

**Bray Drugs Awareness Forum &
Crosscare Bray Youth and Information Service**



***'I Learned how to stay safe from drugs': Pupils' learning from a primary
school-based drug education and prevention programme***

B.D.A.F.
Bray Drugs Awareness Forum

Report 2018

Dr Clay Darcy, PhD

cross  care

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Report Author: Dr Clay Darcy, PhD

Data collection and collation assisted by Gerard Roe

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Bray Drugs Awareness Forum, C/o. Crosscare Bray Youth & Information Services,
St. Bricin's, Herbert Road, Bray, Co. Wicklow.

Tel: (01) 2050502 Email: braydrugsawarenessforum@gmail.com

Foreword

The School Based Drug Education and Prevention Project (SBDEPP) is a joint initiative of the Bray Drugs Awareness Forum and Crosscare Bray Youth Service; this report has been compiled on their behalf. The SBDEPP exists because schools request it on an annual basis. BDAF and Crosscare Bray Youth Service have worked hard over the years to maintain a high standard of programme implementation. However, there is a need to both evidence the impact and value of drug education and prevention programmes, and evaluate their implementation to ensure quality service provision. The data gathered for this report provides a contextual backdrop to help understand the rationale for the SBDEPP and evidence the impact and value the SBDEPP has for young people in sixth class in Bray.

Members of the Bray Drugs Awareness Forum (BDAF)

The BDAF was established in 1992 and is comprised of representatives from statutory, community and voluntary organisations who work in Bray and its surrounding environs, and who share an interest in drug related issues. The work of the BDAF is funded by the Bray Local Drugs and Alcohol Task Force.

Acknowledgements

The Bray Drugs Awareness Forum and Crosscare Bray Youth & Information Service would like to thank everyone who was involved in, supported and contributed to, this research report. Thanks to the Bray Local Drugs and Alcohol Task Force who provide the necessary funding for the SBDEPP. In particular, we would like to thank the schools, sixth-class teachers and pupils who avail of the School Based Drug Education and Prevention Programme.

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Executive Summary

Overview:

The School Based Drug Education and Prevention Programme (SBDEPP) has been delivered in primary schools in Bray since 2002.

The SBDEPP comprises of 6 one-hour learning sessions, an evaluation session, and an additional refresher session. The programme adheres to best practice guidelines for substance use education. Each year eight primary schools avail of the programme with approximately 230-250 sixth class pupils completing the programme.

The programme is delivered in schools by 1-2 trained drug education workers, utilising youth work methodologies in the programme implementation, and practitioner research methods to capture data.

Data for this report was collected from the academic year 2017-2018 in the form of pre and post-test surveys, administered by the programme facilitators. During the academic year 2017-2018, a total of 239 young people between the ages of 10-13 years completed the programme. From this cohort, **182** fully completed and matched pre and post-tests were obtained for analysis. The sample group was composed of **85 males** (47%) and **97 females** (53%). The majority of participants were aged between 11-12 years.

Summary of Findings:

- **51%** of participants could **name between 5-10 drugs** prior to commencing the SBDEPP;
- Prior to beginning the programme, the **drug that participants were most aware of was cocaine**, with 43% of young people reporting they often hear about this substance, this was followed by cannabis (31%) and Heroin (17%);
- Prior to the SBDEPP, participants reported **learning the most about drugs** from the following sources: **Television** (reported by **48%** of sample), **Parents** (**34%** of sample), the **Internet** (**32%** of sample) and **friends** (**26%**);
- **48%** of participants reported having **seen pictures of drugs online**;
- **37%** of participants, more than 1-in-3, reported being **worried** at some point **because of someone else drinking or taking drugs**;
- **47%** of participants, reported **witnessing drug use** in public spaces;
- **24%** of participants had been **offered alcohol** at some point, **10%** had been **offered cigarettes** and **6%** had been **offered other drugs**;
- **9%** of participants had **taken a medicine without their parents or guardians knowing**.

Summary of Findings (cont.):

- Having completed the SBDEPP, participants **rated their level of drug knowledge higher** than prior to beginning the programme;
- Post-tests provide **evidence that learning occurred** during the SBDEPP;
- **41%** of participants reported they **learned about drug types and effects**, **27%** stated they **learned about the differences between legal, illegal and prescribed drugs**, and **27%** expressed having **learned how to stay safe** in drug or alcohol related situations;
- **49%** of participants **‘really enjoyed’** participating in the programme, **45%** ‘enjoyed’ the programme and only **6%** reported enjoying ‘only parts’ of the SBDEPP;
- At the end of the SBDEPP, the number of young people who reported **not knowing** how to stay safe when people are drinking or taking drugs around them **had reduced from 24% to just 3%**.
- Participants rated the facilitators’ implementation of the programme highly, with **69%** believing the drug education youth workers did an **‘excellent job’**;
- **81%** of participants **spoke to their parents or guardians** about the programme and its contents;
- All participants reported **having fun** during the SBDEPP.

Conclusion

The SBDEPP pre and post-tests provide important insights into the extent of drug knowledge and exposure to drug issues experienced by some young people in sixth class in Bray. The pre and post-tests are a valuable measurement and evaluative tool. They provide evidence that learning takes place during the SBDEPP. The findings presented in this report demonstrate that the SBDEPP appropriately increases participants’ level of drug knowledge (the SBDEPP adheres to best practice standards in substance use education). The findings indicate the programme can help reduce the number of young people who don’t know how to stay safe if people are drinking or taking drugs around them. Overall, it appears the SBDEPP helps to appropriately inform participants about drug related harms, it provides a safe and open space for drug conversations, and helps equip young people with some practical tips on how to ensure their personal safety, should they encounter drug or alcohol use in public spaces.

Overview of the School Based Drug Education and Prevention Programme (SBDEPP)

The School Based Drug Education and Prevention Programme (SBDEPP) originated from a drugs education and prevention programme for primary schools, developed jointly by Finglas Youth Service (a Catholic Youth Care project) and the Eastern Health Board Drugs Outreach Workers (Nic Lughadha, 2000). The original programme was piloted between 1994 and 1998 and was independently evaluated by Dr Mark Morgan of St. Patrick's College, Dublin (Morgan, 1999). Morgan's (1999) evaluation identified the importance of programmes that were participative rather than didactic in style, programmes that were adapted to suit the needs of their communities, and programmes that provided accurate and appropriate information. Morgan (1999) emphasised the importance of programme implementation, which is ensured through ongoing monitoring and evaluation of the facilitators' delivery of the programme.

In the early 2000's, the Bray Drugs Awareness Forum (BDAF) identified the need for a drugs education and prevention programme to target young people in sixth class in primary schools in Bray. This was at a time when Social Personal and Health Education (SPHE) was in its infancy and Bray was experiencing significant drug problems (Brady et al, 1999). The BDAF set about piloting the drugs education and prevention programme for primary schools (developed by Nic Lughadha) in Bray. The pilot was a success. The BDAF subsequently applied to, what was then, the newly established Bray Local Drugs Task Force for funding for 1 full-time and 1 part-time Drugs Education Worker to begin delivering the drugs education and prevention programme locally.

Since 2002, the programme has been offered freely to all primary schools in Bray; however, not all primary schools avail of the programme. Over the years, the programme has evolved and grown to meet the needs of the programme participants, to respond to the ever changing Irish drugs landscape, and to enhance and augment the work undertaken by schools in the provision of SPHE. The SBDEPP, in its current form, adheres to best practice guidelines for substance use education (DEWF, 2007) and Department of Education and Skills SPHE best practice guidelines (DES, 2010).

The SBDEPP comprises of 6 one-hour learning sessions, an evaluation session, and an additional refresher session, which aims to reinforce the learning that took place during the programme at a later point. The programme is delivered by 1-2 trained drug education youth workers. Youth work methodologies are used in the delivery of the programme, including: group discussions, group work, moving debates, team games, scenario-based work and storytelling. Developing life-skills and critical thinking skills are intrinsic elements of the programme. Significant attention is paid to

exploring how to make healthy life choices and how to deal with difficult drug and alcohol related situations.

The SBDEPP operates under the following assumptions:

1. A drug is a substance that can affect a person physically, emotionally and mentally;
2. The word drug includes alcohol and solvents;
3. A drug can be legal, illegal or prescribed;
4. Drug users are people who take drugs whether they are legal, illegal or prescribed;
5. Everyone uses drugs, however, not everyone uses illegal drugs;
6. Drug use is, simply, the use of a drug;
7. Drug misuse refers to the use of a drug for a purpose other than which it was intended, such as the non-medicinal use of medicines, the use of illegal drugs, the use of legal drugs under the legal age limit and the use of prescribed drugs without a prescription.

The SPDEPP does not use scare tactics. It does not introduce participants to drugs they did not already know. In this way, the programme works within the perimeters of the groups' drug knowledge and is age appropriate. The programme does not show images of different drugs, nor does it use testimonials from those recovering from addiction. The programme works to challenge common drug myths and misinformation in a safe, open and constructive environment.

All primary schools in Bray are offered the SBDEPP prior to the academic year commencing. Eight local primary schools avail of the programme, with approximately 230-250 completing the programme each year. The following section provides a detailed description of the sample group for the academic year 2017-18. This report is based on the findings from pre and post-tests completed by this sample group.

Sample

A total of 239 young people between the ages of 10-13 years, from 8 different primary schools (see Table 1 below), participated in the SBDEPP for the academic year 2017-18. Of the 8 participating primary schools, 5 have DEIS status. This means these schools receive additional supports from the Department of Education and Skills to address the educational needs of young people from disadvantaged communities. Out of the 3 non-DEIS primary schools one can be categorised as very-advantaged and the other two moderately-advantaged. Whilst 5 of the primary schools described

themselves as being of a Catholic Ethos, each of these schools welcome pupils from all faiths. As the focus of this study is on the learning that takes place during the programme, and to protect the privacy of participants, only the age and gender of participants is requested on the pre and post-tests. However, the sample of young people included in this study was diverse in terms of ethnicity, faith, socio-economic status and nationality.

Table 1 - SBDEPP Participating Schools and Participant Breakdown (N=239)

	School Description	Male Participants	Female participants
School 1	Co-educational, Presbyterian N.S.*	13	17
School 2	Catholic Co-educational Primary School	26	26
School 3	Catholic Co-educational N.S., DEIS** School	22	22
School 4	Catholic Co-educational N.S., DEIS School	10	14
School 5	Catholic Co-educational N.S., DEIS School	21	19
School 6	Catholic Co-educational N.S., DEIS School	9	11
School 7	Co-educational Gaelscoil	8	11
School 8	Co-educational Special School, DEIS School	6	4
Total		115	124

* National School (N.S.)

** 'Delivering Equality of Opportunity in Schools' (DEIS) is a Department of Education & Skills programme aimed at addressing the educational needs of children and young people from disadvantaged communities.

Of the 239 young people who completed the SBDEPP for the academic year 2017-18, there were a total of 191 fully completed and matched pre and post-tests. Of these, there were 9 non-consents from parents and guardians (see Appendix 1 for sample consent form). There were no refusals from participants either to complete the programme or the pre and post-tests. After removing the 9 non-consents from parents and guardians, this left a total of 182 fully completed and matched pre and post tests for inclusion in this study; a response rate of 76%. Whilst response rates for generalisation among schools and colleges are typically $\geq 80\%$ (Fincham, 2008), this study does not seek to make generalisations and findings presented in this report relate only to the sample group.

The majority of participants in this study were aged between 11-12 years (see Table 2 below). There was an almost equal gender mix in the total number of completed and matched pre and post-tests. In total, 85 were from males (47%) and 97 from females (53%). As the programme was conducted over a period of 7 weeks, there were some age differences between participants at pre and post-test stages, this was because some participants had a birthday during the programme.

Table 2 - SBDEPP Participant Breakdown (Age & Gender) - From completed Pre & Post Tests (N=182)

	Age 10		Age 11		Age 12		Age 13	
	Male	Female	Male	Female	Male	Female	Male	Female
Pre	2	0	32	46	50	51	1	0
Post	0	0	30	44	54	53	1	0

Methodology

This study employed practitioner research, which is increasingly being used within educational settings (Zeichner and Noffke, 2001; Menter et al, 2011). In this way, the SBDEPP facilitators – trained drug education youth workers – delivered the SBDEPP and conducted the research upon which this report is based. Criticisms of practitioner research often focus on the issue that the practitioner may not be adequately trained in research methods (Zeichner and Noffke, 2001); however, in the case of this project, the primary facilitator of the SBDEPP is both a trained practitioner of drug education and a qualified researcher.

Data for this study was collected using a purposefully designed measurement tool, referred to in the SBDEPP as the pre and post-test (see Appendix 2 and 3 respectively). This tool was initially piloted (Darcy, 2013) and later developed into its present form. The pre and post-tests are essentially an paper survey that participants are asked to voluntarily complete on their own, without the assistance of classmates or devices. Clarifications from youth workers and teachers are permitted but participants are not prompted. Participants complete the pre-test in session one of the SBDEPP and the post-test after the completion of session six. The pre and post-tests are administered by the youth workers delivering the programme.

Upon completion of the SBDEPP, pre and post tests were matched using an identifier code and cross-referenced with consent forms (see appendix 2). Fully completed and matched pre and post-tests, with parental or guardian consent, were included on in the research project. Incomplete and/or unmatched pre and post-tests and those without consent were not included in the study.

Data from the pre and post-tests were input manually into a Microsoft Excel database. The completed database was checked and re-checked for inputting errors. Drawing from Loeb et al (2017) data were analysed using descriptive statistical methods; the focus being on quantitative description.

Findings from the pre and post-test surveys are presented in the following pages.

Findings

1. Pre-tests

The pre-tests are administered during the first session of the programme; typically after introductions, ice breakers and a group agreement have been completed. No discussion about drugs occurs before the pre-test is administered. This helps minimise the cross-sharing of drug related knowledge among participants at this point. Participants are requested to complete the pre-test in silence and on their own. They are asked not to help each other and if they require help or clarifications, to seek the attention of the youth workers or teacher present. This helps in capturing a more accurate reflection of drug knowledge of the individual, as opposed to the drug knowledge of the class group.

1.1 Level of Drug Knowledge

In order to gauge levels of drug knowledge among participants, young people are asked as part of the pre-test to name as many drugs as they can. This includes drugs that they consider might be good or bad. Just over half of participants (51%) named between 5 and 10 drugs (see Figure 1 below). Whilst young people were able to provide the names of drugs, their knowledge of the drug appearance, legal status and effects were limited.

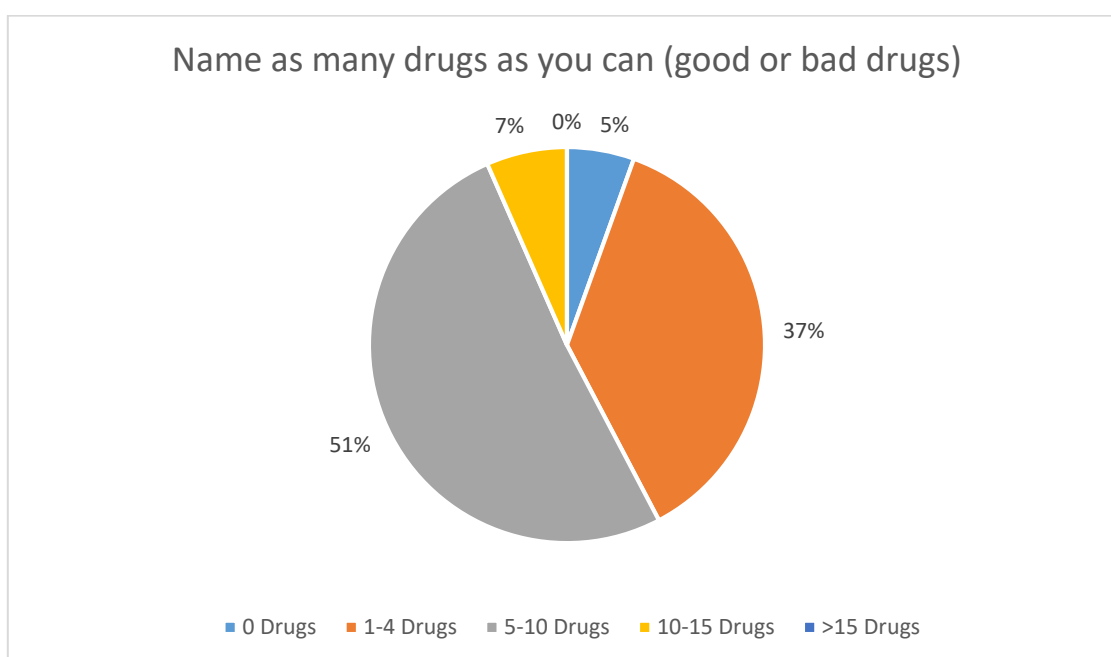


Figure 1

1.2 Exposure to Drug Information

Part of the pre-test seeks to establish where young people are obtaining information about drugs from. The SBDEPP participants are asked whether there are any drugs they often hear about. A large cohort, 121 participants (66%), reported they often hear about drugs, whilst 58 participants (32%) stated they do not often hear about drugs. 3 participants (2%) did not respond to this question.

The drug that participants reported hearing most often about was cocaine (mentioned by 78 participants). Followed by cannabis, heroin and a range of other substances (see Figure 2).

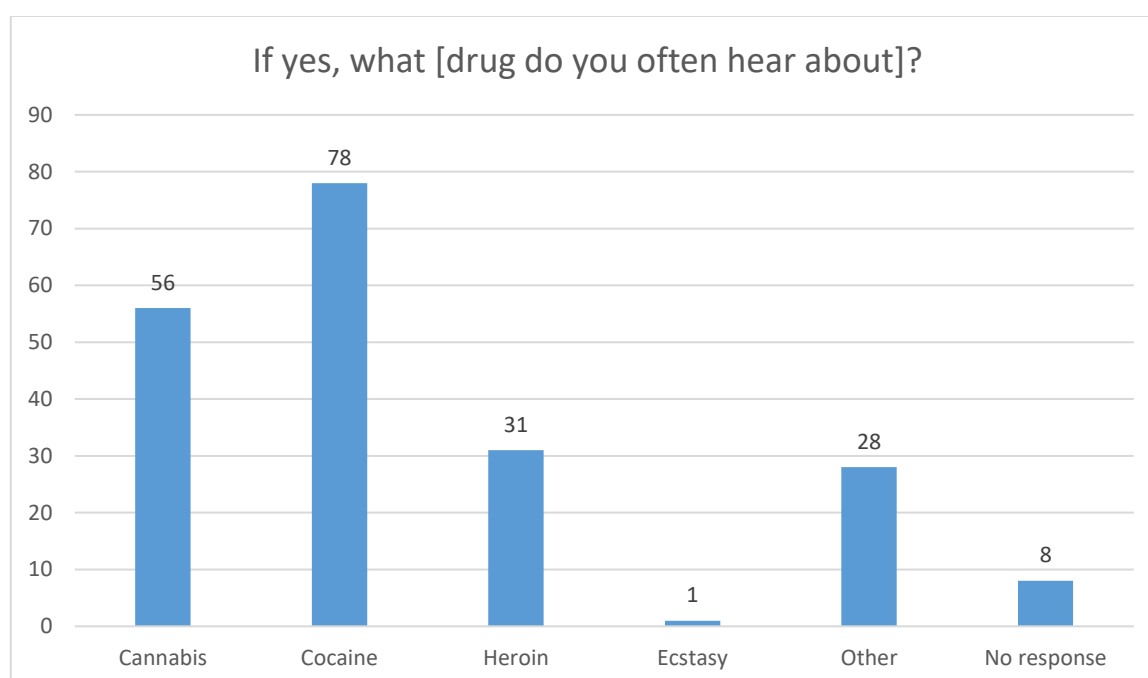


Figure 2

In the pre-test, participants were asked from where they had learned the most about drugs (see Figure 3 below for responses). This question provided participants with multiple choices, including an option to choose 'other'. The most frequently cited source of drug information was Television (87 participants, 48% of sample), followed by parents (61 participants, 34% of sample) and internet (59 participants, 32% of sample). Friends were also a significant source of drug information, as indicated by 48 participants (26% of sample).

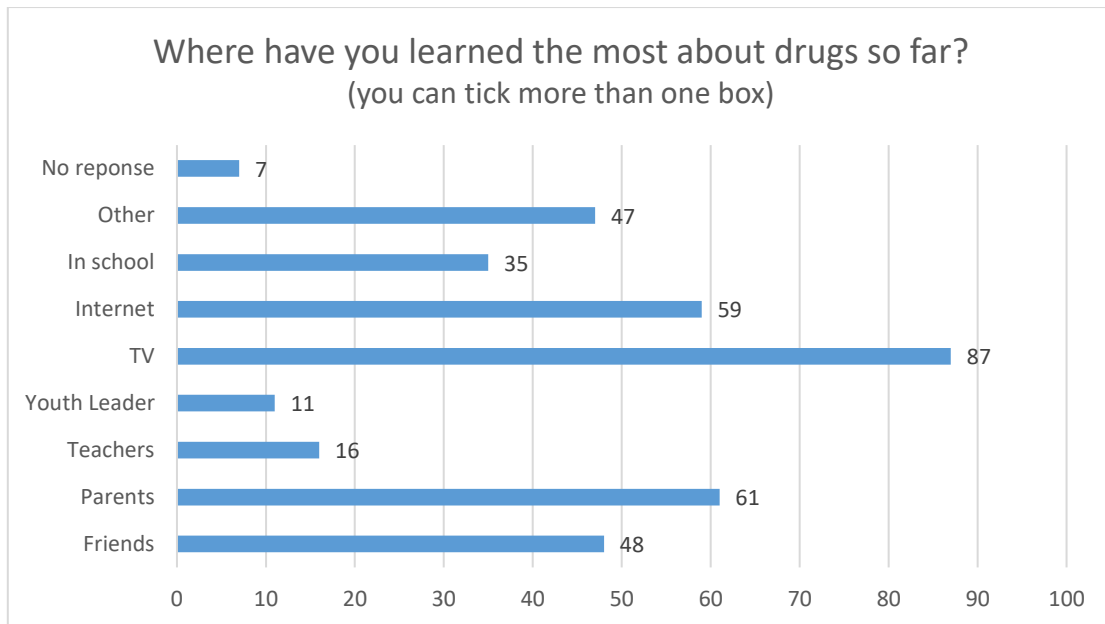


Figure 3

1.3 Drug Attitudes

The pre-test works to reveal some of the participants' attitudes toward drugs. In particular, to determine what participants perceive as being a 'good' or 'bad' drug. When asked what drugs might be good for you (see Figure 4), the majority of participants named some type of medicine, with calpol being named specifically by 74 participants (41%).

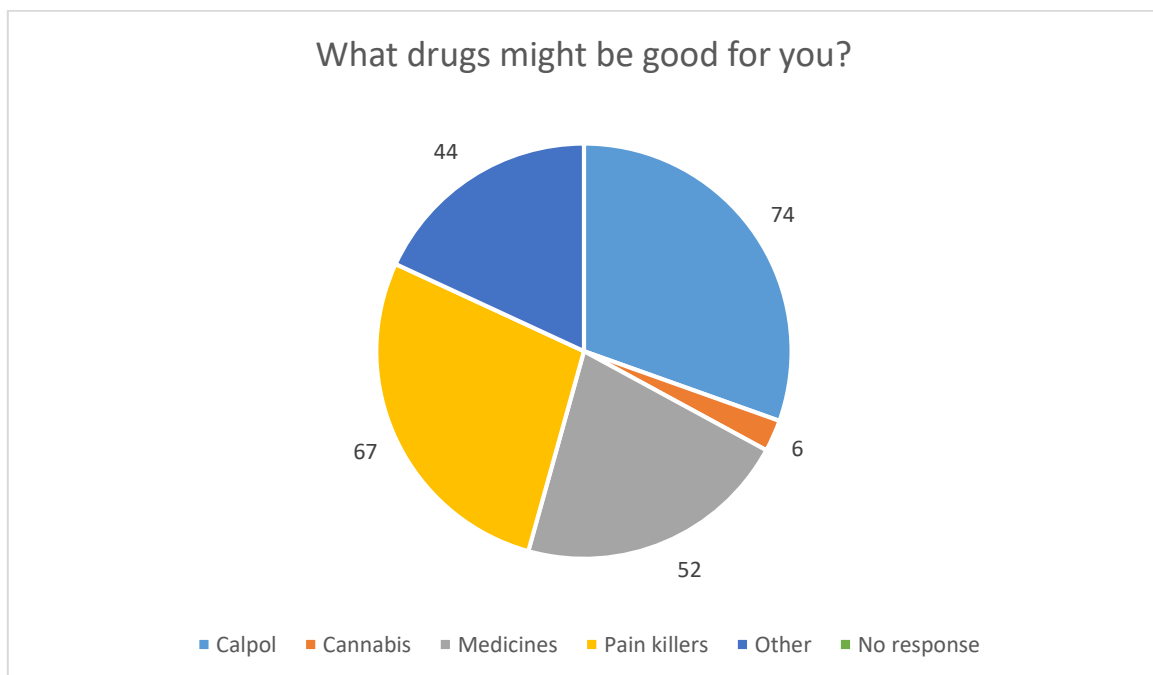


Figure 4

Cannabis was mentioned by 6 participants as being a good drug in the pre-test. However, during the programme a considerable number of young people, from a number of the participating schools, expressed approving attitudes toward cannabis use. With many young people expressing statements such as ‘cannabis cures cancer’, ‘cannabis is less harmful than cigarettes’ and ‘weed is harmless’. Young people were very unaware of any harmful cannabis effects.

Participants were also asked about what they perceive are ‘bad’ drugs (see Figure 5). The drug most frequently mentioned as being a ‘bad’ was cocaine (by 98 participants, 54%), followed by cannabis (72 participants, 40%) and heroin (58 participants, 32%).

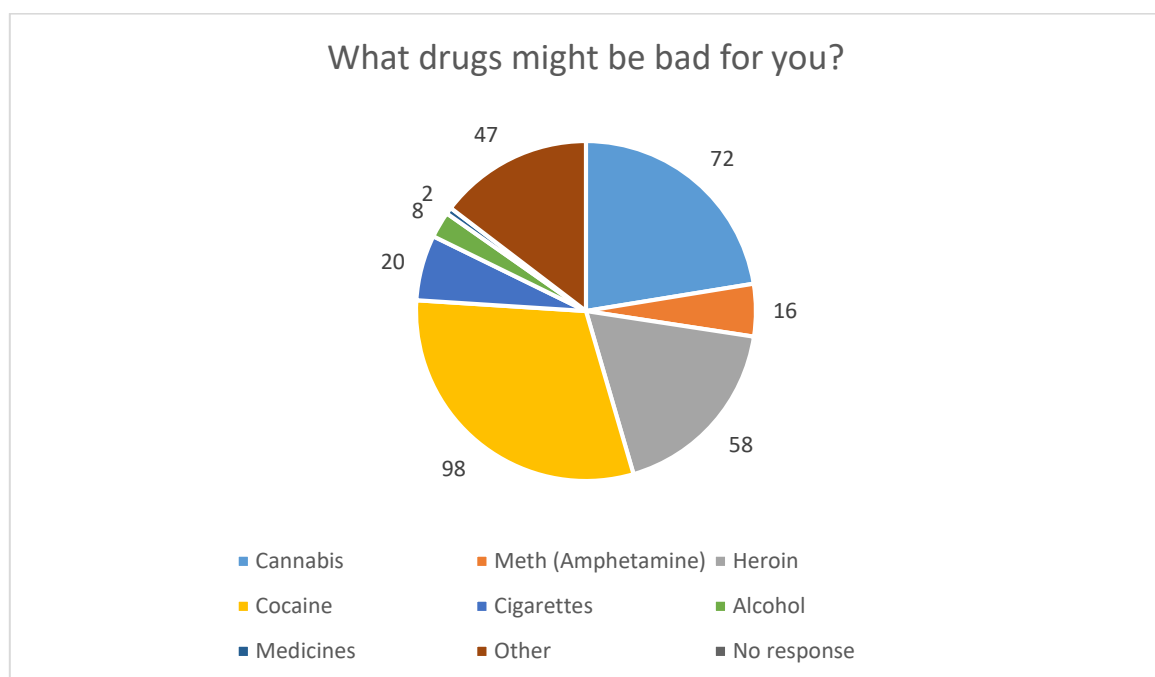


Figure 5

The category ‘other drugs’, mentioned by 47 participants (23%) included terms such as ‘illegal’, ‘dangerous’ or ‘side effects’. Amphetamines, or ‘meth’, was described as a bad drug by 16 participants (9%). Cigarettes were mentioned as bad drug by 20 participants (11%), whilst only 8 participants (4%) perceived alcohol as a bad drug.

1.4 Exposure to drug use

In order to determine, to some degree, the levels of exposure young people had to drug use, a series of probing questions were asked in the pre-test. Participants were asked whether they had ever been worried because of someone else drinking or taking drugs (see Figure 6). A large number (113 participants, 62%) reported they had never been worried because of someone else's drinking or drug use. However, a significant proportion of participants (37% - more than 1-in-3) had experienced worry because of someone else's drinking or drug use. This suggests a significant number of young people are exposed to potentially problematic patterns of drug use.

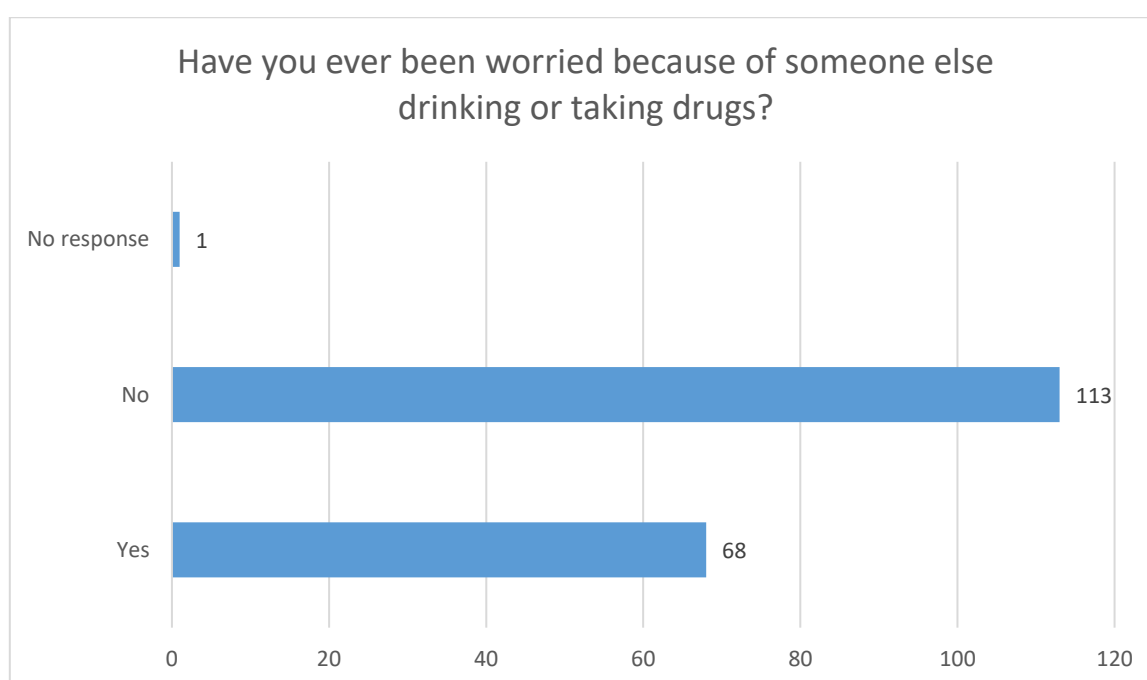
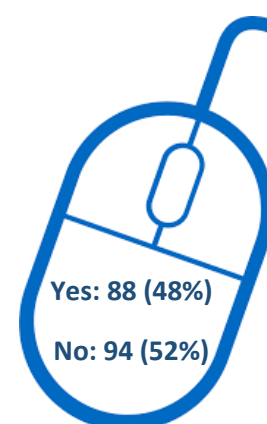


Figure 6

Participants were asked whether they had ever seen pictures of drugs online. 88 participants (48%) reported seeing pictures of drugs online, whilst 94 participants (52%) stated they had never seen pictures of drugs online.



Participants were asked whether they had ever seen people take drugs on a bus, dart or on the street (see Figure 7). Young people were almost divided equally between those who had seen people take drugs in public spaces (86 participants, 47%) and those who had not (91 participants, 50%).

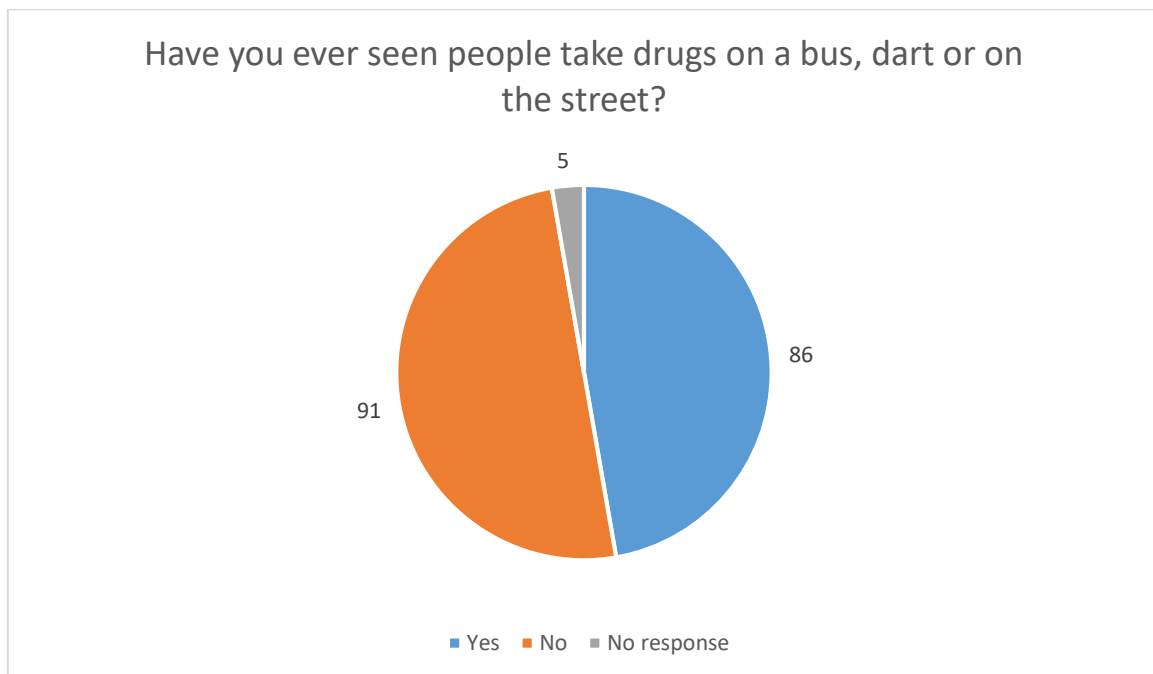


Figure 7



BDAM 2017 Art Competition Entry

Young people were also asked about ‘offering’ experiences in the pre-test. Participants were asked whether anyone had ever offered them alcohol, cigarettes or other drugs (see Figure 8). Almost 1-in-4 of the young people (44 participants, 24%) taking part in the SBDEPP had been offered alcohol by someone to try. 18 participants (10%) had been offered a cigarette by someone to try and 11 participants (6%) had been offered other drugs.

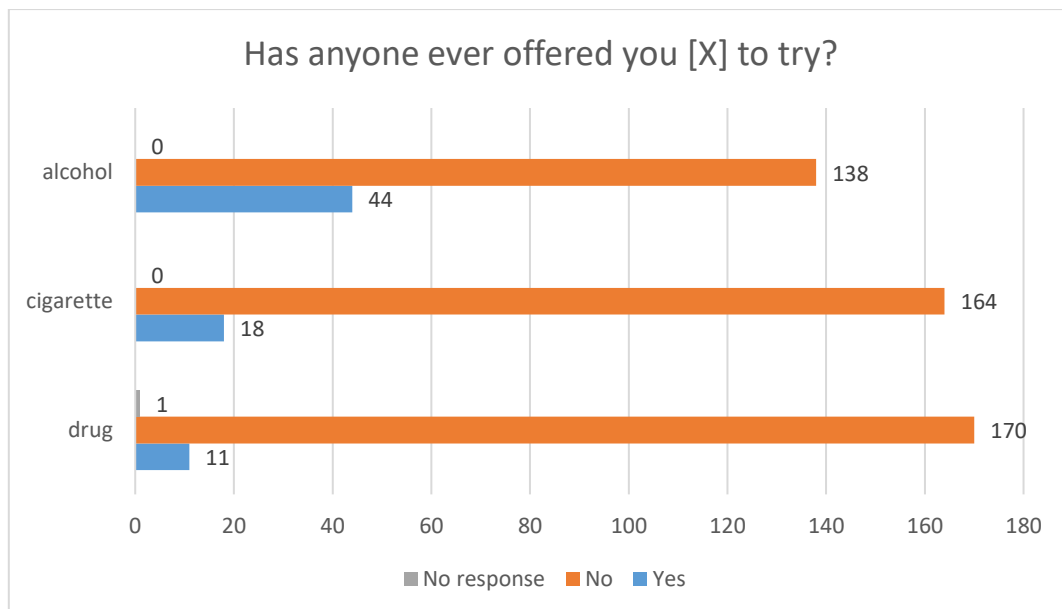


Figure 8

Participants were asked whether they had ever taken a medicine without their parents or guardians knowledge. In total, 17 participants (9%) reporting taking a medicine without their parents or guardians knowing (see Figure 9).

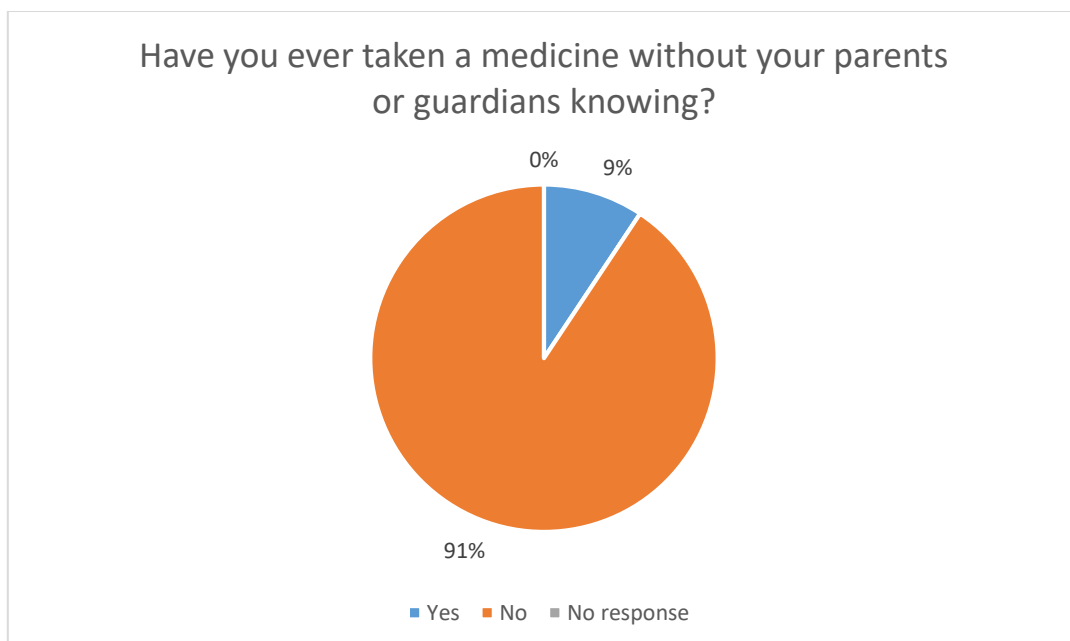


Figure 9

When asked whether participants knew how to stay safe if people are drinking or taking drugs around them, 138 participants (76%) responded positively to the question, whilst 43 participants (24%) responded negatively (see Figure 10).

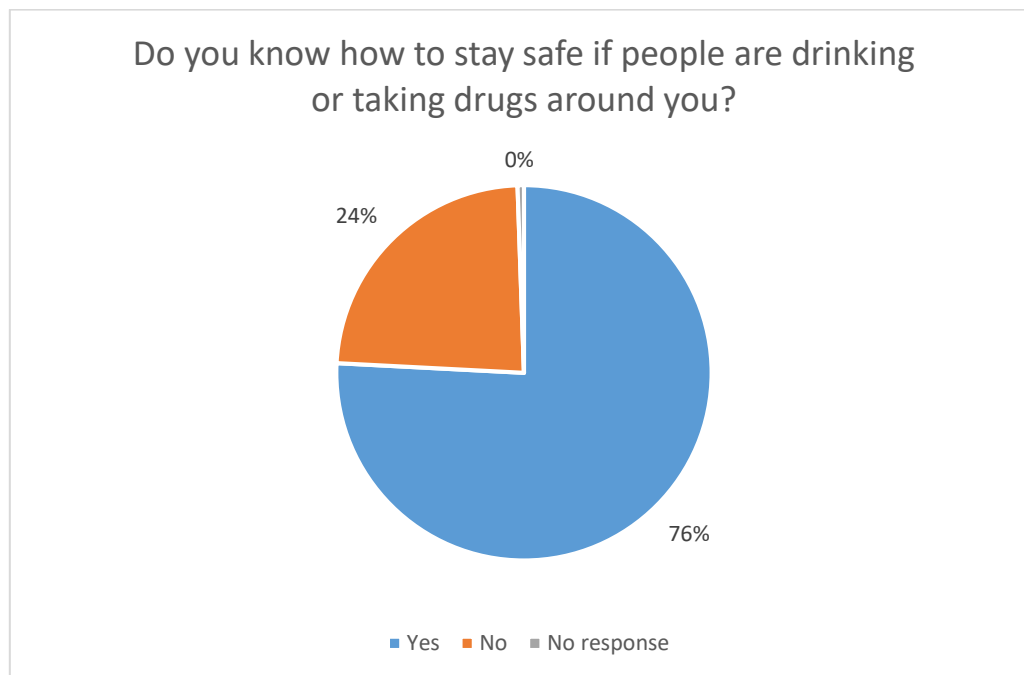


Figure 10

Finally as part of the pre-test, participants were asked whether they ever had a conversation with their parents or guardians about drugs. A large number, 125 participants (69%) reported having a drug conversation with a parent or guardian, whilst 57 participants (31%) indicated that they never talked about drugs with their parents or guardians (see Figure 11).

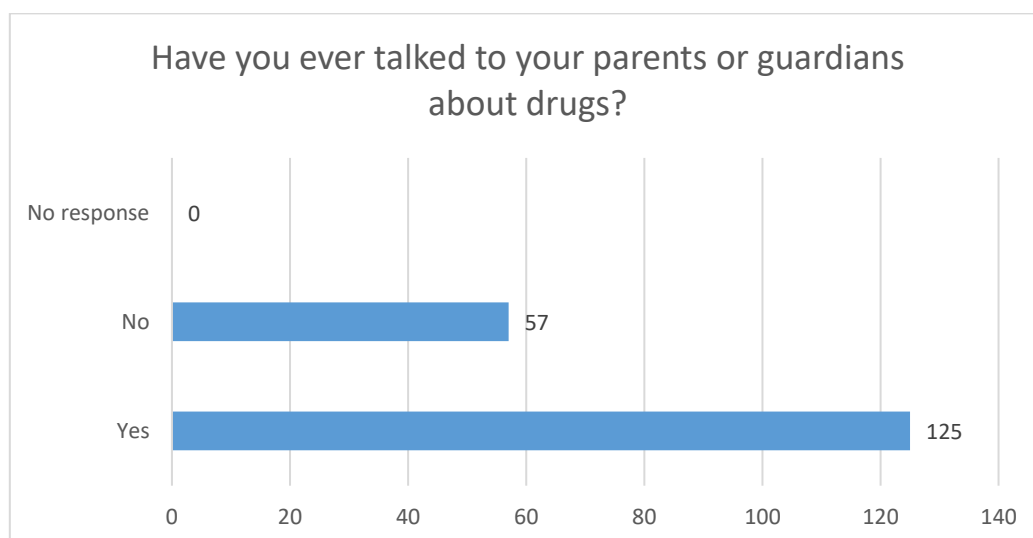


Figure 11

2. Post-tests

The post-tests are administered during an evaluation session, after the full completion of the SBDEPP. The post-test works to capture a sense of the knowledge acquired by participants during the 6 learning sessions. Participants are requested to complete the post-test in silence and on their own. They are asked not to help each other and if they require help or clarifications, to seek the attention of the youth workers or teacher present. This helps in capturing a more accurate reflection of the individual learning that has occurred, as opposed to collective learning of the class. After the post-test has been administered, participants are presented with certificates of completion and complimentary BDAF stationery. A follow up refresher workshop is scheduled with the teacher for a later date, the rationale behind the refresher workshop is to reinforce the learning from the programme after some time has passed.

2.1 Drug Knowledge: pre and post programme stages

At both pre and post-test stages of the SBDEPP, participants are asked how much they know about drugs, and to indicate their perceived level of drug knowledge at these two points in time on a scale of 1 to 10. 1 indicating very little drug knowledge and 10 indicating a huge amount (see Figure 12).

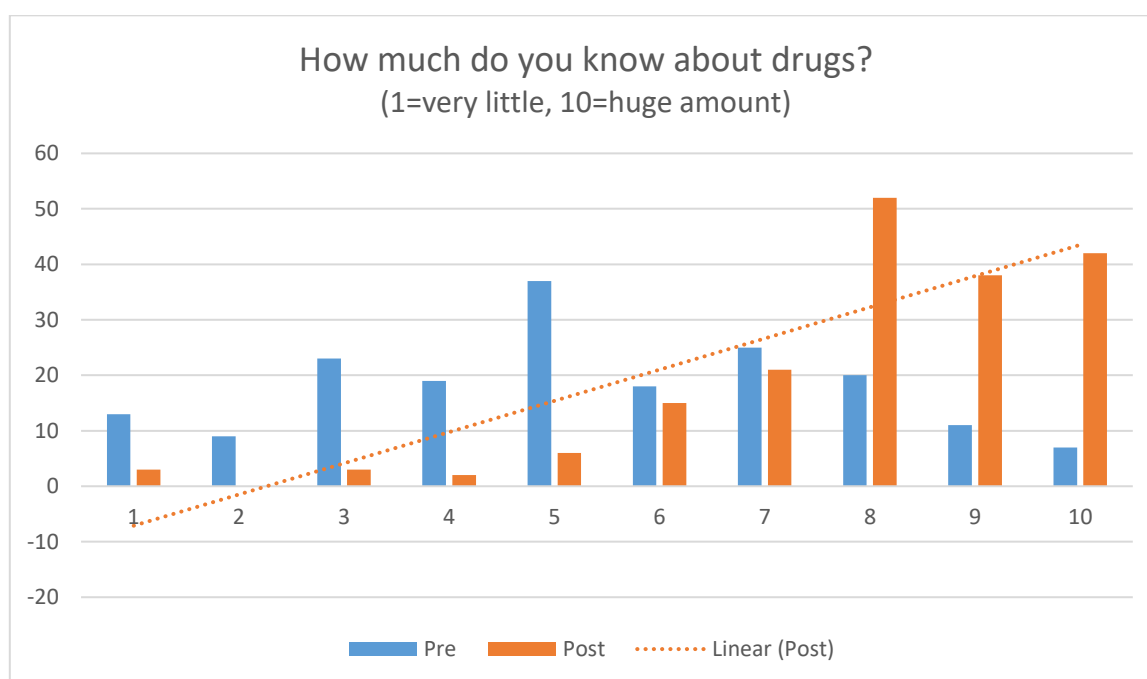


Figure 12

Comparing the pre and post-test indications, reveals that participants rate their drug knowledge higher after completion of the SBDEPP. This would suggest that participants are more informed about drugs having completed the programme.

2.2 Learning from the SBDEPP

As part of the post-test, participants are asked to list two things that they have learned from the SBDEPP. Responses were grouped into categories (see Figure 13). The largest category of learning was 'other', which included responses that were too varied to categorise simply. Responses in the 'other' category included references to the correct use of medicines, instructional comments, descriptions of drug labels and more general/random comments. Learning about drug types and effects was reported by 75 participants (41%). Learning about the differences between legal, illegal and prescribed drugs was a common response to this question (by 50 participants, 27%), as was learning about how to stay safe from drug or alcohol related harms (50 participants, 27%). Arising from scenario based group work and discussions, 39 participants (21%) reported learning about what to do when faced with certain situations, whilst 24 participants (13%) reported learning to deal with specific drug or alcohol related scenarios. 19 participants (10%) reported learning how to place someone into the recovery position.

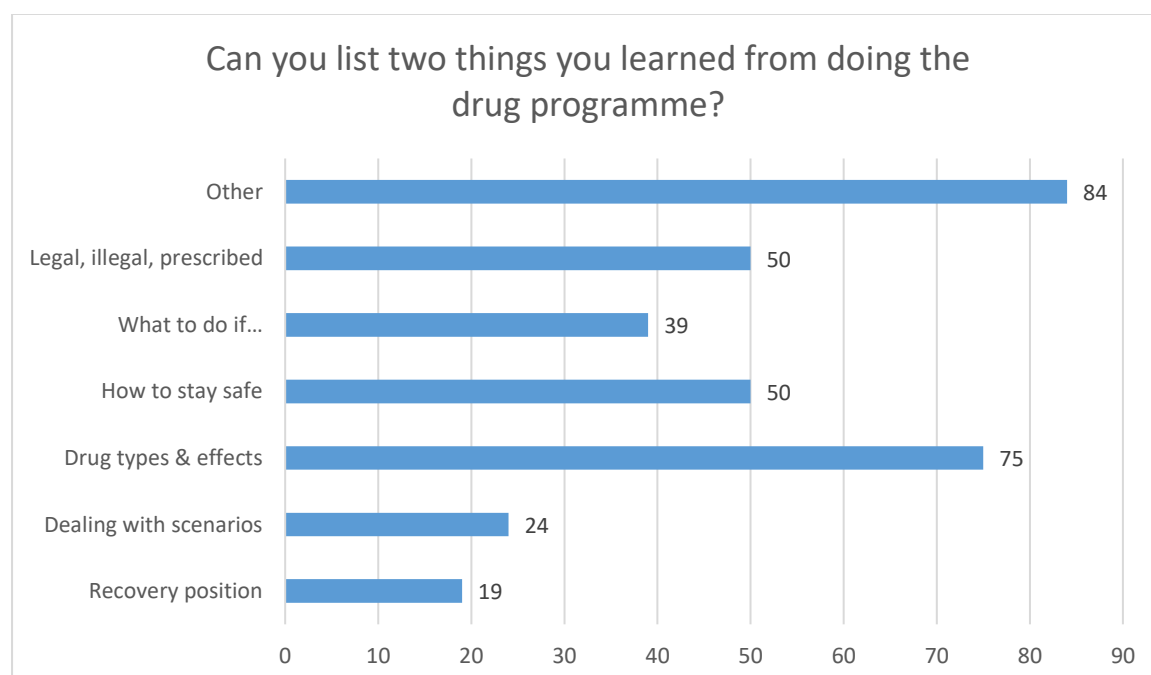


Figure 13

2.3 Participants' experience of the SBDEPP

When asked to describe their experience of the SBDEPP (see Figure 14), 49% of participants reported having 'really enjoyed it', followed by 45% who described having 'enjoyed' the programme, and only 6% indicated they enjoyed 'only parts' of the programme. Overall, participants appear to have had an enjoyable experience during the SBDEPP.

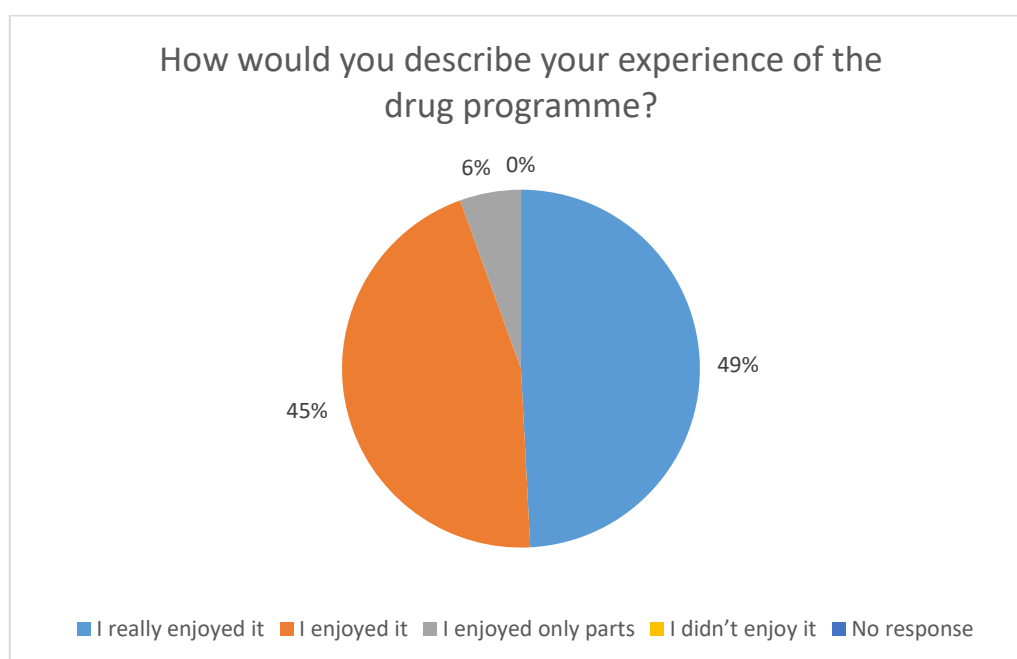


Figure 14

Provided with multiple choice options, participants were requested to select aspects of the programme they enjoyed the most. Participants were instructed they could select as many aspects of the programme they wished, which they found enjoyable. These responses are represented in Figure 15.

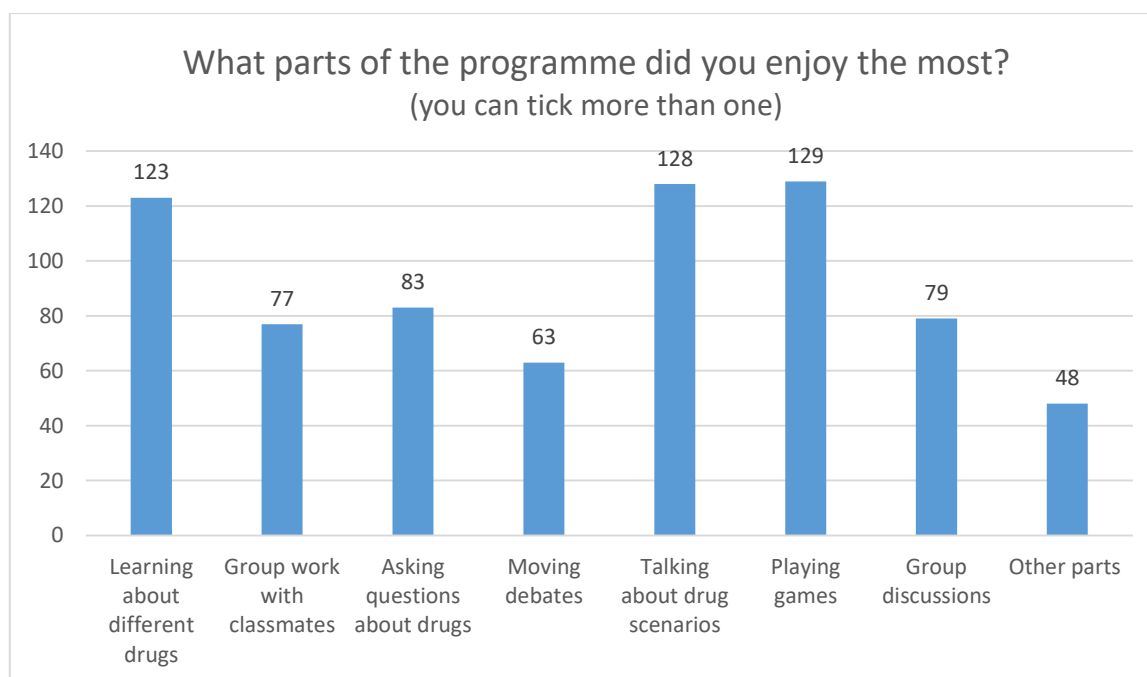


Figure 15

Unsurprisingly, participants reported the most enjoyable aspect of the SBDEPP were the games included in each session. Following this a large number (128 participants, 70%) enjoyed having the opportunity to talk about drug related scenarios. A key component of the SBDEPP is engaging participants in discussions about how to stay safe if they find themselves in a drug or alcohol related situation. For example, young people are asked how they would stay safe if: ‘they were travelling on a bus or train and someone is taking drugs or drinking near them’ or ‘they are approached by someone who is drunk’ or ‘if they are at a disco and their friends go outside to drink alcohol’. These types of scenarios provide useful opportunities to promote personal safety and equip participants with practical life-skills.

Many participants (68%) reported they enjoyed learning about different drugs and their effects. Others reported they enjoyed having the opportunity to ask questions about drugs (35%), having group discussions about drugs (43%) and getting to complete group-work with classmates (42%). It is clear from the participants’ indications that they very much enjoyed the opportunity to talk about drugs in a safe and open environment. This suggest high levels of participation by participants and a good level of engagement with the programme content. All of this is vital when trying to dispel drug myths, correct misinformation and promote positive life choices.

Participants were asked whether they had the opportunity to find out everything they wanted to about drugs during the programme. The majority of participants (94%) stated they had (see Figure 16).

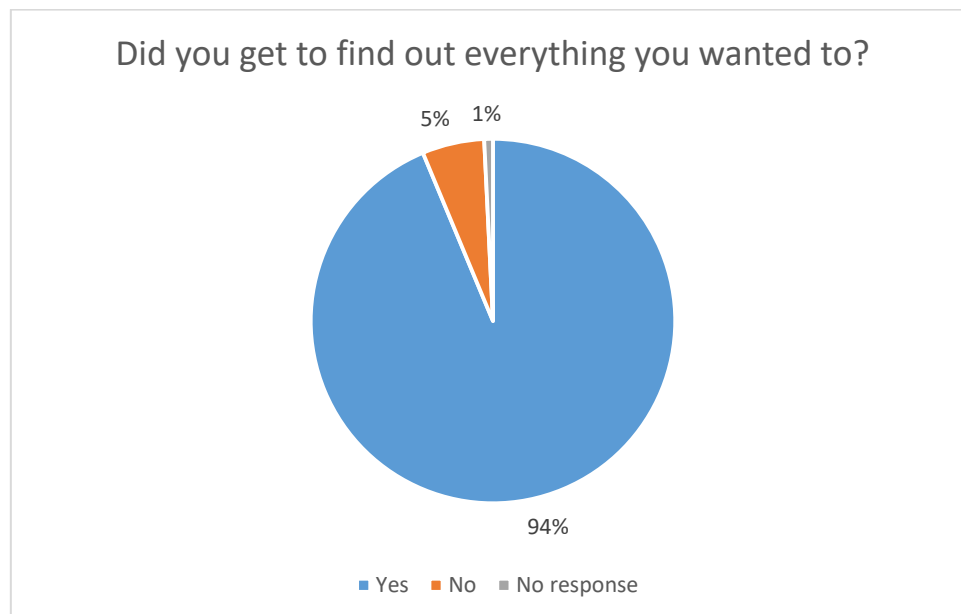


Figure 16

Of those who said no (n=10), one participant stated they wanted to know more about a specific drug, three wanted to know more about specific effects of drugs and 5 stated they wanted to find out something else during the programme.

2.4 Personal Safety

At both pre and post-test stages of the SBDEPP participants are asked whether they know how to stay safe if people are drinking or taking drugs around them. This question relies on the participants to self-evaluate; their perception of staying safe may differ to the facilitators or an adults understanding of how to stay safe. Whilst this question does not provide deep insight into the participants' conceptualisation of safety in such situations, it does provide an indication of whether the programme contributes to their perception of how to stay safe in these types of situations.

A comparison of the question 'Do you know how to stay safe if people are drinking or taking drugs around you?' at both the pre and post-test stage reveals a change in self-assessment over the course of the programme (see Figure 17). At the pre-test stage 138 participants (76%) believe they know how to stay safe around people who are drinking or taking drugs, whilst 43 participants (24%) reported they did not. Encouragingly, the number of participants who reported not knowing how to

stay safe at the pre-test stage (24% of participants) reduced at the post-test stage. Having completed the SBDEPP the number of young people who reporting not knowing how to stay safe around people who are drinking or taking drugs reduced to 5 participants. A reduction from 24% to 3%. This is a welcome finding.

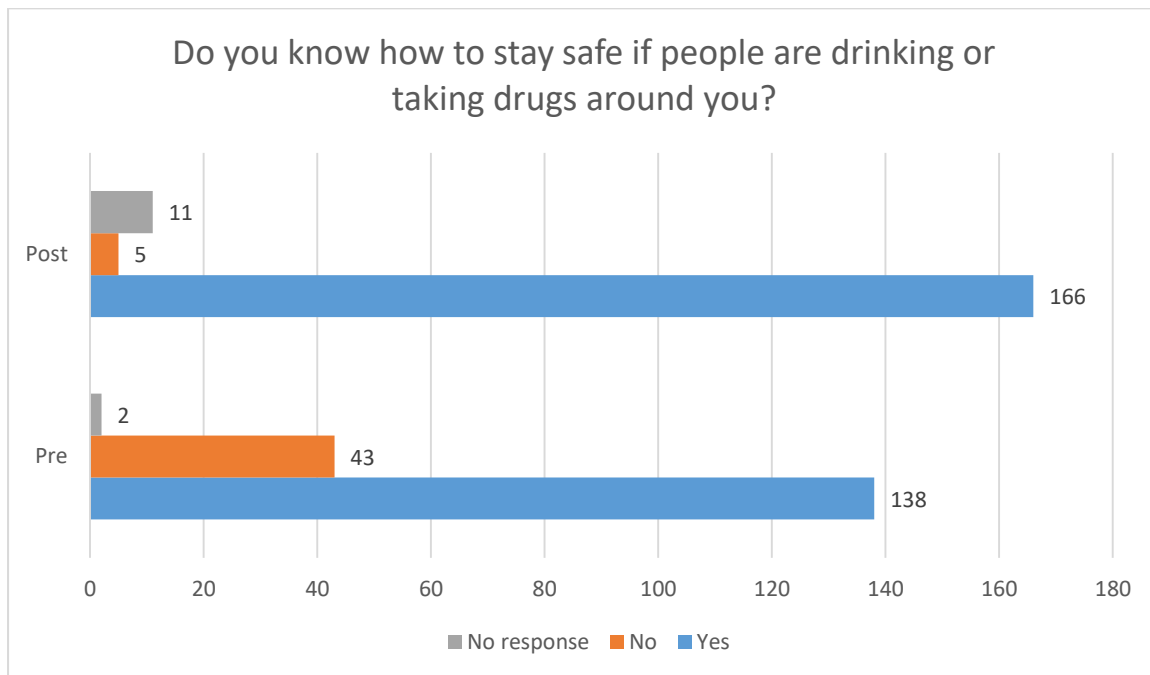


Figure 17

2.5 Programme Delivery

The quality of the implementation of a drug education and prevention programme is crucial in its overall success and impact (Morgan, 1999). Participants were asked to rate how well the programme facilitators (drug education youth workers) delivered the SBDEPP. The majority of participants (69%) indicated the programme facilitators did an 'excellent job' in delivering the SBDEPP. 21% stated the facilitators did a 'very good job' and 10% described the facilitators' programme delivery as 'good' (see Figure 18).

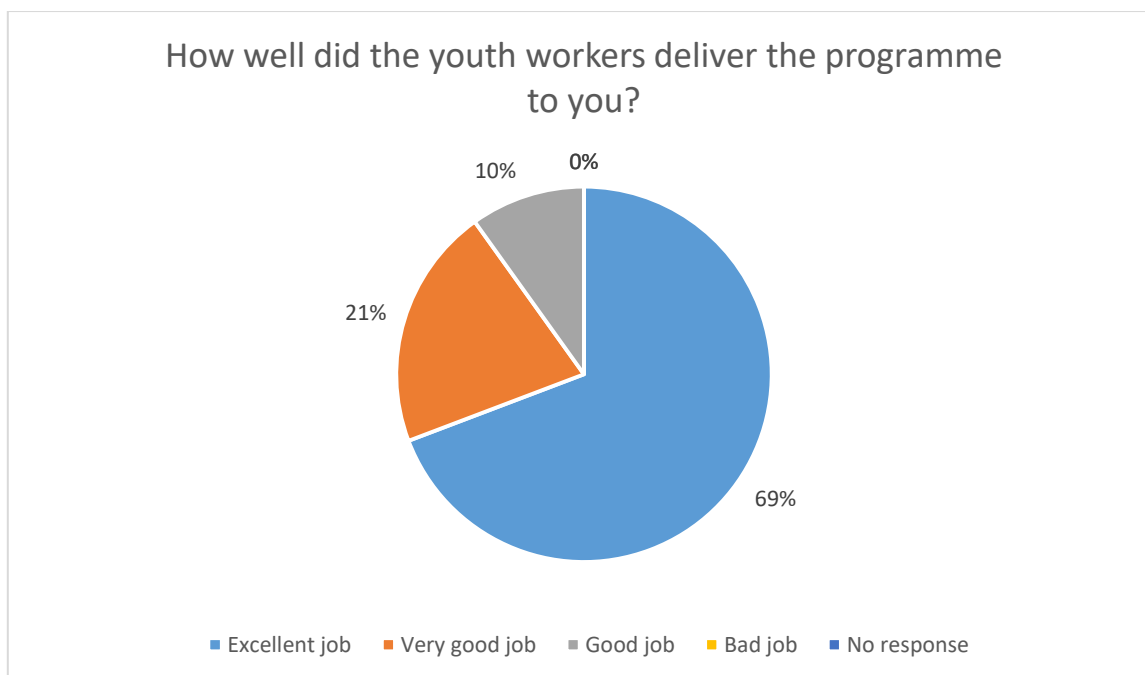


Figure 18

Participants were requested to describe the programme in one word. A rudimentary evaluation. Overall, the adjectives used to describe the SBDEPP were positive (see Figure 19). Aside from positive adjectives, such as good or excellent, common descriptions included: interesting (17%), fun (14%), informative (9%), helpful (8%) and educational (8%).

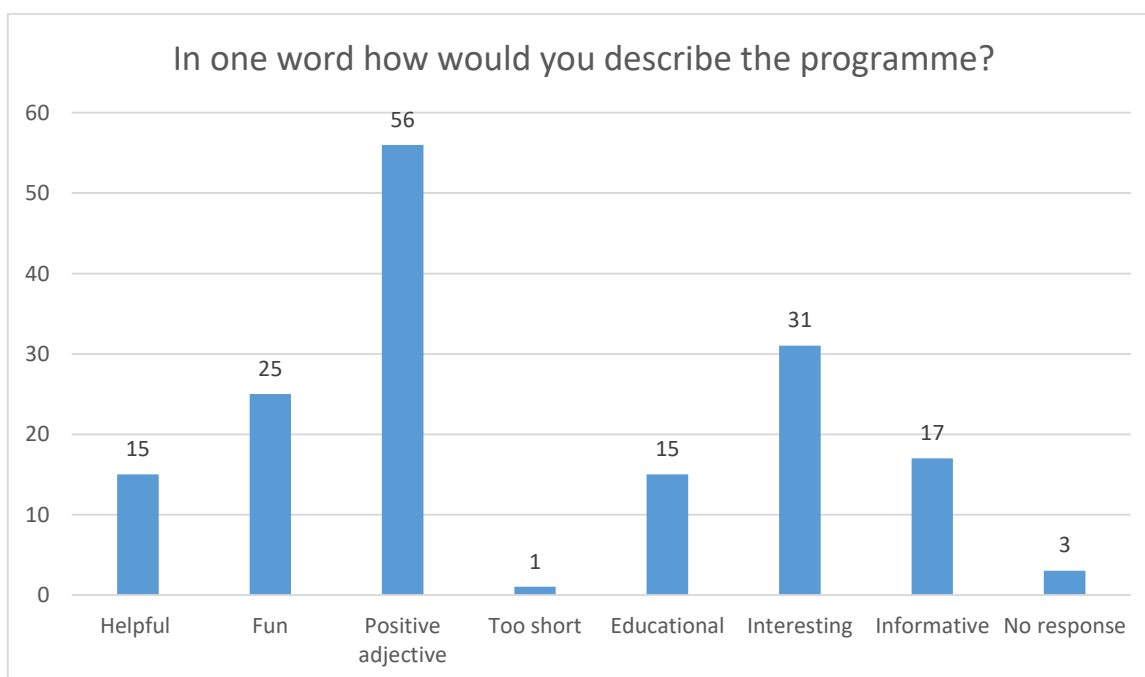


Figure 19

Throughout the programme participants were encouraged to talk to their parents or guardians about the SBDEPP. Whilst the majority did so (81%), 30 participants (16%) did not (see Figure 20). It would be useful for future iterations of the SBDEPP evaluation to try and determine some of the barriers preventing young people from talking to their parents or guardians about drugs.

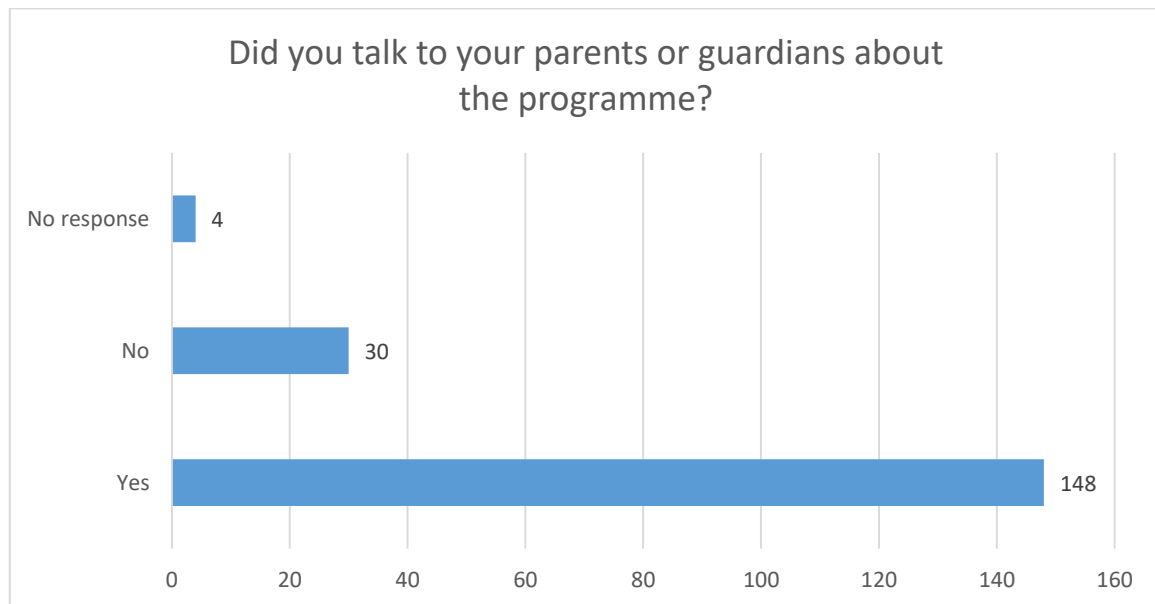


Figure 20

Finally, the programme operates on the principle that learning should be fun. With this in mind, participants are asked whether they had fun during the programme. The response was an overwhelming yes, with all participants reporting to have had fun during the programme (see Figure 21).

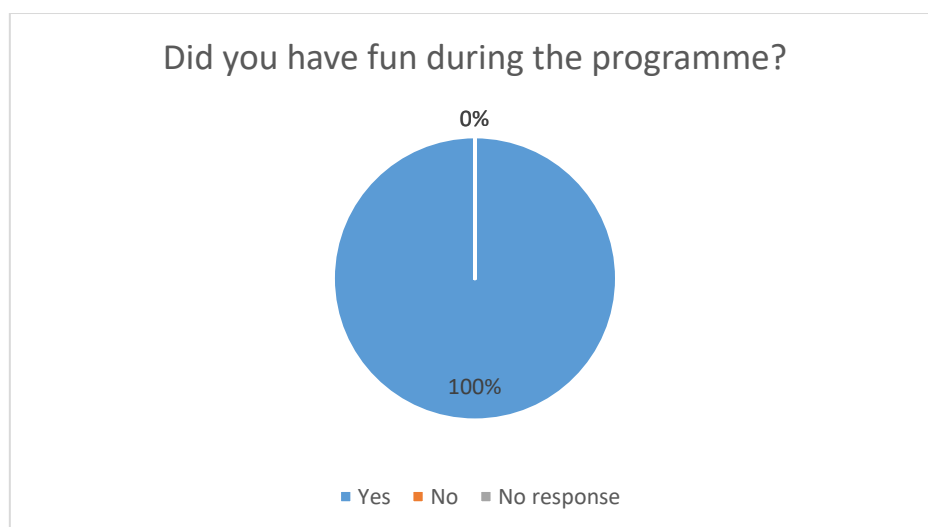


Figure 21

Conclusion

The objective of using the pre and post-tests as part of the SBDEPP is three fold. Firstly, the pre-test provides a means of uncovering the extent of the participants' drug knowledge prior to the programme commencing; functioning as a needs analysis. It also offers some indication of the level of exposure young people have had to drug use in their communities. Secondly, a comparison of the pre and post-tests, and the data obtained from the post-test specifically, helps to capture a sense of the learning that took place during the SBDEPP. Finally, the post-test provides participants with an opportunity to evaluate both the quality of the programme content and its implementation by the programme facilitators.

On the surface young people in 6th class appear to know a lot about drugs, or at least, they can collectively name a number of different legal, illegal and prescription drugs (see Appendix 4 for a sample of named drugs). What becomes apparent during the delivery of the SBDEPP is that the participants' drug knowledge is largely superficial. Drug myths and misinformation is prevalent across the participating schools. Whilst cannabis is the most commonly used illicit drug in Ireland (EMCDDA, 2017), interestingly, young people of this age are more aware of cocaine. It is the drug they report most often hearing about and it is the substance they more likely to refer to as a 'bad' drug. This raises an interesting question – why are young people in sixth class more aware of cocaine than the most commonly used illicit drug? This question warrants exploration. Whilst the findings of this study cannot fully answer this question, it does provide some clues. Perhaps the answer lies in where young people report obtaining drug information from. 48% of participants reported learning about drugs from TV. Across the schools, participants mentioned TV shows that feature cocaine, such as 'Boarder Control', 'Narcos' and 'The Young Offenders'; this may account for the high levels of awareness of cocaine.

Many participants (47%) reported seeing drug use in their communities, either in public spaces or on public transport. This highlights the need to teach young people about how to stay safe in public. The SBDEPP goes some way in this regard, with a large number of participants indicating the programme equipped them with knowledge of what to do if they encounter drug use in public. Comparison of the pre and post-tests demonstrate a reduction in the number of young people who report not knowing how to stay safe if there are people drinking or taking drugs around them, having completed the SBDEPP. A reduction of 24% to 3%.

The SBDEPP pre-test reveals 1-in-5 participants have been offered alcohol at some point. This indicates offering experiences for alcohol, are relatively common for this age cohort. This highlights

an area that needs to be addressed by parents and guardians, schools and the wider community. The pre-test does not establish who is offering alcohol to participants; however, it would be a reasonable assumption that it is someone older. Reducing the chances of young people being offered alcohol would go some way to delay the onset of young peoples' alcohol use. Older siblings and adults can play a key role here.

Alcohol is discussed at length during the SBDEPP. Group discussions on this topic can reveal a lot about the participants' attitudes toward the use of alcohol. During the programme, participants are told a fictional story about three young women in their early twenties who are out enjoying a meal. The women order a bottle of wine to share equally between them. Participants are asked whether this is an example of drug use or misuse (having explored the meaning of these concepts). The consensus among participants is generally it is an example of drug use. However, the story is expanded on. Participants are informed that after one glass of wine, one of the women is extremely drunk and falls from her chair, knocking her plate of food off the table. Participants are asked whether this changes their view, the response is often worrying. Many participants when asked whether this is an example of drug use, or rather an example of drug misuse, state it is still an example of drug use. Common responses include 'she hasn't broken the law', 'she has done nothing wrong', 'she's just drunk' or 'she hasn't harmed anyone else'. These responses suggest that drunken behaviour is normalised among some young people. When provided with a comparison, such as someone takes paracetamol and is affected in the same way, participants usually respond that this is drug misuse. They have taken too much paracetamol in their view. Yet few participants acknowledge the drunken women had consumed too much alcohol, rather they state 'she is just a light weight'. The SBDEPP can only achieve a certain amount in the time allocated to the programme; much more needs to be done within the wider community to challenge perceptions about what constitutes alcohol misuse.

It is evident from the pre and post-test findings that the SBDEPP increases young peoples perceived drug knowledge. Adhering to best practice standards for substance use education (DEWF, 2007; DES, 2010) provides assurances that this increased drug knowledge is helpful and age appropriate. This is supported from the number of participants (68%) who reported learning about drug types and effects during the SBDEPP. The programme emphasises the harms of illegal drugs, it reinforces a key message: when someone buys an illegal drug they can never be sure it is the drug they think it is, moreover they can never be sure of its strength, its side effects or whether it contains contaminants. Participants generally recognise that this makes illegal drugs incredibly risky and dangerous.

Overall the findings presented in this report, demonstrate that learning does take place during the SBDEPP. This is evident from the changes in drug knowledge (see Figure 12) and changes in personal safety self-assessment (see Figure 16) from pre to post-test. The programme appears to be responding to the needs of participants and providing a valuable opportunity for young people to discuss drugs, and obtain reliable and age appropriate drug information. This is supported in the findings and by the number of young people who reported enjoying learning about drug types and effects, getting to ask questions about drugs and talking about drug scenarios (see Figure 15). It is also clear from the findings that the participants had an enjoyable and fun experience during the programme (see Figures 14, 18 and 20). Whilst enjoyment and fun cannot be equated with worthwhile learning or drug prevention, it does demonstrate a positive learning atmosphere was created during the programme and the experience was worthwhile to them.

Recommendations

1. Promote appropriate drug conversations in the home, schools and wider community

There is a definite need for young people to receive accurate information about drugs and their effects, this is evident by the fact that 48% of the SBDEPP participants reported learning about drugs from TV. Young people of this age often lack the critical thinking skills necessary to evaluate information obtained through TV or online. Therefore it is necessary young people obtain drug information from other sources to counter information from TV, which may be fictitious, inaccurate or incorrect. Whilst 34% of the sample reported learning about drugs from their parents or guardians, at the pre-test stage only 19% of participants reported learning about drugs in school. Only 9% of participants stated they had obtained information about drugs from teachers. This suggests that both parents and schools could do more to engage young people in conversations about drugs and provide appropriate drug information. Perhaps the formality of school settings and the authoritative position some teachers hold, makes it that little bit more difficult for young people to have open and frank conversations about drugs in schools settings. This is where a more informal approach like that of the SBDEPP, which uses youth work methodologies, pays dividends. The SBDEPP, whilst informal in style and approach, operates within the parameters of SPHE and in this way can complement and support schools in the provision of drug education. What is clear from the findings of this report, is that it is necessary to promote appropriate drug conversations in the home, schools and wider community.

2. Find out more about barriers preventing drug conversations between children, parents and guardians

Whilst the SBDEPP works hard to encourage young people to talk to their parents and guardians about drugs, at the end of the programme 16% of participants still had not spoken to their parents or guardians about the programme or its content. It would be useful for the post-test to ask those participants who had not spoken to their parents or guardians about drugs, why this is? In order to address barriers preventing young people having conversations with parents or guardians it is necessary to first identify what these barriers are. The SBDEPP post-test could do more to identify barriers preventing drug conversations between children, parents and guardians.

3. Clarify participants' conceptualisation of personal safety in drug or alcohol related situations

An encouraging finding from this study was that having completed the SBDEPP, the number of participants that reported not knowing how to stay safe around people who are drinking or taking drugs reduced from 24% to 3%. At the pre-test stage, 76% of participants believed they knew how to stay safe around people who are drinking or taking drugs. However, what is not captured by the pre-test is, what constitutes safety in the view of participants? Therefore, the SBDEPP pre-test should be developed to try and capture a better picture of young people's conceptualisation of personal safety in drug or alcohol related situations. A greater understanding of young people's conceptualisation of personal safety, could allow for a more detailed analysis of how the SBDEPP contributes to participants ability to recognise potentially harmful situations, and in turn, navigate these more safely.

References

- Brady, C., Coveney, E., Davis, A., Murphy-Lawless, J. and Murray, K. (1999) *Towards a Drugs Service Development Plan for Bray – Report for the Bray Drugs Working Group*. Dublin: Trinity College Dublin.
- Darcy, C. (2016) “Pre and Post Tests: Findings from a school based drug education and prevention programme”, Conference Presentation at the Bray Drugs Awareness Forum Annual Conference - Entitled: “Brighter Futures: building resilience in children and young people, the role of drug education and prevention”, The Royal Hotel Bray, November 2016.
- Department of Education and Science (DES) (2010) *Social, Personal and Health Education (SPHE) Best Practice Guidelines for Primary Schools*. Circular 0022/2010.
- Drug Education Workers Forum (DEWF) (2007) *A Manual in Quality Standards in Substance Use Education*. Dublin: Drug Education Workers Forum.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2017) *Ireland, Country Drug Report 2017*. Luxembourg: Publications Office of the European Union.
- Fincham, J.E. (2008) ‘Response Rates and Responsiveness for Surveys, Standards, and the Journal’, *American Journal of Pharmaceutical Education*, 72, 2, Article 43, 1-3.
- Loeb, S., Dynarski, S., McFarland, Morris, P., D. Reardon, S., and Reber, S. (2017) *Descriptive analysis in education: A guide for researchers* (NCEE 2017-4023). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Centre for Education Evaluation and Regional Assistance.
- Loughran, H. and McCann, M.E. (2006) *Bray Community Case Study: Experiences and Perceptions of Problem Drug Use*. Dublin: The Stationary Office.
- Mentor, I.J., Elliot, D., Hulme, M., Lewin, J. and Lowden, K. (2011) *A guide to practitioner research in education*. London: Sage.
- Morgan, M. (1999) ‘Awareness FC’ *Drug Prevention Programme – An Evaluation*. Dublin: St. Patrick’s College.
- Nic Ludhadha, C. (2000) *Drug Education and Prevention Programme for Primary Schools, Facilitators’ Guidelines*. Dublin: Catholic Youth Care.
- Zeichner, K.M and Noffke, S. E. (2001) *Practitioner Research* (pp.298-332). In: Richardson, V. (Ed.) (2001) *Handbook of Research on Teaching* (4th Edition). USA: American Educational Research Association.

Appendix 1

School Based Drug Education and Prevention Programme		Bray Drugs Awareness Forum / Bray Youth Service – Crosscare Youth Work	
Are you concerned about the level of drug use in your area?		What do you think your child should learn from this programme?	
Yes <input type="checkbox"/> No <input type="checkbox"/> No comment <input type="checkbox"/>			
Where do you think your child learns most about drugs? (please tick one or more)		Would you be interested: (please tick as appropriate)	
Home <input type="checkbox"/> School <input type="checkbox"/> Friends <input type="checkbox"/> Street <input type="checkbox"/> Media & TV <input type="checkbox"/> Internet <input type="checkbox"/>		<input type="checkbox"/> Information fact sheet for parents about alcohol and drugs <input type="checkbox"/> To attend a drugs awareness & information workshop If so, am <input type="checkbox"/> pm <input type="checkbox"/> evening <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nothing	
Other (please state): _____			
On a scale of 1 to 5...		Other comments:	
How aware do you think your child is about drugs? 1 2 3 4 5 Low awareness High Awareness			
How aware are you about drugs? 1 2 3 4 5 Low awareness High Awareness			
Consent			
I grant permission for my son/ daughter to participate in the Drug Education and Prevention Programme run by Bray Drugs Awareness Forum and Bray Youth Service – Crosscare Youth Work (please tick): Yes <input type="checkbox"/> No <input type="checkbox"/>			
At times we gather information from participants during the programme, in the form of anonymous surveys . No personal or identifying details are collected. Do you grant us permission to use this anonymous information in reports and publications we produce? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Child (In Capitals): _____		Date: _____	
Signature of Parent/Guardian: _____			
Name of Parent/Guardian (In Capitals): _____			

Appendix 2

School Based Drugs Education and Prevention Programme ~ S.B.D.E.P.P **Pre-programme Questionnaire**

Are you (please tick): Male ☐ Female ☐

How old are you? _____

Your initials: _____

How much do you know about drugs?

(1= I know very little about drugs and 10= know a huge amount about drugs)

Very little 1 2 3 4 5 6 7 8 9 10 Huge amount

Name as many drugs as you can in the box below (good or bad drugs)

Are there any illegal drugs you often hear about (maybe in school, on TV or online)?

Yes or No

If yes, what is the name of the drug(s)? _____

Where have you learned most about drugs so far? (you can tick more than one)

From friends ☐

From parents ☐

From teachers ☐

From a youth leader ☐

From TV ☐

Internet ☐

In school ☐

Other places ☐

What drugs might be good for you? _____

What drugs might be bad for you? _____

(Please circle Yes or No for the next questions)

Have you ever been worried because of someone else drinking or drug taking? Yes or No

Do you know how to stay safe if people are drinking or taking drugs around you? Yes or No

Have you ever talked to your parents or guardians about drugs? Yes or No

Have you ever seen pictures of drugs online? Yes or No

Have you ever seen people take drugs on a bus or dart, or on the street? Yes or No

Has anyone ever offered you a drug to try? Yes or No

Has anyone ever offered you a cigarette to try? Yes or No

Has anyone ever offered you a drink of alcohol to try? Yes or No

Have you ever taken a medicine without your parents or guardians knowing? Yes or No

Have you any other comments or questions about this programme?

Thank you for filling out this questionnaire!! ☺

Ref: _____

Appendix 3

School Based Drugs Education and Prevention Programme ~ S.B.D.E.P.P **Post Programme Questionnaire**

Are you (please tick): Male ☐ Female ☐

How old are you? _____

Your Initials: _____

Having completed the programme, how much do you know about drugs?

(1= I learned very little about drugs and 10= I learned a huge amount about drugs)

Very little 1 2 3 4 5 6 7 8 9 10 **Huge amount**

How would you describe your experience of the drug programme (Please circle)–

I really enjoyed it

I enjoyed it

I enjoyed only parts of it

I didn't enjoy it

Can you list two new things you learned from doing the Drug Ed. Programme?

1. _____

2. _____

Did you get to find out everything you wanted to? Yes or No

If no, what else would you have liked to know about?

What parts of the programme did you enjoy most? (You can tick more than one)

Learning about different types of drugs ☐

Group work with classmates ☐

Getting to ask questions about drugs ☐

Moving debates ☐

Scenarios (stories) ☐

Other parts of the programme ☐

Group discussion ☐

Games ☐

Do you know how to stay safe if people are drinking or taking drugs around you? Yes or No

How well did the youth workers deliver the drug programme to you?

They did an excellent job ☐

They did a very good job ☐

They did a good job ☐

They did a bad job ☐

In one word how would you describe the drug programme? _____

Did you talk to your parents or guardians about this programme? Yes or No

Did you have fun during the programme? Yes or No

Have you any other comments?

Thank you for filling out this questionnaire! ☺

Ref: _____

Appendix 4

What drugs do you know?		
(Group work exercise)		
Weed	Up-Johns	Tobacco
Marijuana	Xanax	Nicotine
Kush	Panadol	Penicillin
Tablets	Tylenol	Gasoline
Copaxone	Hash	Glue
Paracetamol	Joint	Permanent markers
Oxy-cuts	Cannabis	Adderall
Ritalin	Ibuprofen	Lyrice
Heroin	Alcohol	Narcotics
Cocaine	Cigarettes	Steroids
(School 4)		

Participants are asked collectively, in session one, to name as many drugs as they can, this can include drugs that are legal, illegal or prescribed. The above list is a sample of drugs named by one group of participants from School 4. Drugs named by participants vary greatly across participating schools. **Facilitators do not provide the names of drugs nor suggest drugs for inclusion.** The only exception to this is if participants omit alcohol, tobacco or solvents; these drugs are included in the SPHE curriculum for 6th class. This drug list is then used as the basis of a discussion about drug types and effects in session two.

Appendix 5

Selection of comments from participants (transcribed verbatim)

‘I want to no about drugs it sound interesting’ – Pre-test, School 8 Participant

‘I learned how to avoid drunk/high people’ – Post-test, School 7 Participant

‘What if you know someone who has a [drug] problem and you want to help them?’ – Pre-test, School 7 Participant

‘I learned that illegal drugs have no labels on it’ – Post-test, School 6 Participant

‘[I learned] how to help someone who is nonconscious’ – Post-test, School 6 Participant

‘[I learned] You can have fun while learning about drugs’ – Post-test, School 5 Participant

‘[I learned] what to do when you see someone that’s on drugs’ – Post-test, School 4 Participant

‘[I learned] don’t put someone onconscious sitting up on a chair’ – Post-test, School 4 Participant

‘What is the most dangerous drug?’- Pre-test, School 3 Participant

‘[I learned] how to save your friend if they pass out on the ground’ – Post-test, School 3 Participant

‘[I learned] how to cope with drugs and situations with drugs’ – Post-test, School 3 Participant

‘Could you talk more about stories at the end of the programme because they were very interesting’ – Post-test, School 3 Participant

‘I like how interactive the program was. You could comment on things’ – Post-test, School 2 Participant

‘Is taking medicine that’s good for you but your not sick considered bad? – Pre-test, School 2 Participant

‘I learned how to keep myself safe when people around me are taking drugs/drink’ – Post-test, School 2 Participant

‘[I learned] what to do if someone asks me something and there drunk’ – Post-test, School 1 Participant

‘Spent too long on the simple bits’ – Post-test, School 1 Participant

‘[I learned] they are not good or bad, they are illegal, legal or prescribed’ – Post-test, School 1 Participant

