18-29) | 42 | Adolescence (13-17) | 14 | Language: English | 14 |

When the term idiograph* was used for search 1, the results yielded 123 papers that were the same from the 132 papers in search 1.

For search 2, when I used the term idiograph* instead of narrative*, linked full texts yielded 0 results.

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|--|
| 1 | 8 | Quantitative methodology |
| | 14 | Un-related to young people's substance use - medical study/ health related |
| | 12 | Un-related to young people's substance use – sexual violence/ risk/ sexual relationships |

| | |
|----|--|
| 8 | Mixed methodology study (quantitative and qualitative) |
| 5 | Not idiographic – thematic analysis |
| 1 | Un-related to young people’s substance use – caffeine use on cognition |
| 9 | Un-related to young people’s substance use – self harm/ suicide/ mental health issues |
| 4 | Not available |
| 39 | Not all participants were young people (aged over 25) |
| 4 | Not idiographic – used focus groups (either solely or with individual interviews) |
| 1 | Not idiographic – grounded theory |
| 3 | Un-related to young people’s substance use – parental substance misuse |
| 2 | Un-related to young people’s substance use – alcohol marketing |
| 2 | Un-related to young people’s substance use – foster families and infants with prenatal substance exposure |
| 2 | Un-related to young people’s substance use – portrayal of alcohol use in television/ media |
| 1 | Not idiographic - Bourdieusian analysis |
| 1 | Not idiographic - Content analysis |
| 1 | Un-related to young people’s substance use – impact of brand sponsorship of music festival |
| 1 | Un-related to young people’s substance use – adolescent wilderness therapy |
| 2 | Un-related to young people’s substance use – young people who don’t use substances |
| 2 | Un-related to young people’s substance use – female prisoners |
| 2 | Un-related to young people’s substance use – out of home placements |
| 1 | Un-related to young people’s substance use – Non-government organisations regarding drug and alcohol prevention |
| 1 | Not idiographic - Secondary paper – analysing data from various other studies (participants not all young people aged 25 and under). |

| | | |
|---------------|--------------------------|--|
| | 2 | Un-related to young people's substance use – young mothers/ pregnancy |
| | 2 | Un-related to young people's substance use – siblings of drug users |
| Total | 130 | |
| Search | Number of studies | Reason for exclusion |
| 2 | 4 | Duplicate study from search 1 |
| | 2 | Un-related to young people's substance use - medical study/ health related |
| | 1 | Mixed methodology study (quantitative and qualitative) |
| | 3 | Un-related to young people's substance use –mental health issues |
| | 1 | Un-related to young people's substance use – parental substance use |
| | 2 | Not idiographic – grounded theory |
| | 1 | Un-related to young people's substance use – dream motif |
| Total | 14 | |

2 papers from searches 1 & 2 were included in the literature review for question one.

| <u>Database:</u> PsychINFO | Terms searched: Key words | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|-------------------------------|--|--|------------------------------|-------------------------|------------------------------|-------------------------|------------------------------|-------------------------|------------------------------|-------------------------|
| 3 | Narrative* (and) drugs (or) alcohol | 18,100 | Peer Reviewed | 17,859 | Age: Young adulthood (18-29) | 4,499 1,419 | Language: English | 1,376 | Methodology: Qualitative | 61 |

| | | | | | | | | | | |
|---|-----------------------------------|----|------------------|----|--|--|--|--|--|--|
| | | | | | Adolescence (13-17) | | | | | |
| 4 | Narrative* (and) substance* | 26 | Peer Reviewed | 26 | Age: Young adulthood (18-29) and Adolescence (13-17) | 6 Of the 6, 4 are adolescence | | | | |

When the term idiograph* was used instead of the term narrative* for search 3, the results yielded the same papers as search 3 (61 papers).

When the term idiograph* was used instead of narrative* for search 4, the results yielded 0 results.

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|---|
| 3 | 57 | Duplicate studies from search 1. |
| | 1 | Not available |
| | 1 | Not all participants were young people (aged over 25) |
| | 1 | Not idiographic – used focus groups |
| | 1 | Not idiographic – content analysis |
| Total | 61 | |
| Search | Number of studies | Reason for exclusion |
| 4 | 1 | Un-related to young people's substance use – parental substance use |
| | 4 | Participants were not young people (aged 25+) |
| | 1 | Duplicate from Search 1 |
| Total | 6 | |

No papers from searches 3 & 4 were included in the literature review for question one.

| <u>Database:</u> <u>PsycARTICLES</u> Search | Terms searched: Abstract | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|--|---|--|--|-------------------------|---|-------------------------|------------------------------|-------------------------|------------------------------|-------------------------|
| 5 | Narrative* (and) drugs (or) alcohol | 3,183 | Peer Reviewed and excluding book reviews | 3,077 | Age: Young adulthood (18-29) Adolescence (13-17) | 866 233 | Language: English | 233 | Methodology: Qualitative | 4 |
| 6 | Narrative* (and) substance* | 8 | Peer Reviewed and excluding book reviews | 5 | | | | | | |

When the term idiograph* was used instead of the term narrative* for search 5, the results yielded the same papers as search 5 (5 papers).

When the term idiograph* was used instead of narrative* for search 6, the results yielded 0 results.

| Search | Number of studies | Reason for exclusion |
|---------------|--------------------------|-----------------------------|
|---------------|--------------------------|-----------------------------|

| | | |
|---------------|--------------------------|---|
| 5 | 4 | Duplicates from Search 1. |
| Total | 4 | |
| Search | Number of studies | Reason for exclusion |
| 6 | 1 | Un-related to young people's substance use – mental health/ homelessness |
| | 1 | Un-related to young people's substance use – personal narratives as teaching tool |
| | 1 | Un-related to young people's substance use - exclusions |
| | 1 | Un-related to young people's substance use – dream motif |
| | 1 | Not young people (aged 25+) |
| Total | 5 | |

No papers from searches 5 & 6 were included in the literature review.

| <u>Database:</u> <u>PsycARTICLES</u> Search | Terms searched: Key words | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|--|--------------------------------------|--|--|-------------------------|---|-------------------------|------------------------------|-------------------------|------------------------------|-------------------------|
| 7 | Narrative* (and) drugs (or) alcohol | 2,001 | Peer Reviewed and excluding book reviews | 1,962 | Age: Young adulthood (18-29) Adolescence (13-17) | 615 127 | Language: English | 127 | Methodology: Qualitative | 2 |

| | | | | | | | | | | |
|---|-----------------------------------|---|---|---|--|--|--|--|--|--|
| 8 | Narrative* (and) substance* | 2 | Peer Reviewed and excluding book reviews | 1 | | | | | | |
|---|-----------------------------------|---|---|---|--|--|--|--|--|--|

When the term idiograph* was used instead of the term narrative* for search 7, the results yielded the same papers as search 7 (2 papers).
When the term idiograph* was used instead of narrative* for search 8, the results yielded 0 results.

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|---------------------------|
| 7 | 2 | Duplicates from search 1. |
| Search | Number of studies | Reason for exclusion |
| 8 | 1 | Duplicate from search 1. |

No papers from searches 7 & 8 were included in the literature review.

Q2. What qualitative studies have been undertaken on young people's views of their own substance use, and what do they tell us?

The search strategy used to answer Literature Review Question 1 was deemed relevant for Literature Review Question 2, therefore, these searches were utilised; the exclusion criteria were amended to allow non-idiographic, qualitative studies to be included.

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|--|
| 1 | 8 | Quantitative methodology |
| | 14 | Un-related to young people's substance use - medical study/ health related |

| | |
|----|--|
| 12 | Un-related to young people's substance use – sexual violence/ risk/ sexual relationships |
| 8 | Mixed methodology study (quantitative and qualitative) |
| 1 | Un-related to young people's substance use – caffeine use on cognition |
| 9 | Un-related to young people's substance use – self harm/ suicide/ mental health issues |
| 4 | Not available |
| 39 | Not all young people (aged 25+) |
| 3 | Un-related to young people's substance use – parental substance misuse/abuse |
| 2 | Un-related to young people's substance use – alcohol marketing |
| 2 | Un-related to young people's substance use – foster families and infants with prenatal substance exposure |
| 2 | Un-related to young people's substance use – portrayal of alcohol use in television/ media |
| 1 | Un-related to young people's substance use – impact of brand sponsorship of music festival |
| 1 | Un-related to young people's substance use – adolescent wilderness therapy |
| 2 | Un-related to young people's substance use – young people who don't use substances |
| 2 | Un-related to young people's substance use – female prisoners |
| 2 | Un-related to young people's substance use – out of home placements |
| 1 | Secondary paper – analysing data from various other studies (participants not young people – aged 25+) |
| 2 | Un-related to young people's substance use – young mothers/ pregnancy |
| 2 | Un-related to young people's substance use – siblings of drug users |
| 1 | Un-related to young people's own substance use – refugees reflecting on other young people's substance use and mental health |
| 1 | Un-related to young people's substance use – Non-government organisations regarding drug and alcohol prevention |

| | | |
|---------------|--------------------------|--|
| Total | 119 | |
| Search | Number of studies | Reason for exclusion |
| 2 | 4 | Duplicate study from search 1 |
| | 2 | Un-related to young people's substance use - medical study/ health related |
| | 1 | Mixed methodology study (quantitative and qualitative) |
| | 3 | Un-related to young people's substance use –mental health issues |
| | 1 | Un-related to young people's substance use – parental substance use |
| | 1 | Un-related to young people's substance use – dream motif |
| Total | 12 | |
| Search | Number of studies | Reason for exclusion |
| 3 | 57 | Duplicate studies from Search 1 – the relevant studies will be reviewed under Search 1 |
| | 1 | Not available |
| | 1 | Not all participants were young people (aged over 25) |
| Total | 59 | |
| Search | Number of studies | Reason for exclusion |
| 4 | 1 | Un-related to young people's substance use – parental substance use |
| | 4 | Participants were not young people (aged 25+) |
| | 1 | Duplicate from search 1. |
| Total | 6 | |
| Search | Number of studies | Reason for exclusion |
| 5 | 4 | Duplicates from search 1. |
| Total | 4 | |
| Search | Number of studies | Reason for exclusion |

| | | |
|---------------|--------------------------|---|
| 6 | 1 | Un-related to young people's substance use – mental health/ homelessness |
| | 1 | Un-related to young people's substance use – personal narratives as teaching tool |
| | 1 | Un-related to young people's substance use - exclusions |
| | 1 | Un-related to young people's substance use – dream motif |
| | 1 | Not young people (aged 25+) |
| | 5 | |
| Total | | |
| Search | Number of studies | Reason for exclusion |
| 7 | 2 | Duplicates from search 1 |
| Search | Number of studies | Reason for exclusion |
| 8 | 1 | Duplicate from search 1 |

Once the amended inclusion and exclusion criteria were applied to the previous searches, the following number of studies were included in the literature review for question two:

Search 1 – (excluding the 2 that were reviewed as part of Question 1) – 11 papers were included in the literature review.

Search 2 – 2 papers were included in the literature review.

Search 3 – 2 papers were included in the literature review.

In line with the question asked of the literature, I felt it suitable to include the term *views to ensure a thorough search of the literature had been undertaken in terms of gaining the views of young people in regard to their own substance use. The following searches, as detailed below, were undertaken.

| <u>Database:</u> PsycARTICLES Search | Terms searched: Abstract | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|--|---------------------------------|-------------------------------------|--|------------------|--|--|-----------------------|------------------|--------------------------|------------------|
| 9 | *views (and) drugs (or) alcohol | 3,269 | Peer Reviewed and excluding book reviews | 3,149 | Age: Young adulthood (18-29) Adolescence (13-17) | 878 236 | Language: English | 235 | Methodology: Qualitative | 5 |
| 10 | *views (and) substance* | 70 | Peer Reviewed and excluding book reviews | 47 | Age: Young adulthood (18-29) and Adolescence (13-17) | 7 of which 5 were related to adolescents | | | | |

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|---|
| 9 | 5 | Duplicate papers from Search 5 |
| Total | 5 | |
| Search | Number of studies | Reason for exclusion |
| 10 | 2 | Un-related to young people's substance use –mental health |

| | | |
|--------------|----------|--|
| | 1 | Un-related to young people's substance use – Motivational Interviewing |
| | 1 | Un-related to young people's substance use – violent female perpetrators |
| | 3 | Not all young people (aged 25+) |
| Total | 7 | |

No papers from searches 9 & 10 were included in the literature review.

| <u>Database:</u> <u>PsycARTICLES</u> Search | Terms searched: Key words | Number of papers (linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|--|--------------------------------------|--|--|-------------------------|--|-------------------------|------------------------------|-------------------------|------------------------------|-------------------------|
| 11 | *views (and) drugs (or) alcohol | 2,004 | Peer Reviewed and excluding book reviews | 1,965 | Age: Young adulthood (18-29) Adolescence (13-17) | 616 127 | Language: English | 127 | Methodology: Qualitative | 2 |
| 12 | *views (and) substance* | 0 | Peer Reviewed and excluding | | Age: Young adulthood (18-29) and Adolescence (13-17) | | | | | |

| | | | | | | | | | | |
|--|--|--|--------------|--|--|--|--|--|--|--|
| | | | book reviews | | | | | | | |
|--|--|--|--------------|--|--|--|--|--|--|--|

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|---------------------------------|
| 11 | 2 | Not all young people (aged 25+) |
| Search | Number of studies | Reason for exclusion |
| 12 | 0 | |

No papers from searches 11 & 12 were included in the literature review.

| <u>Database:</u> <u>PsycINFO</u> Search | Terms searched: Abstract | Number of papers *(linked full text) | Inclusion Criteria 1: | Number of papers | Inclusion Criteria 2: | Number of papers | Inclusion criteria 3: | Number of papers | Inclusion Criteria 4: | Number of papers |
|---|--|---|-----------------------|------------------|---|------------------|-----------------------|------------------|-----------------------------|------------------|
| 13 | *views (and) drugs (or) alcohol | 34,329 | Peer Reviewed | 33,758 | Age: Young adulthood (18-29) Adolescence (13-17) | 8,867 3,001 | Language: English | 2,908 | Methodology: Qualitative | 134 |
| 14 | *views (and) substance* | 777 | Peer Reviewed | 655 | Age: Young adulthood (18-29) | 103 27 | Language: English | 27 | Methodology: Qualitative | 5 |

| | | | | | | | | | | |
|----|--|--------|------------------|--------|--|------------------------------------|----------------------|-------|-----------------------------|----|
| 15 | *views (and) drugs (or) alcohol | 18,174 | Peer Reviewed | 17,933 | Age: Young adulthood (18-29) Adolescence (13-17) | 4,529 1,434 | Language: English | 1,391 | Methodology: Qualitative | 61 |
| 16 | *views (and) substance* | 18 | Peer Reviewed | 15 | Age: Young adulthood (18-29) and Adolescence (13-17) | 5, of which 1 is adolescence | | | | |

| Search | Number of studies | Reason for exclusion |
|--------|-------------------|--|
| 15 | 61 | Duplicate studies from search 3 |
| Total | 61 | |
| Search | Number of studies | Reason for exclusion |
| 16 | 1 | Un-related to young people's own views on substance use – physician views |
| | 2 | Un-related to young people's own views on substance use – older participants, aged 25+ |
| | 1 | Un-related to young people's substance use – nurses' views |
| | 1 | Mixed methods (Quantitative and Qualitative) |
| Total | 5 | |

No papers from searches 15 & 16 were included in the literature review.

Altogether for Question 2 – I will review and critique 15 papers from searches 1, 2 and 3.

Appendix L.2. Critical appraisal skills programme (CASP) applied to critique the available literature

| <i>Studies (Author(s), date & country of research)</i> | <i>Was there a clear statement of the aims of the research?</i> | <i>Is a qualitative methodology appropriate?</i> | <i>Was the research design appropriate to address the aims of the research?</i> | <i>Was the recruitment strategy appropriate to the aims of research?</i> | <i>Was the data collected in a way that addressed the research issues?</i> | <i>Has the relationship between researcher & participants been adequately considered?</i> | <i>Have ethical issues been taken into consideration?</i> | <i>Was the data analysis sufficiently rigorous?</i> | <i>Is there a clear statement of findings?</i> | <i>How valuable is the research?</i> |
|--|--|--|--|--|---|---|--|--|---|--|
| Q.1. MacLean, (2007). Australia. | A clear aim of the study has not been provided, however the researcher has proposed that the study argues that drug use allows marginalised young people to manage the schism between their local lived experience & the globalising world through reflexivity utilising the meaning-making practices of contemporary popular culture. | In line with the proposed nature of the study & the researcher referring to gaining the narratives of young people, a qualitative methodology appears appropriate. | Individual interviews were appropriate for gaining individual views from young people. | Participants were recruited from socially & economically marginalised areas. 28 young people aged 13-24 participated. All were attending drug treatment or engaged with a service for homeless youth – this is where the young people were recruited from. | Interviews were informal & structured. However, information on where interviews took place is not provided. Each participant was interviewed between 1 & 3 times. | The researcher did not discuss her relationship with the participants, or if any events arose during the interviews, how she addressed these? | Ethics approval was gained by the University Ethics committee. Participants provided informed consent & parental consent was sought for young people under 16 years of age. Names of participants had been anonymised. | Brief details on coding narratives & interpretation of data was presented. Techniques of narrative analysis were used (not explicit which techniques). Attention was given to the ways in which hallucinatory stories were structured to replicate contemporary popular culture. NVivo was used to support analysis. | The findings have been explicitly detailed with quotes from the data. The findings are also linked to existing literature. 4 meaning-making practices have been identified: immersion, reading as a hybrid technological self, re-imagining place & diegetic border play: reading between worlds. | The research highlights the disadvantages that young marginalised youths experience & how inhalant use is an escape. The study refers to harm reduction & treatment interventions. Further studies have been suggested to seek more of an understanding of other ways to engage youths through electronics & not drug use. |

| | | | | | | | | | | |
|------------------------------------|---|--|---|---|--|--|---|---|---|---|
| Q.1. De Visser et al., (2013). UK. | The aim of the study was to examine drinking & non-drinking motives among young people, & to consider how findings may be used to optimise targeted interventions to reduce alcohol-related harm. It was important to interpret beliefs about health promotion in the context of young people's perceptions of their peers & broader society. | As stated the research aimed to interpret the perceptions & beliefs of young people, therefore a qualitative methodology was appropriate to meet the aims. | In-depth individual interviews & focus groups appeared to be appropriate means for addressing the aims of the research. The researchers argued that by having individual interviews & focus groups, sufficient numbers of men & women in the 3 age groups could be interviewed. | Details of recruitment were clearly stated, with recruitment for 13-15 year olds from educational settings & ensuring they had a purposive sample of students & non-students. For older students aged 16-25 these were opportunistically recruited in public places e.g. cafes & snowballing samples. | Details of the research questions in both individual & focus groups has been provided. The questions were focused on the aims of research (in both individual & focus group interviews), as well as eliciting information about individual experience & beliefs (individual interviews). | The study addressed gender & age concerns for both individual & group interviews, allowing participants the choice of male or female interviewer. They took a non-judgemental approach to interviews & analysis & built rapport & trust with participants. | Ethical approval was granted by the host institution. Informed consent was gained from participants 16-25 & informed parental consent & assent from those under 16. | The study used interpretative thematic analysis based on the principles of interpretative phenomenological analysis. Details of step-by-step analysis have been provided for both individual & group data. Analysis of the groups had been conducted after analysis of the individual data. They also cross analysed data from individual & group interviews, focusing on similarities & differences. | 4 themes emerged from the data, supported with quotes from the data: social motives for drinking, motives for moderate drinking – threats to image & pleasure, foci for interventions – promising ideas & limitations & messages & media. These have been discussed in relation to the research aims. | The study linked its findings to previous studies highlighting similarities & differences. They identify new areas of research such as examining the likely efficacy of social media delivering messages in regard to alcohol related health concerns. The study did not address its own limitations. |
| Q.2. Parvizi et | The aim of the study was | As the aim of the study | This paper was part of | Purposeful sampling was | Individual interviews | The researchers | Ethics was granted by | Detailed information | The findings are not very | The findings have been |

| | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|---|---|---|---|
| al., (2005). Iran. | to investigate addiction from the perspectives of Iranian adolescents, drawing on their strengths, better communication with youths, building on their idealism & guiding them towards safer behaviours. | was to investigate the perspective s of young people & learn more about the individual young people, a qualitative methodology was appropriate. The study used individual in-depth interviews. | a larger grounded theory study on adolescent health. This paper extracted & analysed the data in regard to addiction, using content analysis. In-depth, open semi-structured interviews were conducted, over 1-3 sessions. | used, however information on where & how recruitment took place has not been provided in this study. Interviews were conducted with young people in a place of their preference (school, home, park) in a relaxed environment. | were conducted & information on consent & withdrawal has been discussed. Audio tapes were made available if required by participants. The researchers aimed to provide a relaxed & comfortable environment for the participants, thus giving them the choice of where the interview should take place. | were mindful of creating a relaxed environment & stated that snacks & drinks were provided to minimize the presence of the recorder. They spoke of one interviewer, however, age, gender, ethnicity have not been discussed in relation to the young people, nor has it been stated if one interviewer interviewed all participants. | the University. Prior to the study, participants were verbally informed of the research aims & were asked voluntarily to participate. Consent was obtained from all school principles. 2 participants withdrew & their data was erased. | on data analysis has been provided. The researchers discuss identifying codes & categorising themes & sub themes. Credibility & member checking was also spoken about with data being debriefed by 2 expert supervisors & some of their young people. | detailed. The paper has presented a table with the findings of all themes & sub themes. They talk very briefly about the 5 main themes, however, these are not supported with any text from the data. | discussed in relation to existing literature & highlights the susceptibility of adolescents' drinking, smoking & drug abuse. The paper highlights the significance of education & support in schools for young people as well as a significant role for parents in supporting their young people. Future research has been briefly mentioned, but is not specific as to what research should be undertaken. |
| Q.2. Notley et al., (2012). UK. | The aim of the study was to understand what sources of information young people approached for help & | The study used a quantitative questionnaire (n=207) which was followed up with 11 | The researchers discussed the importance of using interviews to elicit | 11 Participants aged 13-18 took part in the interviews. They were recruited from | The study does not provide information as to where the interviews were held, if an interview | With little information provided on the interviews themselves, there is no information | There is no discussion of ethical approval for the study. The researchers also do not | Some detail has been provided on the analysis process in terms of how codes were | Findings have been made explicit, with evidence from various quotes from the data. | The findings are discussed in relation to the new information they give & also how they support |

| | | | | | | | | | | |
|---------------------------------|---|--|--|---|--|--|---|---|--|--|
| | advice in regard to substance-use, & how credible these sources are perceived to be. This is so service interventions can be targeted to suit identified needs. | qualitative interviews. However, this paper only spoke about the qualitative interviews (which was included). Given that the aim of the study was to gain perceived needs & credible sources of information, qualitatively appeared appropriate. | information on the sources & credibility young people seek regarding substance-use. They also explain the purpose of the questionnaires as a means to seek greater depth of young people's experiences with substances (this is not presented in the paper). | 15 various youth services targeting vulnerable young people. Participants were gained opportunistically as researchers were on site. Participants were recruited face to face by researchers in collaboration with service providers. | schedule was used & who conducted the interviews. The paper does not explicitly state how data were collected, however it could be inferred this was via tape recordings & later transcribed as they describe using a data analysis programme (QSR NVivo) to support their analysis. | regarding the dynamics of the interviewer(s) & interviewees. However, the study refers to only asking young people who were directly engaged with a researcher when filling in the questionnaire, if they wanted to be part of the interviews too. | provide information on how participants gave consent, or if parental consent was sought for young people aged under 16. The study has stated that pseudonyms have been used to remove all identifiable information. | generated & thus themes. This is brief & difficult to follow if the study was to be replicated. The findings however are rich with data & each theme is spoken about in detail. | They have been discussed in relation to the aims of the study. The researchers have not discussed the credibility of their findings. | existing literature. The study also proposes the implications of the findings on services supporting vulnerable young people & how they are related to policies (NICE guidance, 2007). Further research could be looking at the relationship between young people the various information sources. The study does not discuss its limitations. |
| Q.2. Mason et al., (2009). USA. | The aim of the study was to characterise the substance abuse treatment experiences along multiple dimensions (treatment effectiveness, social | This study used quantitative methods to address the first aim. However, the paper does not focus on the quantitative data & is focused on | The use of the interviews has been justified by the researchers. In order to address the aims, the researchers argued that this would | 22 young people aged 14-22 took part in the study. Details on recruitment & inclusion criteria have been made explicit. A test of difference was | Individual interviews were conducted. Information on interview settings has not been provided, however detailed information on the semi- | The relationship between the interviewer(s) & the interviewees has not been discussed in the paper. Gender, age & ethnic differences | Ethical consent was obtained from the primary researcher's University board. All participants & their legal guardians (if under 18) were fully | Interviews were tape recorded & transcribed. The paper illustrates the analysis process with details of codes & themes being identified | Findings of the study have been clearly detailed with evidence from the data – they have included various quotes from young | The findings have been discussed in relation to existing literature in the area. The conclusions draw on how the findings support the treatment programmes |

| | | | | | | | | | | |
|---------------------------------------|---|--|---|--|--|---|--|---|--|--|
| | network understanding & self-narratives reflections), to extend theoretical models. They also aimed to gain an insight into possible linkages among these developmental mechanisms. | the qualitative methodology that was used to address the second aim in gaining insights into young people's views on these developmental mechanisms. The paper has argued the importance of qualitative methods as a way of assisting the causal links between the mechanisms. | have been too complex for a quantitative only approach. They felt that individual interviews would be able to provide more depth to their research questions, which have been stated. | undertaken on the study sample & the remainder of participants in the wider study to show that the 23 participants were likely to be representative of the larger treatment sample (demographics, substance use treatment history etc.). Participants were recruited from a psychiatry & paediatrics medical centre. | structured qualitative interviews has been presented, e.g. the questions asked, question selection based on literature, & how the questions addressed the research aims. | have not been mentioned. | informed of the research & provided consent. | using the aims of the research as a guide. No software was used as they felt the sample size was manageable by the research team. | people supporting their findings. Credibility of findings have been discussed as they used cross-checking methods with all 3 researchers. The findings have been discussed in relation to the research aims & questions. | that were referred to in the study & implications for further research in this area. They also mention limitations of their research – namely the sample size (a larger size may have provided more confidence in the findings) & non-longitudinal nature of the research. |
| Q.2. Green et al., (2013). Australia. | The aim of the study was to explore young people's subjective views on relationships & social connection in relation to their alcohol & or other | As the aim of the study was to explore young people's perceptions, group & individual interviews were appropriate for this study. | 5 small group interviews were initially held. After analysis a further 16 individual interviews were undertaken. This was in line with | Participants were aged 15-22. They were recruited from a youth focused AOD service (YSAS). Participants were purposively sampled from | Semi-structured interviews were conducted in both group & individual interviews. The interview framework was informed by previous qualitative | Researchers indicated that they were not known to the participants, however, trained workers had agreed to support participants if needed for any issues, | Ethical approval was obtained from the University. All participants were informed about the study prior to | Interviews were digitally recorded & transcribed. All authors took part in data analysis. Software for thematic analysis was used | The findings of the study have been clearly detailed with evidence from the data (direct quotes with anonymised participant details). The study stated | The findings are discussed in relation to the aims of the study – having met the aims. They were also linked to existing literature & presented in a way that |

| | | | | | | | | | | |
|----------------------------|--|--|--|--|---|---|--|--|--|---|
| | drug (AOD) issues & needs, & how well they are assisted in this domain. | | gaining young people's perspective as stated in the aim. | 4 modalities in YSAS: outreach, day programmes, residential withdrawal & residential rehabilitation. Service providers supported in recruitment, assessing the suitability of clients (stability of their AOD use & mental health). Inclusion & exclusion criteria of recruitment is clearly stated. | research involving YSAS staff, identifying domains of clients' needs. Interview settings has not been detailed, however interviews were conducted during business hours. Interviews were undertaken until theoretical saturation had been achieved. | or de-brief post-interview. The same researcher interviewed all participants with an assistant present in the group interviews. | interviews. Written consent forms were completed. Data was anonymised & included pseudonyms to protect client confidentiality. | (NVivo), to help support the development of codes. Reference has been made to the analysis undertaken (Strauss & Corbin, 1998, Charmaz, 2001) indicating a grounded theory approach. | that the findings were derived using a consensus process by all researchers to agree on all aspects of the coded material. | both supported the literature & highlighted new findings. Implications for practice have been explored & detailed – particularly the various relationships in young people's lives & the significance of these relationships. The study does not discuss its own limitations. |
| Q.2. Peterson (2010). USA. | The aim of the study was to gain an in-depth understanding of parent & adolescent perceptions regarding alcohol, tobacco & other drug (ATOD) use, & ATOD prevention programs | Separate adolescent & parent focus groups were conducted in accordance of addressing the aims of the research. This method was appropriate | Focus groups were chosen to encourage spontaneous expression of ideas among parent groups & adolescent groups. Adolescents were divided into | Adolescents were aged 12-19. Participants were recruited using 'key contacts' (members of the local area – teachers or administrators / other community organisations) . Key contacts | Each focus group was held in a centrally located, neutral, nonthreatening location. Details of such have not been provided. A detailed table of the planning phase from | Information regarding researcher & interviewee relationships was not discussed or mentioned in any way. | Letters of consent (25) & assent (56) were sent out via schools, these contained information about the study. | Details of data analysis have been provided. Data from each group was transcribed, coded & analysed separately using NVivo. Most frequent responses | Findings have been detailed both in the text of the paper (quotes & comments) as well as synthesised into a table, detailing the theme, findings & exemplars. The findings | The study presents the needs highlighted by adolescents in terms of the prevention programs sought after in school. The findings are linked to existing literature, which support |

| | | | | | | | | | | |
|------------------------------------|--|---|--|---|--|---|--|---|---|--|
| | within schools & the community. | for this study. | groups according to gender & a 2 year age span. There were 6 adolescent groups & 1 parent group. | recruited within their schools who they believed to be representative of a desired sample (age, gender, race & could contribute meaningfully in the group). 48 adolescents took part & 11 mothers for the parent group. | determining the structure of the study to data analysis has been provided. This includes basic information on data collection (professional recording equipment, research team roles & debrief). Focus group questions were based on a previous ATOD survey. At the end of the groups, responses were summarised to ensure saturation of data. | | | were labelled as group responses. Analysis was conducted by one researcher & then checked by the team for validity. The form of analysis undertaken was not clearly stated. | have been split between adolescent responses & adult responses, both linking back to the research aims. | the findings. The study refers to its limitations in terms of the sample being predominantly Caucasian, & the parent group consisting of mothers only. Implications for schools & further research have also been detailed in the study. |
| Q.2. Gomes et al., (2014). Brazil. | The aim of the study was to analyse & interpret family influence in teenage alcohol consumption. | A qualitative approach was appropriate for this research as the study argued that they wished to learn more about the experiences | Family interviews were conducted & this was in accordance with the research aims. | Recruitment information is not clearly detailed. The researchers' states that the study took place at the Family Health Strategy (FHS) however it does not state | Data were collected via in-depth interviews based on the Calgary family assessment & intervention model. Genogram & eco-maps were also | Information regarding researcher & interviewee relationships was not discussed or mentioned in any way. | Ethical approval was obtained from the University in compliance with the National Health Council Resolution. Information | Brief information on the process of inductive thematic content analysis has been provided. 6 phases of analysis | The findings were clearly presented with quotes from the data detailing individual voices of the adolescents , The findings | The paper amalgamates the findings & discussion chapter, thus as they describe & evidence their themes, these are related to existing literature & linked back to |

| | | | | | | | | | | |
|--|--|---|--|--|--|---|---|--|---|---|
| | | , meanings, values, beliefs, aspirations & attitudes linked to relationships. Qualitative methods allowed for this. | | how participants were recruited. Inclusion criteria has been stated. 11 adolescents, aged 14-19, were recruited from 10 families, 22 informants (parents & siblings) participated. | used to elaborate each family. Interviews were held in adolescents' homes, apart from 2, who requested for interviews to be held at the family health unit. Meetings ranged from 1-3 with each family. | | about the study was given to adolescents & their relatives. Assent was obtained from adolescents & consent from parents/legal guardians. Anonymity was adhered to for all participants by providing fictitious names. | have been detailed. | were discussed in relation to previous research around families & adolescent alcohol consumption. They were also linked back to the research aims. | the research aims. The study proposes that nurses & health care professionals could carry out targeted interventions for adolescents & their families with the aim of further improving related care & treatment. Limitations of the study have not been discussed. |
| Q.2. Akre et al., (2010). Switzerland. | The aim of the study was to gather 'narratives' (<i>this study used grounded theory analysis, thus not narrative in the sense that has been used in my research</i>) from adolescents regarding their cannabis & tobacco co- | Focus groups & individual interviews were conducted through an ethnographic approach to acquire precise accounts from adolescents directly involved in cannabis & tobacco use. This | As the study was ethnographic & aimed to gather 'narratives' from adolescents, focus groups & individual interviews were appropriate to address the research aims. Participants were given | 22 current or former cannabis consumers aged 15-24 took part in the study. Recruitment of participants was undertaken until saturation of data. 7 participants were recruited from a multidisciplina | 5 focus groups & 7 individual interviews were conducted. An interview guide was used to discuss 3 main themes with participants; cannabis & tobacco consumption, cannabis & tobacco acquisition & | Details of the researcher & interviewee relationships were not discussed. | Ethical approval was obtained from the University. Details of the research & the questions were explained to participants prior to interviews on the phone & just before starting the | Transcripts of all group & individual interviews were transferred to a qualitative data analysis software (Atlas.ti). The researchers state they conducted narrative analysis based on | There is a clear statement of findings, detailing identified themes with evidence from the data (explaining if quotes were taken from either focus groups or individual interviews). The findings | The findings of the study contributed to the debate of gateway & reverse gateway for cannabis & tobacco use. The findings were linked to previous studies. Limitations of the study are discussed in terms of being limited to self- |

| | | | | | | | | | | |
|-------------------------------------|---|---|---|--|---|--|--|--|---|---|
| | consumption to appreciate the links between the two substances & the gateway & reverse gateway hypotheses. | methodology was appropriate to address the aims of the research. | the choice of which interview they wanted to take part in (group or individual). | primary health care unit for adolescents. The rest were recruited via snowballing from the 7 asking friends. | cannabis & tobacco quitting intentions & experiences. Interview setting details have not been provided. The first author conducted all group & individual interviews. | | interviews. They were asked to sign consent forms. Parental consent was not necessary for this research. | grounded theory processes in order to create explanatory schemes on the experiences of adolescents. Codes were created based on conceptual similarities & differences & predominant & relevant themes. | have been discussed in relation to the research aims & questions. | narratives & inclined responses cannot be excluded (e.g. from the group interviews). Another limitation was the reduced number of participants in focus groups, highlighting the difficulty in recruiting this particular sample. |
| Q.2. Haines et al., (2009). Canada. | This paper reports on findings from a larger qualitative study, which aimed to theorise (adapting Bourdieu's concepts) young women's smoking as social practice. This paper focuses on how female | Part of the aim of the study was to analyse narratives, therefore a qualitative methodology was appropriate to address the research aims. | To address the aims of the study, individual in-depth interviews were held with the use of visual aids. | The study recruited 25 girls aged 16-19 who had smoked in the last 30 days & had consumed at least 100 cigarettes in their lifetime. The researchers employed the strategy 'street team' using a young female to recruit other | Information on where interviews were held or who undertook the data collection have not been provided. Interviews lasted between 45-60 mins & open ended probes were used to gain information | The researchers spoke of considering the relationship between themselves & potential participants during recruitment, through the utilisation of the 'street team' approach. Information about the | Ethical approval was granted by the University & Hospital for sick children. There is no information in the paper about gaining consent, if this was done, how so & by whom? Additionally, | Some information is given on the analysis process, however this is not clearly presented so as to allow others to follow the analysis process. Codes were progressed from Bourdieusian concepts, | Detailed findings have been presented explicitly with the use of direct quotes from the data to support analysis. The findings have also been discussed in relation to existing literature that | The researchers discuss the implications of their findings & how valuable these are in relation to theorising about the status' associated with smoking & substance use for young women. Links have been made to |

| | | | | | | | | | | |
|---|---|--|--|---|---|--|--|---|--|--|
| | adolescent smoking can be a form of social capital. | | | females in public places & events by handing out flyers. Flyers were also left at an employment centre, community centre & a high school. The recruitment sample was purposive & used snowballing via the flyers. | about smoking in regard to relationships & informal social groups. Data was collected via audio recordings & transcribed. | relationship between interviewer(s) & interviewees has not been discussed. There is no information on who or how many people interviewed. | there is no mention of whether the data presented in the findings has been anonymised or kept confidential. | which guided the analysis, to mores complex nodes organising sub-categories. | supports the findings. The findings have also been discussed in relation to the research aims. | relevant research. The researchers have not discussed the potential limitations of their study, nor have they alluded to potential future research that could expand on their existing findings. |
| Q.2. Järvinen & Demant (2011). Denmark. | The aims of the study were to gain a collective representation at the peer group level of the representations & experiences of cannabis use. In addition the study aims to analyse the changing conceptions & attitudes towards cannabis use. | A qualitative methodology was appropriate to address the aims of the research as the study attempted to gain the attitudes & conceptions of young people at a group level, using focus groups. | In line with addressing the aims of the research, particularly gaining views at the group level, the study used a focus group model for data collection. The data from the paper were taken from a larger research project on youth, | The study conducted 49 focus groups with adolescents aged 14-19. Focus groups were established via schools. Schools were selected on the basis of youths representing different social & economic backgrounds, small towns, the capital city & the county-side. | Focus groups were conducted in 3 phases, 1 st in 2004 when participants were 14-15 (14 groups), 2 nd in 2005 (14 groups) with the same focus groups & some also interviewed in 2006 (9 groups). In 2008 a third set of focus groups were conducted, some with the original participants & | The relationship between researchers & their participants has been thought through & detailed. Most groups were interviewed by 2 moderators, 1 male author aged 33 & 1 female research assistant aged 27 & the other | The study did not state where ethical approval was obtained from, but state that they followed ethical procedures of qualitative interviews in social science. Informed consent was gained from participants & for young | Details of analysis have been presented with the emphasis of searching through the transcripts for discussions focused on cannabis: risks associated with cannabis, description of people who use the drug ('us' & 'them'), forms & | The findings have been explicitly detailed, following the trajectory of their focus group phases. They present the findings based on the data derived from the different age focus groups, starting with the younger age focus groups & presenting a | Existing literature & relevant research has been discussed alongside this study, presenting the similarities & differences of these findings in comparison to other research. The findings have been discussed to address the research aims. The study |

| | | | | | | | | | | |
|---|---|---|--|--|--|---|--|---|---|--|
| | | | alcohol & drugs in Denmark. | | new participants aged 18-19 (12 groups). Information on focus group settings has not been included. All interviews were video-taped & transcribed in full (anonymously). | small groups had 1 moderator. The researchers created a relaxed environment & ensured participants were not bullied or treated badly by each other. | participants, parents were informed about the study via the school & given the option for their child not to participate. | context of cannabis use they accept & reject, & cannabis in relation to other substances. The analysis focused on the groups' collective representations. NVivo was not used as the focus was on long sequences of interaction & on contextualised collective images. | shift in attitude as the group matured & older participants gave their views. This is supported with quotes from the data. | addresses some of its limitations – namely that they could not interview all original participants at all three phases over the years. They acknowledge the strengths of their methodology – in that young people tend to encounter drug use in peer groups. |
| Q.2. Demant & Järvinen (2011). Denmark. | The aim of the study was to focus on peer group interaction & the relationship between the participant's position & influence in the group, addressing their drinking | In line with the aim of the study, exploration of interaction in a group, qualitative methodology was appropriate to use. | This study used data from the same focus groups conducted by (Järvinen & Demant, 2011 – taken from the larger study on youth, alcohol & drugs in | This study looked predominantly at the data from the 12 focus groups with adolescents aged 18-19. There were 96 participants in 2008 (51 women, 44 men). Focus | Focus groups were conducted in 3 phases. This study focused predominantly on the data from the third phase, drawing on some data from the first two phases. Information | Most groups were interviewed by 2 moderators, 1 male author & 1 female research assistant. 2 small groups had 1 moderator. | Details of ethical approval have not been detailed in this paper, neither has information regarding gaining consent from participants. The paper | The paper details the theory underpinning the analysis, providing information on the focused themes: descriptions of drinking now compared to | There is a clear statement of findings. The analysis of the data as presented in the findings is supported with anonymised quotes from the various gendered | The findings of the study have been discussed in relation to existing literature & how the findings either support this or present new information. The findings focus on the |

| | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|---|--|
| | norms & behaviour. | | Denmark). 3 phases of focus groups were held, which addressed this studies' aims (details of the focus groups above). | groups were established via schools. Schools were selected on the basis of youths representing different social & economic backgrounds, small towns, the capital city & the county-side. | on focus group settings has not been included. All interviews were video-taped & transcribed in full (anonymously). Interviews lasted between 90 – 180 mins. | | states that all data has been anonymised . | when they were 15/16, expressions of drinking norms, examples of good vs bad ways of relating to alcohol & finally, dominant & passive participants & their position in relation to the participant's drinking habits. | groups. The findings have been discussed in relation to the aims of this paper. | aim of the study, making links to social resource capital. The paper also discusses its limitations in terms of the focus group potentially exaggerating the uniformity of drinking norms of the participants. They do not discuss future research. |
| Q.2. Mullen et al., (2007). UK. | This paper focused on two aims that were identified from a larger study aiming to investigate 3 areas (below). Male drinking & drunkenness in context & masculinity & drinking culture. The original study proposed 3 aims: 1. Describe drinking | In line with the research aims & exploring description, beliefs & values, a qualitative methodology is deemed appropriate. | Details of the research design have been clearly presented, alongside anticipated challenges & how they were met. The researchers conducted both focus groups & in-depth 'life trajectory' interviews. | Information & details on how participants were recruited & by whom is very limited. The study interviewed young men aged 16-24. It conducted 10 focus group interviews, with an average of 7-8 participants in each group. The 12 individual | The study conducted 10 focus group interviews, with an average of 7-8 participants in each group. The study also undertook 12 individual interview. An interview schedule was developed based on analysis of the data from the focus | 8 focus groups were conducted by 2 researchers (male & female). Due to accessibility , the remaining 2 groups were facilitated by 1 researcher. 2 researchers conducted the individual | Details of ethical approval have not been detailed in this paper, neither has information on gaining informed consent. However, the study states that all data has been anonymised , with focus group interviews | The study used a grounded theory approach to analyse both sets of data to identify key concepts and issues. The 2 researchers who undertook the interviews, analysed their own data, before reviewing | The findings have been presented explicitly in terms of two major themes that arose from both the focus groups and the individual interviews. The themes relate to issues of masculinity and alcohol consumption. The | The findings of the study have been discussed in relation to existing literature, particularly other studies that found similar findings when investigating young men's masculinity and alcohol. Additionally, the study also presents research, whereby the |

| | | | | | | | | | | |
|---|--|--|--|---|--|--|---|--|---|---|
| | context among young men. 2. Acceptable & unacceptable drinking behaviour. 3. Description of values & beliefs of association between being male & alcohol use. | | | interviews, these men were recruited from the focus group & independently through researcher's networks (not stated which networks). | groups. This covered 3 main areas: drinking behaviour & its consequence, interaction between masculinity & alcohol & gender & alcohol. | interviews separately. | given the terms FG and individual interviews the term YM then the proceeding number. | the analysis as a whole by all researchers. The study stated the purpose for using grounded theory, as it emphasised the experience & perspective of the participants, rather than the researchers. | findings have been supported with direct quotes from the data sets. | current findings challenge other research. The study acknowledges its limitations particularly that the findings cannot be generalizable to all young men and further research in the UK is required. |
| Q.2. Demant, & Törrönen (2011). Sweden. | The aim of the study is to investigate the perspectives of young people's drinking situation and styles, applying phenomenological and interactional theories to analysis. | In line with the aims of the study, to investigate young people's perspectives, a qualitative methodology appeared as an appropriate fit for this study, particularly as the researchers were using phenomenological and | The study adopted focus groups to collect data and used various pictures of youths drinking in different contexts to elicit discussions. Focus groups were decided so as to gather group negotiations and collective | 16 focus groups were conducted in Denmark & Finland with young people aged 17-23. The participants shared the same basic life situations (left primary education, not yet integrated into full-time work). Groups were recruited from vocational and senior high schools. | 12 focus groups took place in Denmark and 4 in Finland. Groups had an average of 6 participants. There were 6 female groups, 6 male groups & 4 gender mixed groups. 95 young people participated. Information on where the focus groups were held has not been | The paper states the ages and genders of the moderators in the focus groups. In Denmark, there was a male (aged 35) moderator and 30 year old female. In Finland, they had 2 males in their 40s & 50s. | Details of ethical approval have not been detailed in this paper, neither has information on gaining informed consent. However, the study states that all data has been anonymised. | The data sets from both countries was treated as one, as the group data was gathered through similar procedures. However, details of data analysis procedures or the form of analysis used has not been made | Findings are presented very clearly, with supported quotes from various groups. The findings have been presented coherently addressing the 2 main drinking behaviours that were discussed at the beginning of the paper: heroic | The findings of the study have been discussed in relation to the aims first stated as well as relevant and existing literature. The relevance of the findings have also been discussed in terms of possible similarities of binge drinking practice among young |

| | | | | | | | | | | |
|---|--|---|---|--|---|---|--|---|---|---|
| | | interactional theories. | understandings of specific phenomena. The pictures functioned as active questions for the group discussions. | Young people were selected from a wide socioeconomic spectrum. Participants were either students who volunteered or through single students who acted as focus group 'leaders' by forming a group among their school friends. This followed the aim to have 'natural' groups. All participants, except 1, drank alcohol regularly. | made explicit. Groups were moderated by 2 authors or research assistants. All groups were video-taped and transcribed in full (anonymously). | | | explicit in the paper. | drinking & playful drinking. The findings present differences between cultures & genders. | people across Europe. The paper also discusses its limitations in terms of Finnish focus group data being limited. Possible further research using mixed methodologies (quantitative and qualitative) has also been suggested by researchers. |
| Q.2. Tutenges & Hulvej Rod (2009). Denmark. | The aim of this study was to examine why young people found it meaningful to share drinking stories with one another. The study aimed to consider processes of storytelling to | A qualitative methodology appears to be appropriate for this study as the aims refer to examining the meanings behind why storytelling is meaningful. | The study conducted field observations, individual & group interviews. This design fits with the aim of the research to examine why young people found it | The study was split into two, with recruitment carried out by both authors in two different cities recruiting different ages of young people in different settings. Tutenges | Tutenges details clear processes that were undertaken to recruit & collect data from young adults. Interviews with young adults were either held at their home or at an office. | Data was collected by authors and colleagues. Information on the relationships between the authors and their participants has not been detailed in the paper, | Information on gaining ethical approval has not been stated in the paper. The researchers provide information on gaining verbal consent from young | They study used content analysis for the field notes & interview transcripts, sorting these out so that each could be taken to represent a drinking | The findings have been clearly stated, with details of the emerging themes/headings. The findings have been discussed in relation to the research aims, | The findings highlight the different meanings young people attribute to telling drinking stories, & the researchers explain how relevant these were to this particular group of |

| | | | | | | | | | | |
|--------------------------------------|--|--|--|---|--|--|---|---|---|--|
| | constitute instances of interpretation in action with wider existential implications. | The research also aims to consider the processes of storytelling from individuals & groups of young people using an ethnographic approach. | meaningful to share drinking stories. | collected data via field observations & recruited young people aged 16-24 at night in bars & nightclubs. Hulvej Rod conducted field work & recruited young people aged 13-16 mainly in schools. Some invited the researchers to conduct observations in their homes, at parties and leisure activities. | Hulvej Rod held all interviews in the school setting. Observations were conducted in school, young people's homes, malls, youth clubs & other locations (not specified). Both studies used semi-structured interviews. In total 19 focus groups were held & 15 individual interviews. Interviews were tape recorded & transcribed. | although they have provided their professional skills, e.g. all trained in ethnographic methodology. | adults (16-24). For young people aged 13-16, they were informed about the study verbally & with an information leaflet, prior to observations. The researchers informed young people of maintaining their confidentiality and anonymising their data. | story. The process of analysis was briefly explained, this was in relation to the theories underpinning the research, phenomenological approach & perspectives on storytelling. A step by step of the analysis has not been detailed. | supported with evidence from the various data sets (field notes, group & individual interviews). | participants. They make some reference to existing literature, however, not many studies have focused on the purpose of the meaningfulness behind storytelling about drinking. The study provides information on implications of their findings on future generations of youths and challenging their drinking habits. |
| Q.2. Jones & Smith (2011). Australia | The aim of the study is to conduct focus groups with young people to examine their recall of and responses to point of sale (POS) alcohol promotions & | As stated in the aim of the study, the researchers wished to examine the connection between POS promotions and alcohol | Using focus groups was appropriate to address the aims as this was stated clearly in the aim of the research. 12 focus | Adolescents (aged 16-17) & young people (aged 18-25) were recruited. The study states that adolescents were included as evidence has | Focus groups were conducted in 3 areas: metropolitan, regional & rural. There were 4 groups (2 male, 2 female) in each area, | All groups were facilitated by trained research assistants who were in their early 20s. Groups were conducted by a | Ethical approval was obtained from the University's Human Research Ethics Committee. All participants | Detailed information on analysis has been provided. They undertook content analysis, whereby coding emerged | The findings in the study have been clearly presented under each of the themes that were highlighted from the analysis. | Throughout the study the researchers constantly refer back each step of the process to the aims of the study. Due to the lack of research in |

| | | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|---|
| | understand the connection between POS promotion & alcohol purchasing behaviours. | purchasing behaviours through the use of focus groups. Therefore, a qualitative methodology was appropriate for using focus groups. | groups were conducted. | suggested that many are consumers of alcohol & exposed to POS promotions. Adolescents were recruited via a commercial recruitment agency (CRA) via adverts in newspapers, & young people were invited from a previous study, with additional recruited via the CRA. There were no specific inclusion/exclusion criteria as they wished to recruit a broad cross-section of young people. | with a total of 85 participants. The groups were also split by age, as the researchers anticipated that discussions about POS alcohol promotions and consumption behaviours would vary across the ages. Single gender groups were chosen so that responses could not be unduly influenced by the presence of opposite-gender peers. Interview questions have been presented. | facilitator of the same gender as the group to increase comfort of the participants, creating a relaxed and open environment for discussion. | were provided with an information sheet & gave written consent. | from immersion in the data. Thematic analysis was applied using the constant comparison method. The first author and research assistant initially coded the transcripts independently of one another. Discussion guide was used to develop initial themes in relation to the aims. Detailed information on coding processes has been presented. | The findings have been supported with direct quotes from the various focus groups as evidence of the findings. | this area, the findings have not been discussed in relation to relevant research. The study focuses on some of its limitations – namely around not generalising the findings beyond its participant group in this area of Australia. Suggestions of future research have been made. Implications of the research for regulating POS alcohol promotions have been discussed. |
| Q.2. Suaalii-Sauni et al., (2012). New Zealand. | The aim of the study was to explore factors that support abstinence or responsible | As the aim of the study was exploratory, a qualitative methodology was | The study conducted semi-structured focus groups to gain the | 69 participants were purposively recruited: they were ethnically, | 21 focus groups were conducted, 10 male groups & 11 female groups. Participants | Focus groups were facilitated by a trained research assistant. Where | Participants were given information sheets about the study. Parents of | Details of data analysis have been clearly provided. The study | The findings have been clearly presented in the paper. They have been | The findings of the study have been discussed in relation to the aims as well as |

| | | | | | | | | | | |
|--|--|---------------------|---|---|--|---|--|--|--|--|
| | drinking among some Pacific youth living in New Zealand. | appropriate to use, | views of young people. This addressed the aims of the study, in that focus groups allowed the researchers to explore factors that support abstinence or responsible drinking. | age & gender matched to reduce cultural barriers. Participants were recruited from selected high school (aged 15-17) and a university (aged 17-25). Participants self-identified as either abstainers (not had an alcoholic drink in last 12 months) or responsible drinkers (in line with the recommendations of maximum drinks from the Alcohol Advisory Council of New Zealand). | were grouped according to age (7 aged 15-17, & 14 aged 18-25) and ethnicity: 6 groups Samoan, 6 groups Cook Island, 5 groups Tongan, 3 groups Niuean & 1 group for students who self-identified as mixed ethnicities. Groups were gender differentiated on the basis to allow for sharing gender sensitive information. Topic guides were used to elicit discussion. Groups were audio recorder and transcribed. | possible facilitators and groups were gender matched. | the high school participants were informed & passive consent was obtained for those aged under 17. Ethical approval was obtained from the Health & Disability Northern Y Regional Ethics Committee. All data has been anonymised . | utilised a general inductive approach which identified common themes across the data. Themes were identified using key words that arose from the transcripts (reflective of ideas or thoughts raised by participants/groups). The themes were used to code the data. 2 members of the research team coded the data. Some comparisons across gender, age and ethnicity were made. | presented according to the different themes that arose, which are supported with evidence from quotes from the various focus groups. | highlighting the implications and interest upon policymakers and service providers. The findings have been discussed in regard to existing literature, both comparatively & how the findings have differed from other similar studies. The study describes some of its limitations – one of which was a noticeable difference in the quality of sharing received from participants of a different gender to the facilitator. |
|--|--|---------------------|---|---|--|---|--|--|--|--|

Appendix M1 – Interview Schedule

Interview Schedule

A narrative study of young people who have recently been discharged from a specialist support service (SSS) for their drug and or alcohol use.

Research Question:

- What do the narratives of young people who have been referred to a specialist support service for their drug and or alcohol use tell us about their experiences?

First Interview:

The interview will begin with introductions where the researcher will introduce herself, explain her role as a trainee educational psychologist and why she is conducting this interview. The information sheet will again be presented to the participant and they will be given time to answer any questions. The researcher will again check with the participant that they are happy to proceed and show the signed consent form that the participant completed earlier, or complete the consent form if not already done so. Safeguarding issues will be discussed and should any matters for safeguarding arise, the researcher will discuss with the participant where the information, if required, will need to be shared and they can discuss together how to go about this, if need be. The interviews will then be digitally audio recorded. Participants will be asked some demographic questions to begin with (these will be anonymised upon transcription).

Demographic questions, (You can choose to answer these if you wish, you do not have to answer any if you do not want to):

- Please tell me your age?
- What is your ethnicity?
- What is your current education/ work status?
- Have you stopped receiving support from SSS?

- How long have you received support for from SSS?
-
- How long have you been taking/ using drugs and or alcohol?

Interview Question:

- Tell me about your story, your journey and experiences of your drug and or alcohol use and the difficulties that you may or may not have experienced along the way?

Potential prompts (if not addressed in their response to the above question):

- Tell me about the first time you began using drugs and or alcohol?
- Tell me about your story of becoming involved with the specialist support service?
- Then what happened? (During and after receiving support)
- What were your experiences throughout your story of drug and or alcohol use?
- Where are you now in your story with drug and or alcohol use?

The first interview will then come to an end and the researcher will spend some time (up to twenty minutes) with the participant to check their emotional wellbeing and discuss the support networks available to them.

Arrangements for the second interview will be made (between four-six weeks later) at the same location.

Second Interview:

At the second interview, the researcher will use the time to clarify any questions that may have arisen from the first interview. The researcher will then present the free verse narrative to each participant asking them to read through it and check the accuracy of their story and their

anonymity. They will also be told that some questions will be asked of them after they have read their story back.

Interview questions:

- Is there anything that needs correcting with your story?
- What did you think of your story having read it back?
- How did you feel reading it, how do you feel now?
- What stuck out the most to you when reading it back?
- Anything that surprised you?
- If you could sum up your story, how would you sum it up, what would you say it's about?
- Are there any themes that come to mind when you read your story?
- What do you think the story does for you personally?
- What do you feel the story achieves?
- Are you happy with the anonymity?
- Can you choose an alias name for yourself?

Again at the end, the participant will be thanked for their time and support networks will also be discussed. The researcher will explain the next process of the research and inform the participant of their right of withdrawal and the date of which they can choose to withdraw their data from the study. The researcher will also discuss with the participant their choice of receiving a summary of the findings via email.

Appendix M2 – Participant Information Sheet

INFORMATION SHEET FOR PARTICIPANTS

A narrative study of young people who have been referred to a specialist support service for their drug and or alcohol use.

You are being invited to take part in a research study. Before you decide whether you want to take part, it is important for you to understand why the research is taking place and what your participation will involve. Please take time to read the following information carefully.

What is the purpose of the study?

I am undertaking this research as part of a university course that I am doing in the hope of becoming a qualified Educational Psychologist. The purpose of this study is to try and understand the difficulties faced by young adults in relation to their substance use. I hope to achieve this by interviewing young people like you who have received help in relation to their use of substances. My hope is that the findings from this research will help professionals who work with young people like you understand them more.

Why have I been chosen?

It is difficult to know who has and who hasn't used substances in a way that has caused concern to others. Because of this I have asked the XXXXX to help me find people who may want to participant in the study. The staff at XXXX think that you may welcome the opportunity to take part, this is why they have passed this information sheet to you.

What will participation involve?

If you choose to take part I will come and meet you twice at the XXXX building to talk about your life so far and the experiences you have had. The first time we meet will be for no longer than

80 minutes and the second time will be for no longer than 60 minutes. You need not answer any questions that you do not wish to and do not need to share any more information than you feel comfortable sharing.

All of these discussions will be audio recorded so I can transcribe them (put in writing what was said). This information will not include your name or any other details that might enable other people to identify you. When I write about this research your name will not be included and nobody should be able to tell it is you who participated.

If you decide to take part and then change your mind, you can simply let me know and you, and any information and data you have given me will be withdrawn from the study. It is really important that you feel comfortable about doing this, should you wish, so if you do take part you will hear me say this again!

What are the risks of taking part?

- You may find talking about your experiences distressing
 - I will make every effort to prevent this from happening. If it does we will stop the interview and talk about how to help you feel better. I can also arrange for you to meet with a member of XXX or another support service should you wish to do so.
- There is a very small chance that somebody could identify you from what is included in the final write up
 - I will make every effort to ensure that this doesn't happen. Not only will I not use your name, I will also alter other information about you to disguise who you are. However, it is important that you know that I cannot guarantee that no one will be able to identify you.

What are the benefits of taking part?

- You may gain satisfaction knowing that your involvement could help others better understand people who have had similar experiences to you.
- Having someone really listen to you can be a very positive experience, especially if it is something that people tend to talk to you about as opposed to listening to what you have to say.

What will happen after I take part (if I do)?

If you take part, after I meet you and five other young people that have been at XXXXX. I will spend some time writing my thesis (the document where I record what I have done and what I have discovered). Once I have done this I will contact you again to offer to meet you again to share what I have discovered.

I will also meet with the staff at XXXX to share my findings with them and I will also share this information with other people who work with young people who use substances.

What if taking part costs me money?

I realise that in taking part in this study you may incur costs. I am not able to pay you back for any costs but to contribute towards these costs I will give each participant a £10 amazon gift voucher. This will be given to you after the second interview. If you cannot attend the second interview I will make every effort to provide you with the voucher as soon as possible after the interview was scheduled.

What next?

If you decide to take part please can you complete the attached Consent Form and return it to XXXXX by XX/XX/XX.

If you decide not to take part you don't need to do anything. Nobody will mind that you have chosen not to participate.

If you have any questions about this study or why you have received this information please contact me Parminder Chana (pchana@tavi-port.nhs.uk) or XX at XXX (XXXXXXXX)

Thank you

Appendix M10 – Ethics Approval (Anonymised)



Social Care REC

Ground Floor
Skipton House
80 London Road
London
SE1 6LH

Telephone: 0207 972 2568

07 August 2015

Mrs Parminder Chana
Trainee Educational Psychologist
Local Authority
Educational Psychology Service

Dear Mrs Chana

Study title: 'A narrative study of young people who have recently been discharged from a specialist support service (SSS) for their drug and or alcohol use'

REC reference: 15/IEC08/0045

Protocol number: N/A

IRAS project ID: 180116

Thank you for your letter received on 04 August 2015. I can confirm the REC has received the documents listed below and that these comply with the approval conditions detailed in our letter dated 15 July 2015

Documents received

The documents received were as follows:

| <i>Document</i> | <i>Version</i> | <i>Date</i> |
|--|----------------|-------------|
| Covering letter on headed paper | | |
| Other [Local Authority for Learning Safeguarding Policy] | | |

| | | |
|--|---|----------------|
| Other [Local Authority for Learning - Safeguarding children and young people] | | |
| Other [Practice Placement Partnership Framework April 2015] | | |
| Other [Tavistock & Portman NHS Foundation trust statement of Honorary Attachment] | | |
| Other [The Tavistock and Portman NHS Foundation Trust Confidentiality code of conduct for employees] | | |
| Participant consent form | 2 | 04 August 2015 |
| Participant information sheet (PIS) | 2 | 03 August 2015 |

A Research Ethics Committee established by the Health Research Authority

Approved documents

The final list of approved documentation for the study is therefore as follows:

| <i>Document</i> | <i>Version</i> | <i>Date</i> |
|--|----------------|----------------|
| Covering letter on headed paper | | |
| Interview schedules or topic guides for participants | 1 | 19 June 2015 |
| IRAS Checklist XML [Checklist_22062015] | | 22 June 2015 |
| Other [CV for Dr Judith Mortell, Academic Supervisor] | | 22 June 2015 |
| Other [Local Authority for Learning Safeguarding Policy] | | |
| Other [Local Authority for Learning - Safeguarding children and young people] | | |
| Other [Practice Placement Partnership Framework April 2015] | | |
| Other [Tavistock & Portman NHS Foundation trust statement of Honorary Attachment] | | |
| Other [The Tavistock and Portman NHS Foundation Trust Confidentiality code of conduct for employees] | | |
| Participant consent form | 2 | 04 August 2015 |
| Participant information sheet (PIS) | 2 | 03 August 2015 |
| REC Application Form [SC_Form_22062015] | | 22 June 2015 |
| Research protocol or project proposal [Protocol] | Final 1 | 18 June 2015 |
| Summary CV for Chief Investigator (CI) [CV] | Final | 18 June 2015 |

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

15/IEC08/0045

Please quote this number on all correspondence

Yours sincerely

A handwritten signature in black ink that reads "Barbara Cuddon". The signature is written in a cursive style.

Barbara Cuddon REC Manager

E-mail: nrescommittee.social-care@nhs.net

Copy to: Dr Judith Mortell

A Research Ethics Committee established by the Health Research Authority

Appendix M11 – Participant consent form

Version 2 (04.08.15)

Participant Consent Form

Research Project Title

A narrative study of young people who have been referred to a specialist support service for their drug and or alcohol use.

Please initial the statements below if you agree with them:

Initial here

- | | |
|--|---|
| 1. I have read and understood the information sheet and have had the chance to ask questions. | <input style="width: 100%; height: 40px;" type="text"/> |
| 2. I understand that my participation in this research is voluntary and I am free to withdraw at any time without giving a reason. | <input style="width: 100%; height: 40px;" type="text"/> |
| 3. I agree for my interviews to be recorded on audiotape. | <input style="width: 100%; height: 40px;" type="text"/> |
| 4. I understand that what I say/report will be anonymised to minimise the risk of other people, who read the findings, identifying me. | <input style="width: 100%; height: 40px;" type="text"/> |
| 5. I understand that the findings from this research will be published and available for the public to read. | <input style="width: 100%; height: 40px;" type="text"/> |
| 6. I am willing to participate in this research. | <input style="width: 100%; height: 40px;" type="text"/> |
| 7. Everything I say/report is confidential unless I say something that indicates that I or someone else is at risk of harm. In this case, the researcher will first discuss with me, before telling anyone else. | <input style="width: 100%; height: 40px;" type="text"/> |

Your name..... Signed..... Date...../...../.....

Researcher name... Parminder Chana. Signed..... Date...../...../.....

Researcher

Parminder Chana

Email address

(mobile number)

Thank you for your help

Appendix F1 – James' Rough Verse Story

James' Story

Verse 1: First experiences with substances

19. So I think initially when I started using,
 20. I mean I used to drink more than I did drugs,
 21. everyone, most of our friends, everyone started drinking
 22. It was, like, an exciting thing,
 23. so I would get drunk, maybe once or twice a month.
 24. I mean at that time,
 25. because I was obviously quite young,
 26. depending on the environment we were in,
 27. whether it was at a party or anything like that.
28. And I started to meet new people
 29. and I was then introduced to cannabis, mainly cannabis at that age.
 30. I was aware of other things,
 31. but they were a lot more illicit to me,
 32. so I wasn't...had any intention of taking anything other than cannabis
 so.
 33. It began just rarely getting high and things like that and persistently just
 got more and more common
 34. and then I started to, through that, meet other people
 35. who also smoked weed
 36. and I got a whole new range of friends that still to this day,
 37. a whole different, a lot of friends I would never have actually had if it
 wasn't for cannabis.
 38. So it was all positive initially,
53. The cannabis it got more and more,
 54. I started smoking a lot more now,
 55. obviously because I'd had this positive experience
 57. so when I was about 13/14,
 58. smoking weed most days,
 59. meeting a lot of other people
202. And of course I was so young when I was smoking weed,
 203. I was one of the only, like, people in my year smoking cannabis
 204. and a lot of the times I wasn't smoking it with people from my school,
 205. it was with people from other schools.
 207. I had a lot of friends in school, but a lot more friends outside than
 most people
553. And the worst, the hardest things is,
 554. my friends can go and do drugs,
 555. they can go and smoke weed,
 556. they can get pissed.
560. uhm but my friends can, they can go and get high, they can go and do
 what they want to do
 561. and I completely, I'm fine about it.

562. I say to them, "you know, if you want to do that, do it because you can
hack it, your body, you can just manage it".

563. I can't do that,

60. and then I went through a period where I just, kind of, stopped for a
while,

61. just chose to stop,

62. wasn't influenced by anything,

63. just didn't really stop,

64. had other friendships going on,

65. things like that.

**Verse 2:
Altered
perceptions
with weed**

66. When I was about 15/16 is when I started to smoke weed again

67. and then I noticed quite, my mood, like, drastically was impacted

68. and I was reluctant to go back to CAMHS,

70. I didn't understand it was my drug use,

71. I thought I just had a mood problem,

72. I had nothing to speak about,

73. so I was reluctant to go back.

74. I went to the GP and they put me on Fluoxetine

75. and we were speaking about, like, cannabis,

76. I didn't really see it as much of an issue then.

77. Like, little did I know it was manifesting itself further and further

160. I mean there's other things that have obviously happened in the past,

161. I think cannabis,

162. it wasn't always just the cannabis and smoking the drugs itself,

163. it was what they were making me think about a lot of the time,

164. because again, whereas initially when I was smoking weed, they
altered my perception in a positive way.

165. I see it as more...I always describe it as

166. imagine before drugs you walk on just a straight path,

167. when you smoke weed and things like that, the path just widens until
there's no, it's just pavement all around you and you literally have no idea in
which direction you're going.

168. So initially, when it opens up a little bit you,

169. You kind of get a clearer view of a lot of things,

170. you can see things around better and obviously have a better
perception of things altogether.

171. But if you just keep on going, this road, it just widens to such an extent
you have absolutely no true recollection of what's real or what's...

172. how is this actually happening and, yeah.

173. It's bizarre, because not everyone goes through it all,

174. not everyone gets the bad side.

217. Drugs in some ways helped that with me,

219. when I was being bullied the anxiety,

220. I mean, if people were saying things about me, I'd panic,

221. I'd think everyone was looking at me all the time.

222. There were times when...I can remember I was driving past a subway,
I was on a roundabout,

223. and this was when I was younger,

224. I probably was stoned at the time,

225. and there was a subway quite in the distance,
 226. I thought I could see my name graffitied on the wall and I had a
 massive panic and my mum and dad actually had to walk down and
 check that my name wasn't on the wall,
 227. things like that,
 228. because my anxiety
 229. ...it wasn't...I wouldn't say I was now like psychotic paranoid,
 230. it was just my anxiety was so, so intense that I would literally assume
 the worst
 231. and in some ways cannabis helped that,
 232. in other ways it made it worse.
 233. It's really hard to pinpoint the cause of things,
 234. you can't be...
 235. it's like determinism and being reductionist about things
 236. you can't, this causes this, there are so many external things going on,
 237. but I know for a fact that cannabis has, and things like drugs, mind
 altering substances, they can have a huge, huge impact on just your
 whole perception of life.

455. just my perception of things were...
 456. I took things too personally, things like that.

Verse 3: New substances

78. and then at that age, I was now exposed to, like, MDMA,
 79. not so much cocaine,
 80. but cocaine was around me,
 81. well I wasn't usually taking it,
 82. it was mostly, like, MDMA and pills and
 83. because they're so cheap and easy,
 84. most weekends with a combination of cannabis
 85. and my mood just shattered immensely.
 86. I was then taking other people's medications,
 87. I started moving on to prescription meds and was self medicating,
 88. so I had all this drug interactions going on.

557. I mean, I can, I'm okay with alcohol,
 558. alcohol I've never really had an issue with,
 559. so that's, I wouldn't say a positive but in some ways, compared to
 other experiences, it definitely is,

267. and at the time, it was a joke,
 268. we'd take some but then it would get more,
 269. we'd take more and then we'd get hooked on these drugs,
 270. things like gabapentin, even though they're not, extremely, they're like
 for pain relief,
 271. mix them with like cannabis, and the effect,
 272. you feel so much more so,
 273. and benzos as well, so like diazepam, like Klonopin,
 274. just a range of different things
 275. and because they're not illegal,
 276. you don't see them as so bad to use.
 277. They're legal you can take them still.
 468. I didn't want to be that person

469. but I couldn't help it

**Verse 5:
School &
Sixth Form**

39. because I've moved,
40. I used to go to another school before I go to my current school
41. and I experienced bullying when I was younger.
135. It made things like school very difficult,
136. especially between, like, year 10 and 11 very difficult.
138. Yeah it got quite bad
239. having to juggle between school work and then drug use
240. and trying to recover within these times,
241. it makes you agitated,
242. tension and school environments are the worst place to be when you
are a problem drug user,
243. because it's an all day thing you have,
244. I mean it's just like a workplace thing as well I assume.
245. You have a job to do maybe, not so much a job,
246. but you're supposed to sit there and learn,
247. if you don't do it you get into trouble for not doing it.
248. Yeah, it has collateral effects in almost every single part of your life,
249. family relationships, relationships with friends.
357. I was still trying my hardest to get on with school work and tried,
358. even though it was going in and going out as soon as I tried to register
something,
359. because my mind, my mind was just so anxious about what was going
on with my mum,
457. So it was hard to manage a full day at school without having at least
one issue with someone,
458. because everyone gets told to shut up at one point,
459. if you're talking "be quiet",
460. but to me it was so much more than just small,
461. like, a small, sort of, passing comment,
462. "do as you're told" sort of thing,
463. it was a hell of a lot more.
141. the need to cut myself just from, I'd be sitting in lesson and just had to
cut myself for no other reason but just my brain would just trigger this internal
thing,
142. so I was withdrawn from a lot of lessons
143. and was watched quite a lot in school,
144. had to have bag searches, things like that,
145. which I completely understood
146. and I was sympathetic with, because I knew it was just in my interest,
139. and I didn't really attend many lessons at some points because I, it
was when the psychotic type of stuff started to manifest,
140. like hearing voices in class,
238. Schooling was,
239. I mean it was strange,
240. because I actually came out with very good GCSEs, I got, like, 8 A/A*,
2 Bs
241. and this was probably one of the worst periods of my schooling life.
242. I have no idea how I did so well,

243. I think all the teachers were shocked as well, very shocked,
 244. because I wasn't attending lessons,
 245. but I just...luckily I think at the time, I pulled my weight up when I
 needed to,
 246. but I could have done even better if it wasn't for other things going on.

339. but taking on, like, my A Levels and things like that,
 340. I need to be at the height of my intelligence and at the height of my
 capabilities
 341. and my results this year for my AS' were the complete opposite of the
 results of my GCSEs, huge drop.

372. even though I don't have the best chance of getting good AS results,
 373. they would have been a hell of a lot worse if I'd been doing other stuff,
 374. so, yeah.

376. Yeah, so I think concentration in lessons, things like that so.
 377. I'd be easily, easily distracted.

391. so being in class,
 392. having tasks to do
 393. and literally not having the motivation to pick up your pen
 394. and just resisting everything,
 395. that would cause a friction between myself and other pupils, other staff
 members.

447. I knew, I knew there was an issue
 448. and there was times I couldn't physically do the work
 449. and it wasn't because I didn't want to,
 450. it was just, my body and my mind were just not letting me

464. So it would dramatically affect most of my school days.
 465. And being withdrawn from classes
 466. and being that kid that the teachers think, "oh God I've got this class
 next with James" in this class.

137. I wasn't allowed to go on any school trips because I was seen as, like,
 a liability.

148. it was things like school trips and things I would have loved to have
 done, that I couldn't go on because...

149. I mean there was, like, a New York trip I wasn't allowed on,

150. I was supposed to be going to Mongolia for three weeks, I'd been
 training for that for a year, it was a two year thing, I then got told I wasn't
 allowed to go.

151. A year before so I'd done all this fundraising and got withdrawn from
 that.

152. There was a Poland trip in January of this year they wouldn't let me on
 either,

482. At the beginning of year 12, which was last year, I was actually told,
 483. in sixth form,

484. my third week in sixth form

485. and it's not sixth form and key stage 5 education,

486. key stage 4 education, GCSE education,
 487. it's different
 488. A Level education,
 489. it's a lot more independent,
 490. it's not the same, it's completely different.
 491. And I was told, I had a meeting,
 492. three weeks in, so I had altogether I have six lessons a week, so I'd
 had 18 lessons within that point,
 493. which is nothing when you think about the amount of lessons you'll
 actually have in a year,
 494. uhm... I was told to leave,
 495. they asked me and got my mum in and said,
 496. "you can't be here anymore, we don't want you at school".
 497. They were, like, "we can't...you can come back next year when you've
 actually recovered, because you clearly have...you've clearly"...
 498. they weren't doing it in a way that "you need to leave, you're badly
 behaving",
 499. they wanted the best for me, they were always in my best interests the
 school,
 500. as much as I didn't see it.
 501. At GCSE you have to be there,
 502. they need to keep you at school by law.
 503. A Level you don't really need to be there,
 504. you can go to college,
 505. you can do all these other different things,
 506. so I didn't need to be there
 507. and they, yeah they wanted me to leave,
 508. but I was so set on not leaving,
 509. so I didn't,
 510. it was things like that,
 511. you have to change, you have to
342. I had stuff going on at the time like my mum had...my mum's got this
 condition, it's a blood condition, it's similar to a cancer but it's not
 cancerous,
 343. its, in some ways it's better or worse,
 344. the easiest way to compare it to is cancer,
 345. but she had a stroke in April 2014 weeks before my first GCSE.
 346. This year she had another stroke in April, three weeks before my first
 AS exam,
 347. but this stroke was a hell of a lot worse than her first one so my mum's
 now paralysed in her right leg,
 348. she was in hospital for nine weeks all the way through my exams I was
 up to the hospital
 349. and initially she couldn't speak,
 350. she was in a vegetated state
 351. so I had to juggle that between...
 352. that was the time I would have thought,
 353. "right I'm going straight back to drugs, I need to go back to drugs now
 to boost me".
 354. Weirdly enough they were the last things I wanted to do,
 355. because I was, I knew what they'd do to my mind
 356. and how badly they'd make me think about the situation.

396. So I'd get into trouble,
 397. I'd get asked to leave classes
 398. and then that would trigger an argument because I'd get,
 399. I'd interpret things as quite a personal attack on me.
 400. I'd always feel like I was subject to a bit more of,
 401. there wasn't favouritism in the class,
 402. but definitely I was being targeted, that's how I'd feel.
 403. So if I'd not done something, if I'd not done my work and I'd been told
 off for it,
 404. or told to stop talking, or told to do something was,
 405. "you're targeting me now, this is personal".
 406. So I'd get very angry and I'd be a little bitch to teachers,
 407. I really would,
 408. I'd be horrendous, talk to them like absolute dirt

 419. So even teachers
 420. who clearly have no personal,
 421. now I know, they have no personal,
 422. like, targets, they don't...like,
 423. they literally don't have personal feelings towards a student in a way
 that they don't like them,
 424. I didn't see it like that,
 425. I felt very persecuted is the word.
 426. So yeah, the arguments, things like that,
 427. I'd get sent out of classes and then I'd get so...like,

 409. and I've always had this defensive side,
 410. being bullied and things like that, it really does build you,
 411. you do, you get such a...you get very defensive,
 412. you're waiting for...
 413. when you're so used to having people saying things to you,
 414. you develop...you're on...you're ready to fight back,
 415. whatever's said to you, you'll give back straight away because that's
 just how...
 416. its survival in that respect.
 417. You're waiting for something
 418. that you, in your mind, is inevitable.

**Verse 6:
Relationships**

452. teachers wouldn't actually realise that I didn't realise I was doing
 something wrong,
 453. they thought that I had some sort of issue that,
 454. not like a mental problem,

 474. It's when you stop doing drugs you realise actually how different you
 are,
 475. because now I don't have any issues with teachers.

 522. and again it wasn't an overnight thing,
 523. it didn't just...
 524. it was a struggle to even try and suppress being,
 525. having teachers saying things to you
 526. and knowing that you had to try to suppress things

527. and having that in your mind constantly burdening you,
 528. like you can't do anything wrong,
 529. that builds anxiety

208. so I'd be withdrawn from a lot of things going on in school because I'd
 be seen as that guy that does drugs

209. and to this day, I'm still known in my school as a druggie, the drug
 user

210. and it doesn't...I don't care about that, I don't care what people think
 anymore,

211. I'm 18 now,

212. I've gradually grown to just not really give a shit about people's
 perception of me.

213. When I was younger it was always an issue

214. and I think everyone goes through that stage during their life, where
 other people's opinions are absolutely fundamental to your whole life
 really,

215. but then obviously you gain a bit more independence and you,

216. kind of, get through things without needing other people's approval.

**Verse 7:
 Support in
 school**

610. We had a place called ACE, Alternative Centre for Education,

611. but it's mostly for children who are misbehaved,

612. so other schools have, like, isolation units, have those small rooms,

613. so I was, even though it was a place for bad behaviour,

614. the pastoral care, one of my pastoral care people who used to work at
 the school,

615. who I was extremely, extremely close with, was there, stationed there,

616. so if I had an issue, I would be up there

617. and she would sit there and speak with me, and she would sit with me.

618. And she saw the worst of...

623. I had someone who saw the issues,

624. saw my whole demeanour, my whole demise in some respects

625. and that was important. It's very important in schools to have
 someone who can help you,

627. if I didn't know that there were support networks in place within school,

628. I wouldn't have gone and I wouldn't of been able to actually get
 through school without them,

630. I mean at one time in year 11,

631. and this was I think one of the, this was when I was very, very bad
 towards my GCSE period,

632. and it was actually after my mum had a stroke,

633. when I was in the ACE room that day

634. and if you're in there all day, they let you go out for, like, a walk,

635. 10 minutes just obviously to get out,

636. because you're not supposed to leave.

637. So I was on a walk with about five other students, including the
 pastoral care lady

638. and there was a child,

639. we have, like, children receptionists at school,

640. children who are in about year 8, they help the receptionists for a day,

641. it's just something, quite a good method of obviously building confidence in kids,
 642. it was two girls,
 643. they were obviously about four years younger than me,
 644. one's this tall,
 645. comes up to me and says, "get out of my way" just sarcastically
 646. and she had a badge on so I actually grabbed the badge and looked and said "oh you're actually a student receptionist"
 647. and apparently she thought I was going to grab her (*pointed hand out and indicated towards her chest*),
 648. punched me in the chest
 649. and I turned round and said, "I will stab you",
 650. I was like, "I'm going to stab you and all this" in front of this girl.
 651. This girl's face dropped,
 652. clearly thought I was going to stab her.
 653. I was nearly...
 654. police obviously had to get involved in things like that.
 655. Luckily it didn't actually go any further,
 656. but I should have been kicked out of school for that,
 657. really, like, I've threatened to stab a child
 658. I should've been kicked out of school
 659. but they didn't kick me out
 660. they didn't even get me in trouble for it,
 661. because they really understood,
 662. they knew who I was as a person,
 663. but they knew what I was going through.
 664. So obviously I apologised to the girl and it was fine, it was all diffused
673. School support networks, they're fundamental for...
 674. I mean it's hard when drugs are involved sometimes, because that's another issue,
 675. mental health is another issue,
 676. but especially when I think drugs are involved,
 677. it's a risky place,
 678. because you're talking about things that are illegal
 679. and if you don't have the correct support, it could,
 680. I don't know, they never...I never used to talk about my drug use at school, never.
 681. They just treated the aftermath of my drug use
 682. more than talking about drugs in school,
 683. because I don't think the school themselves,
 684. schools don't have a really good idea of truly what the extent of the issues drugs can cause.
707. But, yeah, the drugs,
 708. it was hard. It was hard to be honest sometimes.
 709. I had to get a counsellor in school,
 711. I saw her briefly,
 712. but I didn't feel it helped me at all,
 so I only saw her for about 2/3 months.
731. we've had people come in who've worked for drug support networks,
 732. from Drug Wise, I think it might be Drug Wise came in,
 733. it's like a call centre

734. and she was talking about people who'd come in
 735. and a man wiping his own, sat on like a chair in the waiting room and
 excreted all over the chairs and was,
 736. like...the dark things and it's,
 737. this is years back and things like that have kept in my mind and,
 738. like, the extent,

745. that's what they do more is the preventative side in schools.
 746. It's like, "don't do drugs"
 747. because even though ketamine is used in human medicine, they'll say
 it's a horse tranquiliser to try and scare people,
 748. they're not always very honest about drugs themselves.
 749. Personally, I don't like the way schools have approached trying drugs,
 751. sometimes they're putting a negative perception on something makes
 people want to do it more in some ways.

759. We've just been nurtured in a way that we're not shocked by things
 anymore these days.
 760. I think years back it was a lot different,
 761. I don't obviously know, I wasn't there,
 762. but people were a lot more afraid of things, people wouldn't do things,
 763. now we're getting more and more resistant to fear,
 764. fear factors with things like drugs.
 765. And schools, as I say, they promote it,
 766. they try and get police in, "if you get caught with this drug you're going
 to go to prison".
 767. Of course that's scary,
 768. but the likelihood of that actually happening,
 769. that's not the main issue.
 770. It shouldn't be focused around criminal offences and things like that,
 752. It needs to be honest,
 753. it needs to be, "if you do this, this is going to happen to you"
 754. and yeah "it could feel good"
 755. "but you need to know that this can actually happen as well",
 756. instead of saying, "you're going to die, this could kill you, if you take
 too much you're going to die".
 757. As much as that should be the shock factor and the scare thing,
 758. it just doesn't work anymore.

771. it needs to be focused more around what it can actually do to you as a
 person and, who knows.
 772. I mean we've watched,
 773. you've probably even seen it on You Tube,
 774. it was a case about a man who had a heroin addiction and then he
 died,
 775. I'm not sure.
 776. It was something on You Tube
 777. and we watched it in class,
 778. we were made to watch it
 779. and he had an awful heroin addiction, awful and he died in the end.
 780. He went into rehab and 24 hours within rehab because his addiction
 was so intense, he had a bleed on his brain because he needed the
 heroin that badly,
 781. but things like that are more effective,

**Verse 8:
Effects of
drugs on self**

782. because we see it from a true perspective.
250. and then combinations of things like ecstasy as well,
251. it shatters the amount of serotonin, it shatters your serotonin levels,
252. your body goes into,
253. it's an awful awful drug,
254. it will completely rinse you of everything and it's,
255. it doesn't even have to,
256. with come downs, they normally slowly start to get worse,
257. because the first couple of times I did things like pills and MDMA I
would never experience a come down, never would
258. be able...would wake up the next day feeling fresh as a daisy
259. and then gradually you just do it more and more
260. and there's less and less in your brain to back you up and that will
slowly bring you down

383. however things like drugs,
384. especially, I'd say the worst combination for me was smoking cannabis
and taking ecstasy...
385. because I'd have...my mood would be completely thrown by the
MDMA,
386. the ecstasy would adjust my mood
387. so having the motivation, having the attention span, that was affected,
388. and especially with things like cannabis as well,
389. which do really get in the way of concentration again,
390. so those two together were an awful combination

**Verse 9: Self-
harm and
suicidal
thoughts**

122. Yeah, so it was my moods dramatically dropped.
123. It was feelings of, initially it was just very low mood,
124. feeling depressed
125. and then with that came self-harm.
126. I've self-harmed since I was about 12 years old,
127. but it came back a lot more intense.
128. I was very much reliant on self-harming,
129. self-harming most days.
130. Not to an extent that I'd need hospital attention,
131. but it was just becoming a lot more frequent
132. and had suicidal thoughts and things like that,
133. but I wasn't in a position where I wanted to act on them, they were just
present,
134. because I was so tired of how I felt.

443. and then I'd self-harm.
444. My self-harm, it really got worse because of things like just me not
doing what I was told to do
445. and... I couldn't see,
446. it just didn't register to me that I was actually doing anything wrong.

279. this was probably one of the worst parts of my, I think, drug use,
280. it got to an extent I'd go to people's houses and I'd go in their medical
cabinets
281. and I'd take other people's medication
282. and I had a few friends who...

283. I had a friend who's dad suffers with severe ME and his medical cabinet

284. just, hundreds of different substances, hundreds of different drugs

309. I think, that's why so many people will take things like overdoses and stuff.

310. I don't always believe it's because they want to die,

311. it's because it's the lowest point they can get to and every point from there has to be better, has to go up.

312. So I've had moments,

313. dark moments before,

314. but it's mostly been to an extent,

315. it's just been so distressing that things go on in my mind are too distressing for me to want to carry on like this,

**Verse 10:
'drugs aren't
the best for
me'**

285. I was then able to recognise, actually drugs are an issue for me,

286. drugs aren't the best for me.

287. And it was horrible at first,

288. because I didn't want that to be true,

289. I was telling myself everything,

290. that it wasn't drugs,

291. I was fine,

292. and it wasn't just cannabis, it was other things that I'd been taking

294. I can always remember the psychiatrist at CAMHS, and SSS support staff and my psychologist saying at one point I was seriously high risk to myself on the amount of different things I was taking,

295. but I was so deluded by the glaze drugs put over you,

296. you do not see a problem within it.

538. You don't really ever,

539. when drugs are an issue for you,

540. there's never any good moments to it,

541. there's never an enjoyable,

542. the only enjoyable thing is doing the drugs themselves

543. which don't last,

544. it's always, its a temporary thing.

545. There is a high that won't last,

546. it is a trap,

547. you're enveloped in a turmoil in a flood of just digression

548. and uh yeah, it's no fun at all,

572. and unfortunately, with things like drugs,

573. it's rare that you'll find someone who hasn't had a problem,

574. like, it gets to,

575. when people have a bad turning point in their lives,

576. like if they're, I don't know if they're heroin users,

577. they have children and their children get taken away from them,

578. it will only be that that makes them realise there's truly an issue.

962. My mood was just,

963. I knew from this moment that I don't need weed in my life now.

964. And I don't need drugs anymore because this is...

965. I can see how much worse they're making me now,
 966. because I had...it was like I had a chart and I was putting myself on
 967. and I was initially at the start of the year I was trying to keep a diary of
 what I'd been taking and my moods.
 968. I'd been told to try and note it all down and I managed to do it for about
 three months.
 969. I, kind of, just stopped,
 970. but within that time, because...I stopped because I wasn't needing to
 write it down anymore
 971. because I was better.
 972. And it wasn't just cannabis,
 973. there was, like, prescription medication as well.
 974. Benzodiazepines can make people depressed,
 975. there's so many different factors to it,
 976. but in my understanding of it, it was mostly all drug related.

**Verse 11:
 CAMHS
 support**

42. I'd been under CAMHS before I started using cannabis,
 43. I was receiving, like, cognitive behavioural therapy,
 44. but it was only until I started to smoke weed that the CBT actually
 helped quite a lot,
 45. because my perceptions were altered in the way that it was actually a
 positive thing.
 46. So cannabis actually helped in that respect,
 47. and I was able to acknowledge the way I was distorting different things,
 48. and my anxieties weren't actually real,
 49. that it was just all in my head,
 50. so that was a real positive
 51. and I came off of CAMHS
 52. and I was getting on fine.

619. it was always difficult coming to CAMHS
 620. and you can talk about it,
 621. but CAMHS never see it, they never truly see the issues,
 622. they just hear about them.

990. I'd been on CAMHS before, like, for months before,
 991. I'd been on CAMHS for years and didn't...
 992. nothing was changing and why wasn't it changing, because it wasn't
 being,
 993. the problem wasn't being targeted,
 994. it wasn't being treated and
 995. it wasn't anyone's fault that we didn't actually see it.
 996. It was because, like, not having regular appointments,
 997. not really, not being specialised in that field.

**Verse 12:
 Specialist
 Support
 Service**

89. When I was, I went to back to CAMHS
 90. at this point and they referred me to SSS
 91. and initially I was getting reluctant to SSS because at the time I didn't
 realise that my drug was an issue,
 92. I thought it was...I knew it was a vicious circle so I was feeling bad, so I
 do drugs and drugs made me feel bad, and then you get trapped into
 the addiction type of reliance, that cycle.
 93. And eventually, after meeting SSS I would find the fact that this is
 causing,

94. smoking weed was causing, like, psychotic symptoms and if I didn't...
 95. I'd go for a week without smoking weed and noticed dramatic
 improvements,
 96. but it was so difficult to be consistent with that
 97. because all my friendships,
 98. all my life was, like, cannabis and drugs before,
 99. so having this massive shift was difficult because it's always been there
 like a blanket, so a protecting thing.

254. because it's only since I went to things like SSS that I really was able
 to identify...
 255. and having someone else there observing you weekly,
 256. because I saw SSS support staff weekly,
 257. so to have her basically, like, making a flowchart of my moods every
 single week,
 258. she'd gradually see,
 259. "have you been using this week",
 260. "yeah",
 261. "how was your mood here, it's down it's low",
 262. or "have you been using this week",
 263. "no",
 264. "how do you feel",
 265. "a lot better",
 266. and to have that consistently reinforced,

360. it was speaking with SSS support staff and everyone,
 361. it then was the test to see if I could resist
 362. and how if I'd actually registered how badly drugs had affected me.

795. Like, I'm so glad,
 796. I can't say I'm glad that this has happened to me,
 797. because if it didn't happen to me and I didn't have the negative effects
 798. I would have been fine, like,
 799. I wouldn't have had to see SSS.
 800. That was the thing, SSS support staff said,
 801. it was like, "I wouldn't care if you smoked weed, but the fact is that you
 have issues from smoking weed, you wouldn't be here needing the help
 if you didn't have an issue",

802. I: How did that make you feel when you heard that?

803. Again, it's like, in some ways a bit of a relief,
 804. in other ways because
 805. you think, you do question, "am I insane, have I got a mental illness?"
 806. "have I"...and I think a lot...

949. I'd go and see SSS support staff, as I say,
 950. on a weekly basis, so having a weekly update
 951. and being able to see someone that frequently as well,
 952. CAMHS only see someone every three to four weeks if you're lucky,
 953. but I could see SSS support staff every week.
 954. She, again, saw me from, like, loads of different perspectives, in loads
 of different frames of mind and said "she knew when I was better off",
 955. she could tell me, "you're better this week, you haven't done drugs"
 956. and it took a while to really start registering that.

957. As I say, I was just, "oh maybe now it's just"...
 958. I was trying to come up with excuses for it,
 959. trying to find logic for it,
 960. but all it was, was the fact that I hadn't been poisoning myself
 basically.
 961. And she'd say, "we'll do a mouth swab we'll see, like, if we can prolong
 the appointment to every two weeks and do mouth swabs in-between".
 987. but I needed SSS, I needed a support network there,
 988. because without it...
 989. It was only from SSS that my life started to improve really.
 998. You need someone whose really like trained to work with people who
 use drugs,
 999. because, as I say, the school had no idea,
 1000. they're not specialised within the use of drugs
 1001. and they have pastoral care people, but they're not specialised in
 that field.
 1002. But it's always so difficult to say, is it the drugs or is it underlying?
 1003. Again, it's an argument,

**Verse 13:
 Mental health
 and mental
 state of mind**

247. And I think the latter effect of it all on my mental health,
 248. today, I mean my moods,
 249. I still have issues,
 250. without cannabis I still have a problem with, like, bouts of depression
 251. and getting better and then...
 252. so whether it's actually had an impact and brought out something in
 me now, who knows,
 253. but there is definitely a connection between them,
 817. but when I was faced with having to go through mental health things in
 A&E,
 818. seeing Crisis team and things like that,
 819. you are in a position where you feel like there is something wrong,
 820. it's actually extremely scary,
 821. I suppose now I'm older and I think "have I got a mental health
 problem?"
 822. I don't want one,
 823. like, that's why I don't want there to be anything wrong,
 835. Like, I don't have mental illness in my eyes,
 836. I don't have a serious mental health problem,
 837. I have a mood issue
 838. but I wouldn't say that's a dramatic...
 839. so many people suffer with different things, all different types of things,
 840. no one's ever going to be consistently happy.
 328. I think I'm on anti-psychotic drugs,
 329. I'm on anti-depressants but I know now,
 330. I know I don't need to be on the anti-psychotics anymore because I'm
 not psychotic.
 331. I know they're used for mood stability as well,

332. but I was put on those drugs because of the way cannabis was making
me,
333. so it was more like a drug induced problem,
334. now the drugs aren't inducing that problem anymore,
335. I think I want to see if I can return to normal,
336. and things like anti-psychotics, they're mind blowing, mind blurring,
337. it's a complete and utter fog in your mind and that.
338. I mean, they do their job, they do their job well

824. years back I wanted an explanation ,
825. I was like "I must have this problem and that explains it",
826. and I kind of got that when I was told "that this is the drug, its drugs
that do this to you, it's not you".
827. Because as much as I enjoyed the drugs
828. and I enjoyed everything in my life,
829. the positives of drugs.

**Verse 14:
Realisation of
drugs effects,
resilience**

849. It's like you come out of it so much stronger
850. because of it and you notice other people as well,
851. when you've been through things, you can easily...
852. people stand out to you and you kind of think, "I know why this is
happening to you"
854. because people again don't want to hear that they've got an issue with
drugs.
855. They don't want to think that there's a problem

892. and some people haven't actually had many negative experiences in
their lives
893. and in some ways that's brilliant, of course, they haven't had to go
through things.
894. But in many other ways when things do happen they're not going to
know as well how to cope so.
895. I look to a lot of my friends,
896. a lot of people from my school who have quite wealthy families,
897. they've always had...they've always been happy, they've always had
what they've wanted, things like that.
898. One day something serious could happen and they wouldn't
necessarily know how to cope with that.
899. Whereas I think with myself, I can cope with a lot more and I do on a
daily basis,
900. I can cope with having to deal with a lot of things, like my mum now,
901. I can cope a hell of a lot better than I reckon a lot of other people
could, because...
902. and it's not expected in someone like me who struggled with so many
things.
903. But because I have struggled with so many things in the past, I can
now cope with so much more, now.
904. And drugs were a huge part of that,

297. It's like alcoholics, they need to recognise they're an alcoholic before
they can get treatment
298. and it's the same with drugs,
299. I had to accept that I had a drug issue before I could actually...
300. and I didn't want to accept it,

301. but I think it gets to a point where you need to change
 302. and unfortunately, it's one of those points you have to be at the lowest
 point to have to get better

**Verse 15:
 Adjusting to
 stopping,
 'where I am
 now'**

100. To have that, just having to stop
 101. and having to adjust to,
 102. of course, like with anything,
 103. it's like a loss so you grieve it and you try...
 104. yeah it just all gets into a vicious cycle, so it's hard to break,
 105. but no, I gradually began to slowly recognise it
 106. and stopped smoking weed about six/seven months ago.
 107. I've smoked weed in between but nowhere near as much as I used to,
 108. because obviously I really know how much it impacts me now.
 109. I'll notice if I've smoked one joint and the next three days I'm feeling
 horrendous,
 110. so I've now really noticed that drugs are bad for me,
 111. especially things like pills as well,
 112. I couldn't...no, I couldn't hack that anymore.

317. it's actually...doing it, that's the harder part.
 318. But it's like anything,
 319. it's a challenge and you have to undertake it and you know...
 320. I knew there were going to be times where I relapsed,
 321. of course I couldn't go from smoking weed everyday to not doing it at
 all.
 323. it's the same as smoking things like cigarettes and things like that,
 324. you have to slowly reduce yourself down, you have to wean yourself,
 325. taper yourself off like you do with medication.
 326. But I'm here today,
 327. a lot better than I've ever been purely because I've stopped using
 cannabis and things like that.

363. And to me, I knew I was fine and I'd managed to combat,
 364. I'd come so far
 365. and because of the fact that that was the time I would use drugs,
 366. if that was a year ago,
 367. as soon as she was in hospital I'd be chasing a high to try and...
 368. but no, I'd managed to get on with it without,
 369. and to me that was so, important,
 370. not just for myself but so I could be there for my family,

944. when I stopped doing things like that,
 945. as I say, not necessarily out of my own choice to stop doing it,
 946. just because there was nothing to do.
 947. I wasn't going to go and do it, money, I didn't have money at the time, I
 couldn't do it,
 948. so it wasn't always intentional that I wasn't doing drugs and I felt
 better.

**Verse 16:
 Motivation for
 future
 aspirations**

378. I mean, I was, I've never...I wouldn't say I'm not intelligent,
 379. I've always been in the top set for things, always,
 380. I mean, in the future I want to eventually be a doctor or in the medical
 field in some way,
 381. so I've always had a drive for school

382. and I've always enjoyed school,
512. Things like school, that was my whole life, school is my life,
 513. like, for example, your job is yours, your research is your life,
 514. school is mine,
549. especially like schooling is so important to me, so important.
 550. Especially as this year, applying to university, things like that,
 551. I know what I need to do and I need these grades.
 552. I can't let anything hold me back now.
595. I mean, it's the argument does institutionalisation actually work for
 some people,
 596. will it actually help them, who knows?
 597. But it's, yeah, school was my institution,
 598. it was a good institution
 599. and to not have that anymore, God, I just, it would've,
 600. I don't think I would've been able to live if I had to completely take, be,
 have those things taken away.
 601. Because I value education so much and...
 602. There were dark, dark times in school,
 603. but school was always a positive,
 604. I never perceived it as bad.
 605. I always went to school,
 606. no matter what, no matter my issues.
 607. Year 10 and 11 I never had days off,
 608. the only time, the only problem was I just wasn't in lessons,
 609. I was in withdrawn areas.
905. they were a huge part of that and I needed to do drugs to really realise
 the most important things in my life.
 906. Things like school, things like my future, my family, my friends, my
 health and my own well being.
579. With me it was my school being taken away from me,
 580. like, just my whole mental health being taken away from me as well,
 581. having that worrying, like,
 582. will I get told to have residential care.
584. residential care, because I was a risk to myself in so many ways.
 585. The self-harm, the self-medicating, the drugs, it was such an issue,
 586. they were, like, "you might need to go for a residential period where
 you can come off of this".
 587. And in some ways that would have been,
 588. it may have been helpful,
 589. but it could have completely shattered me as well,
 590. because it's not a normal thing to do,
 591. be taken away from your home, be taken away from your life
 592. and just that if you're already not normal
 593. or you have issues,
 594. to be put in an abnormal environment,

515. thing is, everything around it, to have that again taken off of you,
 ripped away from you
 516. because of things like drugs,
 517. it was just...it starts to weight itself up, it really does,
 518. like what is actually, what are my priorities now,
 520. and it's through the worst of things that you really realise that,
 521. "oh God I need to change"

665. but the school were brilliant,
 666. they really knew,
 667. they didn't again take that away from me,
 668. because that was my fear, "I'm going to get kicked out of school".
 669. I didn't even get excluded,
 670. I didn't get anything on my record,
 671. they didn't even hinder me from going into sixth form in the first place,
 672. because it could have actually had an impact, things like that.

**Verse 17:
 Reflecting
 back**

113. So I'm kind of glad I'm not,
 114. because I've got to a point in my life where you need to know,
 115. I need to, like, focus and actually be getting on with my life.
 116. A lot of other people I know unfortunately things like that come in a bit
 later for them,
 117. so in some ways I'm glad I've experienced it early on,
 118. but it has had some quite bad effects of,
 119. like my last couple of years,
 120. my teenage years.

154. I have improved,
 155. I mean there's still,
 156. it has it's bad side, definitely.
 157. As much as I thought the drugs were great and they would fuel me to
 something...
 158. I'm really like..., people don't realise until it will just one day, you will
 have that epiphany moment when you realise, like, drugs actually are
 the reason everything is so bad in my life.
 159. Not always,

564. and I'm glad now that I now know that for a fact,
 565. because if I still didn't actually register that,
 566. I think I wouldn't be sitting here today,
 567. coming out of SSS, kind of,
 568. being able to say, like, "I don't use drugs anymore"
 569. because...you need,
 570. as I say, it's all about realising,
 571. it's all about knowing the problem

830. There were so many negatives
 831. and when I realised that,
 832. when I actually, genuinely, like, knew in myself that it was the drugs,
 833. like, I was angry
 834. but there was mixed emotions around it.

844. But I don't have a mental health problem,

845. it was a lot of the worst things in my mind were caused by something
 846. and I now know what that was and I can...
 847. I'm now able to recognise a lot more through that
 848. and think a lot more broadly about things now, in a better way.

886. No, I mean, I'm glad in some ways that I've done...that I've been
 through it.

887. I'm not regretful of the things I've done,

888. because it has shaped me as a person,

889. to who I am today

890. and you do have to go through things in life to come out of them with...

891. you need to just learn from your experiences

908. and I know my limits

909. and I know what the mind is capable of

919. That's the only thing, I've learnt from it,

920. that's the most important thing,

921. it's just making sure people...

922. its sooner or later really,

923. because if I refused SSS and just carried on, who knows where I'd be,

924. because it did work for me.

925. But sometimes people who have drug issues, they never...

926. it's just going to get worse and worse,

927. because sometimes the help...I mean the help available,

928. like, when I was asked to see SSS I was, like, "yeah I'll see them",

929. laughed about it and thought "it's not going to stop me from doing
 drugs, I'm going to carry on doing drugs", things like that.

930. And I was lucky, in a sense,

931. because I soon realised there was an issue.

932. But, I'm assuming there's plenty other people in the world who would
 go in there and be, like, "I don't care", and not go again and carry on.

**933. I: What do you think it was that made you realise that had, that
 switch, I suppose?**

934. I think it was the...seeing, being told and seeing for myself really when
 my mood was better or not.

935. When you've had such persistent long mood, for over years,

936. you really notice when you're not feeling like it

937. and in some ways when I feel good, I completely forget,

938. if I feel good for a month,

939. if I've not had any real depressive moods within a month,

940. I completely forget that I've ever had any depressive moods

941. and I think, "did I really have anything wrong?"

942. but when I was smoking weed and when I was doing,

943. especially things like ecstasy which make depressive moods a hell of
 a lot more depressive, more intense and more harder to deal with,

977. My issues were mostly all drug related.

978. I was so blind to it, I was so blind to it, I had no idea it was the drugs,

979. because I didn't think it was...

980. I could see a lot,

981. there was a lot of other people around me who were doing it a lot more
 and a lot heavier than I was without a problem,

982. so to then try and think that you've got a problem with,

**Verse 18:
Effects of
drugs on
others**

983. even though you're not on that same level.
 984. Yeah, it was a, as I say, it was kind of a relief
 985. because I'm not mental,
 986. I'm not all this stuff I thought I was,

1004. but for me personally, it was the drugs
 1005. and I think for many other people it was also the drugs,
 1006. but again its nationally realising that and finding out if that's true or
 not,
 1007. but you have to go through a bad patch to really recognise it

175. Some people, it might dampen their motivation,
 176. it might make their memory a bit,
 178. some people just have this predisposition to having, like, I guess bad,
 bad effects from drugs

739. but other people it just doesn't phase them,
 740. if they don't have issues with them.

783. But, who knows,
 784. like, again, it's only an issue if there is an issue.
 785. Some people don't ever,
 786. they can get through their life without having any, sort of, psychotic
 effects from cannabis,
 787. any sort of like mood deterioration from ecstasy.
 788. Some people don't even get addicted to things like cocaine,
 789. they just do them whenever they want,
 790. there isn't always a problem.
 791. But the more problem there isn't, the more problem there is, in a
 sense,
 792. because it doesn't always hit you then, it can hit you later and it can hit
 other people as well.
 793. If you expose...if more people can do it, then more people can't do it
 as well.
 794. It's a really hard one, it's a really hard one.

807. the problem these days I think a lot of people are so ready to self
 diagnose,
 808. it's all over the internet,
 809. like if people think they've got all these different problems,
 810. so and the people will happily say, "oh I've got this, I've got this",
 811. especially children, especially...
 812. I've always been...
 813. people saying they've got bipolar when they're 13 years old,
 814. people will go and say,
 815. they don't understand,
 816. have no real idea,

910. and in some ways it's like, sometimes the most intelligent people are
 the most, are the ones that have been through and to have, like,
 911. they...I don't know, I think it was, I don't know who, Einstein or
 something said,
 912. like, I think Einstein was severely depressed.

913. All of these, like, major art people, they've all been through,
 914. they've all seen,
 915. they were all really depressed and it's all because they...
 916. I don't know.
 917. But, I'm not really sure if I'm talking about something relevant,
 918. but, yes, you have to go through things.

**Verse 19:
 Others
 perception of
 drugs**

856. because drugs have, especially when you're young,
 857. have... just an image, I don't want to say cool, but it is like that.
 858. People who do drugs are, like, "badass", they're, like, "cool", they're all
 this.
 859. So a lot of people think it's like, singers, celebrities, they're all, like
 black rappers talking about weed and things like that all the time,
 860. it's everywhere. It's in the media,
 861. cocaine is seen as elite, an elite drug, things like that.
 862. And like the rave scene dance clubs, drugs,
 863. there's drugs everywhere,
 864. seen as the thing to do.

 879. I think it's, like, endocentric, in a sense,
 880. I think it is specific to one culture,
 881. I'm not sure what the British culture, how that would work.
 882. In many ways I think it would be the complete opposite to Amsterdam.
 883. I think we could all go into a hell,
 884. but that's all because I think...
 that may be because of my experiences and that's why I'm seeing it that
 way.

**Verse 20:
 Prevention or
 treatment?**

741. It's hard,
 742. like, it's prevention or treatment,
 743. you obviously want to prevent it,
 744. but...and they try,

 856. That's something that I'm not sure is ever going to change and if
 anything,
 857. it's going to get worse.
 858. It's just, again, is it the prevention you need to look at or the
 treatment?
 859. I think they did something in, I think it's Portugal, I don't know, they
 legalised every drug or something, I'm not sure where it is in the world...
860. I: Amsterdam.
 861. Is it Amsterdam? All drugs legal in Amsterdam?
862. I: Most drugs, yes, I think.
 863. But didn't that in some ways reduce the amount of drug use?
 864. So, like, again it's so difficult to say,
 865. like is that preventing or treating?
 866. because obviously they're giving them, you're allowed them but you're
 also...
 867. so is that treating the problem or making it worse?
 868. but it's obviously made it better.
 869. Who knows?

Appendix F2 – Bob’s Rough Verse Story

Bob’s Story

Verse 1: First time using substances

20. Erm, where to begin, what to question ay. Erm,... well it all began in
erm, year six I think I remember.
21. Erm, I don’t know, erm ... I hate saying it started with weed but it started
with weed.
22. Erm, and I used to smoke cigarettes at the time,
23. but then I started smoking weed in year six, erm,
24. because of a mate
25. and then erm, probably got to 14, erm when I started doing Class A’s.
Erm, which was like MDMA and cocaine
26. and erm... bits and bobs.

62. So you said your first, the first time you tried weed was when you were in year 6. Was there anything in particular that bought you to trying weed at that time? What was it about that...?

63. Yeah literally I was well against everything like that at that point, with like
smoking cigarettes and all that.
64. Erm, I was just like ‘nah like you don’t do it’ innit
65. and then like I just remember, I was at a fucking town fair, it happens
like once a year.
66. And erm, I just happened to do it on a random and that was that.
- #### **67. And then what made you continue with it? What did you feel it was....?**
68. I don’t really know, I can’t really remember to be honest. Erm, ... I don’t
really know really to be honest.

Verse 2: Impact on health

29. Erm, well when I was like 15...My right nostril like collapsed, that was
pretty fucked up
243. And why is it fucking better for you then class A’s
244. because it’s fucking, class A’s are just fucked up man.
245. Nobody even realises the damage they’re doing.
246. Like it was cocaine that collapsed my nose innit
247. but you’ve got to think like, you sniff it, you swallow it after you sniff it
and you fucking digest it and fucking piss it out man, it’s not just your
nose that it’s fucking up it’s your whole like body.
248. Erm and I don’t think weed is alright,
249. to be honest I wish I never started smoking weed.
250. Erm...but it’s just better than the class A’s.

Verse 3: Friendships and substance use

31. when I was like 14 I had this mate who was like 20
32. and for some reason like we chilled,
33. which is like weird looking back on it,
34. but erm like a few of us did
35. and then we used to get bang on it all the time.
36. And then erm..., one night like him and his girlfriend broke up or
something and I went out with him and got like proper fucked up on MD.
37. Erm ... and like he ended up staying at mine
38. and then fucking he got all fucking depressed and shit,

39. and this is when we were both proper fucking like trippin' innit and proper fucking smashed.
40. Erm and he like smashed fucking Malibu bottle over his face and there was like blood and shit, glass everywhere, it was pretty brutal.
41. And that was literally the last day I spoke to that guy, I was like "fuck you coz you're like 20 and I'm 14. And what the fuck is wrong with you?"

69. And you spoke about that difficult time with the older friend where you had that bad experience of him smashing the bottle over his face. How did that you make you feel? Because you said you broke the friendship off I mean how did that make you feel? Do you feel that that had in anyway an impact on you taking drugs or continuing with them?

70. At the time I stopped doing drugs. For like a while innit...Erm, just 'cause like I couldn't be bothered.

71. And then, I just started again innit, I don't know.

72. And when did you, when did you start again after that?

73. Erm, ... I literally don't have a clue probably; I think it was like eight weeks something like that, it was... It was like a long amount of time.

74. How did you feel at that time when you weren't taking drugs?

75. Oh I can't remember now. I've a really appalling memory I literally have an appalling memory and erm, yeah no I don't know man.

42. I got into a bit of trouble for like robbing things.

43. But like, the most I ever robbed was like two and a half grand.

44. But I won't go into the details,

45. but it was fucking hilarious though,

46. er we didn't get caught so I'm not going to go into any sort of fucking, I'm not like,

47. erm... it involved a safe in like this fucking... place and ended up getting a duplicate key it was pretty cool.

48. And then erm, when we finished school erm my mate ended up fucking... doing heroin and then he was addicted to heroin for ages and he ended up going to prison and shit.

49. And then erm, ... I don't really know what to say mate like.

Verse 4: School

51. Tell me a bit the experiences at school?

52. At school... Well I was predicted like A* and that.

53. And then erm, I just didn't' get them I guess.

54. But like, not because I'm not capable but I just didn't put the effort in.

55. See to be honest I wouldn't blame that on drugs I'd literally blame that on my school I was in because like, like it was just shit school weren't it?

56. Like I wouldn't like say that was a problem,

57. but no I was like sellin' drugs in school

58. and I remember I sold fucking some MDMA to my mate before a fucking maths test innit

59. and he done the whole fucking half gram and did his maths test, he was fucking rambling on...

60. I'm a question guy man if you ask me questions then I'll....

76. That's okay. And then, so if we talk a bit more about school. So you said you used to sell drugs at school. Tell me about your

friendships and your relationships with teachers at that, you know you said school was bad anyway....

77. School was very bad.
 78. Erm...The teachers all knew what was going on innit,
 79. and that like they just didn't do anything.
 80. Erm, like not specifically like, they had an inkling about the drug dealing.
 81. They knew that everyone was taking drugs like everyone used to like just like literally like at break and lunch there'd be like 20 people all bunnin' a joint, like just on the field.
 82. And like, they like, they must have known that there would be the odd one or two people like that got on like hard drugs at school
 83. innit....and like, they were always knew man, they always knew like especially when you're stoned and that they'd like...
 84. I remember even getting taken into the head master's office once yeah
 85. and like, it's 'cause like one of my teachers had clocked that I was like proper licked innit like proper stoned,
 86. and erm, sent me to the head teachers office.
 87. And I was sittin' in a comfy chair like this, just chillin'
 88. and he come in innit
 89. and he was just like "you're, you had a well late night last night and you're really tired this morning".
 90. And I'm just like "that is exactly what has happened sir"...
 91. ... and he just let me off innit.

262. And then, so if we go a bit back to school, so thinking back to school again.

263. Yeah.

264. And you mentioned that you said that the teachers had an inkling, well they knew that you know there were students smoking weed on the field, erm how do you think that impacted...so were you smoking weed and doing drugs at school as well?

265. I have never done class A's at school.
 266. That would just be a bit weird,
 267. but like literally every day like I went to that school, I was just stoned as fuck like the whole day.
 268. And then I used to leave,
 269. 'cause obviously like I was selling like drugs,
 270. like I was selling weed in year 11 like the last year,
 271. and I would leave at like lunch and go to fucking like reload, weigh up all the fucking draws and then just go and sell weed.
 272. And I was making so much money
 273. and I was in year 11, it was nuts like I was making way more money than I make now innit, like £100 a night easy.
 274. And like I used to just sit in my yard and send like my mate out to sell it for me and just set him like a tiny bit of weed in return.
 275. Jokes, it was literally jokes.
276. So it sounded like, in terms of your friendships, you had good friendships?
 277. Yeah.
278. And you said that you were predicted A*'s, tell me a bit about your academics and you know having to sit in lessons and the impact and experiences of smoking weed upon that or...?
 279. Erm, like it probably would have had more of an impact yeah, if we weren't like just shit anyway.

280. Because like the whole like mentality of the school I was in was just like you just don't give a fuck about anything,
281. like it was just how it was.

282. No-one like, none of the students innit like none of my group of friends they like just gave a fuck,

283. it was just like literally like, we literally like, it sounds weird saying it,

284. but like everyone aside from like the head teacher like just like didn't say shit to us like at all literally.

285. And even like the head teacher who'd like have a go at you in front of like the other staff and take you in his office

286. and literally just forget about the whole thing and start talking about something else and just be let off the hook all the time.

287. Like it was so much shit happened at that school,

290. And so, so you said it sounds like the only person who really gave a shit as you say, could potentially have been the head master?

291. Oh yeah he did like, he did like yeah, yeah.

292. Were there any teachers any pastoral support or anyone that you could potentially have spoken to about it or...?

293. But I didn't want to, innit,

294. I just enjoyed the fucking...get off my head man.

295. And when you went through the very difficult time with your ex-girlfriend were you still in, was this happening whilst you were still in school?

296. No this was erm, erm literally in the summer.

334. Do you feel that there were any other big differences between high school and college in terms of supporting you to where you are now essentially?

335. Erm, well in school like I didn't like need anything.

336. Well I probably did need anything

337. but I wouldn't have it like

338. because at the time you just don't know innit.

339. You literally don't know what you're getting yourself into like

340. you literally starting up like you know what I mean?

341. Like, and the support obviously,

342. I don't know man I've had a lot of like teachers proper sort me out,

343. but like when I was in like school,

344. I don't know I can't really say that, I can't really say that...

345. I reckon that would just get me in trouble.

346. No we'll move on from that one.

347. But yeah nah I literally like, teachers do do you favours innit ...big up teachers...

348. Okay So I know you said that there is a particular incident you can't talk about, are there others that you feel you would be comfortable sharing?

349. Erm... probably Erm... probably

350. I literally have a bad memory and that.

351. I mean, you know you said big up teachers that they were supportive in some sense. What....?

352. Oh as in like they've just done me favours innit,

353. like in school like they weren't supportive as in like they support you, d'you know what I mean?

354. They do you favours like,
 355. I won't even say it 'cause it will just get me in trouble.
 356. But they do do you favours.
357. Okay that's alright. Academic favours, social....?
 358. Academic

**Verse 5:
 Prevention
 in school**

513. It was literally that time innit they started to tell us about drugs I
 started doing drugs innit.
 514. And so erm, yeah sort it out man,
 515. like I literally remember how the shittest lessons were just like...
 516. you've got to think, if you tell someone, "if you smoke yeah you're
 going to die".
 517. And then tell someone "if you do drugs you're going to die"
 518. everyone is going to look at the people smoking that aren't dying,
 like well they're clearly not fucking going to die.
 519. You've literally got to tell people like,
 520. you need to tell young kids the horror stories about drugs
 521. and the fucked up shit that happens about drugs innit.
 522. Like there is some, like my fucking best mate's brother yeah, fucking,
 you know when Methadone was like legal, yeah they ordered a load off
 Amazon
 523. and I believe it was Amazon, some random fucking website.
 524. And they all fucking got on it at his yard
 525. and then the next day one of them didn't wake up and he died.
 526. Erm, and a girl was in a coma for like two months innit,
 527. like it's fucked and that is like,
 528. there is some really fucked up shit that happens man.
 529. And like no-one ever goes into it,
 530. like literally you need to tell people what like, the real shit man, the
 real shit,
 531. like how if you do Ketamine for like a month straight you will have no
 bladder left and you'll be fucked up.
 532. My fucking mate's mum's best mate yeah, walks round with a
 fucking plastic bag as a bladder 'cause she done too much Ketamine
 when she was younger.
 533. It's fucked; tell people that sort of shit man.
 534. You know what I mean,
 535. you don't want to be fucking having someone replace your fucking ...
 urine bag for you, that's fucked man.
 536. It's literally fucked,
 537. I've got a mate that pisses jelly 'cause he just done a shit load of K.
 538. It's literally dirty shit man, it's literally fucked up
 539. like all people are sort of "oh if you do cocaine you might die innit
 keep that in mind".
 540. That's not what you want to hear man, like that is literally not a
 deterrent for shit.
 541. 'Cause like you might die if you smoke but no-one like, it's not as
 instant as that you know what I mean?
 542. It's like, especially for young people like,
 543. you're putting it in the same category as like, even though smoking is
 legal but you're saying the same shit about it.
 544. What you want to tell people is how like nuts it can make you as well,

545. like acid man, acid is a fucked up drug.
546. If you want to like, it's just, there is way more shit about drugs than dying innit?
547. Worse stuff than dying about drugs man.
- 548. And who do you think are the best people to do that? The teachers or someone outside?**
549. Well like people like that have had that shit happen to innit.
550. Like real people,
551. 'cause like no-one respects their fucking primary school teacher or middle school teacher; everyone thinks they're a cunt man.
552. So to be honest nah like don't have some fucking teacher like telling the youts...
553. you want to literally get someone that's had it and had some peak shit happen man, this is what actually happens innit.
554. It's pathetic bruv, it's literally pathetic,
555. I actually remember like all the lessons, they were dead man, they're shit.
556. And like they try to sugar coat it because like 'oh kids shouldn't hear this sort of stuff 'cause like they're young'.
557. And they use cartoons and shit to like,
558. like fuck that man get a real picture man, get a real picture of the state of someone's fucking like bladder bruv after like a shit load of Ketamine has been like gone through it.
559. You know what I'm saying like, that is going to make, like fuck that.
560. Don't, not fucking cartoons of someone like falling over dead,
561. 'cause they got on fucking drugs man, that is some stupid shit.
562. Hit them while they're young innit.
563. Proper scar 'em, scar 'em you know with drugs like, with shit like that before they do drugs and have something fucked up that actually does scar 'em.
564. You know what I mean, like actually put fucking effort in,
565. it pisses me off man this subject innit yeah,
566. that's what I'm saying on that.

**Verse 6:
Support in
college**

- 297. Erm oh and so you're in your second year of college now? Tell me a bit about your college experiences then, so when you started college I'm assuming you were still taking drugs and...?**
298. When I started college I was a fucking mess, like literally a mess innit
299. like I do fucking level 3 fine art and I got put in level 3 like as soon as I started.
300. But at the time like, I was so like,
301. throughout my whole life innit like I've been like,
302. I was up until a point like extremely lucky with everything,
303. like, I'd like didn't do shit all in school, like literally anything and then like I come out with all like C's and above.
304. So like, I was just used to everything just working out without me doing anything
305. and then it just like how I thought of everything.
306. So I literally did fuck all in like the start of my fucking college course
307. and like at that point innit I was doing drugs like three days a week,
308. like we're getting proper messy.
309. We'd get on like pills like Friday, Saturday and Sunday night innit
310. and like it was just messy as fuck.

311. Erm and I was like for like eight months I reckon
 312. and then erm, fucking yeah my ex did all that sort of shit
 313. and that sort of made me realise,
 314. 'cause like obviously I couldn't go college whilst that was happening.
 315. Erm, so like luckily my college tutor paused my course erm
 316. and erm, so I was dealing with this shit
 317. and I, when I come back the course had already like finished for the
 year,
 318. so I had a meeting with my college tutor and pretty much he,
 319. I had two yeah, two modules out of the nine that I needed for the
 year to get to the next one
 320. and fucking he was pretty much saying like "you've got two out of the
 nine modules but I'm going to make it seven out of the nine modules and
 you have to do this project over the summer to get into next year".
 321. So he proper sorted me out
 322. and erm, it just sort of made me realise that you can't just fucking sit
 back and expect things to work out for you.
 323. Because like things like that with my ex just happened,
 324. I did not expect that to happen.
 325. I really did not think like, for the next three months my life I was
 going to be spending it in fucking mental unit.
 326. Like that was weird man,
 327. like never been in a situation like that before.
 328. Erm, but it just literally gave me a fucking kick up the arse like you
 literally cannot live like this, like you just can't fucking do it.
 329. So I sorted it out this year
 330. and then like the last topic I just got a distinction and erm the erm the
 module.
 331. It's alright innit...
**332. So you've had so by having that support there from the
 tutor...do you feel that that was helpful then?**
 333. Yeah, yeah.

**Verse 7:
Near death
experience**

92. And yeah ... I almost fucking died at one point, probably quite significant
 thing to happen.
 93. Erm, when I was like 15 I went to my first like rave.
 94. And I did like a silly, a silly amount of fucking MDMA.
 95. And erm, I was being sick, blood everywhere; I was pretty like... Erm,
 96. and then yeah ... any more questions?
**97. And how, so once you'd recovered from that how did you feel after
 that?**

98. Pretty peak like.

99. What do you mean by peak?

100. Erm, how do I explain that word?

101. It's pretty like,

102. I don't know,

103. I can't really remember that was like two years ago.

104. A lot had happened in the last two years and I don't know.

**105. Tell me about erm, you coming to SSS, how did you get
involved with SSS?**

106. It's a really fucked up story actually,

107. sorry about the language.

108. It's a bit of a long story innit it like it's actually like a proper long story.

109. Erm, pretty much what happened was... I had this girlfriend erm,

**Verse 8:
Significant
relationship
with ex-
girlfriend**

110. and erm the point is she ended up in a fuckin' mental hospital
 111. because she tried to kill herself.
 112. She was like hearing voices and fucking like hallucinating.
 113. She had bi-polar innit and fucking,
 114. there were like times before she tried to kill herself when she like,
 115. I remember she come up to my house once innit
 116. and she had like a massive fucking bruise, like all the way down here
(pointed to side of body).
 117. And she had like just jumped out of her fucking mum's convertible
 mini, didn't want to go to school.
 118. And I was just like...
 119. you know what I mean?
 120. Erm and shit like that,
 121. but anyway she tried to kill herself, she fucking,
 122. pretty much her mum has got post-traumatic stress disorder...
 123. And erm, she's proper fucking nuts
 124. and erm, she erm pretty much had bare prescriptions like meds and
 shit, proper strong stuff.
 125. And erm, this girl like A she had pretty much, her mum has like a
 pack for the day time and one for night time erm to like sort her fuck out.
 126. And she ate like a whole packet of day time and a whole pack of
 night time and a whole pack of paracetamol.
 127. And erm, these, the night time ones were like if you took two in two
 hours they stop you breathing or something,
 128. and she had like 24, erm
 129. and obviously like all the other shit.
 130. And she went into coma and had fucking like six seizures erm,
 131. and yeah I literally thought she was dead, she wasn't dead. Erm...
 132. but yeah she was fucking sectioned;
 133. I don't know if you know what a section is?
 134. Erm, and got put in a mental hospital.
 135. And erm that was obviously pretty fucked up.
 136. She used to obviously try to like run away 'cause she like didn't want
 to be there, it was pretty long.
 137. She was in a general hospital first, erm for a few weeks before she
 was transferred to the mental hospital where there was like a bed.
 138. Erm... and yeah she used to like try and fucking like run away from
 the hospital,
 139. that was long innit like...
 140. but ... erm..... where was I...
 141. The point is it was just fucked up, like proper fucked up
- 150. Okay. And erm, so that's quite heavy stuff you spoken about
 there. Erm, how, how did it make you feel at the time going
 through all that with your girlfriend?**
151. I didn't feel, well at the time like, I literally like just did what I had to
 do.
 152. It was more like you don't even think about it you know what I mean,
 153. you literally don't think like,
 154. I wasn't thinking about myself at the time innit you know what I mean
 155. it was just like my girlfriend was like locked in a fucking mental
 hospital you know what I mean? ...
 156. so I...
- 157. And were you taking drugs at the time it was all happening?**

158. I wasn't even taking drugs at the time because fucking like, where are you going to do drugs if you're in a hospital every single fucking day...

159. so no I wasn't.

188. And then, you spoke a bit about when you started with SSS, you'd stopped the class A's?

189. Yeah when she went into hospital.

190. Like when she tried to kill herself,

191. I actually remember the date like, the date she fucking done it was the 1st June.

192. So whatever the day was before that that was the day I stopped doing class A's.

193. Okay and how, and thinking back to that now, how did that make you feel? How did you feel that that impacted you, yourself?

194. I didn't like give a fuck

195. because like I said my girlfriend just tried to kill herself.

196. Like drugs are really not in the forefront of my mind with something like that has just happened innit... ..

197. And how are you feeling now about the drugs?

198. Well....

199. So you mentioned that you stopped, you stopped class A's yeah?

200. Yeah.

201. And you still smoke weed. And how, it's been, so it's been a while since the incident with your ex-girlfriend, how thinking back to that, how do you feel about that now and everything that went on?

202. Erm...Well how do I feel about it? ...

203. pissed off man, I feel fucking pissed off bruv innit,

204. there is nothing you can do about it so... ..

205. What is it that is making you feel pissed off....when you say pissed off I just want to be clear it's angry yeah...?

206. Yeah. I don't know man...

207. A lot has happened with this fucking girl,

208. like before she even went into hospital she like cheated on me and shit.

209. So like, she's just a cunt, she is literally just a cunt,

210. I know she's mentally ill man but some things like, it does not excuse. It just don't.

211. She's just a fuck head, like she's just a fuck head.

212. It pisses me, I tell you why it pisses me off innit, it pisses me off yeah because fucking ... that is someone's kid like

213. and she's literally like just fucked, just fucked innit.

214. She don't even live with her family anymore she lives on her own,

215. she's fucking 16 man and she's like addicted to coke innit

216. and she's literally like a fucking fiend for coke, like...

217. and like she's literally going to end up making herself worse and killing herself one day.

218. And that is literally how it is going to be,

219. and I'm literally waiting for her mum to call me innit,

220. and be like "yo she's killed herself so the funeral is like in two weeks' time" innit.

221. That's why it pisses me off innit ...so

222. and there is literally fuck all you can do about these things.

**Verse 9:
Stress on
self, hearing
voices,
referral to
CAMHS and
SSS**

142. and because of the amount of time I was like spending at the
hospital erm,
143. er and the stress and shit of the situation,
144. and the fact that I had taken copious amounts of drugs in the past
145. I fucking started to hear like voices myself,
146. like towards the end of the time she was in hospital. Erm,
147. and we ended up breaking up about five months down the line
148. but that's why I was, I originally went to CAMHS because I was like
going a bit nuts at the time.
149. Erm and they sent me to SSS.

**160. And so then you, so you said you went to CAMHS tell me a bit
about your CAMHS experiences?**

161. Erm, ... well like I stopped hearing voices and shit,
162. because I'm not actually mentally ill,
163. it's just something called a hypno, something, hallucinations that you
get in a high stress situation like not much sleep...
164. so I'm not crazy which is a plus.
165. Erm, so yeah they just sort of discharged me in the end.

**166. And then, so you went with SSS tell me a bit about your time
with SSS and the support you got?**

167. Erm, well like I didn't, like I didn't do class A's for fucking ages
168. like I literally like ages innit erm, like erm ages.
169. I still smoke weed though.
170. There's nothing wrong, well there is a bit wrong with weed
171. but it's not really on the same level is it let's be honest.
172. But erm SSS, yeah no erm, what do you want to know?

**173. So what kind of support did you get from them? How helpful
did you find it?**

174. Quite helpful
175. but like I'd already sort of like quit class A's at that point. So like ...
176. it weren't really about the quitting drugs,
177. it was more about like erm,
178. like I just gone through a really rough patch innit
179. so ...it was more about just fucking sorting out

180. And what was it about it that you found helpful?

181. Erm, ... someone to talk to I guess
182. because like I hardly ever talk to my fucking boys innit, about my
fucking mentally ill girlfriend.
183. And no-one even knew at the time innit
184. like a lot of my mates didn't even know,
185. so I couldn't even like just go to...
186. like you can't really say shit to like your mans innit, you know....
187. so yeah.

**Verse 10:
Perceptions
and views of
substances**

**223. Do you feel that has had an impact on your own views and your
thoughts on class A drugs?**

224. ...Well I never had a good view of them in the first,
225. like I don't know even why I started them innit,

226. like they are dirty, it's fucked up and they do fuck you up.

227. It's just how it is. Like... ...

228. ...there is literally no pretty side to doing drugs innit,

229. like literally insane innit ... they're just fucked up.

230. And how, tell me a bit about you feel about now then about that? So you know you've said that they are fucked up, there are no pretty side to them, they messed you up. What do you feel it is with weed that is still okay or...?

231. Erm...

232. I mean I'm asking because I'm curious that it's, although you've given up class A drugs it's not, you've not given up everything if that makes sense?

233. Because I don't drink alcohol....Literally at all,

234. like I just don't drink alcohol, never drank alcohol.

235. It's never been my thing.

236. And like, everyone needs something.

237. Like you might even like sit there thinking 'oh nah not true' but you will still go out at the weekend and get absolutely smashed or maybe not absolutely smashed but you enjoy a drink innit

238. and like if you don't drink innit, then that is some boring shit man.

239. Especially when you have like some peak shit happen,

240. and like you're just sitting there like, "I could do with something to cheer me up".

241. But I don't have anything to do that, so...

242. I guess it's more of a supplement for that.

251. Okay. Why is it you've not drunk alcohol or you know where that comes from?

252. I would just probably be a fucking drunk innit,

253. and like I'm literally shit when I drink like.

254. I've been pissed like twice,

255. and both of them have just been dead times.

256. I just think it's long like why do you want to like sit there and drink like fucking shit load of beer, that's not even like nice to drink and then feel like you're completely uncontrolled of your reactions and then go home and probably be sick at the end of it.

257. That to me is not like an attractive experience,

258. and like with drugs and that you sniff like a fucking line, or you eat like a pill and like you're literally fucked up in like an hour,

259. but you're in a state where you're like fucked up but you're like completely in control of what you're next move and you're next action.

260. Whereas with alcohol you just don't have a clue what you're about to do next

261. and I just think it's stupid. Fuck alcohol

361. And then you stopped for a little while then you went back on it. Erm and then you had, I suppose the big turning point in your life really was the incident with your ex-girlfriend where you stopped drugs. Did you stop all drugs at that point?

362. When she was in hospital like I literally did not have time to smoke weed and that...

363. But to be honest when I stopped smoking weed,

364. like so I quit every, like all drugs innit,
 365. but like the only drug I've ever done like consistently every day for
 the past five years,
 366. 'cause obviously when I was like 11 I wasn't doing it every day, was
 fucking weed.
 367. Erm so when in the hospital,
 368. 'cause like, I would do like class A's like every weekend
 369. but obviously when she's in hospital I'm not just going to go, you
 know what I mean like?

370. But erm, it was the weed like
 371. obviously like I wasn't doing like at all
 372. compared to like when I literally, I hadn't had a day without it like, like
 a few joints in literally years.
 373. So like that's what the doctor, the doctor said that fucking,
 374. the fact that I'd like been dependent on the cannabis for so long
 375. and then stopped it at the same time as all this stress happening,
 376. with the lack of sleep and shit,
 377. erm contributed to like fucking voices and things.
 378. Erm ... and that's like part of the reason why I smoke weed now
 379. because I'm not being funny like, that is proper scary,
 380. like if you like if you're on your fucking own in your bedroom innit
 381. and literally start hearing someone speak to you, it's fucked up, it's
 proper fucked up. Proper fucked up.
 382. So like, I'm not really on like risking it like at the minute,
 383. I prefer to get myself in a better place and then sort it out.

**Verse 11:
 Experimenta
 tion with
 drugs**

384. Like I was like, do you know what DMT is?
385. No.
 386. This is literally fucking going to blow your mind innit.
 387. This is literally jokes man.
 388. DMT yeah,
 389. I actually recommend you looking this up its well interesting innit
 proper interesting shit.
 390. DMT is like a hormone that's produced in your brain, erm it's
 produced in; do you know what the pineal gland is?
391. No.
 392. Alright it's the dead geometric centre of your brain.
 393. And that's where this hormone is produced.
 394. Obviously if you like look into evolution and shit, like logic will tell you
 that the dead centre of your brain has got to be like the most important
 part of your brain because it's the most protected.
 395. So why is this dead centre part of your brain producing DMT
 396. which science nowadays doesn't give an answer like for its like
 purpose.
 397. So obviously it makes you think "what's that used for?"
 398. Cause clearly like its important shit.
 399. Erm, but the point is you can synthesise like it literally like every
 living organism has the like potential to like create DMT like within itself
 if you know what I mean?
 400. It's got like all the right molecules; it's like really simple fucking like
 molecule in it.

401. Erm, so like you can literally make DMT out of like grass and shit like
that innit
402. but erm...it's also when you're born like a scientific fact like, like big
release of DMT as you're, released into your system from your brain.
403. And then it happens when you die,
404. and there is still no actual explanation as to why that happens
405. but like you're body isn't going to evolve over these millions of years
to put the effort like and the energy into like producing this hormone to
be like burst into your system when your born and you die from no
reason innit?
406. So it's surely got something going on.
407. And when you like synthesise this fucking chemical from plants and
shit and you erm, take it as a drug
408. it literally makes you like, it pretty much mimics death and like near
death experiences.
409. And erm, pretty much you leave your body and you erm, you be like
unconscious so you would be like in a sleeping state
410. and erm, your consciousness will erm leave this realm of the
universe, this dimension, erm and enter like completely different areas of
like the universe and things like that.
411. It's pretty crazy stuff man,
412. but the point is like if you do a lot of research into it, it's really fucking
weird and like
413. erm... I'm not saying if this shit is like real or not,
428. but DMT like on a different level innit,
429. like I've done it once
430. but like I didn't' actually like, it's called breaking through when you
leave like here.
431. I didn't break through,
432. but my brother literally, oh my God; I'll tell you in a minute what
happened to my brother.
433. But seriously like innit, like if you actually like researched it
434. and researched DMT at least you change the way you think of the
world.
435. Maybe for the good maybe for the better, maybe for the worse even,
436. but erm its cool shit.
439. like it is really interesting to like think about, yeah that's a possibility
you know,
440. but like it is literally going from one extreme to the other to actually
do it
441. and to like put your like own like fucking mind to that sort of test
like...
442. you've got to think man if you literally yeah, one day normal life, you
like take, you like you don't like smoke it you fucking evaporate it and
you inhale the steam.
443. It's really healthy there's absolutely no fucking like medical like
fucking erm, like you know the harmful things in it.
444. Erm, but you've got to think like,
445. if you leave like this realm of the universe and you go into a different
dimension,

446. and that means like in this dimension yeah, like your five senses that you use to like navigate around this world will be absolutely useless in this place, like wherever you go.
447. So you'll be like trying to be, you'll come back from this experience, you'll be trying to tell people what it's like
448. and you'd be absolutely no way of expressing it, like at all.
449. 'Cause it's that different.
450. And I reckon that will just fuck you up, like you'd literally like, there's just no point innit.
451. It's like being able to discover the meaning of life and not actually tell anyone about it.
452. That would fuck you up innit,
453. so it's cool to think about
454. but I wouldn't fucking do it like again no, fuck that.
455. Yeah no my brother almost broke through innit,
456. like my brother literally was madness,
457. like he literally like took the tiniest hit yeah, the tiniest hit innit
458. and then like I literally saw his eyes just go bang, like literally like that
459. and I've never seen that with any sort of drug and he literally done it and bang his eyes were massive,
460. coz were sitting on a bed innit, he just grabbed hold of the bed yeah
461. and he's like looking past us like we like don't even exist innit.
462. His like knuckles going fucking white and shit man, like proper fucking hold on his head
463. and like "I'm not going",
464. it was jokes man.
465. And then he come like out of it and he was just like,
466. "I literally thought I was fading away and I'd never come back".
467. And I was just like "rah fuck this, fuck this".
468. But it's cool to think about;
469. I definitely, definitely recommend looking that up innit,
470. it's fucking sick stuff man.
471. But like at the time innit,
472. 'cause obviously this DMT is illegal to do,
478. And that's what the whole idea about Buddhism is yeah,
479. is like if you meditate for long enough
480. and you reach enlightenment that's when a hormone DMT is naturally released into your system
481. and you have an outer body experience.
482. Erm and it's actually like true if you like look it up,
483. something like 300 hours in a pitch black room yeah. Erm mediating and DMT is released into your system or something.
484. That's what the whole fucking religion of Buddhism is actually based around.
485. Erm and fucking... pretty cool shit man.
486. But you just get lost on that shit man; it will take over your life.
487. I literally got so stuck into it like the whole like,
488. 'cause this is literally like, it's the closest thing to like the answer of like why you're fucking here.
489. And like, oh it just takes you away innit...its madness.

414. And do you, what do you hope, like how do you feel, so you stopped your work with SSS...do you feel your drug use is under control? That things are going okay for you thinking about where you're at now?

415. Erm, before like any of this happened like fucking,

416. like when I was like at the height of my drug use,

417. like I was literally at a point yeah where I was making so many excuses as to why it was like alright to take drugs.

418. but at the time when I was doing bad drugs innit,

419. that's my, was my excuse for allowing myself to get that bad was

420. like "you're exploring your own consciousness" and things like that.

421. So I was literally coming up with all sorts of like,

422. and I know its bullshit innit.

423. Well now I do anyway,

424. but at the time I was coming up with all sorts of shit like, "that's cool" innit.

425. Like I'm just exploring my consciousness, a bit like, at the end of the day innit,

426. you literally have only got your head in this world. So why the fuck do you want to like explore your consciousness, and experiment with shit like this man, that can fuck it like so bad.

427. So just literally like, I've realised now that's some stupid shit,

473. like the reason I was coming up with these excuses of why drugs were alright to do is like, I thought there was a massive conspiracy of why DMT was illegal

474. 'cause there's shit they don't want you to know about,

475. the potentials of the human body and all this of shit.

476. Because the point is if you can like synthesise it in your head yeah,

477. then there is definitely going to be a way for you to like access that hormone without actually taking it as a drug if you know what I mean?

437. It's cool shit to think about, it's not cool shit to do.

438. That's like, good like fucking like what I've learned innit,

**Verse 12:
Realisation
of effects of
drugs**

490. And what do you think it was that then made you had that shift in your thinking about sort of trying it, you know you said it's better to think about than to do?

491. When I was in the mental hospital looking after this girl,

492. well not looking you know what I mean,

493. there was obviously the other mental patients.

494. And like I was really close to properly sick people, like all the time, like properly sick in the head, innit like,

495. even when my girlfriend was fucking like,

496. like I didn't even like realise how bad it was at the time,

497. but looking back it was like, she was like proper ill, proper ill innit.

498. And it's just disgusting how like people are born into that, like without doing anything to themselves,

499. and they're literally made to endure that sort of fucking, that bullshit man, like in their own head

500. and there is people out there that are fine as fuck man, they go out and do a shit load of drugs and do it to themselves,

501. that's fucked man.

502. So like, I just don't want to go crazy pretty much,

503. that's literally it, its fucking scary shit man.

504. Like ... it's fucked innit like...fuck that, fuck that.

505. So yeah ... that is that.

**506. Is there anything else you want to add to that about you know
you're story, your experiences essentially and you're feelings?**

507. Erm ..., erm ... I don't know. I don't know to be honest... I'm not sure
.... I don't know,

508. I just think drugs aren't a good idea.

509. Literally regret doing drugs. A great deal.....

Appendix F3- Tom's Rough Verse Story

Tom's Story

Verse 1: Background

24. Well, erm, I've, I've always had a drug addiction
 25. because my mum, er, she was a crack user.
 26. So, whilst I was in the womb, she was still using crack.
 27. And, erm, we've just been learning about it in psychology, that it can be
 passed on through genetics through a predisposition.
 28. So naturally, erm, drugs were always something in sight.
29. And also I had a lot of friends, I lived in Holland for a few years of my life
 30. so, of course, marijuana was everywhere.
 31. and also it wasn't, it wasn't, er, shunned upon, frowned upon, sorry.
 32. Erm, because it's, it's decriminalised,
 33. so I think that's where it started.
 34. Erm, but my, I started using,

Verse 2: First use of drugs

38. Erm, it was, it was when my brother came down, erm, from where he
 lives - he was 17 at the time.
 39. I think it was just a bonding thing.
 40. 'Cause, because we've never lived together, me and my siblings, erm,
 we've always been living apart,
 41. when we finally met I think that was just, it was, it was very awkward for
 brothers.
 42. So he went, "I've got some cannabis!"
 43. And I went, "Okay, let's give it a go!"
 44. And that was how we bonded, unfortunately.
 45. And continually bonded,
 46. and whenever I meet up with him, I don't think we haven't smoked –
 47. which is very depressing to say.
84. erm, ahh, and then, yeah maybe six, sixteen, seventeen, my boss at
 work introduced me to coke.
 85. Erm, he was just like, "Have you ever tried it?"
 86. And I said, "No."
 87. He said, "Do you want to?"
 88. So he went back to his car.
 89. Er, I did a line, and it was,
 90. I'm annoyed because I've never been able to hit that high again, it was
 such a euphoric feeling.
 91. I 'cause I wasn't I didn't know what to expect.
 92. 'Cause you when you've never tried it,
 93. it's not, it's not it's a different feeling, it's not like euphoric, it's just a rush.
 94. And, erm, and that was annoying,
48. Erm... it started like it was always a social thing.
 49. Or at one point when I moved, erm, from, er, Holland to here
 50. in order to make friends it was, kind of just that I'd buy weed,
 51. and then they'd smoke it with me,
 52. and that was just a social thing.
 53. It did, however, create a lot of anxiety,
 54. because I was questioning whether they were being friends with me
 because of me, or the fact that I was picking up weed.

55. And there was, like, a lot of times where I was generally, like: "I don't wanna be friends with them, they're just using me".

**Verse 3:
Increase in
drug use**

56. Erm... it slowly became more and more a part of my life,
 57. and I started associating it with things like, er, if I was stressed,
 58. or erm, or if, if, if something had bothered me,
 59. and I knew that,
 60. weed, weed, kind of, puts a pause button on life, it, it,
 61. you forget about your problem, it, it hasn't disappeared, it's still there,
 62. but it's just not relevant in your high.
 63. Erm, oh I remember it was when I was 16 it started getting a bit more serious when I got introduced to ecstasy which my brother introduced me to as well, when I went round his actually.
 64. Er, but my friends were doing it before,
 65. and I'd, I'd heard of it, and I'd never really understood it.
 66. But I could tell that it was changing me,
 67. because it was during the summer,
 68. and my, my dad said during that time I got very aggressive,
 69. er, when I was on a come down. I used to just punch things, like I was, it really, really turned me into an awful person.
 70. And, erm, I stopped taking it after a party, where I'd taken maybe a gram and a half,
 71. and I was just completely gone.
 72. I said some awful things to people I don't remember,
 73. I was just swearing, it was, it was awful experience.
 74. And after that I was, like, "I'm never touching ecstasy again".
 75. Erm, the cannabis use continued, erm,
95. because I since I was working in the summer, I was earning a lot more money, I could afford to buy, like, a gram of coke for £50.
 96. Erm, and that got a bit scary when I started using it every single day,
 97. until, erm, until I once one day I saved myself a line.
 98. I had it in a little packet,
 99. I carried it into work, erm, left work, met up with my mates, and then I came home.
 100. I was like, "Okay, I'm gonna do a line, and then that's it, and I'm done."
 101. I opened the tin and it wasn't there.
 102. And I, I something just flipped,
 103. I started searching my room intensively
 104. I was calling up my mates, like, "Look, if you've got it, I'm not gonna be angry just, I'd like my coke".
 105. And after that I realised
 106. 'cause I always seem to have these moments of realisation,
 107. of that is just like, it turned me into such an awful person.
 108. It wasn't a nice feeling,
 109. it's, it's very moorish, it's never moorish the next day, it's always moorish on the night.
 110. Erm, and then I just went back to the usual cannabis.

**Verse 4:
Education**

76. I used to go into school high.
 77. Erm, I think...there, there was, like, one, I liked the feeling,
 78. and also there was the showing off part of it.

(School and drugs)

79. I could be like, "Hey guys, look I'm high, look how cool I am!"
80. Er, 'cause at the age of, like, you know, 15, 16 I was the only one in my year doing it.
81. So, although it was ironic,
82. 'cause the parties, people would be like: "oh, you know, you're a dickhead".
83. But then, "can I smoke with you", it would be a bit.
181. it just, it would take me away from school,
182. it would make me feel ill.
183. Erm, over the past few months I would, like half and half I was missing school
184. because I hadn't done the work,
185. and/or 'cause I wanted to smoke weed with my friends.
186. So that, that was annoying as well.
187. Instead of going to lessons, my friend would say, rarely, I'd probably pick up more, but he'd be like, "I've got a spliff, come out."
188. And I would just miss lessons like that. I wouldn't, within a heartbeat, bang, I'm out there smoking a spliff.
189. And when you do it so often,
190. and there was, there was a point where we'd done it for, like, three weeks straight.
191. I just came into a lot of money, 'cause I did a modelling job,
192. and I just, ah, I'm so annoyed, I just rinsed all my money.
193. Erm, and it got to the point where I'd be smoking,
194. and I had to try and convince myself that I was high,
195. because my tolerance was just so high I'd have to smoke huge amounts.
196. Erm, so I found that that wasn't doing it for me anymore, so I started back on ecstasy, er,
197. 'cause I found a person who was selling really good, erm, ecstasy, for really cheap,
198. it was like, you know it was less than £20 for a gram,
199. and it's from Germany - it was amazing.
200. And I started taking that in school to give myself some kind of buzz.
201. Erm, it was weird because I'd take it and I'd get the rush,
202. and I'd hate it because I have to sit still, or something, and I'm constantly vibrating and moving.
203. And I'd tell myself, "D'you know what, this is awful, why do you do this to yourself? Why are you touching this?"
204. But then the next day obviously the come down,
205. I'd be like, "Yeah, okay, take some more, it'll be fine."
206. Erm, and I stopped doing that when we had to go see a drama performance at another school. Erm,
207. because I didn't think about, I just took it without thinking.
208. And, erm and then I had to sit in a hot room when I was already sweating enough, having to sit still.
209. When there was an interval half way, I, I didn't come back in,
210. because I was just too, I had, told my teachers that I was really ill,
211. but if you looked at my pupils they were like anime, they were just huge.
212. Erm, and after that I was like, "Okay, I'm not gonna touch ecstasy."
213. Even though I still had a bit left, I had, I had about a gram left.
214. That went on New Year's,

215. 'cause I went, "You know what, it's New Year's, let's just get rid of it."

224. **Erm, if we go back a little bit. So you mentioned talking about getting high in school quite often.**

225. Yes, very often.

226. **Tell me about your experiences with school, with that, with your academics, and with your peers and your teachers?**

227. Erm, I could, I could theoretically, I could have started school now,

228. and I would still be in the same place.

229. Like, erm, I did, I did this last year,

230. which is even worse, like, you know, you'd think I'd learn my lesson

231. but, last year I did the exact same thing. I left it until about February before I properly,

232. I, I got my ADHD medication finally, erm, from the doctors,

233. 'cause they were very iffy about subscribing it to me 'cause of my cannabis use.

234. So I had to tell them, "Look, I've quit."

235. Even though I hadn't, I was just, like, "Look, I've quit, I've done a few tests, let me do this."

236. So, erm, so that really helped, like really helped me get through the, like, they were predicting 'U's' and I passed,

237. and they were, like, "Look, look what you did in this amount of time, imagine what you could do in this amount of time."

238. Unfortunately, I'm back in a similar situation just in January. Like, I, I rode off those three months.

239. Erm, I just it's annoying,

240. because I've lost the motivation to do work.

241. Like, when I come home, even yesterday, I had time to do work but I just sat in my room. I'll go on YouTube,

242. I'll, I'll, annoyingly I've got all my paraphernalia about, so I do, I do need to clean that up at some point.

243. But, you know, you've got grass leaves staring at you, I might just smell my grinder just so I can get some kind of euphoric recall from it.

244. Yeah, it, it paused for school,

245. and I'm really annoyed at myself,

246. 'cause it, it just de-motivates you to do anything.

247. **How would you describe your relationships with peers and with teachers? You mentioned that you started becoming anxious in the beginning, about whether they were friends genuinely?**

248. That wasn't, that wasn't anyone in my school that was an outside group.

249. So that's why it felt even weirder,

250. 'cause, 'cause I was, I was an outsider coming in.

251. My, the school peers, like, if you asked "What do you think of Tom3?"

252. They would all say, "He's the, he's the druggie."

253. It's the stigma that I've got, unfortunately. Erm, understandably though,

254. 'cause I used to come in high,

255. and I used to think I was, I used to think, "I'm the shit!"

256. I'd come in high: "look at me".

257. You know, I'm sitting there,

258. "Are you high?"
259. I've got a huge grin on my face,
260. "No, hah, hah, hah!"
261. 'Cause it was interesting, it would liven up lessons,
262. or like, even in one of my exams I remember I did, like, I did a huge line of coke before I had to stand and do my photography,
263. 'cause I thought it was gonna help. I associated drugs with actually helping me,
264. like stimulants would help me.
265. Weed would relax me.
266. So, I couldn't actually have coke or something without weed, it wouldn't work.
267. I'd have to have weed the next day to make sure I was sound.
268. But yeah, peers.
269. Teachers, teachers do know, a few of them, like, know that I have some cannabis issues.
270. Erm, and they, they were surprisingly supportive about it,
271. 'cause my dad told them at parents evening,
272. he was like, "he's got a cannabis problem, er, that's why he's falling behind. And he's also ill."
273. Erm, and they're, they're very,
274. I was surprised at my school,
275. I was expecting some kind of weird looks from teachers
276. but they're all very, like, you know, "It's alright, you know, this stuff happens, we're willing to help you."
277. And that's comforting.
278. 'Cause your massive fear, when you don't do the homework from smoking weed, is that it builds up.
279. And it just stacks and stacks until you're looking at this thing,
280. and you're like, "How am I ever gonna defeat this?"
281. Until you do it by bit, but then...so yeah.
282. **So you said they were supportive in terms of saying they understood. Tell me a bit more about that support from school that they'd offered?**
283. Erm, well, one of my psychology teachers, erm,
284. she's given me a week, every week we have a support lesson where she'll just revise the topics with me, she'll make sure I understand it.
285. And one-to-one, she's, she's so lovely, she's like, she's like a caring mum almost
286. and she'll simplify everything,
287. and she, I can tell she cares.
288. And one of my drama teachers used to smoke weed as well,
289. so he knows what it's like.
290. And he said, "It's like getting up in the morning and having, you know, like a Martini or a shot in the morning, that's how you've gotta see it."
291. And that, kind of, opened my eyes to it a bit,
292. I was like, "Yeah, it is, it is"
293. 'Cause I, I can't drink, I'm like, "Why would someone do that, or how do alcoholics work?"
294. Until I think, "That's the exact same thing, but with cannabis - that's what I do."
295. And it, it was the dependency on it, unfortunately.

611. **You said you did well in your exams.**
612. yeah, because I, I quit everything, and I had that discipline.
613. Erm, erm, luckily I had a psychology teacher who left, she would have a one-to-one session with me,
614. and that really motivates, 'cause I was getting it.
615. My problem was that I wasn't understanding it.
616. And unfortunately this year is a lot harder, and it's not like, psychology Year 13 is nothing like Year 12.
617. Year 12, looking back at it was so easy.
618. Looking at it now, it's just it's daunting,
619. and I hate that. And I hate the fact that I don't remember, and I don't understand.
620. I hate sitting in class, like, knowing that I've got the knowledge to say something,
621. but I don't, I don't have what,
622. no, not that I,
623. I have the capacity to say something intelligent,
624. but I don't have the resources available.
625. **So you mentioned the one-to-one support that's been helpful with that. What other things have you found has helped you with that, or helped you get through that difficult time?**
626. Erm, I mean, it was just, er, it was literally the psychology teacher.
627. I mean, the photography, er my teacher was helpful in the sense
628. that she went, "You know what, you don't have to do this, this or this let's just cut it down so you can finish".
629. Erm, and that, that was, I,
630. I wasn't expecting to get a very good grade, I mean, I got a C, I passed.
631. But I, I mean, it was, it was quite lucky,
632. I mean, I literally did nothing, I was always behind and I was at one point I was like two months behind.
633. And it was just, you just don't wanna do it you're like, "There's too much effort."
634. They've helped me this year by instead of having a sticky in a massive book, I just put it in a folder,
635. but since I've lost that discipline,
636. which I'm still trying to get back now, erm, it's hard.
637. I'm, I'm, it's like, even, I'm sure if I go home now, I will not go, "Let's do some homework, let's do essays."
638. I'd be like, "Let's just spend time on my phone. Let's just see what everyone else is doing with their lives."

**Verse 5:
Experiences
with other
drugs**

111. I tried, occasionally I tried other drugs if, like, I was at a party,
112. like I tried DMT which is Dimethyltryptamine. Erm, that's just a powerful hallucinogenic.
113. Erm, and you know, you try stuff like NOS that was quite a common thing at parties.
114. Erm, and then there was an experience that would have happened almost a year ago, or slightly less,
115. where, erm, I got these two CI pills, which is a mix of ecstasy and LSD.

116. So, er, I, I bought them,
 117. and when I was stoned I took them without even remembering that I'd
 taken them, erm,
 118. and everything started to move,
 119. and I was asking my friend, "What's happening, why's everything
 moving"
 120. He was like, "You just took two pills!"
 121. I had work the next day,
 122. and I was like "how's this gonna work"? Erm,
 123. so that sent me into a panic when I got home,
 124. 'cause I wasn't enjoying the trip, everything was moving. It wasn't
 intensive enough to where I was fully tripping, but it wasn't weak enough
 to die, like completely out.
 125. So, I couldn't fall asleep 'cause the MD was rushing through my body
 126. and I was just sitting on the sofa, like, just rocking back and forth,
 trying to get myself to sleep.
 127. So eventually at three in the morning, I texted my dad just saying:
 "I'm tripping downstairs, could you come and help me?"
 128. Er, so he came downstairs,
 129. and he was, he's done drugs before in the 70s, like, 'cause he's quite
 old, he tried all that when it was there.
 130. So, thankfully he came down, he wasn't angry at me,
 131. he just came down, he said, like, "It's okay, we're gonna get through
 this."
 132. Erm, and since I was on MD, it made me very loquacious,
 133. I texted my boss telling him the truth,
 134. I was like, "Look, I've taken this, I'm so sorry." Blah, blah, blah, blah,
 blah.
 135. So I ended up having to go to hospital, I couldn't go to work.
 136. I went to hospital they had to give me some diazepam to try and calm
 me down, like, I was fine once I was in the hospital
 137. because I, kind of, knew I was okay.
 138. And I, at one point I was even like, I, I told my dad jokingly, "I'm
 probably the happiest patient in here."
 139. 'Cause I started enjoying it, it was fine.
140. It was the fact that I then had to go into work the next day and
 explain.
 141. And I work in a café,
 142. so it's not a place where, if I miss a day, it's just missed.
 143. It's like the other people had to do my job,
 144. which they all hated, they, they resented me for that for a while.
 145. And I did almost lose my job, if I hadn't had worked there for such a
 long time, and built up such a rapport, they said, "Look, you are
 replaceable, we will get rid of you if you do something like this again."
 146. So that woke me up to psychedelics, I've never touched psychedelics
 after that.
 147. 'Cause I always have those, unfortunately it was that realisation, but
 that cleared,
148. my cannabis use, however, did not stop.
 149. Er, it only stopped, until the New Year's, this New Year's I went, a
 New Year's resolution, I'm not gonna smoke weed.
 150. Because, erm, because it would, it, I, I'd gained a lot of weight,

**Verse 6:
 Effects of
 smoking**

**weed on
self**

151. I used to be quite built, it was, you know, not putting myself up there,
152. but I was quite good looking body-wise.
153. And as I was smoking weed, I would eat, I could go through cereal
packets,
154. and, just would just munch and munch.
155. And it would, it would just make you feel like you cannot be asked to
do anything.
156. So I'd be like, "Oh, you know what, I'm not gonna go gym, I'm just too
stoned, I can't. I'll wait 'til I de-high."
157. But by then I'd smoke another spliff
158. and, it was a cycle.
159. Erm, that was one problem.
170. And, erm, it's weird that I still do, I still did it, because, erm, clearly by
the time it's, it's destroying me.
171. But it's, it's a cycle,
172. it would be like, if I smoked in the morning, I'd have to keep smoking
until the end of the day,
173. because I'd dehy,
174. and that's awful.
175. You're on a weird come down, you feel very lazy.
176. Erm, and then, you know, if, and then, you need some for the night,
177. and then you wake up feeling like shit,
178. and then you do it again and it was just a cycle.
179. My, my money would be gone within a week and a half or so.
180. Erm, and that's, that's really my cannabis use,
160. The other problem was the money,
161. it was the fact that, erm, you know, it's, it's £20 for a draw,
162. which annoyingly it numbs my, my understanding of money.
163. It was, kind of, like if you go into a shop, or when you pay for petrol,
you know you're just gonna pay a price.
164. So £20, like, I, like, I, I, I, sorry, I could look at a shirt in a shop and be
like, "Oh, £7, I don't know." I'm a bit iffy,
165. but I would not think twice about taking £20 out for a draw.
166. And my mate who works in the same place, he saved all his money
167. 'cause he doesn't do drugs, so I see what I could have had.
168. When I see my payslip, and it would say like £4,000, and I'd be like: "I
have genuinely spent 99% of my money on weed or various, like tobacco
to smoke with the weed".
527. you, you're money just goes,
528. and I hate that.
529. I hate the fact that two weeks in,
530. or, it, it could even be less, it could be like a week in, erm, all my
money's gone.
531. Whatever I've earned from that month is gone.
532. 'Cause it triggers the: fuck it, where you go, "You know what, you can
spend stupid amounts of money on"
533. Like, I play a game on my phone, and only when I'm high do I spend
money on it really.
534. And you'll spend, if I have, like, £300 in my account, I won't think that
£65 is a lot of money to spend on a game.

535. When, when you say it out loud, it,
 536. how awful is that, you know.
 537. I've spent a total of, like, 1.3k over the past, like, year and a half, two
 years, just on this game.
 538. Which is somewhat a gambling addiction,
 539. 'cause in the game it's got some kind of slot machine –
 540. so that, that's annoying as well.

**Verse 7:
 Taking
 drugs
 instead of
 drinking
 alcohol**

216. Erm, 'cause, 'cause I don't drink, interestingly.
 217. I, I drank when I was, like, 15 at parties,
 218. and I just didn't like what it did to me, I didn't like the sway, I didn't like
 not remembering stuff.
 219. So that was, that was another problem with cannabis and drugs,
 220. to be honest, was that at a party I felt everyone feels left out if you're
 not, if you're sober it's weird,
 221. 'cause everything you're doing is like, you're doing that deliberately,
 it's all intentional.
 222. So, in a way I felt like I had to bring weed and stuff to parties, I had to
 bring ecstasy just so I could get my, my buzz.
 223. So I could have more confidence to talk to girls and, you know, etc.
 Yeah, yeah.

**Verse 8:
 Contact
 with SSS**

296. **Okay. Erm, tell me a bit about how you came into contact with
 SSS?**
 297. Er, the school suggested SSS.
 298. Erm, 'cause I spoke to the school about contacting someone from
 outside of school
 299. 'cause I needed, I needed some help.
 300. Because they were getting worried, like they'd, they'd found out about
 my cannabis use in, like, Year 10,
 301. I think I've got these years, I think I was slightly younger than what
 I've been saying I was, like,
 302. I was 14 when I started, I think.
 303. Erm, so the school were concerned,
 304. 'cause there was some talk about drugs going about,
 305. and they immediately pinned it on me.
 306. So they went, "Look, we'll you get some help?"
 307. So, I got my first SSS erm, woman called Cathy.
 308. Erm, I don't think it was her fault, I just think
 309. 'cause I told her about my mum and how she was a crack addict, and
 how there was a lot of horrible past behind that,
 310. that she went, "Oh well, genetically that would, that would explain
 your addiction, like, you're addicted to drugs because of your mum."
 311. So I went, "Oh, okay!"
 312. And just went on a massive drugs bend,
 313. I was, like, "Not only do I now feel shit that I've told you about mum,
 and you didn't seem to care. You've now said its okay."
 314. So I went, "Oh, I now have an excuse."
 315. Which is what I love, I'm always about excuses.
 316. So she was like, "You can do drugs",
 317. and I was like, "Alright, well I'm gonna do that."
 318. I, I don't think she meant it in that way, I really,
 319. I think she was really trying to help.
 320. I just think it wasn't, the experience,

321. I really don't wanna put her down,
 322. but erm, I, I really wasn't interested after that.
 323. I was like, "I don't really wanna talk to her anymore."
 324. So I cancelled that. I then spoke to the woman, er, I don't remember
 what her name was,
 325. but she said, "D'you wanna female or a male?"
 326. And I was ready to go female,
 327. 'cause it's easier to talk to women generally, I think there's that
 nurture side of that.
 328. And I went, "You know what, I think I'll try, I think I'll try a man, I'll just
 see what that's like."

**357. And, where would you feel is the best place for more Matthew's
 essentially?**

358. I think, I think the government needs to give SSS more funding,
 359. so whoever trained Matthew,
 360. or Matthew could train others,
 361. because, oh, I don't remember what her name was Cathy. If
 someone got that for their first time, like I did,
 362. and then they decided not to have anyone else, it would just leave
 them in such an awful place.

**363. Did you find it helpful him being external to school and family,
 or...?**

364. What d'you mean by that?
 365. **Erm, the fact that he wasn't in, he isn't a school teacher, for
 example?**
 366. Yes, definitely.
 368. Because, I think that like students, teachers talk as well.
 369. They go, "Oh did you hear this person's an arsehole?"
 370. "Yeah, he is an arsehole, he didn't do the homework." Blah, blah,
 blah.
 371. Coming from the outside, it's a fresh face as well,
 372. it's someone that you're not gonna be like,
 373. "If I reveal too much, it might be a bit weird!"
 374. Or you might see them in school.
 375. But, I'm, I'm happy for him to come, it's perfect, it is perfect, yeah.

**Verse 9:
 Suicide
 attempt/
 suicidal
 thoughts
 and SSS
 support**

329. And it was a Godsend, I got Matthew, who I can't,
 330. I don't think I would be here,
 331. 'cause I had suicidal thoughts,
 332. I was genuinely prepared to kill myself.
 333. I, I did try in my GCSEs, I'd swallowed a huge bowl of pills before.
 334. And I was expecting to die,
 335. and I woke up the next day feeling awful,
 336. and had to do the exam.
 337. But I feel, like, without Matthew I genuinely I wouldn't be here.
 338. 'Cause I, I mean, it's still there, it's always a side thought,
 339. but there's always Matthew's kind words like
 340. 'cause I think he wasn't trying to give me an excuse,
 341. he was like, he was listening, he was understanding.
 342. And he's even said that my, like, we don't really talk about drugs
 anymore during the meetings.

343. Although that's, it'll, it'll, it'll always come up,
 344. he'll always say, "Well, how's this doing?" You know.
 345. But I can tell he really cares,
 346. 'cause he's asked me about my personal life,
 347. and he's, he's very insightful, he'll be, like, "Well, er, well this is your
 problem for this. The reason why you're smoking is because, let's face it,
 sometimes you're bored!"
 348. And I'd be like, "Yes, I am bored, I don't have something else to do."
 349. He's like, "What else interests you?"
 350. and I'm like "unfortunately it's only drugs".
 351. Which annoys everyone,
 352. 'cause I'm only talking about drugs and the gym, what an annoying
 person that sounds like,
 353. and he would just try and help me find,
 354. we used to do drug tests as well, to make sure I was clean.
 355. And he's always supportive.
 356. I wish we could have more Matthew's, I wish that was possible - so
 yeah.

**376. And, so if we talk a bit more about your feelings, I suppose. So
 you mentioned that you had suicidal thoughts. You took the tablets.
 Tell me a bit about that experience of your life, and how you felt?
 And thinking back to it now as well?**

377. Hmm. I mean, thinking back to it now, it was, it was just a fearful
 exam period, it was GCSEs.
 378. I, I didn't think I could do it,
 379. and I'd been smoking weed, and I didn't feel like I'd revised enough.
 380. And it was just in the moment,
 381. I went, "I, I'm happy to die now."
 382. It would just be, I wasn't sure how to do it,
 383. I mean, you see movies,
 384. I thought, "You know what"
 385. I made, like, a cereal bowl full of pills, I just went through the
 cupboard and just popped out all my dad's pills.
 386. It went from Paracetamol to some unknown, you know, weird I don't
 know, weird drugs for my dad.
 387. And, erm, and I swallowed,
 388. I was just, I was waiting on my bed,
 389. and I was like, "You're gonna die, but it's okay."
 390. You know, "At least you're gonna..."
 391. 'Cause my mum died, erm, six years ago,
 392. so I thought, "You know what, at least you'll be with her."
 393. She died from organ failure from all the crack use.
 394. Erm, so I thought, "You know, at least you'll be with mum" at least,
 you know,
 395. and then I woke up the next day,
 396. and I, I've never felt so ill, it was just all the pills, including all the side
 effects had kicked in there was nausea.
 397. I just had to go to school
 398. and went in the sick room,
 399. and went, "Look, can you just put it for my consideration, I feel awful."
 401. I'd had these thoughts throughout,

402. I mean, they'll only usually happen when I'm in a proper dark place,
when I, when I don't have purpose.

403. Like, currently my situation - I'm, I'm optimistic,
404. but I don't have purpose at the moment, I'm, I'm literally wondering
why I'm here.

405. But that, that's nothing to do with Matthew, that's not him, he hasn't
influenced me, that's just my personal like: I have no purpose,

406. I'm doing the same thing, different day. Yeah.

407. **So you mentioned that you felt sick and nauseous and then
once the effects of the drugs had passed, I suppose, how did you
feel about that, realising you hadn't?**

408. I was glad,

409. because I went, "It's not actually that bad I think."

410. I just put myself in a state. I mean, it wasn't like that,

411. it wasn't, like, "Oh, I'm actually fine." It was just a slow,

412. I think things started going my way,

413. I think at that time nothing was, everything possible that could have
gone wrong, went wrong.

414. Erm, 'cause I needed highlights in my life, I needed something to get
me going.

415. For example, I did the Google advert, like, a couple of months ago,

416. and at that point I was in such a good mood,

417. and then I just put myself in a state. If one of my mates goes to
hospital for something,

418. or it's just you know, like friend-wise, I feel like I'm alone,

419. or my cannabis addiction has taken over. So yeah.

**Verse 10:
Family**

420. **And you mentioned that your dad's really supportive, and it was
your brother who introduced you to cannabis. Erm, tell me a bit
more about your relationships with your dad and your brother?**

421. Erm, well my dad's, my dad's always looked after me from a young
age.

422. I was the, I, we would consider myself the lucky one of the three
siblings, erm, from my mum.

423. 'Cause my older sister, she saw her use crack,

424. and she, my mum used to prostitute herself to pay for it.

425. So my brother saw that as well, he used to lay on the other bed, and
she told him to look the other way.

426. Erm, and my dad,

427. 'cause their, their dads were awful.

428. You know, my brother's dad used to beat my mum up, and, erm, like
piss on her, and all that awful stuff.

429. Erm... but, I was, I was lucky in the sense that my dad really cared.

430. Like, my mum would ask him, "Just hit me!"

431. 'Cause that's what, that's what she expected.

432. 'Cause as, as a child she was raped, er, regularly at a hotel that her
auntie ran, these guys would just rape her, that was her thing.

433. Erm, so I was, I was very lucky in the sense that my dad was caring.

434. He, he was my figure, he was my mum and my dad for about six,
seven years.

435. And then my step-mum came into the picture, erm, and they had
children,

436. and then, I mean, they live with us now.

437. But my dad at first, like, I remember I used to have to be so quiet
about drugs,
438. like, I had to climb out my window
439. and, like, run towards the dealer you know, very quickly, or whatever.
440. Erm, and then he slowly found out about it.
441. And he's he's been like a coin, he's been flipping all the time.
442. One minute he'll be, like, "You know what, I'm slowly understanding
weed. Erm, I understand that it's, it's, kind of, not you, it's the fact that
you rely on this drug, it's your social thing".
443. 'Cause I might get a mate round, erm...
444. but then there would be times when he'd be, like, "This is awful, it's
taking over your life."
445. You know, like, I'd come home stoned, and he'd be able to tell,
446. 'cause I'd come in with a huge smile on my face.
447. Erm, but he's, he's always been supportive on that, he's
448. 'cause he knows that, if he pushes me away, I'm just gonna go,
449. I, I used to even try to get him angry, sometimes so I could go out
there and smoke.
450. 'Cause I'd be, like, "Oh, I have an excuse now, I'm pissed, I can go
smoke."
476. Erm, going back to the, to the brother,
477. erm, he did, he did introduce me to weed, I'll give him that.
478. That was just, he's, he's had a, a messed up childhood as well - very,
very awful.
479. So he found his haven in drugs that was his euphoric feeling that he'd
get.
480. It was, it was all he'd talk about,
481. and that was all we did talk about.
482. And it was, it was a bonding thing, I think, as well,
483. you wanna be the older brother, showing the younger brother.
484. If, if my younger brother wasn't seven, if he was fifteen, I'd probably
feel some way inclined to be like him: "look, here's a spliff, let's, let's
bond".
485. But at the same time, I'd never do that,
486. 'cause I know what it's led to, I'm now, you know, what I am now.
487. But I don't, I don't see him very much, he lives in, er he's been in
foster care his whole life, so he, he lives in Canterbury,
488. so occasionally we'll meet.
489. And I think, because it's so awkward, like,
490. although he might show me where he lives, or whatever,
491. it is very much, we just smoke weed or,
492. or we once took MD together, which was...actually it was one of the
most beautiful experience I've ever had on MD.
493. Because it was just us in a room, we'd taken it, and we were so open,
because it makes you so loquacious.
494. We just started telling all these awful things that had happened,
495. and how much we loved each other.
496. And that was the one when, when actually this is, this is our first
bonding moment,
497. it was just such a shame that it was on drugs.
498. 'Cause it meant we couldn't get that until we were on drugs.
499. It also taught me about the come down.

500. I remember the first night it didn't really hit me, the second night it
really hit me,
501. and by the third day I was asking my brother...I,
502. I, I even remember I was scratching my arm, like, just doing, like the
stereotypical drug thing.
503. I was like, "we need to get, we don't need to get dope, get some
more MD."
504. And he, I think he recognised that, I think that was the one bit of
maturity I saw from him,
505. and he went, "you know what Tom³ you need to calm down".
506. He proper sat me down
507. and, "You need to calm down. You're taking this too far, just"
508. And I was, like, "Thank you, I needed that." So that's been his role.
Yeah.

**Verse 11:
Smoking
with friends
to smoking
alone**

451. But, erm, but, I, it was, the reason why it was social was because, still
to this day, I can't roll spliffs,
452. I've never sat down and taught myself how to roll.
453. So I always have to, I would have to find someone who could roll, so
that was the social side of it.
454. It started to change when I found out there was this thing called, 'pre-
rolled cones'.
455. Which it's just a, it's just a spade, you just push it in - done, lovely.
456. And now I'm sitting in my room smoking by myself, which he didn't
like
457. because, obviously, I mean, I'm, I'm on the roof-top room of our little,
er, house.
458. But, you know, it's still, I just sit there.
459. And then every time I sit down in my chair it would remind me of,
460. 'cause I'd sit there,
461. and that's where I'd roll, like,
462. it's still all there, that's where I've,
463. it's my drugs den.

**Verse 12:
Stopping
drugs**

464. So he's [dad], he's up and down with it, he's, he understands now
that I've quit, until like,
465. I know it's gonna be, erm, I know I don't wanna say that I'm gonna
quit forever,
466. 'cause I know that's not gonna happen - I know I'll have a little slip.
467. But I said, "Look, I'll quit 'til after exams, so at least it's out of the way,
and then I can have"
468. If, if, if I want to, hopefully by then it might have just faded.
469. 'Cause I know, I know what I'm capable of when I'm not on it.
470. I mean, this happened last year,
471. but I'm a different person my dad says.
472. 'Cause even now, like, I can go gym, I feel healthy, I'm eating healthy.
473. And then you just have that one spliff at that one party
474. and it's just downhill from there, you start and you know,
475. you go, "Oh God, I need to buy weed."

509. **So tell me a bit about how you feel now? So, you said you've
had your New Year's resolution. You've got exams coming up. How**

do you...tell me about your feelings of that really, of, of the thought of stopping, completely stopping for a while?

510. It's, it's been really hard.
511. I mean, I tried to quit smoking, er, cigarettes at the same time.
512. Erm, and I found that it's just trigger points, it is literally: don't go out to the alley way, where everyone's smoking.
513. 'Cause I, I did it today, 'cause I thought,
514. "You know what, I'm gonna have some willpower, I'm gonna be, like, yeah, you know what, I don't smoke, I'm good."
515. 'Cause there will be a time when that comes I immediately pull out a fag, just quickly roll it, and just have a fag.
516. After I felt awful.
517. But, I mean, it's, it's easy to say that after,
518. because you've already fulfilled yourself with whatever you wanted to do.
519. Erm, and it's the same with weed. Like, there, there is...
520. I mean, there's the grinder
521. and there's, there's mates who, I haven't yet been offered a zoot-
522. that, that is my worry. Unfortunately, luckily I'm, I'm friends with people who don't seem to pick up that much, erm, they don't work as much as I do.
523. So it's, it's quite rare,
524. but if they went "do you want to come",
525. I feel like it would be very hard, but I know that I have to do it.
526. 'Cause once you're in the cycle, it seems so hard to get out,
542. Oh, my friends with weed. So, yeah, it's, it's the money,
543. and hopefully I'll see that build up,
544. and I'll start to go, "You know what, I can do this." It's the willpower.
545. 'Cause now that I don't have, if I can build up that willpower, the work will come back, I'll start getting into doing work again.
546. 'Cause I haven't felt safe taking my concerto if I'm gonna be smoking,
547. 'cause it's, concerto is like a really soft speed, erm, which I've, yeah,
548. 'cause, I've, I've done speed, and then I've done concerto- it's very very similar if you take some, similar.
549. And smoking tries to calm you down, so it's very juxtaposing in that sense.
550. One, one minute you're like, "I wanna go to sleep."
551. And I can't, my vision is just gone.
552. But, erm, yeah, yeah.
553. It's, it's going well, it's been a week.
554. I mean, I've tried, I have tried to scrape my THC out the bottom of my grinder at one point,
555. and I just felt so, so disgusting doing it.
556. Because at least, at least there was, there was a point where, erm, where I'd save all the THC in the bottom,
557. and it was lovely to show my friends, "Oh, look how much I have."
558. And slowly I just lost the willpower,
559. and the discipline, to where every,
560. like almost, whenever I'd run out of weed, I'd immediately go to the bottom, scrape it, put it in a bong, and put tobacco,
561. and it tastes awful,
562. but I'd do it just to get, you know, like a half high,
563. just so I could just be on that level.

564. So I'm, I'm glad that I'm getting away from that.
565. **Okay. And how, how d'you feel about going into your room, like, you know, as you call it your drugs den?**
566. Yeah, my drugs den.
567. **Yeah, how, how d'you feel about that?**
568. It, it is a problem,
569. because I walk in, you've got all the stuff still all over the table.
570. In closet you've got two bongs sitting there, like, it is hard.
571. And the only, I think the main thing that's stopped me so far, is the fact that I haven't been paid yet - I get paid at the end of the month.
572. So there is gonna be that risk of: what is gonna happen in, you know, a few weeks.
573. 'Cause my mates, I'm sure one of my mates will call me up.
574. And I also, I'm having a problem with having dealers on your phones
-
575. you get a text maybe, like, once every two days saying, 'Yo, hot bags, shout me!'
576. You know, and it immediately reminds you of weed,
577. and it's just, or if a party comes up, that, that's my biggest fear.
578. I, I can't go to a party sober,
579. but I don't wanna drink, so I'm bit like: "do I even go"?
580. Or do I just go sober and, you know, just try it?
581. Erm, 'cause I mean, the last party I was at, the New Year's one, I took a lot of MD as well, to the point where I started,
582. I barely remember it, I've got a few weird photos, and a few weird things I did.
583. But I remember getting home and visually tripping, like I saw little bugs just moving, everything started to change size.
584. And it was a bit, it was a bit creepy, to be honest.
585. It was like: I'm not, I'm not quite sure what to do here. I mean, everything's, it was, you're trying to convince yourself you're happy
586. and I hate that. It's kind of like when you're, when you're stoned, you have to try and convince yourself you're in a good mood, and you are high.
587. And once you're trying to convince, then in the back of your mind
588. 'cause, it's, it's, it's, kind of like when you tell yourself not to look at something, you keep looking at it.
589. So, it was the same kind of thing, you'd be like, "Just think happy..."
590. And you'd be like, "No, it's horrible, oh my God!"
591. And then sends you into a bad trip.
592. So, if I can get away from all that, I'm sure my head will clear.
593. Yeah.

**Verse 13:
Effects of
weed -
memory
loss**

594. **Anything else you want to add to that? About your journey, your experiences?**
595. Erm, well I would say that definitely weed leads to memory loss.
596. I mean, just today when I had to do, erm, this psychology revision with my teacher, we would write something down, and we'd turn the page over,
597. and she'd say, "Okay, just tell me what you just read?"

598. And I would have a mind blank.
599. It was, it was, it was such a struggle, I'd be sitting there and I'd be like,
600. I, I can physically remember what we talked about, but I can't.
601. 'Cause weed makes everything, like everything feel like it was a week ago.
602. So if you smoked yesterday, it would feel like a week ago.
603. Something I did three months ago, feels like a week ago.
604. I genuinely couldn't tell you what happened from here to September.
605. If you asked me, "What have you done?"
606. I have no memory, like I'm like, absolutely, I know that I went to school.
607. I could not say in a specific lesson.
608. When I learn stuff now, or teachers revising, I do not know anything.
609. I'm like, "I'm sure I've read this." I recognise something,
610. but it's not cognising in my brain.

Verse 14:
"weed isn't
a gateway
drug"

642. Yeah. I wouldn't say weed is a gateway drug.
643. I did not once smoke weed and go, "Oh, what's MD gonna be like?"
644. It was, like, it was, I mean I know people that have smoked weed and got and I know people that smoke weed and that's all they do.
645. I mean, I think it's unfair to say,
646. I mean, heroin addicts, once, you know, they drink milk, so technically milk is a gateway drug.
647. You know, that is such a stupid
648. not once did I think, "I wanna try"
649. It was just, it was there and a mate offered it.
650. I even remember the first time someone tried to give me a line,
651. I was so like, "Err, I've seen it in movies, I'm not too sure."
652. And then I did it, and now it's something oh, something that I loved doing.
653. So, yeah, I'm just throwing that out there, for any theorists out there, yeah.

| Appendix F4 – James’ analysis with researcher comments | | |
|--|---|--|
| Verse | James’ Story | Analysis |
| | | <p>Underlying meaning (conscious themes, <i>unconscious themes</i>, <u>constructions of the world</u>)</p> <p>Perlocutionary effect</p> <p>Intrapersonal and Interpersonal functions</p> |
| Verse 1: First experiences with substances | <p>28. So I think initially when I started using,</p> <p>29. I mean I used to drink more than I did drugs,</p> <p>30. everyone, most of our friends, everyone started drinking</p> <p>31. It was, like, an exciting thing,</p> <p>32. so I would get drunk, maybe once or twice a month.</p> <p>33. I mean at that time,</p> <p>34. because I was obviously quite young,</p> <p>35. depending on the environment we were in,</p> <p>36. whether it was at a party or anything like that.</p> | <p>Positive, social aspect of drinking, <i>not alone</i>, sociable with peers, drinking at parties with others.</p> |
| | <p>39. And I started to meet new people</p> <p>40. and I was then introduced to cannabis, mainly cannabis at that age.</p> <p>41. I was aware of other things,</p> <p>42. but they were a lot more illicit to me,</p> <p>43. so I wasn’t...had any intention of taking anything other than cannabis so.</p> <p>44. It began just rarely getting high and things like that and persistently just got more and more common</p> <p>45. and then I started to, through that, meet other people</p> <p>46. who also smoked weed</p> <p>47. and I got a whole new range of friends that still to this day,</p> <p>48. a whole different, a lot of friends I would never have actually had if it wasn’t for cannabis.</p> <p>49. So it was all positive initially,</p> | <p>Social aspect of taking substances, <i>increased sociability of self with others</i>. Started experimenting and trying new things. Perhaps unreachable, unobtainable at that age.</p> <p>Slowly increasing drug use.</p> <p>Finding a commonality with peers, making new friends, becoming more sociable, ‘popular’ with peers due to drugs. Drugs helped to make more friends.</p> <p>Positive external experiences – sociability.</p> <p>Increasing drug use. As drug use increased so did friendships, meeting new people.</p> |

| | | |
|---|--|---|
| | <p>56. The cannabis it got more and more, 57. I started smoking a lot more now, 58. obviously because I'd had this positive experience 60. so when I was about 13/14, 61. smoking weed most days, 62. meeting a lot of other people</p> <p>206. And of course I was so young when I was smoking weed, 207. I was one of the only, like, people in my year smoking cannabis 208. and a lot of the times I wasn't smoking it with people from my school, 209. it was with people from other schools. 208. I had a lot of friends in school, but a lot more friends outside than most people</p> <p>557. And the worst, the hardest things is, 558. my friends can go and do drugs, 559. they can go and smoke weed, 560. they can get pissed.</p> <p>564. uhm but my friends can, they can go and get high, they can go and do what they want to do 565. and I completely, I'm fine about it. 566. I say to them, "you know, if you want to do that, do it because you can hack it, your body, you can just manage it". 567. I can't do that,</p> | <p>Only one smoking weed, <i>different to others, singled out, perhaps not fitting in at school, made to feel a part of a group outside school.</i></p> <p>Reflecting later in his story. Sociability and friendships been affected as others can do drugs and he can't. <i>Difficult to deal with the realisation that others can carry on doing drugs as he can't.</i> James is aware of his own limits and his friendships, able to consciously accept friends smoking weed, <i>but may unconsciously find it harder to deal with (562 'you can manage it', 563 'I can't'). Different again to this group of peers, singled out.</i></p> |
| | <p>66. and then I went through a period where I just, kind of, stopped for a while, 67. just chose to stop, 68. wasn't influenced by anything, 69. just didn't really stop, 70. had other friendships going on, 71. things like that.</p> | <p>Weed smoking stopped for a while, had other friendships, sociability was not affected so much by stopping weed at an early age.</p> |
| <p>Verse 2: Altered perceptions with weed</p> | <p>69. When I was about 15/16 is when I started to smoke weed again</p> | <p>First started to notice big change to mood.</p> |

| | |
|--|--|
| <p>70. and then I noticed quite, my mood, like, drastically was impacted</p> <p>71. and I was reluctant to go back to CAMHS,</p> <p>78. I didn't understand it was my drug use,</p> <p>79. I thought I just had a mood problem,</p> <p>80. I had nothing to speak about,</p> <p>81. so I was reluctant to go back.</p> <p>82. I went to the GP and they put me on Fluoxetine</p> <p>83. and we were speaking about, like, cannabis,</p> <p>84. I didn't really see it as much of an issue then.</p> <p>85. Like, little did I know it was manifesting itself further and further</p> <p>175. I mean there's other things that have obviously happened in the past,</p> <p>176. I think cannabis,</p> <p>177. it wasn't always just the cannabis and smoking the drugs itself,</p> <p>178. it was what they were making me think about a lot of the time,</p> <p>179. because again, whereas initially when I was smoking weed, they altered my perception in a positive way.</p> <p>180. I see it as more...I always describe it as</p> <p>181. imagine before drugs you walk on just a straight path,</p> <p>182. when you smoke weed and things like that, the path just widens until there's no, it's just pavement all around you and you literally have no idea in which direction you're going.</p> <p>183. So initially, when it opens up a little bit you,</p> <p>184. You kind of get a clearer view of a lot of things,</p> <p>185. you can see things around better and obviously have a better perception of things altogether.</p> <p>186. But if you just keep on going, this road, it just widens to such an extent you have absolutely no true</p> | <p>Found it difficult to perceive his issues as related to his drug use. Reluctance to receive support, not knowing what it was for.</p> <p>Drug use increased – from illegal drugs to prescribed drugs.</p> <p>Unaware of issues with drug use, <i>could have been in denial</i>, lack of information of effects of drugs at young age.</p> <p>Thoughts generated from taking drugs, initially the drugs produced positive thoughts and feelings, which later turned negative.</p> <p>Starting to recognise negative experiences. Shift from positive to negative experiences and feelings of drug use.</p> <p>Drugs were blinding, making it difficult to see clearly, <i>muddying the mind, lost with no or little sense of control of self and surrounding environment</i>. No sense of guidance or direction, unaware of where to go (167).</p> <p>As his drug use decreases, James is better able to see more clearly, <i>gaining some sense of control of himself</i> (168-170).</p> <p>Sense of reality altered (171).</p> <p>Awareness of others, not everyone experiences the same as James.</p> <p>Anxiety and paranoia</p> |
|--|--|

| | | |
|--|---|---|
| | <p>recollection of what's real or what's...</p> <p>187. how is this actually happening and, yeah.</p> <p>188. It's bizarre, because not everyone goes through it all,</p> <p>189. not everyone gets the bad side.</p> <p>218. Drugs in some ways helped that with me,</p> <p>238. when I was being bullied the anxiety,</p> <p>239. I mean, if people were saying things about me, I'd panic,</p> <p>240. I'd think everyone was looking at me all the time.</p> <p>241. There were times when...I can remember I was driving past a subway, I was on a roundabout,</p> <p>242. and this was when I was younger,</p> <p>243. I probably was stoned at the time,</p> <p>244. and there was a subway quite in the distance,</p> <p>245. I thought I could see my name graffitied on the wall and I had a massive panic and my mum and dad actually had to walk down and check that my name wasn't on the wall,</p> <p>246. things like that,</p> <p>247. because my anxiety</p> <p>248. ...it wasn't...I wouldn't say I was now like psychotic paranoid,</p> <p>249. it was just my anxiety was so, so intense that I would literally assume the worst</p> <p>250. and in some ways cannabis helped that,</p> <p>251. in other ways it made it worse.</p> <p>252. It's really hard to pinpoint the cause of things,</p> <p>253. you can't be...</p> <p>254. it's like determinism and being reductionist about things</p> <p>255. you can't, this causes this, there are so many external things going on,</p> <p>256. but I know for a fact that cannabis has, and things like drugs, mind altering substances, they can have a huge, huge</p> | <p>Incidents of anxiety, stress and paranoia, starting from a young age – mental health issues occurring.</p> <p>Cannabis helped and hindered mental health (when James first started to notice effects, both positive and negative). Difficult to assume absolute cause and effect, still some uncertainty of drugs completely causing negative effects on self</p> <p>Self-reflection – awareness of drug use and the extent of the impact on self and his thoughts and perceptions of world around him.</p> <p>Thoughts and perceptions of situations were internalised, personalised.</p> |
|--|---|---|

| | | |
|--|---|--|
| | <p>impact on just your whole perception of life.</p> <p>457. just my perception of things were...</p> <p>458. I took things too personally, things like that.</p> | |
| Verse 3: New substances | <p>89. and then at that age, I was now exposed to, like, MDMA,</p> <p>90. not so much cocaine,</p> <p>91. but cocaine was around me,</p> <p>92. well I wasn't usually taking it,</p> <p>93. it was mostly, like, MDMA and pills and</p> <p>94. because they're so cheap and easy,</p> <p>95. most weekends with a combination of cannabis</p> <p>96. and my mood just shattered immensely.</p> <p>97. I was then taking other people's medications,</p> <p>98. I started moving on to prescription meds and was self medicating,</p> <p>99. so I had all this drug interactions going on.</p> | <p>Increase in drug use and exposure to different drugs. Easily accessible.</p> <p><i>'Shattered' – broken, unrepairable, mood split into many many pieces.</i></p> <p>Increased drug use, self-medicating potentially for mood, <i>relying on self to 'fix' self.</i></p> |
| | <p>560. I mean, I can, I'm okay with alcohol,</p> <p>561. alcohol I've never really had an issue with,</p> <p>562. so that's, I wouldn't say a positive but in some ways, compared to other experiences, it definitely is,</p> | <p>Attempting to find some positives with substance use, okay to drink alcohol.</p> |
| | <p>278. and at the time, it was a joke,</p> <p>279. we'd take some but then it would get more,</p> <p>280. we'd take more and then we'd get hooked on these drugs,</p> <p>281. things like gabapentin, even though they're not, extremely, they're like for pain relief,</p> <p>282. mix them with like cannabis, and the effect,</p> <p>283. you feel so much more so,</p> <p>284. and benzos as well, so like diazepam, like Klonopin,</p> <p>285. just a range of different things</p> <p>286. and because they're not illegal,</p> <p>287. you don't see them as so bad to use.</p> | <p><i>'We'd' – sociability of drug use, using with others, not alone.</i></p> <p>Increase in drug use and different types of drugs – <i>getting 'hooked' – difficult to escape from drugs.</i></p> <p>Different experiences with different drugs, described in a positive way.</p> <p>Feeling the need to justify why it was ok to take the drugs, being freely available, legal. No criminality involved as drugs were legal.</p> |

| | | |
|--------------------------------------|--|---|
| | 288. They're legal you can take them still. | |
| | 471. I didn't want to be that person 472. but I couldn't help it 473. because as much as I could have done by not doing the drugs, | Mixed emotions, acting one way and feeling another. <i>Sense of losing control</i> (469). |
| | 474. at the time I had no idea what was affecting what and why I was being so, 475. why I was being just so vicious towards the teachers, 476. I didn't actually understand it myself until I stopped. | Lost control of self, lack of awareness or choosing not to be aware of self in a negative way and the effects of drugs on self. Unaware of effects of drugs on self until he had stopped, <i>drugs were masking/ concealing the positive nature of James</i> – instead he came across as 'vicious. He was unable to see clearly whilst on drugs- connection back to his road metaphor. |
| | 476. I mean this continued year 10 to year 12 477. I was still having the same sort of issues, 478. I was still doing drugs | Problems linked and connected to drug use. Continued to use drugs. |
| | 479. and my drug use was getting worse as I got older. 480. I got a job so I was able to afford things 481. I could afford to, like, fund my habit a lot more so everything was still there. | As James grew older, his drug use increased. An increase in his independence (earning money for himself) also meant more independence to spend the money on drugs. |
| | 428. it's like a craving as well 429. and people, like, smokers if they haven't had a cigarette 430. they can flip out on you so easily, | Needing the drugs, finding it difficult to live life without the drugs. Difficulty managing self and emotions – made direct comparison to tobacco smokers . |
| Verse 4: Intense emotions | 432. the emotions would be very intense, 433. I'd flip so easily 434. I'd get easily agitated 435. and that was definitely through the drugs as well. Drugs will 443. it's like a volcano 444. and eventually it just erupts and it erupts very quickly. 445. So I'd get very emotional very quickly. 446. Just, my emotions 447. and it would be hard to cope 448. so I'd get upset, 449. I'd get extremely angry | Noticing effects of drugs on emotions and mood – extreme and intense emotions experienced – anger, frustration, aggression. 'Drugs will' – making it feel definite and that drugs will cause a negative effect – no questions about it. <i>Metaphor of volcano – again losing control of self, all happening without being able to stop it.</i> Intense negative emotions, recognising how difficult it was to cope. |

| | | |
|--|--|--|
| <p>Very personal account of experiences and internalised emotions and feelings. Effects of drugs been described as very personal to James, with very little influence or impact from/ on society/ outside world.</p> | <p>314. so in terms of feelings, I felt it all, 315. I felt the highs, the amazing highs from drugs 316. and the turmoil and the futile lows 317. and you don't want to be living up and down, 317. I mean of course life throws the ups and downs at you anyway, 318. but if you're intensifying them to an extent where they're unsafe and they're just dangerous highs and dangerous lows, there's no real point 538. and then it's all just a bit of a mess when drugs are involved, it really is. 539. Your mind is just not level, it's either up or it's either down 540. and no matter where you are, 541. if you're up you get brought down, 542. or if you're down you get brought down even further. 543. It's just, a horrible, horrible place, 544. not just for yourself but for other people to be surrounded by you, 545. because it's just such a negative energy. 844. I think just because of my past and things that have gone on, that I'm more susceptible to going down a bit, 845. sometimes because I've been down before, 846. so I can drop a lot more easier, and easily</p> | <p>Felt a range of emotions and experiences, both positive and negative – not a one sided view.</p> <p>Taking drugs became dangerous to self, <i>almost a complete loss of self-control.</i></p> <p>Messiness of drugs, difficult to control behaviours, thoughts and emotions, not feeling stable, emotions and feelings constantly fluctuating up or down.</p> <p>Major negative effects of drugs on self and impact of negative self on others around James.</p> <p>Potentially being more vulnerable to feeling low and negative due to intense negative effects of drugs on self.</p> |
| <p>Verse 5: School & Sixth Form</p> | <p>42. because I've moved, 43. I used to go to another school before I go to my current school 44. and I experienced bullying when I was younger.</p> | <p>Early life difficulties with peers- bullying at school – moved school.</p> |
| | <p>137. It made things like school very difficult, 138. especially between, like, year 10 and 11 very difficult. 139. Yeah it got quite bad</p> | <p>Effects of drugs impacting on school – finding school difficult.</p> <p>Never feeling stable, having to juggle self, drugs and demands of school.</p> |

| | | |
|--|--|---|
| | <p>250. having to juggle between school work and then drug use</p> <p>251. and trying to recover within these times,</p> <p>252. it makes you agitated,</p> <p>253. tension and school environments are the worst place to be when you are a problem drug user,</p> <p>254. because it's an all-day thing you have,</p> <p>255. I mean it's just like a workplace thing as well I assume.</p> <p>256. You have a job to do maybe, not so much a job,</p> <p>257. but you're supposed to sit there and learn,</p> <p>258. if you don't do it you get into trouble for not doing it.</p> <p>259. Yeah, it has collateral effects in almost every single part of your life,</p> <p>260. family relationships, relationships with friends.</p> <p>360. I was still trying my hardest to get on with school work and tried,</p> <p>361. even though it was going in and going out as soon as I tried to register something,</p> <p>362. because my mind, my mind was just so anxious about what was going on with my mum,</p> <p>464. So it was hard to manage a full day at school without having at least one issue with someone,</p> <p>465. because everyone gets told to shut up at one point,</p> <p>466. if you're talking "be quiet",</p> <p>467. but to me it was so much more than just small,</p> <p>468. like, a small, sort of, passing comment,</p> <p>469. "do as you're told sort" of thing,</p> <p>470. it was a hell of a lot more.</p> | <p>Negative effects of drugs, difficulty managing emotions, moods and behaviours at school.</p> <p>School environment can be inductive of negative effects from drugs, increase negative effects – James felt restricted, nowhere to go, difficulty concentrating.</p> <p>Negative effects not only on self, but also impacting on relationships with family and peers, negatively impacting on James' sociability with others. Determined to work hard and 'get on' with school despite the drugs and other factors impacting on his school life. Other factors affecting school (mum's illness), not solely drug related. Having to deal and cope with his mum's illness.</p> <p>Drug use impacting on self being able to manage the school day as well as his sociability with others – peers and teachers.</p> <p>Taking everything personally and internalising all negativity (from school not just drugs).</p> |
| | <p>147. the need to cut myself just from, I'd be sitting in lesson and just had to cut myself for no other reason but just my brain would just trigger this internal thing,</p> <p>148. so I was withdrawn from a lot of lessons</p> | <p>Self-harm motivated internally from own thoughts – <i>feeling like he didn't have a choice of self-harming - 'need', 'had to' – possibly a release and a some control over his own body.</i></p> <p>142 – <i>Feeling lonely, taken away from everyone,</i></p> |

| | | |
|--|---|--|
| | <p>149. and was watched quite a lot in school,</p> <p>150. had to have bag searches, things like that,</p> <p>151. which I completely understood</p> <p>152. and I was sympathetic with, because I knew it was just in my interest,</p> | <p>142-144 – <i>treated differently to peers – teachers could not/ did not trust James.</i> James' showing his understanding of schools behaviours towards – 'in my interest' – personal gains and improvement.</p> |
| | <p>141. and I didn't really attend many lessons at some points because I, it was when the psychotic type of stuff started to manifest,</p> <p>142. like hearing voices in class,</p> <p>247. Schooling was,</p> <p>248. I mean it was strange,</p> <p>249. because I actually came out with very good GCSEs, I got, like, 8 A/A*, 2 Bs</p> <p>250. and this was probably one of the worst periods of my schooling life.</p> <p>251. I have no idea how I did so well,</p> <p>252. I think all the teachers were shocked as well, very shocked,</p> <p>253. because I wasn't attending lessons,</p> <p>254. but I just...luckily I think at the time, I pulled my weight up when I needed to,</p> <p>255. but I could have done even better if it wasn't for other things going on.</p> <p>342. but taking on, like, my A Levels and things like that,</p> <p>343. I need to be at the height of my intelligence and at the height of my capabilities</p> <p>344. and my results this year for my AS' were the complete opposite of the results of my GCSEs, huge drop.</p> <p>375. even though I don't have the best chance of getting good AS results,</p> <p>376. they would have been a hell of a lot worse if I'd been doing other stuff,</p> <p>377. so, yeah.</p> | <p>Withdrawn, took self away from school activities. Mental health concerns from drugs started to appear – first recognition of mental health concerns.</p> <p>Mixed emotions of how he feels about school experiences. Highly intelligent, academically.</p> <p>By shocking teachers – perhaps this changed their perceptions of him.</p> <p>Able to work when needed to – James was able to apply himself to his work when he had to- managed to gain some sense of control over his academic work.</p> <p>Big change from G.C.S.E to A Levels. Struggled to manage his academic work and exams in his AS Levels. Impacted by mum's illness.</p> <p><u>Acknowledgement and awareness of how much drugs could have impacted his academics further if he had continued his drug use.</u> Awareness of effects of drugs not only on personal mood and emotions, but also on his academic ability.</p> <p>Difficulties experienced in school – concentration affected by drug use.</p> <p>Continued negative effects of drugs on self and how this manifested in school – day to day. Lack of motivation to work in lessons, resisting all aspects of school which impacted on relationships with peers and teachers. <i>Perhaps friction came from anger or resentment from</i></p> |

| | | |
|--|---|--|
| | <p>378. Yeah, so I think concentration in lessons, things like that so. 379. I'd be easily, easily distracted.</p> <p>396. so being in class, 397. having tasks to do 398. and literally not having the motivation to pick up your pen 399. and just resisting everything, 400. that would cause a friction between myself and other pupils, other staff members.</p> <p>451. I knew, I knew there was an issue 452. and there was times I couldn't physically do the work 453. and it wasn't because I didn't want to, 454. it was just, my body and my mind were just not letting me</p> <p>467. So it would dramatically affect most of my school days. 468. And being withdrawn from classes 469. and being that kid that the teachers think, "oh God I've got this class next with James" in this class.</p> | <p><i>others about James' drug use/ defiance in school.</i></p> <p>Building awareness in self of issues at school.</p> <p>Loss of control of self both physically and mentally, <i>body and mind taken over by the drugs, perhaps exhausted – no energy left to fight the effects of the drugs.</i></p> <p>'withdrawn' – <i>taken away from class, lonely, being treated differently.</i></p> <p>Negative relationships and perceptions of James by others. <i>Sense of rejection from staff – not wanting to teach him.</i></p> |
| | <p>138. I wasn't allowed to go on any school trips because I was seen as, like, a liability. 153. it was things like school trips and things I would have loved to have done, that I couldn't go on because... 154. I mean there was, like, a New York trip I wasn't allowed on, 155. I was supposed to be going to Mongolia for three weeks, I'd been training for that for a year, it was a two year thing, I then got told I wasn't allowed to go. 156. A year before so I'd done all this fundraising and got withdrawn from that. 157. There was a Poland trip in January of this year they wouldn't let me on either,</p> | <p>Lack of trust in James from school.</p> <p>Trips being taken away, slowly striped of and losing school activities (lessons, trips, relationships).</p> <p>Personal efforts in working towards school trip goals had been squashed.</p> <p><i>Possibly treated differently to others.</i></p> |

| | |
|---|---|
| <p>512. At the beginning of year 12, which was last year, I was actually told,</p> <p>513. in sixth form,</p> <p>514. my third week in sixth form</p> <p>515. and it's not sixth form and key stage 5 education,</p> <p>516. key stage 4 education, GCSE education,</p> <p>517. it's different</p> <p>518. A Level education,</p> <p>519. it's a lot more independent,</p> <p>520. it's not the same, it's completely different.</p> <p>521. And I was told, I had a meeting,</p> <p>522. three weeks in, so I had altogether I have six lessons a week, so I'd had 18 lessons within that point,</p> <p>523. which is nothing when you think about the amount of lessons you'll actually have in a year,</p> <p>524. uhm... I was told to leave,</p> <p>525. they asked me and got my mum in and said,</p> <p>526. "you can't be here anymore, we don't want you at school".</p> <p>527. They were, like, "we can't...you can come back next year when you've actually recovered, because you clearly have...you've clearly"...</p> <p>528. they weren't doing it in a way that "you need to leave, you're badly behaving",</p> <p>529. they wanted the best for me, they were always in my best interests the school,</p> <p>530. as much as I didn't see it.</p> <p>531. At GCSE you have to be there,</p> <p>532. they need to keep you at school by law.</p> <p>533. A Level you don't really need to be there,</p> <p>534. you can go to college,</p> <p>535. you can do all these other different things,</p> <p>536. so I didn't need to be there</p> <p>537. and they, yeah they wanted me to leave,</p> <p>538. but I was so set on not leaving,</p> <p>539. so I didn't,</p> | <p>Recognising and acknowledging academic shift in workload from G.C.S.E to A Levels.</p> <p>Shift in school attitude towards James, no longer legally obliged to educate him and support him. <i>Being rejected by school – they chose to no longer support him. Perhaps they were unable to cope, didn't know how to or didn't want to?</i></p> <p><i>Sending him away – someone else's issue/ problem. Being let down by school.</i></p> <p>Motivated to stop drugs, given a reason to stop drugs - impacting on his education that he valued.</p> <p>511 – no longer a choice, he had to take control, had to stay.</p> |
|---|---|

| | | |
|--|--|---|
| | <p>540. it was things like that, 541. you have to change, you have to</p> | |
| | <p>351. I had stuff going on at the time like my mum had...my mum's got this condition, it's a blood condition, it's similar to a cancer but it's not cancerous, 352. its, in some ways it's better or worse, 353. the easiest way to compare it to is cancer, 354. but she had a stroke in April 2014 weeks before my first GCSE. 355. This year she had another stroke in April, three weeks before my first AS exam, 356. but this stroke was a hell of a lot worse than her first one so my mum's now paralysed in her right leg, 357. she was in hospital for nine weeks all the way through my exams I was up to the hospital 358. and initially she couldn't speak, 359. she was in a vegetated state 357. so I had to juggle that between... 358. that was the time I would have thought, 359. "right I'm going straight back to drugs, I need to go back to drugs now to boost me". 360. Weirdly enough they were the last things I wanted to do, 361. because I was, I knew what they'd do to my mind 362. and how badly they'd make me think about the situation.</p> | <p>Dealing and coping with family illness – mum's illness heightening anxieties and worries.</p> <p>Incurable, difficult to manage.</p> <p><i>Mum losing physical control of herself (paralysed leg) – unintentional.</i></p> <p>Mum's illness impacted on exams.</p> <p>Mum had completely lost all control of self at one point.</p> <p>At this point became aware of the negative effects of drugs on self and make a conscious decision not to take drugs – started to gain control of his thoughts and behaviours.</p> |
| | <p>409. So I'd get into trouble, 410. I'd get asked to leave classes 411. and then that would trigger an argument because I'd get, 412. I'd interpret things as quite a personal attack on me. 413. I'd always feel like I was subject to a bit more of, 414. there wasn't favouritism in the class, 415. but definitely I was being targeted, that's how I'd feel.</p> | <p>Negative effects on behaviour – impacting on relationships with teachers.</p> <p>Personalising and internalising all negativity received from school.</p> <p>Made to feel different, as if school were particularly targeting James. Feeling attacked.</p> <p>Potential paranoia?</p> |

| | | |
|--|---|---|
| | <p>416. So if I'd not done something, if I'd not done my work and I'd been told off for it, 417. or told to stop talking, or told to do something was, 418. "you're targeting me now, this is personal". 419. So I'd get very angry and I'd be a little bitch to teachers, 420. I really would, 421. I'd be horrendous, talk to them like absolute dirt</p> <p>428. So even teachers 429. who clearly have no personal, 430. now I know, they have no personal, 431. like, targets, they don't...like, 432. they literally don't have personal feelings towards a student in a way that they don't like them, 433. I didn't see it like that, 434. I felt very persecuted is the word. 435. So yeah, the arguments, things like that, 436. I'd get sent out of classes and then I'd get so...like,</p> | <p>Feeling attacked and fighting back – feeling the need to be defensive – <i>mirroring 'attack' back onto teachers.</i></p> <p>Showing awareness and becoming more self-aware – not taking things so personally now – reflecting back.</p> <p><i>At the time felt persecuted, attacked, victimised.</i></p> <p>Withdrawn and taken away by teachers.</p> |
| | <p>409. and I've always had this defensive side, 410. being bullied and things like that, it really does build you, 411. you do, you get such a...you get very defensive, 412. you're waiting for... 413. when you're so used to having people saying things to you, 414. you develop...you're on...you're ready to fight back, 415. whatever's said to you, you'll give back straight away because that's just how... 416. its survival in that respect. 417. You're waiting for something 418. that you, in your mind, is inevitable.</p> | <p><i>Victim persona.</i></p> <p>Learned defensive from previous negative school experiences (bullying) and instinct to fight when feeling attacked.</p> <p>Always on edge, always feeling like something will happen to you personally.</p> |
| <p>Verse 6: Relationships</p> | <p>455. teachers wouldn't actually realise that I didn't realise I was doing something wrong, 456. they thought that I had some sort of issue that, 457. not like a mental problem,</p> | <p>Teachers lack of awareness, not fully knowing or understanding James' issues and needs.</p> |

| | | |
|--|--|---|
| | <p>476. It's when you stop doing drugs you realise actually how different you are,</p> <p>477. because now I don't have any issues with teachers.</p> <p>530. and again it wasn't an overnight thing,</p> <p>531. it didn't just...</p> <p>532. it was a struggle to even try and suppress being,</p> <p>533. having teachers saying things to you</p> <p>534. and knowing that you had to try to suppress things</p> <p>535. and having that in your mind constantly burdening you,</p> <p>536. like you can't do anything wrong,</p> <p>537. that builds anxiety</p> | <p>Able to see clearly when no longer using drugs, improved relationships with school staff.</p> <p>Long journey to get to where he is now, not a quick process to stop drug use. Difficult times along the way, having to bury and suppress feelings, mask his emotions.</p> <p>Elevating stress and anxiety by not being able to express himself honestly and fully. Losing some control over what he says and his behaviours. Constantly having to self-monitor.</p> |
| | <p>217. so I'd be withdrawn from a lot of things going on in school because I'd be seen as that guy that does drugs</p> <p>218. and to this day, I'm still known in my school as a druggie, the drug user</p> <p>219. and it doesn't...I don't care about that, I don't care what people think anymore,</p> <p>220. I'm 18 now,</p> <p>221. I've gradually grown to just not really give a shit about people's perception of me.</p> <p>222. When I was younger it was always an issue</p> <p>223. and I think everyone goes through that stage during their life, where other people's opinions are absolutely fundamental to your whole life really,</p> <p>224. but then obviously you gain a bit more independence and you,</p> <p>225. kind of, get through things without needing other people's approval.</p> | <p>Separated, feeling different to others due to drug use and others perceptions of him as a drug user.</p> <p>Labels imposed by others – impact on his sociability with peers at school.</p> <p>Learning to deal with other's negativity towards him. Sense of maturity and independence as he turned 18. Used to affect him when he was younger.</p> <p>Starting off young needing and wanting approval, acceptance from others around you. As he grew older, building his independence, his own thoughts and feelings towards the world, starting to think differently and being okay with being and thinking differently to others.</p> |
| <p>Verse 7: Support in school</p> | <p>619. We had a place called ACE, Alternative Centre for Education,</p> <p>620. but it's mostly for children who are misbehaved,</p> | <p>Removing himself away from general school areas – being withdrawn, more isolated from others, smaller area.</p> |

| | | |
|--|--|--|
| | <p>621. so other schools have, like, isolation units, have those small rooms,</p> <p>622. so I was, even though it was a place for bad behaviour,</p> <p>623. the pastoral care, one of my pastoral care people who used to work at the school,</p> <p>624. who I was extremely, extremely close with, was there, stationed there,</p> <p>625. so if I had an issue, I would be up there</p> <p>626. and she would sit there and speak with me, and she would sit with me.</p> <p>627. And she saw the worst of...</p> <p>626. I had someone who saw the issues,</p> <p>627. saw my whole demeanour, my whole demise in some respects</p> <p>628. and that was important. It's very important in schools to have someone who can help you,</p> <p>629. if I didn't know that there were support networks in place within school,</p> <p>630. I wouldn't have gone and I wouldn't of been able to actually get through school without them,</p> <p>665. I mean at one time in year 11,</p> <p>666. and this was I think one of the, this was when I was very, very bad towards my GCSE period,</p> <p>667. and it was actually after my mum had a stroke,</p> <p>668. when I was in the ACE room that day</p> <p>669. and if you're in there all day, they let you go out for, like, a walk,</p> <p>670. 10 minutes just obviously to get out,</p> <p>671. because you're not supposed to leave.</p> <p>672. So I was on a walk with about five other students, including the pastoral care lady</p> <p>673. and there was a child,</p> | <p>Support and care shown in school through pastoral staff. Her support was available and useful to James as she would listen and talk to him. Acting as a confidant.</p> <p>Someone was there daily to witness his self-destruction, his whole self being destroyed by the drugs.</p> <p>Significance of support, was so desperately needed and it helped James to manage his drug use and get through school.</p> <p>Impact of drug use and dealing with mum's illness on self.</p> <p>Image of prison and being allowed to go out on a walk. Locked up and confined in one space – being monitored by others. Only taken in small groups and supervised by staff – can't be trusted to be sent out alone.</p> |
|--|--|--|

| | | |
|--|---|---|
| | <p>674. we have, like, children receptionists at school, 675. children who are in about year 8, they help the receptionists for a day, 676. it's just something, quite a good method of obviously building confidence in kids, 677. it was two girls, 678. they were obviously about four years younger than me, 679. one's this tall, 680. comes up to me and says, "get out of my way" just sarcastically 681. and she had a badge on so I actually grabbed the badge and looked and said "oh you're actually a student receptionist" 682. and apparently she thought I was going to grab her (<i>pointed hand out and indicated towards her chest</i>), 683. punched me in the chest 684. and I turned round and said, "I will stab you", 685. I was like, "I'm going to stab you and all this" in front of this girl. 686. This girl's face dropped, 687. clearly thought I was going to stab her. 688. I was nearly... 689. police obviously had to get involved in things like that. 690. Luckily it didn't actually go any further, 691. but I should have been kicked out of school for that, 692. really, like, I've threatened to stab a child 693. I should've been kicked out of school 694. but they didn't kick me out 695. they didn't even get me in trouble for it, 696. because they really understood, 697. they knew who I was as a person, 698. but they knew what I was going through. 699. So obviously I apologised to the girl and it was fine, it was all diffused</p> | <p>Sexual misunderstanding by young girl. Invading her space physically after she challenged his space verbally (645).</p> <p>Threat to child, became aggressive and possibly asserting his own authority over others. <i>Dominating power dynamics between James and young girl.</i></p> <p><i>School lost control of situation, couldn't cope with situation alone so had to call in and rely on outside agencies for support. James treated as a criminal – for his actions- not for drug use.</i></p> <p>School attempting to help and support James by sympathising with his situation (not sure if they sympathised due to family situation or drug use issues as well).</p> <p>Difficulty separating drug use from mental health issues.</p> <p>Taboo subjects like drugs difficult to talk about in schools – having to consider legalities of drugs. Crime and drugs.</p> <p>Not feeling comfortable or trusting in school to discuss drug use. Not confident in school's receptiveness of his issues with drug use.</p> <p>Schools' lack of awareness of drug use issues impacted on their ability to manage and deal with it.</p> <p>School needing to gain support from an outsider to help deal with James' issues. Counsellor not effective or helpful for James' drug use.</p> |
|--|---|---|

| | | |
|--|--|--|
| | <p>685. School support networks, they're fundamental for...</p> <p>686. I mean it's hard when drugs are involved sometimes, because that's another issue,</p> <p>687. mental health is another issue,</p> <p>688. but especially when I think drugs are involved,</p> <p>689. it's a risky place,</p> <p>690. because you're talking about things that are illegal</p> <p>691. and if you don't have the correct support, it could,</p> <p>692. I don't know, they never... I never used to talk about my drug use at school, never.</p> <p>693. They just treated the aftermath of my drug use</p> <p>694. more than talking about drugs in school,</p> <p>695. because I don't think the school themselves,</p> <p>696. schools don't have a really good idea of truly what the extent of the issues drugs can cause.</p> <p>710. But, yeah, the drugs,</p> <p>711. it was hard. It was hard to be honest sometimes.</p> <p>712. I had to get a counsellor in school,</p> <p>713. I saw her briefly,</p> <p>714. but I didn't feel it helped me at all,</p> <p>so I only saw her for about 2/3 months.</p> | |
| | <p>739. we've had people come in who've worked for drug support networks,</p> <p>740. from Drug Wise, I think it might be Drug Wise came in,</p> <p>741. it's like a call centre</p> <p>742. and she was talking about people who'd come in</p> <p>743. and a man wiping his own, sat on like a chair in the waiting room and excreted all over the chairs and was,</p> <p>744. like...the dark things and it's,</p> <p>745. this is years back and things like that have kept in my mind and,</p> | <p>School relying on/ needing/ using external agencies to help support and educate young people on drugs.</p> <p>Impact of real life stories on own drug use. Being able to empathise and understand the extent of the effects of using drugs.</p> |

| | | |
|--|---|--|
| | <p>746. like, the extent,</p> <p>750. that's what they do more is the preventative side in schools.</p> <p>751. It's like, "don't do drugs"</p> <p>752. because even though ketamine is used in human medicine, they'll say it's a horse tranquiliser to try and scare people,</p> <p>753. they're not always very honest about drugs themselves.</p> <p>754. Personally, I don't like the way schools have approached trying drugs,</p> <p>752. sometimes they're putting a negative perception on something makes people want to do it more in some ways.</p> <p>771. We've just been nurtured in a way that we're not shocked by things anymore these days.</p> <p>772. I think years back it was a lot different,</p> <p>773. I don't obviously know, I wasn't there,</p> <p>774. but people were a lot more afraid of things, people wouldn't do things,</p> <p>775. now we're getting more and more resistant to fear,</p> <p>776. fear factors with things like drugs.</p> <p>777. And schools, as I say, they promote it,</p> <p>778. they try and get police in, "if you get caught with this drug you're going to go to prison".</p> <p>779. Of course that's scary,</p> <p>780. but the likelihood of that actually happening,</p> <p>781. that's not the main issue.</p> <p>782. It shouldn't be focused around criminal offences and things like that,</p> | <p>School's attempting to tackle drug use – but focusing on preventative as opposed to dealing with young people who are using drugs.</p> <p>School not very good at educating regarding drugs. James' lack of trust in school's messages about drugs.</p> <p>School not appearing to have a full or realistic understanding of young people's drug use. Could influence young people to take drugs.</p> <p>Not scared or fearful of drugs. James' belief that young people could potentially be more brave than people years back, willing to experiment and try new things.</p> <p>Schools criminalising drugs – relying on external agencies to support them to educate young people on drugs. School's lack of understanding of realistic and prominent issues with young people and drug use. Crime not seen as prominent issue by James.</p> |
| | <p>759. It needs to be honest,</p> <p>760. it needs to be, "if you do this, this is going to happen to you"</p> <p>761. and yeah "it could feel good"</p> <p>762. "but you need to know that this can actually happen as well",</p> <p>763. instead of saying, "you're going to die, this could kill you, if you</p> | <p>Honest accounts of both positive and negative effects of drugs needed to help educate young people's understanding of drug use. An increase in trust between staff and students is needed.</p> <p>Heightening death factor with drug use no longer useful or helpful.</p> |

| | | |
|---|--|---|
| | <p>take too much you're going to die".</p> <p>764. As much as that should be the shock factor and the scare thing, 765. it just doesn't work anymore.</p> <p>783. it needs to be focused more around what it can actually do to you as a person and, who knows.</p> <p>784. I mean we've watched, 785. you've probably even seen it on You Tube, 786. it was a case about a man who had a heroin addiction and then he died, 787. I'm not sure. 788. It was something on You Tube 789. and we watched it in class, 790. we were made to watch it 791. and he had an awful heroin addiction, awful and he died in the end. 792. He went into rehab and 24 hours within rehab because his addiction was so intense, he had a bleed on his brain because he needed the heroin that badly, 793. but things like that are more effective, 794. because we see it from a true perspective.</p> | <p>Learning via real life examples of the extreme negative effects of prolonged drug use. James found real life examples more effective on increasing his understanding of the effects of drugs use.</p> |
| <p>Verse 8: Effects of drugs on self</p> | <p>261. and then combinations of things like ecstasy as well, 262. it shatters the amount of serotonin, it shatters your serotonin levels, 263. your body goes into, 264. it's an awful awful drug, 265. it will completely rinse you of everything and it's, 266. it doesn't even have to, 267. with come downs, they normally slowly start to get worse, 268. because the first couple of times I did things like pills and MDMA I would never experience a come down, never would 269. be able... would wake up the next day feeling fresh as a daisy 270. and then gradually you just do it more and more</p> | <p><i>Broken inside, effects on biological and physical being.</i></p> <p><i>Feeling empty, nothing left to give.</i></p> <p>Positive experiences with come downs after first trying MDMA – body able to cope or not noticing effects so much – not impacting on self as much in the beginning.</p> <p>Increase in drug use lead to decrease in self-control and body's ability to cope and deal with drug use.</p> |

| | | |
|--|---|--|
| | <p>271. and there's less and less in your brain to back you up and that will slowly bring you down</p> <p>391. however things like drugs, 392. especially, I'd say the worst combination for me was smoking cannabis and taking ecstasy... 393. because I'd have...my mood would be completely thrown by the MDMA, 394. the ecstasy would adjust my mood 395. so having the motivation, having the attention span, that was affected, 396. and especially with things like cannabis as well, 397. which do really get in the way of concentration again, 398. so those two together were an awful combination</p> | <p>Effects of drug use on self; affected moods, motivation, attention and concentration. Slowly drugs taking over all elements of body.</p> <p>Awareness of negative effects.</p> |
| <p>Verse 9: Self-harm and suicidal thoughts</p> | <p>125. Yeah, so it was my moods dramatically dropped. 126. It was feelings of, initially it was just very low mood, 127. feeling depressed 135. and then with that came self-harm. 136. I've self-harmed since I was about 12 years old, 137. but it came back a lot more intense. 138. I was very much reliant on self-harming, 139. self-harming most days. 140. Not to an extent that I'd need hospital attention, 141. but it was just becoming a lot more frequent 142. and had suicidal thoughts and things like that, 143. but I wasn't in a position where I wanted to act on them, they were just present, 144. because I was so tired of how I felt. 447. and then I'd self-harm. 448. My self-harm, it really got worse because of things like just me not doing what I was told to do 449. and... I couldn't see,</p> | <p>Emotional effects on mood and mental health.</p> <p>Feeling the need to self-harm from drug induced low moods and depression.</p> <p><i>Relying on self-harming, perhaps as a means of control of what is happening to his body.</i></p> <p>Feeling very low, couldn't deal with all the negativity – <i>feeling overwhelmed with the low moods, emotions and feeling tired of all negativity.</i></p> <p>Difficulty dealing with negative perceptions of other's demands on James. Difficulty recognising self-harm as an issue at the time – <i>couldn't see clearly, burdened by what was going on for him internally with all the negativity.</i></p> |

| | | |
|---|---|--|
| | 450. it just didn't register to me that I was actually doing anything wrong. | |
| | <p>285. this was probably one of the worst parts of my, I think, drug use,</p> <p>286. it got to an extent I'd go to people's houses and I'd go in their medical cabinets</p> <p>287. and I'd take other people's medication</p> <p>288. and I had a few friends who...</p> <p>289. I had a friend who's dad suffers with severe ME and his medical cabinet</p> <p>290. just, hundreds of different substances, hundreds of different drugs</p> <p>316. I think, that's why so many people will take things like overdoses and stuff.</p> <p>317. I don't always believe it's because they want to die,</p> <p>318. it's because it's the lowest point they can get to and every point from there has to be better, has to go up.</p> <p>319. So I've had moments,</p> <p>320. dark moments before,</p> <p>321. but it's mostly been to an extent,</p> <p>322. it's just been so distressing that things go on in my mind are too distressing for me to want to carry on like this,</p> | <p>Extending drug use to various types of drugs, including prescription drugs for other people.</p> <p><i>Projecting self-thoughts of suicide onto other's experiences and perceptions of others who have attempted suicide.</i></p> <p>Needing to hit rock bottom so that the only way forward and to improve is to build yourself back up from the bottom.</p> <p>Reflections on difficult times, surrounded by negative thoughts, feeling helpless and tired of negativity.</p> |
| <p>Verse 10: 'drugs aren't the best for me'</p> | <p>293. I was then able to recognise, actually drugs are an issue for me,</p> <p>294. drugs aren't the best for me.</p> <p>295. And it was horrible at first,</p> <p>296. because I didn't want that to be true,</p> <p>297. I was telling myself everything,</p> <p>298. that it wasn't drugs,</p> <p>299. I was fine,</p> <p>300. and it wasn't just cannabis, it was other things that I'd been taking</p> <p>297. I can always remember the psychiatrist at CAMHS, and SSS support staff and my psychologist saying at one point I was seriously</p> | <p>Realisation and recognition of negative, destructive effects of drugs on self.</p> <p>In denial, difficult to deal with and comprehend the truth.</p> <p><i>Fear of losing drugs, all drugs, been such a big part of James' life for so long.</i></p> <p>Needing others who were external to family and school to recognise and identify the risks and dangers posed to James from his drug use. At risk to self.</p> <p><i>Taken over by drugs, oblivious to effects, loss of control of self.</i></p> |

| | | |
|--|--|--|
| | <p>high risk to myself on the amount of different things I was taking, 298. but I was so deluded by the glaze drugs put over you, 299. you do not see a problem within it.</p> <p>542. You don't really ever, 543. when drugs are an issue for you, 544. there's never any good moments to it, 545. there's never an enjoyable, 549. the only enjoyable thing is doing the drugs themselves 550. which don't last, 551. it's always, its a temporary thing. 552. There is a high that won't last, 553. it is a trap, 554. you're enveloped in a turmoil in a flood of just digression 555. and uh yeah, it's no fun at all,</p> <p>579. and unfortunately, with things like drugs, 580. it's rare that you'll find someone who hasn't had a problem, 581. like, it gets to, 582. when people have a bad turning point in their lives, 583. like if they're, I don't know if they're heroin users, 584. they have children and their children get taken away from them, 585. it will only be that that makes them realise there's truly an issue.</p> | <p>99% of effects of taking and using drugs are negative – difficult to see this at the time when using. 1% positive effect of taking drugs, which is temporary.</p> <p>Drugs trap you – lure you in.</p> <p><i>Drowning and feeling helpless under drug use.</i></p> <p>James' view of the world around him – <u>many people who have used/ using drugs have had a problem.</u></p> <p>Externalising his own drug use issues onto other people, <u>needing something serious to happen to try and give up.</u></p> |
| <p>Later in telling story James was able to reflect on needing to stop using drugs and choosing to stop.</p> | <p>977. My mood was just, 978. I knew from this moment that I don't need weed in my life now. 979. And I don't need drugs anymore because this is... 980. I can see how much worse they're making me now, 981. because I had...it was like I had a chart and I was putting myself on 982. and I was initially at the start of the year I was trying to keep a diary of what I'd been taking and my moods.</p> | <p>James was able to make a choice for himself and could stop using drugs. He was able to make an independent choice for his own life regarding his drug use. Able to see clearly the negative effects of drugs on himself.</p> <p>Helpfulness of visual representations to see effects of drugs on self via charting his moods – as well as keeping a diary. Diary and chart acted as a map of recording his own life story with drugs.</p> |

| | | |
|---|---|--|
| | <p>983. I'd been told to try and note it all down and I managed to do it for about three months.</p> <p>984. I, kind of, just stopped,</p> <p>985. but within that time, because... I stopped because I wasn't needing to write it down anymore</p> <p>986. because I was better.</p> <p>987. And it wasn't just cannabis,</p> <p>988. there was, like, prescription medication as well.</p> <p>989. Benzodiazepines can make people depressed,</p> <p>990. there's so many different factors to it,</p> <p>991. but in my understanding of it, it was mostly all drug related.</p> | <p>Started to feel better, no longer needed visual aids to support in stopping drug use.</p> <p>Started to relate personal issues and problems with drug use.</p> |
| <p>Verse 11: CAMHS support</p> | <p>53. I'd been under CAMHS before I started using cannabis,</p> <p>54. I was receiving, like, cognitive behavioural therapy,</p> <p>55. but it was only until I started to smoke weed that the CBT actually helped quite a lot,</p> <p>56. because my perceptions were altered in the way that it was actually a positive thing.</p> <p>57. So cannabis actually helped in that respect,</p> <p>58. and I was able to acknowledge the way I was distorting different things,</p> <p>59. and my anxieties weren't actually real,</p> <p>60. that it was just all in my head,</p> <p>61. so that was a real positive</p> <p>62. and I came off of CAMHS</p> <p>63. and I was getting on fine.</p> <p>623. it was always difficult coming to CAMHS</p> <p>624. and you can talk about it,</p> <p>625. but CAMHS never see it, they never truly see the issues,</p> <p>626. they just hear about them.</p> <p>998. I'd been on CAMHS before, like, for months before,</p> <p>999. I'd been on CAMHS for years and didn't...</p> <p>1000. nothing was changing and why wasn't it changing, because it wasn't being,</p> | <p>Previous involvement with external agencies – non-drug related issues. Received CBT to help him recognise the connections between his thoughts, feelings and behaviours.</p> <p>Cannabis use initially had positive effects on thoughts and feelings. It initially helped him to see clearly and put situations into perspective.</p> <p>Later referral and involvement with CAMHS for drug use and mental health issues. CAMHS not able to see the full, true extent/ picture of James' drug use and the effects on him, relying on hearsay – what James and others may say and describe.</p> <p>CAMHS not aware of the whole truth regarding James' drug use, or not knowing how to deal with and support him in relation to his drug use. Due to blindness (995 – we didn't actually see it) – the issue with drugs wasn't being targeted, James wasn't receiving the support he needed or wanted.</p> <p>Lack of confidence in CAMHS expertise on substance use issues.</p> |

| | | |
|--|--|---|
| | <p>1001. the problem wasn't being targeted,</p> <p>1002. it wasn't being treated and</p> <p>1003. it wasn't anyone's fault that we didn't actually see it.</p> <p>1004. It was because, like, not having regular appointments,</p> <p>1005. not really, not being specialised in that field.</p> | |
| <p>Verse 12: Specialist Support Service</p> | <p>100. When I was, I went to back to CAMHS</p> <p>101. at this point and they referred me to SSS</p> <p>102. and initially I was getting reluctant to SSS because at the time I didn't realise that my drug was an issue,</p> <p>103. I thought it was... I knew it was a vicious circle so I was feeling bad, so I do drugs and drugs made me feel bad, and then you get trapped into the addiction type of reliance, that cycle.</p> <p>104. And eventually, after meeting SSS I would find the fact that this is causing,</p> <p>105. smoking weed was causing, like, psychotic symptoms and if I didn't...</p> <p>106. I'd go for a week without smoking weed and noticed dramatic improvements,</p> <p>107. but it was so difficult to be consistent with that</p> <p>108. because all my friendships,</p> <p>109. all my life was, like, cannabis and drugs before,</p> <p>110. so having this massive shift was difficult because it's always been there like a blanket, so a protecting thing.</p> <p>267. because it's only since I went to things like SSS that I really was able to identify...</p> <p>268. and having someone else there observing you weekly,</p> <p>269. because I saw SSS support staff weekly,</p> <p>270. so to have her basically, like, making a flowchart of my moods every single week,</p> <p>271. she'd gradually see,</p> | <p>Referral from one agency to another. CAMHS were unable to meet James' needs, could not support him – so he had to be sent to someone else.</p> <p>(91) – <i>In denial, unaware of drug use issues and problems, unable to take control.</i></p> <p>Trapped in a negative circle, hard to break and escape it, couldn't move from circle.</p> <p>Needed support from someone else to help him stop using drugs.</p> <p>By not smoking, James was able to see clearly and start to notice the effects of no drugs on his body and mood. Difficulties with stopping as it was such a huge part of his life for so long. Using drugs impacted on sociability – his friendships – so stopping would impact on this too. <u>Whole life, social world surrounded by drugs, acted as a protector from outside world.</u> Difficulties in having to stop a part of his life when stopping drugs.</p> <p>Reliant on support from SSS.</p> <p>Needed to be watched, someone else to be able to see clearly whilst James couldn't see clearly when on drugs. Consistent, reliable and visual support from SSS was very valuable and helpful for James in stopping his drug use. SSS making explicit links between his moods and his drug use.</p> <p>Consistent support and guidance needed to help overcome drug use.</p> |

| | | |
|--|--|--|
| | <p>272. "have you been using this week",</p> <p>273. "yeah",</p> <p>274. "how was your mood here, it's down it's low",</p> <p>275. or "have you been using this week",</p> <p>276. "no",</p> <p>277. "how do you feel",</p> <p>278. "a lot better",</p> <p>279. and to have that consistently reinforced,</p> <p>363. it was speaking with SSS support staff and everyone,</p> <p>364. it then was the test to see if I could resist</p> <p>365. and how if I'd actually registered how badly drugs had affected me.</p> <p>802. Like, I'm so glad,</p> <p>803. I can't say I'm glad that this has happened to me,</p> <p>804. because if it didn't happen to me and I didn't have the negative effects</p> <p>805. I would have been fine, like,</p> <p>806. I wouldn't have had to see SSS.</p> <p>807. That was the thing, SSS support staff said,</p> <p>808. it was like, "I wouldn't care if you smoked weed, but the fact is that you have issues from smoking weed, you wouldn't be here needing the help if you didn't have an issue",</p> <p>807. I: How did that make you feel when you heard that?</p> <p>808. Again, it's like, in some ways a bit of a relief,</p> <p>809. in other ways because</p> <p>810. you think, you do question, "am I insane, have I got a mental illness?"</p> <p>811. "have I"...and I think a lot...</p> <p>962. I'd go and see SSS support staff, as I say,</p> <p>963. on a weekly basis, so having a weekly update</p> | <p>Feeling confident and trusting in SSS to be able to talk honestly about drug use and have them listen.</p> <p>Reflections on experiences with drugs.</p> <p><i>Regret.</i></p> <p>Someone else explicitly telling James of the impact of his drug use on his personal moods, feelings and behaviours. Someone else needing to recognise that first and then support James in recognising it in himself.</p> <p>Some positive feelings, feelings of relief. Gaining answers to his life, starting to regain some control and understanding of his mental health.</p> <p>Consistent and regular support – so helpful in James' ability to stop using drugs. Contrast in support from different agencies.</p> <p>SSS able to see James in his entirety, they could see clearly what was going on for him. <i>'Different perspectives' – different personalities, may have felt like different people when experiencing variety of moods and feelings, multiple frames of mind.</i></p> <p>SSS communicating to James the effects of his drug use on him. Reluctance to accept the impact of drugs on himself, perhaps not wanting to accept it. <i>'Poisoning' - Slowly killing himself off with the drugs, mentally and physically.</i></p> |
|--|--|--|

| | | |
|---|---|---|
| | <p>964. and being able to see someone that frequently as well,</p> <p>965. CAMHS only see someone every three to four weeks if you're lucky,</p> <p>966. but I could see SSS support staff every week.</p> <p>967. She, again, saw me from, like, loads of different perspectives, in loads of different frames of mind and said "she knew when I was better off",</p> <p>968. she could tell me, "you're better this week, you haven't done drugs"</p> <p>969. and it took a while to really start registering that.</p> <p>970. As I say, I was just, "oh maybe now it's just"...</p> <p>971. I was trying to come up with excuses for it,</p> <p>972. trying to find logic for it,</p> <p>973. but all it was, was the fact that I hadn't been poisoning myself basically.</p> <p>974. And she'd say, "we'll do a mouth swab we'll see, like, if we can prolong the appointment to every two weeks and do mouth swabs in-between".</p> <p>990. but I needed SSS, I needed a support network there,</p> <p>991. because without it...</p> <p>992. It was only from SSS that my life started to improve really.</p> <p>1004. You need someone whose really like trained to work with people who use drugs,</p> <p>1005. because, as I say, the school had no idea,</p> <p>1006. they're not specialised within the use of drugs</p> <p>1007. and they have pastoral care people, but they're not specialised in that field.</p> <p>1008. But it's always so difficult to say, is it the drugs or is it underlying?</p> <p>1009. Again, it's an argument,</p> | <p>Trying alternative support methods – SSS reluctance of trusting James' word, needing to do biological tests for drug use.</p> <p>Acceptance of support from SSS. Acknowledgement and realisation of the impact of their support on improving James' life. Huge impact of SSS support, able to change <i>and 'save' his life</i>. <u>Recognition that external support was necessary and essential for his ability to stop using drugs.</u> Gaining the right support and engaging with it. School were not equipped or trained enough to support him. Still questioning the true extent of effects of drugs on self – perhaps some denial still of the complete impact of drugs on self.</p> |
| <p>Verse 13: Mental</p> | <p>254. And I think the latter effect of it all on my mental health,</p> <p>255. today, I mean my moods,</p> | <p>Recognition of long term effects of drugs use on self – on moods.</p> |

| | | |
|---|---|---|
| <p>health and mental state of mind</p> | <p>256. I still have issues, 257. without cannabis I still have a problem with, like, bouts of depression 258. and getting better and then... 259. so whether it's actually had an impact and brought out something in me now, who knows, 260. but there is definitely a connection between them, 824. but when I was faced with having to go through mental health things in A&E, 825. seeing Crisis team and things like that, 826. you are in a position where you feel like there is something wrong, 827. it's actually extremely scary, 828. I suppose now I'm older and I think "have I got a mental health problem?" 829. I don't want one, 830. like, that's why I don't want there to be anything wrong, 841. Like, I don't have mental illness in my eyes, 842. I don't have a serious mental health problem, 843. I have a mood issue 844. but I wouldn't say that's a dramatic... 845. so many people suffer with different things, all different types of things, 846. no one's ever going to be consistently happy.</p> | <p>Continued issues. Struggling and coping with mental health issues.</p> <p><u>Connection and link between drugs and mental health issues.</u></p> <p>Needing support from a variety of agencies.</p> <p>Anxieties and worries of mental health. Worried for own mental health. Potential long term effects or lasting effects from prolonged drug use.</p> <p>Separating mental health issues from mood issues – difficulty seeing them as one and the same thing, needing them to be 2 different things. <i>Perhaps it's easier to cope with having a mood issue than mental health? James' importance on labels for problems in himself.</i> <u>Not everyone could be happy always, everyone needing some form of negativity in their lives.</u></p> |
| | <p>339. I think I'm on anti-psychotic drugs, 340. I'm on anti-depressants but I know now, 341. I know I don't need to be on the anti-psychotics anymore because I'm not psychotic. 342. I know they're used for mood stability as well, 343. but I was put on those drugs because of the way cannabis was making me,</p> | <p>Still taking some drugs – prescribed by medical professionals.</p> <p>Drugs for stabilising mood.</p> <p>Compensating the effects of some drugs with other drugs. <i>Still not able to fully escape the circle of taking drugs.</i></p> |

| | | |
|--|---|---|
| | <p>344. so it was more like a drug induced problem,</p> <p>345. now the drugs aren't inducing that problem anymore,</p> <p>346. I think I want to see if I can return to normal,</p> <p>347. and things like anti-psychotics, they're mind blowing, mind blurring,</p> <p>348. it's a complete and utter fog in your mind and that.</p> <p>349. I mean, they do their job, they do their job well</p> | <p><i>Normality = no drugs, no mood issues?</i></p> <p>Effects of drugs on his mind, <i>exploding</i> his mind, 'blurring'- making it difficult for him to think clearly. 'Utter fog' – hard to see and navigate his way around when on drugs – similar to road metaphor.</p> |
| | <p>830. years back I wanted an explanation ,</p> <p>831. I was like "I must have this problem and that explains it",</p> <p>832. and I kind of got that when I was told "that this is the drug, its drugs that do this to you, it's not you".</p> <p>833. Because as much as I enjoyed the drugs</p> <p>834. and I enjoyed everything in my life,</p> <p>835. the positives of drugs.</p> | <p>Wanting a rational explanation for his negative feelings and mood.</p> <p>Someone else telling James it was the drugs affecting him. The drugs were taking over; he had lost control of himself.</p> <p>Positive elements of using drugs – positive effect on world around him.</p> |
| <p>Verse 14: Realisation of drugs effects, resilience</p> | <p>853. It's like you come out of it so much stronger</p> <p>854. because of it and you notice other people as well,</p> <p>855. when you've been through things, you can easily...</p> <p>856. people stand out to you and you kind of think, "I know why this is happening to you"</p> <p>856. because people again don't want to hear that they've got an issue with drugs.</p> <p>857. They don't want to think that there's a problem</p> <p>905. and some people haven't actually had many negative experiences in their lives</p> <p>906. and in some ways that's brilliant, of course, they haven't had to go through things.</p> <p>907. But in many other ways when things do happen they're not going to know as well how to cope so.</p> <p>908. I look to a lot of my friends,</p> <p>909. a lot of people from my school who have quite wealthy families,</p> | <p>Built resilience in self to overcome drug use.</p> <p>Better able to recognise drug related issues in self and others. Given his own experiences, others with drug use issues stand out to him.</p> <p><u>Many people in denial, refusing to accept an issue with themselves and their drug use.</u></p> <p><u>Others (peers) who haven't had many negative experiences may not have as much resilience as those who have.</u></p> <p>Peers perhaps not experienced negativity like James, so their lives have been happy. Not everyone exposed to as much adversity as James.</p> |

| | | |
|--|--|--|
| | <p>910. they've always had...they've always been happy, they've always had what they've wanted, things like that.</p> <p>911. One day something serious could happen and they wouldn't necessarily know how to cope with that.</p> <p>912. Whereas I think with myself, I can cope with a lot more and I do on a daily basis,</p> <p>913. I can cope with having to deal with a lot of things, like my mum now,</p> <p>914. I can cope a hell of a lot better than I reckon a lot of other people could, because...</p> <p>915. and it's not expected in someone like me who struggled with so many things.</p> <p>916. But because I have struggled with so many things in the past, I can now cope with so much more, now.</p> <p>917. And drugs were a huge part of that,</p> | <p>Comparing self to others, in some ways he's better off than others who haven't had difficulties with drug use. He's built resilience after experiencing negativity with drugs and family illnesses.</p> <p>Challenged others' perceptions of James by showing his resilience and determination to do better.</p> <p>Drugs linked with building his resilience for James.</p> |
| | <p>303. It's like alcoholics, they need to recognise they're an alcoholic before they can get treatment</p> <p>304. and it's the same with drugs,</p> <p>305. I had to accept that I had a drug issue before I could actually...</p> <p>306. and I didn't want to accept it,</p> <p>307. but I think it gets to a point where you need to change</p> <p>308. and unfortunately, it's one of those points you have to be at the lowest point to have to get better</p> | <p>Comparison to other substance use issues (alcoholism).</p> <p>Needing to recognising and accept that there was an issue with his drug use.</p> <p>Recognising the need to change.</p> <p>Reflections on hitting 'rock bottom' and being at lowest point as a turning point for needing to improve and get better.</p> |
| <p>Verse 15: Adjusting to stopping, 'where I am now'</p> | <p>113. To have that, just having to stop</p> <p>114. and having to adjust to,</p> <p>115. of course, like with anything,</p> <p>116. it's like a loss so you grieve it and you try...</p> <p>117. yeah it just all gets into a vicious cycle, so it's hard to break,</p> <p>118. but no, I gradually began to slowly recognise it</p> <p>119. and stopped smoking weed about six/seven months ago.</p> | <p>Learning to adjust to not having drugs, such a big part of life before.</p> <p><i>Killing off drugs – accepting the death of drugs in his own life and grieving the loss of drugs and perhaps his former drug user self.</i></p> <p>Recognition of the harm drugs were doing and how difficult it was to escape and break the cycle.</p> <p>Breaking cycle slowly, not yet able to fully give up smoking weed – <i>perhaps a reluctance to let go completely.</i></p> |

| | | |
|--|---|---|
| | <p>120. I've smoked weed in between but nowhere near as much as I used to,</p> <p>121. because obviously I really know how much it impacts me now.</p> <p>122. I'll notice if I've smoked one joint and the next three days I'm feeling horrendous,</p> <p>123. so I've now really noticed that drugs are bad for me,</p> <p>124. especially things like pills as well,</p> <p>125. I couldn't...no, I couldn't hack that anymore.</p> <p>322. it's actually...doing it, that's the harder part.</p> <p>323. But it's like anything,</p> <p>324. it's a challenge and you have to undertake it and you know...</p> <p>325. I knew there were going to be times where I relapsed,</p> <p>326. of course I couldn't go from smoking weed everyday to not doing it at all.</p> <p>328. it's the same as smoking things like cigarettes and things like that,</p> <p>329. you have to slowly reduce yourself down, you have to wean yourself,</p> <p>330. taper yourself off like you do with medication.</p> <p>331. But I'm here today,</p> <p>332. a lot better than I've ever been purely because I've stopped using cannabis and things like that.</p> <p>371. And to me, I knew I was fine and I'd managed to combat,</p> <p>372. I'd come so far</p> <p>373. and because of the fact that that was the time I would use drugs,</p> <p>374. if that was a year ago,</p> <p>375. as soon as she was in hospital I'd be chasing a high to try and...</p> <p>376. but no, I'd managed to get on with it without,</p> <p>377. and to me that was so, important,</p> | <p>Much better now at realising the immediate negative effects of drugs on self.</p> <p>Recognition that he is no longer able to physically and mentally handle the demands drugs puts on him when he's taken them.</p> <p>Motivating self to stop completely but setting realistic goals that are achievable for James.</p> <p>Recognition of how much of an impact smoking weed had, that it's too difficult to give it up completely.</p> <p>'wean yourself' – like a child, once dependent on drugs, now reducing the dependency and building independence from drug use.</p> <p><i>326 – Still alive, survivor.</i></p> <p><i>Fought off drugs and won – fighting off drugs.</i></p> <p>Stopping drug use for self and for family. The effects of drugs impacted himself and his family.</p> <p>Difficulties with stopping drugs – not always a personal choice – external factors like money impacted on not being able to buy and do drugs. S</p> <p>Stopping initially wasn't always an intentional choice.</p> |
|--|---|---|

| | | |
|---|--|--|
| | <p>378. not just for myself but so I could be there for my family,</p> <p>949. when I stopped doing things like that,</p> <p>950. as I say, not necessarily out of my own choice to stop doing it,</p> <p>951. just because there was nothing to do.</p> <p>952. I wasn't going to go and do it, money, I didn't have money at the time, I couldn't do it,</p> <p>953. so it wasn't always intentional that I wasn't doing drugs and I felt better.</p> | |
| <p>Verse 16: Motivation for future aspirations</p> | <p>383. I mean, I was, I've never...I wouldn't say I'm not intelligent,</p> <p>384. I've always been in the top set for things, always,</p> <p>385. I mean, in the future I want to eventually be a doctor or in the medical field in some way,</p> <p>386. so I've always had a drive for school</p> <p>387. and I've always enjoyed school,</p> <p>515. Things like school, that was my whole life, school is my life,</p> <p>516. like, for example, your job is yours, your research is your life,</p> <p>517. school is mine,</p> <p>553. especially like schooling is so important to me, so important.</p> <p>554. Especially as this year, applying to university, things like that,</p> <p>555. I know what I need to do and I need these grades.</p> <p>556. I can't let anything hold me back now.</p> <p>601. I mean, it's the argument does institutionalisation actually work for some people,</p> <p>602. will it actually help them, who knows?</p> <p>603. But it's, yeah, school was my institution,</p> <p>604. it was a good institution</p> | <p>Academic motivations for stopping – achievements in academics – top sets and good G.C.S.E results.</p> <p>Goals and ambitions for future – Motivators for stopping drug use.</p> <p>Reflecting on positive experiences with school and how important it is to James.</p> <p>Reflecting on importance of education and school and wanting to pursue education further into University.</p> <p>Determined and motivated to move forward with life in a positive way – no longer using drugs.</p> <p>School acted as a purpose for James. If he had lost school he felt like he may have lost a part of himself, perhaps not being able to cope with the loss of school.</p> <p>Valuing education so highly. Serving as a purpose and motivator for James.</p> |

| | | |
|--|--|--|
| | <p>605. and to not have that anymore, God, I just, it would've,</p> <p>606. I don't think I would've been able to live if I had to completely take, be, have those things taken away.</p> <p>610. Because I value education so much and...</p> <p>611. There were dark, dark times in school,</p> <p>612. but school was always a positive,</p> <p>613. I never perceived it as bad.</p> <p>614. I always went to school,</p> <p>615. no matter what, no matter my issues.</p> <p>616. Year 10 and 11 I never had days off,</p> <p>617. the only time, the only problem was I just wasn't in lessons,</p> <p>618. I was in withdrawn areas.</p> <p>907. they were a huge part of that and I needed to do drugs to really realise the most important things in my life.</p> <p>908. Things like school, things like my future, my family, my friends, my health and my own wellbeing.</p> | <p>Reflecting on negative times, but also positive experiences at school. Always present in school, it was not a deterrent.</p> <p>Withdrawn and away from general school population and daily school activities e.g. attending lessons.</p> <p><u>Drugs made James realise what was most important and valuable to him – the world around him – his environment and the close people in it – school, family, friends and his own wellbeing.</u></p> |
| | <p>583. With me it was my school being taken away from me,</p> <p>584. like, just my whole mental health being taken away from me as well,</p> <p>585. having that worrying, like,</p> <p>586. will I get told to have residential care.</p> | <p>Fear of losing valuable things in life – his social life, academics and mental health. <i>Fear of losing control over his life.</i></p> <p>Threat of being sent away – another agency to look after him and try and help him.</p> |
| | <p>595. residential care, because I was a risk to myself in so many ways.</p> <p>596. The self-harm, the self-medicating, the drugs, it was such an issue,</p> <p>597. they were, like, “you might need to go for a residential period where you can come off of this”.</p> <p>598. And in some ways that would have been,</p> <p>599. it may have been helpful,</p> <p>600. but it could have completely shattered me as well,</p> <p>601. because it's not a normal thing to do,</p> | <p>Threat of being sent away to be looked after by other people. School and family perhaps were not able to cope. Not able to look after self, risk to self.</p> <p>Threat of being taken away from family, from normal daily life to somewhere unfamiliar and unknown.</p> |

| | | |
|---|--|--|
| | <p>602. be taken away from your home, be taken away from your life</p> <p>603. and just that if you're already not normal</p> <p>604. or you have issues,</p> <p>605. to be put in an abnormal environment,</p> | |
| | <p>519. thing is, everything around it, to have that again taken off of you, ripped away from you</p> <p>520. because of things like drugs,</p> <p>521. it was just...it starts to weight itself up, it really does,</p> <p>522. like what is actually, what are my priorities now,</p> <p>522. and it's through the worst of things that you really realise that,</p> <p>523. "oh God I need to change"</p> <p>673. but the school were brilliant,</p> <p>674. they really knew,</p> <p>675. they didn't again take that away from me,</p> <p>676. because that was my fear, "I'm going to get kicked out of school".</p> <p>677. I didn't even get excluded,</p> <p>678. I didn't get anything on my record,</p> <p>679. they didn't even hinder me from going into sixth form in the first place,</p> <p>680. because it could have actually had an impact, things like that.</p> | <p>Recognition of priorities and needing to change when experiencing lows.</p> <p>Support from school with incident with young girl. School's understanding of James' difficulties were recognised and they attempted to support him instead of exclude him. Showed a willingness and a want to continue to support him.</p> |
| <p>Verse 17: Reflecting back</p> | <p>121. So I'm kind of glad I'm not,</p> <p>122. because I've got to a point in my life where you need to know,</p> <p>123. I need to, like, focus and actually be getting on with my life.</p> <p>124. A lot of other people I know unfortunately things like that come in a bit later for them,</p> <p>125. so in some ways I'm glad I've experienced it early on,</p> <p>126. but it has had some quite bad effects of,</p> <p>127. like my last couple of years,</p> <p>128. my teenage years.</p> <p>160. I have improved,</p> <p>161. I mean there's still,</p> <p>162. it has it's bad side, definitely.</p> | <p>Able to look forward now without drugs impacting on life, drugs acted as a way of stopping, pausing his life, inhibiting James from 'getting on with life'.</p> <p>Sense of feeling ok with having negative experiences with drugs early on, but then mixed about the impact of the negativity on teenage years, effect on pubescent years.</p> <p>Moving forward, feeling positive in himself.</p> |

| | | |
|--|--|---|
| | <p>163. As much as I thought the drugs were great and they would fuel me to something...</p> <p>164. I'm really like..., people don't realise until it will just one day, you will have that epiphany moment when you realise, like, drugs actually are the reason everything is so bad in my life.</p> <p>165. Not always,</p> <p>572. and I'm glad now that I now know that for a fact,</p> <p>573. because if I still didn't actually register that,</p> <p>574. I think I wouldn't be sitting here today,</p> <p>575. coming out of SSS, kind of,</p> <p>576. being able to say, like, "I don't use drugs anymore"</p> <p>577. because...you need,</p> <p>578. as I say, it's all about realising,</p> <p>579. it's all about knowing the problem</p> <p>835. There were so many negatives</p> <p>836. and when I realised that,</p> <p>837. when I actually, genuinely, like, knew in myself that it was the drugs,</p> <p>838. like, I was angry</p> <p>839. but there was mixed emotions around it.</p> <p>849. But I don't have a mental health problem,</p> <p>850. it was a lot of the worst things in my mind were caused by something</p> <p>851. and I now know what that was and I can...</p> <p>852. I'm now able to recognise a lot more through that</p> <p>853. and think a lot more broadly about things now, in a better way.</p> <p>892. No, I mean, I'm glad in some ways that I've done...that I've been through it.</p> <p>893. I'm not regretful of the things I've done,</p> <p>894. because it has shaped me as a person,</p> | <p><u>World view – people (including himself) needing a turning point – epiphany moment – to realise negative effects of drugs on self.</u></p> <p><u>Although not everyone does have the epiphany.</u></p> <p>Significance and importance of James being able to recognise his issues with drugs – it enabled him to move forward and come out of SSS positively.</p> <p>Being aware of drug use issue was a significant factor in helping James to stop using drugs.</p> <p>Negative effects outweighed the positive effects. Feeling annoyed and angry, <i>perhaps with himself, with others who couldn't/ didn't support.</i></p> <p>Relief and acceptance that mental health issues were related to his drug use. As his drug use had stopped, so had his mental health issues.</p> <p>Mind now clear to be able to think better.</p> <p>Reflecting back on experiences. Drugs shaped James to be the young adult that he is today – recognition of the part drugs played in his life.</p> <p>Learnt about self and his limits including recognition of his thoughts and feelings.</p> <p>Recognition of how valuable and helpful support from SSS was for James. <u>Without help it would escalate and get worse – for other people who may have drug issues.</u></p> |
|--|--|---|

| | | |
|--|--|---|
| | <p>895. to who I am today</p> <p>896. and you do have to go through things in life to come out of them with...</p> <p>897. you need to just learn from your experiences</p> <p>910. and I know my limits</p> <p>911. and I know what the mind is capable of</p> <p>944. That's the only thing, I've learnt from it,</p> <p>945. that's the most important thing,</p> <p>946. it's just making sure people...</p> <p>947. its sooner or later really,</p> <p>948. because if I refused SSS and just carried on, who knows where I'd be,</p> <p>949. because it did work for me.</p> <p>950. But sometimes people who have drug issues, they never...</p> <p>951. it's just going to get worse and worse,</p> <p>952. because sometimes the help...I mean the help available,</p> <p>953. like, when I was asked to see SSS I was, like, "yeah I'll see them",</p> <p>954. laughed about it and thought "it's not going to stop me from doing drugs, I'm going to carry on doing drugs", things like that.</p> <p>955. And I was lucky, in a sense,</p> <p>956. because I soon realised there was an issue.</p> <p>957. But, I'm assuming there's plenty other people in the world who would go in there and be, like, "I don't care", and not go again and carry on.</p> <p>958. I: What do you think it was that made you realise that had, that switch, I suppose?</p> <p>959. I think it was the...seeing, being told and seeing for myself really when my mood was better or not.</p> <p>960. When you've had such persistent long mood, for over years,</p> <p>961. you really notice when you're not feeling like it</p> | <p>Initially sceptical and mistrusting of SSS. Not really confident in their work.</p> <p><u>Assumptions of others' drug related issues and refusing/ rejecting or not engaging with support offered by SSS.</u></p> <p>Visual and verbal representations of negative effects of drugs were the biggest help for James to realise the damaging effects of drugs on himself.</p> <p>If not experiencing any negative effects – on mood and feelings, James can forget what it was like.</p> <p>Drugs act as a reminder of the dark and negative feelings associated with using drugs.</p> <p>Not being able to see for himself the effects and impact of the drugs upon himself.</p> <p>Looking around and seeing others ok, made it harder for James to recognise and accept an issue with his own drug use.</p> <p>Challenged and changed own perceptions of self.</p> |
|--|--|---|

| | | |
|--|--|---|
| | <p>962. and in some ways when I feel good, I completely forget, 963. if I feel good for a month, 964. if I've not had any real depressive moods within a month, 965. I completely forget that I've ever had any depressive moods 966. and I think, "did I really have anything wrong?" 967. but when I was smoking weed and when I was doing, 968. especially things like ecstasy which make depressive moods a hell of a lot more depressive, more intense and more harder to deal with,</p> <p>987. My issues were mostly all drug related. 988. I was so blind to it, I was so blind to it, I had no idea it was the drugs, 989. because I didn't think it was... 990. I could see a lot, 991. there was a lot of other people around me who were doing it a lot more and a lot heavier than I was without a problem, 992. so to then try and think that you've got a problem with, 993. even though you're not on that same level. 994. Yeah, it was a, as I say, it was kind of a relief 995. because I'm not mental, 996. I'm not all this stuff I thought I was,</p> <p>1008. but for me personally, it was the drugs 1009. and I think for many other people it was also the drugs, 1010. but again its nationally realising that and finding out if that's true or not, 1011. but you have to go through a bad patch to really recognise it</p> | <p>Drugs were an issue for himself, and they can also be an issue for many others.</p> <p><u>Having to experience the negativity with drugs so as to recognise there is an issue and a problem with the drug use.</u></p> |
| <p>Verse 18: Effects of drugs on others</p> | <p>175. Some people, it might dampen their motivation, 176. it might make their memory a bit, 178. some people just have this predisposition to having, like, I</p> | <p><u>Possible negative effects on other people – some having a predisposition – can't help it.</u> James' worldview based on his experiences.</p> |

| | | |
|--|---|--|
| | <p>guess bad, bad effects from drugs</p> <p>741. but other people it just doesn't phase them,</p> <p>742. if they don't have issues with them.</p> <p>795. But, who knows,</p> <p>796. like, again, it's only an issue if there is an issue.</p> <p>797. Some people don't ever,</p> <p>798. they can get through their life without having any, sort of, psychotic effects from cannabis,</p> <p>799. any sort of like mood deterioration from ecstasy.</p> <p>800. Some people don't even get addicted to things like cocaine,</p> <p>801. they just do them whenever they want,</p> <p>802. there isn't always a problem.</p> <p>803. But the more problem there isn't, the more problem there is, in a sense,</p> <p>804. because it doesn't always hit you then, it can hit you later and it can hit other people as well.</p> <p>805. If you expose...if more people can do it, then more people can't do it as well.</p> <p>806. It's a really hard one, it's a really hard one.</p> <p>817. the problem these days I think a lot of people are so ready to self diagnose,</p> <p>818. it's all over the internet,</p> <p>819. like if people think they've got all these different problems,</p> <p>820. so and the people will happily say, "oh I've got this, I've got this",</p> <p>821. especially children, especially...</p> <p>822. I've always been...</p> <p>823. people saying they've got bipolar when they're 13 years old,</p> <p>824. people will go and say,</p> <p>825. they don't understand,</p> <p>826. have no real idea,</p> | <p><u>Some people don't have issues with drugs.</u></p> <p><i>Potential resentment or jealousy of how little negative impact drugs can have on other people, in comparison to James' own experiences.</i></p> <p><u>Drug issues not always apparent straight away, can take time to take full negative effect on some people.</u></p> <p>Difficulty with possible solutions for tackling drug use issues with young people.</p> <p>Others overemphasising their own issues and problems.</p> <p>Their issues do not seem as relevant or as important as the realistic issues James experienced.</p> <p>Others have no real understanding of the effects of drug use and the impact it has on a person.</p> <p>Reflection of own experiences through talking about other people. <i>Comparisons could be drawn – James spoke of himself being intelligent and expressing bouts of depression.</i></p> |
|--|---|--|

| | | |
|--|---|---|
| | <p>919. and in some ways it's like, sometimes the most intelligent people are the most, are the ones that have been through and to have, like,</p> <p>920. they...I don't know, I think it was, I don't know who, Einstein or something said,</p> <p>921. like, I think Einstein was severely depressed.</p> <p>922. All of these, like, major art people, they've all been through,</p> <p>923. they've all seen,</p> <p>924. they were all really depressed and it's all because they...</p> <p>925. I don't know.</p> <p>926. But, I'm not really sure if I'm talking about something relevant,</p> <p>927. but, yes, you have to go through things.</p> | |
| <p>Verse 19: Others perception of drugs</p> | <p>865. because drugs have, especially when you're young,</p> <p>866. have... just an image, I don't want to say cool, but it is like that.</p> <p>867. People who do drugs are, like, "badass", they're, like, "cool", they're all this.</p> <p>868. So a lot of people think it's like, singers, celebrities, they're all, like black rappers talking about weed and things like that all the time,</p> <p>869. it's everywhere. It's in the media,</p> <p>870. cocaine is seen as elite, an elite drug, things like that.</p> <p>871. And like the rave scene dance clubs, drugs,</p> <p>872. there's drugs everywhere,</p> <p>873. seen as the thing to do.</p> | <p>Others, and possibly own perceptions, of drugs and their image. Drugs connected with wealth, sociability, celebrities and status.</p> <p>863 & 864 – sociability of drugs, can't escape from drugs, socially accepted to use drugs.</p> |
| | <p>885. I think it's, like, endocentric, in a sense,</p> <p>886. I think it is specific to one culture,</p> <p>887. I'm not sure what the British culture, how that would work.</p> <p>888. In many ways I think it would be the complete opposite to Amsterdam.</p> <p>889. I think we could all go into a hell,</p> <p>890. but that's all because I think...</p> | <p>Reflections on British culture and their perceptions on drug use.</p> <p>Based on own personal experiences, perceptions of others doing drugs would be that they would all fall into negativity and be sent to hell – <i>no way out</i>.</p> |

| | | |
|---|--|---|
| | that may be because of my experiences and that's why I'm seeing it that way. | |
| Verse 20: Prevention or treatment? | <p>745. It's hard,</p> <p>746. like, it's prevention or treatment,</p> <p>747. you obviously want to prevent it,</p> <p>748. but...and they try,</p> <p>870. That's something that I'm not sure is ever going to change and if anything,</p> <p>871. it's going to get worse.</p> <p>872. It's just, again, is it the prevention you need to look at or the treatment?</p> <p>873. I think they did something in, I think it's Portugal, I don't know, they legalised every drug or something, I'm not sure where it is in the world...</p> <p>874. I: Amsterdam.</p> <p>875. Is it Amsterdam? All drugs legal in Amsterdam?</p> <p>876. I: Most drugs, yes, I think.</p> <p>877. But didn't that in some ways reduce the amount of drug use?</p> <p>878. So, like, again it's so difficult to say,</p> <p>879. like is that preventing or treating?</p> <p>880. because obviously they're giving them, you're allowed them but you're also...</p> <p>881. so is that treating the problem or making it worse?</p> <p>882. but it's obviously made it better.</p> <p>883. Who knows?</p> | <p>741 – <i>Reflection on difficulty of stopping drugs completely.</i></p> <p>Confusion on how to tackle and move forward with drug use prevention/ treatment.</p> <p>Difficult to see a positive future for drug users – feelings of their issues getting worse instead of better.</p> <p>Places that exist in the world where most drugs are legal – confusion as to whether this approach in the UK would benefit young people or not.</p> <p>Left unsure, wanting to help others but not sure how people should move forward. Left wondering about others, but also <i>possibly aimed at himself and uncertainty of his future with drugs and his ability to completely stop all drugs.</i></p> |

| Appendix F5 – Bob’s analysis with researcher comments | | |
|--|--|---|
| <u>Verses</u> | <u>Bob’s Story</u> | <u>Analysis</u> |
| | | <p>Underlying meaning (conscious themes, <i>unconscious themes</i>, <u>constructions of the world</u>)</p> <p>Perlocutionary effect</p> <p>Intrapersonal and Interpersonal functions</p> |
| <u>Verse 1: First time using substances</u> | <p>27. Erm, where to begin, what to question ay. Erm,... well it all began in erm, year six I think I remember.</p> <p>28. Erm, I don’t know, erm ... I hate saying it started with weed but it started with weed.</p> <p>29. Erm, and I used to smoke cigarettes at the time,</p> <p>30. but then I started smoking weed in year six, erm,</p> <p>31. because of a mate</p> <p>32. and then erm, probably got to 14, erm when I started doing Class A’s. Erm, which was like MDMA and cocaine</p> <p>33. and erm... bits and bobs.</p> <p>69. So you said your first, the first time you tried weed was when you were in year 6. Was there anything in particular that bought you to trying weed at that time? What was it about that...?</p> <p>70. Yeah literally I was well against everything like that at that point, with like smoking cigarettes and all that.</p> <p>71. Erm, I was just like ‘nah like you don’t do it’ innit</p> <p>72. and then like I just remember, I was at a fucking town fair, it happens like once a year.</p> <p>73. And erm, I just happened to do it on a random and that was that.</p> <p>74. And then what made you continue with it? What did you feel it was....?</p> | <p>Started using drugs in year 6 aged 11.</p> <p><i>Reluctance/ anger or annoyance to say drug use started with weed.</i></p> <p>Smoking weed alongside smoking cigarettes.</p> <p>Drug use started socially, associated with friendship at the time.</p> <p>As Bob got older, he increased his drug use and expanded use to Class A drugs.</p> <p>Initially when younger he was against drug use and smoking cigarettes.</p> <p><u>Initial view on drug use – ‘you don’t do it’.</u></p> <p>First use - sociability of drug use, in a public place at an annual event (town fair), random occasion – not planned to use drugs.</p> |

| | | |
|---|--|--|
| | 75. I don't really know, I can't really remember to be honest. Erm, ... I don't really know really to be honest. | Difficulty with connecting to/ remembering reasons for continuing with drug use. <i>Mental block, may have chosen to forget.</i> |
| <u>Verse 2:</u> <u>Impact on health</u> | 30. Erm, well when I was like 15...My right nostril like collapsed, that was pretty fucked up 251. And why is it fucking better for you then class A's 252. because it's fucking, class A's are just fucked up man. 253. Nobody even realises the damage they're doing. 254. Like it was cocaine that collapsed my nose innit 255. but you've got to think like, you sniff it, you swallow it after you sniff it and you fucking digest it and fucking piss it out man, it's not just your nose that it's fucking up it's your whole like body. 256. Erm and I don't think weed is alright, 257. to be honest I wish I never started smoking weed. 258. Erm...but it's just better than the class A's. | Physical health impacted by drug use. Disabled use of nostril. Reflections on Class A drug use. Messed up drugs, negativity associated with class A's 'fucked up', 'cocaine collapsed my nose'. Physical negative impact on self from using cocaine. 245- <u>No-one has a real or true understanding of the damage drugs can and have caused.</u> Negative effects of drug use on whole body, affected every aspect of physical being when taking drugs, not just effects that are visible but also the unseen effects of drug use. <i>Slowly destroying all your insides.</i> <i>Regret in starting drug use. Possibly wishing to go back in time and change things.</i> Recognition and self-reflection <u>that smoking weed is better than Class A drugs.</u> |
| <u>Verse 3:</u> <u>Friendships and substance use</u> | 42. when I was like 14 I had this mate who was like 20 43. and for some reason like we chilled, 44. which is like weird looking back on it, 45. but erm like a few of us did 46. and then we used to get bang on it all the time. 47. And then erm..., one night like him and his girlfriend broke up or something and I went out with him and got like proper fucked up on MD. 48. Erm ... and like he ended up staying at mine 49. and then fucking he got all fucking depressed and shit, | Friendships and drug use. Older friend, reflecting back on friendship and questioning friendship now in hindsight. Sociability of drug use, with friends, peers and the older the friend. 'Bang on it' – excitement, thrill, determined to use drugs regularly with peers. Sociability of drug use, taking drugs when going out with peers. High use of drugs when out to the point of possibly losing control of self. Incident with friend – friend experiencing negative effects from drugs and break up with girlfriend, feeling low 'depressed'. 39 – loss of control of self, drugs taken over and fully experiencing the effects, 'trippin' – mentally altered state, thoughts and perceptions altered by drugs. <i>'Smashed' – mind broken into pieces.</i> |

| | | |
|--|--|---|
| | <p>50. and this is when we were both proper fucking like trippin' innit and proper fucking smashed.</p> <p>51. Erm and he like smashed fucking Malibu bottle over his face and there was like blood and shit, glass everywhere, it was pretty brutal.</p> <p>52. And that was literally the last day I spoke to that guy, I was like "fuck you coz you're like 20 and I'm 14. And what the fuck is wrong with you?"</p> <p>76. And you spoke about that difficult time with the older friend where you had that bad experience of him smashing the bottle over his face. How did that make you feel? Because you said you broke the friendship off I mean how did that make you feel? Do you feel that that had in anyway an impact on you taking drugs or continuing with them?</p> <p>77. At the time I stopped doing drugs. For like a while innit...Erm, just 'cause like I couldn't be bothered.</p> <p>78. And then, I just started again innit, I don't know.</p> <p>79. And when did you, when did you start again after that?</p> <p>80. Erm, ... I literally don't have a clue probably; I think it was like eight weeks something like that, it was... It was like a long amount of time.</p> <p>81. How did you feel at that time when you weren't taking drugs?</p> <p>82. Oh I can't remember now. I've a really appalling memory I literally have an appalling memory and erm, yeah no I don't know man.</p> | <p>40-41 – Negative effects and experience of drug use with older friend. Physically impacted on friend and Bob chose to break off friendship. <i>Confusion over reaction to what happened, anger towards friend.</i></p> <p>After negative experience with friend, Bob stopped his drug use. <i>Perhaps too much effort was involved in friendship and drug use, possibly deterred by what happened with his older friend.</i></p> <p>Re-started drug use 8 weeks later. 8 weeks was a long time for Bob.</p> <p>Difficulty remembering why he started drug use. Issues with memory, confusion and uncertainty as to why he started.</p> <p>Difficulty for the second time remembering why he started drug use – struggling with comprehending and rationalising why he started – memory perhaps too difficult or painful to remember, or genuinely struggling to remember – possible impact of drugs on memory.</p> |
| | <p>50. I got into a bit of trouble for like robbing things.</p> <p>51. But like, the most I ever robbed was like two and a half grand.</p> <p>52. But I won't go into the details,</p> | <p>Bob's experiences with crime – stealing.</p> <p><i>Reluctance or mistrust in researcher and readers to explain full extent of crime.</i></p> |

| | | |
|--|--|--|
| | <p>53. but it was fucking hilarious though,</p> <p>54. er we didn't get caught so I'm not going to go into any sort of fucking, I'm not like,</p> <p>55. erm... it involved a safe in like this fucking... place and ended up getting a duplicate key it was pretty cool.</p> <p>56. And then erm, when we finished school erm my mate ended up fucking... doing heroin and then he was addicted to heroin for ages and he ended up going to prison and shit.</p> <p>57. And then erm, ... I don't really know what to say mate like.</p> | <p>No consequences for crime, was humorous to Bob. <i>Possible boasting of crime and the fact that he didn't get caught – defiance of authority.</i></p> <p>Shift from crime experience to school experience associated with drug use, friendships and crime.</p> <p>Difficulty in expressing experiences, feelings and stories of difficulties with drug use potential reluctance.</p> |
| <p><u>Verse 4:</u> <u>School</u></p> | <p>61. Tell me a bit about the impact on school?</p> <p>62. On school... Well I was predicted like A* and that.</p> <p>63. And then erm, I just didn't get them I guess.</p> <p>64. But like, not because I'm not capable but I just didn't put the effort in.</p> <p>65. See to be honest I wouldn't blame that on drugs I'd literally blame that on my school I was in because like, like it was just shit school weren't it?</p> <p>66. Like I wouldn't like say that was a problem,</p> <p>67. but no I was like sellin' drugs in school</p> <p>68. and I remember I sold fucking some MDMA to my mate before a fucking maths test innit</p> <p>69. and he done the whole fucking half gram and did his maths test, he was fucking rambling on...</p> <p>70. I'm a question guy man if you ask me questions then I'll....</p> <p>92. That's okay. And then, so if we talk a bit more about school. So you said you used to sell drugs at school. Tell me about your friendships and your relationships with teachers at that, you know you</p> | <p>Academic predictions from school – perceptions of Bob's academic capabilities. In reality he wasn't able to achieve the perceived grades, due to not putting effort into his exams.</p> <p><u>Lack of effort due to school and not associated or linked to his drug use. Let down by school</u>, negative perception of school.</p> <p>Sold drugs in school. Drugs connected him with peers- he supplied drugs to his friends.</p> <p>Effects of drugs on others – reflecting on experience of other using drugs in school.</p> <p><i>Needing support in re-calling his memory and expressing his story. Questions aiding in memory.</i></p> <p>Negative perceptions of school. Teachers awareness of drug use – ignoring drug use, <i>not supportive in helping drug use, rejection of difficulties going on in school and choosing not to deal with them.</i></p> |

| | | |
|--|---|--|
| | <p>said school was bad anyway....</p> <p>93. School was very bad.</p> <p>94. Erm...The teachers all knew what was going on innit,</p> <p>95. and that like they just didn't do anything.</p> <p>96. Erm, like not specifically like, they had an inkling about the drug dealing.</p> <p>97. They knew that everyone was taking drugs like everyone used to like just like literally like at break and lunch there'd be like 20 people all bunnin' a joint, like just on the field.</p> <p>98. And like, they like, they must have known that there would be the odd one or two people like that got on like hard drugs at school</p> <p>99. innit....and like, they were always knew man, they always knew like especially when you're stoned and that they'd like...</p> <p>100. I remember even getting taken into the head master's office once yeah</p> <p>101. and like, it's 'cause like one of my teachers had clocked that I was like proper licked innit like proper stoned,</p> <p>102. and erm, sent me to the head teachers office.</p> <p>103. And I was sittin' in a comfy chair like this, just chillin'</p> <p>104. and he come in innit</p> <p>105. and he was just like "you're, you had a well late night last night and you're really tired this morning".</p> <p>106. And I'm just like "that is exactly what has happened sir"...</p> <p>107. ... and he just let me off innit.</p> <p>288. And then, so if we go a bit back to school, so thinking back to school again.</p> <p>289. Yeah.</p> <p>290. And you mentioned that you said that the teachers had an inkling, well they knew that you know there were students</p> | <p>School awareness of drug use of pupils in school. Awareness of pupils taking drugs at school. Sociability of drug use, many others in school using drugs openly in public 'on the field'.</p> <p>High on drugs in school.</p> <p>Teacher's awareness of Bob being stoned in class. Repercussions meant being sent to the head teacher. Teacher not directly addressing or dealing with Bob's drug use.</p> <p>No consequences from head teacher. Head teachers lack of awareness or choosing not be aware. Head teacher's lack of understanding of effects of drugs on Bob – believed he looked 'tired'.</p> <p>Never taken class A drugs at school – strange, not normal, 'weird' to do class A's in school.</p> <p>High on weed every day at school, whole time at school he was high.</p> <p>Selling drugs in school, towards last years of high school, involved in crime. Supplying drugs to others. <i>Perhaps linked to sociability, a commonality with others, they all take drugs and Bob can ensure who takes what drugs.</i></p> <p>Also linked to money – selling drugs as a means making money. <i>Easy money, quick money</i>, amount made by selling drugs was so much higher than amount made from job not linked to drugs. Drugs</p> |
|--|---|--|

| | | |
|--|---|---|
| | <p>smoking weed on the field, erm how do you think that impacted...so were you smoking weed and doing drugs at school as well?</p> <p>291. I have never done class A's at school.</p> <p>292. That would just be a bit weird,</p> <p>293. but like literally every day like I went to that school, I was just stoned as fuck like the whole day.</p> <p>294. And then I used to leave,</p> <p>295. 'cause obviously like I was selling like drugs,</p> <p>296. like I was selling weed in year 11 like the last year,</p> <p>297. and I would leave at like lunch and go to fucking like reload, weigh up all the fucking draws and then just go and sell weed.</p> <p>298. And I was making so much money</p> <p>299. and I was in year 11, it was nuts like I was making way more money than I make now innit, like £100 a night easy.</p> <p>300. And like I used to just sit in my yard and send like my mate out to sell it for me and just set him like a tiny bit of weed in return.</p> <p>301. Jokes, it was literally jokes.</p> <p>302. So it sounded like, in terms of your friendships, you had good friendships?</p> <p>303. Yeah.</p> <p>304. And you said that you were predicted A*'s, tell me a bit about your academics and you know having to sit in lessons and the impact of smoking weed upon that or...?</p> <p>305. Erm, like it probably would have had more of an impact yeah, if we weren't like just shit anyway.</p> <p>306. Because like the whole like mentality of the school I was in was just like you just don't give a fuck about anything,</p> <p>307. like it was just how it was.</p> | <p>acted as a means of employment – <i>more than one purpose for Bob.</i></p> <p>Humour in selling weed – friends helping in selling weed – sociability.</p> <p><i>Let down by school, may have achieved better results in exams if school were more involved, more supportive of Bob's education.</i></p> <p><u>School didn't care about anything and there was nothing to change that.</u> None of the students or Bob's friends cared about school, thought enough of school or appreciated school.</p> <p>No teachers ever questioned or raised an issue with the drug use, except for head teacher, who would often forget the drug issue and students would be let off. <i>School letting go of their responsibility of care, forgetting the drug issue, not addressing it with any students. Power and authority of head teacher as only one able to deal with drug issue, yet he chose to forget about it.</i></p> <p>Choosing not to seek support from school. Positive feelings and enjoyment from effects of drugs. 'Get off my head' <i>escaping school, mentally not being alert to what's around, disappearing from 'own head'.</i></p> |
|--|---|---|

| | | |
|--|---|--|
| | <p>308. No-one like, none of the students innit like none of my group of friends they like just gave a fuck,</p> <p>309. it was just like literally like, we literally like, it sounds weird saying it,</p> <p>310. but like everyone aside from like the head teacher like just like didn't say shit to us like at all literally.</p> <p>311. And even like the head teacher who'd like have a go at you in front of like the other staff and take you in his office</p> <p>312. and literally just forget about the whole thing and start talking about something else and just be let off the hook all the time.</p> <p>313. Like it was so much shit happened at that school,</p> <p>290. And so, so you said it sounds like the only person who really gave a shit as you say, could potentially have been the head master?</p> <p>291. Oh yeah he did like, he did like yeah, yeah.</p> <p>292. Were there any teachers any pastoral support or anyone that you could potentially have spoken to about it or...?</p> <p>293. But I didn't want to, innit,</p> <p>294. I just enjoyed the fucking...get off my head man.</p> <p>295. And when you went through the very difficult time with your ex-girlfriend were you still in, was this happening whilst you were still in school?</p> <p>296. No this was erm, erm literally in the summer.</p> <p>359. Do you feel that there were any other big differences between high school and college in terms of supporting you to where you are now essentially?</p> <p>360. Erm, well in school like I didn't like need anything.</p> | <p>When in school, Bob feeling like he didn't need or want the support from school for his drug use. At the time he was unaware of needing support.</p> <p><i>339 – Walking into the unknown when using drugs, not knowing what to expect.</i></p> <p>Confusion over feelings for school – felt like they didn't care, but on the other hand teachers supported Bob too.</p> <p><i>Reflecting on experiences. Hesitant to share experience, lack of trust in researcher, readers, fear of being caught out if telling too much. Being helped by teachers.</i></p> <p>Difficulties with remembering events.</p> <p>Not supportive, but more helpful – did things for Bob – academic help.</p> |
|--|---|--|

| | | |
|--|--|--|
| | <p>361. Well I probably did need anything</p> <p>362. but I wouldn't have it like</p> <p>363. because at the time you just don't know init.</p> <p>364. You literally don't know what you're getting yourself into like</p> <p>365. you literally starting up like you know what I mean?</p> <p>366. Like, and the support obviously,</p> <p>367. I don't know man I've had a lot of like teachers proper sort me out,</p> <p>368. but like when I was in like school,</p> <p>369. I don't know I can't really say that, I can't really say that...</p> <p>370. I reckon that would just get me in trouble.</p> <p>371. No we'll move on from that one.</p> <p>372. But yeah nah I literally like, teachers do do you favours innit ...big up teachers...</p> <p>373. Okay So I know you said that there is a particular incident you can't talk about, are there others that you feel you would be comfortable sharing?</p> <p>374. Erm... probably Erm... probably</p> <p>375. I literally have a bad memory and that.</p> <p>376. I mean, you know you said big up teachers that they were supportive in some sense. What....?</p> <p>377. Oh as in like they've just done me favours innit,</p> <p>378. like in school like they weren't supportive as in like they support you, d'you know what I mean?</p> <p>379. They do you favours like,</p> <p>380. I won't even say it 'cause it will just get me in trouble.</p> <p>381. But they do do you favours.</p> <p>382. Okay that's alright. Academic favours, social....?</p> <p>383. Academic</p> | |
|--|--|--|

| | | |
|--|---|--|
| <p>Verse 5: Prevention in school</p> | <p>567. It was literally that time innit they started to tell us about drugs I started doing drugs innit.</p> <p>568. And so erm, yeah sort it out man,</p> <p>569. like I literally remember how the shittiest lessons were just like...</p> <p>570. you've got to think, if you tell someone, "if you smoke yeah you're going to die".</p> <p>571. And then tell someone "if you do drugs you're going to die"</p> <p>572. everyone is going to look at the people smoking that aren't dying, like well they're clearly not fucking going to die.</p> <p>573. You've literally got to tell people like,</p> <p>574. you need to tell young kids the horror stories about drugs</p> <p>575. and the fucked up shit that happens about drugs innit.</p> <p>576. Like there is some, like my fucking best mate's brother yeah, fucking, you know when Methadone was like legal, yeah they ordered a load off Amazon</p> <p>577. and I believe it was Amazon, some random fucking website.</p> <p>578. And they all fucking got on it at his yard</p> <p>579. and then the next day one of them didn't wake up and he died.</p> <p>580. Erm, and a girl was in a coma for like two months innit,</p> <p>581. like it's fucked and that is like,</p> <p>582. there is some really fucked up shit that happens man.</p> <p>583. And like no-one ever goes into it,</p> <p>584. like literally you need to tell people what like, the real shit man, the real shit,</p> <p>585. like how if you do Ketamine for like a month straight you will have no bladder left and you'll be fucked up.</p> <p>586. My fucking mate's mum's best mate yeah, walks round with a fucking plastic bag as a bladder 'cause she done too</p> | <p>Educated about drugs when 11, when he first started using drugs.</p> <p>Unrealistic expectations of drugs set upon Bob when he was taught about drugs. School's connection with drugs and death told in the same way they linked smoking and death. <i>Possibly felt like he was being lied to, as if death was so far fetching and unrealistic from drug use when it was being compared to smoking.</i></p> <p>Need and urgency to tell young people the absolute horrors of drug use, the negative effects it can have on people.</p> <p>Reflecting on incident that happened to someone he knew. Legalities of drugs, even those that are legal are still dangerous and lethal. Not everyone having a full understanding of the damaging and lethal effects of the drugs they are taking. In this case, the drug use resulted in death and coma. <i>Drugs acting as a killer, debilitating, unknown effects that were so easy obtain.</i></p> <p><u>The messiness and awful effects of drugs are not explored or talked about in school.</u></p> <p>Needing to get the honest truth out to people about effects of drug use. Emphasising the real experiences and effects of drug use.</p> <p>Reflecting on real life stories and experiences of people he knows who have had damaging and lasting effects from drugs use. Emphasising again to tell people the truth with the graphic and realistic effects of drug use.</p> <p>Another example of the lasting and damaging effects drug use has had on Bob's friend. <i>Disgusted by effects, filthy drugs, shouldn't be touched and so messed up.</i></p> |
|--|---|--|

| | | |
|--|---|--|
| | <p>much Ketamine when she was younger.</p> <p>587. It's fucked; tell people that sort of shit man.</p> <p>588. You know what I mean,</p> <p>589. you don't want to be fucking having someone replace your fucking ... urine bag for you, that's fucked man.</p> <p>590. It's literally fucked,</p> <p>591. I've got a mate that pisses jelly 'cause he just done a shit load of K.</p> <p>592. It's literally dirty shit man, it's literally fucked up</p> <p>593. like all people are sort of "oh if you do cocaine you might die innit keep that in mind".</p> <p>594. That's not what you want to hear man, like that is literally not a deterrent for shit.</p> <p>595. 'Cause like you might die if you smoke but no-one like, it's not as instant as that you know what I mean?</p> <p>596. It's like, especially for young people like,</p> <p>597. you're putting it in the same category as like, even though smoking is legal but you're saying the same shit about it.</p> <p>598. What you want to tell people is how like nuts it can make you as well,</p> <p>599. like acid man, acid is a fucked up drug.</p> <p>600. If you want to like, it's just, there is way more shit about drugs than dying innit?</p> <p>601. Worse stuff than dying about drugs man.</p> <p>602. And who do you think are the best people to do that? The teachers or someone outside?</p> <p>603. Well like people like that have had that shit happen to innit.</p> <p>604. Like real people,</p> <p>605. 'cause like no-one respects their fucking primary school teacher or middle school teacher; everyone thinks they're a cunt man.</p> | <p>Death from drug use no longer a deterrent for young people. Death isn't always instant so it's not an effective message – it wasn't for Bob when he was younger.</p> <p>Education on drug use based in the same category as smoking cigarettes – <i>unhelpful, not really linked as cigarettes are legal.</i></p> <p><u>There's more effects of drug use than dying from taking them. The effects are worse than dying. Living with the difficulties associated from the drug use is far worse than dying from drug use – long lasting effects impacting on life. Education on drugs should come from 'real' people who have experienced difficulties for themselves. (549,553). 'Real people' – everyone who hasn't experienced difficulties with drug use has no real understanding, not seen as living in Bob's reality. No young person respects what their school teacher's say regarding drugs, teachers are not seen as adequate to educate on drugs.</u></p> <p><i>Disappointed in school, feeling let down by school and teachers.</i></p> <p>Lessons on drugs were not helpful, viewed as rubbish.</p> <p>School prohibited telling the 'truth' and the horror stories as children were seen as too young. Cartoons were shown, <i>not capturing the reality of drug use, by using cartoons, made to look as though drugs couldn't do any realistic damage.</i></p> <p><u>Young people should be told and shown the reality of the effects of drug use.</u></p> <p>Cartoon use for depicting drugs is irrelevant to the real effects of drug use on human beings.</p> <p>'Scar em' – <i>Leave long lasting effects, permanent visual representations of effects of drugs.</i></p> |
|--|---|--|

| | | |
|---|---|---|
| | <p>606. So to be honest nah like don't have some fucking teacher like telling the youts...</p> <p>607. you want to literally get someone that's had it and had some peak shit happen man, this is what actually happens innit.</p> <p>608. It's pathetic bruv, it's literally pathetic,</p> <p>609. I actually remember like all the lessons, they were dead man, they're shit.</p> <p>610. And like they try to sugar coat it because like 'oh kids shouldn't hear this sort of stuff 'cause like they're young'.</p> <p>611. And they use cartoons and shit to like,</p> <p>612. like fuck that man get a real picture man, get a real picture of the state of someone's fucking like bladder bruv after like a shit load of Ketamine has been like gone through it.</p> <p>613. You know what I'm saying like, that is going to make, like fuck that.</p> <p>614. Don't, not fucking cartoons of someone like falling over dead,</p> <p>615. 'cause they got on fucking drugs man, that is some stupid shit.</p> <p>616. Hit them while they're young innit.</p> <p>617. Proper scar 'em, scar 'em you know with drugs like, with shit like that before they do drugs and have something fucked up that actually does scar 'em.</p> <p>618. You know what I mean, like actually put fucking effort in,</p> <p>619. it pisses me off man this subject innit yeah,</p> <p>620. that's what I'm saying on that.</p> | <p><u>Better to be educated with horrific effects of drugs, than to experience 'awfulness' of drugs on self.</u></p> <p><i>Angered by not being educated well enough, prevented better when younger for drug use.</i></p> |
| <p><u>Verse 6:</u> <u>Support in</u> <u>college</u></p> | <p>334. Erm oh and so you're in your second year of college now? Tell me a bit about your college experiences then, so when you started college I'm assuming you were still taking drugs and...?</p> | <p>All over the place when first started college, feeling like a mess. Started art course at level 3.</p> |

| | |
|--|--|
| <p>335. When I started college I was a fucking mess, like literally a mess innit</p> <p>336. like I do fucking level 3 fine art and I got put in level 3 like as soon as I started.</p> <p>337. But at the time like, I was so like,</p> <p>338. throughout my whole life innit like I've been like,</p> <p>339. I was up until a point like extremely lucky with everything,</p> <p>340. like, I'd like didn't do shit all in school, like literally anything and then like I come out with all like C's and above.</p> <p>341. So like, I was just used to everything just working out without me doing anything</p> <p>342. and then it just like how I thought of everything.</p> <p>343. So I literally did fuck all in like the start of my fucking college course</p> <p>344. and like at that point innit I was doing drugs like three days a week,</p> <p>345. like we're getting proper messy.</p> <p>346. We'd get on like pills like Friday, Saturday and Sunday night innit</p> <p>347. and like it was just messy as fuck.</p> <p>348. Erm and I was like for like eight months I reckon</p> <p>349. and then erm, fucking yeah my ex did all that sort of shit</p> <p>350. and that sort of made me realise,</p> <p>351. 'cause like obviously I couldn't go college whilst that was happening.</p> <p>352. Erm, so like luckily my college tutor paused my course erm</p> <p>353. and erm, so I was dealing with this shit</p> <p>354. and I, when I come back the course had already like finished for the year,</p> <p>355. so I had a meeting with my college tutor and pretty much he,</p> | <p>Reflecting on feeling fortunate in the past with education.</p> <p>No effort made by Bob at school I his academic work and yet he was able to gain grade C and above in exams.</p> <p>Expectation that 'things' would work out for Bob with little or no effort put in himself.</p> <p><u>World view at the time – everything would work out for him.</u></p> <p>Lack of effort or work from Bob at the start of his college course.</p> <p>Drug use prominent at that time – taking drugs 3 days a week.</p> <p>Weekends would take pills, drug use would be 'messy'. Continued this way for 8 months.</p> <p><i>'Messy as fuck' – drugs consumed life, lack of control of self, unable to control self, dirty use of drugs.</i></p> <p>Turning point – experiences with ex-girlfriend meant Bob didn't use drugs, so he now had a clear mind and realised effects of drug use on self.</p> <p>Stopped attending college when he was supporting ex-girlfriend with her mental health issues. Support from college tutor, course put on pause, able to pick it up when he returned.</p> <p>Support from college in managing workload and being able to continue with course.</p> <p>Tutor supported Bob's course and helped him to continue on into the second year. Realisation through experience that Bob had to take responsibility for his work and couldn't expect things to work out for him, as they had done in school.</p> <p>Reflections on experience with ex-girlfriend – it was all unexpected, spent time in places he never thought he'd have to go to 'mental unit'.</p> |
|--|--|

| | | |
|---|--|--|
| | <p>356. I had two yeah, two modules out of the nine that I needed for the year to get to the next one</p> <p>357. and fucking he was pretty much saying like "you've got two out of the nine modules but I'm going to make it seven out of the nine modules and you have to do this project over the summer to get into next year".</p> <p>358. So he proper sorted me out</p> <p>359. and erm, it just sort of made me realise that you can't just fucking sit back and expect things to work out for you.</p> <p>360. Because like things like that with my ex just happened,</p> <p>361. I did not expect that to happen.</p> <p>362. I really did not think like, for the next three months my life I was going to be spending it in fucking mental unit.</p> <p>363. Like that was weird man,</p> <p>364. like never been in a situation like that before.</p> <p>365. Erm, but it just literally gave me a fucking kick up the arse like you literally cannot live like this, like you just can't fucking do it.</p> <p>366. So I sorted it out this year</p> <p>367. and then like the last topic I just got a distinction and erm the erm the module.</p> <p>368. It's alright innit... ..</p> <p>369. So you've had so by having that support there from the tutor...do you feel that that was helpful then?</p> <p>370. Yeah, yeah.</p> | <p><i>Unexpected and out of the ordinary.</i></p> <p>Needing the experience to highlight importance of life, needing the push 'kick up the arse', physically pushed (metaphor), to re-evaluate drug use and life choices.</p> <p>Once committed to do well, Bob was able to achieve high grades in college.</p> |
| <p><u>Verse 7:</u> <u>Near death experience</u></p> | <p>105. And yeah ... I almost fucking died at one point, probably quite significant thing to happen.</p> <p>106. Erm, when I was like 15 I went to my first like rave.</p> <p>107. And I did like a silly, a silly amount of fucking MDMA.</p> <p>108. And erm, I was being sick, blood everywhere; I was pretty like... Erm,</p> <p>109. and then yeah ... any more questions?</p> | <p>Near death experience due to drug use when 15 years old. Social experience at a 'rave'.</p> <p>'Silly amount' - <i>Regret, feeling foolish for taking loads of MDMA.</i></p> <p>Descriptive physical symptoms and effects of consuming large amounts of drugs.</p> <p><i>Potential reluctance to continue with story, needing support and prompting with story.</i></p> |

| | | |
|---|---|--|
| | <p>110. And how, so once you'd recovered from that how did you feel after that?</p> <p>111. Pretty peak like.</p> <p>112. What do you mean by peak?</p> <p>113. Erm, how do I explain that word?</p> <p>114. It's pretty like,</p> <p>115. I don't know,</p> <p>116. I can't really remember that was like two years ago.</p> <p>117. A lot had happened in the last two years and I don't know.</p> | <p>Felt low, in a dark place (reflections on peak spoken about further in story).</p> <p>Difficulty remembering back to experience.</p> <p>Bob has experienced a lot in the last two years. Significant life experiences impacted on self in last 2 years.</p> |
| <p>Verse 8: Significant relationship with ex-girlfriend</p> | <p>142. Tell me about erm, you coming to SSS, how did you get involved with SSS?</p> <p>143. It's a really fucked up story actually,</p> <p>144. sorry about the language.</p> <p>145. It's a bit of a long story innit it like it's actually like a proper long story.</p> <p>146. Erm, pretty much what happened was... I had this girlfriend erm,</p> <p>147. and erm the point is she ended up in a fuckin' mental hospital</p> <p>148. because she tried to kill herself.</p> <p>149. I remember she come up to my house once innit</p> <p>150. and she had like a massive fucking bruise, like all the way down here (pointed to side of body).</p> <p>151. And she had like just jumped out of her fucking mum's convertible mini, didn't want to go to school.</p> <p>152. And I was just like...</p> <p>153. you know what I mean?</p> <p>154. Erm and shit like that,</p> <p>155. but anyway she tried to kill herself, she fucking,</p> <p>156. pretty much her mum has got post-traumatic stress disorder...</p> <p>157. And erm, she's proper fucking nuts</p> <p>158. and erm, she erm pretty much had bare prescriptions like meds and shit, proper strong stuff.</p> | <p>Reflecting on negativity of his experiences and story of what lead him to SSS.</p> <p>Long and possibly difficult story.</p> <p>Reflections on experience with ex-girlfriend. Straight to the point, ex-girlfriend attempted suicide.</p> <p>Mental health concerns and issues with ex-girlfriend (Bi-polar).</p> <p>Reflecting on previous experiences with her when she previously attempted suicide and her reasons for her actions.</p> <p>Reflecting on the particular incident that lead ex-girlfriend to mental unit in hospital.</p> <p>Her family's history with mental health issues.</p> <p>123 – crazy.</p> <p>She took loads of medication (legal and prescribed to her mother).</p> |

| | | |
|--|--|---|
| | <p>159. And erm, this girl like A she had pretty much, her mum has like a pack for the day time and one for night time erm to like sort her fuck out.</p> <p>160. And she ate like a whole packet of day time and a whole pack of night time and a whole pack of paracetamol.</p> <p>161. And erm, these, the night time ones were like if you took two in two hours they stop you breathing or something.</p> <p>162. and she had like 24, erm</p> <p>163. and obviously like all the other shit.</p> <p>164. And she went into coma and had fucking like six seizures erm,</p> <p>165. and yeah I literally thought she was dead, she wasn't dead. Erm...</p> <p>166. but yeah she was fucking sectioned;</p> <p>167. I don't know if you know what a section is?</p> <p>168. Erm, and got put in a mental hospital.</p> <p>169. And erm that was obviously pretty fucked up.</p> <p>170. She used to obviously try to like run away 'cause she like didn't want to be there, it was pretty long.</p> <p>171. She was in a general hospital first, erm for a few weeks before she was transferred to the mental hospital where there was like a bed.</p> <p>172. Erm... and yeah she used to like try and fucking like run away from the hospital,</p> <p>173. that was long innit like...</p> <p>174. but ... erm..... where was I...</p> <p>175. The point is it was just fucked up, like proper fucked up</p> <p>160. Okay. And erm, so that's quite heavy stuff you spoken about there. Erm, how, how did it make you feel at the time going through all that with your girlfriend?</p> | <p>Details of overdose – taking two full packets of prescription medication.</p> <p>Describing extent of the damage and danger the prescription medication could cause and the severity of her drug overdose/ suicide attempt.</p> <p>Effects of drug overdose, near death experience that she survived. <i>In coma – death like state, no control of self, Bob maybe feeling helpless.</i></p> <p>She was taken away, labelled as not in control of herself.</p> <p>Reflections on whole experience, 'pretty fucked up' – <i>feeling helpless, as worse as it could be for her (without dying).</i></p> <p>Ex-girlfriends attempts at escaping from hospital, needing to get away from people trying to help her.</p> <p>Negative experiences and emotions surrounding Bob when he reflects on time with ex-girlfriend. Difficulty expressing in words how he truly felt – his reflections based on 'proper fucked up'.</p> <p>Unable to reflect on feelings at the time. Going through the motions and focusing on events at time and not on self. <i>Lost capacity to think at time, own mind disabled by events unfolding around him. Experiencing own mental health difficulties through experience with her. Consumed by ex-girlfriend.</i></p> <p>Focused solely at the time on ex-girlfriend being placed in a mental hospital.</p> <p>Stopped drug use at the time, no where to access and take drugs, physically and mentally as all energy was placed into</p> |
|--|--|---|

| | | |
|--|---|---|
| | <p>161. I didn't feel, well at the time like, I literally like just did what I had to do.</p> <p>162. It was more like you don't even think about it you know what I mean,</p> <p>163. you literally don't think like,</p> <p>164. I wasn't thinking about myself at the time innit you know what I mean</p> <p>165. it was just like my girlfriend was like locked in a fucking mental hospital you know what I mean? ...</p> <p>166. so I...</p> <p>167. And were you taking drugs at the time it was all happening?</p> <p>168. I wasn't even taking drugs at the time because fucking like, where are you going to do drugs if you're in a hospital every single fucking day...</p> <p>169. so no I wasn't.</p> <p>223. And then, you spoke a bit about when you started with SSS, you'd stopped the class A's?</p> <p>224. Yeah when she went into hospital.</p> <p>225. Like when she tried to kill herself,</p> <p>226. I actually remember the date like, the date she fucking done it was the 1st June.</p> <p>227. So whatever the day was before that that was the day I stopped doing class A's.</p> <p>228. Okay and how, and thinking back to that now, how did that make you feel? How did you feel that that impacted you, yourself?</p> <p>229. I didn't like give a fuck</p> <p>230. because like I said my girlfriend just tried to kill herself.</p> <p>231. Like drugs are really not in the forefront of my mind with something like that has just happened innit... ..</p> <p>232. And how are you feeling now about the drugs?</p> | <p>'looking after' and being with his ex-girlfriend.</p> <p>Stopped class A drug use the day before his ex-girlfriend was taken into hospital. Reflections on remembering significant date for him.</p> <p>Didn't care about drugs or even self. Focused on events with ex-girlfriend and her suicide attempt. Drugs no longer significant in life, no longer thinking about drug use when Bob chose to support his ex-girlfriend.</p> <p>Reflecting on feelings now with drug use – Angry and annoyed about situation and experiences with ex-girlfriend. Unable to control situation or do anything to change it. <i>Helpless</i>.</p> <p>Reflecting on relationship. Betrayed and cheated on by ex-girlfriend before her incident with her suicidal attempt.</p> <p>Inexcusable actions of ex-girlfriend despite her mental health issues.</p> |
|--|---|---|

| | | |
|--|---|---|
| | <p>233. Well....</p> <p>234. So you mentioned that you stopped, you stopped class A's yeah?</p> <p>235. Yeah.</p> <p>236. And you still smoke weed. And how, it's been, so it's been a while since the incident with your ex-girlfriend, how thinking back to that, how do you feel about that now and everything that went on?</p> <p>237. Erm...Well how do I feel about it? ...</p> <p>238. [redacted] pissed off man, I feel fucking pissed off bruv innit,</p> <p>239. [redacted] there is nothing you can do about it so...</p> <p>240. What is it that is making you feel pissed off....when you say pissed off I just want to be clear it's angry yeah...?</p> <p>241. Yeah. I don't know man...</p> <p>242. [redacted] A lot has happened with this fucking girl,</p> <p>243. [redacted] like before she even went into hospital she like cheated on me and shit.</p> <p>244. So like, she's just a cunt, she is literally just a cunt,</p> <p>245. [redacted] I know she's mentally ill man but some things like, it does not excuse. It just don't.</p> <p>246. She's just a fuck head, like she's just a fuck head.</p> <p>247. [redacted] It pisses me, I tell you why it pisses me off innit, it pisses me off yeah because fucking ... that is someone's kid like</p> <p>248. [redacted] and she's literally like just fucked, just fucked innit.</p> <p>249. [redacted] She don't even live with her family anymore she lives on her own,</p> <p>250. [redacted] she's fucking 16 man and she's like addicted to coke innit</p> <p>251. [redacted] and she's literally like a fucking fiend for coke, like...</p> <p>252. [redacted] and like she's literally going to end up making herself worse and killing herself one day.</p> <p>253. [redacted] And that is literally how it is going to be,</p> | <p>Anger and frustration at ex-girlfriend. <i>She's viewed as a child, helpless, in need of nurturing and guidance. She can't or won't be helped. Bob feeling frustrated at her and possibly himself for not being able to control the situation or support her as he would like. Feeling like she's a lost cause.</i></p> <p>Ex-girlfriend's addiction to cocaine.</p> <p>Ex-girlfriend slowly attempting to kill herself by any means, including drug use.</p> <p>Relying on other people to inform Bob of situation with ex-girlfriend. Expectation that she will kill herself.</p> <p>Angry at situation and self for not being able to do anything or take control of situation to support and help ex-girlfriend.</p> |
|--|---|---|

| | | |
|---|---|--|
| | <p>254. and I'm literally waiting for her mum to call me innit,</p> <p>255. and be like "yo she's killed herself so the funeral is like in two weeks' time" innit.</p> <p>256. That's why it pisses me off innit ...so</p> <p>257. and there is literally fuck all you can do about these things.</p> | |
| <p><u>Verse 9:</u> <u>Stress on self, hearing voices, referral to CAMHS and SSS</u></p> | <p>150. and because of the amount of time I was like spending at the hospital erm,</p> <p>151. er and the stress and shit of the situation,</p> <p>152. and the fact that I had taken copious amounts of drugs in the past</p> <p>153. I fucking started to hear like voices myself,</p> <p>154. like towards the end of the time she was in hospital. Erm,</p> <p>155. and we ended up breaking up about five months down the line</p> <p>156. but that's why I was, I originally went to CAMHS because I was like going a bit nuts at the time.</p> <p>157. Erm and they sent me to SSS.</p> <p>166. And so then you, so you said you went to CAMHS tell me a bit about your CAMHS experiences?</p> <p>167. Erm, ... well like I stopped hearing voices and shit,</p> <p>168. because I'm not actually mentally ill,</p> <p>169. it's just something called a hypno, something, hallucinations that you get in a high stress situation like not much sleep...</p> <p>170. so I'm not crazy which is a plus.</p> <p>171. Erm, so yeah they just sort of discharged me in the end.</p> | <p>Suffering with own mental health issues from the drug use and stress of dealing with situation with ex-girlfriend.</p> <p><i>Losing control of own mind, other's taking over.</i></p> <p>Making decision to break up with ex-girlfriend.</p> <p>Referral to CAMHS due to own mental health issues, who then referred Bob to SSS. Relying on external support agencies to help him with his drug and mental health issues.</p> <p>Support from CAMHS helped voices to stop.</p> <p>Reassurance to self that he's not mentally ill. Medical diagnosis – needed reason for mental health issues. Positivity about own mental health.</p> |
| | <p>173. And then, so you went with SSS tell me a bit about your time with SSS and the support you got?</p> | <p>Stopped Class A drugs, not used class A drugs for long time.</p> |

| | | |
|---|---|---|
| | <p>174. Erm, well like I didn't, like I didn't do class A's for fucking ages</p> <p>175. like I literally like ages innit erm, like erm ages.</p> <p>176. I still smoke weed though.</p> <p>177. There's nothing wrong, well there is a bit wrong with weed</p> <p>178. but it's not really on the same level is it let's be honest.</p> <p>179. But erm SSS, yeah no erm, what do you want to know?</p> | <p>Drug use still prevalent with smoking weed.</p> <p>Comparison of smoking weed with Class A. Different level, not seen as the same thing as taking class A drugs.</p> |
| | <p>188. So what kind of support did you get from them? How helpful did you find it?</p> <p>189. Quite helpful</p> <p>190. but like I'd already sort of like quit class A's at that point. So like ...</p> <p>191. it weren't really about the quitting drugs,</p> <p>192. it was more about like erm,</p> <p>193. like I just gone through a really rough patch innit</p> <p>194. so ...it was more about just fucking sorting out</p> <p>195. And what was it about it that you found helpful?</p> <p>196. Erm, ... someone to talk to I guess</p> <p>197. because like I hardly ever talk to my fucking boys innit, about my fucking mentally ill girlfriend.</p> <p>198. And no-one even knew at the time innit</p> <p>199. like a lot of my mates didn't even know,</p> <p>200. so I couldn't even like just go to...</p> <p>201. like you can't really say shit to like your mans innit, you know....</p> <p>202. so yeah.</p> | <p>SSS support was helpful, not linked directly to drug use as Bob had stopped class A drugs. Supportive as they would listen and help Bob sort himself out.</p> <p>SSS were able to listen to and support Bob in a way that others couldn't e.g. friends.</p> <p><i>Feeling alone, dealing with it all alone and having no one to talk to, feeling lonely.</i></p> <p>Difficulty in discussing issues with ex-girlfriend with friends.</p> |
| <p><u>Verse 10:</u> <u>Perceptions</u> <u>and views</u> <u>on</u> <u>substances</u></p> | <p>230. Do you feel that has had an impact on your own views and your thoughts on class A drugs?</p> <p>231. ...Well I never had a good view of them in the first,</p> | <p><u>Never had a good view of Class A drugs in the first instance.</u> Difficulty remembering back to why he started class A drug use. <i>Regret.</i></p> |

| | | |
|--|---|---|
| | <p>232. like I don't know even why I started them innit,</p> <p>233. like they are dirty, it's fucked up and they do fuck you up.</p> <p>234. It's just how it is. Like... ...</p> <p>235. ...there is literally no pretty side to doing drugs innit,</p> <p>236. like literally insane innit ... they're just fucked up.</p> | <p><i>Filthy, messy, ruin life.</i></p> <p>Ugly side to doing drugs, nothing positive that could arise from drug use.</p> <p><i>Linked to mental health 'insane', could bring about mental health issues, as they did with Bob.</i></p> |
| | <p>243. And how, tell me a bit about you feel about now then about that? So you know you've said that they are fucked up, there are no pretty side to them, they messed you up. What do you feel it is with weed that is still okay or...?</p> <p>244. Erm...</p> <p>245. I mean I'm asking because I'm curious that it's, although you've given up class A drugs it's not, you've not given up everything if that makes sense?</p> <p>246. Because I don't drink alcohol...Literally at all,</p> <p>247. like I just don't drink alcohol, never drank alcohol.</p> <p>248. It's never been my thing.</p> <p>249. And like, everyone needs something.</p> <p>250. Like you might even like sit there thinking 'oh nah not true' but you will still go out at the weekend and get absolutely smashed or maybe not absolutely smashed but you enjoy a drink innit</p> <p>251. and like if you don't drink innit, then that is some boring shit man.</p> <p>252. Especially when you have like some peak shit happen,</p> <p>253. and like you're just sitting there like, "I could do with something to cheer me up".</p> <p>254. But I don't have anything to do that, so...</p> <p>255. I guess it's more of a supplement for that.</p> | <p>Doesn't drink alcohol.</p> <p>Drinking alcohol never been in Bob's interest.</p> <p><u>Without drinking alcohol, taking substances, going out/ social life is boring.</u></p> <p><u>Substance could help to cheer me up.</u> Drugs seen as a supplement for not drinking alcohol. Feeling the need to take some form of substance to be sociable, happy and have a good time.</p> <p>Negative experiences with drinking alcohol previously – seen self as a bad drunk.</p> |

| | | |
|--|--|---|
| | <p>262. Okay. Why is it you've not drunk alcohol or you know where that comes from?</p> <p>263. I would just probably be a fucking drunk innit,</p> <p>264. and like I'm literally shit when I drink like.</p> <p>265. I've been pissed like twice,</p> <p>266. and both of them have just been dead times.</p> <p>267. I just think it's long like why do you want to like sit there and drink like fucking shit load of beer, that's not even like nice to drink and then feel like you're completely uncontrolled of your reactions and then go home and probably be sick at the end of it.</p> <p>268. That to me is not like an attractive experience,</p> <p>269. and like with drugs and that you sniff like a fucking line, or you eat like a pill and like you're literally fucked up in like an hour,</p> <p>270. but you're in a state where you're like fucked up but you're like completely in control of what you're next move and you're next action.</p> <p>271. Whereas with alcohol you just don't have a clue what you're about to do next</p> <p>272. and I just think it's stupid. Fuck alcohol</p> | <p>Been drunk twice and both times were negative, dead – <i>killed the mood, no sociability, no fun.</i></p> <p>Drinking alcohol makes Bob lose control of himself. Physical body reactions to drinking alcohol. Drinking alcohol not appealing or attractive experience. <i>Not enticing as drugs.</i></p> <p>Quick effects from drugs, needing to take a little to get an effect, unlike alcohol.</p> <p>On drugs still in control of own actions and next moves.</p> <p>Complete loss of control of self and actions when drinking alcohol. Drinking alcohol is silly, not worth his effort or time.</p> |
| | <p>384. And then you stopped for a little while then you went back on it. Erm and then you had, I suppose the big turning point in your life really was the incident with your ex-girlfriend where you stopped drugs. Did you stop all drugs at that point?</p> <p>385. When she was in hospital like I literally did not have time to smoke weed and that...</p> <p>386. But to be honest when I stopped smoking weed,</p> <p>387. like so I quit every, like all drugs innit,</p> | <p>Whole time consumed at hospital with ex-girlfriend, no time for self, including anytime for drug use.</p> <p>Stopped all drugs altogether when ex-girlfriend was in hospital.</p> <p>Consistency and longevity of smoking weed for past 5 years.</p> |

| | | |
|---|--|--|
| | <p>388. but like the only drug I've ever done like consistently every day for the past five years,</p> <p>389. 'cause obviously when I was like 11 I wasn't doing it every day, was fucking weed.</p> <p>390. Erm so when in the hospital,</p> <p>391. 'cause like, I would do like class A's like every weekend</p> <p>392. but obviously when she's in hospital I'm not just going to go, you know what I mean like?</p> <p>393. But erm, it was the weed like</p> <p>394. obviously like I wasn't doing like at all</p> <p>395. compared to like when I literally, I hadn't had a day without it like, like a few joints in literally years.</p> <p>396. So like that's what the doctor, the doctor said that fucking,</p> <p>397. the fact that I'd like been dependent on the cannabis for so long</p> <p>398. and then stopped it at the same time as all this stress happening,</p> <p>399. with the lack of sleep and shit,</p> <p>400. erm contributed to like fucking voices and things.</p> <p>401. Erm ... and that's like part of the reason why I smoke weed now</p> <p>402. because I'm not being funny like, that is proper scary,</p> <p>403. like if you like if you're on your fucking own in your bedroom innit</p> <p>404. and literally start hearing someone speak to you, it's fucked up, it's proper fucked up. Proper fucked up.</p> <p>405. So like, I'm not really on like risking it like at the minute,</p> <p>406. I prefer to get myself in a better place and then sort it out.</p> | <p>Consistency of using Class A drugs every weekend before incident with ex-girlfriend.</p> <p>Consciously chose not to use drugs when she was in hospital. Personal choice for stopping encouraged by incident with ex-girlfriend.</p> <p>Sudden stop in all drug use, especially stopping weed so suddenly impacted on Bob's mental health alongside the stress and lack of sleep at the time.</p> <p>Dependency on cannabis. Addiction.</p> <p>Stress and lack of sleep with stopping drug use contributed to Bob hearing voices.</p> <p>Reason for continued cannabis use – to keep mental health ok. Without using weed, factors of mental health left in a scary place. <i>Frightened of what may happen to him if stopped cannabis again.</i></p> <p><i>Afraid of voices returning, difficulty in dealing with own mental health issues. Drugs helped to ease the issues. Risk to self if stopping cannabis. Need to feel fully in control of self and have better mental health to then stop drug use.</i></p> |
| <p><u>Verse 11:</u> <u>Experimentation with drugs</u></p> | <p>414. Like I was like, do you know what DMT is?</p> <p>415. No.</p> <p>416. This is literally fucking going to blow your mind innit.</p> <p>417. This is literally jokes man.</p> | <p>Hallucinogenic effects – power of knowledge of the possible effects of one drug (DMT). Humourous and exciting to Bob.</p> |

| | |
|---|---|
| <p>418. DMT yeah,</p> <p>419. I actually recommend you looking this up its well interesting innit proper interesting shit.</p> <p>420. DMT is like a hormone that's produced in your brain, erm it's produced in; do you know what the pineal gland is?</p> <p>421. No.</p> <p>422. Alright it's the dead geometric centre of your brain.</p> <p>423. And that's where this hormone is produced.</p> <p>424. Obviously if you like look into evolution and shit, like logic will tell you that the dead centre of your brain has got to be like the most important part of your brain because it's the most protected.</p> <p>425. So why is this dead centre part of your brain producing DMT</p> <p>426. which science nowadays doesn't give an answer like for its like purpose.</p> <p>427. So obviously it makes you think "what's that used for?"</p> <p>428. Cause clearly like its important shit.</p> <p>429. Erm, but the point is you can synthesise like it literally like every living organism has the like potential to like create DMT like within itself if you know what I mean?</p> <p>430. It's got like all the right molecules; it's like really simple fucking like molecule in it.</p> <p>431. Erm, so like you can literally make DMT out of like grass and shit like that innit</p> <p>432. but erm...it's also when you're born like a scientific fact like, like big release of DMT as you're, released into your system from your brain.</p> <p>433. And then it happens when you die,</p> <p>434. and there is still no actual explanation as to why that happens</p> <p>435. but like you're body isn't going to evolve over these millions of years to put the effort like and the energy into like</p> | <p>Deep interest in DMT – how and where its produced and the effects on self. Fascination and excitement of drugs being produced by the human body. <i>Ability to produce and experience effects of a powerful drug in self, self-control of a human drug that isn't manufactured.</i></p> <p>Applying logic to reasoning for why certain part of brain which produces DMT is so protected.</p> <p>Questioning own body's capabilities of producing DMT – questioning significance of centre of brain.</p> <p>All living organisms have the potential to produce DMT.</p> <p>Association of the production of DMT in the body during birth (life) and death. Significance in human life cycle.</p> <p>Questioning purpose for body's production of DMT.</p> <p>Questioning significance of DMT.</p> <p>Effects of drugs mimicking death and near death experiences. <i>Lure of experiencing death, perhaps gaining a closer connection and understanding of what ex-girlfriend experienced.</i></p> |
|---|---|

| | | |
|--|--|---|
| | <p>producing this hormone to be like burst into your system when your born and you die from no reason innit?</p> <p>436. So it's surely got something going on.</p> <p>437. And when you like synthesise this fucking chemical from plants and shit and you erm, take it as a drug</p> <p>438. it literally makes you like, it pretty much mimics death and like near death experiences.</p> <p>439. And erm, pretty much you leave your body and you erm, you be like unconscious so you would be like in a sleeping state</p> <p>440. and erm, your consciousness will erm leave this realm of the universe, this dimension, erm and enter like completely different areas of like the universe and things like that.</p> <p>441. It's pretty crazy stuff man,</p> <p>442. but the point is like if you do a lot of research into it, it's really fucking weird and like</p> <p>443. erm... I'm not saying if this shit is like real or not,</p> <p>437. but DMT like on a different level innit,</p> <p>438. like I've done it once</p> <p>439. but like I didn't actually like, it's called breaking through when you leave like here.</p> <p>440. I didn't break through,</p> <p>441. but my brother literally, oh my God; I'll tell you in a minute what happened to my brother.</p> <p>442. But seriously like innit, like if you actually like researched it</p> <p>443. and researched DMT at least you change the way you think of the world.</p> <p>444. Maybe for the good maybe for the better, maybe for the worse even,</p> <p>445. but erm its cool shit.</p> <p>473. like it is really interesting to like think about, yeah that's a possibility you know,</p> | <p><i>Leave behind stressors of real world, re-born again into a new world/ dimension/ universe.</i></p> <p>Questioning reality of effects of drugs, or fantasy of effects.</p> <p>Attempt at trying and using DMT.</p> <p>Not being able to experience effects for self, not breaking through – breakthrough with experience but also a new experience from all other drug use.</p> <p><u>By understanding more about DMT it may change others thoughts on the world, maybe for the better or maybe for the worse.</u></p> <p>Excited and fascinated by the possibility of the death like effects of DMT use.</p> <p>Physicality of using DMT associated with being 'healthy' for the human body.</p> <p>No harmful physical effects to the body when using DMT.</p> <p>Possibility of being able to explore a new universe/ realm from DMT use. <i>Ability to leave world and life behind and explore new life. Re-born again, possibility and chance to start life over again.</i></p> <p>Difficulty in verbally expressing effects of DMT if managed to 'breakthrough'.</p> |
|--|--|---|

| | | |
|--|--|--|
| | <p>474. but like it is literally going from one extreme to the other to actually do it</p> <p>475. and to like put your like own like fucking mind to that sort of test like...</p> <p>476. you've got to think man if you literally yeah, one day normal life, you like take, you like you don't like smoke it you fucking evaporate it and you inhale the steam.</p> <p>477. It's really healthy there's absolutely no fucking like medical like fucking erm, like you know the harmful things in it.</p> <p>478. Erm, but you've got to think like,</p> <p>479. if you leave like this realm of the universe and you go into a different dimension,</p> <p>480. and that means like in this dimension yeah, like your five senses that you use to like navigate around this world will be absolutely useless in this place, like wherever you go.</p> <p>481. So you'll be like trying to be, you'll come back from this experience, you'll be trying to tell people what it's like</p> <p>482. and you'd be absolutely no way of expressing it, like at all.</p> <p>483. 'Cause it's that different.</p> <p>484. And I reckon that will just fuck you up, like you'd literally like, there's just no point innit.</p> <p>485. It's like being able to discover the meaning of life and not actually tell anyone about it.</p> <p>486. That would fuck you up innit,</p> <p>487. so it's cool to think about</p> <p>488. but I wouldn't fucking do it like again no, fuck that.</p> <p>489. Yeah no my brother almost broke through innit,</p> <p>490. like my brother literally was madness,</p> <p>491. like he literally like took the tiniest hit yeah, the tiniest hit innit</p> <p>492. and then like I literally saw his eyes just go bang, like literally like that</p> | <p>Damage and negative effects of being able to 'breakthrough' and not express or share with anyone.</p> <p>Deterrent for not using it again. Ok and feel safe thinking about it, not safe (mentally) using DMT again.</p> <p>Family drug use (brother). Potentially a trusting relationship to trust that his brother actually broke through. 456 – Almost hard to believe it was true – craziness of being able to breakthrough.</p> <p>Complete difference in effects of DMT with any other drug Bob has been exposed to.</p> <p>Reflecting on brother's experience with DMT – invisible to brother.</p> <p>Humour in watching his brother's experience.</p> <p>Brother felt as though as he was fading away. Worry of losing brother. Frightened, anxious about effects, deterrent for trying DMT again.</p> <p>Excited and interested in concept of DMT.</p> <p>Legality associated with DMT – illegal.</p> |
|--|--|--|

| | | |
|--|---|--|
| | <p>493. and I've never seen that with any sort of drug and he literally done it and bang his eyes were massive,</p> <p>494. coz were sitting on a bed innit, he just grabbed hold of the bed yeah</p> <p>495. and he's like looking past us like we like don't even exist innit.</p> <p>496. His like knuckles going fucking white and shit man, like proper fucking hold on his head</p> <p>497. and like "I'm not going",</p> <p>498. it was jokes man.</p> <p>499. And then he come like out of it and he was just like,</p> <p>500. "I literally thought I was fading away and I'd never come back".</p> <p>501. And I was just like "rah fuck this, fuck this".</p> <p>502. But it's cool to think about;</p> <p>503. I definitely, definitely recommend looking that up innit,</p> <p>504. it's fucking sick stuff man.</p> <p>505. But like at the time innit,</p> <p>506. 'cause obviously this DMT is illegal to do,</p> | |
| | <p>490. And that's what the whole idea about Buddhism is yeah,</p> <p>491. is like if you meditate for long enough</p> <p>492. and you reach enlightenment that's when a hormone DMT is naturally released into your system</p> <p>493. and you have an outer body experience.</p> <p>494. Erm and it's actually like true if you like look it up,</p> <p>495. something like 300 hours in a pitch black room yeah. Erm mediating and DMT is released into your system or something.</p> <p>496. That's what the whole fucking religion of Buddhism is actually based around.</p> <p>497. Erm and fucking... pretty cool shit man.</p> <p>498. But you just get lost on that shit man; it will take over your life.</p> | <p>Links with drugs and religion. Natural release of DMT in body via religious meditation.</p> <p>Fear of losing control of self, drugs completely taking over.</p> <p>Belief that DMT will bring enlightenment to meaning of life – potential link to religion.</p> |

| | | |
|--|--|--|
| | <p>499. I literally got so stuck into it like the whole like,</p> <p>500. 'cause this is literally like, it's the closest thing to like the answer of like why you're fucking here.</p> <p>501. And like, oh it just takes you away innit...its madness.</p> | <p>Drug has capacity to take over your mind and body.</p> |
| | <p>418. And do you, what do you hope, like how do you feel, so you stopped your work with SSS...do you feel your drug use is under control? That things are going okay for you thinking about where you're at now?</p> <p>419. Erm, before like any of this happened like fucking,</p> <p>420. like when I was like at the height of my drug use,</p> <p>421. like I was literally at a point yeah where I was making so many excuses as to why it was like alright to take drugs.</p> <p>428. but at the time when I was doing bad drugs innit,</p> <p>429. that's my, was my excuse for allowing myself to get that bad was</p> <p>430. like "you're exploring your own consciousness" and things like that.</p> <p>431. So I was literally coming up with all sorts of like,</p> <p>432. and I know its bullshit innit.</p> <p>433. Well now I do anyway,</p> <p>434. but at the time I was coming up with all sorts of shit like, "that's cool" innit.</p> <p>435. Like I'm just exploring my consciousness, a bit like, at the end of the day innit,</p> <p>436. you literally have only got your head in this world. So why the fuck do you want to like explore your consciousness, and experiment with shit like this man, that can fuck it like so bad.</p> <p>437. So just literally like, I've realised now that's some stupid shit.</p> | <p>Excuses for drug use when taking drugs. Realisation that he was making many excuses for drug use.</p> <p>Needing a reason/ excuse for experimenting with 'bad' drugs. Aware of drugs being bad on self.</p> <p>Drug use as a way of exploring own self mentally.</p> <p>In hindsight reflecting on excuses as not valid anymore, not relative to self.</p> <p>Reflecting back on feeling the need to use drugs to explore own consciousness.</p> <p>Realisation that using drugs was affecting mind. <i>Anxiety and fear regarding mental health issues as a result of drug use – 'messing with head' – losing control of oneself mentally.</i></p> |

| | | |
|--|--|--|
| | <p>478. like the reason I was coming up with these excuses of why drugs were alright to do is like, I thought there was a massive conspiracy of why DMT was illegal</p> <p>479. 'cause there's shit they don't want you to know about,</p> <p>480. the potentials of the human body and all this of shit.</p> <p>481. Because the point is if you can like synthesise it in your head yeah,</p> <p>482. then there is definitely going to be a way for you to like access that hormone without actually taking it as a drug if you know what I mean?</p> | <p>Thoughts and perceptions of potential conspiracy linked with DMT – others not wanting people to know the potentials of human body. <i>Paranoia, not knowing whole truth.</i></p> <p>Wonder at possibility of own human body producing illegal drug within itself.</p> |
| | <p>439. It's cool shit to think about, it's not cool shit to do.</p> <p>440. That's like, good like fucking like what I've learned innit,</p> | <p>Realisation and acceptance that DMT is fine and safe to think about, not ok or safe to use.</p> |
| <p><u>Verse 12:</u> <u>Realisation</u> <u>of effects of</u> <u>drugs</u></p> | <p>510. And what do you think it was that then made you had that shift in your thinking about sort of trying it, you know you said it's better to think about than to do?</p> <p>511. When I was in the mental hospital looking after this girl,</p> <p>512. well not looking you know what I mean,</p> <p>513. there was obviously the other mental patients.</p> <p>514. And like I was really close to properly sick people, like all the time, like properly sick in the head, innit like,</p> <p>515. even when my girlfriend was fucking like,</p> <p>516. like I didn't even like realise how bad it was at the time,</p> <p>517. but looking back it was like, she was like proper ill, proper ill innit.</p> <p>518. And it's just disgusting how like people are born into that, like without doing anything to themselves,</p> <p>519. and they're literally made to endure that sort of fucking, that</p> | <p>Reflections on own time in mental hospital when supporting ex-girlfriend.</p> <p>Surrounded by patients with mental health needs. Close to them on a regular basis.</p> <p>At the time unaware of how ill his ex-girlfriend was, only now looking back he's able to reflect on how much support she needed.</p> <p>Disgusted and angered at people suffering with mental health issues without having used and abused drugs.</p> <p>Others who have good mental health and choose to risk their mental health by using drugs – negative feelings towards these people.</p> <p>Fear and worry over damaging own mental health with drug use. Defiance of</p> |

| | | |
|--|---|---|
| | <p>bullshit man, like in their own head</p> <p>520. and there is people out there that are fine as fuck man, they go out and do a shit load of drugs and do it to themselves,</p> <p>521. that's fucked man.</p> <p>522. So like, I just don't want to go crazy pretty much,</p> <p>523. that's literally it, its fucking scary shit man.</p> <p>524. Like ... it's fucked innit like...fuck that, fuck that.</p> <p>525. So yeah ... that is that.</p> <p>526. Is there anything else you want to add to that about you know you're story, your experiences essentially and you're feelings?</p> <p>527. Erm ..., erm ... I don't know. I don't know to be honest... I'm not sure I don't know,</p> <p>528. I just think drugs aren't a good idea.</p> <p>529. Literally regret doing drugs. A great deal.....</p> | <p>drug use and determination to not use drugs which could impact negatively his mental health.</p> <p>Difficulty expressing own feelings verbally of his story.</p> <p><u>Drugs aren't a good idea.</u></p> <p>Feeling highly regretful for drug use during teenage years. <i>Sadness and annoyance in self for drug use which took away his teenage years and impacted on himself and close friends and family which he can't change.</i></p> |
|--|---|---|

| Appendix F6 – Tom’s analysis with researcher comments | | |
|---|--|--|
| Verses | Tom’s Story | Analysis |
| | | <p>Underlying meaning (conscious themes, <i>unconscious themes</i>, <u>constructions of the world</u>)</p> <p>Perlocutionary effect</p> <p>Intrapersonal and Interpersonal functions</p> |
| <u>Verse 1 - Background</u> | <p>29. Well, erm, I've, I've always had a drug addition</p> <p>30. because my mum, er, she was a crack user.</p> <p>31. So, whilst I was in the womb, she was still using crack.</p> <p>32. And, erm, we've just been learning about it in psychology, that it can be passed on through genetics through a predisposition.</p> <p>33. So naturally, erm, drugs were always something in sight.</p> | <p>Addiction to drugs. Family history with drug use. Mother was a drug user when Tom was in the womb.</p> <p>Predisposed to drugs before he was born. Drugs apart of 'nature' for Tom.</p> |
| | <p>35. And also I had a lot of friends, I lived in Holland for a few years of my life</p> <p>36. so, of course, marijuana was everywhere.</p> <p>37. and also it wasn't, it wasn't, er, shunned upon, frowned upon, sorry.</p> <p>38. Erm, because it's, it's decriminalised,</p> <p>39. so I think that's where it started.</p> <p>40. Erm, but my, I started using,</p> | <p>Sociability – lots of friendships. Previously lived in Holland – easy access to marijuana. Drugs were not viewed negatively when growing up.</p> <p>First started drug use in Holland – sociability and acceptability of drug use.</p> |
| <u>Verse 2 - First use of drugs</u> | <p>48. Erm, it was, it was when my brother came down, erm, from where he lives - he was 17 at the time.</p> <p>49. I think it was just a bonding thing.</p> <p>50. 'Cause, because we've never lived together, me and my siblings, erm, we've always been living apart,</p> <p>51. when we finally met I think that was just, it was, it was very awkward for brothers.</p> <p>52. So he went, "I've got some cannabis!"</p> | <p>Initial drug use started with older brother. Connection and family link to brother via drug use. <i>Maintaining family history and connection to drugs – previously mum was drug user, now brother is user- introducing Tom to drugs. Only way to re-connect as a family.</i></p> <p>Continuous drug use when with brother. A way to connect to him over drugs.</p> |

| | | |
|--|---|--|
| | <p>53. And I went, "Okay, let's give it a go!"</p> <p>54. And that was how we bonded, unfortunately.</p> <p>55. And continually bonded,</p> <p>56. and whenever I meet up with him, I don't think we haven't smoked –</p> <p>57. which is very depressing to say.</p> <p>95. erm, ahh, and then, yeah maybe six, sixteen, seventeen, my boss at work introduced me to coke.</p> <p>96. Erm, he was just like, "Have you ever tried it?"</p> <p>97. And I said, "No."</p> <p>98. He said, "Do you want to?"</p> <p>99. So he went back to his car.</p> <p>100. Er, I did a line, and it was,</p> <p>101. I'm annoyed because I've never been able to hit that high again, it was such a euphoric feeling.</p> <p>102. I 'cause I wasn't I didn't know what to expect.</p> <p>103. 'Cause you when you've never tried it,</p> <p>104. it's not, it's not it's a different feeling, it's not like euphoric, it's just a rush.</p> <p>105. And, erm, and that was annoying,</p> | <p>Negativity and sadness regarding the only connection with family is via drug use.</p> <p>As he got older introduced to more and different drugs through other people – older people bringing drugs to Tom (introduction to cocaine via boss).</p> <p>First experience with cocaine. Sociable with boss. Positive experience – unaware of what to expect – feeling a rush. Annoyed at self/ drugs for not being able to have same experience with cocaine as his first time trying it.</p> <p><i>Drug use increase as attempting to gain same / similar experience as first time trying cocaine.</i></p> |
| | <p>56. Erm... it started like it was always a social thing.</p> <p>57. Or at one point when I moved, erm, from, er, Holland to here</p> <p>58. in order to make friends it was, kind of just that I'd buy weed,</p> <p>59. and then they'd smoke it with me,</p> <p>60. and that was just a social thing.</p> <p>61. It did, however, create a lot of anxiety,</p> <p>62. because I was questioning whether they were being friends with me because of me, or the fact that I was picking up weed.</p> <p>63. And there was, like, a lot of times where I was generally, like: "I don't wanna be friends with them, they're just using me".</p> | <p>Sociability of drug use – always using drugs with others</p> <p>Drugs as a way of making new friends. Sociability of drug use – new friendships made from drug use.</p> <p>Anxiety about friendships – questioning the reality of friendships and if the friendship was based solely on drug use as Tom would supply the drugs.</p> <p>Dismissive of friendships – lack of trust in others.</p> |
| <p><u>Verse 3 - Increase in drug use</u></p> | <p>76. Erm... it slowly became more and more a part of my life,</p> | <p>Increased drug use a part of everyday life.</p> |

| | | |
|--|---|---|
| | <p>77. and I started associating it with things like, er, if I was stressed,</p> <p>78. or erm, or if, if, if something had bothered me,</p> <p>79. and I knew that,</p> <p>80. weed, weed, kind of, puts a pause button on life, it, it,</p> <p>81. you forget about your problem, it, it hasn't disappeared, it's still there,</p> <p>82. but it's just not relevant in your high.</p> <p>83. Erm, oh I remember it was when I was 16 it started getting a bit more serious when I got introduced to ecstasy which my brother introduced me to as well, when I went round his actually.</p> <p>84. Er, but my friends were doing it before,</p> <p>85. and I'd, I'd heard of it, and I'd never really understood it.</p> <p>86. But I could tell that it was changing me,</p> <p>87. because it was during the summer,</p> <p>88. and my, my dad said during that time I got very aggressive,</p> <p>89. er, when I was on a come down. I used to just punch things, like I was, it really, really turned me into an awful person.</p> <p>90. And, erm, I stopped taking it after a party, where I'd taken maybe a gram and a half,</p> <p>91. and I was just completely gone.</p> <p>92. I said some awful things to people I don't remember,</p> <p>93. I was just swearing, it was, it was awful experience.</p> <p>94. And after that I was, like, "I'm never touching ecstasy again".</p> <p>95. Erm, the cannabis use continued, erm,</p> <p>111. because I since I was working in the summer, I was earning a lot more money, I could afford to buy, like, a gram of coke for £50.</p> <p>112. Erm, and that got a bit scary when I started using it every single day,</p> | <p>Cannabis use increased in times of stress. <i>Seen as a reliever of stress – connection and association with stress.</i></p> <p><i>Time out from reality and stress – escaping troubles with weed.</i> Weed enabled Tom to forget his problems, make them seem irrelevant and unimportant when high.</p> <p>Introduction to ecstasy via brother. <i>Family ties and links with drug use.</i></p> <p>Awareness of ecstasy before use – sociability as friends were using ecstasy.</p> <p>Noticing effects of ecstasy on self. Started changing behaviours and mood. Aggressive nature – effects of ecstasy. Father noticed changing behaviour in Tom. Physically aggressive from after effects of drug use. Sociability of drug use – use at parties. Stopping ecstasy use after taking large amounts and losing control of self. <i>Drugs brought about another personality in Tom – made him aggressive, abusive (verbally and physically).</i> Self-realisation of negative effects of ecstasy use – choice and decision to stop using it. Continued use of cannabis.</p> <p>Affordability of drugs as working and making own money. <i>Increase in wages meant Tom could spend more on drugs.</i> Increased drug use – consistent use – daily. <i>Afraid and worried of consistent drug use. Afraid for self – unknown effects.</i></p> |
|--|---|---|

| | | |
|--|---|---|
| | <p>113. until, erm, until I once one day I saved myself a line.</p> <p>114. I had it in a little packet,</p> <p>115. I carried it into work, erm, left work, met up with my mates, and then I came home.</p> <p>116. I was like, "Okay, I'm gonna do a line, and then that's it, and I'm done."</p> <p>117. I opened the tin and it wasn't there.</p> <p>118. And I, I something just flipped,</p> <p>119. I started searching my room intensively</p> <p>120. I was calling up my mates, like, "Look, if you've got it, I'm not gonna be angry just, I'd like my coke".</p> <p>121. And after that I realised</p> <p>122. 'cause I always seem to have these moments of realisation,</p> <p>123. of that is just like, it turned me into such an awful person.</p> <p>124. It wasn't a nice feeling,</p> <p>125. it's, it's very moorish, it's never moorish the next day, it's always moorish on the night.</p> <p>126. Erm, and then I just went back to the usual cannabis.</p> | <p>Reflecting on incident when he lost/misplaced his cocaine. <i>Lost control of self, became another person.</i></p> <p>Friends involved in drug use.</p> <p>Realisation of drug use. Self-realisation of becoming aware of drug use issues. Cocaine use changed him as a person for the worse. Negative feelings with drug use –not enjoyable. Addictive, Moorish when using drugs. Stopped cocaine use but continued with cannabis use. <i>Cannabis used as an aid and substitute for other drugs.</i></p> |
| <p><u>Verse 4 - Education (School and drugs)</u></p> | <p>84. I used to go into school high.</p> <p>85. Erm, I think...there, there was, like, one, I liked the feeling,</p> <p>86. and also there was the showing off part of it.</p> <p>87. I could be like, "Hey guys, look I'm high, look how cool I am!"</p> <p>88. Er, 'cause at the age of, like, you know, 15, 16 I was the only one in my year doing it.</p> <p>89. So, although it was ironic,</p> <p>90. 'cause the parties, people would be like: "oh, you know, you're a dickhead".</p> <p>91. But then, "can I smoke with you", it would be a bit.</p> <p>216. it just, it would take me away from school,</p> <p>217. it would make me feel ill.</p> <p>218. Erm, over the past few months I would, like half and half I was missing school</p> | <p>Drug use in school. High in school. Enjoyment and positive feelings from drug use in school. Sociability aspect – showing off to others – <i>maybe feeling like he had to prove something or show himself in a certain way for acceptability or remaining different.</i> Different from peers – only one in school getting high. Mixed messages received from peers - perceived as a 'dickhead' but also sociable as they would want to use drugs with him.</p> <p>Negative effects of drug use. Distance from school. Physically impacting on health. Missed school due to drug use or drug use related issues – anxiety regarding not completing the work.</p> |

| | | |
|--|--|--|
| | <p>219. because I hadn't done the work,</p> <p>220. and/or 'cause I wanted to smoke weed with my friends.</p> <p>221. So that, that was annoying as well.</p> <p>222. Instead of going to lessons, my friend would say, rarely, I'd probably pick up more, but he'd be like, "I've got a spliff, come out."</p> <p>223. And I would just miss lessons like that. I wouldn't, within a heartbeat, bang, I'm out there smoking a spliff.</p> <p>224. And when you do it so often,</p> <p>225. and there was, there was a point where we'd done it for, like, three weeks straight.</p> <p>226. I just came into a lot of money, 'cause I did a modelling job,</p> <p>227. and I just, ah, I'm so annoyed, I just rinsed all my money.</p> <p>228. Erm, and it got to the point where I'd be smoking,</p> <p>229. and I had to try and convince myself that I was high,</p> <p>230. because my tolerance was just so high I'd have to smoke huge amounts.</p> <p>231. Erm, so I found that that wasn't doing it for me anymore, so I started back on ecstasy, er,</p> <p>232. 'cause I found a person who was selling really good, erm, ecstasy, for really cheap,</p> <p>233. it was like, you know it was less than £20 for a gram,</p> <p>234. and it's from Germany - it was amazing.</p> <p>235. And I started taking that in school to give myself some kind of buzz.</p> <p>236. Erm, it was weird because I'd take it and I'd get the rush,</p> <p>237. and I'd hate it because I have to sit still, or something, and I'm constantly vibrating and moving.</p> <p>238. And I'd tell myself, "D'you know what, this is awful, why do you do this to yourself? Why are you touching this?"</p> | <p>Sociability with drug use – smoking with friends.</p> <p>Prioritise drugs over education and school. Sociability – drug use with friends – miss school to use drugs.</p> <p><i>Drug use as an escape from school, from the work, or/and as a way of making and maintaining friendships in school – keeping up persona of person who uses drugs in school.</i></p> <p>Reflecting on times when using drugs consistently for longer periods.</p> <p>Independent income increased drug use.</p> <p>Frustration with self for spending all his money on drugs.</p> <p>Increased drug use, tolerance to drugs also increased.</p> <p>Convincing self that he's high.</p> <p>Increasing drug use to feel effects.</p> <p>Using different drugs to get 'high' effects. Back to ecstasy.</p> <p>Available and affordable ecstasy.</p> <p>Positive effects from ecstasy, drug use in school to gain effect. <i>Difficulty functioning in school without drugs – needing something to keep him going.</i></p> <p>Mixed emotions and feelings for drug use in school.</p> <p>Restricted in school – wanting to move from effects from drugs, but having to sit still.</p> <p>Self-realisation and self-talk for noticing negative feelings, 'awful', questioning self drug use.</p> <p>Giving into negative effects of the aftermath of drugs 'comedowns' – taking more drugs to deal with after effects. <i>Feeling trapped in a cycle-hard to break.</i></p> |
|--|--|--|

| | | |
|--|---|---|
| | <p>239. But then the next day obviously the come down,</p> <p>240. I'd be like, "Yeah, okay, take some more, it'll be fine."</p> <p>241. Erm, and I stopped doing that when we had to go see a drama performance at another school. Erm,</p> <p>242. because I didn't think about, I just took it without thinking.</p> <p>243. And, erm and then I had to sit in a hot room when I was already sweating enough, having to sit still.</p> <p>244. When there was an interval half way, I, I didn't come back in,</p> <p>245. because I was just too, I had, told my teachers that I was really ill,</p> <p>246. but if you looked at my pupils they were like anime, they were just huge.</p> <p>247. Erm, and after that I was like, "Okay, I'm not gonna touch ecstasy."</p> <p>248. Even though I still had a bit left, I had, I had about a gram left.</p> <p>249. That went on New Year's,</p> <p>250. 'cause I went, "You know what, it's New Year's, let's just get rid of it."</p> <p>296. Erm, if we go back a little bit. So you mentioned talking about getting high in school quite often.</p> <p>297. Yes, very often.</p> <p>298. Tell me about your experiences with school, with that, with your academics, and with your peers and your teachers?</p> <p>299. Erm, I could, I could theoretically, I could have started school now,</p> <p>300. and I would still be in the same place.</p> <p>301. Like, erm, I did, I did this last year,</p> <p>302. which is even worse, like, you know, you'd think I'd learn my lesson</p> | <p>Stopping ecstasy use for second time.</p> <p>Reflecting back on experience with ecstasy use which made Tom stop using it. .</p> <p>Difficulty managing and coping with effects from drug use on school trip (sitting in theatre).</p> <p>Able to tell teachers he was unwell. Not able to be honest about drug use. Physical effects of drug use – visually apparent.</p> <p>Self-talk, convincing self not to touch ecstasy again.</p> <p>Last time using ecstasy on New Years' – wanted to finish it, get rid of it. <i>Needing to take drugs as way of finishing them instead of throwing away. Dependency on using them to an extent.</i></p> <p>Frequent drug use in school.</p> <p>Impact of drug use on academics. Feeling like he hasn't progressed, learnt new things. <i>Made no progress, still in the same place, difficulty moving forward in school with drug use.</i></p> <p><i>Cycle of negativity with drugs and academics, similar experiences last year – in the same place now.</i></p> <p>Prescribed drug use for ADHD. <i>Reliance on drugs (prescribed or illegal) to get through work and life. Drugs seen as a way of helping Tom deal with his issues – academic, social and personal (ADHD).</i></p> <p>Deception and lies told about cannabis use to access medication for ADHD.</p> |
|--|---|---|

| | | |
|--|--|--|
| | <p>303. but, last year I did the exact same thing. I left it until about February before I properly,</p> <p>304. I, I got my ADHD medication finally, erm, from the doctors,</p> <p>305. 'cause they were very iffy about subscribing it to me 'cause of my cannabis use.</p> <p>306. So I had to tell them, "Look, I've quit."</p> <p>307. Even though I hadn't, I was just, like, "Look, I've quit, I've done a few tests, let me do this."</p> <p>308. So, erm, so that really helped, like really helped me get through the, like, they were predicting 'Us' and I passed,</p> <p>309. and they were, like, "Look, look what you did in this amount of time, imagine what you could do in this amount of time."</p> <p>310. Unfortunately, I'm back in a similar situation just in January. Like, I, I rode off those three months.</p> <p>311. Erm, I just it's annoying,</p> <p>312. because I've lost the motivation to do work.</p> <p>313. Like, when I come home, even yesterday, I had time to do work but I just sat in my room. I'll go on YouTube,</p> <p>314. I'll, I'll, annoyingly I've got all my paraphernalia about, so I do, I do need to clean that up at some point.</p> <p>315. But, you know, you've got grass leaves staring at you, I might just smell my grinder just so I can get some kind of euphoric recall from it.</p> <p>316. Yeah, it, it paused for school,</p> <p>317. and I'm really annoyed at myself,</p> <p>318. 'cause it, it just de-motivates you to do anything.</p> <p>319. How would you describe your relationships with peers and with teachers? You mentioned that you started becoming anxious in the beginning, about whether they were friends genuinely?</p> | <p>Drug use (prescribed) supported with academic work -passed his exams.</p> <p>Changing other's perceptions of Tom's capabilities when not using illicit drugs. Boosting self confidence when not using drugs. Back in a similar situation – feeling negatively about it.</p> <p>Annoyance and frustration at lack of motivation in self to carry on with academic work.</p> <p>Surrounded by drug related items (paraphernalia). <i>Perhaps difficulty letting go completely, or not wanting to give up drugs completely.</i> Trying to gain positive feelings and effects from past drug use by keeping paraphernalia – smelling grinder – acting as a reminder and reinforcement of drug use. Drug use put school on pause – <i>acted as a break from school, took away time from school.</i> Demotivated when using drugs.</p> <p>Sociability of drug use outside of school. Different friendships. Feeling different to friends, <i>an outsider, lonely, seeking likeminded people. Never feeling like he fully belonged 'outsider coming in' – infiltrating others group.</i> School peers' perception of Tom. Negative perceptions of Tom. Tom associated with drugs in school – 'druggy'.</p> |
|--|--|--|

| | | |
|--|---|---|
| | <p>320. That wasn't, that wasn't anyone in my school that was an outside group.</p> <p>321. So that's why it felt even weirder,</p> <p>322. 'cause, 'cause I was, I was an outsider coming in.</p> <p>323. My, the school peers, like, if you asked "What do you think of Tom?"</p> <p>324. They would all say, "He's the, he's the druggy."</p> <p>325. It's the stigma that I've got, unfortunately. Erm, understandably though,</p> <p>326. 'cause I used to come in high,</p> <p>327. and I used to think I was, I used to think, "I'm the shit!"</p> <p>328. I'd come in high: "look at me".</p> <p>329. You know, I'm sitting there,</p> <p>330. "Are you high?"</p> <p>331. I've got a huge grin on my face,</p> <p>332. "No, hah, hah, hah!"</p> <p>333. 'Cause it was interesting, it would liven up lessons,</p> <p>334. or like, even in one of my exams I remember I did, like, I did a huge line of coke before I had to stand and do my photography,</p> <p>335. 'cause I thought it was gonna help. I associated drugs with actually helping me,</p> <p>336. like stimulants would help me.</p> <p>337. Weed would relax me.</p> <p>338. So, I couldn't actually have coke or something without weed, it wouldn't work.</p> <p>339. I'd have to have weed the next day to make sure I was sound.</p> <p>340. But yeah, peers.</p> <p>341. Teachers, teachers do know, a few of them, like, know that I have some cannabis issues.</p> <p>342. Erm, and they, they were surprisingly supportive about it,</p> <p>343. 'cause my dad told them at parents evening,</p> <p>344. he was like, "he's got a cannabis problem, er, that's why</p> | <p>Reflecting and understanding why other's perceive him in that way – his behaviour and actions lead to other's perceiving him as a druggy due to his drug use in school. Personally perceived drug use in school as positive.</p> <p>Positivity of effects of drug use in school. Lessons would be more interesting.</p> <p>Drug use in exam.</p> <p>Association of drugs with helping Tom – stimulants = helping and weed = relaxing.</p> <p>Needing to take 2 substances. Unable to take one substance without the other. <i>Physically and mentally not able to function fully at school without drugs.</i></p> <p>Teacher's awareness of Tom's cannabis issues.</p> <p>Supportive teachers – surprise and shock to Tom that teachers were supportive. Father informed school of his drug use.</p> <p>Issues with school related to drug use (cannabis) – father's perception that the issues were drug related and informed school.</p> <p>Expected not to be supported or accepted, but he was accepted and supported.</p> <p>Positive attitude from school regarding Tom's drug use. Willingness to help.</p> |
|--|---|---|

| | | |
|--|--|--|
| | <p>he's falling behind. And he's also ill."</p> <p>345. Erm, and they're, they're very,</p> <p>346. I was surprised at my school,</p> <p>347. I was expecting some kind of weird looks from teachers</p> <p>348. but they're all very, like, you know, "It's alright, you know, this stuff happens, we're willing to help you."</p> <p>349. And that's comforting.</p> <p>350. 'Cause your massive fear, when you don't do the homework from smoking weed, is that it builds up.</p> <p>351. And it just stacks and stacks until you're looking at this thing,</p> <p>352. and you're like, "How am I ever gonna defeat this?"</p> <p>353. Until you do it bit by bit, but then...so yeah.</p> <p>354. So you said they were supportive in terms of saying they understood. Tell me a bit more about that support from school that they'd offered?</p> <p>355. Erm, well, one of my psychology teachers, erm,</p> <p>356. she's given me a week, every week we have a support lesson where she'll just revise the topics with me, she'll make sure I understand it.</p> <p>357. And one-to-one, she's, she's so lovely, she's like, she's like a caring mum almost</p> <p>358. and she'll simplify everything,</p> <p>359. and she, I can tell she cares.</p> <p>360. And one of my drama teachers used to smoke weed as well,</p> <p>361. so he knows what it's like.</p> <p>362. And he said, "It's like getting up in the morning and having, you know, like a Martini or a shot in the morning, that's how you've gotta see it."</p> <p>363. And that, kind of, opened my eyes to it a bit,</p> <p>364. I was like, "Yeah, it is, it is"</p> <p>365. 'Cause I, I can't drink, I'm like, "Why would someone do that, or how do alcoholics work?"</p> | <p>Fears and anxiety associated with himself of the work piling up and becoming difficult to complete due to the drug use.</p> <p>Slowly tackling task bit by bit.</p> <p>Valuable support received from class teacher to support with academic difficulties. Helpfulness and usefulness of 1:1 support for academic work. Needing to re-learn.</p> <p>Positive relationship with member of staff. <i>Caring, mother figure, nurturing and creating safe space for Tom without needing drugs.</i></p> <p>Staff being able to relate to drug issues. Honesty from one staff member – drug issues not only prevalent in students but also previously in teachers.</p> <p>Awareness of drug use via talking through it with someone who had experienced it.</p> <p>Comparison of drug issues to alcohol issues – making it easier for Tom to understand his difficulties.</p> <p>Realisation of dependency on drug use in school.</p> <p>Able to stop all drugs when he chose to – able to discipline himself into stopping drug use for his exams.</p> |
|--|--|--|

| | | |
|--|--|---|
| | <p>366. Until I think, "That's the exact same thing, but with cannabis - that's what I do."</p> <p>367. And it, it was the dependency on it, unfortunately.</p> <p>639. You said you did well in your exams.</p> <p>640. yeah, because I, I quit everything, and I had that discipline.</p> <p>641. Erm, erm, luckily I had a psychology teacher who left, she would have a one-to-one session with me,</p> <p>642. and that really motivates, 'cause I was getting it.</p> <p>643. My problem was that I wasn't understanding it.</p> <p>644. And unfortunately this year is a lot harder, and it's not like, psychology Year 13 is nothing like Year 12.</p> <p>645. Year 12, looking back at it was so easy.</p> <p>646. Looking at it now, it's just it's daunting,</p> <p>647. and I hate that. And I hate the fact that I don't remember, and I don't understand.</p> <p>648. I hate sitting in class, like, knowing that I've got the knowledge to say something,</p> <p>649. but I don't, I don't have what,</p> <p>650. no, not that I,</p> <p>651. I have the capacity to say something intelligent,</p> <p>652. but I don't have the resources available.</p> <p>653. So you mentioned the one-to-one support that's been helpful with that. What other things have you found has helped you with that, or helped you get through that difficult time?</p> <p>654. Erm, I mean, it was just, er, it was literally the psychology teacher.</p> <p>655. I mean, the photography, er my teacher was helpful in the sense</p> | <p>1:1 support for Tom was helpful in supporting him to understand the work and gain motivation for his exams/ academics.</p> <p>Difficulties this year with academics – much more challenging and demanding than last year.</p> <p>Frustration and anger in difficulties with academic work – not being able to remember and access the work.</p> <p>Awareness of own difficulties with work – causing anger and frustration. <i>Debilitated by drugs, impacting on his ability to learn, acting as a barrier to his learning.</i></p> <p>Support for academic difficulties received from two teachers. <i>Teachers able to support with academics, but lacked ability or capability to support his drug use.</i> Staff making the work manageable and achievable for Tom. Alleviating anxiety and fears for not completing his work.</p> <p>Didn't expect to get good grades. Passed his exam. Feeling lucky with exams. Behind with work. Trying to catch up.</p> <p>Lack of motivation and effort for completing school work.</p> |
|--|--|---|

| | | |
|--|--|---|
| | <p>656. that she went, "You know what, you don't have to do this, this or this let's just cut it down so you can finish".</p> <p>657. Erm, and that, that was, I,</p> <p>658. I wasn't expecting to get a very good grade, I mean, I got a C, I passed.</p> <p>659. But I, I mean, it was, it was quite lucky,</p> <p>660. I mean, I literally did nothing, I was always behind and I was at one point I was like two months behind.</p> <p>661. And it was just, you just don't wanna do it you're like, "There's too much effort."</p> <p>662. They've helped me this year by instead of having a sticky in a massive book, I just put it in a folder,</p> <p>663. but since I've lost that discipline,</p> <p>664. which I'm still trying to get back now, erm, it's hard.</p> <p>665. I'm, I'm, it's like, even, I'm sure if I go home now, I will not go, "Let's do some homework, let's do essays."</p> <p>666. I'd be like, "Let's just spend time on my phone. Let's just see what everyone else is doing with their lives."</p> | <p>Lost discipline in self with work and drugs.</p> <p>Recognising difficulty in self of regaining motivation and self discipline to work independently.</p> <p>Self awareness of own struggles with working independently.</p> <p>Interested in outside world and their life. <i>Curiosity of others, maybe linked to not fitting in with groups of friends</i></p> |
| <p><u>Verse 5 – Experiences with other drugs</u></p> | <p>140. I tried, occasionally I tried other drugs if, like, I was at a party,</p> <p>141. like I tried DMT which is Dimethyltryptamine. Erm, that's just a powerful hallucinogenic.</p> <p>142. Erm, and you know, you try stuff like NOS that was quite a common thing at parties.</p> <p>143. Erm, and then there was an experience that would have happened almost a year ago, or slightly less,</p> <p>144. where, erm, I got these two CI pills, which is a mix of ecstasy and LSD.</p> <p>145. So, er, I, I bought them,</p> <p>146. and when I was stoned I took them without even remembering that I'd taken them, erm,</p> | <p>Sociability of drug use. Experimenting with other drugs when with other people e.g. parties.</p> <p>Common to use drugs at parties. Sociability and commonality with others. Bond over drugs.</p> <p>Reflecting on experience with taking too many drugs.</p> <p>When high unaware of self and uncontrolled of own actions – took two other substances without realising.</p> <p>Negative effects experienced from mixed drug use.</p> |

| | | |
|--|--|---|
| | <p>147. and everything started to move,</p> <p>148. and I was asking my friend, "What's happening, why's everything moving"</p> <p>149. He was like, "You just took two pills!"</p> <p>150. I had work the next day,</p> <p>151. and I was like "how's this gonna work"? Erm,</p> <p>152. so that sent me into a panic when I got home,</p> <p>153. 'cause I wasn't enjoying the trip, everything was moving. It wasn't intensive enough to where I was fully tripping, but it wasn't weak enough to die, like completely out.</p> <p>154. So, I couldn't fall asleep 'cause the MD was rushing through my body</p> <p>155. and I was just sitting on the sofa, like, just rocking back and forth, trying to get myself to sleep.</p> <p>156. So eventually at three in the morning, I texted my dad just saying: "I'm tripping downstairs, could you come and help me"?</p> <p>157. Er, so he came downstairs,</p> <p>158. and he was, he's done drugs before in the 70s, like, 'cause he's quite old, he tried all that when it was there.</p> <p>159. So, thankfully he came down, he wasn't angry at me,</p> <p>160. he just came down, he said, like, "It's okay, we're gonna get through this."</p> <p>161. Erm, and since I was on MD, it made me very loquacious,</p> <p>162. I texted my boss telling him the truth,</p> <p>163. I was like, "Look, I've taken this, I'm so sorry." Blah, blah, blah, blah, blah.</p> <p>164. So I ended up having to go to hospital, I couldn't go to work.</p> <p>165. I went to hospital they had to give me some diazepam to try and calm me down, like, I was fine once I was in the hospital</p> <p>166. because I, kind of, knew I was okay.</p> | <p>Having to check with friends what had happened to him. <i>Lost control of self, drugs were taking over mentally.</i></p> <p>Fear of impact of drug use and not being able to attend work the next day. Impact of drugs on physical and mental self as well as his working life.</p> <p>Difficulty managing effects of drugs at the time.</p> <p>Attempting to calm self whilst experiencing negative effects from drugs.</p> <p>Seeking support from father to deal with negative effects on self from drug use.</p> <p>Family history with drug use. Father experimented/ used drugs in the past.</p> <p>Grateful for support from father with his drug use.</p> <p>Reassurance from father whilst experience negative effects from drugs.</p> <p>Became very talkative and open whilst on drugs.</p> <p>Honest with boss at work.</p> <p>Hospitalised due to drug use. Had to miss work.</p> <p>Felt calm and relaxed at the hospital. Further drugs given to counterbalance effects of previous drugs.</p> <p>Calm and content at hospital. <i>Feeling safe, calm, looked after by trained professionals and with his father.</i></p> |
|--|--|---|

| | | |
|---|--|--|
| | <p>167. And I, at one point I was even like, I, I told my dad jokingly, "I'm probably the happiest patient in here."</p> <p>168. 'Cause I started enjoying it, it was fine.</p> | |
| | <p>148. It was the fact that I then had to go into work the next day and explain.</p> <p>149. And I work in a café,</p> <p>150. so it's not a place where, if I miss a day, it's just missed.</p> <p>151. It's like the other people had to do my job,</p> <p>152. which they all hated, they, they resented me for that for a while.</p> <p>153. And I did almost lose my job, if I hadn't had worked there for such a long time, and built up such a rapport, they said, "Look, you are replaceable, we will get rid of you if you do something like this again."</p> <p>154. So that woke me up to psychedelics, I've never touched psychedelics after that.</p> <p>155. 'Cause I always have those, unfortunately it was that realisation, but that cleared,</p> | <p>After effects of drug use and impact on work.</p> <p>Others resenting Tom for having to do his work. Effects on sociability with others in a different circle to peers and school.</p> <p>Almost lost job due to drug use. Potential impact on employment. <i>Drugs impacting on most aspects of Tom's life – school, family and work.</i></p> <p>Self choice and realisation of negative effects of drug use on employment – choice to stop psychedelic drug use.</p> |
| <p><u>Verse 6 - Effects of smoking weed on self</u></p> | <p>160. my cannabis use, however, did not stop.</p> <p>161. Er, it only stopped, until the New Year's, this New Year's I went, a New Year's resolution, I'm not gonna smoke weed.</p> <p>162. Because, erm, because it would, it, I, I'd gained a lot of weight,</p> <p>163. I used to be quite built, it was, you know, not putting myself up there,</p> <p>164. but I was quite good looking body-wise.</p> <p>165. And as I was smoking weed, I would eat, I could go through cereal packets,</p> <p>166. and, just would just munch and much.</p> <p>167. And it would, it would just make you feel like you cannot be asked to do anything.</p> <p>168. So I'd be like, "Oh, you know what, I'm not gonna go gym, I'm</p> | <p>Continued use of cannabis. <i>Inability or choice not to stop cannabis.</i> Decision to stop all drugs, including cannabis at New Year – <i>new year, new Tom. Time change affecting change in self.</i></p> <p>Self image and weight affected by cannabis use – reason to stop for self.</p> <p>Cannabis use affecting weight gain.</p> <p>Cannabis use affected motivation and mood. Tom had a lack of motivation to work out.</p> <p>Cycle of drug use. Difficult to break – get high, wait to de-high to do something and then get high again. Awareness of drug cycle issue.</p> |

| | | |
|--|---|---|
| | <p>just too stoned, I can't. I'll wait 'til I de-high."</p> <p>169. But by then I'd smoke another spliff</p> <p>170. and, it was a cycle.</p> <p>171. Erm, that was one problem.</p> <p>181. And, erm, it's weird that I still do, I still did it, because, erm, clearly by the time it's, it's destroying me.</p> <p>182. But it's, it's a cycle,</p> <p>183. it would be like, if I smoked in the morning, I'd have to keep smoking until the end of the day,</p> <p>184. because I'd dehy,</p> <p>185. and that's awful.</p> <p>186. You're on a weird come down, you feel very lazy.</p> <p>187. Erm, and then, you know, if, and then, you need some for the night,</p> <p>188. and then you wake up feeling like shit,</p> <p>189. and then you do it again and it was just a cycle.</p> <p>190. My, my money would be gone within a week and a half or so.</p> <p>191. Erm, and that's, that's really my cannabis use,</p> | <p>Reflection on cycle of drug use- feeling like drugs were destroying him – <i>breaking him down</i>.</p> <p>Consistent drug use from the morning until the evening.</p> <p>Negative effects from come downs, feeling the need to continue drug use to decrease negative effects. Feeling lazy and lethargic – effects from drug use.</p> <p>Negative feelings and effects after drug use, so needing drugs to counterbalance the negative after effects.</p> <p>Drug use impacting on finances. Spending money quickly on drugs. <i>Urgency and need for drug use as soon as he's paid. Waiting on pay day – in a cycle with money and drugs.</i></p> |
| | <p>169. The other problem was the money,</p> <p>170. it was the fact that, erm, you know, it's, it's £20 for a draw,</p> <p>171. which annoyingly it numbs my, my understanding of money.</p> <p>172. It was, kind of, like if you go into a shop, or when you pay for petrol, you know you're just gonna pay a price.</p> <p>173. So £20, like, I, like, I, I, I, sorry, I could look at a shirt in a shop and be like, "Oh, £7, I don't know." I'm a bit iffy,</p> <p>174. but I would not think twice about taking £20 out for a draw.</p> <p>175. And my mate who works in the same place, he saved all his money</p> <p>176. 'cause he doesn't do drugs, so I see what I could have had.</p> <p>177. When I see my payslip, and it would say like £4,000, and I'd be</p> | <p>Difficulties with money and drug use.</p> <p>Lack of awareness, or choosing to ignore the cost of drugs.</p> <p>No negotiation – paying set price for drugs.</p> <p><i>Numb mind, disabled ability to think about drugs when paying for them.</i></p> <p>Other's a representation of what he could've saved if he didn't spend all his money on drugs.</p> <p>Financial impact – majority of money spent on drugs. <i>Independence of drugs- not relying on anyone else to</i></p> |

| | | |
|---|---|--|
| | <p>like: "I have genuinely spent 99% of my money on weed or various, like tobacco to smoke with the weed".</p> <p>541. you, you're money just goes,</p> <p>542. and I hate that.</p> <p>543. I hate the fact that two weeks in,</p> <p>544. or, it, it could even be less, it could be like a week in, erm, all my money's gone.</p> <p>545. Whatever I've earned from that month is gone.</p> <p>546. 'Cause it triggers the: fuck it, where you go, "You know what, you can spend stupid amounts of money on"</p> <p>547. Like, I play a game on my phone, and only when I'm high do I spend money on it really.</p> <p>548. And you'll spend, if I have, like, £300 in my account, I won't think that £65 is a lot of money to spend on a game.</p> <p>549. When, when you say it out loud, it,</p> <p>550. how awful is that, you know.</p> <p>551. I've spent a total of, like, 1.3k over the past, like, year and a half, two years, just on this game.</p> <p>552. Which is somewhat a gambling addiction,</p> <p>553. 'cause in the game it's got some kind of slot machine –</p> <p>554. so that, that's annoying as well.</p> | <p><i>supply the drugs – able to afford and pay for it independently.</i></p> <p>Frustration and anger at self for spending majority of money drugs. Instant need for drugs as soon as he's paid – <i>drug use taking over self and extracting all finances from Tom.</i></p> <p><i>Inhibition to spend money to drugs – no regard for other factors in life – drugs are his priority.</i></p> <p>Money spent on other factors associated to drug use – will spend money on games when high.</p> <p><i>Disgust, regret at spending money on things that may be insignificant.</i></p> <p>Large amounts spent on games when high.</p> <p>Comparisons of money spending to gambling addiction.</p> <p>Frustration and annoyance – finances associated with drug use.</p> |
| <p><u>Verse 7 -</u> <u>Taking</u> <u>drugs</u> <u>instead of</u> <u>drinking</u> <u>alcohol</u></p> | <p>224. Erm, 'cause, 'cause I don't drink, interestingly.</p> <p>225. I, I drank when I was, like, 15 at parties,</p> <p>226. and I just didn't like what it did to me, I didn't like the sway, I didn't like not remembering stuff.</p> <p>227. So that was, that was another problem with cannabis and drugs,</p> <p>228. to be honest, was that at a party I felt everyone feels left out if you're not, if you're sober it's weird,</p> <p>229. 'cause everything you're doing is like, you're doing that deliberately, it's all intentional.</p> | <p>Doesn't drink alcohol.</p> <p>Negative effects experienced from alcohol use. Didn't like not being in control of physical body, of not remembering things.</p> <p>Drugs viewed negatively – as a difficulty and substance for alcohol. Needing something to be sociable in social situations – not reliant on alcohol so felt he had to turn to drugs.</p> |

| | | |
|--|---|---|
| | <p>230. So, in a way I felt like I had to bring weed and stuff to parties, I had to bring ecstasy just so I could get my, my buzz.</p> <p>231. So I could have more confidence to talk to girls and, you know, etc. Yeah, yeah.</p> | <p>If sober – aware of own actions. All actions and behaviours are intentional.</p> <p>Reliance on drugs to get a buzz, to feel some effects. <i>Need to fit in, to socialize.</i></p> <p><u>Drugs helped Tom's confidence in being able to socialise with others – e.g. girls.</u></p> |
| <p><u>Verse 8 -</u> <u>Contact with</u> <u>SSS</u></p> | <p>329. Okay. Erm, tell me a bit about how you came into contact with SSS?</p> <p>330. Er, the school suggested SSS.</p> <p>331. Erm, 'cause I spoke to the school about contacting someone from outside of school</p> <p>332. 'cause I needed, I needed some help.</p> <p>333. Because they were getting worried, like they'd, they'd found out about my cannabis use in, like, Year 10,</p> <p>334. I think I've got these years, I think I was slightly younger than what I've been saying I was, like,</p> <p>335. I was 14 when I started, I think.</p> <p>336. Erm, so the school were concerned,</p> <p>337. 'cause there was some talk about drugs going about,</p> <p>338. and they immediately pinned it on me.</p> <p>339. So they went, "Look, we'll you get some help?"</p> <p>340. So, I got my first SSS erm, woman called SSS worker A.</p> <p>341. Erm, I don't think it was her fault, I just think</p> <p>342. 'cause I told her about my mum and how she was a crack addict, and how there was a lot of horrible past behind that,</p> <p>343. that she went, "Oh well, genetically that would, that would explain your addiction, like, you're addicted to drugs because of your mum."</p> <p>344. So I went, "Oh, okay!"</p> <p>345. And just went on a massive drugs bend,</p> | <p>Sought help from school with drug issues. School referred to SSS. <i>School unable to deal with and support Tom's drug issues.</i></p> <p>Self-awareness of needing help. School's concerns and worries for Tom's drug use.</p> <p>Started drug use when 14. Concerns about his drug use expressed by school. <i>Willingness to help.</i></p> <p>Help was sought after discussions in school and worries over pupil's drugs use. School made referral to SSS.</p> <p>First experience with SSS. Initially received support from a woman – unhelpful.</p> <p>Family history explained to SSS worker A. <i>Felt comfortable enough to be honest with her about difficulties his mum had with drug abuse.</i> Misunderstanding or unclear communication from SSS – predisposed to drug use due to mum's drug abuse.</p> |

| | | |
|--|--|---|
| | <p>346. I was, like, "Not only do I now feel shit that I've told you about mum, and you didn't seem to care. You've now said its okay."</p> <p>347. So I went, "Oh, I now have an excuse."</p> <p>348. Which is what I love, I'm always about excuses.</p> <p>349. So she was like, "You can do drugs",</p> <p>350. and I was like, "Alright, well I'm gonna do that."</p> <p>351. I, I don't think she meant it in that way, I really,</p> <p>352. I think she was really trying to help.</p> <p>353. I just think it wasn't, the experience,</p> <p>354. I really don't wanna put her down,</p> <p>355. but erm, I, I really wasn't interested after that.</p> <p>356. I was like, "I don't really wanna talk to her anymore."</p> <p>357. So I cancelled that. I then spoke to the woman, er, I don't remember what her name was,</p> <p>358. but she said, "D'you wanna female or a male?"</p> <p>359. And I was ready to go female,</p> <p>360. 'cause it's easier to talk to women generally, I think there's that nurture side of that.</p> <p>361. And I went, "You know what, I think I'll try, I think I'll try a man, I'll just see what that's like."</p> <p>367. And, where would you feel is the best place for more SSS worker B's essentially?</p> <p>368. I think, I think the government needs to give SSS more funding,</p> <p>369. so whoever trained SSS worker B,</p> <p>370. or SSS worker B could train others,</p> <p>371. because, oh, I don't remember what her name was SSS worker A. If someone got that for their first time, like I did,</p> <p>372. and then they decided not to have anyone else, it would just leave them in such an awful place.</p> | <p>Difficulty with relationship with SSS worker A. <i>Feeling abandoned, uncared for, story about mum and own drug issues dismissed.</i></p> <p>Need for excuse to use drugs.</p> <p>Recognition and awareness in self for needing excuses to use drugs.</p> <p>Feeling like he had been given permission or encouraged to use drugs.</p> <p>Miscommunication between SSS worker A and Tom.</p> <p>Difficult experience with her – felt let down, didn't want to continue with support from her.</p> <p><u>Females tend to have a nurturing side to them. <i>Mother figure, nurturing, caring – perhaps seeking what he missed out on when younger.</i></u></p> <p>Held power and autonomy over who he would receive support from, from SSS – personal choice to choose a man.</p> <p><u>Further funding should be provided to SSS.</u></p> <p>Ways in which SSS could be extended to support many others – offer further training.</p> <p>Reflecting on difficult experience with SSS worker A. If others' received a similar experience they may have felt negatively after, may have increased</p> |
|--|--|---|

| | | |
|--|--|---|
| | <p>373. Did you find it helpful him being external to school and family, or...?</p> <p>374. What d'you mean by that?</p> <p>375. Erm, the fact that he wasn't in, he isn't a school teacher, for example?</p> <p>376. Yes, definitely.</p> <p>376. Because, I think that like students, teachers talk as well.</p> <p>377. They go, "Oh did you hear this person's an arsehole?"</p> <p>378. "Yeah, he is an arsehole, he didn't do the homework." Blah, blah, blah.</p> <p>379. Coming from the outside, it's a fresh face as well,</p> <p>380. it's someone that you're not gonna be like,</p> <p>381. "If I reveal too much, it might be a bit weird!"</p> <p>382. Or you might see them in school.</p> <p>383. But, I'm, I'm happy for him to come, it's perfect, it is perfect, yeah.</p> | <p>their drug use and their drug related issues.</p> <p>Valued that SSS was separate to school.</p> <p><u>Teachers talk about students as well as students talking about one another.</u></p> <p>Teacher's having negative perceptions of students regarding the academic work.</p> <p>Outsider wouldn't always be aware of your issues. Feel safe and trusting of telling outsider your issues without worrying about seeing them in school. Positive and trusting relationship with SSS worker B, happy for him to attend school.</p> |
| <p><u>Verse 9 - Suicide attempt/ suicidal thoughts and SSS support</u></p> | <p>357. And it was a Godsend, I got SSS worker B, who I can't,</p> <p>358. I don't think I would be here,</p> <p>359. 'cause I had suicidal thoughts,</p> <p>360. I was genuinely prepared to kill myself.</p> <p>361. I, I did try in my GCSEs, I'd swallowed a huge bowl of pills before.</p> <p>362. And I was expecting to die,</p> <p>363. and I woke up the next day feeling awful,</p> <p>364. and had to do the exam.</p> <p>365. But I feel, like, without SSS worker B I genuinely I wouldn't be here.</p> <p>366. 'Cause I, I mean, it's still there, it's always a side thought,</p> <p>367. but there's always SSS worker B's kind words like</p> <p>368. 'cause I think he wasn't trying to give me an excuse,</p> <p>369. he was like, he was listening, he was understanding.</p> | <p>Grateful for SSS worker B. <i>Highly regarded, talk of God, comparison to a divine being – saviour.</i></p> <p>Suicidal thoughts and suicide attempt – difficulties during exam period – too much to cope with. Reflections on experience of suicide attempt. Expectation to die, woke up the next day feeling awful due to drugs that were taken. Suicide attempted via drugs concoction. <i>Drugs as an escape from reality – take away all difficulties – take away life. SSS B acted as saviour.</i></p> <p>Suicidal feelings still prevalent – SSS worker B helpful and supportive for Tom managing these feelings. Positive language, able to listen to him and be understanding of his feelings and difficulties.</p> |

| | | |
|--|--|---|
| | <p>370. And he's even said that my, like, we don't really talk about drugs anymore during the meetings.</p> <p>371. Although that's, it'll, it'll, it'll always come up,</p> <p>372. he'll always say, "Well, how's this doing?" You know.</p> <p>373. But I can tell he really cares,</p> <p>374. 'cause he's asked me about my personal life,</p> <p>375. and he's, he's very insightful, he'll be, like, "Well, er, well this is your problem for this. The reason why you're smoking is because, let's face it, sometimes you're bored!"</p> <p>376. And I'd be like, "Yes, I am bored, I don't have something else to do."</p> <p>377. He's like, "What else interests you?"</p> <p>378. and I'm like "unfortunately it's only drugs".</p> <p>379. Which annoys everyone,</p> <p>380. 'cause I'm only talking about drugs and the gym, what an annoying person that sounds like,</p> <p>381. and he would just try and help me find,</p> <p>382. we used to do drug tests as well, to make sure I was clean.</p> <p>383. And he's always supportive.</p> <p>384. I wish we could have more SSS worker B's, I wish that was possible - so yeah.</p> <p>400. And, so if we talk a bit more about your feelings, I suppose. So you mentioned that you had suicidal thoughts. You took the tablets. Tell me a bit about that experience of your life, and how you felt? And thinking back to it now as well?</p> <p>401. Hmm. I mean, thinking back to it now, it was, it was just a fearful exam period, it was GCSEs.</p> <p>402. I, I didn't think I could do it,</p> | <p>Drugs are not prominent in the conversations with SSS worker B.</p> <p>Caring nature from SSS worker B. <i>Challenged his earlier assumptions that women were nurturing - implying that men may not have been.</i> SSS worker B having an understanding of Tom's drug use.</p> <p>Drug use linked to boredom. Acknowledgement in self and from others that this contributes to drug use.</p> <p>Perceived frustration in others that he has limited interests. His interests are drugs and gym. Perception of self is frustrating and annoying to Tom. <i>Not happy with self, perceived annoyance in self is projected into what others' think of him and feel about him.</i> Support valuable from SSS – drugs tests.</p> <p>Wish and need for more SSS worker B's – <i>highly regarded, let down by others and SSS worker B was only one to help.</i></p> <p>Fearful of exams – only way out was through suicide with excessive drug use.</p> <p>Content at the time with dying. <i>Death felt inviting, comfortable – a way to</i></p> |
|--|--|---|

| | | |
|--|--|---|
| | <p>403. and I'd been smoking weed, and I didn't feel like I'd revised enough.</p> <p>404. And it was just in the moment,</p> <p>405. I went, "I, I'm happy to die now."</p> <p>406. It would just be, I wasn't sure how to do it,</p> <p>407. I mean, you see movies,</p> <p>408. I thought, "You know what"</p> <p>409. I made, like, a cereal bowl full of pills, I just went through the cupboard and just popped out all my dad's pills.</p> <p>410. It went from Paracetamol to some unknown, you know, weird I don't know, weird drugs for my dad.</p> <p>411. And, erm, and I swallowed,</p> <p>412. I was just, I was waiting on my bed,</p> <p>413. and I was like, "You're gonna die, but it's okay."</p> <p>414. You know, "At least you're gonna..."</p> <p>415. 'Cause my mum died, erm, six years ago,</p> <p>416. so I thought, "You know what, at least you'll be with her."</p> <p>417. She died from organ failure from all the crack use.</p> <p>418. Erm, so I thought, "You know, at least you'll be with mum" at least, you know,</p> <p>419. and then I woke up the next day,</p> <p>420. and I, I've never felt so ill, it was just all the pills, including all the side effects had kicked in there was nausea.</p> <p>421. I just had to go to school</p> <p>422. and went in the sick room,</p> <p>423. and went, "Look, can you just put it for my consideration, I feel awful."</p> <p>420. I'd had these thoughts throughout,</p> <p>421. I mean, they'll only usually happen when I'm in a proper dark place, when I, when I don't have purpose.</p> <p>422. Like, currently my situation - I'm, I'm optimistic,</p> | <p><i>escape from all the exam/ academic pressure.</i></p> <p>Various drugs taken (prescription medication) for suicide attempt.</p> <p>Self-talk and re-assurance that it would all be ok.</p> <p>Reflection on mother passing away and her connection with drugs.</p> <p>A sense of being closer to his mother – drug abuse in both Tom and mother.</p> <p>After effects of all medication when suicide had failed. Physical effects of drugs on body – nausea – needing a way to excrete and release all drugs from body.</p> <p>Reflecting on dark times and when he's feeling suicidal – in a dark place – <i>difficult to see the light, to see hope or a way out, feeling trapped in the dark,</i> Suicidal thoughts when he feels he has no purpose – reflection on these times.</p> <p>SSS haven't influenced his purpose or his negative feelings for himself, his thoughts on having no purpose is linked to personal feelings. Stuck in a daily cycle that's difficult to break from.</p> |
|--|--|---|

| | | |
|---------------------------------|---|--|
| | <p>423. but I don't have purpose at the moment, I'm, I'm literally wondering why I'm here.</p> <p>424. But that, that's nothing to do with SSS worker B, that's not him, he hasn't influenced me, that's just my personal like: I have no purpose,</p> <p>425. I'm doing the same thing, different day. Yeah.</p> <p>426. So you mentioned that you felt sick and nauseous and then once the effects of the drugs had passed, I suppose, how did you feel about that, realising you hadn't?</p> <p>427. I was glad,</p> <p>428. because I went, "It's not actually that bad I think."</p> <p>429. I just put myself in a state. I mean, it wasn't like that,</p> <p>430. it wasn't, like, "Oh, I'm actually fine." It was just a slow,</p> <p>431. I think things started going my way,</p> <p>432. I think at that time nothing was, everything possible that could have gone wrong, went wrong.</p> <p>433. Erm, 'cause I needed highlights in my life, I needed something to get me going.</p> <p>434. For example, I did the Google advert, like, a couple of months ago,</p> <p>435. and at that point I was in such a good mood,</p> <p>436. and then I just put myself in a state. If one of my mates goes to hospital for something,</p> <p>437. or it's just you know, like friend-wise, I feel like I'm alone,</p> <p>438. or my cannabis addiction has taken over.</p> <p>439. So yeah.</p> | <p>Glad and grateful that his suicide attempt failed. Reflecting after on life – exams were not that bad.</p> <p>Slowly started to feel better about self.</p> <p>At the time felt like everything was going wrong – <i>lost control of self and things around him – unable to manage self and emotions.</i></p> <p>Feeling the need to have positivity in life to help him get through and suppress the suicidal thoughts and feelings.</p> <p>Difficulties with friends, health of friends and sociability impacts on self and own thoughts and feelings – bring about suicidal thoughts as he feels lonely.</p> <p>Difficulties with drugs impacting on suicidal thoughts – cannabis use – taken over life, lost control of self.</p> |
| <p><u>Verse 10 - Family</u></p> | <p>451. And you mentioned that your dad's really supportive, and it was your brother who introduced you to cannabis. Erm, tell me a bit more about your relationships with your dad and your brother?</p> | <p>Relationship with dad – always looked after by his dad.</p> |

| | | |
|--|--|--|
| | <p>452. Erm, well my dad's, my dad's always looked after me from a young age.</p> <p>453. I was the, I, we would consider myself the lucky one of the three siblings, erm, from my mum.</p> <p>454. 'Cause my older sister, she saw her use crack,</p> <p>455. and she, my mum used to prostitute herself to pay for it.</p> <p>456. So my brother saw that as well, he used to lay on the other bed, and she told him to look the other way.</p> <p>457. Erm, and my dad,</p> <p>458. 'cause their, their dads were awful.</p> <p>459. You know, my brother's dad used to beat my mum up, and, erm, like piss on her, and all that awful stuff.</p> <p>460. Erm... but, I was, I was lucky in the sense that my dad really cared.</p> <p>461. Like, my mum would ask him, "Just hit me!"</p> <p>462. 'Cause that's what, that's what she expected.</p> <p>463. 'Cause as, as a child she was raped, er, regularly at a hotel that her auntie ran, these guys would just rape her, that was her thing.</p> <p>464. Erm, so I was, I was very lucky in the sense that my dad was caring.</p> <p>465. He, he was my figure, he was my mum and my dad for about six, seven years.</p> <p>466. And then my step-mum came into the picture, erm, and they had children,</p> <p>467. and then, I mean, they live with us now.</p> <p>468. But my dad at first, like, I remember I used to have to be so quiet about drugs,</p> <p>469. like, I had to climb out my window</p> <p>470. and, like, run towards the dealer you know, very quickly, or whatever.</p> <p>471. Erm, and then he slowly found out about it.</p> | <p>Fortunate one in family – considered lucky out of his siblings due to mother's drug and prostitution. Protected, sheltered from drug mother's drug abuse and prostitution.</p> <p>Dark past with family.</p> <p>Siblings exposed to mother's drug abuse and prostitution.</p> <p>Sibling's fathers were abusive.</p> <p>Fortunate about own father – he was caring and supportive.</p> <p>Mother's childhood – abusive.</p> <p>Fortunate to have a caring father.</p> <p>Father acted as both parents.</p> <p>New family – step mother and new siblings.</p> <p>Drug use used to be kept secret from his father. Was unable to tell his father initially about his drug use.</p> <p>Eventually his father found out about drug use. Family awareness of drug use.</p> <p>Mixed feelings, emotions and responses received from his father regarding his drug use – positive and negative.</p> <p>Father perceived Tom as a different person when using drugs, he used is for sociability - appeared to be understanding and accepting.</p> |
|--|--|--|

| | | |
|--|---|--|
| | <p>472. And he's he's been like a coin, he's been flipping all the time.</p> <p>473. One minute he'll be, like, "You know what, I'm slowly understanding weed. Erm, I understand that it's, it's, kind of, not you, it's the fact that you rely on this drug, it's your social thing".</p> <p>474. 'Cause I might get a mate round, erm...</p> <p>475. but then there would be times when he'd be, like, "This is awful, it's taking over your life."</p> <p>476. You know, like, I'd come home stoned, and he'd be able to tell,</p> <p>477. 'cause I'd come in with a huge smile on my face.</p> <p>478. Erm, but he's, he's always been supportive on that, he's</p> <p>479. 'cause he knows that, if he pushes me away, I'm just gonna go,</p> <p>480. I, I used to even try to get him angry, sometimes so I could go out there and smoke.</p> <p>481. 'Cause I'd be, like, "Oh, I have an excuse now, I'm pissed, I can go smoke."</p> <p>509. Erm, going back to the, to the brother,</p> <p>510. erm, he did, he did introduce me to weed, I'll give him that.</p> <p>511. That was just, he's, he's had a, a messed up childhood as well - very, very awful.</p> <p>512. So he found his haven in drugs that was his euphoric feeling that he'd get.</p> <p>513. It was, it was all he'd talk about,</p> <p>514. and that was all we did talk about.</p> <p>515. And it was, it was a bonding thing, I think, as well,</p> <p>516. you wanna be the older brother, showing the younger brother.</p> <p>517. If, if my younger brother wasn't seven, if he was fifteen, I'd probably feel some way inclined</p> | <p>Other times would not be accepting – father perceived drugs to be taking over his life – <i>losing his son to drugs – links to Tom's mother losing her life to drug abuse.</i></p> <p>Physically father could tell when Tom was using drugs.</p> <p>Father always been supportive. Worried he might lose Tom.</p> <p>Reflections on experiences where he would find an excuse to smoke cannabis – would fight and argue with father.</p> <p>Brother introduced Tom to weed.</p> <p>Reflections on brother's childhood.</p> <p>Brother using drugs to escape from dark reality.</p> <p>Only connection between the two of them was via drug use – bonded and maintained family relationship through drug use together.</p> <p>Family relationships and drugs – reflecting on relationship with younger brother – <i>family tradition to pass on drug use from one person to another</i> – reflection on this and awareness of drug use difficulties on self – would not want younger brother to go through the same.</p> <p>Occasionally meet with older brother.</p> <p>Difficulty establishing relationship with older brother without drug use.</p> <p>Reflections on experiences of drug use with older brother. Ability to bond</p> |
|--|---|--|

| | | |
|--|---|---|
| | <p>to be like him: "look, here's a spliff, let's, let's bond".</p> <p>518. But at the same time, I'd never do that,</p> <p>519. 'cause I know what it's led to, I'm now, you know, what I am now.</p> <p>520. But I don't, I don't see him very much, he lives in, er he's been in foster care his whole life, so he, he lives in Canterbury,</p> <p>521. so occasionally we'll meet.</p> <p>522. And I think, because it's so awkward, like,</p> <p>523. although he might show me where he lives, or whatever,</p> <p>524. it is very much, we just smoke weed or,</p> <p>525. or we once took MD together, which was...actually it was one of the most beautiful experience I've ever had on MD.</p> <p>526. Because it was just us in a room, we'd taken it, and we were so open, because it makes you so loquacious.</p> <p>527. We just started telling all these awful things that had happened,</p> <p>528. and how much we loved each other.</p> <p>529. And that was the one when, when actually this is, this is our first bonding moment,</p> <p>530. it was just such a shame that it was on drugs.</p> <p>531. 'Cause it meant we couldn't get that until we were on drugs.</p> <p>532. It also taught me about the come down.</p> <p>533. I remember the first night it didn't really hit me, the second night it really hit me,</p> <p>534. and by the third day I was asking my brother...I,</p> <p>535. I, I even remember I was scratching my arm, like, just doing, like the stereotypical drug thing.</p> <p>536. I was like, "we need to get, we don't need to get dope, get some more MD."</p> | <p>and create close, loving relationship with one another when using drugs.</p> <p><i>Once high - lose inhibitions – able to be honest, open and loving with one another.</i></p> <p>Realisation and reflection that love and bond between Tom and his older brother was based on their drug use together.</p> <p>Learning from experiences – the negative after effects of drug use – difficulty managing the come down.</p> <p>Brother able to support Tom's difficulty with his come down and refuse to give him any drugs – realisation and awareness in brother from the effects.</p> <p>Supportive role from older brother too.</p> |
|--|---|---|

| | | |
|--|--|--|
| | <p>537. And he, I think he recognised that, I think that was the one bit of maturity I saw from him,</p> <p>538. and he went, "you know what Tom you need to calm down".</p> <p>539. He proper sat me down</p> <p>540. and, "You need to calm down. You're taking this too far, just"</p> <p>541. And I was, like, "Thank you, I needed that." So that's been his role. Yeah.</p> | |
| <p><u>Verse 11 - Smoking with friends to smoking alone</u></p> | <p>464. But, erm, but, I, it was, the reason why it was social was because, still to this day, I can't roll spliffs,</p> <p>465. I've never sat down and taught myself how to roll.</p> <p>466. So I always have to, I would have to find someone who could roll, so that was the social side of it.</p> <p>467. It started to change when I found out there was this thing called, 'pre-rolled cones'.</p> <p>468. Which it's just a, it's just a spade, you just push it in - done, lovely.</p> <p>469. And now I'm sitting in my room smoking by myself, which he [dad] didn't like</p> <p>470. because, obviously, I mean, I'm, I'm on the roof-top room of our little, er, house.</p> <p>471. But, you know, it's still, I just sit there.</p> <p>472. And then every time I sit down in my chair it would remind me of,</p> <p>473. 'cause I'd sit there,</p> <p>474. and that's where I'd roll, like,</p> <p>475. it's still all there, that's where I've,</p> <p>476. it's my drugs den.</p> | <p>Sociability associated with drug use – moreso with physically accessing the drugs – not being able to roll a spliff.</p> <p>Relying on friends to be able to roll a spliff so that he could access his drugs.</p> <p>Friendships and sociability changed when he discovered that he didn't need to rely on friends.</p> <p>Smoking weed alone – lost friendships.</p> <p>Memories and reminders in room about drug use – <i>strong prevalence of drug use – reminders bringing him back and tempting him to use drugs – room referred to as drugs den – hidden away, sole purpose for drug use – secretive.</i></p> |
| <p><u>Verse 12 - Stopping drugs</u></p> | <p>476. So he's [dad], he's up and down with it, he's, he understands now that I've quit, until like,</p> <p>477. I know it's gonna be, erm, I know I don't wanna say that I'm gonna quit forever,</p> <p>478. 'cause I know that's not gonna happen - I know I'll have a little slip.</p> | <p>Mixed emotions from father regarding Tom's drug use. Understanding that Tom has stopped his drug use.</p> <p>Not convinced in self, or doesn't want to stop drug use entirely. Awareness of own drug use and difficulty with stopping completely.</p> |

| | | |
|--|--|---|
| | <p>479. But I said, "Look, I'll quit 'til after exams, so at least it's out of the way, and then I can have"</p> <p>480. If, if, if I want to, hopefully by then it might have just faded.</p> <p>481. 'Cause I know, I know what I'm capable of when I'm not on it.</p> <p>482. I mean, this happened last year,</p> <p>483. but I'm a different person my dad says.</p> <p>484. 'Cause even now, like, I can go gym, I feel healthy, I'm eating healthy.</p> <p>485. And then you just have that one spliff at that one party</p> <p>486. and it's just downhill from there, you start and you know,</p> <p>487. you go, "Oh God, I need to buy weed."</p> <p>527. So tell me a bit about how you feel now? So, you said you've had your New Year's resolution. You've got exams coming up. How do you...tell me about your feelings of that really, of, of the thought of stopping, completely stopping for a while?</p> <p>528. It's, it's been really hard.</p> <p>529. I mean, I tried to quit smoking, er, cigarettes at the same time.</p> <p>530. Erm, and I found that it's just trigger points, it is literally: don't go out to the alley way, where everyone's smoking.</p> <p>531. 'Cause I, I did it today, 'cause I thought,</p> <p>532. "You know what, I'm gonna have some willpower, I'm gonna be, like, yeah, you know what, I don't smoke, I'm good."</p> <p>533. 'Cause there will be a time when that comes I immediately pull out a fag, just quickly roll it, and just have a fag.</p> <p>534. After I felt awful.</p> <p>535. But, I mean, it's, it's easy to say that after,</p> <p>536. because you've already fulfilled yourself with whatever you wanted to do.</p> | <p>Motivation and reason for quitting – exams.</p> <p>Hopefulness about future – being able to quit and stop completely.</p> <p>Other's raising awareness for Tom for how he can be a different person when not using drugs – <i>dual personalities – sober self and drug self – noticed by others not Tom.</i></p> <p>Aware of downfalls – sociability – smoking weed at parties – difficulty resisting.</p> <p>Awareness in self of difficulty in being able to stop all drug use and quitting smoking cigarettes at the same time.</p> <p>Awareness of triggers.</p> <p>Needing willpower in self to continue without drugs.</p> <p>Reflections on when he gave into smoking cigarettes after quitting and feeling awful after.</p> <p>Comparisons to weed.</p> <p>Triggers for weed – reminders and objects related to drugs – grinder, bong.</p> <p>Worried and anxious about being offered drugs by others – temptation may be too high and difficulty with</p> |
|--|--|---|

| | | |
|--|--|--|
| | <p>537. Erm, and it's the same with weed. Like, there, there is...</p> <p>538. I mean, there's the grinder</p> <p>539. and there's, there's mates who, I haven't yet been offered a zoot-</p> <p>540. that, that is my worry. Unfortunately, luckily I'm, I'm friends with people who don't seem to pick up that much, erm, they don't work as much as I do.</p> <p>541. So it's, it's quite rare,</p> <p>542. but if they went "do you want to come",</p> <p>543. I feel like it would be very hard, but I know that I have to do it.</p> <p>544. 'Cause once you're in the cycle, it seems so hard to get out,</p> <p>577. Oh, my friends with weed. So, yeah, it's, it's the money,</p> <p>578. and hopefully I'll see that build up,</p> <p>579. and I'll start to go, "You know what, I can do this." It's the willpower.</p> <p>580. 'Cause now that I don't have, if I can build up that willpower, the work will come back, I'll start getting into doing work again.</p> <p>581. 'Cause I haven't felt safe taking my concerto if I'm gonna be smoking,</p> <p>582. 'cause it's, concerto is like a really soft speed, erm, which I've, yeah,</p> <p>583. 'cause, I've, I've done speed, and then I've done concerto- it's very very similar if you take some, similar.</p> <p>584. And smoking tries to calm you down, so it's very juxtaposing in that sense.</p> <p>585. One, one minute you're like, "I wanna go to sleep."</p> <p>586. And I can't, my vision is just gone.</p> <p>587. But, erm, yeah, yeah.</p> <p>588. It's, it's going well, it's been a week.</p> | <p>resisting drugs and friends. <i>Anxiety may be related to losing friendships as well as drugs.</i></p> <p>Caught in a trap and difficult to escape once inside.</p> <p>Finances related to drugs.</p> <p>Being able to save money when not using drugs as a motivator to continue to not use drugs as well as the willpower.</p> <p><u>If I have the willpower I'll have the motivation and confidence to do my work.</u></p> <p>Concerns and worries about using prescribed drugs when also using weed. Realisation or reaction to previous experiences where he had negative effects from mixing different drugs.</p> <p>Reflections on stopping drugs – feeling hopeful. Although he has attempted to link back to his drugs by scrapping out THC from grinder. Feeling bad about self for doing this – realisation and awareness in self of feeling negatively about his drug use.</p> <p>Reflecting on previous experiences where he would keep the THC – sociability show to all friends. Difficulties with stopping completely – in the past lost his willpower. Use the THC and smoke it to gain some effects from the drugs.</p> |
|--|--|--|

| | | |
|--|--|--|
| | <p>589. I mean, I've tried, I have tried to scrape my THC out the bottom of my grinder at one point,</p> <p>590. and I just felt so, so disgusting doing it.</p> <p>591. Because at least, at least there was, there was a point where, erm, where I'd save all the THC in the bottom,</p> <p>592. and it was lovely to show my friends, "Oh, look how much I have."</p> <p>593. And slowly I just lost the willpower,</p> <p>594. and the discipline, to where every,</p> <p>595. like almost, whenever I'd run out of weed, I'd immediately go to the bottom, scrape it, put it in a bong, and put tobacco,</p> <p>596. and it tastes awful,</p> <p>597. but I'd do it just to get, you know, like a half high,</p> <p>598. just so I could just be on that level.</p> <p>599. So I'm, I'm glad that I'm getting away from that.</p> <p>600. Okay. And how, how d'you feel about going into your room, like, you know, as you call it your drugs den?</p> <p>601. Yeah, my drugs den.</p> <p>602. Yeah, how, how d'you feel about that?</p> <p>603. It, it is a problem,</p> <p>604. because I walk in, you've got all the stuff still all over the table.</p> <p>605. In closet you've got two bongs sitting there, like, it is hard.</p> <p>606. And the only, I think the main thing that's stopped me so far, is the fact that I haven't been paid yet - I get paid at the end of the month.</p> <p>607. So there is gonna be that risk of: what is gonna happen in, you know, a few weeks.</p> <p>608. 'Cause my mates, I'm sure one of my mates will call me up.</p> | <p>Glad to be escaping and distancing himself from his previous drug self.</p> <p>Difficulties with his environment - bedroom is drugs den. Objects related to drug use still around. Consistent temptations and reminders.</p> <p>Finances impacting on drug use – biggest inhibitor for not using drugs is that he hasn't been paid yet.</p> <p>Sociability and temptations from others – friends and dealers in getting in touch.</p> <p>Reminders all around – visual, in room, through connections and friendships.</p> |
|--|--|--|

| | | |
|--|---|--|
| | <p>609. And I also, I'm having a problem with having dealers on your phones –</p> <p>610. you get a text maybe, like, once every two days saying, 'Yo, hot bags - shout me!'</p> <p>611. You know, and it immediately reminds you of weed,</p> | |
| | <p>594. and it's just, or if a party comes up, that, that's my biggest fear.</p> <p>595. I, I can't go to a party sober,</p> <p>596. but I don't wanna drink, so I'm bit like: "do I even go"?</p> <p>597. Or do I just go sober and, you know, just try it?</p> <p>598. Erm, 'cause I mean, the last party I was at, the New Year's one, I took a lot of MD as well, to the point where I started,</p> <p>599. I barely remember it, I've got a few weird photos, and a few weird things I did.</p> <p>600. But I remember getting home and visually tripping, like I saw little bugs just moving, everything started to change size.</p> <p>601. And it was a bit, it was a bit creepy, to be honest.</p> <p>602. It was like: I'm not, I'm not quite sure what to do here. I mean, everything's, it was, you're trying to convince yourself you're happy</p> <p>603. and I hate that. It's kind of like when you're, when you're stoned, you have to try and convince yourself you're in a good mood, and you are high.</p> <p>604. And once you're trying to convince, then in the back of your mind</p> <p>605. 'cause, it's, it's, it's, kind of like when you tell yourself not to look at something, you keep looking at it.</p> <p>606. So, it was the same kind of thing, you'd be like, "Just think happy..."</p> <p>607. And you'd be like, "No, it's horrible, oh my God!"</p> <p>608. And then sends you into a bad trip.</p> | <p>Temptations at parties- social events. Fear around not being able to sop himself. Difficulty dealing with and managing social situations.</p> <p>Trying to come up with solutions or ways of avoiding drug use in social situations. Reflections on last party – social event where he was unable to stop drug use.</p> <p>Reflections on recent experience with drug use and the effects. Negative effects from drug use - everything felt strange – not in control.</p> <p>Attempting to take control of mind, self talk that he was happy, but felt urge to fight what he was saying.</p> <p>Negative feelings and thoughts as effects from drug use – difficulty trying to manage them at the time when high.</p> <p>Trying to escape from drugs and be in control of self and his mind – when not on drugs has a clear mind.</p> |

| | | |
|--|--|---|
| | <p>609. So, if I can get away from all that, I'm sure my head will clear.</p> <p>610. Yeah.</p> | |
| <p><u>Verse 13 -</u> <u>Effects of</u> <u>weed -</u> <u>memory</u> <u>loss</u></p> | <p>611. Anything else you want to add to that? About your journey, your experiences?</p> <p>612. Erm, well I would say that definitely weed leads to memory loss.</p> <p>613. I mean, just today when I had to do, erm, this psychology revision with my teacher, we would write something down, and we'd turn the page over,</p> <p>614. and she'd say, "Okay, just tell me what you just read?"</p> <p>615. And I would have a mind blank.</p> <p>616. It was, it was, it was such a struggle, I'd be sitting there and I'd be like,</p> <p>617. I, I can physically remember what we talked about, but I can't.</p> <p>618. 'Cause weed makes everything, like everything feel like it was a week ago.</p> <p>619. So if you smoked yesterday, it would feel like a week ago.</p> <p>620. Something I did three months ago, feels like a week ago.</p> <p>621. I genuinely couldn't tell you what happened from here to September.</p> <p>622. If you asked me, "What have you done?"</p> <p>623. I have no memory, like I'm like, absolutely, I know that I went to school.</p> <p>624. I could not say in a specific lesson.</p> <p>625. When I learn stuff now, or teachers revising, I do not know anything.</p> <p>626. I'm like, "I'm sure I've read this." I recognise something,</p> <p>627. but it's not cognising in my brain.</p> | <p><u>Smoking weed leads to memory loss.</u></p> <p>Experiencing difficulties with memory – feel that this has been linked to smoking weed.</p> <p>Often have a blank mind.</p> <p>Effects of weed make him feel like all events happened in the past. Difficulty keeping up with present day activities.</p> <p>Difficulty remembering activities and work in school over the last term.</p> <p><i>Drugs clouded the mind- difficulty remembering and staying attentive to school work- perhaps avoidance of school work and effects of drugs exacerbated this.</i></p> <p><i>Feel like he's not fully functioning – mind partly disabled from drug use.</i></p> |
| <p><u>Verse 14 -</u> <u>"weed isn't</u> <u>a gateway</u> <u>drug"</u></p> | <p>654. Yeah. I wouldn't say weed is a gateway drug.</p> <p>655. I did not once smoke weed and go, "Oh, what's MD gonna be like?"</p> <p>656. It was, like, it was, I mean I know people that have smoked</p> | <p><u>Weed is not a gateway drug for other drugs.</u></p> |

| | | |
|--|---|---|
| | <p>weed and got and I know people that smoke weed and that's all they do.</p> <p>657. I mean, I think it's unfair to say,</p> <p>658. I mean, heroin addicts, once, you know, they drink milk, so technically milk is a gateway drug.</p> <p>659. You know, that is such a stupid</p> <p>660. not once did I think, "I wanna try"</p> <p>661. It was just, it was there and a mate offered it.</p> <p>662. I even remember the first time someone tried to give me a line,</p> <p>663. I was so like, "Err, I've seen it in movies, I'm not too sure."</p> <p>664. And then I did it, and now it's something oh, something that I loved doing.</p> <p>665. So, yeah, I'm just throwing that out there, for any theorists out there, yeah.</p> | <p>Some people have only smoked weed and others have used various drugs. Doesn't see link between using one drug and that leading onto another drug.</p> <p>Comparison of 'gateway' drugs to non-drug related items.</p> <p>First experiences with cocaine. Naïve and not fully aware of what to do – taking action from what he had seen previously in films. Enjoyed using drugs – awareness that this was in the past.</p> |
|--|---|---|