




Limerick City Adult Education Service
Learning for Life



Evaluation of the effectiveness
and impact of the

Community Addiction Studies Course

CASC® in Limerick City



This report has been prepared and written by
Dr Martin Power and Dr Patricia Neville,
Department of Sociology, University of Limerick, April 2011.

CASCC

Foreword

City of Limerick VEC is pleased to present this Evaluation Report on the Community Addiction Studies Course (CASC®), which has been delivered annually, through its Drugs Education and Prevention Programme, since 2001. The CASC®, which was developed in 1994 by Ballymun Youth Action Project, aims to develop the knowledge, skills and competence of local residents and personnel, thereby enhancing their capacity to respond effectively to problem drug use in their own communities.

The Report documents the history of drug education in Ireland, from the individualistic approaches adopted in the 1960's to increasing community involvement in the 1980's and the establishment of Local Drugs Task Forces in the 1990's - all of which led up to the publication of the first National Drugs Strategy: 2001 – 2008 and the subsequent current interim National Drugs Strategy: 2009 – 2016.

By focusing on the effectiveness and impact of the CASC® in Limerick, the Report highlights the critical role that local communities and local people have to play in tackling problems of drugs misuse: an issue that is of growing concern nationally, for policy-makers, practitioners and the general public.

This study of CASC® in Limerick, which offers participants a FETAC Level 5 Component Certificate, is only the third evaluation to be conducted on accredited drugs education in Ireland, and is a first for Limerick. As such, it makes an important contribution to the emerging body of literature on community responses to the issues associated with drug misuse in Ireland.

The richness of the study findings can be attributed to the willingness of participants to reflect on and share their thoughts and experiences of CASC® and to the expertise of the evaluators. They provide useful insights for all who are committed to building the capacity of local communities and supporting and recognising the skills and expertise of local people.

I would like to take this opportunity to acknowledge and thank the CASC® Evaluation Steering Group, the CASC® Facilitators and all of our partners in the community and voluntary sector, who played a key role in the success of the Limerick CASC® programme. Most of all I want to applaud the 120 CASC® participants, who have shown what can be achieved through hard work, personal commitment to learning and community spirit.



Mary Hamilton
Adult Education Officer
Limerick City Adult Education Service

Contents

List of Figures	2
Executive Summary	3
Chapter 1: Overview	24
Drug use in Ireland: Key Trends and Themes	26
A Brief History of Drug Education in Ireland: 1960-1999	26
National Drugs Strategy 2001 – 2008	28
National Drugs Strategy 2009 – 2016	30
Other Developments	30
Community Addiction Studies Course	31
Structure of Community Addiction Studies Course and Course Content	31
Community Addiction Studies Course in Limerick City	32
Evaluating Drugs Education in Ireland	32
Chapter 2: Research Methodology	34
Research Design	36
Constructing a Sample	36
Response Rate	36
Data Analysis	36
Chapter 3: Demographic Profile of Participants Responding	38
Chapter 4: Key Findings	42
Effectiveness of the CASC®	44
The Mix of Participants	44
Course Delivery	44
Evaluation of Facilitators and Tutors	49
Evaluation of Facilitation Methods	50
Evaluation of Assessments	56
Impact of the CASC®	60
Skills Gained Through CASC® Participation	62
Progression	68
Employment Status	71
Other Outcomes from / Impact of Participating in the Course	72
Suggested Improvements	77
Chapter 5: Discussion of findings	82
Effectiveness of the CASC®	84
Impact of the CASC® on Participants	85
Chapter 6: Conclusions and Recommendations	87
References	91
Appendices	93
Appendix I – Questionnaires	95
Appendix II – Selected Tables - Education	111
Appendix III – Selected Tables - Employment	114

List of Figures

Figure 1:	Education, prevention and awareness measures to reduce demand for drugs in Irish society	29
Figure 2:	Gender of sample respondents	40
Figure 3:	Year the participant attended the CASC®	41
Figure 4:	Organisation of the course	45
Figure 5:	Quality of the course material	45
Figure 6:	Quality of support for participants	46
Figure 7:	Delivery of the course	47
Figure 8:	Evaluation of facilitators and tutors	50
Figure 9:	Usefulness of facilitation methods	51
Figure 10:	Which facilitation method was most enjoyable?	52
Figure 11:	Why was the facilitation method most enjoyable?	53
Figure 12:	Why was the facilitation method least enjoyable?	54
Figure 13:	Evaluation of assessments	56
Figure 14:	Which assessment was most enjoyable?	57
Figure 15:	Which assessment was least enjoyable?	58
Figure 16:	Evaluation of assessments	59
Figure 17:	How the participants heard about the CASC®	61
Figure 18:	What motivated the participants to attend the CASC®	61
Figure 19:	Knowledge and awareness of issues	63
Figure 20:	Communication skills	64
Figure 21:	Team working and leadership skills	65
Figure 22:	Personal effectiveness / development	66
Figure 23:	Career management skills	67
Figure 24:	Additional skills gained by participants	68
Figure 25:	Highest level of education completed	69
Figure 26:	Current employment status	71
Figure 27:	Groups the respondents work with	72
Figure 28:	Other comments about the CASC®	75
Figure 29:	Who would respondents recommend the course to?	76
Figure 30:	To whom would respondents recommend the course?	78
Figure 31:	Further training and information desired by respondents	79
Figure 32:	Recommendations for future participants	80



Executive Summary





Limerick City Adult Education Service
Learning for Life



Evaluation of the effectiveness
and impact of the


Community Addiction Studies Course

CASC® in Limerick City

Executive Summary 2011

PAGE

4



‘the content of the CASC® meets the needs of the participants as it covers drugs and effects, the family systems, communities and the process of addiction, so it gives them a broad understanding of the issues...the course content is very relevant because of what is going on in the communities in Limerick City’



Introduction

This evaluation of the effectiveness and impact of the CASC® in Limerick City is located within the wider context of the drugs education policy in Ireland. Despite the relative increase in the number and variety of addiction courses available, very few evaluations have been carried out on the impact and effectiveness of these courses.

There were two primary reasons for undertaking this evaluation:

- 1 to measure the effectiveness of the course, and
- 2 to determine the impact that the course has had on participants.

In 2001, the CASC® was established in Limerick City, with 108 people participating in the course by 2010. The course is organised and supported by Limerick City Adult Education Service (City of Limerick VEC). It is accredited by FETAC as a Level 5 Component Certificate in Community Addiction Studies. Influenced by systems theory, harm reduction and addiction counselling models, the course implements an adult education philosophy in its approach to learning. It is run in a group work setting, which provides a collaborative learning environment, where the facilitators draw on the experience of the group to learn from each other and to apply the course content to their experiences. The CASC® is run over twenty weeks with each weekly group lasting three hours, and the course is assessed through continuous assessment. Past participants were drawn from all sectors in Limerick City.



Overview

Recent National Drugs Prevalence Studies reveal that drug misuse in Ireland has risen from 18.5% in 2002-2003 to 24% in 2006-2007. The research also reveals that drug misuse in Ireland shows a youthful profile with Irish teenagers considered to be more 'drug experienced' than other European teenagers (European Monitoring Centre for Drugs and Drug Addiction 2003 cited in Lalor, de Roiste and Devlin 2007, pp.126-127). Clearly, there is a need for accurate, reliable drugs information and effective drugs education programmes in Ireland.

Since the 'discovery' of illicit drug use in the 1960s, the Irish government has adopted different understandings of drug use and have developed a number of different responses to dealing with illicit drug use. From the 1960s to early 1990s an abstinence approach was officially endorsed, individualising drug use and constructing it to be an individual response to personal deficiencies. By the 1990s, a number of factors combined to contribute to a new construction of drug misuse with the increased realisation that drug misuse

was related to structural and not individual factors. The link between deprivation, social exclusion and illicit drug use was forged by the increasing problem with heroin and drug related crime in some parts of inner city Dublin as well as through more international research on the social nature of drug use. With the publication of the Rabbitte Report in 1996, a more locally based response was developed through the establishment of Local Drugs Task Forces in an attempt to reduce demand for drugs.

The role of drugs education took precedence as one of the Pillars that would help reduce demand for drugs in the National Drugs Strategy (NDS) 2001-2008, and 2009-2016. In March 2009, the government approved the development of a combined National Substance Misuse Strategy to cover both alcohol and drugs (National Drug Strategy 2009). Under the Prevention Pillar, a number of drug education programmes were established at primary and secondary school level. Recent years have also seen an increase in the number of formally accredited drugs education programmes available in





Ireland. Some of these are available in the institutional setting and others are available in the community setting. For example in 1996 the Ballymun Youth Action Project (BYAP) established URRUS - an organisation that provides training to community members as well as professionals on the issue of drug misuse. The Community Addiction Studies Course (CASC®) is another example of such a community based drugs education programme, and was established to fulfil the following five aims:

- To enable people to learn about drugs and their effects
- To develop an understanding of addiction
- To examine their own attitudes
- To become more effective in their personal response
- To develop the skills and knowledge to become more effective in responding to problem drug use in their own communities (CASC® Facilitators Manual 2009).

To date, only one evaluation has been conducted into the effectiveness of the CASC®. King, McCann and Adam's (2001) evaluation of CASC® in Ballymun found a relationship between completing the CASC® and increased participation in community based drugs work (King, McCann and Adams 2001).

A background image of three young adults (two men and one woman) smiling and talking. The image is overlaid with a semi-transparent purple filter. A white rectangular box with a purple border is positioned in the lower half of the image, containing two lines of text.

**50% response rate from the
CASC[©] participants survey**

**75% response rate from the
CASC[©] facilitators, tutors, and
note takers survey**



Methodology

This is the second evaluation of the CASC® to be carried out in Ireland and the first evaluation of the CASC® in Limerick City. This evaluation involved current and past participants, CASC® facilitators and tutors, note takers, and CASC® co-ordinators.

A mixed methods approach was taken to the data collection process.

- 108 postal surveys were distributed to previous/current course participants
- 54 completed questionnaires were returned by the agreed deadline, which represents a 50% response rate for the CASC® participants survey
- 8 surveys were distributed to CASC® facilitators and tutors, and note takers, of which six were returned. This represents a 75% response rate from the CASC® facilitators and tutors, and note takers survey.

Such response rates are very good for a postal survey and are considered valid for statistical inference (Bryman 2004; see also Ryan and Sweeney 2004).

The qualitative data was generated from:

- One focus group with two individuals who are current and previous CASC® co-ordinators
- One focus group with four CASC® participants
- An interview with one of the CASC® facilitators, tutors, and note takers.

“I think the model is the big success... it’s the process that people go through... anyone can learn this stuff from the internet, it’s all there, but its about the process, going from A to B to C and what impact that has on people”

Key Findings & Recommendations

The primary aims of the Community Addiction Studies Course (CASC®) are to:

- Increase the level of drugs information available to professionals, community workers and individuals in Limerick City
- Offer people an opportunity to upskill in the area of addiction
- Facilitate people to learn more about the nature of addiction.

The findings of this evaluation strongly suggest that the CASC® is effective in meeting these objectives, and is in keeping with the objectives of the Prevention Pillar of the National Drugs Strategy 2009-2016.

The findings are presented following the two main strands of the brief i.e.:
the evaluation of the:

- 1 effectiveness of the course
- 2 impact on participants and their communities

1 Effectiveness

It is clear from the findings that the CASC®, as an example of a community based education programme, offers within local communities to respond more effectively to the problem of drugs in their locality.

1

High participant satisfaction rate

The course participants rated the CASC® very highly.

- 95% of participants responding understood the course objectives well
- 93% agreed that the course was well organised
- 91% said the course was delivered at an appropriate pace for them
- 91% are satisfied with the course materials used
- More than 75% of participants felt that their queries were dealt with effectively and in a timely manner
- 81% of the respondents found the overall duration of the course to be appropriate, while 98% found the course to be helpful.

This seems to endorse the claims of CASC® facilitators, tutors, and note takers that the CASC® remains very relevant to the needs of the course participants.

2

A very good relationship between the facilitators, tutors and participants

The data from the CASC® participants questionnaires offers a glowing endorsement of the course facilitators and tutors.

- 96% of respondents stated that the course facilitators and tutors helped them to learn
- 94% of respondents stated that the facilitators and tutors were effective communicators
- Over 96% of respondents rated the facilitators and tutors as very effective in their facilitation skills and felt that they treated them with courtesy
- 98% of respondents found the facilitators helpful.

3

Facilitators are an important resource

In relation to the supports received by the facilitators, the issue of time for reflection by the facilitators was strongly evident in the qualitative data generated.

- 92% of respondents stated that facilitators and tutors were very knowledgeable about all issues covered in the course
- 91% of respondents stated that facilitators and tutors were well prepared for each group session.



an effective learning experience to its participants, as well as building capacity

4

Useful facilitation methodologies

In keeping with its adult education philosophy and active learning approach a number of different facilitation methods are employed. The vast majority of respondents believe that icebreakers, brainstorming, small discussion groups, and large discussion groups are particularly useful approaches to content delivery. Both role-play and video were chosen as the least enjoyable facilitation methods for the following reasons;

- Those choosing video did so because they felt that the material was outdated, they gained nothing from this method, or because it was too impersonal
- Of those choosing role play, 50% felt that role-play can be embarrassing, with a further 33% believing that it can make a person nervous
- A number of respondents noted the need for more information and statistics on Limerick as much of the information was Dublin based.

5

Appropriate and effective assessments

The CASC® is assessed through seven assignments over a twenty week period.

- It is very significant that despite the continuous nature of the work load involved the vast majority of respondents found the amount of assessments to be appropriate, and clearly explained to them
- Additionally, there were very high numbers of respondents stating that the assignments were enjoyable and very informative, which highlights the effectiveness of these assessment methods.

“It was more community based and people centred. This mix of ‘informative’ content and course delivery proved a successful combination. I found the course fantastic”

2 Impact

The findings clearly demonstrate that the CASC® in Limerick is having a positive impact on participants in all

1

Sustained interest in CASC®

The continued interest in the course from potential participants, who largely hear about the course through work / word of mouth, is evidence in itself of the impact the course is having in the city and surrounding area.

2

Relevant employment

In the context of the impact of the CASC® it is noteworthy that

- 49 of the 51 individuals who are currently employed are working with young people, adults and community groups
- 39 of those respondents reporting that their work involved drug education / work in some way.

This is strong evidence that CASC® graduates are involved in community based responses to the drug issue in either a voluntary or paid capacity.

3

Attitudinal change

The data strongly suggests that many of the course participants appear to have undergone a change in their personal opinions and attitudes to drugs and drug addiction, invariably revealing the personal impact of the course on participants. The diversity of the participants in terms of their varying personal and professional experiences would appear to act as a catalyst for this attitudinal change.

In this way, an appreciation of where “others are coming from and the difficulties they are facing” was fostered in the course participants. It is striking that this personal impact is also experienced by facilitators, tutors and note takers.

of these areas.

4

Skills Development

The data illustrates that active participation and involvement in the course has led to 'hard' and 'soft' skillsets being developed by CASC® participants. The development of these skillsets are seen as a key indicator of the impact of the CASC®.

- The biggest increase in knowledge was reported on the effects of drug misuse on individuals, and community and national responses to the problem of drug misuse
- 87% reporting that they possessed improved communication skills to some extent at least, post completion of the course
- 93% reporting that they possessed teamwork and leadership skills to some extent at least, post completion of the course
- It is noteworthy that there were large increases in the number of respondents claiming they had a good level of ability to get involved in community activism (91%) and had gained personal awareness of drug misuse (96%) having completed the CASC®
- The data on career management skills also shows dramatic improvement in the level of these skills possessed by respondents post completion of the CASC®, with 86% of participants in particular remarking on how the course introduced them to an additional network of relevant professionals, which was hugely beneficial to them
- 92% of the sample stating that the CASC® offered them the opportunity to learn in a self-directed manner. The promotion of self-managed learning is a strategic priority for the Limerick City Adult Education Service. The focus on active and participatory learning proved successful considering the different professional and personal backgrounds of participants
- Finally, respondents also reported being more confident, having greater empathy, developing listening, study, and parenting skills, and experiencing personal development.

“You go in
and your
opinions
change
about
everyone.
Your whole
opinions turn
around and
that’s
building
community
and making
connections”

5

Participant progression

It is very apparent that the co-ordinators strongly believe that the CASC® should be the beginning of a process of progression for participants, with progression being “the next stage in the development of that person”. The data again evidences that the course is having a strong impact in this area.

- There is a marked increase in the educational attainment of individuals post completion of CASC®
- Almost 52% of respondents undertook at least one further educational course
- Just over 20% of the sample undertook more than one course of study
- It is noteworthy that the respondents undertook their courses in a variety of areas, at a variety of levels and through a variety of awarding bodies, with 90% stating that the qualification they had pursued was used in performing their current job.

6

Gender balance


The evaluation has highlighted the gendered nature of participation in the course with decidedly more women than men enrolling. This trend was mirrored in previous studies (King et al., 2001; Morgan 2004). While the course co-ordinators attributed this to the feminised nature of community development work in Ireland they did acknowledge the contribution that a more evenly gendered group could bring to the group dynamic.

7

Upskilling

A number of the respondents to the CASC® participants and the CASC® facilitators, tutors, and note takers survey said they would like further training. In particular, refresher courses were identified as being of vital importance.

“progression does not only mean moving to college, progressing depends on where the person is starting from, progression for some people could be them feeling that my life is a little bit stronger now, and feeling more confident etc”



Finally, a way of gauging both the effectiveness and impact of the course is to see if the participants would recommend the CASC® to others. It was very encouraging to find that:

- 94% of respondents would recommend this course to a friend.
- 92% would recommend this course to a work colleague.
- 92% would recommend this course to parents.
- 80% would recommend this course to teenagers.
- 100% would recommend this course to community workers.
- 100% would recommend this course to youth workers.
- 98% would recommend this course to teachers.



Recommendations



“when you see people a few years later resurrecting themselves in their local communities, being involved in local communities, then you kind of say, ok there has been a huge growth in personal learning around that”

Conclusions

This report is the second evaluation to be undertaken on the CASC® in Ireland. It is also the first evaluation that has been conducted on the course in Limerick City since it was established here in 2001. Unlike the research conducted by King, McCann and Adams (2001) this evaluation involved previous CASC® participants as well as course facilitators, note takers and course co-ordinators. In this respect, this evaluation offers a more integrated assessment of the effectiveness and impact of the course than previous research has offered us.

The research revealed that the majority of course participants rated the course, its content, and various modes of assessment highly. All of the course participants also positively rated the effectiveness of their facilitators. Additionally, the focus on active and participatory learning proved successful, considering the diverse motivations of many of the course participants, as well as their different professional and personal backgrounds. The impact of attending the course was also found to be very positive. The course was found to increase participants knowledge and skills in a number of different ways, participants were progressing their levels and areas of educational qualifications and participants were found to be working in relevant employment. Indeed, the evaluation highlights that just as in earlier research (King, McCann and Adams, 2001) the CASC® has an impact on increasing people's involvement in local drugs projects. Finally, the evaluation shows that the adult education ethos of the CASC® and its use of active and participatory learning methods enhanced the learning experience for all.

“It certainly shone a light on the underlying social and community problems that are there and how they are trying to be addressed by a group of people who are battling at the frontline everyday... the majority of the population don't realise they are doing that work”



We recommend that...

- 1**

The course continues to be organised largely as it is at present as it is proving to be highly effective for participants. Alterations to some of the course content should be considered as a way to further improve the delivery of the course. These changes should take account of new trends and developments in the area.
- 2**

The course co-ordinators should continue to give particular consideration to recruiting the course facilitators. The methods employed by the co-ordinators to date in choosing the facilitators are clearly proving to be beneficial for the participants.
- 3**

The facilitators should be enabled to engage in reflective practice on a regular basis throughout the programme. We believe that this reflective practice can further improve the course. It should be noted that this process has already begun.
- 4**

The video material used on the course should be updated. Additionally, where possible, measures should be put in place to reduce feelings of embarrassment when using role-play. The use of various methodologies should be employed to ensure active learning opportunities for participants. Local information should be available to participants to enhance their learning.
- 5**

That no change be made to the current set of assessments used on the course.
- 6**

The course should continue to be delivered in a manner that allows participants to experience personal development.
- 7**

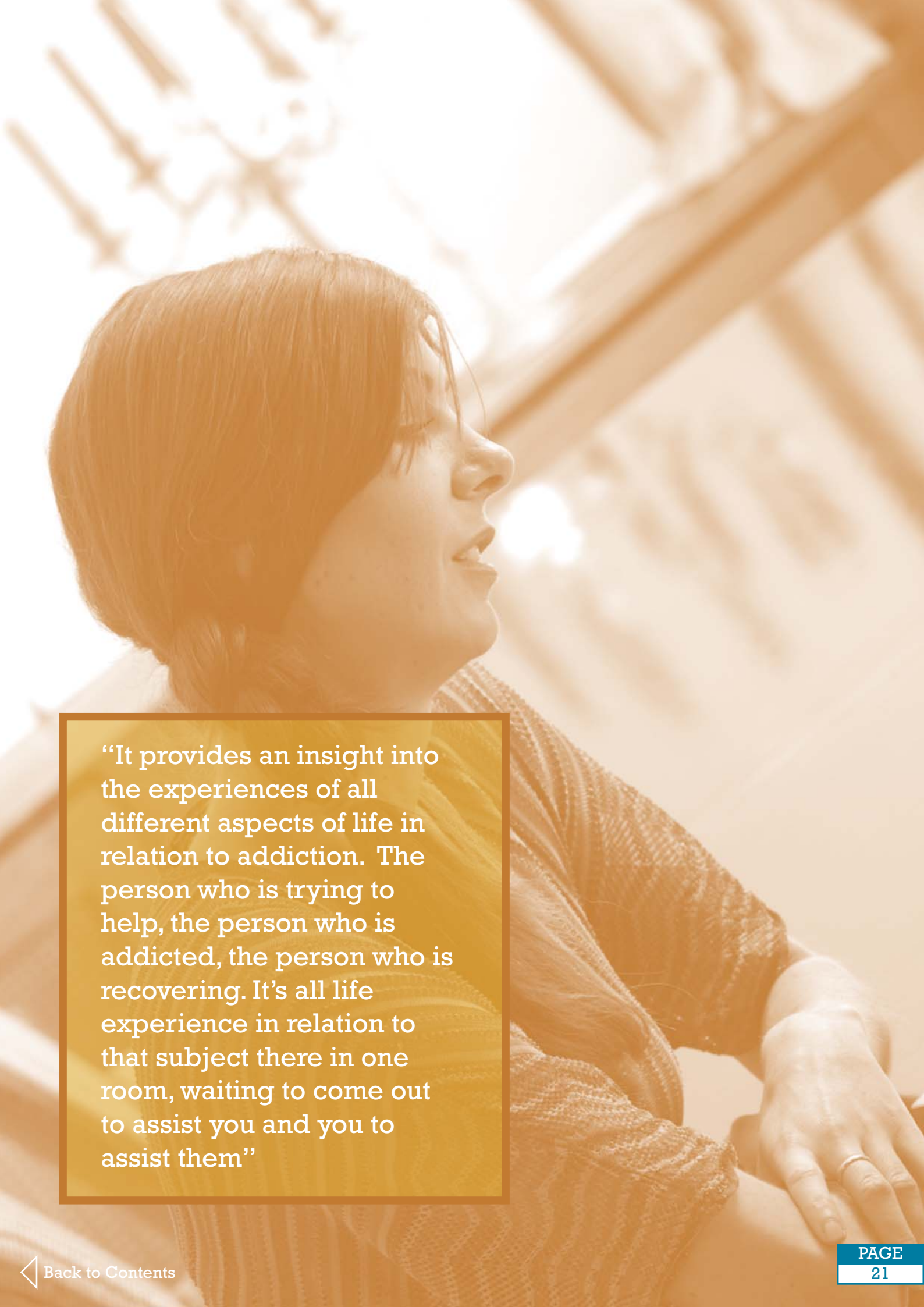
The course should continue to endeavour to maximise the development of hard and soft skills in the course participants.
- 8**

The course co-ordinators, tutors and facilitators should continue to encourage the progression of course participants.
- 9**

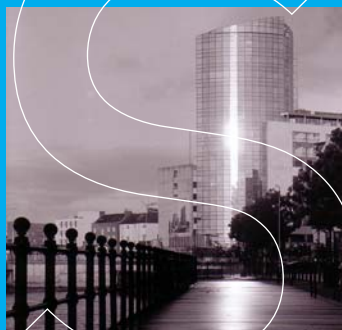
That greater consideration should be given to achieving a gender balance among participants on the CASC® in the future.
- 10**

That consideration be given to offering a refresher course to all previous course participants and facilitators as way for them to maintain the skills that they have developed on the course.
- 11**

Taking account of the respondents' opinions around the suitability of the course for teenagers, consideration should be given to offering the course, as a shorter programme to teenagers specifically.



“It provides an insight into the experiences of all different aspects of life in relation to addiction. The person who is trying to help, the person who is addicted, the person who is recovering. It’s all life experience in relation to that subject there in one room, waiting to come out to assist you and you to assist them”



City of Limerick VEC
COISTE GAIRM OIDEACHAIS CHATHAIR LUIMNIGH

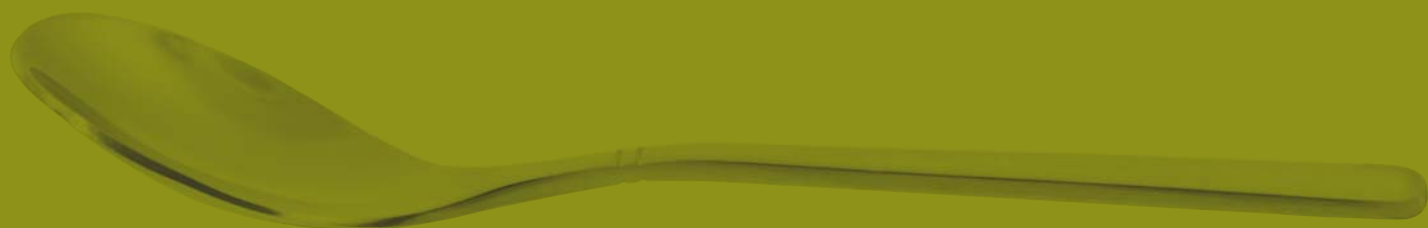


[Back to Contents](#)

Chapter: 1

Overview





Drug use in Ireland: Key trends and themes	26
A Brief History of Drug Education in Ireland: 1960-1999	26
National Drugs Strategy 2001 – 2008	28
National Drugs Strategy 2009 – 2016	30
Other Developments	30
Community Addiction Studies Course	31
Structure of Community Addiction Studies Course and Course Content	31
Community Addiction Studies Course in Limerick City	32
Evaluating Drugs Education in Ireland	32

Overview

Drug use in Ireland-key trends and themes

According to the United Nations Office on Drugs and Crime (UNODC) and the World Health Organisation (WHO), 205 million people worldwide are estimated to use illicit drugs. Of this, 25 million are estimated to be dependent on these drugs (UNODC, WHO 2008 cited in Doyle 2009, p.382). Estimates as to the prevalence of drug use in Ireland can be found in the two National Drugs Prevalence Studies carried out in 2002-2003 and 2006-2007. Using a 'lifetime use' approach, namely asking participants to recall whether they used drugs in the month or year previous to the survey being conducted, a particular profile emerged from this research. Firstly, we find that the number of people using illicit drugs rose from 18.5% in 2002-03 to 24% in 2006-07 (cited in EMCADA, p.3). Secondly, an increase in cocaine usage over the intervening period was recorded (Doyle 2009, pp.339-341). Thirdly, illicit drug use was found to be more common among young people than any other group. This youthful demographic is also borne out by the Health Behaviour in School-Aged Children Project (HBSC), which found that in 2006 12.4% of school children reported having used cannabis in the previous 12 months. This represented a slight increase from the 10.3% rate in 1998 (Doyle, Gavin et al. 2006, p.1). When compared with our European counterparts Irish teenagers are considered to be more 'drug experienced' than other European teenagers (European Monitoring Centre for Drugs and Drug Addiction 2003 cited in Lalor, de Roiste and Devlin 2007, p.126-127).

Despite this fact, young Irish people do express concern about drugs (National Youth Council of Ireland 2000 cited in Lalor, de Roiste and Devlin 2007, p.126). For instance, recent research conducted by the HBSC project found that drugs were the third most 'interesting' topics that school age children wanted to find out more about. In particular they expressed most interest in finding out about the effects of drug use (Doyle et al 2010, p.27). Such a finding clearly underlines a desire among teenagers for accurate and reliable information about drugs. This issue is more pertinent when you consider the extent to which drugs and drug use has become normalised within contemporary teenage culture (Mayock 2005 cited in Lalor, de Roister and Devlin 2007, p.129). Clearly, there is a need for accurate, reliable and effective drugs information and education programmes in Irish society.

A brief history of drug education in Ireland: 1960-1999

Historically, Ireland's response to the problem of drug use has moved through distinct phases of activity. Each of these phases in turn has had a direct impact on the role and function of drugs education in response to the drugs issue in Ireland. In 1966 the 'Report of the Commission of Inquiry on Mental Illness' was published. Though primarily focused on mental health it did remark that Ireland had, at that point, escaped the problems of drugs that were emerging internationally with the advent of 1960s youth and counter-culture (Butler 1991, p.2). This was followed in 1968 with the establishment of a Special Drugs Squad in Dublin within the Garda Síochána and the setting up of a 'Working Party on Drug Use'. The purpose of this Working Party was to investigate the scale of drug abuse in Ireland and to offer recommendations for future policy (Butler 1991, p.2). Interestingly, this body constructed drug abuse as a 'sickness' (Butler 1991, p.2) which afflicted certain types of individuals. These individuals were considered to be solely responsible for their drug 'sickness' with individual treatment the most effective remedy for their problem. When drug addiction is conceptualised as an individual problem that merits 'healthcare intervention' (Butler 2003, p.254) this is commonly known as the abstinence approach to drug abuse. This approach focuses on the medical impacts of drug use (Lalor, de Roiste, and Devlin 2007, p.131) and is often couched in a moral tone (Butler 2003, p.254-255).

This individualistic understanding of drug addiction had a direct impact on the role and nature of drugs education. As early as 1971 'The Working Party on Drug Abuse' expressed concern 'that direct communication to young people of information about drugs, even though aimed at alerting them to dangers, is likely to cause experimentation' (Report of the Working Party on Drug Abuse 1971 quoted in Butler 1994). Consequently a



“cautious approach to drug education” (Butler 1991, p.3) was implemented. Fearful of the impact that drugs information would have on young people, The Report of the Committee on Drug Education (1974) proposed that drug education be offered as part of a wider health education programme rather than as a stand alone topic in schools (Butler 1994). The Health Education Board (HEB) was also set up in 1974 to assist with this initiative and as a result a ‘Lifeskills’ curriculum was drawn up which focused on the role of individual choice and decision making skills in relation to drug taking (Butler 1994). However the Lifeskills Programme was heavily criticised by particular groups who labelled it to be too ‘secular’ in its moral education (Manly et al., 1986, McCarroll 1987 cited in Butler 1994) and the ‘Lifeskills Programme’ was phased out, as was the HEB in 1987 (Butler 1994).

Throughout the mid to late 1980s and early 1990s a number of national as well as international issues forced the Irish government to entertain a new approach to the issue of drugs education (Butler 1991, p.4).

- In the early to mid 1980s there was a discernable increase in intravenous heroin use in some of Dublin’s most disadvantaged areas and an associated rise in drug related crimes (Butler 2010, p.1, Doyle 2009, pp.383-384). This ‘opiate epidemic’ (Butler 1991, Dean, O’Hare, O’Connor, Kelly and Kelly 1985 cited in Butler 2010, p.1) became part of popular and political debate at that time and local Dublin communities were active in looking for a local response to this growing drugs crisis. One such example of a community based drugs initiative is the Ballymun Youth Action Project (McCann 1992 cited in Butler 1994).
- There were growing concerns about the emergence of AIDS/HIV infections among intravenous drug users (Doyle 2009, pp.383-384). This development highlighted both nationally as well as internationally that drug abuse was not an individual affliction but a thoroughly social problem (Butler 2003, p.254).
- There was growing evidence from the US which openly questioned the effectiveness of ‘abstinence-based treatment’ (e.g. The Drug Abuse Council 1980 cited in Butler 2003, p.253). Equally, it was highlighted that such a strategy has a tendency to victimise the drug user, charging them to be individuals who make wrong choices and are completely responsible for their own situation (Naidoo 1986 cited in Butler 1994). Other research noted that community-based and locally responsive drug programmes, as opposed to ‘Say No to Drugs’ public awareness campaigns, are more effective in tackling the drug issue (WHO 1991, Robinson 1993 cited in Butler 1994).

Together, these developments contributed to the establishment in 1996 of a ‘Ministerial Task Force on Measures to Reduce the Demand for Drugs’. This Task Force brought about a new approach to the drugs issue, one that advocated a focus on health promotion which would be operationalised in a cross-sectoral manner (Doyle 2009, p.384). As a result a harm reduction approach to drugs education became endorsed (Butler 1991, p.4). Harm reduction assumes that drug use is a feature of contemporary life and as a result tries to decrease the number of risks that people are exposing themselves to when using drugs (Mayock 2000 cited in Lalor, de Roiste and Devlin 2007, p.131). This increasing realistic attitude towards the presence of drugs in Ireland also culminated in the establishment of community based Local Drugs Task Forces (Doyle 2009, p.385). Initially established in 13 urban areas, including Cork and 12 areas of Dublin City (Doyle 2009, end note 2, p.435) they grew to 14 in 2000 with the setting up of the Bray Local Drugs Task Force (Doyle 2009, p.435). The locations of the Local Drugs Task Force reflected areas that have a high incidence of drug related issues and problems (Doyle 2009, p.386). Their role ‘as a co-operative effort between statutory and non-statutory agencies enabled local communities to respond to the drugs problem’ (Doyle 2009, p.385). In this way, a community response could be launched which would take a multifaceted approach to the problem of drugs in their locality (Doyle 2009, p.385).

In addition to this restructuring of initiatives focused on reducing the demand for drugs in particular localities, the ‘Ministerial Task Force on Measures to Reduce the Demand for Drugs’ or the Rabbitte Report as it was also known, was also successful in bringing about an ideological shift in the construction of drug misuse. With its

Overview

'bottom up' approach to drug misuse more of an emphasis was placed on seeing drug related issues as a consequence of social exclusion rather than individual deficits. In this way, structural factors such as poverty, unemployment, educational disadvantage and under-resourced communities were recognised as playing their part in not only explaining but also in tackling drug related problems in Irish society (Butler 2007, pp.132-134).

National Drugs Strategy 2001-2008

The next development in drugs policy in Ireland was the publishing of the National Drugs Strategy (NDS) 2001-2008 (Department of Tourism, Sport and Recreation 2001 cited in Doyle 2009, p.385). With the establishment of the NDS (2001-2008) Ireland joined other EU countries that have produced a national strategy on drugs (European Monitoring Centre for Drug and Drug Addiction 2004 cited in Butler and Mayock 2005, p.419). This National Drugs Strategy offered for the first time a co-ordinated national policy on illicit drugs in Ireland with the aim of reducing drug misuse (Doyle 2009, p.385). To this end, the NDS (2001-2008) outlined the establishment of various organisational structures to oversee the implementation of the policy as well as the construction of a multifaceted approach involving four 'Pillars'-supply reduction, prevention, treatment and research. Each of these pillars is given equal recognition and emphasis in the state's response to the drug problem in Ireland. In these ways the NDS endeavoured to offer a 'top down' approach with a 'bottom up' community level response to the problem of drugs in Ireland (Doyle 2009, p.385).

The Prevention pillar, under the auspices of the Departments of Education and Science, Health and Children, and the HSE in conjunction with An Garda Síochána and the community and voluntary sector (Department of Tourism, Sport and Recreation 2001, Table 3.1), focused on promoting 'a range of education, prevention and awareness measures which aim to reduce demand for drugs in Irish society' (NDS 2001, 3.3.1). The range of programmes is contained in Figure 1. All of these programmes target the younger person and are institutionally based, either in the school setting or in youth clubs. These school-based programmes are considered to be 'a first line of defence' as individuals are experimenting with and becoming addicted to drugs at an earlier age' (Department of Tourism, Sport and Recreation 2001, 6.3.7). However the prevention pillar highlights that 'there is also a requirement to ensure that drug education and awareness programmes are integrated into broader community-based approaches and are reinforced by the mass media' (Department of Tourism, Sport and Recreation 2001, 6.3.9).



Figure 1: Education, prevention and awareness measures to reduce demand for drugs in Irish society.

Agency	Programme
Department of Education and Science	Early intervention programmes: e.g. Stay in School Retention Initiative, The Home-school Liaison Scheme Primary Schools: the Substance Misuse Prevention Programme (SMPP), 'Walk Tall' Secondary School: the Substance Abuse Prevention Project (SAPP) (in conjunction with Department of Health and Children), 'On My Own Two Feet'
Department of Health and Children	Health Promotion Unit - the Substance Abuse Prevention Project (SAPP) in conjunction with Department of Education and Science Life-skills programmes.
An Garda Síochána	Health Promotion Unit - the Substance Abuse Prevention Project (SAPP) in conjunction with Department of Education and Science Life-skills programmes.
Local Drugs Task Force	Community based drugs awareness programmes in schools, youth clubs, drugs awareness programmes for parents, teachers, peer-education programmes to early school leavers.
National Drugs Strategy	National Awareness Campaign

[Source: Department of Tourism, Sport and Recreation 2001, 3.3.1 - 3.3.10]

A Mid Term Review of the National Drug Strategy (NDS) 2001-2008 was undertaken and published in 2005. While it reported that the NDS (2001) was successful at increasing the number of methadone treatment places in Ireland, the continued use of a harm reduction approach to the issue of drug misuse and its overall limited effect on raising awareness about drug use in Ireland especially among young people was called into question (Butler and Mayock 2005, p.421). Though there has been no formal evaluation of the NDS, two independent studies have identified the value of improving management of the NDS (Alcohol and Drug Research Unit 2009, p.8). A 2007 evaluation of the National Drugs Awareness Campaigns 2003-2005 found it to be ineffective in educating or providing information to the public (Sixsmith and NicGabhainn 2007). Butler (2007, p.141) highlights the lack of 'evidence-based' research and evaluation of Irish drugs strategies and policies as a serious limitation to our societal response to drug misuse.

Overview

National Drugs Strategy 2009-2016

On 10 September 2009 a new NDS 2009-2016 was launched (Drugnet 2009, p.1). The revised National Drugs Strategy approved the development of a combined National Substance Misuse Strategy to cover both alcohol and drugs. This document advocated a Five Pillar approach to the drugs issue in Ireland - supply reduction, prevention, treatment, rehabilitation and research (Drugnet 2009, p.2). In this strategy 'a tiered or graduated approach to prevention and education measures in relation to drugs and alcohol' (quoted in Drugnet 2009, p.3) is advocated. Accordingly a tripartite approach is taken to drug prevention - primary or universal prevention programmes, secondary or selected prevention programmes and tertiary or indicative prevention programmes (Drugnet 2009, p.3).

In addition to this co-ordinated approach the prevention pillar of NDS (2009-2016) also highlights areas for future improvement and development. These include: improving the Social, Personal and Health Education (SPHE) curriculum in secondary schools to include more references to drug prevention strategies (Drugnet 2009, p.3), establishing and including more out-of-school youth projects into their remit, and an increased recognition of the role played by communities/community development 'in building capacity of local communities to avoid, or respond to and cope with, drug problems' (Drugnet 2009, p.4). Lastly, the development of more public awareness campaigns, especially those targeted at third level students and in the workplace, are also highlighted for attention (Drugnet 2009, p.4).

Other Developments

There has been a rapid growth in the number of drugs education programmes since the late 1990s, rising from 40 courses in 1999 (Department of Tourism, Sport and Recreation 1999 cited in Moran et al., 2001, p.142) to over 131 in 2010 (Dunne 2010). There is also an increasingly diverse range of programmes in terms of content, delivery mode, duration and accreditation¹ (Moran et al. 2000, Morgan 2001). While the expansion of these courses might be taken as an indication of how problematic drug use and abuse has become in Irish society, Butler (2010, p.6) writes about the professionalization of addiction counselling in Ireland with the enactment of the Health and Social Care Professionals Act 2005. As a result of this legislation, addiction counselling, either drug or alcohol, has gained legal status as a professionally recognised, as well as a regulated healthcare practice.

¹ In terms of content, programmes range from personal awareness training to details on specific treatment approaches and therapeutic interventions. Courses are offered which run over a short period of a couple of weeks to longer term courses which are run over one to two years, with delivery modes of both classroom based learning and/or distance learning. Some courses are accredited at FETAC Level 5 or NUI Certificate level while others are non accredited. In terms of participants, courses are targeted at community and youth workers, teachers and health professionals, young people, and interested members of the public.



Community Addiction Studies Course (CASC®)

In addition to the established education routes outlined above some community drugs projects have established community based drugs education and training programmes. For instance, in 1996 the Ballymun Youth Action Project (BYAP) established URRUS to provide training to community members as well as professionals on the issue of drug misuse (Drugnet 2007, p.8). URRUS offers both one day courses on drug use, cocaine use and homelessness and drugs as well as longer training courses. These part-time courses include their self-designed FETAC Level 5 accredited Community Addiction Studies Course and a Diploma in Community Drugs Work, which is accredited by University College Dublin (Drugnet 2007, p.8). The University of Limerick also offers the Diploma in Drugs and Alcohol Studies which has been developed by the University of Limerick in partnership with the Health Service Executive, City of Limerick Vocational Education Committee and the Mid-West Regional Drugs Task Force.

The Community Addiction Studies Course was established to fulfil the following five aims:

- 1 To enable people to learn about drugs and their effects
- 2 To develop an understanding of addiction
- 3 To examine their own attitudes
- 4 To become more effective in their personal response
- 5 To develop the skills and knowledge to become more effective in responding to problem drug use in their own communities (CASC® Facilitators Manual 2009, p.1).

Initially the Community Addiction Studies Course was available in eight of the original twelve Local Drugs Task Force areas. However, by 1999/2000 CASC® was introduced to Northern Ireland, in conjunction with Craigavon and Banbridge Community HSS Trust. In 2000/2001 the CASC® was established in Kilkenny and Limerick (King, McCann and Adams 2001, p.6). It has been estimated that by 2009 over 1250 people nationally have completed the course (CASC® Facilitators Manual 2009, p.1).

Structure of CASC® and course content

The structure of CASC® follows a particular organisational format. A Steering Committee oversees the running of the course. This Steering Committee based at URRUS liaises with the relevant local, community or professional body or agency that runs the course in its locality. URRUS (Irish for "strength" or "confidence") was founded in 1996 by the Ballymun Youth Action Project in Dublin to provide training in relation to drug misuse. At this local level, a group of 25 participants are recruited from local people as well as professional and community activists who liaise with the local providers of the course. From this pool of people, two facilitators, one tutor and one note-taker are appointed to the course. The facilitators must have the appropriate skillsets and knowledge to delivery the CASC® course. The facilitators encourage and facilitate group discussions and oversee the delivery of the course. It is common practice for CASC® facilitators to have previously attended the course as students. The tutor provides inputs on the process of addiction, family dynamics and crisis intervention and facilitates group discussion on these topics. Note takers, on the other hand, have a more limited role in the course, providing notes for participants on each weekly session.

Overview

Influenced by the theories of systems theory, harm reduction and addiction counselling models, the course implements an adult education philosophy in its learning approach. The CASC® is run over twenty weeks with each weekly group work session lasting three hours. The course is assessed through continuous assessment.

CASC® in Limerick City

According to the Mid-West Regional Drugs Taskforce Action Plan (2005), Limerick City requires substantial investment and development in its drug strategy. They attribute this to the high levels of socio-economic disadvantage and the notable levels of drug related issues in Limerick City. Consequently, drug education is highlighted as one of its drug prevention goals. Indeed, the Community Addiction Studies Course and NUI Certificate (Level 7) in Addiction Studies (validated by NUI Maynooth and available through an outreach centre in Limerick) get special mention as being part of a wider strategy to 'support and deliver a broad range of interventions, to improve the awareness levels and knowledge of all key shareholders within the region' (Deloitte and Touche 2005, Goal 1). It is against this local context that this evaluation of the CASC® has been established.

As mentioned previously, CASC® has been in existence in Limerick City since 2001. The course is funded by the Young Peoples' Facilities and Services Fund which is under the remit of the Office of the Minister for Children and Youth Affairs. The CASC® course is organised and supported by Limerick City Adult Education Service at the City of Limerick VEC. Past participants were drawn from all sectors in Limerick City including the Community, Voluntary and Statutory sectors along with a number of parents who were interested in the CASC®. From 2001 to 2010, 108 people participated in the CASC®, 77 were female and 31 were male.²

Evaluating drugs education in Ireland

Interestingly, very few formal evaluations have been conducted on drugs education programmes in Ireland. Two evaluations have been conducted on drug education programmes in the school setting - the 'Walk Tall' Programme (Morgan 2003) and Kiely and Egan's (2000) evaluation of three school-based programmes offered in Cork; 'The Changeling' drama programme, 'Not Everyone is Doing It' video and the 'Ray of Hope' Programme. On the whole, these programmes have been well received. Despite their focus on school-based initiatives Kiely and Egan (2000, pp.231-235) offer some guidelines for good practice in drug education. These include: that the programme is based on accepted theory and research on the different models of motivations and explanations of drug taking, that it only contains factual information, that it has clear measurable objectives which can be evaluated, that the training programme should be specific to the needs of the target audience, and that there should be an understanding that drug taking occupies a spectrum ranging from experimental to compulsive drug taking.

As mentioned previously, there has been a noticeable increase in the number of drug education programmes in Ireland. Interestingly, little evaluation has been undertaken on accredited drugs education programmes. To date, only two evaluations have been undertaken - King, McCann and Adams (2001) evaluation of the CASC® in Ballymun and Morgan's (2004) evaluation of an NUI Certificate in Addiction Studies (2003-2004).

The primary focus of King, McCann and Adams' (2001) study was to 'explore the relationship between participation in the CASC® and subsequent participation in community-based responses to drugs issues' (King, McCann and Adams 2001, p.14). This research revealed a relationship between completing the CASC® and

2 These figures were provided by the current CASC® co-ordinator.



increased participation in community based drugs work, with 29% of respondents finding paid employment in a drugs related organisation after they completed the CASC® (King, McCann and Adams 2001, p.31). Interestingly, the majority of these had worked in a voluntary capacity with a drugs related organisation or service prior to attending the CASC® (King, McCann and Adams 2001, p.37). A further 18% of respondents volunteered in drug work after completing the CASC® (King, McCann and Adams 2001, p.44). Only 10 individuals or 3.4% of respondents were in full time study after completing the course (King, McCann and Adams 2001, p.60).

In 2004 an evaluation of the NUI Certificate in Addiction Studies 2003-2004 (Accredited by NUI Maynooth, delivered by Drugs Awareness Programme, Crosscare, Clonliffe College) was undertaken by Morgan (2004). Course participants and tutors were included in this evaluation of the personal and professional impact that attending the course had on its participants. Participant questionnaires (distributed at the beginning and at the end of the course), site visits (throughout the year), and focus groups (at the end of the course) were used to help elicit data about the participants' experiences of the course, course content and delivery, assessments and the tutors experience of the course. An interesting profile emerged about its participants. While there was variety in the range of educational and occupational experience of the course participants the majority of participants were female (Morgan 2004, p.3). Despite having a clear understanding of what the course would entail many expressed a certain level of anxiety around the assessments and formal learning involved (Morgan 2004, p.7-8). However, this level of anxiety was short lived as the majority of participants reported to having a positive learning experience while on the course. All of the course information was considered to be interesting and relevant (Morgan 2004, p.12). However some participants in Morgan's study did express difficulty with the pharmacological approach to drug use (Morgan 2004, p.14). They all found the assessments to be useful, but expressed the opinion that the group project and group agency visits were the most useful of the assessments (Morgan 2004, p.17). Course facilitators also received positive endorsements from the participants (Morgan 2004, p. 17). Overall, the course participants primarily found that the course increased their understanding of drugs (Morgan 2004, p.18). They were less convinced that the course would benefit their career prospects and development (Morgan 2004, p.18). Overall the course received a very positive evaluation (Morgan 2004, pp. 22-23).

While the body of research is limited to two evaluations (one community based and the other institutionally-based accredited drug education programme) it is interesting to note some commonalities in their findings:

- A gendered composition of its participants: in both cases, there are more women than men participating in these courses.
- Motivation of course participants: respondents in both studies highlighted their desire for information about drugs and drug related issues as being a key motivator to joining these courses.
- Occupational impacts: while many commentators contend that participating in such courses would increase the career prospects of course participants in this area of work, both studies cast a certain doubt about such a possibility. Previous voluntary experience in drug work would appear to have been more of a predictor of future employability in this sector than completing the course alone.

This report offers a third evaluation of accredited drugs education in Ireland. It is also the second evaluation of CASC® carried out nationally and the first evaluation of CASC® in Limerick City.

Chapter: 2

Research Methodology



Research Design	36
Constructing a Sample	36
Response Rate	36
Data Analysis	36

Research Methodology

The target group for this evaluation of the Community Addiction Studies course were current and past CASC® participants, facilitators, tutors, and note takers, and CASC® co-ordinators³.

Research Design

The study adopted a mixed methods approach to data collection. A postal survey (see Appendix 1) of all current and previous CASC® participants, and the CASC® facilitators, tutors, and note takers was conducted. It was believed that this would provide the optimum means of making contact with the prospective respondents whilst also adhering to ethical concerns such as confidentiality and anonymity (Salkind 2009; Bryman 2004). In addition focus groups were conducted with current and previous CASC® participants and current and previous CASC® co-ordinators, and an interview was conducted with one of the CASC® facilitators. The timeframe for the research was January to March 2011.

Constructing a Sample

Pre-existing sample frames were utilised by the CASC® co-ordinator for all current and previous participants on the CASC®. This sampling process returned a valid sample of one hundred and eight previous / current CASC® participants. Additionally, surveys were sent to the eight CASC® facilitators, tutors, and note takers.

Response Rate

From the one hundred and eight questionnaires distributed to previous / current course participants fifty four completed questionnaires were returned by the agreed deadline. This represents a 50% response rate for the CASC® participant's survey. Of the eight surveys distributed to CASC® facilitators, tutors, and note takers, six surveys were returned or 75% of the sample. Such response rates are very good for a postal survey and are considered valid for statistical inference (Bryman 2004; see also Ryan and Sweeney 2004). In terms of the focus groups, two focus groups were conducted. One focus group was undertaken with two individuals who are current and previous CASC® co-ordinators and one was conducted with four CASC® participants. In addition, an interview with one of the CASC® facilitators, tutors, and note takers was undertaken.

Data Analysis

Survey data were checked for accuracy, entered into and subsequently analysed using SPSS (Statistical Package for the Social Sciences). The main focus of the analysis was to present descriptive statistics of the data. In certain instances we cross-tabulated the findings in order to provide greater analysis of the answers given by respondents to certain questions. Missing and refusal to answer responses were excluded from the reporting of findings.

³ CASC® facilitators encourage and facilitate group discussions and oversee the teaching delivery of the course throughout its twenty week duration. They are present throughout the whole course. CASC® tutors, on the other hand, deliver a number of sessions on the course. CASC® note-takers have a more limited role in the course, providing notes for participants. In this particular case CASC® is coordinated by the Drugs Project Coordinator in Limerick City Adult Education Service.



The data from the focus groups and the interview with the CASC[®] facilitator was subjected to qualitative content analysis. Content analysis can be defined as “... a research technique for making valid and replicable inferences from texts ... to the contexts of their use” (Krippendorff 2004, p.18). Content analysis involves identifying themes, concepts, and patterns thereof, within the data. We infer meaning through interpreting these patterns. Themes and concepts may emerge from the data as a result of close reading and constant comparison, a process facilitated by sensitivity to:

- The relationship between the research question and the text
- The relationship between the texts and the context to which meaning will be inferred

In the following sections of this report the results of this process of analysis are presented.



Chapter: 3



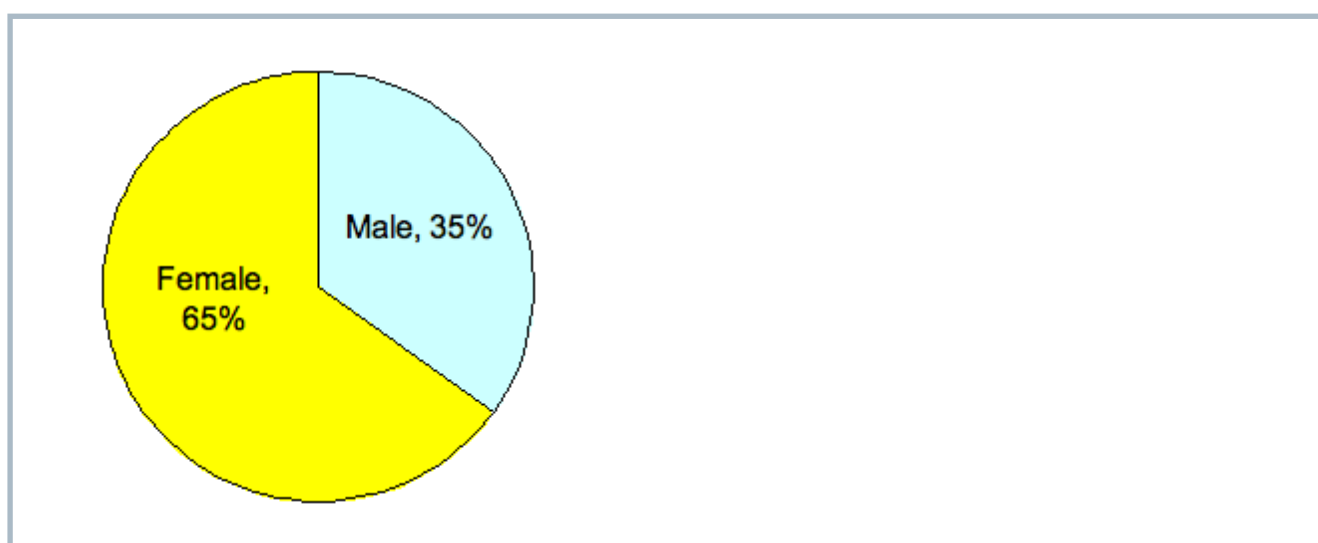
Demographic profile of participants responding



Demographic profile of participants responding

This section of the report provides a demographic profile of the participants who responded to the survey. It presents the respondents gender, age, and the year the respondent participated in the CASC®.

Figure 2 : Gender of Sample Respondents



Of our 54 respondents 35% were male and 65% were female. These figures slightly understate the gender gap which was 71% female and 29% male for the overall population of CASC® participants.

There was a fairly even spread across the respondents age profile:

37% aged 30-39 years

37% aged 40-49 years

26% aged 50-50+

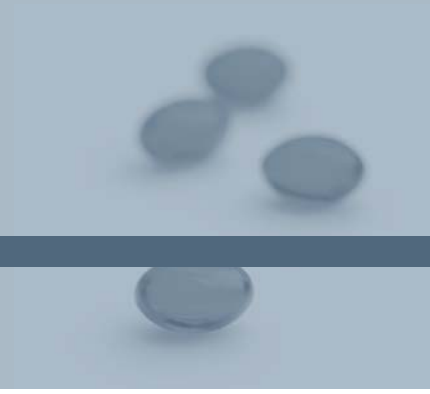


Figure 3 : Year the participant attended the CASC®

Year attended	Number of Respondents	Percent
2000	3	6
2001	1	2
2002	2	4
2003	4	9
2004	4	9
2005	4	9
2006	6	13
2008	5	11
2009	6	13
2010	11	24
Total	46 ⁴	100.0

There was a relatively even participation rate from all of the ten years that the CASC® has been running. As was expected there were higher rates from those who had completed the course in the last four years, with 61% of respondents attending the CASC® between 2006 and 2010. This is most likely because these individuals have completed the course relatively recently and they were therefore more likely to return the questionnaire.

4 Eight respondents did not answer this question.

Chapter: 4

Key Findings

“I think the model is the big success... it’s the process that people go through... anyone can learn this stuff from the internet, it’s all there, but its about the process, going from A to B to C and what impact that has on people”

Effectiveness of the CASC®	44
The mix of Participants	44
Course Delivery	44
Evaluation of Facilitators and Tutors	49
Evaluation of Facilitation Methods	50
Evaluation of Assessments	56
 Impact of the CASC®	 60
Skills gained through CASC® Participation	62
Progression	68
Employment Status	71
Other Outcomes from / Impact of participating in the Course	72
Suggested Improvements	77

Key Findings

This section of the report now presents findings from five data sources (survey and focus group with CASC® participants, survey and focus group with CASC® facilitators, tutors, and note takers, and a focus group with CASC® co-ordinators) under two broad headings; the effectiveness and impact of the CASC®.

Effectiveness of the CASC®

From the outset this course was to:

- Increase the level of drugs information available to professionals, community workers and individuals in Limerick City
- Facilitate people to learn more about the nature of addiction.

The findings presented here strongly suggest that the course is effective in meeting these objectives, and the CASC® is seen to offer an effective learning experience to its participants. The data gathered strongly indicates that course participants are very happy with the effectiveness of the delivery of the course and those who are delivering it.

The mix of participants

The CASC® co-ordinators both agreed that the course was aimed at different groups in order to get a specific mix amongst the participants. This mix was to include a large proportion of people from the community, people in recovery or family members, members of the Gardaí as well as individuals from a variety of other statutory agencies.

The CASC® co-ordinators were very aware that there was a high representation of women (71% of all participants) on the course but felt that this gender imbalance is largely explained by the fact that it is “women who do community development”. Interestingly, one of the co-ordinators spoke of a situation “about 5 years ago” where they decided to deliberately target men in order to achieve a 50 / 50 gender balance in the group. They felt that the introduction of men created a new and very useful dynamic in the CASC® participants group. What was most noteworthy was that “all of these men who took part in the programme stayed involved in the community sector” afterwards. Accordingly, it was encouraging to hear the co-ordinators saying that addressing the gender imbalance is “maybe something that we really should review again”.

Course Delivery

The manner in which the CASC® is delivered and the process that the participants go through on a week by week basis was strongly identified by the course co-ordinators as a major success of the course.

The CASC® received a positive endorsement from the majority of the participants in this regard also. One participant stated

“It was more community based and people centred. This mix of ‘informative’ content and course delivery proved a successful combination ‘I found the course fantastic. . . I worked very well in the course”.

Note: In all tables in this report where the percentages don’t add up to 100%, it is because the neutral/don’t know responses have been omitted. This has been done in order to enhance the visual appearance of the table and to focus on the main findings.

Figure 4 : Organisation of the course (% and number of Respondents)

	Strongly Agree	Agree	Disagree
I understood the course objectives well	67% 36	28% 15	2% 1
The course was well organised	65% 35	28% 15	4% 2
The course was delivered at an appropriate pace	59% 32	32% 17	

95% of those respondents expressing a definite opinion in the CASC® participants’ survey believed that they understood the course objectives well. The vast majority of respondents (93%) also agreed / strongly agreed that the course was well organised. Furthermore, over 90% of respondents expressed the opinion that the course was delivered at an appropriate pace for them.

Figure 5 : Quality of the course material (% and number of Respondents)

	Strongly Agree	Agree	Disagree
The quality of the course material was satisfactory	61% 35	30% 16	2% 1
The information was clearly presented	65% 35	20% 11	
Visuals used in group sessions were helpful	40% 21	45% 24	
Handouts given throughout the course were useful	56% 30	32% 17	8% 4
Books and other course related material were easy to access	26% 14	41% 22	8% 4

Key Findings

In terms of the respondents' evaluation of the quality of the course materials, again, we find the majority of respondents 'strongly agreed' (61%) that the course materials used in the course was satisfactory, with a further 30% agreeing with the statement. Since the CASC® relies on a wide variety of course materials- from information to written resources – the respondents were asked to consider the usefulness of each of these materials in more detail.

Clarity of information is an essential element of any training course. In this evaluation the vast majority of the respondents supported this view; with 85% 'agreeing' or 'strongly agreeing' that information was presented clearly. Visuals were also used in the groups for learning purposes. Here the majority of respondents (85%) stated that they found them to have been helpful to their learning. The effectiveness of handouts in the groups was also rated highly by the respondents with 88% agreeing / strongly agreeing that handouts given out to the group were useful. Interestingly, 8% of respondents did not agree with this statement. The last course material which they were asked to evaluate was the ease with which the participants can avail of books and other course related materials. While 67% agreed / strongly agreed that this was the case, a sizeable proportion of respondents (27%) were neutral in their response to this question.

Figure 6: Quality of support for participants (% and number of Respondents)

	Strongly Agree	Agree	Disagree	Strongly Disagree
The course provides adequate support for participants	44% 24	44% 24		
Participants' queries / complaints are dealt with promptly	60% 32	17% 9	8% 4	
Participants' queries / complaints are dealt with effectively	64% 34	15% 8	8% 4	
There was good interaction between participants and facilitators / tutors	80% 43	17% 9		2% 1

The majority of the CASC® participants responding positively endorsed the course in terms of the quality of supports it offered to them, with 88% of the participants agreeing / strongly agreeing that 'the course provides adequate support for participants'. This positive opinion of the group dynamic created in the CASC® also extended to how the course participants' questions and queries were dealt with. This research evaluation reveals that 77% of participants agreed / strongly agreed that their queries were dealt with in a timely manner. A further 79% agreed / strongly agreed that participants' queries and complaints were dealt with effectively. However, four participants (8%) in the CASC® did not believe that participants' queries / complaints are dealt with promptly or effectively.

Overall, the research findings indicate that a good relationship existed between the facilitators and the participants with the vast majority of respondents (97%) agreeing / strongly agreeing that there was good interaction between participants, facilitators and tutors.

Figure 7: Delivery of the course (% and number of Respondents)

	Strongly Agree	Agree	Disagree	Strongly Disagree
The amount of assessment is appropriate	46% 25	46% 25	2% 1	
The assessments were clearly explained	57% 31	32% 17		
The course offers the opportunity for self managed learning	60% 32	32% 17	2% 1	
The course offers the opportunity for participants to participate in the design of the course	26% 14	24% 13	13% 7	2% 1
The course offers the opportunity for participants to participate in the delivery of the course	33% 17	33% 17	10% 5	
The overall duration of the course is appropriate	44% 24	37% 20	2% 1	
Overall I found the course helpful	85% 46	13% 7		2% 1

The assessment of the CASC® entails a number of different modes of assessments all of which are introduced on a continuous basis. These include:

- Personal learning records
- Research presentations
- A case study report
- Drugs project
- Family study
- Agency visit
- A media analysis assignment.

In total, seven different methods of assessment are introduced in a twenty week course. Conscious of how time consuming the continuous assessment mode can be on participants, they were asked their opinion on the number of assessments involved in the course. Interestingly, the majority of the participant respondents found the amount of assessments to be appropriate, with 92% either agreeing or strongly agreeing with the statement. Additionally, it was very encouraging to see that the overwhelming majority (89%) of these respondents agreed/strongly agreed that the assessments were clearly explained to them.

Key Findings

Another positive feature of the course was the way in which the course facilitates participants to engage in self-directed learning. It is very encouraging to see that 92% of the sample agreed / strongly agreed that the CASC® offered them the opportunity for self managed learning.

However, while 50% of respondents agreed/strongly agreed that the CASC® allowed them the opportunity to participate in the design of the course, 15% of respondents disagreed/strongly disagreed with that statement. While the content of the course may have been pre-ordained, participants however felt that they were given an opportunity to participate in the delivery of the course. 66% of the respondents agreed/strongly agreed with this statement, while in contrast 10% disagreed with the statement. While the questionnaire data doesn't offer us examples of how participants engaged in the delivery of the course, some of the methods such as role play and discussions, and assessment modes such as research presentations, would enable participants to take a more active role in group participation.

Finally, the vast majority of the respondents (81%) found the overall duration of the course to be appropriate. The vast majority of respondents (98%) also agreed/strongly agreed with the statement that 'Overall I found the course helpful'. This would seem to endorse the claims of all six of the CASC® facilitators, tutors, and note takers survey respondents who believe that the CASC® remains very relevant to the needs of the course participants and to today's reality in terms of the issue of drugs and alcohol in Irish society. One of these respondents argued that the CASC® has

“the potential to broaden understanding across broad groups of individuals from varying organisations in the community / voluntary sector... it is even more relevant now, given the broadening and changing of drug use”.

Another stated that the

“content of the CASC® meets the needs of the participants as it covers drugs and effects, the family systems, communities, and the process of addiction so it gives them a broad understanding of the issues ... the course content is very relevant because of what is going on in the communities in Limerick City”.

Evaluation of Facilitators and Tutors

The CASC® Co-ordinators identified key challenges that had been encountered over the duration of running the programme in Limerick. The first key challenge was around ensuring that they recruited “the right facilitators”. One of the facilitators taking part in this evaluation stated that her role was to “facilitate the group and draw out the knowledge and learning of the participants, support the group through this process and to guide them to other supports outside the course if the need arose”. Another believed that her role was to “provide the necessary information to the participants while encouraging them to tease out various points for consideration”. The multi-faceted nature of these objectives was elaborated upon further by one of the facilitators, who stated that they must

“facilitate the learning process in the group, through education, awareness of drugs, their impact on families and community, the role of the media and policies in place...to evaluate the progression of the sessions, to check in with my co-facilitators and facilitate the balance between education and personal awareness, to promote personal support for participants, to be aware of group and personal boundaries, to follow and facilitate the groups’ own creative input such as in role play, and to use that input as a way of learning, to empower and to help to motivate this process to build self-esteem as a way of moving forward in their response to drug misuse”.

An undoubted advantage in achieving these objectives was highlighted by our facilitator interviewee who stated that “everyone who facilitates CASC® has done the CASC®”. The fact that facilitators have been previous participants of the course enables facilitators to strongly identify with the participants and the learning journey that they have embarked on with the course.

The task of trying to maintain the balance between the process of group learning and the task of instilling and developing the knowledge and skills of course participants is a constant concern of the facilitators. As our facilitator interviewee outlined, a number of strategies are used to help achieve this balance. The diversity in the experiences of the course participants is actively drawn on as part of the learning experience. In this instance, establishing trust and rapport with the participants creates a learning dividend for the participants.

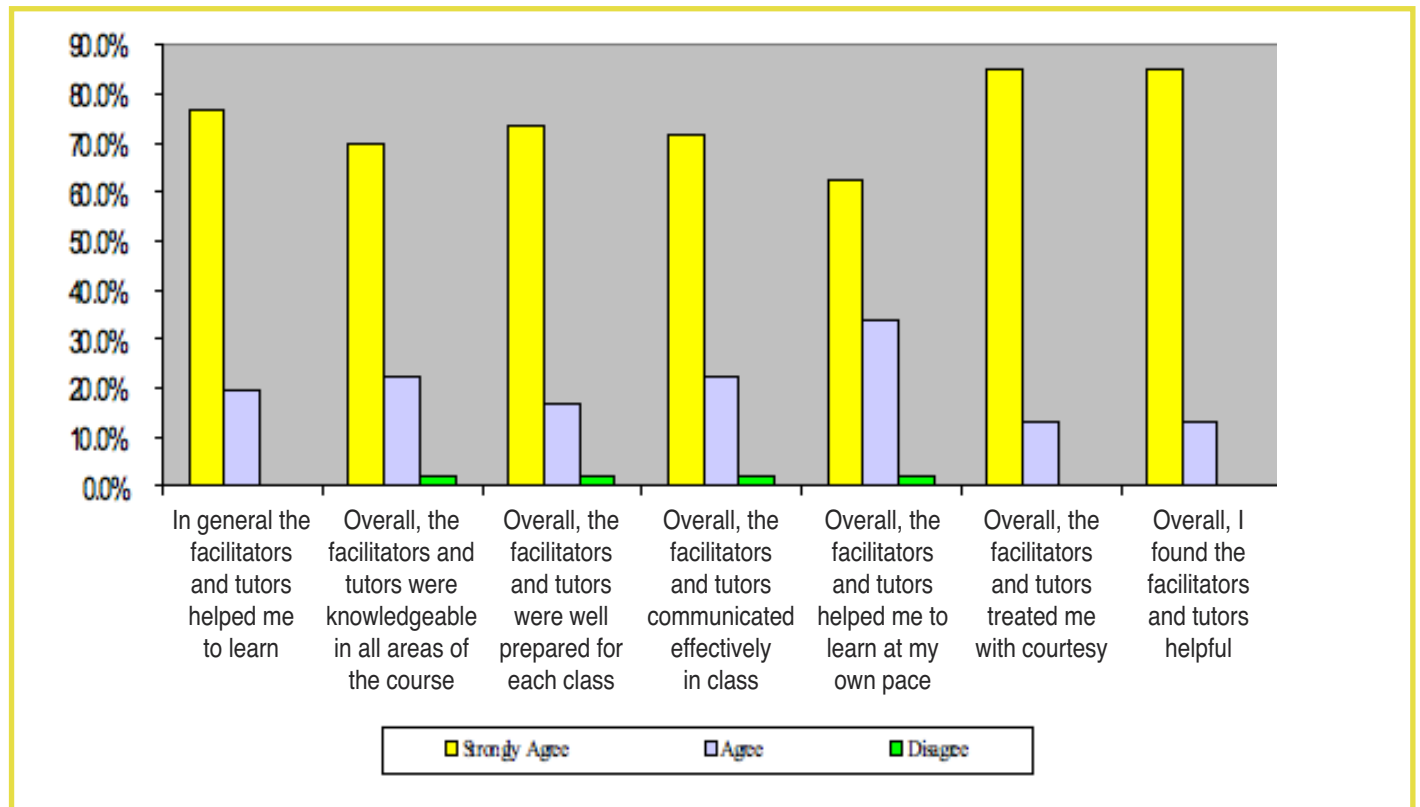
The role of the facilitator was identified by CASC® participants as being a vital cog in their learning experience. All participants highly rated the skills of the course facilitators.

“They were well able to dispatch the information to us without dominating the proceedings either”.

“What was good about them was that they didn’t push you”.

Key Findings

Figure 8: Evaluation of Facilitators and Tutors (% of Respondents)



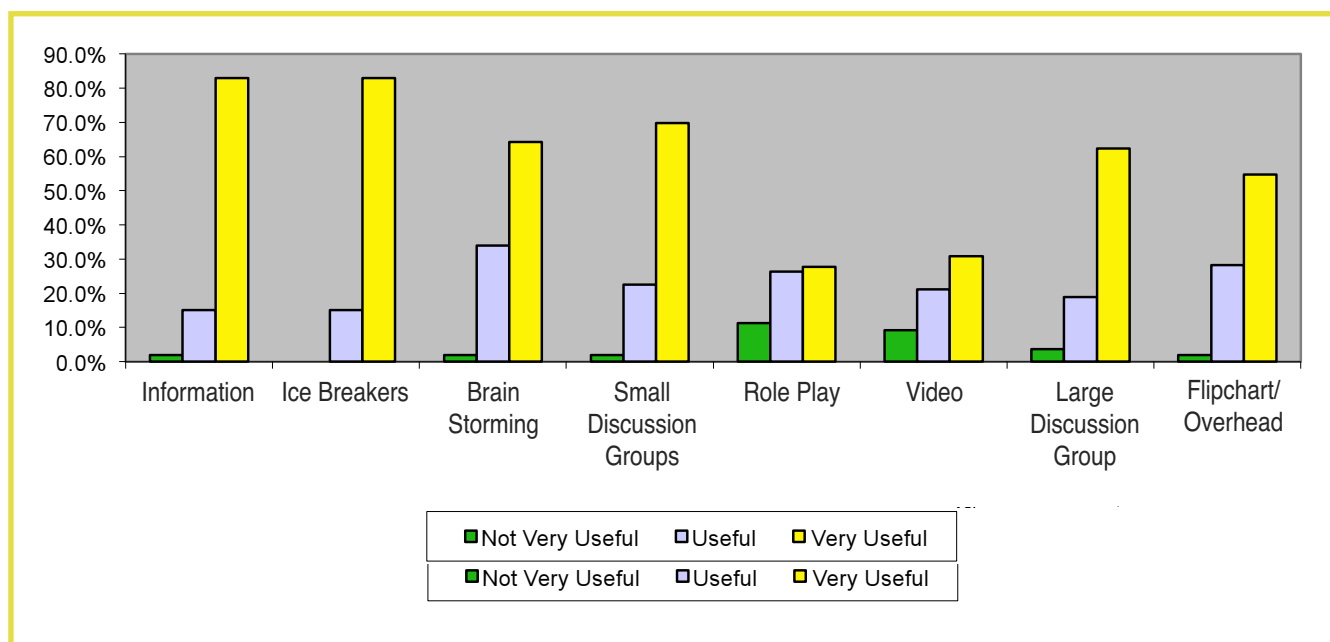
A glowing endorsement of the course facilitators and tutors also emerges from the CASC® participants questionnaires. 96% of respondents agreed / strongly agreed that the course facilitators helped them to learn while on the course. In addition facilitators were also found to be very knowledgeable about all issues covered in the course, with 93% of the respondents agreeing or strongly agreeing with this statement. Facilitators and tutors were also found to be very well prepared for each group session by the vast majority (91%) of respondents, and 94% of the respondents considered the facilitators and tutors effective communicators. In addition, 96% of respondents agreed or strongly agreed that the facilitators and tutors helped them to learn at their own pace.

Furthermore, 98% of the sample agreed / strongly agreed that the facilitators and tutors treated the CASC® participants with courtesy. Finally, it was very encouraging to see that 98% of the respondents agreed or strongly agreed that overall, they found the facilitators and tutors helpful.

Evaluation of Facilitation Methods

As a result of this diverse participant profile, as well as the practical focus of the CASC®, a number of different facilitation methods are employed. Providing accurate information on drugs, addiction and drug-related issues is a key element of the course.

Figure 9: Usefulness of Facilitation Methods (%of Respondents)



The respondents to the CASC® participants survey highly rated the nature of information introduced in the course with 98% stating that the information provided was useful / very useful. As mentioned previously, many different groups are represented in the CASC®. Mindful of the range of professional and personal experience in relation to drug and addiction issues, icebreakers would appear to have been used effectively to help establish a group dynamic among the course participants. The questionnaire data reveals that the overwhelming majority of the respondents (98%) found the icebreakers to be useful / very useful.

Brainstorming can be effective as a teaching method but also as a means of creating a sense of commonality between the course participants. In relation to its effectiveness, again the vast majority of respondents (98%) were of the opinion that they were useful/very useful. Furthermore, a large proportion of respondents (92%) found small discussion groups to be a useful/very useful method in the CASC®. There was a more even distribution of responses to the question on the usefulness of role playing. Here, 38% found role play to be very useful, 27% found them 'useful', and 11% claimed that they were not very useful. In this instance it is clear that the use of role-plays and by implication the requirement for participants to role-play divided the respondents.

The responses from the participants also revealed a mixture of responses in relation to the usefulness of video. 52% of respondents found video to be useful/very useful, while 9% of respondents did not find this to be a useful method. The majority of respondents (81%) found large discussion groups to be a useful/very useful method. However, while this is a very high figure, it is interesting that it is a full 11% lower than the number of participants who found small discussion groups to be a useful/ very useful method. Finally, flipcharts and overheads are also used in the CASC®. The majority of respondents (55%) rated these materials as being 'very useful' with a further 28% finding them to be 'useful'.

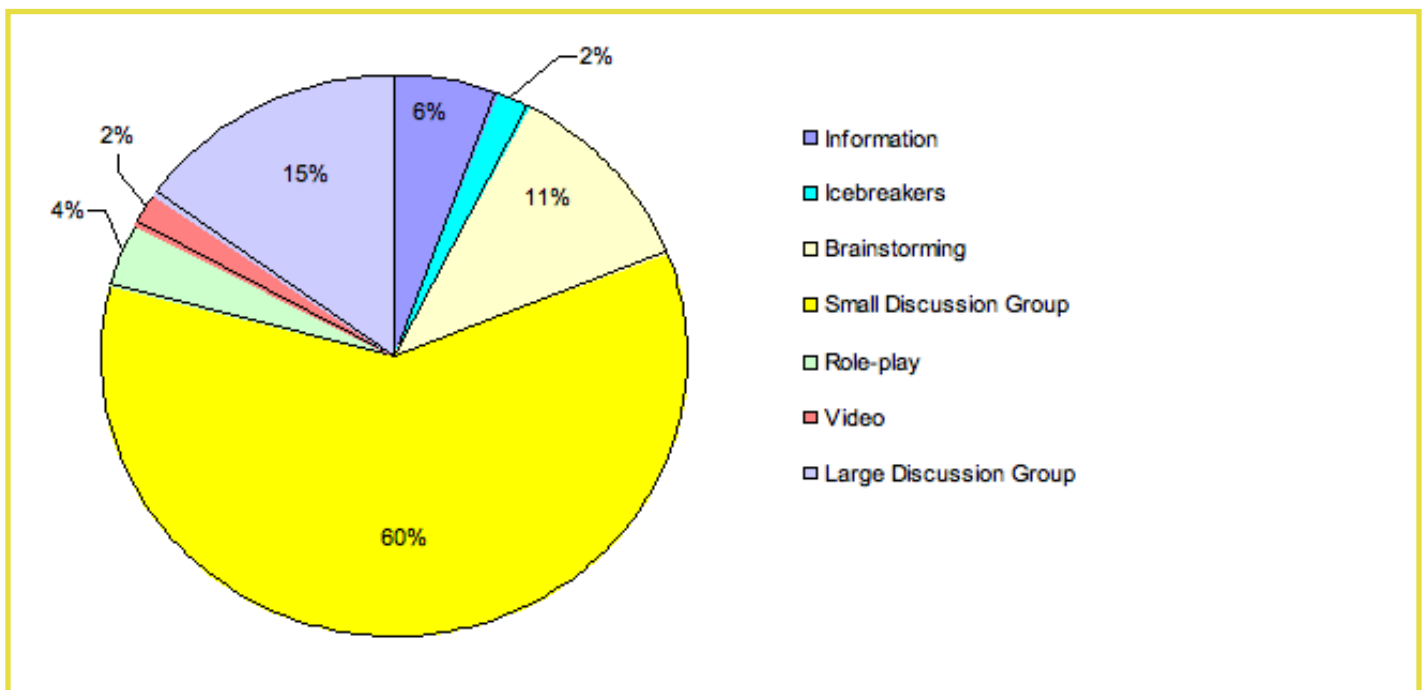
Key Findings

All of the methods used on the CASC® were positively endorsed by those participating in the focus group. A number of these methods were accorded special importance. In particular, the value of group discussions was highlighted by all as being of significant benefit to the group's learning. The following two quotes from participants are illustrative of this discussion.

“There were very good debates and discussions. . . You get a hundred different types of aspects to it (the topic being discussed), that's what I enjoyed about it”.

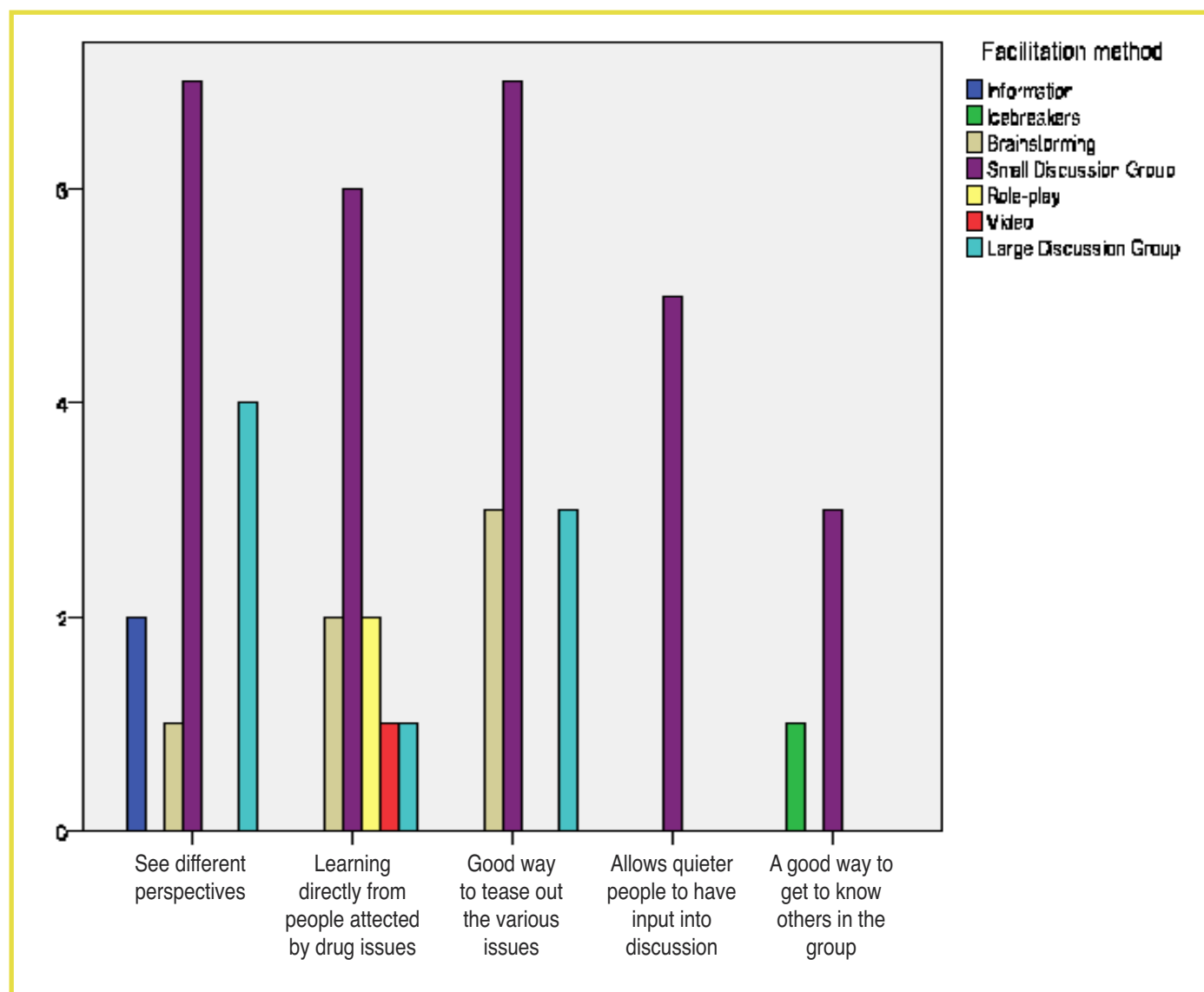
“Everybody had experiences to talk about or whatever background they were involved in, gave a different angle to it. Everybody had some aspect that they could add to it and it built the whole picture as the time when on”.

Figure 10 : Which facilitation method was the most enjoyable? (%of Respondents)



When the methods are compared with each other, it became clear that the majority (60%) of the fifty three respondents answering this question found the small discussion group to be the most enjoyable method employed in the course. The next most enjoyable method was the large discussion group at 15%. Brainstorming (11%) was the third most enjoyable method which was followed by information (6%). The remaining methods of role-play, icebreakers, and video received 4%, 2% and 2% of the responses respectively.

Figure 11 : Why was the facilitation method most enjoyable? (Number of Respondents)



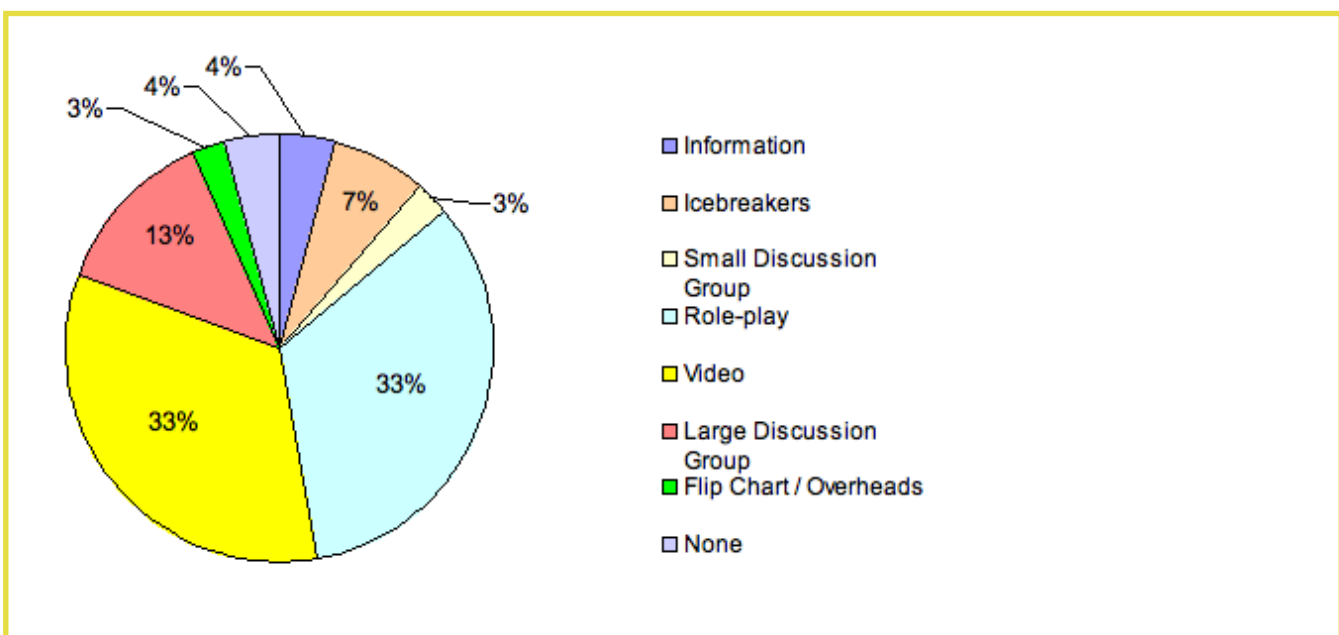
Key Findings

In terms of explaining why small discussion groups were enjoyed by the majority of the respondents a number of reasons are cited in the participants' survey data. Those choosing small discussion groups felt that they:

- Enabled participants to see different perspectives on the topic being discussed (25% - seven individuals)
- Were a good way to tease out the various issues (25% - seven individuals)
- Allowed people to learn directly from people affected by drug issues (21% - six individuals)
- Allowed quieter people to have an input into the discussion (18% - five individuals)
- Was a good way to get to know other people in the group (11% - three individuals).

All three respondents who chose role-play and video as the most enjoyable method did so because they felt it allowed them to learn directly from people affected by drug issues. One respondent chose icebreakers as the method that they most enjoyed because it was a good way to get to know others in the group, while both of those choosing information did so because it allowed them to see different perspectives on various issues. Six respondents chose Brainstorming as the most enjoyable method. 50% of these individuals felt that it was a good way to tease out the issues; two people (33%) felt that it allowed them to learn directly from people affected by drug issues while the remaining respondent felt that it was a good way to get a different perspective on the issues. Finally, eight respondents picked large discussion groups as their favourite method. Of these eight people, 50% felt that large discussion groups offered them the opportunity to see different perspectives; three people (38%) felt it was a good way to tease out issues, while the remaining respondent chose large discussion groups because they felt it allowed them to learn directly from people affected by drugs.

Figure 12 : Which facilitation method was the least enjoyable? (% of Respondents)






Figure 12 shows the opinions of the 40 CASC® participants answering the question about which method was the least enjoyable for them. Both role-play and video received 33% of the responses. Large discussion groups received the third highest number of responses (13%).

Respondents were also asked why they found the facilitation methods least enjoyable, and the following are their responses:

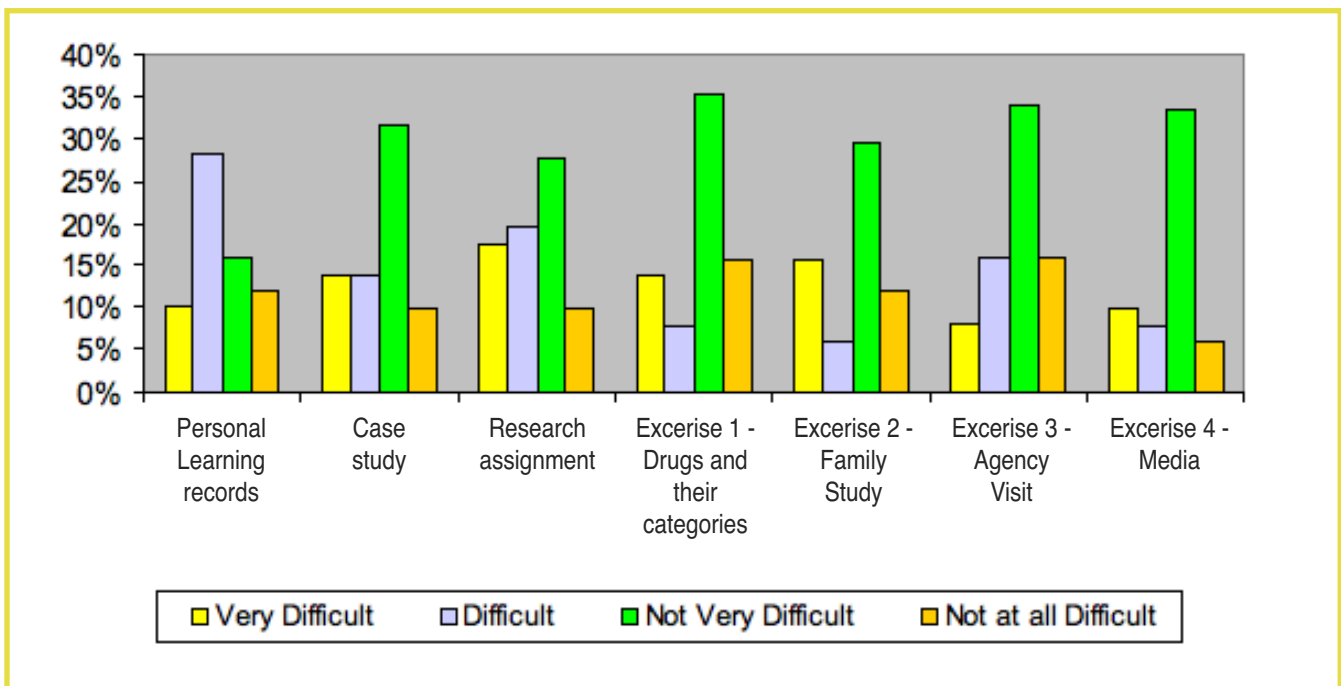
- 36% of Respondents found the *Video* material was outdated; they gained nothing from it and it was too impersonal
- 33% of Respondents found the *Role-Play* embarrassing; it can make a person nervous; they gained nothing from it and it required a lot of concentration
- 14% of Respondents found that the *Large Discussion Groups* require a lot of concentration; they didn't allow enough debate and everyone is talking at the same time
- 8% of Respondents found they did not gain anything from *Icebreakers*
- 6% of Respondents found that *Information* required a lot of concentration
- 3% of Respondents found that *Small Discussion Groups* allowed more confident people to dominate.

Key Findings

Evaluation of Assessments

We now present the findings from the section of the CASC®participants questionnaire which sought to discover views of the participants on the various assessments that they completed as part of the course. As mentioned previously, the CASC® course is assessed via continuous assessment. In total, seven assessments are included in the course. The following results relate to the difficulty associated with each individual assessment type.

Figure 13 : Evaluation of Assessments (% of Respondents)

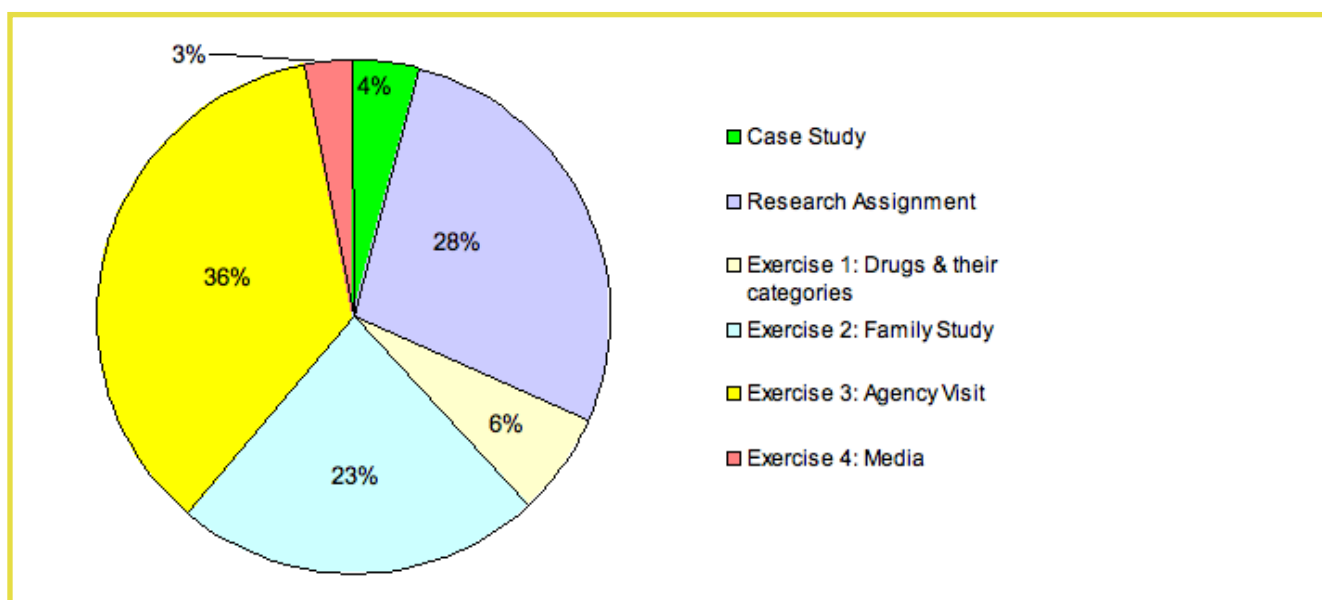


Firstly, the data reveals that in their assessment of the personal learning records, 38% of the participants found this assessment to be difficult or very difficult. A slightly smaller number of participants (28%) felt that this particular assessment was not difficult. In relation to the case study assignment, we find that the majority of responses claim the case study as being either 'not very difficult' (31%) or 'not at all difficult' (10%).

In contrast 27% of the respondents did find the case study assignment to be difficult or very difficult. There was very little difference between the number of participants claiming that the research assignment was not difficult (37%) and those who felt that this assignment was difficult/very difficult (37%). Sizeable numbers of respondents claimed that Exercise 1-Drugs and their categories (51%), Exercise 2-Family study (41%), Exercise 3-Agency Visit (50%), and Exercise 4-Media (40%) were not difficult to complete. In contrast, much smaller numbers of respondents claimed that Exercise 1-Drugs and their categories (22%), Exercise 2-Family study (22%), Exercise 3-Agency Visit (24%), and Exercise 4-Media (18%) were difficult or very difficult to complete.

Overall, the research assignment emerges as the most difficult assignment of the course with 18% citing it to be 'very difficult'. This was closely followed by Exercise 2-Family study, Exercise 1-Drugs and their categories, and the case study assignment. In contrast, the agency visit appears to be the least difficult of the assignments.

Figure 14 : Which assessment was the most enjoyable? (% of Respondents)



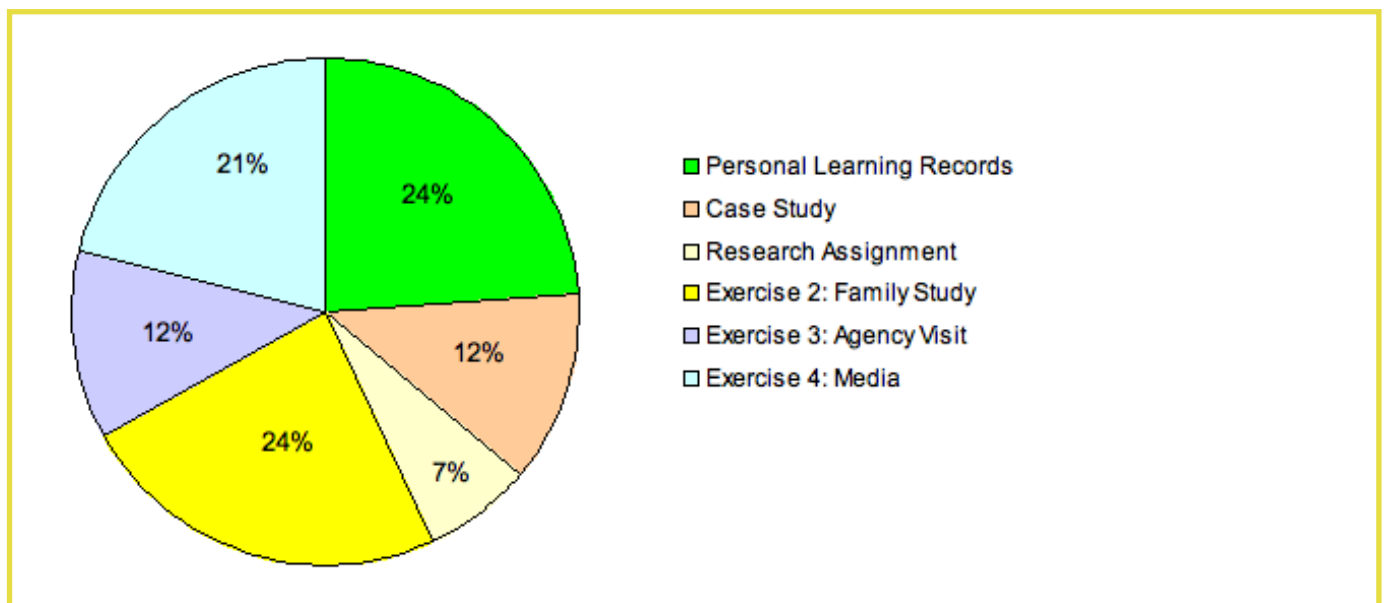
Overall, the majority (36%) of the forty seven respondents answering about the assessments found the agency visit to be the most enjoyable course assignment. The research assignment was the second most enjoyable assignment (28% of the respondents), closely followed by the family study assignment (23%). The drugs exercise, the case study and the media exercise were the course assessments that were enjoyed by 6%, 4% and 3% of respondents respectively.

Key Findings

Respondents were also asked why they found the assessments most enjoyable and the following are their responses:

- 38% of respondents found the Agency Visit most enjoyable as it was informative and allowed participants to learn something new
- 29% of respondents found the Research Assignment enjoyable as it gave participants the opportunity to develop an idea
- 22% of respondents found the Family Study exercise enjoyable as it was very informative and for some respondents it was because of personal interest
- 7% of respondents found the Drugs and their Categories exercise enjoyable because of personal interest and also that respondents learnt something new from this exercise
- 4% of respondents found the Case Study and the Media exercise enjoyable because they were informative.

Figure 15 : Which assessment was the least enjoyable? (% of Respondents)



Thirty three participants offered opinions on what their least enjoyable assessment was. These opinions are presented in Figure 15. The personal learning records and the family study were both cited by 24% of the respondents. The next least enjoyable assessment was the media assessment (21% of respondents). This was then followed by the case study and the agency visit which were both cited by 12% of the respondents. The research assignment was considered the least enjoyable by only 7% of respondents.

Figure 16: Evaluation of assessments (% and number of Respondents)

	Strongly Agree	Agree	Disagree
Personal learning records assessment was clearly explained to me	65% 34	25% 13	2% 1
The case study assessment was clearly explained to me	60% 31	33% 17	2% 1
The research assignment was clearly explained to me	60% 31	33% 17	2% 1
Exercise1- 'Drugs and their categories' was clearly explained to me	71% 37	21% 11	
Exercise 2- 'Family study' was clearly explained to me	64% 33	27% 14	2% 1
Exercise 3- 'Agency Visit' was clearly explained to me	65% 33	33% 17	
Exercise 4- 'Media' was clearly explained to me	60% 31	27% 14	3.8% 2
There was enough time given for the completion of assessments	58% 30	31% 16	2% 1
The feedback for assignments was given in a timely manner	56% 29	35% 18	2% 1
The feedback for assignments was given in a constructive manner	52% 27	39% 20	
Overall I found the course assessments helpful	71% 37	25% 13	2% 1

Key Findings

The overwhelming majority of respondents to the CASC® participants survey strongly endorsed the usefulness/effectiveness of the assessments on the CASC®. The vast majority of the respondents (90% - forty seven individuals) strongly agreed/ agreed with the statement that the personal learning records assessment was clearly explained to them. Likewise, a huge majority of respondents strongly agreed/agreed (93% - forty eight individuals) that the case study assessment and the research assignment were clearly explained to them. In addition, the majority of the respondents found that Exercise 1- 'Drugs and their categories' (92% -forty eight individuals), Exercise 2- 'Family study' (91% - forty seven individuals), Exercise 3- 'Agency Visit' (98% - fifty individuals), and Exercise 4- 'Media' (87% - forty five individuals) were clearly explained to them.

Despite the continuous workload associated with this course the majority of respondents strongly agreed (58%) that there was enough time given for the completion of course assessments. A further 31% agreed with this statement. The vast majority of respondents found that feedback for the assignments was given in a timely manner. 56% of respondents strongly agreed with this statement while another 35% agreed with this statement. In addition to receiving timely feedback on course work the majority of respondents also found the feedback to be constructive in nature, with 91% of respondents agreeing or strongly agreeing with this statement. Overall, the respondents strongly endorsed the types of assessments contained in the CASC® and a massive 96% of respondents (fifty individuals) agreed or strongly agreed that the course assignments were helpful to them.

All of the course assessments were also well remembered as positive learning experiences, which offered the course participants both interesting and challenging assignments. Some assignments in CASC®, such as an agency visit and a family case study, required the application of theoretical knowledge to practical encounters.

According to the focus group participants these more practical assignments were extremely well received.

“It was a very good, very good experience” (Agency visit)

“The family case study was challenging as it would affect everyone because everyone is from a family so it is common ground and I think it was very challenging”.

Impact of the CASC®

A number of key areas were identified where the CASC® should be impacting on participants, those being:

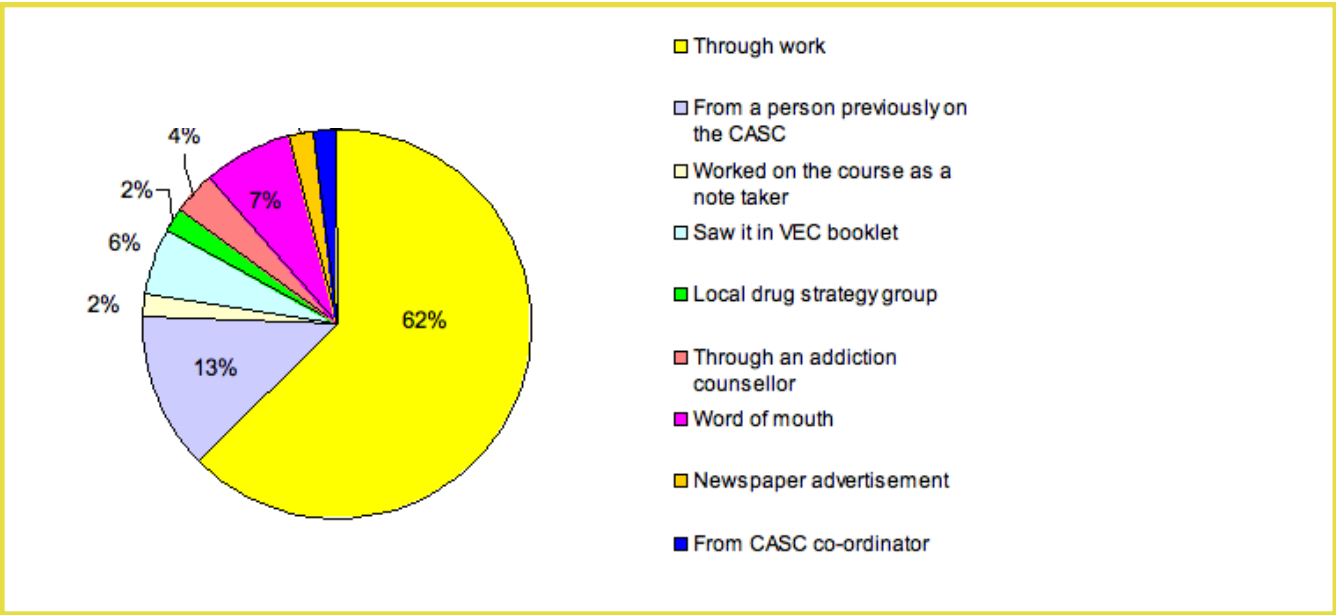
- Relevant employment
- The development of hard and soft skills
- Attitudinal change
- Progression - educational and personal

The data presented here clearly demonstrates that the CASC® in Limerick City is having a positive impact on participants in all of these areas.

The continued interest in the course from potential participants even after the programme has been running for a decade and the value that potential participants place on the course was strongly identified by the CASC® co-ordinators as a positive impact. In that context it is interesting to examine how the participants had heard about

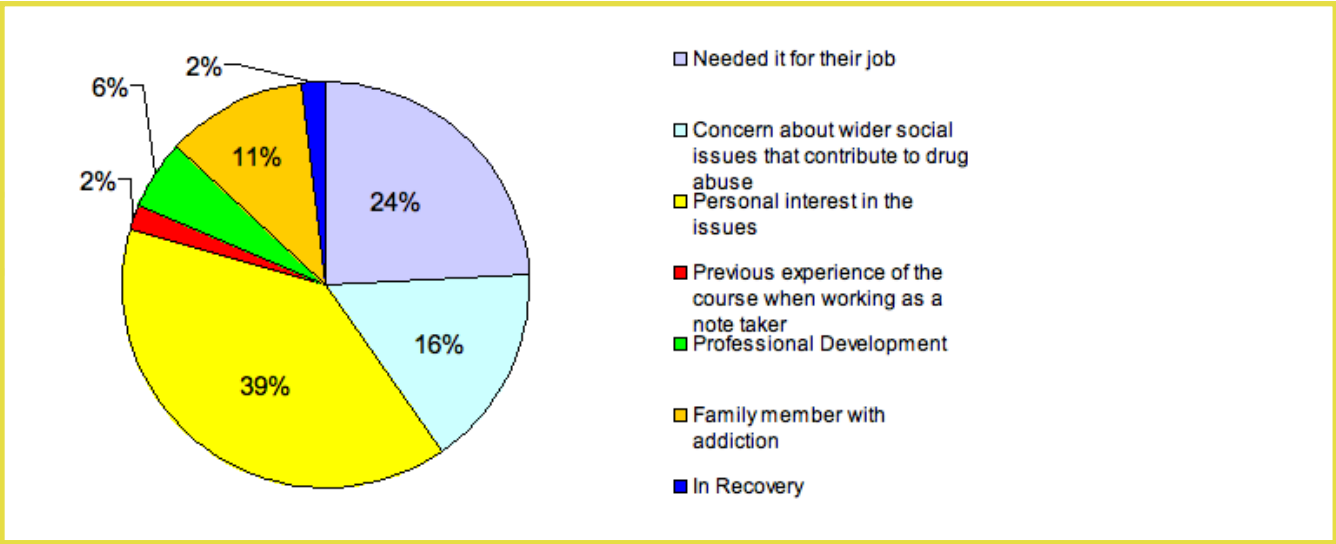
the CASC® and what the participants motivation for attending the course was. All 54 of the respondents in the CASC® participants' survey gave answers to these questions.

Figure 17 : How the participants heard about the CASC® (% of Respondents)



- Participants heard about the CASC® through a number of different ways. The vast majority of the participants (62%) heard about the CASC® through work. A further 20% of participants heard about the CASC® from a person previously on the course or through word of mouth.

Figure 18 : What motivated the participants to attend the CASC® (% of Respondents)



Key Findings

- Participants were also motivated to attend the CASC® for numerous reasons. The majority of the participants (63%) were motivated to attend the CASC® either because they felt they needed the course for their job or because they had a personal interest in the issues. A further 16% of the participants were motivated by a concern about wider social issues that contribute to drug abuse or because they themselves or a family member had addiction problems.

Skills gained through CASC® participation

The process of active participation and involvement in the course was seen to lead to hard and soft skill sets being gained by CASC® participants. The development of these skill sets was identified by the co-ordinators as a key impact of the CASC®. The following quote is illustrative of this discussion:

“You see some people and how they come in and then you see them post course, 20 weeks later and they are so actively involved. They have the knowledge but also the confidence and you can’t state that enough, to have the confidence to say no I don’t agree with that... this is what you want. You want to be able to empower communities; you want them to be able to participate as equals”.

Additionally, one of the co-ordinators identified that this process may not be immediate, it may take time but even after a good deal of time has passed they are still seeing the impact of the course in terms of the development of these skills.

“When you see people a few years later resurrecting themselves in their local communities, being involved in local communities then you kind of say, ‘okay’, there has been a huge growth in personal learning around that”.

In the CASC® participants’ survey, respondents were asked to evaluate whether they possessed such skills prior to undertaking the CASC® and also to assess the extent to which they possessed such skills having completed the course. Figure 19 clearly illustrates that the respondents gained considerable knowledge and awareness of the various issues as a result of their participation in the CASC®.

Figure 19 : Knowledge and awareness of issues (% and number of Respondents)

Knowledge and Awareness of	Prior to CASC®	Post CASC®	Prior to CASC®	Post CASC®
	Not at all / Not a Lot	Not at all / Not a Lot	To Some Extent / To a great Extent	To Some Extent / To a great Extent
The concept and role of community development prior to CASC	32% 17	2% 1	47% 25	94% 50
The causes, effects and symptoms of drug misuse	32% 17	2% 1	43% 23	99% 53
The effects of drug misuse on individual substance misusers	25% 13	2% 1	34% 18	98% 53
The effects of drug misuse on the families of substance misusers	23% 12	2% 1	47% 25	98% 53
The effects of drug misuse on local communities	30% 16	2% 1	51% 27	98% 53
Community responses to the problem of drug misuse in your area	40% 21	2% 1	23% 12	92% 49
National responses to the problem of drug misuse	57% 30	2% 1	26% 14	89% 48
Capacity for critical thinking and judgement	32% 17	4% 2	25% 13	85% 46

- The data shows a large drop in the numbers of participants who had little or no knowledge of the issues post completion of the course. It is particularly encouraging to see a huge drop in the numbers stating that they had little or no knowledge about national and community responses to the problem of drug misuse.
- In addition, the table clearly shows that there was a sizeable increase in the number of participants expressing the view that they had at least some level of knowledge and awareness in all categories. The biggest increases in knowledge were reported on the effects of drug misuse on individual substance misusers, and community and national responses to the problem of drug misuse.

Key Findings

Figure 20: Communication Skills (% and number of Respondents)

Communication Skills	Prior to CASC®	Post CASC®	Prior to CASC®	Post CASC®
	Not at all / Not a Lot	Not at all / Not a Lot	To Some Extent / To a great Extent	To Some Extent / To a great Extent
Writing Skills	21% 11	0	60% 32	87% 47
Ability to decide on appropriate forms and levels of communication	19% 10	0	57% 30	96% 52
Ability to communicate with diverse audiences	28% 15	0	49% 26	98% 53

- The data on communication skills also shows that the respondents gained considerable skills from their participation in the CASC®
- The data shows a significant fall in the numbers of respondents who reported having low communication skills post completion of the course
- Moreover, the table shows a clear increase in the number of participants expressing the view that they had a good level of communication skills across all three categories. In particular there was a very large increase in the numbers reporting they had the ability to communicate with diverse audiences.

Figure 21: Team Working and Leadership skills (% and number of Respondents)

Team-work and Leadership	Prior to CASC®	Post CASC®	Prior to CASC®	Post CASC®
	Not at all / Not a Lot	Not at all / Not a Lot	To Some Extent / To a great Extent	To Some Extent / To a great Extent
Ability to develop and maintain useful relationships with colleagues	36% 19	0	64% 34	93% 50
Ability to work as part of a team	9% 5	0	83% 44	100% 54
Awareness of your own working style, that of others and how they can work together	15% 8	0	64% 34	96% 52
Ability to take the views of others on board when making decisions	8% 4	0	57% 30	98% 53
Ability to take a leadership role when working as part of a team	21% 11	0	66% 35	98% 53
Ability to recognise the strengths of team members	15% 8	0	62% 33	96% 52
Ability to work effectively as part of a team to achieve common goals	11% 6	0	59% 31	98% 53

Participants gained considerable team-work and leadership skills from their participation in the CASC®. Across all seven categories in Figure 21 there are large decreases in the number of participants reporting that they did not possess these various skills in any great measure. Additionally, there are large increases in the number reporting that they did possess these various skills post completion of the course.

- Of note is the fact that 36% of respondents reported that they had little or no ability to develop and maintain useful relationships with colleagues prior to the course and 21% reported that they had little or no ability to take a leadership role when working as part of a team. Post completion of the course not one respondent felt that they did not possess the team-work and leadership skills listed.
- Of additional significance is the large increase in the number of respondents stating they had an ability to take on board the views of others when making decisions, to take a leadership role when working as a team, and to work effectively as part of a team in order to achieve common goals.

Key Findings

Figure 22: Personal Effectiveness / Development (% and number of Respondents)

Personal Effectiveness / Development	Prior to CASC®	Post CASC®	Prior to CASC®	Post CASC®
	Not at all / Not a Lot	Not at all / Not a Lot	To Some Extent / To a great Extent	To Some Extent / To a great Extent
Ability to work in an independent and self directed manner	23% 12	0	60% 32	100% 53
Ability to persuade others to work together to achieve your aims	23% 12	0	40% 21	96% 51
Personal awareness of drug misuse	25% 13	0	45% 18	96% 51
Ability to get involved in community activism	29% 15	0	41% 21	91% 48
Ability to learn from your experiences as part of your self-development	25% 13	0	44% 23	98% 52

Significant improvement in the level of personal effectiveness and development skills possessed by respondents post participation in the CASC® is evidenced in the data.

- Post completion of the course not one respondent felt that they did not possess the personal effectiveness and development skills listed.
- Furthermore, there were large increases in the number of respondents claiming they had a good level of ability to persuade others to work together to achieve their aims, to learn from their experiences as part of their self development, to get involved in community activism and had gained personal awareness of drug misuse having completed the CASC®.

Figure 23: Career Management skills (% and number of Respondents)

Career Management	Prior to CASC®	Post CASC®	Prior to CASC®	Post CASC®
	Not at all / Not a Lot	Not at all / Not a Lot	To Some Extent / To a great Extent	To Some Extent / To a great Extent
I knew what I wanted to do as a career	34% 17	0	46% 33	96% 49
Awareness of transferable skills	20% 10	0	38% 19	92% 47
Capacity for initiating and sustaining networks which may be useful to my career	38% 19	0	30% 15	86% 44

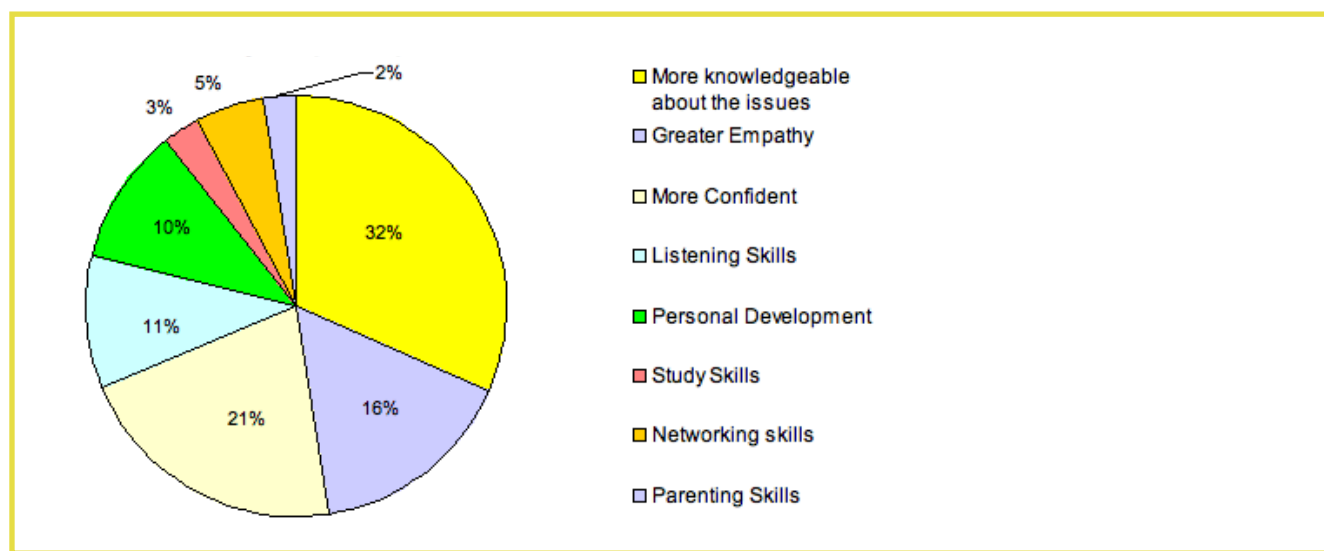
The data on career management skills also shows dramatic improvement in the level of these skills possessed by respondents post completion of the CASC®.

- No respondents felt that they did not possess career management skills having completed the course.
- Furthermore, there was a substantial increase in the number of respondents stating that they knew what they wanted to do as a career, had an awareness of their transferable skills, and had developed the capacity for initiating and sustaining networks which may be useful to their career post completion of the CASC®.

Finally, participants offered their opinion on whether they had gained any other skills as a result of participating in the course. The results are as follows.

Key Findings

Figure 24 : Additional skills gained by participants (% of Respondents)



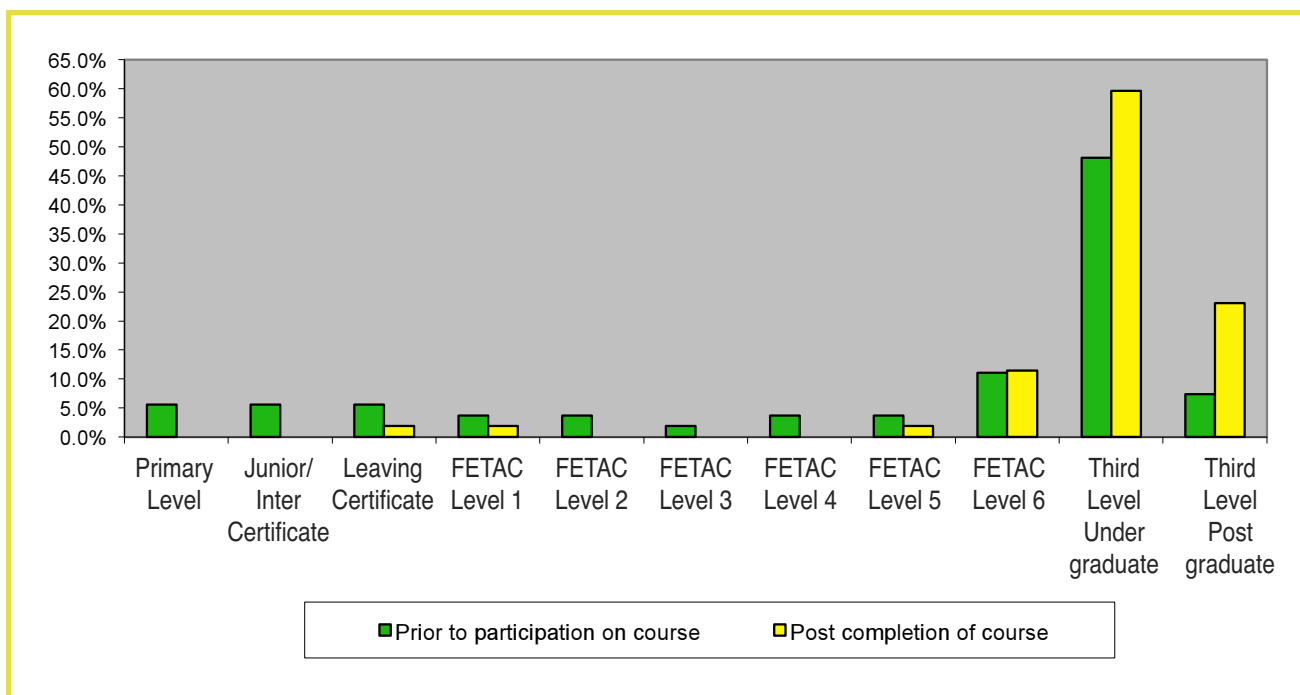
- 32% said they are more knowledgeable about the issues
- 21% were more confident
- 16% had greater empathy
- 21% had developed listening skills and had experienced personal development
- 5% had gained networking skills
- 5% had developed study skills and parenting skills.

Progression

It is very apparent that the co-ordinators strongly believe that “the twenty weeks are not the end but the beginning ... the little pebble that is thrown into that pond and lets people say ‘yes’, we can do lots of different things”. In that context it was interesting to examine the highest level of education completed by the CASC® participants. The majority of the CASC® participants who responded (56%) had at least a 3rd level undergraduate qualification prior to participating in CASC®. Indeed, four respondents (7%) had completed a post-graduate qualification. Three individuals (6%), on the other hand, had only completed primary level education, while a further six participants (11%) completed second level education prior to participating in CASC®.

In spite of those relatively high levels of educational attainment prior to participation in the course there is a marked increase in the educational attainment of individuals post completion of CASC®. In this case we can see that the number of respondents with at least a 3rd level undergraduate qualification rose to thirty one people (83%) with twelve of those respondents (23%) completing a post-graduate qualification post completion of the CASC®.

Figure 25 : Highest Level of education completed [% of Respondents]



The data from the CASC® participants' survey shows that the majority of participants pursued additional qualifications after graduating from the CASC®.

- Almost 52% of respondents (28 individuals) undertook at least one further educational course.
- These respondents undertook their courses in a variety of areas and through a variety of awarding bodies (See Appendix II for a full list). However it is noteworthy that 64% of these 28 respondents undertook either the Diploma in Alcohol and Addiction Studies, or the Certificate or Diploma in Youth and Community Work as their most recent course of study, while the vast majority of these participants (70%) undertook their most recent course at either the University of Limerick or University College Cork.
- The overwhelming majority of these 28 participants (almost 90%) stated that they undertook their most recent course of study on a part-time basis while 89% of these respondents believed that the qualification they had pursued was used in performing their current job.
- Just over 20% of the sample (11 individuals) had undertaken more than one course of study since leaving the CASC®. These respondents also pursued courses in a variety of areas and through a variety of awarding bodies (See Appendix II for a full list). The vast majority of these respondents (90%) stated that they undertook their most recent course of study on a part-time basis with 90% of these respondents stating that the qualification they had pursued was used in performing their current job.

Key Findings

Two members of the focus group conducted with the CASC® participants had gone on to complete the Diploma in Addiction Studies. For these individuals, the availability of a follow on course enabled them to increase their new-found interest in this area.

“When I left CASC® it left me with a sense that I wanted to get into this a bit more. The Addiction Studies Diploma gave me that opportunity and if the opportunity arose for the degree course I’d strongly consider doing that too”.

These two individuals were adamant that the CASC® offered them a good foundation upon which to base their further studies. In contrast the other three focus group participants all expressed a lack of interest in progressing to a higher level of education in this area. In those three cases, they felt that the Diploma in Addiction Studies would challenge them more academically, than the practical nature of CASC®. The general feeling expressed was that the Diploma would be “very tough”.

While there is obvious progression to higher levels of education on the part of a sizeable amount of participants, the co-ordinators were adamant that:

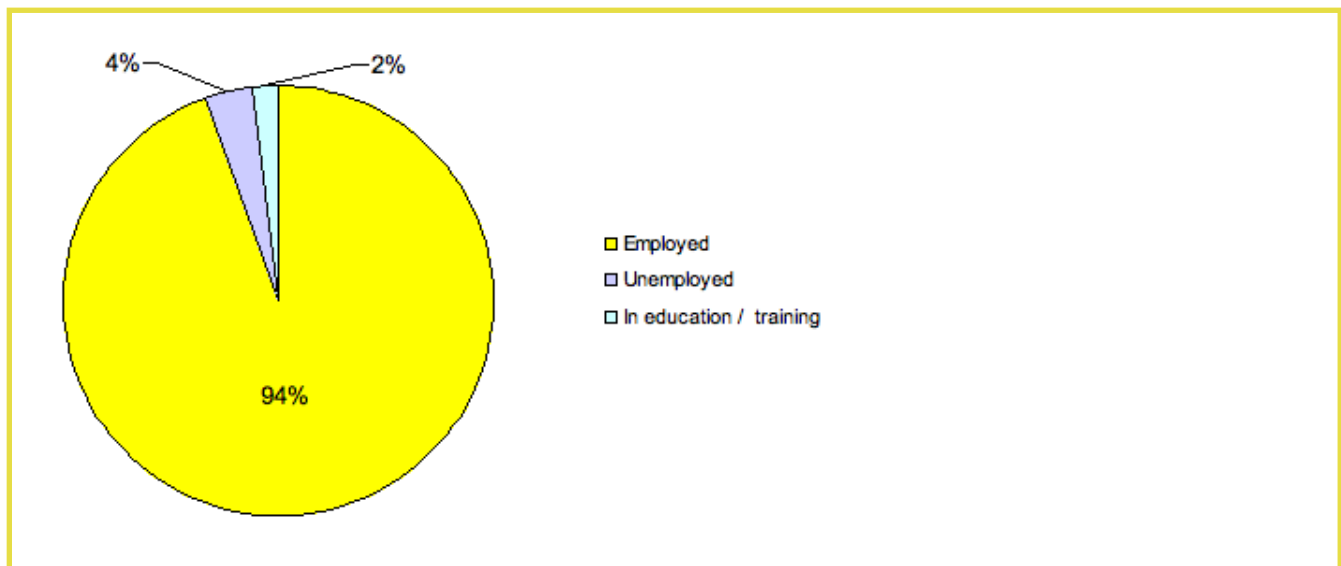
“progression does not only mean moving to college, progressing depends on where the person is starting from, progression for some people could be them feeling that my life is a little bit stronger now, and feeling more confident etc.”

Thus, progression for CASC® participants was defined in terms of it being “the next stage in the development of that person”.

Employment Status

This section of the report outlines in brief the current and recent employment history of the respondents to the CASC® participants survey since completing the course. The participants were given scope to offer information on their current employment plus their 2nd most previous employment. All of the respondents offered at least some information on current/most recent employment while 16 individuals (30%) offered information on their 2nd most recent employment.

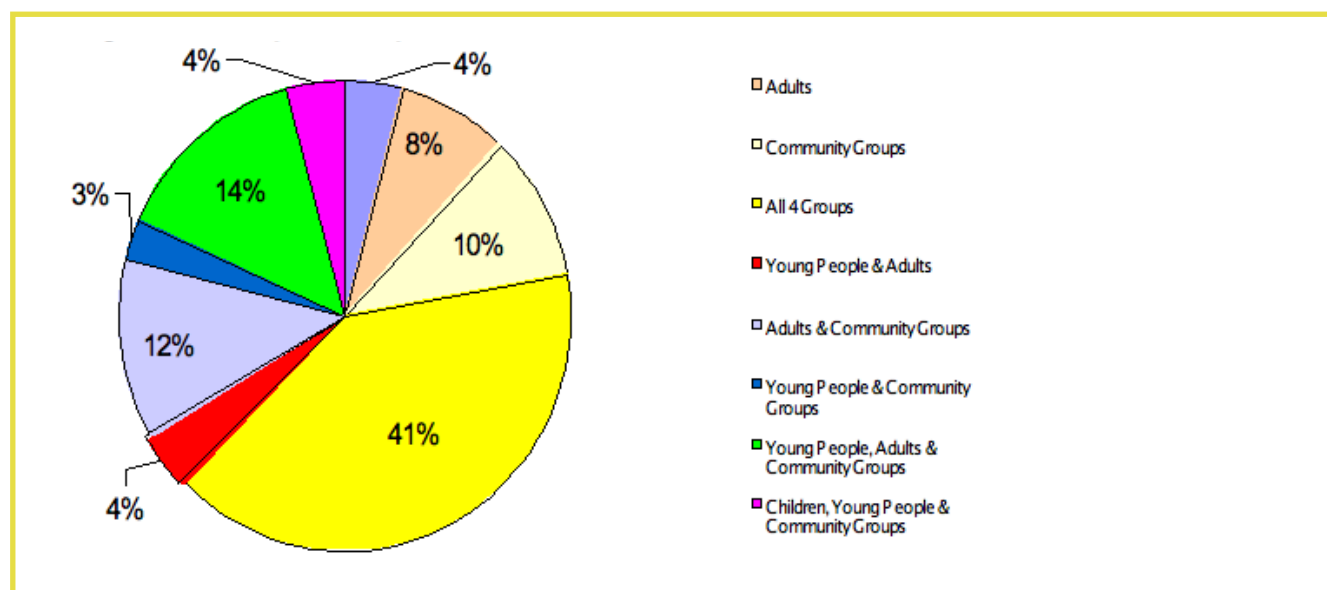
Figure 26: Current Employment Status (% of Respondents)



- 94% of the sample is currently employed, with only 4% of the respondents stating they are unemployed at present. A further 2% of respondents (one individual) were in education/training.
- Thirty nine individuals gave information on their current or most recent job title. Seventeen respondents (44%) were employed as a project worker with a further five (13%) being employed as a project manager. Six of these participants (15 %) worked as Gardaí, with a further five respondents (13%) working as Outreach/Youth workers. Three respondents (8%) worked in administrative positions (for a full list see Appendix III).
- Of the fifty respondents answering the question on whether their employment was in a paid or voluntary capacity, forty four (88%) stated that they were employed in a paid capacity. Additionally, it was very noteworthy that thirty nine (80%) of forty nine respondents reported that their work involved drug education / work in some way.

Key Findings

Figure 27 : Groups the resonidents work with [% of Respondents]



- 49 of the 51 individuals who are currently employed are working with children, young people, adults, and community groups in a variety of combinations. Figure 27 illustrates the break down of these arrangements.
- Finally, 50% of the sixteen respondents stating they had held a 2nd employment since graduating from the CASC® worked in administrative positions in their earlier employment. The remainder worked as outreach/ youth workers, project workers, project co-ordinators, project facilitators, or team leaders (see Appendix III for a full breakdown).

Other outcomes from / impact of participating in the course

One of the most persistent themes from the focus group discussion was the positive endorsement that CASC® participants gave to the course. For all participants, the course had a direct impact on their level of awareness about the drugs issue. This led to an increased understanding of the effects that drugs can have on individuals, families and local communities. Indeed, it was striking that all participants commented on the new knowledge they had gained about addiction.

“...understanding more about what it’s like to be addicted. There are a lot of judgements about addiction. I grew up with addiction but understanding what it’s like to be addicted and what is going on in the individual was very interesting to me”.

“It certainly shone a light on the underlying social and community problems that are there and how they are trying to be addressed by a group of people who are battling at the frontline everyday... the majority of the population don’t realise they are doing that work”.

The content and mode of delivery of the CASC® appears to be enabling participants to undertake a path of personal development. This personal development is particularly evident in the increase in self-confidence being reported by participants. Other participants spoke of developing greater empathy skills, which they saw as being good for their personal development. Significantly, course participants also appear to undergo a change in terms of their personal opinions and attitudes in relation to the area of drugs and drug addiction. The following quotes are illustrative of the general feelings expressed in the focus group in relation to this matter.

“It changed my opinion of people (who take drugs) . . . it gave me a totally new approach . . . and opened your eyes more”

“You go in and your opinions change about everyone. Your whole opinions turn around and that’s building community and making connections”.

The diversity of the participants in terms of their varying personal and professional experiences would appear to act as a catalyst for this attitudinal change.

“It provides an insight into the experiences of all different aspects of life in relation to addiction- the person who is trying to help, the person who is addicted, the person who is recovering. It’s all life experience in relation to that subject there in one room, waiting to come out to assist you and you to assist them”.

In this way, an appreciation of where “others are coming from and the difficulties they are facing” was fostered in the course participants. It is striking that this personal impact is also experienced by facilitators, tutors, and note takers. Six respondents to the CASC®facilitators’, tutors’, and note takers’ survey stated that the CASC® had a personal impact in terms of giving them a greater awareness of addiction. One of the respondents captures this view best when stating

“I now get community. I am more open to harm reduction and I realise that my personal story is a story that involves family, community... and my culture. So I realise that there is a lot more to addiction than I had believed”.

Perhaps two of the more striking impacts of the course on the participants were the camaraderie that it created among the group and the networking opportunities it created for them. For one focus group participant, the course and its participants offered her a lifeline at an important juncture in her life.

Key Findings

“That course got me through one of the worst periods of my life. I had so much support (from the group) and people I could pick up the phone and ring”.

Interestingly, all of our focus group participants remarked on how the CASC® introduced them to an additional network of relevant professionals, which was hugely beneficial to them. The development of these networks was identified as a major success of the CASC®.

“I made contacts with people that you’d speak to over the phone, but you don’t see a face. It was a big benefit in that way”.

“That was probably the biggest benefit of the course. In addition to what you took from the course there was no mistaking that you were introduced to people from different aspects of the community and the different agencies that they work for, are involved in”.

“If everyone went away at the end of the 20 weeks and had that network and the support from the course it is a complete success”.

For one participant, attending CASC® enabled her to pursue voluntary work in the area. In this voluntary context, the practical skills learned from the course have proved to be very influential.

“I do voluntary work now ... and all that I would have got from CASC®, going into the family living in chaos, and trying to help. I got all that stuff from CASC®”.

Similarly, all four of the respondents to the CASC® facilitators’, tutors’, and note takers’ survey, who answered this question, stated that the CASC® had a strong influence on their professional development. One respondent stated that she was now “more aware of how professionals view certain issues and how drug and alcohol issues affect us all”. Another respondent highlighted that she takes

“the learning into my everyday encounters and my professional work. ... My involvement with the CASC® has opened up work for me in other areas”.

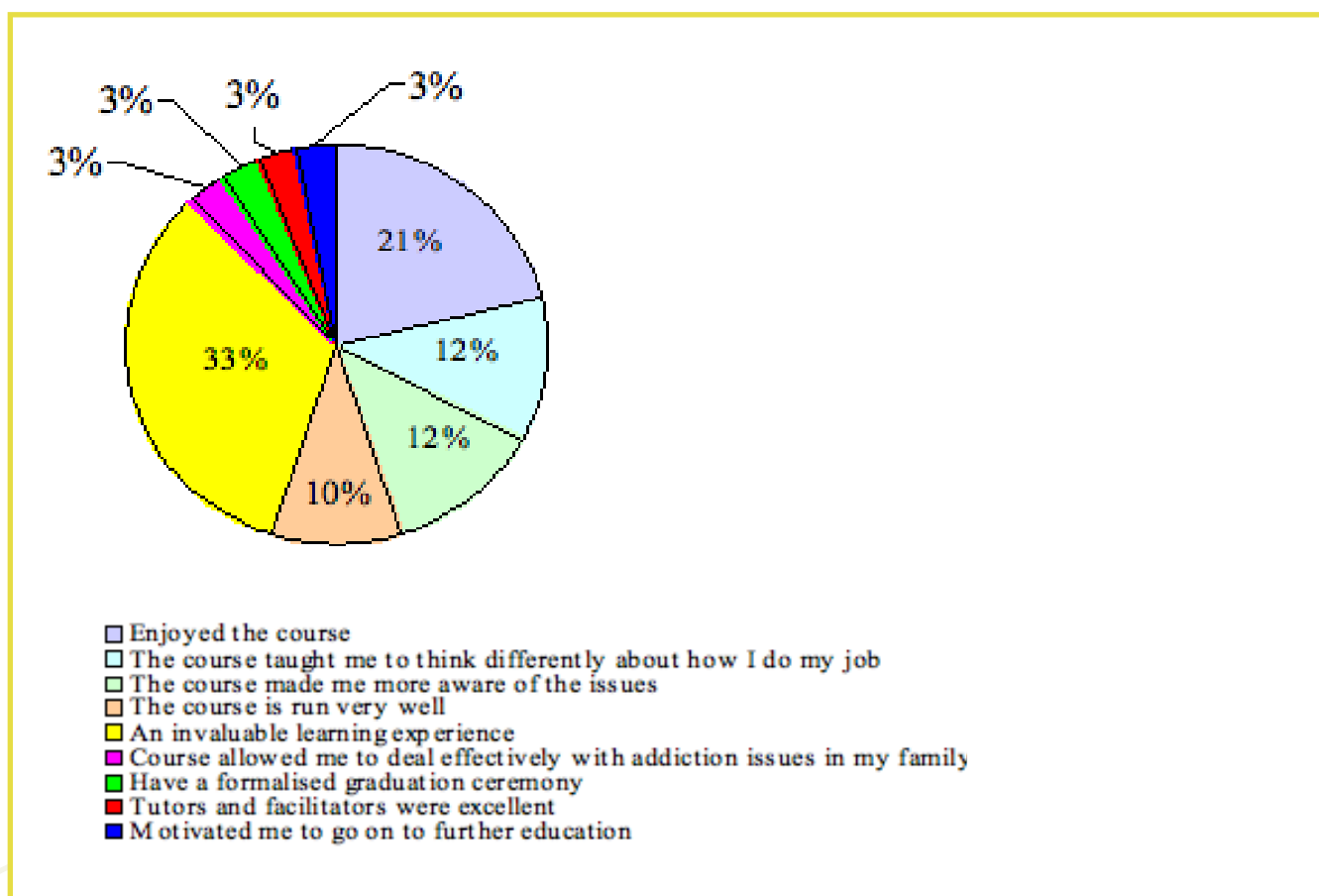
The professional impact of attending CASC® is not only held by the individual course participants, on occasion the knowledge and skills learned from the course is also passed onto the participants’ colleagues which, in turn, is perceived by participants to be improving their colleagues’ professional skills.

“I’ve tried to get across to them that everything isn’t black or white out there. You have to try and find out what are the reasons behind this action, especially in relation to younger

people”

Thirty three of the respondents in the CASC® participants’ survey offered additional comments on the CASC®. These comments are presented in Figure 28.

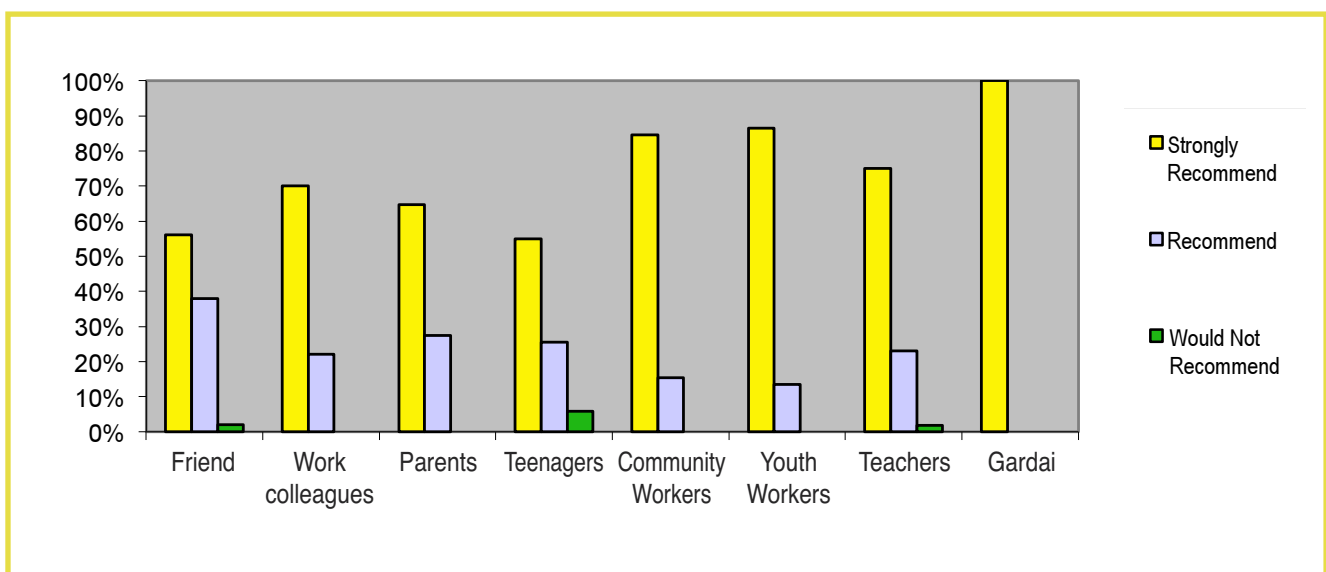
Figure 28 : Other comments about CASC® [% of Respondents]



Key Findings

One final way of gauging the impact of the course is to see if the participants would recommend the CASC® to others.

Figure 29 : To whom would respondents recommend the course? (% of Respondents)



The vast majority of respondents (94% - forty seven individuals) would recommend or strongly recommend this course to a friend, 92% (forty six individuals) would recommend or strongly recommend this course to a work colleague, while 92% (forty seven individuals) would recommend or strongly recommend it to parents. In addition, 80% (forty one individuals) would recommend or strongly recommend the CASC® to teenagers, 100% (fifty two individuals) would recommend or strongly recommend it to community workers and youth workers, and 98% (fifty one individuals) would recommend or strongly recommend the course to teachers. Sixteen respondents also suggested that they would strongly recommend the CASC® to an 'other' category. All of these sixteen respondents said they would recommend the course to Gardaí. These figures strongly suggest that the course has had a strong impact on its participants.

Suggested Improvements

Areas for improvement to the delivery / organisation of the CASC® were identified by the all participants in this evaluation. Firstly, the facilitators were identified by the co-ordinators as an important resource which needed to be further supported.

“We need to be very mindful of our facilitators and one thing I would change and would look at in the future is having support and supervision for the facilitators because I think it is critical. They are managing a quite large group with quite a diverse range of issues coming up for them, some very difficult issues so I think we would put in some very specific supports for facilitators around support and supervision. Facilitators carry a lot of stuff around with them and it can weigh heavily and what you are trying to do then is give them the same space to unload because they have got to go back to their own work space... so I think that is a key thing”.

In this context, it is noteworthy that the respondents to the CASC® facilitators, tutors, and note takers survey identified a number of key supports needed for them to deliver the course effectively. One of the facilitators felt that she needed “supervision, evaluation, the opportunity for self reflection, and planning meetings with the CASC® co-ordinator”. One of the other respondents identified the vital need for a “good relationship with their co-facilitator and clear and concise material and guidelines on what information (and why it) was being delivered”. Our facilitator interviewee offered a further insight into the issue of support for facilitators,

“We spend a lot of our time saying to the group to get support (the participants). In the early stages of CASC® there was support, but we just got used to running it and knew the material. Backup support for facilitators is lacking. It needs to be more structured, in-built as part of their role as facilitators”.

A need for reflective practice was identified. It should be noted that this process has already begun and the co-ordinators felt strongly that it will further improve the CASC®.

“At the end of every piece of work we take a little step back and say how was that for everyone involved and what did that mean. We have introduced some reflective practice and we think that will result in an improved learning experience”.

Twenty six respondents from the CASC® participants survey also offered recommendations for changes which could improve the delivery / content of the course in the future (see Figure 30).

Key Findings

Figure 30: Recommendations from CASC® participants to improve the delivery / content of the course in the future (% and number of Respondents)

Are there any recommendations that you would make to improve the delivery / content of the course in the future?	Number of Respondents	Percent
Run the course over a longer duration	6	23.1
Update video	4	15.4
Have former substance misusers talk at future courses	3	11.5
More publicity/accessibility	2	7.7
More support for participants	2	7.7
That the course remains open to cross- section of the community	1	3.8
Run the course more frequently	1	3.8
More information on the abuse of prescription drugs	1	3.8
Gender balance in the facilitators / tutors	1	3.8
Have weekend course on personal development	1	3.8
Less emphasis on assessment	1	3.8
Greater mix of non professional participants	1	3.8
Provide experience with the agency rather than a visit	1	3.8
Run the course over a shorter duration	1	3.8
Total	26	100.0

Alterations to some of the course content were cited as a way to further improve the delivery of the course. These changes were mainly identified in terms of adapting “to take account of new trends” and developments in the area. One respondent from the facilitators’, note-takers’ and tutors’ survey wanted to see “more local community people on the course, and more information and statistics on Limerick, as a lot of the information is Dublin based”. The point about the geographical bias in the course material was also raised by our facilitator interviewee.

“The manual is updated every year . . . all the information is Dublin based. We haven’t enough information about treatments and stuff like that, methadone programmes, success rates, follow on programmes for the city and region”.

One respondent from the facilitators', note-takers' and tutors' survey wished to see more personal development work with the participants. Another wanted to see the CASC® run for a second year so that participants could attain a higher level of qualification. In spite of the data presented earlier in this report, showing that the respondents to the CASC® participants' survey were happy with the pace and duration of the course, it is interesting to see that 23% of the twenty six participants who responded would also like to see the course offered over a longer period of time.

All of those taking part in our CASC®participants focus group expressed the opinion that a refresher course should be made available to all previous course participants.

“Maybe there is a need for a refresher, to just familiarise yourself with the topics and anything new that has emerged in the meantime”

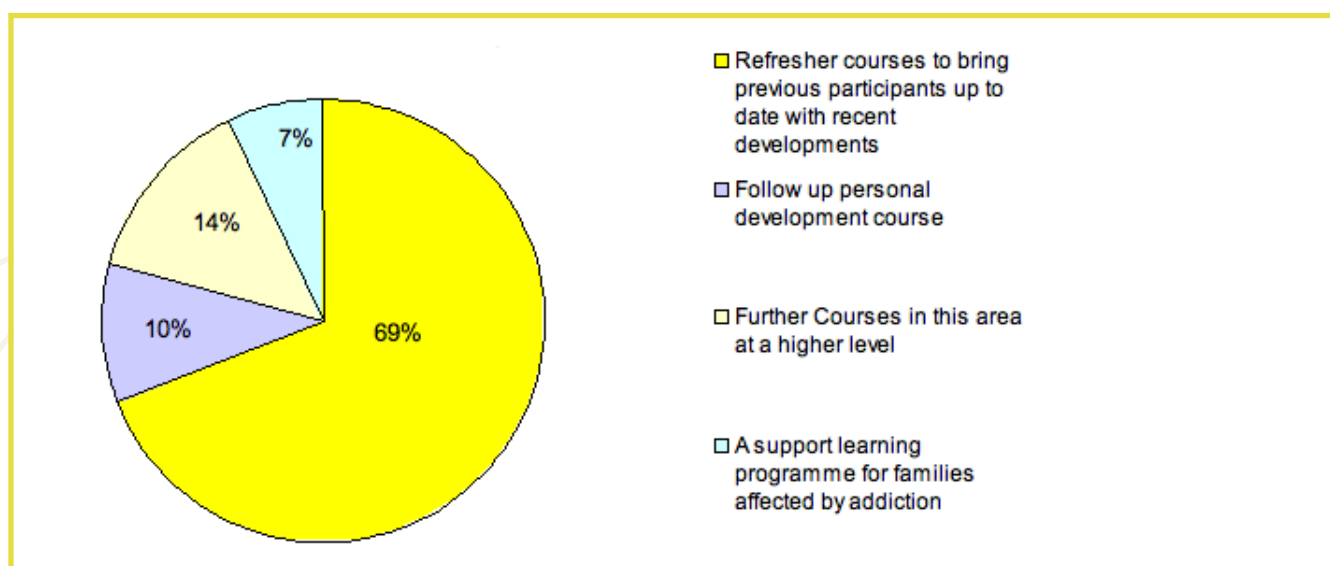
“Even a one day get together would be very interesting, just to see and go back over it”.

However, the resource implications of such a recommendation forced another participant to add an interesting caveat,

“I would prefer to see another CASC® rather than a refresher course being run, if it's a question of cost”.

Others reflected on the overall need for more drugs information in society, especially among teenagers. This led some participants to recommend that the course be offered, as a shorter programme, to teenagers. The evaluation was also interested in identifying the further training and information needs of previous CASC® participants. Twenty nine of the fifty four respondents returning the questionnaire answered this question.

Figure 31 : Further training and information desired by respondents (% of Respondents)



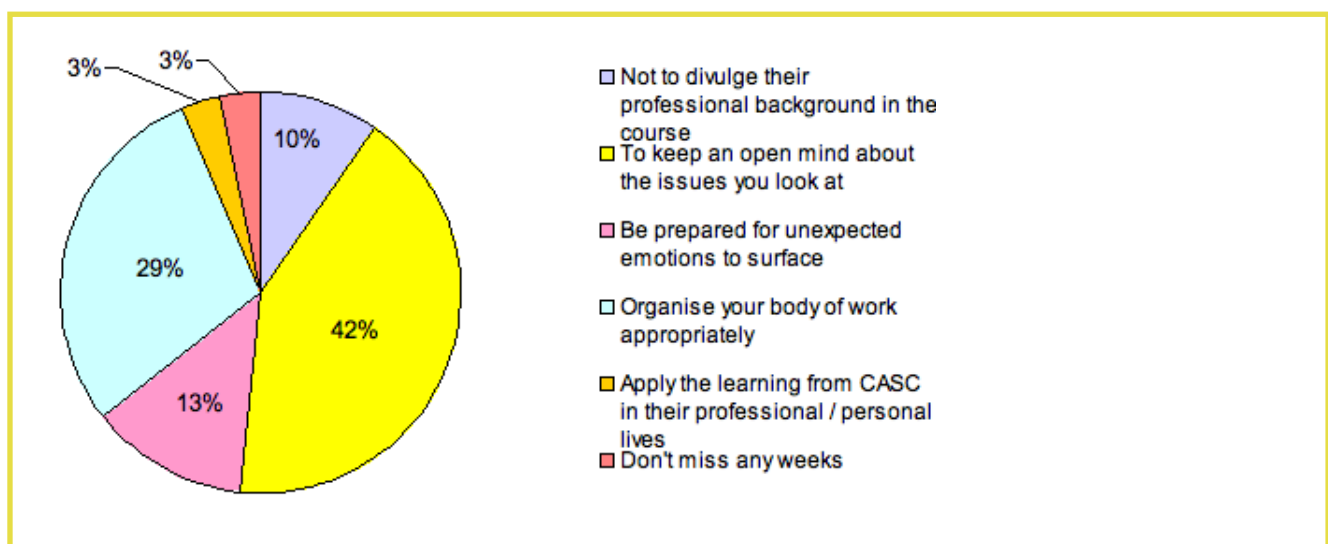
Key Findings


The vast majority of those twenty nine respondents (69%) recommended the setting up of a refresher course which would allow them to keep up-to-date with current developments in the field of drug and addiction issues. In addition, 14% of respondents suggested the establishment of further courses in the area of drug and drug addiction at Diploma or higher level, while 10% of respondents were interested in follow-up personal development courses for CASC® participants. Finally, 7% of respondents recommended the development of a support learning programme for families affected by addiction.

In addition, four of the six respondents from the CASC® facilitators', tutor, and note takers' survey said they would like further training. One respondent said they would like "some training on the media exercise as I felt I had not gotten a handle on it so I found it hard to deliver so I left it to my co-facilitator". A second respondent wanted to receive further training on drug policies and strategies. The third respondent wanted further training and "more up-to-date information on legal highs", while the final respondent answering this question wanted further training which would allow them "to get involved in the CASC® programme again". While these issues highlight the need for training and information on specific course related issues, the general question of facilitation training was also raised by our facilitator interviewee. The lack of a "facilitators training course" and "group work training" was highlighted as a possible barrier to new or inexperienced facilitators.

Finally, respondents from the CASC® participants' survey offered advice to future participants of the course. Thirty one respondents took the opportunity to answer this question.

Figure 32 : Recommendations for future participants of the course (% of Respondents)

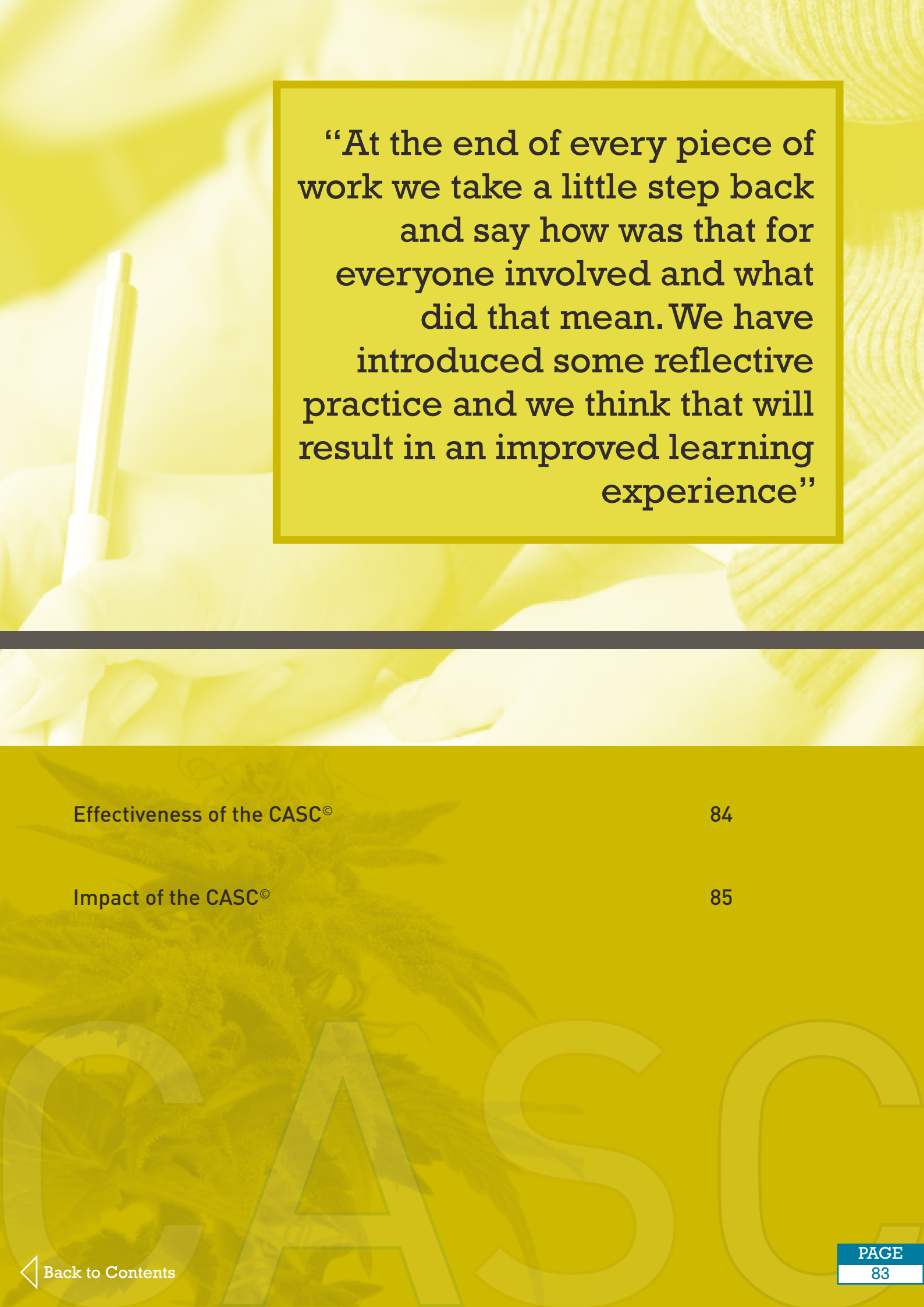




The majority of respondents (42%) stated that future participants should keep an open mind about the issues the courses addresses. 29% of the respondents offered a more practical piece of advice. They wanted to remind participants to organise their course work appropriately. For 13% of respondents the personal and emotional implications of the course were important to consider. For these respondents they wanted to make people aware that emotions can come to surface in group sessions and to be prepared for these types of disclosures within this setting. Finally, three respondents (10%) suggested that future participants should not divulge their professional background in the course.

Chapter: 5

Discussion of Findings



“At the end of every piece of work we take a little step back and say how was that for everyone involved and what did that mean. We have introduced some reflective practice and we think that will result in an improved learning experience”

Effectiveness of the CASC®

84

Impact of the CASC®

85

Discussions of Findings

As noted in the literature review, despite the relative increase in the number and variety of addiction courses available from various adult education providers, very few evaluations have been carried out on the impact and effectiveness of these courses. The notable exceptions are that of King, McGann and Adams' (2001) evaluation of the impact of attending the CASC® and subsequent levels of community participation in the area of drugs work in Ballymun; and Morgan's (2004) evaluation of the NUI Maynooth Certificate in Addiction Studies. This evaluation of the effectiveness and impact of the CASC® in Limerick is located within the wider context of the drugs education policy in Ireland. There were two primary reasons for undertaking this evaluation. Firstly, the Limerick Adult Education Service – the commissioning body, wanted to assess the effectiveness of the course, and secondly, they wished to determine the impact that the course has had on participants. This section of the report now offers our evaluation of the CASC® in Limerick City.

Effectiveness of the CASC®

The research conducted with the CASC® co-ordinators offers us a clear insight into the rationale behind the development of this course in Limerick City. From the outset the course was to:

- 1 Increase the level of drugs information available to professionals, community workers and individuals in Limerick City
- 2 Offer people an opportunity to up-skill in the area of addiction
- 3 Facilitate people to learn more about the nature of addiction.

The findings of this evaluation strongly suggest that the course is effective in meeting these objectives.

The findings presented in this report are very much in keeping with the objectives of the Prevention Pillar of the National Drugs Strategy 2001-2008, 2009-2016. It is clear from the findings that the CASC®, as an example of a community based education programme, offers an effective learning experience to its participants as well as building capacity within local communities to respond more effectively to the problem of drugs in their locality.

The course participants rated the CASC® very highly.

- 95% of respondents believed that they understood the course objectives well.
- 93% agreed that the course was well organised.
- Over 90% said the course was delivered at an appropriate pace for them.
- The majority of respondents are satisfied with the course materials used in the course.

In relation to dealing with participants' queries, more than 75% of the participants stated that their queries were dealt with effectively and in a timely manner. The research findings indicate that a very good/effective relationship existed between the facilitators and the participants. Indeed, the data from the CASC® participants' questionnaires offers a glowing endorsement of the course facilitators / tutors. More than 90% of respondents state that the course facilitators helped them to learn while on the course, that facilitators / tutors were very knowledgeable about all issues covered in the course, well prepared for each group session and effective

communicators. In addition, over 95% of the participants found the facilitators / tutors to be very effective in their facilitation skills, and treated them with courtesy. Finally, it was very encouraging to see that 98% of respondents found the facilitators / tutors helpful.

Another effective feature of the course is the way in which the course facilitates participants to engage in self-directed learning with over 92% of the sample stating that the CASC® offered them the opportunity to learn in this manner. In keeping with its adult education philosophy and active learning approach, a number of different methods are employed with the vast majority of respondents stating that icebreakers, brainstorming, small discussion groups, and large discussion groups to be particularly useful methods. Video was the method chosen as the least enjoyable method because they felt that the material was outdated, they gained nothing from this method, or because it was too impersonal. This is the one method that is possibly not as effective as it should be.

The CASC® is assessed through seven assignments over a twenty week period. It was very significant that despite the continuous nature of the workload involved the vast majority of respondents found the amount of assessments to be appropriate, and clearly explained to them. Additionally, there were very high numbers of respondents stating that the assignments were enjoyable and very informative, which highlights the effectiveness of these assessment methods. The data gathered strongly indicates that course participants are very happy with the effectiveness of the delivery of the course and those who are delivering it.

Impact of the CASC® on participants

The CASC® co-ordinators identified a number of key areas where they were looking for the CASC® to have an impact on participants, those being relevant employment, the development of hard and soft skills, attitudinal change and progression. Again, the data collected as part of the evaluation clearly demonstrates that the CASC® in Limerick City is having a positive impact on participants in all of these areas. The continued interest in the course from potential participants, who largely hear about the course through work / word of mouth is evidence in itself of the impact the course is having in the city and surrounding area.

In the context of the impact of the CASC® it is noteworthy that 49 of the 51 individuals who are currently employed are working with young people, adults, and community groups, with 39 of those respondents reporting that their work involved drug education work in some way.

This is strong evidence that CASC® graduates are involved in community based responses to the drug issue in either a voluntary or paid capacity.

The data presented in this report also illustrates that active participation and involvement in the course has led to 'hard' and 'soft' skillsets being developed by CASC® participants. The development of these skillsets are seen as a key indicator of the impact of the CASC®. The data demonstrates that respondents gained considerable knowledge and awareness of the various issues as a result of their participation in the course. It is significant that the biggest increase in knowledge was reported on the effects of drug misuse on individuals, and community and national responses to the problem of drug misuse. The data gathered on communication skills, and team-work and leadership skills also shows that the respondents gained considerably in these areas from their participation in the CASC®. It is noteworthy that there were large increases in the number of respondents claiming they had a good level of ability to get involved in community activism and had gained personal awareness of drug misuse, having completed the CASC®. The data on career management skills also shows dramatic improvement in the

Discussions of Findings

level of these skills possessed by respondents post completion of the CASC®, with participants in particular remarking on how the course introduced them to an additional network of relevant professionals, which was hugely beneficial to them. Finally, respondents also reported being more confident, having greater empathy, developing listening, study, and parenting skills, and experiencing personal development. The development of all of these skillsets evidences the major impact that the CASC® has on its participants.

In addition, the data suggests that many of the course participants appear to have undergone a change in their personal opinions and attitudes to drugs and drug addiction, invariably revealing the personal impact of the course on participants.

It is very apparent that the co-ordinators strongly believe that the CASC® should be the beginning of a process of progression for participants, with progression being “the next stage in the development of that person”. The data, again, evidences that the course is having a strong impact in this area. This report has highlighted that there is a marked increase in the educational attainment of individuals post completion of CASC®, with almost 52% of respondents undertaking at least one further educational course, and just over 20% of the sample undertaking more than one course of study. Again, it is noteworthy that the respondents undertook their courses in a variety of areas, at a variety of levels and through a variety of awarding bodies, with 90% stating that the qualification they had pursued was used in performing their current job.

A final way of gauging both the effectiveness and impact of the course is to see if the participants would recommend the CASC® to others. It was very encouraging to find that the vast majority of respondents would recommend this course to a friend, work colleague, parents, teenagers, community workers, youth workers, teachers and the Gardaí.

Chapter: 6

Conclusions and Recommendations

“It provides an insight into the experiences of all different aspects of life in relation to addiction. The person who is trying to help, the person who is addicted, the person who is recovering. It’s all life experience in relation to that subject there in one room, waiting to come out to assist you and you to assist them”

It is clear from recent data that drug misuse continues to present itself as a problem for individuals, families, local communities and Irish society as a whole. The National Drugs Strategies launched in 2009-2016 focused on 'five pillars': supply reduction, prevention, treatment, rehabilitation and research. Of these, 'prevention' addresses the role played by drugs information and drugs education in reducing the demand for drugs in Ireland.

Through its mixed methods approach, this evaluation revealed a number of interesting findings in relation to the effectiveness of the CASC®. The majority of course participants rated the course, its content, and various modes of assessment highly. All of the course participants also positively rated the effectiveness of their facilitators. This was largely attributed to the adult education philosophy adopted in the delivery of the course as well as the professional experiences of the facilitators. The focus on active and participatory learning proved successful, considering the diverse motivations of many of the course participants as well as their different professional and personal backgrounds. This diversity of experience, in turn, increased the amount of learning that was achieved by participants.

The impact of attending the course was also very apparent. The CASC® was found to increase participants' knowledge and skillsets in a number of different areas. Furthermore, the knowledge acquired on the course was found to improve their career options, directing some towards a path of continued professional development. For those wanting to progress further in the area of drugs and community work, accredited drugs education programmes enable them to do so. However, it is noteworthy that just as in earlier research conducted by King, McCann and Adams (2001) the CASC® is also having an impact on people's involvement in a voluntary capacity in local community drugs projects. In conclusion, this evaluation highlights the benefit of providing drugs education programmes at the community level.

While the analysis of the data clearly reveals the strong support that past course participants have for the course, some minor areas for improvement regarding course content and its delivery, and the further training and information needs of previous CASC® participants were expressed. We now make a small number of recommendations to take account of these issues, which we believe could further strengthen the effectiveness and impact of the course.

Conclusions and Recommendations

Improving the **effectiveness** of the CASC[©]

1 We recommend that the course continues to be organised largely as it is at present as it is proving to be highly effective for participants. Alterations to some of the course content should be considered as a way to further improve the delivery of the course. These changes should take account of new trends and developments in the area, particularly in relation to information and statistics about Limerick City.

2 The research findings indicate that a very good / effective relationship existed between the facilitators and tutors and the participants.

We recommend that the course co-ordinators continue to give particular consideration to recruiting course facilitators. The facilitators recruited by the co-ordinators to date have clearly been effective for the participants.

3 The facilitators are identified as an important resource. In relation to the supports received by the facilitators, the issue of time for reflection was strongly evident in the qualitative data generated.

We recommend that the facilitators should be enabled to engage in reflective practice on a regular basis throughout the programme. We believe that this reflective practice can further improve the course. It should be noted that this process has already begun.

4 In keeping with its adult education philosophy and active learning approach, a number of different facilitation methods are employed. The vast majority of respondents believe that most of these methods are particularly useful approaches to content delivery. However, video was identified as the least effective method, because participants felt that the material was outdated, they gained nothing from this method, or because it was too impersonal.

Accordingly, we recommend that consideration be given to updating the video material used on the course.

Improving the **impact** of the CASC®

- 1** The evaluation has highlighted the gendered nature of participation in the course with decidedly more women than men enrolling. This trend was mirrored in previous studies (King et al., 2001; Morgan 2004). While the course co-ordinators attributed this to the feminised nature of community development work in Ireland they did acknowledge the contribution that a more evenly gendered group could bring to the group dynamic.

Accordingly, we recommend that greater consideration should be given to achieving a gender balance among participants on the CASC® in the future.

- 2** A number of the respondents to the CASC® participants' and the CASC® facilitators', tutors' and note takers' survey said they would like further training. In particular, refresher courses were identified as being of vital importance.

We would recommend that consideration be given to making a refresher course available to all previous course participants and facilitators as way for them to maintain the skills that they have developed on the course.

- 3** Finally, a way of gauging both the effectiveness and impact of the course is to see if the participants would recommend the CASC® to others. It was very encouraging to find that in almost all of the categories, participants would recommend the course. However, taking account of the respondents' opinions around the suitability of the course for teenagers,

We recommend that consideration be given to offering the course, as a shorter programme, to teenagers specifically.



Alcohol and Drug Research Unit (2009) *2009 National Report (2008 data) to the EMCDDA by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues*. Dublin: Health Research Board.

Bryman, A. (2004) *Social Research Methods*, 2nd ed., Oxford: Oxford University Press.

Butler, S. (1991) 'Drug Problems and Drug Policies in Ireland: A Quarter of a Century Reviewed', pp.1-13. Available: <http://www.drugsandalcohol.ie/6544>

Butler, S. (1994) 'Alcohol and Drug Education in Ireland: Aims, Methods and Difficulties', Available: www.oideas.ie ,

Butler, S. (2003) 'Doing Drugs from an Ivory Tower: reflections on Twenty Years of Addiction Studies at Trinity College Dublin', *Studies: An Irish Quarterly Review*, 92(367), 249-257.

Butler, S. (2007) 'Rabette revisited: the First report of the Ministerial Task Force on Measures to Reduce Demand for Drugs – ten years on', *Administration*, 55(3), 125-144.

Butler, S. (2010) 'Addiction counsellors in the republic of Ireland: Exploring the emergence of a new profession', *Drugs: education, prevention and policy*, 1-8.

Butler, S. and P. Mayock (2005) 'An Irish solution to an Irish problem': *Harm reduction and ambiguity in the drug policy of the Republic of Ireland*, *International Journal of Drug Policy*, 16, 415-422.

Deloitte and Touche. (2005) *Mid Western Regional Drugs Taskforce. Action Plan June 2005*. Available: www.mwrtdf.ie/uploads/MWRDTF%20Action%20Plan.ppt

Department of Tourism Sport and Recreation (2001) *Building on Experience. National Drugs Strategy 2001-2008*, Dublin: The Stationary Office

Doyle, J. (2009) Exploring the complexity of Addiction in Ireland, in: P. Share and K. Lalor (ed) *Applied Social Care. An Introduction for Students in Ireland*, 2nd Edition, Dublin: Gill and Macmillan, pp.382-402.

Doyle, P, Gavin, A and HBSC Ireland Team (2006) Cannabis use among schoolchildren in Ireland. Research Factsheet no 10. Available: www.nuigalway.ie/hbhc

Doyle, P, Kelly, C, Cummins, G, Sixsmith, J, O'Higgins, S, Molcho, M and S. Nic Gabhainn (2010) *Health Behaviour in School Aged Childrens (HBSC): What do children want to know?* Available: www.nuigalway.ie/hbhc/documents/nat_rep_2010_child_rep_nov.pdf

Drugnet Ireland. Newsletter of the Alcohol and Drug Research Unit. 'Libraries supporting a community response to addiction', Issue 21, Spring 2007.

Drugnet Ireland. Newsletter of the Alcohol and Drug Research Unit. 'Drug use among the general population in regional drugs task force areas', Issue 26, Summer 2008.

References

Drugnet Ireland. Newsletter of the Alcohol and Drug Research Unit. 'Taoiseach launches new National Drugs Strategy', Issue 31 Autumn 2009.

Dunne, M. (2010) *Directory of courses and training programmes on drug misuse in Ireland 2010*, Dublin: The Health Research Board

EMCDDA. 'Country Overview: Ireland' Available: <http://www.emcdda.europa.eu/publications/country-overviews/ie>

Howley, D. (2009) Mid West Regional Drugs Task Force Strategic Plan for Limerick City 2009-2013 Available: <http://www.mwrdfes.ie/index.php?page=strategicplan>

Kiely, E and E. Egan. (2000) *Drug Education. A Social and Evaluative Study*, Available: <http://www.drugsandalcohol.ie/3470/>

King, D. McCann, M.H., J. Adams (2001). *Movers and shakers: A Study of Community Involvement in Responding to the Drugs issue*, Ballymun: Ballymun Youth Action Project.

Krippendorff, K. (2004) *Content Analysis: An Introduction to Its Methodology*, 2nd ed., Thousand Oaks: Sage.

Lalor, K. de Roiste, A and M. Devlin. (2007) *Young People in Contemporary Ireland*, Dublin : Gill and Macmillan.

Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996) *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*, Available: <http://www.drugsandalcohol.ie/5058/1/309-3090251.pdf>

Moran, R, O'Brien, M, Dillon, L and E. Farrell with P. Mayock. (2001) *Overview of Drug Issues in Ireland 2000. A Resource Document*, Dublin: The Drug Misuse Research Division and The Health Research Board.

Morgan, M. (2001) *Drug Use Prevention. An Overview of Research*, Dublin: National Advisory Committee on Drugs / The Stationary Office.

Morgan, M. (2003) *The Walk Tall Programme: An Evaluation*, Available: www.drugsandalcohol.ie/5048/1/293-WalkTall.pdf

Morgan, M. (2004) Evaluation of Certificate in Addiction Studies (NUI Maynooth). Delivered by Drugs Awareness Programme (Crosscare, Clonliffe College) Available: www.dap.ie/dap_prof/nui_eval.pdf

Morgan, K, McGee, H, Watson, D, Perry, I, Barry, M, Shelley E, Harrington, J, Molcho, M, Layte, R, Tully, N, van Lente, E, Ward, M, Lutonski, J, Conroy, R and R. Brugha. (2008) *Slan 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Main Report*, Dublin: Department of Health and Children.

Salkind, N. (2009) *Exploring Research*. 7th ed., New Jersey: Pearson / Prentice Hall

Sixsmith, J and S. Nic Gabhainn et al (2007). *An Executive Summary of the process Evaluation of the National Drug Awareness Campaign 2003-2005*, Dublin: National Advisory Committee on Drugs (NACD)

URRUS (2009) *The Community Addiction Studies Course-Facilitators Manual 2009*, Ballymun: URRUS.



Appendices





Appendix I	Questionnaires	95
Appendix II	Selected Tables - Education	111
Appendix III	Selected Tables - Employment	114

Appendix I

Questionnaires

Survey ID Number (for coding purposes only)	
--	--

SURVEY OF COMMUNITY ADDICTION STUDIES COURSE (CASC®) - PARTICIPANTS

Personal Background Information

1. Sex: ☐ Male ☐ Female

2. Age Bracket: ☐ up to 19 ☐ 20-24 ☐ 25-29 ☐ 30-34
☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-55
☐ 56 and over

3. What Year did you attend the Community Addiction Studies Course (CASC®):

4. How did you hear about the Community Addiction Studies Course?

5. What motivated you to attend the Community Addiction Studies Course?



6. Highest level of education completed prior to participating in the CASC®.

(Tick one box only).

- | | | |
|--|--|--|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> Primary Level | <input type="checkbox"/> Junior / Intermediate Certificate |
| <input type="checkbox"/> Leaving Certificate | <input type="checkbox"/> FETAC level 1 | <input type="checkbox"/> FETAC level 2 |
| <input type="checkbox"/> FETAC level 3 | <input type="checkbox"/> FETAC level 4 | <input type="checkbox"/> FETAC level 5 |
| <input type="checkbox"/> FETAC level 6 | <input type="checkbox"/> 3rd Level - Undergraduate | <input type="checkbox"/> 3rd Level – Postgraduate |

7. Highest level of education completed since participating in the CASC®:

(Tick one box only).

- | | | |
|--|--|--|
| <input type="checkbox"/> Junior / Intermediate Certificate | <input type="checkbox"/> Leaving Certificate | <input type="checkbox"/> FETAC level 1 |
| <input type="checkbox"/> FETAC level 2 | <input type="checkbox"/> FETAC level 3 | <input type="checkbox"/> FETAC level 4 |
| <input type="checkbox"/> FETAC level 5 | <input type="checkbox"/> FETAC level 6 | <input type="checkbox"/> 3rd Level - Undergraduate |
| <input type="checkbox"/> 3rd Level – Postgraduate | | |

8. Please record details of any further qualifications you have undertaken or been awarded since leaving the CASC®?

Course/ Programme Title	Name of Awarding Body – Eg FETAC, UL, LIT etc.	Field of Study (please be as specific as possible)	Start and End Dates – Month and year the course began and ended. If you left the course before completion tick that box. If you are currently undertaking the course tick the ongoing box.	Full time or Part time	Is the qualification useful to you in your current job?
Most Recent			Start _____ End _____ <input type="checkbox"/> Stopped before completion <input type="checkbox"/> On-going	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Most Recent			Start _____ End _____ <input type="checkbox"/> Stopped before completion <input type="checkbox"/> On-going	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Most Recent			Start _____ End _____ <input type="checkbox"/> Stopped before completion <input type="checkbox"/> On-going	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix I

Questionnaires

9. Which of the following best describes your current status?

(Tick one box only)

☐ Employed

☐ Self Employed

☐ Unemployed

☐ In education/training

☐ Other (specify) _____

10. If currently employed -

Does your work involve working with any of the following groups:

(Tick one box only)

☐ Children

☐ Young People

☐ Adults

☐ Community Groups

11. If currently employed -

Is this in a

☐ Paid capacity

☐ Voluntary capacity

12. If currently employed - Does your work involve drug education work in any way?

☐ Yes

☐ No

13. Please provide details of the employment positions held since you completed the Community Addiction Studies Course.



CURRENT/MOST RECENT EMPLOYMENT

Start Date:

End Date:

Job Title and Brief Description of Duties:

2ND MOST RECENT EMPLOYMENT

Start Date:

End Date:

Job Title and Brief Description of Duties:

Appendix I

Questionnaires

Community Addiction Studies Course Evaluation

In this section we want to gather information on your opinions on the Community Addiction Studies Course.

14. Please read all of the following statements and circle the appropriate response to each.

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

I understood the course objectives well	1	2	3	4	5
The course was well organised	1	2	3	4	5
The course was delivered at an appropriate pace	1	2	3	4	5
The quality of the course material was satisfactory	1	2	3	4	5
The information was clearly presented	1	2	3	4	5
Visuals used in group sessions were helpful	1	2	3	4	5
Handouts given throughout the course were useful	1	2	3	4	5
Books and other course related material were easy to access	1	2	3	4	5
The course provides adequate support for participants	1	2	3	4	5
Participants' queries / complaints are dealt with promptly	1	2	3	4	5
Participants' queries / complaints are dealt with effectively	1	2	3	4	5
There was good interaction between participants, facilitators and tutors	1	2	3	4	5
The amount of assessment is appropriate	1	2	3	4	5
The assessments were clearly explained	1	2	3	4	5
The course offers the opportunity for self- managed learning	1	2	3	4	5
The course offers the opportunity for participants to participate in the design of the course	1	2	3	4	5
The course offers the opportunity for participants to participate in the delivery of the course	1	2	3	4	5
The overall duration of the course is appropriate	1	2	3	4	5
Overall I found the course helpful	1	2	3	4	5



15. Below is a list of the various teaching methods used in the course. Please rate the following in terms of their usefulness

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

Information	1	2	3	4	5
Icebreakers	1	2	3	4	5
Brainstorming	1	2	3	4	5
Small discussion group	1	2	3	4	5
Role-play	1	2	3	4	5
Video	1	2	3	4	5
Large discussion group	1	2	3	4	5
Flipchart/overhead	1	2	3	4	5

16. Which teaching method was the most enjoyable and why?

17. Which teaching method was the least enjoyable and why?

Appendix I

Questionnaires

18. Please read all the following statements and tick the appropriate response to each.

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

In general the trainers helped me to learn	1	2	3	4	5
Overall, the trainers were knowledgeable in all areas of the course	1	2	3	4	5
Overall, the trainers were well prepared for each group session	1	2	3	4	5
Overall, the trainers communicated effectively in group sessions	1	2	3	4	5
Overall, the trainers helped me to learn at my own pace	1	2	3	4	5
Overall, the trainers treated me with courtesy	1	2	3	4	5
Overall, I found the trainers helpful	1	2	3	4	5

19. Below is a list of the various assessments used in the course. Please rate them in terms of their difficulty.

(1= Very Difficult; 2 = Difficult; 3 = Average; 4 = Not Very Difficult; 5=Not at all Difficult)

Personal Learning records	1	2	3	4	5
Case study	1	2	3	4	5
Research assignment	1	2	3	4	5
Exercise 1-Drugs and their categories	1	2	3	4	5
Exercise 2-Family study	1	2	3	4	5
Exercise 3-Agency Visit	1	2	3	4	5
Exercise 4-Media	1	2	3	4	5



20. Which assessment was the most enjoyable and why?

21. Which assessment was the least enjoyable and why?

22. In relation to the various assessments used in the course, please read the following statements and tick the appropriate response to each.

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

Personal learning records assessment was clearly explained to me	1	2	3	4	5
The case study assessment was clearly explained to me	1	2	3	4	5
The research assignment was clearly explained to me	1	2	3	4	5
Exercise1- 'Drugs and their categories' was clearly explained to me	1	2	3	4	5
Exercise 2- 'Family study' was clearly explained to me	1	2	3	4	5
Exercise 3- 'Agency Visit' was clearly explained to me	1	2	3	4	5
Exercise 4- 'Media' was clearly explained to me	1	2	3	4	5
There was enough time given for the completion of assessments	1	2	3	4	5
The feedback for assignments was given in a timely manner	1	2	3	4	5
The feedback for assignments was given in a constructive manner	1	2	3	4	5
Overall, I found the course assessments helpful	1	2	3	4	5

Appendix I

Questionnaires

In this section we want to gather information on the skills you had upon completion of your Community Addiction Studies Course.

23. You are being asked to what extent you had the following skills both prior to and after completing the community addiction studies course

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

Knowledge and Awareness	Prior to beginning CASC®	Post Completion of CASC®
of the concept and role of community development	1 2 3 4 5	1 2 3 4 5
of the causes, effects and symptoms of drug misuse	1 2 3 4 5	1 2 3 4 5
of the effects of drug misuse on individual addicts	1 2 3 4 5	1 2 3 4 5
of the effects of drug misuse on the families of addicts	1 2 3 4 5	1 2 3 4 5
of the effects of drug misuse on local communities	1 2 3 4 5	1 2 3 4 5
of community responses to the problem of drug misuse in your area	1 2 3 4 5	1 2 3 4 5
of national responses to the problem of drug misuse	1 2 3 4 5	1 2 3 4 5
Capacity for critical thinking and judgement	1 2 3 4 5	1 2 3 4 5

Communication Skills	Prior to beginning CASC®	Post Completion of CASC®
Writing skills	1 2 3 4 5	1 2 3 4 5
Ability to decide on appropriate forms and levels of communication	1 2 3 4 5	1 2 3 4 5
Ability to communicate with diverse audiences	1 2 3 4 5	1 2 3 4 5



Team-working and Leadership	Prior to beginning CASC®	Post Completion of CASC®
Ability to develop and maintain useful relationships with colleagues	1 2 3 4 5	1 2 3 4 5
Ability to work as part of a team	1 2 3 4 5	1 2 3 4 5
Awareness of your own working style, that of others and how they can work together	1 2 3 4 5	1 2 3 4 5
Ability to take the views of others on board when making decisions	1 2 3 4 5	1 2 3 4 5
Ability to take a leadership role when working as part of a team	1 2 3 4 5	1 2 3 4 5
Ability to recognise the strengths of team members	1 2 3 4 5	1 2 3 4 5
Ability to work effectively as part of a team to achieve common goals	1 2 3 4 5	1 2 3 4 5

Personal Effectiveness / Development	Prior to beginning CASC®	Post Completion of CASC®
Ability to work in an independent and self directed manner	1 2 3 4 5	1 2 3 4 5
Ability to persuade others to work together to achieve your aims	1 2 3 4 5	1 2 3 4 5
Personal awareness of drug misuse	1 2 3 4 5	1 2 3 4 5
Ability to get involved in community activism	1 2 3 4 5	1 2 3 4 5
Ability to learn from your experiences as part of your self-development	1 2 3 4 5	1 2 3 4 5

Career Management	Prior to beginning CASC®	Post Completion of CASC®
I knew what I wanted to do as a career	1 2 3 4 5	1 2 3 4 5
Awareness of transferable skills	1 2 3 4 5	1 2 3 4 5
Capacity for initiating and sustaining networks which may be useful to my career	1 2 3 4 5	1 2 3 4 5

Appendix I

Questionnaires

24. Are there other skills you have gained as a result of your participation in the course?

25. Are there any recommendations that you would make to improve the delivery / content of the course in the future?

26. What recommendations would you make for future participants of the course?

27. Are there any areas that you would like further training and information on as a follow up to the Community Addiction Studies Course?



28. Would you recommend this course to any of the following:

(1 = Strongly Agree; 2 = Agree; 3 = Neutral; 4 = Disagree; 5 = Strongly Disagree)

Friend	1	2	3	4	5
Work Colleagues	1	2	3	4	5
Parents	1	2	3	4	5
Teenagers	1	2	3	4	5
Community workers	1	2	3	4	5
Youth workers	1	2	3	4	5
Teachers	1	2	3	4	5
Others (please specify)	1	2	3	4	5

29. Do you have any other comments you would like to make in relation to the Community Addiction Studies Course?

Thank you for taking the time to complete this survey.

Appendix 1

Questionnaires

Survey ID Number
(for coding purposes only)

SURVEY OF COMMUNITY ADDICTION STUDIES COURSE: FACILITATORS, TUTORS and NOTE TAKERS

Personal Background Information

1. Sex: ☐ Male ☐ Female

2. Age Bracket: ☐ up to 19 ☐ 20-24 ☐ 25-29 ☐ 30-34
☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-55
☐ 56 and over

3. Highest level of education completed to date:
(Tick one box only).

<input type="checkbox"/> No Formal Education	<input type="checkbox"/> Primary Level	<input type="checkbox"/> Junior / Intermediate Certificate
<input type="checkbox"/> Leaving Certificate	<input type="checkbox"/> FETAC level 1	<input type="checkbox"/> FETAC level 2
<input type="checkbox"/> FETAC level 3	<input type="checkbox"/> FETAC level 4	<input type="checkbox"/> FETAC level 5
<input type="checkbox"/> FETAC level 6	<input type="checkbox"/> 3rd Level - Undergraduate	<input type="checkbox"/> 3rd Level – Postgraduate

4. Describe your role on the course



5. What do you see as the key objectives of your role?

6. Please identify your relevant qualification(s) for this role?

In this section we want to gather information on your opinions on the effectiveness of the Community Addiction Studies Course (CASC®).

7. In your opinion, what are the key supports needed for you to deliver the course effectively?

8. In your opinion, how relevant is the content of the CASC® for the needs of the course participants?

Appendix I

Questionnaires

9. How relevant is the course content to today's reality in terms of the issue of Drugs and Alcohol in Irish society today?

10. Would you recommend any changes to the current set of assessments?

11. Are there any recommendations that you would make to improve the delivery / content of the course in the future?

12. Are there areas that you would like further training and information on as a CASC® facilitator or tutor



13. In what way has your involvement with the CASC® course had a personal impact on you?

14. In what way has your involvement with the CASC® course had a professional impact on you?

15. Any other Comments?

Thank you for taking the time to complete this survey.

Appendix II

Selected Tables Education

Most Recent Course/Programme: Title		Frequency	Valid Percent
Valid	Diploma in Alcohol and Addiction Studies	12	42.6
	FETAC - Family Support Course	1	3.6
	FETAC - Special Needs Classroom Assistant	1	3.6
	Supervision Training	1	3.6
	Foundation Course in Cognitive Behavioural Therapy	1	3.6
	Masters in Education	1	3.6
	Diploma in Addiction Training	1	3.6
	Certificate in Youth and Community	3	10.7
	Diploma in Youth and Community	3	10.7
	Honours Degree	3	10.7
	Degree in Health and Social Care	1	3.6
	Total	28	100.0

Most Recent Course/Programme: Name of Awarding Body		Frequency	Valid Percent
Valid	UL	13	48.1
	Dublin Institute of Technology	1	3.7
	University College Cork	6	22.2
	Mary Immaculate College, Limerick	2	7.4
	FETAC	2	7.4
	Open University	1	3.7
	Life coaching Associates	1	3.7
	Merchants Quay Ireland	1	3.7
	Total	27	100.0



2nd Most Recent Course/Programme Title		Frequency	Valid Percent
Valid	Diploma in Alcohol and Addiction Studies	1	9.1
	Child Protection	1	9.1
	Fetac - Family Support Course	1	9.1
	Applied Suicide Intervention Skills Training	1	9.1
	Occupational First Aid	1	9.1
	Certificate in Youth and Community	1	9.1
	Diploma in Youth and Community	2	18.2
	Personal Development Course	1	9.1
	Fetac - Childcare	2	18.2
Total		11	100.0

2nd Most Recent Course/Programme: Name of Awarding Body		Frequency	Valid Percent
Valid	UL	1	9.1
	University College Cork	3	27.3
	SHEP	2	18.2
	FETAC	3	27.3
	HSE	1	9.1
	Asist	1	9.1
Total		11	100.0

Appendix II

Selected Tables Education

3rd Most Recent Course/Programme Title		Frequency	Valid Percent
Valid	Alternative to Violence	1	50.0
	Personal Development Course	1	50.0
	Total	2	100.0

3rd Most Recent Course/Programme: Name of Awarding Body		Frequency	Valid Percent
Valid	SHEP	1	50.0
	AVP Project Ireland	1	50.0
	Total	2	100.0

Appendix III

Selected Tables Employment

CURRENT/MOST RECENT EMPLOYMENT: Job title		Frequency	Valid Percent
Valid	Garda	6	15.4
	Outreach Worker	3	7.7
	Teacher	1	2.6
	Youth Worker	2	5.1
	Project Manager	5	12.8
	Family Support Worker	1	2.6
	Project Worker	17	43.5
	Health Care Assistant	1	2.6
	Administrative Position	3	7.7
Total		39	100.0

2nd MOST RECENT EMPLOYMENT: Job title		Frequency	Valid Percent
Valid	Outreach Worker	1	6.3
	Project Co-ordinator	2	12.5
	Team Leader	1	6.3
	Program Facilitator	1	6.3
	Project Worker	2	12.5
	Youth Worker	1	6.3
	Administrative Position	8	48.8
Total		16	100.0



City of Limerick VEC
COISTE GAIRM OIDEACHAIS CHATHAIR LUIMNIGH



[Back to Contents](#)