



FINGLAS YOUTH SERVICE

'AWARENESS FC' DRUGS PREVENTION PROGRAMME

AN EVALUATION

by Mark Morgan Ph.D

'AWARENESS FC' DRUGS PREVENTION PROGRAMME

AN EVALUATION

Dr. Mark Morgan Ph.D.

St. Patrick's college, Dublin 9

November 1999

ACKNOWLEDGEMENTS

Finglas Youth Service would like to thank all those involved with Awareness FC.

We acknowledge Finglas/Cabra Drugs Task Force for their financial support.

We thank John McElroy and Philip Rogan for photography. In particular we thank

- * *The children who have participated in the programme*
- * *The eighteen schools who welcomed us*
- * *Our Advisory Group members*
- * *All those who agreed to be interviewed for this evaluation*
- * *Dr. Mark Morgan Ph.D*
- * *Colma Nic Lughadha, Jane Kenny (FYS), Mary Gibbons, Suzanne Carter*
- * *The many individuals who gave the programme special attention. These included: Jane Kenny (EHB), Eamonn Barrett, Michael Daly, Valerie Griffin, Finglas Youth Service staff, Louise Monaghan, Sheila Lister, Sheila Reaper-Reynolds, Fiacra Mc Guirk, Marian Farrelly.*



PREFACE

Finglas Youth Service was established in 1991 and is a regional office of Catholic Youth Care- Awareness FC, one of a number of programmes delivered by Finglas Youth Service staff, is a drug education programme for 6th class pupils. It was originally piloted in 1994 as a joint initiative between Finglas Youth Service and Eastern Health Board Drugs and AIDS Service Outreach Workers. We would like to acknowledge the various individuals who were involved in the early stages, in particular Jane Kenny (EHB), Eamonn Barrett, Bernie Murphy and Geraldine Magee. Three Finglas schools were originally targeted. The programme promoters being convinced of the effectiveness of this drug education programme were unable to cater for the increasing demand in Finglas for such a community based programme.

With the establishment of Finglas/Cabra Drugs Task Force, Finglas Youth Service submitted a proposal to formalise and extend the operation of Awareness FC. Subsequently, four full-time Drug Prevention Officers were appointed in June 1998 to administer Awareness FC in primary schools in both Cabra and Finglas. After a year of hard work on behalf of our Drug Prevention Officers, Finglas Youth Service is very pleased with the reactions of children, parents, schools and the community to this programme.

We believe in the effectiveness of Awareness FC. Consequently, evaluation of the programme was central to our planning and day to day work. Dr. Mark Morgan Ph.D of St. Patrick's College, Drumcondra, consented to take on an external evaluation of Awareness FC and this process began in January 1999. We are delighted to have worked with Dr. Morgan and are very satisfied with the outcomes of his research. This evaluation presents an accurate reflection of our programme and the value we attach to it- Dr. Morgan's report lends additional support to the case for long term funding for programmes like this.

Our work will not however become static. We recognise the importance of ongoing developments and additions to the programme. We believe Awareness FC is a model of drug education that can be applied elsewhere with success.

Many thanks to all those who have supported us to date. We look forward to the future!

FINGLAS YOUTH SERVICE

CONTENTS	
SUMMARY	3
BACKGROUND AND NEED	4
PRINCIPLES RELATING TO EFFECTIVE COMMUNITY PREVENTION PROGRAMMES	5
DELIVERY OF THE PROGRAMME	8
OUTCOMES OF THE PROGRAMME	11
ORGANISATION AND COMMUNITY DIMENSIONS OF THE PROGRAMME	18
CONCLUSIONS AND RECOMMENDATIONS	19
APPENDIX 1	21
APPENDIX 2	21
APPENDIX 3	22
APPENDIX 4	22
APPENDIX 5	23
APPENDIX 6	23

SUMMARY

This report presents an evaluation of the Finglas/Cabra Drugs Prevention Programme, which has since been named 'Awareness FC'. The programme has been devised and delivered by the Finglas Youth Service (Catholic Youth Care), and funded by the Finglas/Cabra Drugs Task Force. This evaluation was carried out from January to August 1999 and is based on data collected on the effects of the programme, on observations of the programme in action, interviews with personnel involved in the management and implementation of the programme in addition to the relevant research in Ireland and abroad.

The first chapter of the report is concerned with the need for the programme, particularly in the light of the available evidence on the drugs problem in the local area (Finglas/Cabra). The objectives of the programme are outlined together with a description of the training to the tutors.

Chapter two of the report summarises the most relevant research on the effectiveness of various educational strategies for prevention. This includes an examination of the value of teaching facts about drugs and/or instilling fear about the consequences of such use. Other approaches include social skills/assertiveness training as well as the alternatives approach, that is involving children in other activities. The evidence on factors that enhance effectiveness of prevention programmes and particularly those that help in promoting effectiveness of community interventions, is also summarized.

The third part of this evaluation report sets out the principles that guided the delivery of the programme, as observed by the evaluator in the classroom and through conversations with tutors and teachers. These principles include the use of tutors in teamwork, obtaining consensus and agreement with participating students, the use of small group work combined with an informal approach, presenting facts about drugs in context, the challenging of myths surrounding drugs (both legal and illegal) and the use of frequent informal evaluations.

In the fourth chapter of this report, information on the outcomes of the programme are presented. This information is based on the frequent evaluations from which a wealth of data was collected in relation to the effects of the programme. These included student evaluations (the responses of the students before and after participation in the programme), tutors' self-evaluations (the opinions of the tutors regarding the sessions they had completed both in regard to their own performance and the response of the class), teacher evaluations (especially the views of teachers on the effects of the programme on their students) and parental evaluations (the views of parents regarding the effects on their children and on themselves together with their perceptions of what might be done to enhance the programme). The outcomes with regard to each of these is extremely encouraging since each indicates positive changes of the kind that might be expected given the aims of the programme.

In the fifth part of the evaluation, the organisational, management and community features of the project are considered. The conclusions in this chapter are based on interviews with key personnel and are intended to indicate the distinctive features of the programme, with a focus on what could be learned from a national perspective. These included inter-agency cooperation, planning and teamwork as well as the community basis of the project.

In the final chapter the major conclusions and recommendations are put forward. The recommendations focus on the following:

- * *The need for the programme to continue in its present form, but with developments to enhance its effectiveness*
- * *The development of the programme as part of the integrated approach to the drug problem*
- * *Innovative ways of involving parents in the programme*
- * *The role of Home-School-Community Liaison teachers*
- * *The development and enhancement of the features of the programme that have contributed most to its success*
- * *The need for the notes and plans to be formally written in the form of a manual and workbook for students*
- * *Link-up with the 'Walk Tall' programme*
- * *Link with the Garda Schools Programme*
- * *Development of the programmes for post-primary*
- * *Internal evaluations of the programme*
- * *Continuing the process by which tutors have been recruited and trained*
- * *The need for a longitudinal study of the effects of the programme*



CHAPTER 1

BACKGROUND AND NEED

This introductory chapter sets out the background to the programme in the context of the Nexus Research Report on the drugs problem in the Finglas area. Some features of the programme are then described together with an outline of the training of tutors for its delivery.

Nexus Research Report

The research commissioned by the Finglas Drugs and AIDS Forum, entitled 'Profile Of Problem Drug-Use in Finglas', was undertaken by the Nexus Research Co-operative. The main sources of information for this survey were 86 opiate users from the Finglas area together with supplementary interviews with a range of relevant statutory agencies as well as members of families of drug users.

While many of the main features of the picture emerging from the 'Profile' research are also evident in the Garda study by Keogh (1997), it is worth underlining the most relevant of these. Firstly, it emerged that while the ratio of males to female was 5:1, there was a relatively higher proportion of females in younger age groups indicating the declining gender differences that have been shown in other studies of drug use. While the average age at which they reported beginning illegal drug use was 16 years, a substantial number had begun at 13 years or younger.

With regard to apparent risk factors, it is noteworthy that over one third of the group had left school at or below the official school leaving age and that only 5% had continued schooling beyond the age of 16 years. In fact only three people of the entire group had managed to obtain the Leaving Certificate.

Peer and family factors as well as availability of drugs were major risk factors among this group of drug users. Over two-thirds of the respondents said that peer pressure was an important factor in their initiation to drug use- In addition, the majority were with peers when they began to use drugs. About one quarter of the group said that they had siblings who were also using drugs.

Many of the users were convinced that the availability of drugs was a major factor in their beginning to use such substances. While acknowledging that in some cases availability is perceived to be greater among those who are pre-disposed towards use, perceived access remains an important contributory factor in initiation to and maintenance of drug use.

Lack of Accurate Information Knowledge and education

It was felt by many people interviewed for the 'Profile' study, particularly those working with young people, that a

lack of awareness and ignorance of the dangers associated with drugs played a major role in increasing the risks of drug use. In fact, a number of the drug users felt that information on the effects of drug use would have prevented them from using drugs.

These points regarding knowledge should however be put in context. As will be shown below, mere knowledge in itself does not deter young people from experimenting with drugs. For a variety of reasons young people feel invulnerable to the effects of drugs, despite the scale of the problem that they experience directly. Thus, while information campaigns can play a part, they can only be part of a comprehensive response to the drug problem.

Rationale for a New Programme

The 'Profile' recognised the value of current prevention programmes that have been implemented particularly in the Finglas area. However, the view was also expressed that more comprehensive measures would be needed to counter the particular factors identified as leading to drug use. Three of these were focused on for particular attention. Firstly, there was the problem of the many young people who had left the educational system and who could not be targeted either through the educational system or through youth clubs or similar organisations. A second matter was the need to have the programmes made more effective by being culturally specific to their target audience. For example, the view was expressed that... 'children would relate better if programmes were delivered by personnel from a similar culture rather than teachers who were by nature often removed from the complexities of the situation' (p.32, Nexus report). However, the importance of teachers is strongly acknowledged in the very next sentence of the report where it is indicated that... 'teachers had a very significant role to play in the ongoing raising of awareness among school children' (p.32, Nexus report).

Thirdly the report makes the point that there was a high level of ignorance among parents in relation to drug use. In this regard, it was felt that... 'parents constituted a key target group in the area of preventative work'. The need to access parents whose children were outside of the school system was also felt to be important.

The Programme

The Finglas/Cabra Drugs Task Force secured funding in 1998 enabling the Finglas Youth Service to run a drugs prevention programme in primary schools and to employ four full-time staff to run this with 5th & 6th classes in the Finglas Cabra area. The programme operates within the school setting and consists of weekly sessions of one and half hour duration for six to seven weeks.

The aims of the programme are listed as: (i) to increase participants' awareness on drugs and drug related issues, (ii) to encourage the participants to make informed decisions, (iii) to discuss self-esteem among participants, and (iv) to highlight the need for drug awareness education. In addition to these aims, a number of objectives are also listed. These include the assessment

CHAPTER 2

PRINCIPLES RELATING TO EFFECTIVE COMMUNITY PREVENTION PROGRAMMES

of participants' knowledge of drugs and related issues, correcting mis-information, looking at drugs and related issues within participants' peer group, exploring choices, risks and consequences of drug use, challenging the attitudes and behaviour of participants and including parents and community.

The programme outline is shown in Appendix One. In summary, the programme involves (i) an introductory session in which the group devises rules/guidelines for the sessions, (ii) Drugs - What and Why, (iii) Definitions of drugs and drug users, (iv) self-image, (v) decision-making, (vi) HIV/AIDS and (vii) Evaluation.

Training for School Input

Training of tutors for the programme occurred in a variety of situations, with several agencies and involved a number of settings. The focus of the training was: (i) skills for classroom facilitation (ii) an understanding of the context of substance misuse, (iii) the consequences of such use, (iv) treatment services, and (v) an exploration of the problems that are related in various ways with substance misuse.

It could be said that the training was in the following broad categories:

- * *Experiences and training relevant to the social context in which substance misuse occurs. This included visits to Resource Centres, Employment Services, Youth Services and Youth Projects.*
- * *Experiences and training of particular relevance to school. In this category were visits to the Youth Encounter Project and meetings with home-school-community liaison teachers.*
- * *Training related to youth work and drug work within a youth organisation.*
- * *Training directly relevant to drugs, drug addiction and harm reduction e.g., a needle exchange programme.*
- * *Training of particular relevance to facilitating drug-prevention classes in school as in use of 'On My Own Two Feet' programme including identity, self-esteem and assertive communication.*

With regard to setting up the evaluation, assistance was obtained from the Eastern Health Board Education Officers and Catholic Youth Care.

The remaining chapters in this report will be concerned with the following issues: Chapter 2 will examine the research on principles relating to effective community intervention programmes. The principles underlying the implementation of the actual programmes are examined in Chapter 3 while Chapter 4 will focus on outcomes of the programmes. Features of the organisation/community dimension of the project are examined briefly in Chapter 5 while the final chapter summarises the main findings and puts forward recommendations for consideration.

Because the problem of drug misuse is a world-wide one, there exists a large body of research which examines the effectiveness of various approaches to prevention. Here we summarise some of the most relevant of this research. This is considered under the following headings: (i) Teaching facts and instilling fear, (ii) Social skills/assertiveness training, (iii) The alternatives approach (iv) Evidence on the factors that enhance effectiveness of prevention programmes, and (v) Factors promoting effectiveness of community interventions.

Teaching the facts and Instilling Fear

A simple assumption is that if knowledge about the negative consequences of drug use is assimilated, less favourable attitudes towards use of such substances should ensue. In turn, these less favourable attitudes should result in a decreased likelihood of actual use.

One approach has often been referred to as 'scare tactics'. Such techniques were bolstered by notions about the effectiveness of instilling fear into persuasive messages. If the dangerous consequences of behaviour were spelled out graphically, then young people would avoid the behaviour in question. This has led in certain circumstances to educators believing that exaggeration of consequences could be justified if the strategy was effective in preventing people from experimentation.

However, this approach has fallen into disrepute for several reasons. Firstly, the literature has long since demonstrated that fearful messages have a very limited power in changing people's behaviour, in the absence of other measures. There is a considerable body of evidence showing that substance users can on the one hand believe a message about the dangerous effects of a substance while at the same time being convinced that the ill effects will not happen to them. This illusion of invulnerability is of particular significance since it applies not only to adolescents who might be expected to feel invulnerable but to adults as well.

Secondly, there is a difficulty with the undermining of credibility that occurs as a result of adolescents' experience contradicting the 'facts' taught to them. The problem is that so much of people's experience comes not from what

people are told but from the experiences either of themselves or of others. Thus, having been told that cannabis causes immediate addiction, and having known of others whose behaviour contradicts this can lead to a rejection not only of the original information but of subsequent valuable and otherwise credible information from that source be it parents or teachers.

A third problem is that even when facts are 'accurate' this model provides at best an incomplete picture of the events determining behaviour. The greatest difficulty with this is that attitudes and behaviour are less than perfectly related. Attitudes are only one of the influences on behaviour. Substance use is influenced by an array of other variables (social pressures, etc.) in addition to the attitude to that substance. In other words, extraneous pressures play an important role in addition to whatever beliefs, knowledge and attitudes that people hold.

This evidence has led to a consensus that accurate information is a crucial component of a prevention programme. As a consequence many of the most successful programmes have devoted considerable attention to addressing the widely held myths regarding drug use.

Social Skills/Refusal and Assertiveness Training

The most widely accepted model of prevention assumes that individuals develop problems with substances because they lack particular social skills- This model exists in various forms- One of the most common involves teaching skills to resist peer pressure/media pressure. In this approach young people are taught how to identify the various kinds of influences that are brought to bear on them in interpersonal situations and in the media and to acquire a repertoire of skills to withstand these influences (Hansen, 1992, Morgan, 1996).

Many of the social skills programmes have been heavily influenced by assertiveness training. While the components of assertiveness training vary considerably between programmes, they contain elements of (i) identifying rights, (ii) recognising manipulative strategies, (iii) identifying a strategy to cope with such pressures and (iv) making use of this strategy without resorting to aggression.

This line of approach is among the most promising in the prevention area.

Self-Esteem and Substance Use

It has frequently been suggested that young people get involved in substance use because of low self-esteem. This comes about because young people who have low self-esteem, are more susceptible to the influences of their peers than are others. In addition, low self-esteem may be a negative state which of itself tends to make people more likely to want to escape the reality of their feelings towards themselves. There is some evidence that low self-esteem is indeed associated with greater likelihood of use of various substances. Much of the difficulty of demonstrating this comes from the problem with the concept of self-esteem. While a broad measure of self-esteem is the one most frequently used, (global self-esteem), there are difficulties with a broad measure

since specific components of self-esteem (academic self-esteem, social self-esteem, etc.) may actually provide measures that are more relevant than the broadly based measure.

Overall, an understanding of self-esteem and its association with substance use can play an important part in prevention. It can make a valuable contribution to programmes in social, personal and health education generally, and to prevention of substance misuse in particular.

The Alternatives Approach

This model is based on the idea that if young people have other goals, activities and pursuits they are less likely to be involved in substance use. There is indeed considerable evidence that adherence to certain goals, especially conventional goals is associated with lesser use of various substances (Grube and Morgan, 1986). A number of studies have found that a commitment to school and associated activities is likely to have a restraining influence.

The provision of alternative activities may take several forms, e.g., opening a youth centre that provides alternative activities for young people in the community, outdoor activities, games, athletics, etc. Other alternative activities include participation in spiritual activities, yoga, transcendental meditation and sensitivity groups- While many of these are school based, other programmes have been developed at sites including church groups and recreational centres.

The evidence suggests that the alternative approach merits consideration in a comprehensive approach to prevention of substance use.

Effectiveness of Current Approaches

Some programmes are effective, some totally ineffective and some others produce small improvements that are hard to detect. The more relevant question is what types of programmes are successful and in what circumstances. This evidence is considered here.

Firstly, it would seem that many programmes 'fail' because they have never in fact been implemented. Thus, for example, studies that have divided schools into those where a programme has been faithfully implemented and those in which this was not the case, found differences associated with degree of implementation, i.e. stronger effects where the programme was faithfully implemented.

Secondly, prevention programmes have generally had stronger effects on knowledge regarding the effects of substance use than on attitudes to use of these same substances. In turn, the efforts of many prevention programmes on actual behaviour have tended to be rather less than in the case of either attitudes or knowledge. In other words, it would seem that knowledge gain is the easiest outcome to bring about, changes in behaviour are most difficult while changes in attitudes and feelings about substance use are moderately difficult to achieve.

A third outcome in the research on prevention is that some strategies for prevention are more effective than others

are. In particular, there is evidence that those approaches based on mere information are not especially effective. There is also evidence that the use of 'scare tactics' is counterproductive in the sense that young people exposed to frightening messages regarding the consequences of substance use are likely to discount the scary message and also the source of the communication.

Two approaches to prevention have been found to be especially useful. The first of these is the normative approach which is based on the finding that the widespread use of substances is perceived to be common among young people (Hibell et al., 1997). If corrections regarding such norms are applied then there is a reduction in the likelihood that young people will try such substances (Hansen, 1992). The second promising approach is based on the finding that young people may begin experimentation with substances because they lack the social skills to withstand peer pressure. Thus, equipping them with the skills to deal with such pressure should enhance their ability to make their own decisions and result in less experimental substance use.

Prevention of Substance Misuse is Linked with Other Prevention Approaches

Early childhood interventions such as Head Start, (an American pre-school programme designed to give disadvantaged students successful experiences when they enter formal schools), were not designed specifically to improve social behaviour at a later stage but such effects were shown to occur possibly because of the benefits in school performance and in the area of family relations.

In four programmes (summarised by Reynolds, Chang & Temple, 1998) it has been shown that programmes designed to enhance children's achievement in school have an array of effects on the social and personal domain which result in decreases in anti-social behaviour at adolescence and beyond- In other words these studies have demonstrated that a viable approach to decreasing juvenile delinquency is through childhood programmes that are aimed at improving children's school achievement.

There are at least two explanations for this remarkable finding, both of which have some support. One view suggests that cognitive development including school achievement leads to greater success in school, greater commitment to school and consequently to lower rates of delinquency. The HIGH SCOPE project in the US is especially supportive of this hypothesis. This study found that young children from disadvantaged backgrounds who participated in this essentially cognitively oriented programme had substantially lower rates of delinquency at age 15 (31% vs. 51%) and this difference remained stable until young adulthood. In other words, there seemed to have been a 'snowballing' of beneficial effects.

Another explanation of the association between early intervention and lower delinquency focuses on the family. There is evidence that programme participation is associated with prevention of delinquency problems because family functioning is improved, especially parenting skills and family/school relations. These changes

lead to more nurturing parenting thus reducing the risk of anti-social behaviour. In interpreting the results of research for an Irish situation a word of caution is in order. The programmes that have resulted in the positive outcomes described here are quite intensive. An examination of the 'home-school' programmes in each case shows that the involvement was quite intense, lasting and individualised, lasting up to several hours weekly for some years.

Features of Effective Programmes for Children and Youth

The kinds of aims and objectives of many Irish community programmes, like the present one, are very similar to many others in several other countries that are targeted at disadvantaged youth in disadvantaged communities. The features of effective programmes have been summarised by Dryfoos (1990), following an examination of over 100 programmes. They are:

- * *Intensive individualised attention. Successful programmes involve a teacher/counsellor/social worker who is attuned to the young person's characteristics and his/her specific needs.*
- * *Community-wide multi-agency collaboration.*
- * *Early identification and intervention.*
- * *Locus in schools. Given the important role of school performance, it is no surprise that successful prevention programmes are often located in schools.*
- * *Administration of school programmes by agencies outside of schools. Given the importance of community-wide multi-agency collaboration, successful programmes that are located in schools are often ones that are administered by non-school community agencies.*
- * *Location of programmes outside schools. Consistent with the importance of multi-agency co-operation and collaboration, a successful programme often involves community interventions as well.*
- * *Arrangements for training. Successful programmes include an orientation to the programme, in-service training, supervision and often multi-disciplinary staff support.*
- * *Social skills training. Many successful programmes include the training of personal and social skills among youth. Such training enables adolescents to cope and resist potentially negative influences and features of the social situation (e.g. antisocial peers).*

CHAPTER 3

- * *Engagement of peers in interventions. Given the salience of the peer group in the adolescent period, many successful programmes have involved the peer group.*
- * *Involvement of parents.*

In short, there are reasons to believe that interventions will be successful if they are designed and delivered in the context that no single or isolated effort is likely to succeed, given that risk factors are inter-related and influenced by a host of individual and contextual factors. Thus, a co-ordinated set of community-based programmes is required for success. These should begin as early as possible and should be maintained for as long as possible.

Features of this research will be examined in the final chapter of this report when an attempt will be made to locate the current programme in the context of other work and research.



DELIVERY OF THE PROGRAMME

The present chapter is concerned with the way in which the programme was implemented in schools. The comments and judgements made in this chapter are based largely on observation of classes taught by the tutors. Beginning in April, the evaluator followed through a class with the team from the very first session until its completion. The particular class and tutors were randomly selected taking into account the times when it was possible to make these visits. A description and evaluation of these sessions is given. The comments will be placed in the context of what is known in modern psychology about children's learning and particularly the most effective approaches to delivery of drug prevention programmes.

PRINCIPLES FOR DELIVERY OF THE PROGRAMME

There were a number of principles that guided the delivery of the programme. These particular 'principles' have not been formally articulated but have been inferred on the basis of observation of the work of the team and in conversation with the team.

The most important of these are:

- (i) Use of tutors in teamwork, (ii) Consent and contracting by participating students, (iii) Use of small group work combined with an informal approach, (iv) Use of frequent informal evaluations, (v) Presenting information in context, (vi) Challenging of myths and (vii) Participative style of engagement.

Tutors and Teamwork

Initially the programme was designed by Finglas Youth Service staff and EHB Outreach workers. An important feature of the delivery of the programme was the team approach. This was also manifested in terms of the training in which professionals from a variety of disciplines and with a range of experiences contributed.

Perhaps the most significant manifestation of the teamwork approach was in the classroom work in which two tutors delivered the sessions together. This approach required detailed preparation and a rapport between the tutors- It was however, well worth the effort. Not only were the classes more lively, but the 'switch' between tutors was used with great effect to ensure that the most relevant points in lessons were really understood by the pupils. Furthermore, the tutors were able to plan and evaluate together and tackle any barriers that might be preventing them from achieving the full potential of the programme.

This team approach is not only an important contribution to the programme but has promises for several other areas including teacher-training, in-service, etc. The traditional model of teaching has always involved one teacher with a class with the result that there is little scope or opportunity for reflection and feedback. The rapid pace of classroom events mean that many events just go unnoticed in the hectic atmosphere of a regular classroom. The approach taken by the tutors represents a promising avenue of exploration of new possibilities.

Consent and Contracting

In line with the participative style (discussed below) and to ensure the smooth running of the sessions, the children agreed a contract for the duration of the programme. The list of elements for this contract was based on the input of the children, subject to some refinement and modification by the tutors. Among the features of this contract were the following:

- 1 The sessions were to be confidential except for teachers and parents.
- 2 Participants to be respectful at all times of each other, of facilitators and of relevant others in their comments.
- 3 Children were to get involved during the session but normally there would not be homework.
- 4 Everyone should express their opinions but also be respectful of the opinions of others.
- 5 Everyone should have fun.

The children gave input into each of these features of the contract and formally signed the contract to indicate their agreement.

It should be said that this procedure worked extremely well for all the groups almost without exception. While this is a procedure that is relatively novel in Irish primary schools, it is considered an excellent management technique likely to promote positive discipline among students.

Small Group Work and Informality

For the delivery of the programme, regular classes were divided in two. The procedure involved taking the first half of the class between 9.00 a.m. and 11.00 a.m. while the second half were scheduled between 11.00 a.m. and lunchtime. Depending on the size of the class the numbers in each group ranged between 12 and 17 children -a manageable number resulting in a number of consequences. Firstly, a great deal of group discussion and group activities were possible - something that would not be possible in the full class. Secondly, there were few discipline problems of the kind that typically arise with a large group of up to 40 children.

More importantly, it was possible to have an informal approach that is especially important with this topic. This informal atmosphere manifested itself in the relaxed but serious way in which students participated. It was also evident in the open way in which the children considered the various difficult matters that they were asked to consider.

It is worth considering this matter in the light of what is known regarding the kind of approach that is most successful in influencing young people in relation to drugs. As noted above, there is considerable evidence that attempts to forcefully change children's views through a heavy-handed approach, simply do not work. All the evidence indicates that the best approaches are based on a participative democratic approach as opposed to a dogmatic authoritarian style. This positive feature of the present project is not merely a comment on the individual tutors (who indeed find the participative approach more in tune with their style) but also on the planning of the project, which allowed for the resources to make this happen in the way in which it occurred. A short-sighted way might have been to have one tutor take the whole class - which seemingly might have resulted in delivery of the programme with a quarter of the resources. This would have been entirely inappropriate and would have resulted in a loss of the best features.

Frequent Informal evaluations

The tutors were very conscious of the need to gauge children's reactions and to do so in a way that brought about as little disruption as possible. Not only was the case that they administered a pre-test and post-test (from which a large portion of the present analysis has been made) but they also evaluated each session informally. There was also a formal evaluation of the whole programme in the final session.

The use of such records had several positive consequences. Firstly, it meant that tutors were aware of the reactions of the children to each session and were able to take corrective action where this was appropriate. Secondly, it gave a basis for the self-evaluations that were also an inherent part of the work. Thirdly, it provided an important affirmation for the tutors - something that is extremely important with aims and goals that by their nature are long-term, ie. involving a life-time.

Sometimes it can happen that very frequent use of evaluations can convey an uncertainty to the participants in the sense that they can come to believe that these evaluations are ways of finding out what should be done in the absence of a plan. However, this was not the case with the present work. Instead, the message that seemed to be conveyed was one affirming that participation was crucial and that the children's opinion was to be highly valued.

Information Set in Context

Obviously, while giving information of itself will never be enough to prevent misuse, nevertheless accurate information is necessary and can be valuable if it provides challenges to views that are commonly held and if it helps to dispel myths. Significantly, this was part of the approach taken by the tutors. Another important feature of their approach was that information given by facilitators was based on the knowledge-level of students and was age-appropriate. These approaches will be illustrated by reference to the way the following topics were dealt with: (i) Naming and identifying drugs, (ii) Consequences of drug taking, (iii) People who take drugs and (iv) Why people take drugs.

With regard to the naming and identification of drugs, it was interesting that the children were quite aware of the most frequently used illegal substances including cannabis, heroin and cocaine. However, they were surprised that it was appropriate to think of legal substances (alcohol and cigarettes) as being drugs and especially surprised to know other substances also contain drug components eg. caffeine in tea, coffee or cola. This helped to reinforce the point that there are a variety of drugs including those that are beneficial (prescribed drugs), drugs that are harmless if taken in moderation (caffeine), drugs that are legal (like alcohol and cigarettes) and illegal substances.

The same approach was reinforced with regard to another theme in the same lesson viz. *What types of people take drugs?* The children were almost all in agreement that the relevant answer was 'junkies', 'people who don't care whether they live or die', 'people with problems', and 'people who steal'. After some gentle challenges the children moved on to 'people who want to look cool' and 'people who want to get high'. Finally, one student volunteered the notion that they should also include people who want to get well'. Thus, the students became aware of the fact that 'everyone takes drugs' and that it is the context and level of use as well as the particular substances involved that really matter. While this outcome could be brought about in a didactic way (giving students a lecture on this), it was much more convincing when the same outcome was elicited through group discussion.

Challenging of Myths

One of the major problems that helps to perpetuate drug-misuse is the continuance of various myths around drugs. An intrinsic feature of the present programme was the way the tutors elicited such myths from children and challenged them in a reasonable yet consistent way. Several of the myths have been discussed above (that only Junkies take drugs, that all drugs are illegal, etc.). What was worthwhile about the approach taken by the tutors was their respect for children's views and how they allowed them to express their views even when these were largely based on myths. Their response often involved asking children to think through the implications of their current thinking so that they themselves were led to see a different viewpoint.

As noted above, attitude change is not easily brought about through fearful messages. The use of challenging arguments in a safe environment is one of the best approaches and the research evidence indicates that this is perhaps the best approach to dealing with the views (often erroneous) that children have acquired over the years. This issue will be revisited again in the context of the results emerging from the before-after evaluations of children's views and beliefs, in the context of the success of the programme in this regard.

Participative Interaction

A final guiding principle of the programme was the informal participative style that encouraged pupils to get involved in the sessions. This was brought about through the initial contract and also by the encouragement of pupils' responses during the sessions. This encouragement was very successful. There was great participation by all pupils even on topics that might be regarded as sensitive (HIV infection).



CHAPTER 4

OUTCOMES OF THE PROGRAMME

As part of the frequent evaluations of the programme noted previously, a wealth of information was collected in relation to the effects of the programme. These will be considered here in turn: (i) Student pre-tests/post-tests

- the responses of the students before and after participation in the programme, (ii) Students' evaluations
- the views of students on the programme (iii) Tutors' self-evaluations - the opinions of the tutors regarding the sessions they had completed both in regard to their own performance and the response of the group, (iv) Teacher evaluations - especially the views of teachers on the effects of the programme on their students and (v) Parental evaluations - the views of parents regarding the effects on their children and on themselves together with their perceptions of what might be done to enhance the programme.

Evaluations of Student Responses

One of the most significant ways in which the effects of a programme can be established is through the responses of the children who are involved in the programme. As part of the evaluation a questionnaire was given to children in the first week before they took part in the programme (pre-test), and the same questionnaire was given in the final week, on completion of the programme (post-test).

The student questionnaire (See Appendix Two) consisted of five open-ended questions as follows: (i) What is a drug?, (ii) What drugs do you know?, (iii) What happens to people when they take drugs?, (iv) What types of people take drugs? and (v) Why do people take drugs?

Content Analysis of Responses

Because the comments were open-ended, it was necessary that these be coded into a framework that would allow for quantification of the responses. With this objective in mind, each student's questionnaire was coded in accordance with each of the content categories described below. This involved each student's questionnaire being examined several times within the perspective of the items that are shown in the table on the following page. For example, in the overall analysis of knowledge (Table 4.1), each questionnaire was examined to see how many substantive points of accurate information were contained in the responses. This kind of content analysis can be rather technical but in essence it was guided by the following principles: (i) In quantifying the amount of accurate information in each questionnaire, a broad definition was taken so that information that was given and which contained some overlap was treated as separate. For example, the comment 'That drugs can kill you or cure you' was taken to indicate two separate pieces of information,

(ii) Where comments showed distinctions these were also treated as separate pieces of information, even though these were in the same sentence, 'People take drugs when they are depressed, want to show off or if they are thirsty' was treated as three pieces of information, (iii) Where part of the information was accurate and part was inaccurate, these were treated separately and entered under each heading as appropriate.

With open-ended questionnaires such as this, there is bound to be an element of subjectivity. To establish that the content analysis was valid, a researcher with experience in the field of substance misuse (CH, St. Patrick's College), performed a similar content analysis and the results were compared with those of the evaluator. The relevant measure of reliability is 'r' (correlation coefficient), which goes from 0 (indicating no reliability) to 1 which indicates perfect reliability. The following were the correlation coefficients for each measure in the pre and post-test combined: (i) amount of accurate information; .78, (ii) inaccurate comments; .96, (iii) number of drugs known; .79, (iv) consequences of drugs; .80, (v) positive image of drug takers; .77 and (vi) negative image of drug takers; .89.

These correlation coefficients are well within what is regarded as satisfactory, thus indicating that the content analysis was reliable. This is an important consideration in the evaluation of the results to be presented below.

Results: Knowledge of Drugs

The analysis of information from the students' questionnaires shown in Table 4.1 showed in a broad sense that students' accurate information increased as a result of the programme. The inaccurate information was reduced substantially and the number of drugs which students could name remained broadly the same with a relatively minor increase.

Each of these three outcomes is of considerable interest. Firstly, the increase in the amount of accurate information is substantial, and consistent across schools. The relevant test for deciding if this is statistically significant is the Chi-square. It turned out that indeed this increase was statistically significant (Chi-square = 9.40, $p < .05$). It is also of interest that the decline in the number of inaccurate comments is also consistent and statistically significant ($p < .05$). Both of these outcomes are in line with the objectives of the programme which include dispelling myths about drugs and providing accurate and age-appropriate information to the students.

As might be expected given the nature of the programme, much of the knowledge gained had to do with a broader picture of what drugs are about. For example, in the pretest many of the children would have responded to the question of 'What types of people take drugs?' by listing stereotyped answers including 'addicts', 'junkies', 'hippies', 'down and cuts' and 'winos'. While in the post-test the answers were more informed and often simply said 'everybody', 'we all do from time to time', and 'all sorts of people depending on how they feel'.

The increase in accurate information often involved a much more discriminating set of responses in the post-test

compared with the pre-test. In response to the question of ‘Why do people take drugs?’, many of the answers were simply focused on simple ideas in the pre-test. The children frequently took one line of explanation and pursued this. For example, many took a line that the motivation for drugs had to do with ‘kicks’ and tended to pursue only this line. However, in the post-test there was a greater tendency for children to mention a variety of reasons including ‘getting better’, ‘because they want to feet part of the gang’ or ‘because of depression’. It was especially noteworthy that there was much less evidence of a single line of explanation.

With regard to the number of drugs that students could name, it can be seen that there was very little difference in any of three schools with regard to the number of drugs that students could name after as opposed to before the intervention. This is confirmed by a statistical test (Chi-square) which failed to show a statistically significant difference between the two sets of data (before vs. after) This was because students’ ability to name various drugs was extremely good before the course began. Furthermore, it was not an objective of the programme to increase students’ knowledge of various drugs except where this involved a correction of faulty information. Thus, the failure to find a difference is predictable on the basis of what the programme was about.

TABLE 4.1			
Analysis of Before-After Responses: Knowledge of Drugs			
	School A	School B	School C
	<i>Before/After</i>	<i>Before/After</i>	<i>Before/After</i>
Amount of accurate information	296/341	256/302	345/371
Inaccurate comments	48/11	37/10	29/6
References to drug names	120/126	131/132	143/148

Note: The figures given are totals for each school (usually involving two classes), counted in accordance with the criteria described above

A second analysis of the responses of students before and after questionnaires was focused on children’s images of drugs. There were three relevant questions. Students were asked ‘What happens to a person when they take drugs?’, ‘What types of people take drugs?’ and ‘Why do people take drugs?’ Obviously there is a certain degree of overlap between these three questions, which allowed a breakdown across questions focusing on (i) the consequences of taking drugs and (ii) the image of taking drugs (positive or negative).

A content analysis similar to that described previously was carried out for the responses to these questions and the results are shown in Table 4.2. The results of this analysis show that in the broadest sense the children had acquired a much more balanced view of drugs over the course of the programme. Specifically, they were less likely after the programme to see drugs as all bad but rather to make a more refined judgement.

This manifested itself in the statistically significant change in relation to positive consequences;

Chi-square = 23.09, p, < .01.

while there was also a significant change with regard to the positive image,

Chi-square = 23.89, p < .01.

No substantial or significant change was evidenced with regard to the other two items viz., negative consequences or negative images.

The precise interpretation of these findings is extremely important. They indicate that the views of the students regarding drugs were initially predominantly one-sided, viewing drugs as invariably bad and having all negative consequences. The changes that came about reflect a balance and moderation that is an especially valuable point of departure for helping children to cope with information and pressures with regard to drug use. Thus, the outcome is a positive one in the sense that children had acquired a more balanced view than was the case at the outset. Part of the reason for the failure to experience an increase in negative images/consequences is that these were high already, resulting in what is called a ‘ceiling effect’ in research.

TABLE 4.2			
Consequences and Images of Drug Use			
	School A	School B	School C
	<i>Before/After</i>	<i>Before/After</i>	<i>Before/After</i>
Positive consequences	119/145	106/130	123/148
Negative consequences	145/147	134/138	138/139
Positive image	29/43	23/38	35/50
Negative image	65/69	53/52	71/75

Student Evaluations

In the final sessions students were given an evaluation form to complete (See Appendix Three), There were five open-ended questions in this questionnaire as follows:

(i) 'What did you learn from these sessions?', (ii) 'What did you most like?', (iii) 'What did you least like?', (iv) 'Could we do anything to make this programme better?' and (v) 'Any other comments?'

A random sample of thirty-five of these questionnaires were examined by the evaluator. The main themes emerging in the students' responses will be considered below, together with illustrative comments.

The first theme emerging in the students' responses (and especially in the answers to the first question), was that they had acquired a more balanced view regarding drug use. In many cases the children made the point that they had thought they knew a lot before the programme, only to find that there were major gaps in this knowledge. For example one student commented that *'I thought I knew everything about drugs but now I know I didn't know half of it....thanks for showing me there is not just the good side of drugs but also the bad side'*. A slightly different emphasis was found in the responses of students who indicated that not only did they acquire information but they also learned skills. As one student said *'I learned how to say no and when to say no, and I also learned about the effects of drugs...that I didn't know before'*. This same theme is reflected in a somewhat broader basis in this response *'I learned that in the future I should make my own decisions for myself and not let anyone else do it for me'*.

A second theme that emerged was that there was great variety in the reasons why the students enjoyed the sessions. Some of the students indicated that they like everything, e.g., *'I liked the games and the contract, the people, the fun and the information'*. Other students identified particular sessions as something that they particularly liked, e.g. *'I liked all the sessions, but especially the one about HIV and AIDS'*. Other students indicated that they particularly enjoyed the activities that were an inherent part of the programme, e.g. *'I liked playing games and acting out things'*. Interestingly, other children identified the confidentiality as something important, e.g., *'I mostly liked how if someone else says something it would not go outside the room'*.

With regard to features that they least liked, there were again a great variety of responses- Some of the students left this blank whereas others addressed it head-on, e.g. *'I didn't like least anything, I liked all the sessions'*. Some of the responses were very thoughtful indeed, especially where they focused on the sadness associated with drug misuse, e.g. *'I didn't like to think that people were taking drugs even when they knew the risks...'*. Finally, a minority of students didn't like those occasions when things went wrong, e.g. *'I didn't like it when you were annoyed with us'*.

The final theme has to do with responses around the questions of whether anything could be done to make the programme better and any other comments'. The vast majority of the comments suggested that there was

nothing that the students could think of which could make the programme better. One such comment was *'I don't think the sessions could be improved more because it is brilliant and enjoyable and very interesting'*. An even stronger view was that *'You don't need to make the programme better because you do everything perfect'*. In fact, it seemed that there was only a single suggestion about change in the comments in the sample. This suggestion was *'...no need for play, just learn about drugs'*. However, this was very much a minority view, since several of the students identified this feature (involvement in games) as something they particularly liked.

Overall then, the comments of students in their evaluations were extremely positive, were very warm in their praise of tutors and indicated a strong liking for the programme in its present form.

Self-Evaluations by Tutors

An important feature of the programme was the frequent use of self-evaluation. In particular, after each session each tutor completed 'facilitation skills evaluation' with respect to the following major aspects: (i) set out of the group, (ii) management of group behaviour and (iii) facilitator's own skills (See Appendix Four).

With respect to the first aspect, the tutors ranked the arrangement of seats, the formulation of their opening statement and their use of 'icebreakers'. Each of these was ranked from 1-5 with one being below average and 5 being excellent. The second section (management of group behaviour) was concerned with the following dimensions: participation of group members, management of disruption, encouragement to keep contract, keeping group focused on task, allowing controlled deviation from group task, awareness of non-verbal cues and containing more talkative members.

Finally, the facilitators evaluated their own skills with respect to the following features; supporting individual participants, rapport, summarising, delivery, group atmosphere, managing silences, humour, time management, questioning and closure of session. As in the case of the other sessions, each of these was ranked 1-5.

In addition, there were two open-ended parts in the evaluation sheet, one of these asked the facilitator to indicate one thing that they might have done differently and one for 'other comments'.

The evaluator examined a sample of 25 of these, selected to be representative of schools and individual tutors. In some cases, some aspect was non-applicable and the mean was calculated for those for which ratings were obtained. The mean and standard deviations for each of these is shown in Table 4.3. Note that mean refers to the average while standard deviation (S.D.) is a measure of the spread or variation around the mean, that is, the degree to which there was a distribution of ratings around the figure for the mean. In other words, a large standard deviation indicates that there was some 'spread' in the scores while a small standard deviation is indicative of a bunching of scores around the average.

TABLE 4.3

Self-evaluation by Tutors		
Section A	Mean	S.D.
Arrangement of seating	4.2	1.1
Opening	4.1	1.3
Use of ice-breakers	4.4	1.0
Section B		
Encouragement of participation	4.5	0.8
Management of disruption	4.5	0.7
Encouragement to keep contract	4.7	0.5
Keeping group focused	4.6	0.5
Constructive deviation from task	4.4	0.7
Awareness of non-verbal cues	4.3	0.6
Containment of vocal members	4.1	0.7
Section C		
Support of individual participants	4.5	0.8
Rapport	4.8	0.4
Summarizing skills	4.6	0.5
Delivery	4.4	0.7
Discussion between participants	4.7	0.6
Atmosphere	4.8	0.5
Managing silences	4.4	0.7
Humour	4.5	0.9
Managing time	4.3	0.8
Relating with co-worker	4.5	0.7
Questioning skills	4.3	0.8
Adapting to need of group	4.6	0.9
Managing close to session	4.2	1.0

As can be seen from Table 4.3, the overall self-ratings were quite positive, with the tutors being of the view that they were doing well on all the relevant dimensions of teaching. Furthermore, given that the standard deviations are relatively low for each feature, it would seem that the spread of scores is not great, indicating that the pattern of scores were quite closely ‘bunched’ around the average. This in turn demonstrates that there were few ratings that were very low in respect of any of these dimensions.

However, it is especially interesting that the mean ratings were relatively higher with respect to some features than others. Specifically it would seem that facilitators were of the view that their skills with regard to participation and rapport were the best features of their teaching. In line with this, it can be seen that the very highest self-ratings involved creation of a positive atmosphere and rapport with the group.

There is no suggestion that the other dimensions of tutors’ skills were considered by themselves to be lacking, but rather that these particular features came out very positively.

A number of implications follow from this. Firstly, given the nature of the interaction and the objectives of the

programme, it might be expected that these particular features would be regarded as most important by the tutors and that the focus of their teaching would be especially on these. Secondly, since as evaluator I had the opportunity to see the relevant skills being put into practice, it is worth noting that my ratings would coincide with those of the tutors themselves not only with regard to their overall opinions but also with regard to the relative ratings. Specifically, I would agree that the very strongest features of the teaching was in terms of rapport, classroom atmosphere and the feelings that children had that they could learn about sensitive and important topics in a safe environment.

Teacher Evaluations

Classroom teachers were asked to complete a ‘pre-interview’ prior to the commencement of the programme and a post-interview on the completion of the programme. Nineteen of these interview transcripts were analysed by the evaluator. Since the majority of these (and indeed the most relevant), were post-interviews, the analysis reported here is based on these,

The format of the post-interview was as follows (See Appendix Five): Firstly, teachers were asked to indicate how aware their students were of drugs (scale 1-5 with 5 indicating high awareness). The second question was whether the programme had an effect on the class and if yes, in what ways. The next item focused on the particular effects that the programme achieved in the class, while the fourth was concerned with recommendations/suggestions for the future of the programme. The fifth item asked teachers to say what, if anything, should happen next while the sixth was an open-ended section for ‘any other comments’. The results for each of these will be considered in turn.

Overall the teachers were of the view that following the programme, the students had a high awareness of drugs. The mean rating was 4.7 (standard deviation, 1.5), indicating that teachers perceived that students had indeed a very high level of awareness. When asked whether they thought that the programme had an effect in their class/school, all of the teachers expressed the view that the programme did indeed have an effect.

The next two items were analysed together. The first was a follow-up of what the effect was that they perceived had occurred while the second was what they thought the programme had achieved.

The breakdown of this information is shown in Table 4.4. From this it can be seen that nearly half of the effects perceived by teachers were in the area of knowledge/awareness. Among these comments were ‘The programme developed the children’s awareness of the complex nature of drug addiction’, ‘It developed children’s thinking around these important issues’, ‘Their awareness was heightened and boys were inclined to speak in a more informed way about the topic’ and ‘It highlighted the areas of mis-understanding and ignorance/myth and made them realise that they didn’t know it all’ and ‘It has made the students more aware of the dangers plus it helped them realise that anyone can be a drug addict’.

The second category of comments was in the area relating to the development of social skills and comprised nearly a quarter of the teachers' comments. Many of the comments referred to the skills that students had acquired in being able to resist the pressure to use drugs. Among the comments were the following: 'The children were empowered by the programme to say 'no' to the use of illegal drugs', 'The opportunity to talk about the drugs issue gave them a sense of how they could deal with pressure'. The skills which the pupils learned are relevant not only to the drug situation but also to other situations that they will experience in their lives', and 'Some of the matters that were dealt with are those that are basic to their being able to get over the pressures that they will undoubtedly experience'.

A third category of comments and which made up about 17% of teachers comments were focused on the attitudes and beliefs that students had acquired during the programme. Many of these comments were concerned with general personal development matters and the particular opportunities that the programme allowed. As one teacher said 'The children had an opportunity to talk about issues that were of major concern to them in a context in which there was no threat from adults'. Another teacher said that the 'children had a chance to speak in an informed way about issues that will be central to their lives... this can only help with their social development in a broad sense'.

The final set of comments made up about 11% of the total and were concerned with how the programme linked with other aspects of the primary school curriculum. Most of these comments drew attention to the changes that are currently under way in the school curriculum. One example is a comment to the effect that 'This programme provides an ideal complement to the Social Personal and Health Education programme that is currently being proposed'. Another teacher said that 'the approach taken provides a real opportunity for community education'.

Breakdown of Teachers Comments Regarding Effects of the Programme		
Category	Number	Percent
Developing awareness/knowledge	42	47
Developing Social skills	23	24
Developing attitudes and beliefs	15	17
Linking with other features of curriculum	10	11

Three areas of the questionnaires were concerned with overlapping matters including recommendations for the future development of the programme, what should

happen next and 'any other comments'. Because the responses to these questions focused essentially on how the programme might be developed and strengthened, they will be treated here together in line with the content analysis that was carried out on the student responses.

A total of 70 comments were made in this section and a breakdown of the results is given in Table 4.5. From this it can be seen that the comments broke into four categories. The first of these had to do with further work in school and comprised nearly three-fifths of the comments. Several of the comments recommended that more work be done in other classes or that the programme be extended to post-primary school or that more time be given to the programme in primary school. There were other suggestions for follow-up materials like videos and work books which could be used to consolidate the work in these classes. Among the comments in this category were 'The present fifth class should be involved in a follow-up programme next year'. Another suggestion was that '...there is a need for a similar programme in secondary schools which would be a development of the one that the children experienced'. Another teacher said that she would '...like if the programme could feature junior classes at a level that was appropriate to the age-group'.

A further set of comments (making up about one sixth of the responses) focused on the need for further work in the community. Most of these comments centred on the need to have other measures that would complement educational measures and bring about a comprehensive approach to the drug problem in the area. Typical of these comments were '...there is also a need to deal with people who have already developed problems especially in the early stages'. Another mentioned the need for '...counselling services in the area'.

The third set of comments was concerned with the need for other measures to complement educational approaches. These comments were particularly focused on the need for measures to prevent supplies reaching the area and to try to ensure that they would not be subjected to pressure to use such substances. Included in these were comments about the need to 'prevent drugs being sold openly ...in certain areas'.

The final set of comments were varied and indicated ways in which the drug problem could be tackled in a broad sense. Many of these comments were focused on broad social questions like unemployment, housing and measures to address poverty and social exclusion. Among these comments were two that said that while educational approaches were of value, there was a need to '...address the broader context of the drug problem...and the causes that have given rise to...in this area'.

In summary the teachers' comments were very positive. They were extremely happy with the teaching skills of the tutors, with their dedication and with the response of the pupils. The major recommendations made by the teachers focused on the need to develop the programme in ways that would strengthen the message that was central to the project, that is challenging myths about drugs and bringing a more balanced point of view.

TABLE 4.5		
Breakdown of Teachers Comments Regarding Developments of the Programme		
Category	Number	Percent
Further work in school	41	59
Further work in community	11	16
Supply reduction measures	10	14
Other social measures	8	11

Parental Evaluations

This programme was unusual in that focus group meetings of parents in each school were held both before and after the programme with children. There were also parents' courses where there was a demand for these. I became very familiar with the procedures for the latter and found the tutors put a great deal of effort and planning into each one. Not only did they raise important questions for reflection but they also had input from Gardai with a special interest in the topic. While the attendance was poor at times at focus group meetings, the participants at the parents' courses were very involved in the activities and enjoyed the proceedings.

From the perspective of the present evaluation, the opinions of parents at the end of the programme are of substantial interest. These beliefs and attitudes were measured by means of a 'parents' questionnaire post-test', which contained six questions as follows (See Appendix Six): (i) 'What did your child think of the programme?', (ii) 'What did your child learn from the programme?', (iii) 'What did you think of the programme?', (iv) 'How aware do you think your child is about drugs?', (v) 'How aware are you about drugs?' and (vi) 'What if anything, would you like to see happen next?'

It was possible to code the first three questions in terms of what kind of effect the parent thought that the programme had on the child (perceived effect) and also on themselves. The effects were coded into whether this effect had to do with knowledge (cognitive effects), the motivational or attitudinal effect that the programme might have had and behavioural effects. For example, if parents said that the child learned about the dangers of drugs, this was coded as a cognitive effect, if parents said that the child found the ideas in the programme interesting, this was coded as an attitudinal effect. Finally, if the parent said that the child was less likely to experiment with drugs as a result of the course this was categorised as a perceived behavioural effect.

The results for each of the three schools are shown in Table 4.6. A number of points are evident from this analysis. Firstly, it can be seen that in the parents' opinions there were substantial positive and attitudinal effects of

the programme. In other words, the parents were of the opinion that there were strong effects on both what children had learned about drugs and also with regard to their attitudes and beliefs about these substances. As might be expected, given that the programme was targeted at children, there were substantially greater perceived effects on the children than on the parents themselves. However, it is very striking that a significant number of comments were focused on what effects the programme actually had on the parents themselves. In some cases this seemed to emerge from discussion of the programme between children and parents.

As might also be expected there were fewer comments that could be interpreted as behavioural effects. It is interesting however, that some of the comments were along the lines of indicating that their offspring were less likely to try out illegal drugs as a result of the programme.

TABLE 4.4			
Parents Perceptions of Effects of Programme			
	School A	School B	School C
	<i>Self/Child</i>	<i>Self/Child</i>	<i>Self/Child</i>
Cognitive effects	8/33	4/24	5/22
Attitudinal effects	13/30	9/18	10/23
Behavioural effects	---/7	1/8	---/6

Another set of questions inquired about the awareness of parents of drugs and the parents' perception of the awareness of their children of drugs. This involved a rating from 1 (low awareness) to 5 (high awareness). The breakdown of the results for these questions is shown in Table 4.7.

Table 4.7 shows that in the parents' views they themselves and their children had a high level of awareness of drugs. Nearly all of these ratings ranged between 4 and 5. It is also of interest to note that the parents' own awareness was judged by them to be somewhat higher than that of their children. Obviously, it would not be logical to generalise from this group of parents to the general parent body given that these parents manifested their concern at the drug problem by being prepared to complete a questionnaire relating to the effects of the programme.

TABLE 4.7**Parents Ratings of Awareness**

	School A	School B	School C
	<i>Mean/S.D</i>	<i>Mean/S.D</i>	<i>Mean/S.D</i>
Rating of Child awareness	4.1/1.2	4.2/0.9	4.2/1.1
Rating of Self-awareness	4.4/0.8	4.6/0.6	4.7/0.8

Note: Table entries are mean or standard deviation ratings of awareness on a scale of 1 to 5.

Finally, in an open-ended question, parents were asked what, if anything, they would like to see happen next. It is perhaps significant that almost all of the parents responded in some detail to this item - something that is rather unusual in an open-ended format. Of the various comments that were made, a breakdown of these revealed that they fell into three broad categories. The first category which made up about 60% of the comments had to do with the need for developments and extensions of this programme in the school system, particularly at secondary school. 'There should be ongoing education at primary and secondary school in relation to drugs' - was an example of this kind of comment. It can be said that this indicates not only the concern of the parents in relation to drugs but also their belief that this particular programme had considerable value in beginning to tackle the problem.

A second set of comments were concerned with supply measures and these constituted about 30% of the comments. 'There is a need to have our area policed at night especially around...and shops as that is where drug pushers are selling drugs to our youth' - was typical of this kind of comment. Many of the comments were prefaced by remarks to the effect that school programmes are alright but that there is a need to make sure that drugs are not supplied to young people. Interestingly, a number of people who made comments of this kind actually signed the questionnaire, presumably to indicate a certain strength of feeling.

Finally, about 10% of the comments had to do with various ways in which the programme might be refined. Some of these were specific suggestions about the age at which the programme should be introduced. A substantial number were of the view that it should be introduced at a younger age. Other comments suggested that there was a need to have teachers more directly aware of what the programme was about and its importance. There were also a few comments about the parental involvement although these were largely reinforcing what was being done and suggesting the importance of having more parents becoming involved.

Conclusions Regarding Parents Reactions

Overall it would seem that the parents were extremely satisfied and quite involved in the programme. They were of the view that the programme had strong effects in relation to their children's knowledge of, and attitudes towards, drugs, and some were even confident that the effects would translate into behaviour. Following the programme, the parents judged their own awareness of drugs to be very high and indeed were of roughly the same opinion with regard to the awareness of their children. When asked what additional measures might be required, the majority of parents took the view that programmes like the present one should be extended particularly into post-primary schools. They also took the view that the programme needed to be complemented by other measures to prevent the supply of drugs to young people. They also made some suggestions as to how this particular programme could be extended, especially to post-primary school.



CHAPTER 5

ORGANISATION AND COMMUNITY DIMENSIONS OF THE PROGRAMME

The success of a programme depends not only on its having good pedagogical features but also on the organisational feature that provides the framework for the programme to be delivered effectively and within an appropriate community context. As noted above the community dimension of a programme relating to drugs is one of the most crucial, and yet at the same time, one of the most important.

Recent years have witnessed a growth in the number of programmes that have been piloted in schools throughout the country in the area of drugs prevention. Some of these programmes have been sponsored by Government Departments, others by Health Boards - programmes that generally have had a broad health education basis. Others, like the present one, have had a specific focus on drugs prevention. In this section we consider the question of what the project has to offer at a national level particularly in terms of its approach, philosophy and organisation. In what distinctive ways did the project add to what is already in operation in other programmes?

Methodology

In order to examine this question, a research methodology was required that is different to the quantitative approach taken with the work described above. Since the aim of this part of the research is to identify features of the organisation/community dimension that were distinctive, the most appropriate methodology was through open-ended interviews. These interviews were conducted in May-June, lasted between 40 and 90 minutes and covered the following areas; (i) "What were the views of the interviewee regarding the organisation/structure of the programme?", (ii) "What were the strongest and most effective features of the project and how might the project be improved?" In many instances other related topics emerged in the interview and in line with well-established practice, the interviewee was given the opportunity to talk about such matters.

The interviewees included the following: (i) Two school Principals, (ii) Home-school-community liaison teacher, (iii) Two Garda juvenile liaison officers, both of whom are involved in the Garda Schools Programme in the schools in question and (iv) the team of tutors involved in the programme.

Themes in Interviews

A number of themes emerged in the interviews with these personnel. These are considered, to follow, and not necessarily in order of importance.

The first important point to emerge is that this project made a genuine effort to have a community basis. This feature is one of the most distinctive marks of the project and one of the ways in which it was most successful. There were a number of manifestations of this. Firstly, the organisation and advisory group for the project had community and parental representatives. Secondly, the fact that meetings were organised for parents in their local communities added an important dimension to the work. Thirdly, the adaptation of the programme to respond to local needs represents an important departure for a drugs prevention programme- Fourthly, the fact that the programme was not limited to schoolwork but included a range of alternative activities during the summer indicates the extent to which a serious effort was made to have a genuine comprehensive community basis for the work. These included the 'For the Buzz' summer programme targeting 12-16 year olds during June and July. This programme offered such activities as rockclimbing, kayaking and horse-riding. This was a great success especially in the Finglas area where 70 young people registered, many of which had participated in the Drug Prevention Programme- Finally, the training and background of the tutors in community work allowed for the implementation of the community dimension. In turn, this was reflected in the style of teaching of the tutors, which allowed for expression of opinions and input by the learners.

The second theme emerging had to do with **inter-agency co-operation**. This is seen especially in the composition of the advisory group for the project, which included representation of the Finglas/Cabra Drugs Task Force, Home-School-Community Liaison Teachers, Finglas Youth Service, Principals, Gardai, parents as well as the tutors. It is also worth noting that the inter-agency co-operation was not only evident in the work of the advisory group for the project but also in the everyday implementation of the programme. Thus, there was worthwhile co-operation between the teachers and the tutors in the planning of the programme and ensuring that the lessons were appropriate to the need and interests of the pupils. Finally, the Garda input was also noteworthy, and the talks to parents by Gardai were very well received.

A third and related feature of the programme was the way in which **the training of the tutors mirrored the objectives** and the distinctive features of the project. This was evident in the broad range of experiences which the tutors encountered which enabled them to see aspects of the drugs problem in its various phases, from factors that are relevant to causation, to those with a direct bearing on treatment. The training also featured an involvement of several state and other agencies, thus preparing the basis for the multi-agency co-operation that, as noted above, is central to the project.

The fourth feature of the organisation of the programme was the **careful planning** that preceded the introduction of the programme into schools. Teachers have so many demands on their time that it is very difficult to 'sell' an idea that requires students to be absent from their classrooms for a substantial period of time. Furthermore,

teachers are not easily convinced that people without formal teacher training can manage a class. It is a tribute to the planning for the programme that they managed to convince the schools of its value. It is even more satisfactory to report that this investment of time by schools was seen as very worthwhile. I did not encounter either a school or a teacher who was dissatisfied with the programme.

A fifth feature of the programme (referred to briefly earlier) is **teamwork**. The most important manifestation of this was how the tutors worked in teams and played complementary roles to each other. This fact, together with the preparation and reflection on the sessions, made it possible to maintain children's interest and motivation through out the weeks of the programme.

A sixth feature was **the readiness** of all concerned **to evaluate** their work- It is no coincidence that the tutors and management team were enthusiastic about having the opinion of an external evaluator. This thinking has been central to all the work. In fact, as is apparent from this report, the level of detail documented allowed me to make judgements and evaluations on all the central features of the programmes without the need for further data collection from children or parents. In addition, I have read reports of two team evaluations which focused on the details of the work, how topics might be presented differently and how their evaluation records might be improved. Frequently, very frequent evaluations can cause staff to get over-critical of their work, which in turn can create a paralysis. This has certainly not happened in the case of the present initiative.



CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

Ireland has a need for a multi-faceted approach to drug prevention. The international and local research reports all testify to the high level of substance misuse among young people, while information from clinics and crime statistics show the large numbers who are developing serious addiction problems and the extent to which drug misuse is associated with criminality. It is especially of concern that a report of the European Monitoring Centre on Drugs and Drug Addiction demonstrates that the people attending treatment for addiction in Ireland are younger than in the other European countries (EMCDDA, 1997).

Simple answers to drug problems are not appropriate. There is now a consensus that there is a need for a broadly based strategy that includes reducing supply (implementation of legal measures) as well as prevention programmes. There is also evidence that simplistic school programmes that emphasise Just 'saying no' or that try to scare children away from drugs are most likely to be counterproductive. There is however, a good deal of evidence on the kind of programmes that are most likely to be successful. These are considered here together with comments on the extent to which the AWARENESS FC measured up.

- 1 **Successful programmes have tended to have important elements of participation by students rather than being didactic in their style.** On these grounds the present project scores very well, both in terms of pupil participation and also in terms of having input into planning from relevant groups.
- 2 **Successful programmes have been adapted to suit the needs of their communities.** There is now a realisation that programmes will not work unless they take local factors into account. This has been found especially in the efforts to import North American programmes to countries like Norway and Sweden. Because the present programme was locally based and organised by people with an excellent local knowledge, it was possible to implement this feature without undue difficulty.
- 3 **Successful programmes have not resorted to exaggeration of consequences of drug use but have given accurate and age-appropriate information.** This feature of the present work emerged in the evaluations, particularly of student, knowledge and attitudes where it became apparent that the children acquired a more informed and balanced attitude to drugs.

4 **Many programmes have failed because they have not been implemented properly.** A remarkable amount of evidence testifies to the fact that programme failure is often due not to a poor programme but to it not being implemented as intended. The fact that the present programme was monitored and evaluated carefully ensured against this.

Recommendation

The evidence summarised above indicates that the AWARENESS FC delivered by the Finglas Youth Service (CYC) is well thought out and planned, implemented professionally and enthusiastically and has results that are extremely promising. Furthermore, the programme is in line with those that have been shown in previous research to be most likely to bring about positive outcomes- The final results of any prevention effort can only eventually be judged in terms of how many people do not become dependent on drugs who might otherwise do so. In the meantime, we can judge the intermediate steps between school and such outcomes: the evaluation of these initial stages shows considerable promise for the present programme.

- 1 The programme should be continued in its present form, but with developments to enhance its effectiveness. The project is worthy of the fullest possible support, in terms of resources, both human and financial. This is the major implication of this evaluation.
- 2 The programme should be part of the integrated approach to the drug problem, in the context of the other work of the Drugs Task Force and the other community efforts to deal with the problem.
- 3 Innovative ways of involving parents in the programme should be examined and implemented.
- 4 Special attention should be given to how Home-School-Community Liaison Teachers will become involved in the programme.
- 5 The features of the programme that have contributed most to its success should be developed and enhanced. Particular attention should be given to teamwork, planning, consultation, and the community dimension.
- 6 The notes and plans should be formally written in the form of a manual and workbook for students. Consideration should also be given to devising a training manual for tutors.
- 7 Given the importance of making prevention education an intrinsic part of the curriculum, attention should be given to ensuring that where the 'Walk Tall' programme and the present one are in operation in the same school, they should operate in a way that is complementary to each other.

8 The details of the teaching approach of the present programme should be made available to the Gardai to see whether the methodology might be appropriate for the Garda schools programme.

9 A plan should be formulated in consultation with the Department of Education to see how a development of this programme might fit into the post-primary school curriculum, possibly in second year. It is recommended that the initial effort in this regard be on a pilot basis.

10 Internal evaluations of the programme should continue but on a more modest and intermittent scale.

11 Given the success of the project in procuring enthusiastic and expert tutors, the process by which tutors have been recruited and trained should be continued in its present form. If possible a gender mix of tutors would be desirable.

12 A longitudinal study of the effects of the programme should be carried out.

Mark Morgan, Ph.D.

November 1999

References

- Dryfoos, J.G. (1990). **Adolescents at risk: Prevalence and prevention.** New York: Oxford University Press.
- EMCDDA (1997). **First Annual Report of the European Monitoring Centre for Drugs and Drug Addiction.** Lisbon: EMCDDA.
- Hansen, W.B. (1992). **School based substance abuse prevention: A review of the state of the art in the curriculum.** Health Educational Research, 7, 403 - 430.
- Hibell, B., Andersson, B., Bjarnason, T., Kokkevi, A., Morgan, M., & Narusk, A. (1997). **The 1995 ESPAD report: Alcohol and other drug use among students in 26 European countries.** Stockholm: Swedish Council for Information on Alcohol and Other Drugs.
- Morgan, M., Morrow, R., Sheehan, A.M. & Lillis, M. (1996). **Prevention of substance misuse: Rationale and effectiveness of the programme 'On My Own Two Feet'.** OIDEAS: Journal of the Department of Education, 44, 5-26.
- Morgan, M., Hibell, B., Andersson, B., Bjarnason, T., Kokkevi, A., & Narusk, A. (1999). **The ESPAD Study: Implications for prevention.** Drugs: Education, Prevention and Policy, 6, 243-256.
- Nexus Europe (Irl) 1997 **Profile of Problem Drug Use in Finglas - Implications for Treatment and Prevention Strategies.**
- Reynolds, M., Chang, P., Temple, R. (1998) **Social Effects of Prevention Programmes.** Development Psychology, 30, 5064.

APPENDIX 1

PROGRAMME OUTLINE

Session One

Introduction
Ice-breakers
Games
Contract
What the programme is about...

Session Two

Drugs - What and Why?
What Drugs do you know?
What happens when a person takes drugs?
What kinds of people take drugs?
Why do people take drugs?

Session Three

Definitions
What is a drug?
What is drug use?
What is a drug user?

Session Four

Self Esteem
5 positive things about myself
5 positive things about my friend
Having a bad day?
Is it okay to feel down sometimes?
What can you do to make yourself feel better?

Session Five

Decision-making
Role plays
Discussion: What happened?
What was it like to be offered drugs?
Did you take the drugs?
Why?
Was it easy to say no?
What reasons did you give?

Session Six

HIV /AIDS
Does HIV = AIDS?
What does HIV stand for?
What does AIDS stand for?
How do you contract HIV?
How do you prevent contracting HIV?
Risk Cards

Session Seven

Evaluation
What did you learn?
What did you like the most?
What did you least like? Was anything missing?
Other comments

APPENDIX 2

PRETEST FOR STUDENTS

What is a drug?

What drugs do you know?

What happens to a person when they take drugs?

What types of people take drugs?

Why do people take drugs?

APPENDIX 3

STUDENT EVALUATION

What did you learn from these sessions?

What did you most like?

What did you least like?

Could we do anything to make this programme better?

Any other comments?

APPENDIX 4

FACILITATION SKILLS EVALUATION

(TO BE COMPLETED BY YOURSELF)

NAME OF FACILITATOR: _____

NAME OF CO-FACILITATOR: _____

SCHOOL: _____

CLASS/GROUP: _____

TIME & DATE: _____

EACH STATEMENT IS TO BE GIVEN A RANKING FROM 1 TO 5, WITH 7 BEING BELOW AVERAGE AND 5 BEING EXCELLENT

SECTION A

SET UP OF THE GROUP

- ARRANGED/ADJUSTED SEATING APPROPRIATELY []
- FORMULATED AND MADE GOOD OPENING STATEMENT []
- USED ICE-BREAKERS WELL []

SECTION B

MANAGEMENT OF GROUP BEHAVIOUR

- ENCOURAGED PARTICIPATION OF GROUP MEMBERS []
- ENCOURAGED PARTICIPANTS TO SPEAK TO EACH OTHER []
- MANAGED DISRUPTION/MISBEHAVIOUR WELL []
- ENCOURAGED KEEPING THE CONTRACT []
- KEPT GROUP FOCUSED ON TASK []
- ALLOWED CONSTRUCTIVE/CONTROLLED []
- DEVIATION FROM GROUP TASK []
- MANAGEMENT/AWARENESS []
- OF NON-VERBAL BEHAVIOURS []
- DIPLOMATICALLY "CONTAINED" MORE []
- VOCAL GROUP MEMBERS []

SECTION C

FACILITATOR'S OWN SKILLS

- SUPPORTED INDIVIDUAL PARTICIPANTS []
- WHERE APPROPRIATE []
- ESTABLISHED A RAPPORT WITH GROUP []
- USED GOOD SUMMARISING SKILLS []
- CREATED SAFE AND SUPPORTIVE GROUP ATMOSPHERE []
- MANAGED SILENCES WELL []
- USED APPROPRIATE HUMOUR []
- MANAGED MY OWN TIME APPROPRIATELY []
- I RELATED WELL WITH MY CO-WORKER []
- USED QUESTIONS FROM GROUP WELL []
- ADAPTED TO LEVEL/NEEDS OF GROUP []
- MANAGED CONCLUSION OF SESSION []
- IN CLEAR AND POSITIVE WAY []

CO-FACILITATOR COMMENTS:

OTHER COMMENTS:

SIGNED:

TIME:

DATE:

APPENDIX 5

**PARENTS QUESTIONNAIRE
POST TEST**

1. What did your child think of the programme?

2. What did your child learn from the programme?

3. What do you think of the programme?

4. How aware do you think your child is about drugs?

1	2	3	4	5
Low Awareness			High Awareness	

(please circle)
5. How aware are you about drugs?

1	2	3	4	5
Low Awareness			High Awareness	

(please circle)
6. What, if anything, would you like to see happen next?

APPENDIX 6

**TEACHER/PRINCIPAL
POST INTERVIEW**

1. How aware do you think your students are about drugs? (on a scale of 1 to 5)

1	2	3	4	5
Low Awareness			High Awareness	
2. Did the Awareness FC Drug Prevention Programme have an effect in your class/school?

Yes[] No[]

If yes, in what way?

3. What do you think the Awareness FC Drug Prevention Programme achieved in your class/school?

4. Do you have any recommendations/suggestions for the programme?

5. What if anything should happen next?

6. Any other comments?

