Bullying & Drugs

Two problems which rear their ugly heads from time to time even in some of the best-ordered establishments. We sought the advice of two specialists in how to spot the danger signs...

Drugs and addiction

According to recent figures published by the NHS up to 25% of children aged 11-15 have tried drugs. However, the same survey also reported that, although 22% of parents thought that children in the same age band took drugs in their neighbourhood, only 1% thought that their child had done so! Although schools are often less naive to the behaviour of their pupils than the parents, how much do they really know about the subject and how do they go about tackling this escalating problem? Simon Leigh reports:

Simon Leigh is an accredited Addictions Counsellor who is in recovery from drug addiction. Apart from having a private practice for clients, he regularly conducts very interactive lectures and discussions at schools. He is often interviewed by many media formats on the subject of addiction and has had several articles published. For more information on how he can help please visit www.addictiontherapy.org.uk.

Many schools have added drug education into their PSHE Programme but often lectures and discussions are conducted by in-house staff. Although the standard of education and level of information have progressed enormously since the "Just Say No" campaign of the 1980's, young people today will often hear the same message when it is delivered by somebody that they perceive to be an authority figure.

Cannabis is the most commonly used drug in the UK with cocaine coming in at second place. The increased availability coupled with the falling costs of both drugs in recent years means that most teenagers would not have to look very hard to find a dealer if challenged. Although Cannabis has now been reclassified to a Class B from a Class C drug, there is still a lot of confusion as to the dangers, addictive quality and legality of the drug. Cocaine, on the other hand, has always been a Class A drug but this does not seem to have the deterrent effect that the legal system had hoped for. This is not to mention the ever increasing use and abuse of alcohol, Ecstacy / MDMA, Amphetamines, prescription medication (e.g. Valium, Opiods etc) and Ketamine (which was designed for the veterinary trade as a horse tranquilliser!).

The difficulty is often deciphering what is drug induced behaviour and what is normal teenage / adolescent acting out? Often they can look very similar. However, some behaviours normally associated with drug use include:

- Sudden drop in grades
- Truancy
- Loss of interest in learning
- Sleeping in class
- Poor work performance
- Not doing homework
- Defiance of authority
- Poor attitude towards sports or other extracurricular activities
- Reduced memory and attention span
- Drastic weight loss or gain
- Cheating and/or stealing
- Always needing money or having excessive amounts of money

In addition to the physical symptoms including:

- Fatigue
- Repeated health complaints
- Frequent flu-like episodes, chest pains, 'allergy' symptoms and chronic cough
- Red and glazed eyes
- Impaired ability to fight off common infections and fatigue
- Impaired short-term memory

Obviously, as stated, there are many behaviours which may look drug related but are very common to normal teenage angst.
For example:

- Changing friends
- Inexplicable mood swings and behaviour
- Negative, argumentative, paranoid or confused, destructive and anxious attitudes
- Over-reaction to criticism
- Acts of rebellion
- Sharing few, if any, of their personal problems
- Overly tired or hyperactive
- Unhappiness and depression
- Sloppiness in appearance

Another major issue is when does recreational use become an addiction? Although many schools cover drug education, how many look at addiction as an illness - the causes, the symptoms and ultimately the treatment? Of these, how many talk to the parents too? After all, addiction is "a family illness".

Although there has never been any conclusive proof, enough studies have been undertaken which provide sufficient evidence to assume that addiction does have a genetic component and a person born into an addictive family will therefore be genetically predisposed to the illness. That is not to say that they will automatically become addicted to a substance or behaviour at some point in their lives but that they are more likely than the person born into a non-addicted family. However, it can skip a generation, one sibling may suffer and another may not etc. In addition, social stimuli and psychological issues also contribute to the onset of addiction.

Another area that is often not discussed in schools is behavioural addictions. These include gambling / risk taking, eating disorders, self-harming, shopping, relationship, sex etc although this list is far from exhaustive. Many people do not accept these behaviours as addictions, but the internal (and often external) torment and destructive consequences are just as intense as substance addictions.

Consequently it is often more productive to bring in outside experts to talk to pupils, staff and parents alike to both educate and answer questions in a way that may not be possible from in-house staff.

Girls 'twice as likely as boys' to remain victims of bullying

Girls targeted by bullies at primary school are two and a half times more likely to remain victims than boys, according to new research from the University of Warwick and University of Hertfordshire.

Researchers found girls being directly victimised by bullies (being beaten and suffering physical or verbal threats) at six years old were significantly more likely to still be a direct victim at age ten.

The study also revealed that the nature of bullying changes as children grow older, from direct victimisation (physical bullying and threats) to relational victimisation (spreading of malicious gossip or the withdrawal of friendships leading to social exclusion).

The research team, led by University of Warwick Professor of Developmental Psychology Dieter Wolke, interviewed 663 children aged 6-9 about their bullying experiences. They also examined the peer hierarchies amongst the children by asking them to nominate the three children they liked most in their class. A follow-up questionnaire was then issued when the children were aged 10-11.

The study also revealed interesting information about the affect of bullying on the 171 children who dropped out of the study because they had actually moved schools. Professor Wolke examined the data collected for all the original participants in the study and found that those who moved schools were actually 9% more likely to have been victims of relational bullying. Professor Wolke noted that these children had significantly fewer friends and were in more hierarchically-organised classes.

Professor Wolke said: "These findings indicate that even at an early age some victims of bullying remain victims over a long period of time. The development and implementation of intervention programmes that help victims to escape further victimization in primary school are called for".

He added that the findings suggested school professionals, health practitioners and parents should be aware of children showing signs of both physical and emotional health problems, as these appeared to be important risk factors for becoming and remaining a victim.

How to spot bullying victims

Prof Wolke lists the following potential warning signs for children to remain victims for a longer period of time or to become victims:

- children with few friends
- children who are little liked or are neglected in social contacts in the class
- classes that are tightly organised in hierarchies with highly dominant children (more difficult to change social relationships once a victim)
- girls in early primary school – as they build tighter networks at an earlier age than boys and it is more difficult to enter these tight networks once a victim
- children who have emotional problems (e.g. sleep problems, worry a lot, bed wetting)
- children who are victims of sibling bullying at home