

The Substance Misuse Prevention Programme: A Formative Evaluation

**Mark Morgan, Ph.D.
St. Patrick's College
Dublin**



AN ROINN | DEPARTMENT OF
OIDEACHAIS | EDUCATION
AGUS EOLAÍOCHTA | AND SCIENCE

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Chapter 1: Introduction

In this introduction to the evaluation of the Substance Misuse Prevention Programme (SMPP), a number of features of the context are set out. These are: (i) the problem of increasing experimental use of substances by young people and the age at which such experimentation is beginning, (ii) the approaches to prevention of substance misuse with particular reference to school programmes, and (iii) the new Social, Personal and Health Education Programme in the revised curriculum in Primary schools.

Research on Substance use in Ireland

There have been a number of studies of the prevalence of substance use in Ireland over the last 15 years. These studies have involved populations varying from primary to secondary school children, boys and girls, rural and urban and of varying social backgrounds. Most studies have sought information on legal as well as illegal substances. This work allows for a number of broad generalisations regarding what has occurred in substance use over these years.

Firstly, for all of the attention that has been given to illegal drugs, the greatest problems in substance use still occur with legal substances, that is, cigarettes and alcohol. This is true both in terms of the numbers of young people involved and also in terms of the level of usage of various substances. Secondly, the age of beginning to try alcohol has dropped substantially over the last decade (by two-three years). Related to this is the drastic decline in the number of young people who are abstain totally on reaching the legal age for purchase of alcohol. Only about 5% of young reach this age without having tried some form of alcohol.

The recently published European Schools Project on Alcohol and Other Drugs (ESPAD) is especially informative in relation to comparisons of substance use in Ireland and other countries. Table 1.1 shows the lifetime prevalence of Alcohol Consumption (ever drank) and recent consumption (last month) of Alcohol in ESPAD Survey

The measures of alcohol consumption shown in Table 1.1 are those that are most commonly used in international comparisons, viz., lifetime prevalence of ever having consumed alcohol and current drinking (that is having take alcohol during the previous month). It can be seen that in

every single population in the study, the vast majority of both boys and girls had drunk at some time in their lives. In a few countries only a tiny minority had not tried alcohol at some time including Scotland, Estonia and Denmark. At the other extreme just less than two-thirds of the students in Turkey had consumed a drink. Ireland is somewhat between these in that a minority of 9% had not tried any alcohol at any time.

With regard to previous month's drinking, it can be seen that Ireland is also in the middle of the various countries in the sample. At one extreme, 82% of Danish students reported that they had tried alcohol at some time, while only 32% of the Turkish 16 year olds admitted to having a drink during the previous month.

There are only minor gender differences in relation to lifetime drinking but rather larger differences with regard to previous month's, but not in all countries. Thus, in Ireland as well as in England and Denmark, there are no gender differences in relation to either of the two measures. This is also true with regard to the US and France. In contrast, in Croatia, Italy and Malta boys are more likely to report recent (previous month consumption), than are girls. However, the opposite pattern is true in Finland and Wales, with girls more likely to report recent consumption than boys.

Table 1.1: Drinking in Countries European Schools Project on Alcohol and Other Drugs (ESPAD)

	Ever Drank			Previous Month		
	Boys	Girls	All	Boys	Girls	All
Croatia	85	79	82	48	27	39
Cyprus	92	88	90	79	60	69
Czech Republic	97	97	97	68	66	67
Denmark	97	95	96	83	81	81
England	94	94	94	75	74	74
Estonia	95	94	94	68	65	66
Finland	88	89	89	55	61	58
Hungary	92	91	91	52	44	53
Iceland	78	80	79	55	56	56
Ireland	91	91	91	69	69	69
Italy	89	86	88	73	55	66
Lithuania	95	95	95	73	55	66
Malta	92	92	92	69	63	66
Norway	79	80	79	41	45	43
Northern Ireland	94	85	88	68	69	69

Poland	94	90	92	60	48	54
Portugal	80	78	79	54	45	49
Scotland	97	96	96	69	69	69
Slovak Republic	96	94	95	53	49	53
Slovenia	88	86	87	49	44	46
Sweden	89	89	89	53	56	55
Turkey	62	60	61	32	23	28
Ukraine	86	88	87	52	57	55
Wales	98	100	97	78	86	83
France	76	80	78		.....
Greece	96	95	95	79	69	74
USA	69	71	70	40	38	39

With regard to cigarette smoking, the number of young people taking up the habit has remained remarkably stable over the last 15 years. While there are indications that many young children are quite aware of the potential dangers of smoking, it remains the case that the uptake has been remarkably steady over the years of adolescence. Attention is often given to the increase in the number of girls who smoke cigarettes. However, the gender difference is not especially striking; what has occurred largely is that girls have ‘caught up’ with boys.

Table 1.2 shows the results from the ESPAD study for two of the commonest measures of smoking viz., (i) lifetime prevalence, that is the number who have smoked at any time in their lives and (ii) current smoking, the percentage who have smoked during the previous month. The value of these measures is that they give a valuable overall picture and they allow for comparisons across various studies.

A number of features of this table are worthy of notice. Firstly, all of the ESPAD countries have a serious problem of smoking among 16 year olds. In every country, except Greece, at least half of 16 year olds have smoked a cigarette at some time in their lives and in several countries between two-thirds and three-quarters have tried out cigarettes. Furthermore, in most countries close to one third of the young people have tried smoking during the month before the survey. Secondly, it can be seen that Ireland is one of a number of countries where the level of smoking is relatively high both in terms of lifetime prevalence and smoking in the previous month. Other countries, which also have a relatively high level of smoking, include England, Wales, Finland, and the Ukraine.

Table 1.2: Cigarette Smoking in Countries European Schools Project on Alcohol and Other Drugs (ESPAD)

	Ever Smoked			Previous Month		
	Boys	Girls	All	Boys	Girls	All
Croatia	70	67	69	34	28	31
Cyprus	62	43	53	32	15	23
Czech Republic	78	70	74	37	31	34
Denmark	67	69	68	24	32	28
England	63	72	68	33	40	37
Estonia	85	62	72	37	22	28
Finland	78	75	77	36	39	37
Hungary	71	67	69	36	32	34
Iceland	60	62	61	30	33	31
Ireland	72	75	74	37	45	41
Italy	63	66	64	36	37	36
Lithuania	79	53	65	34	18	25
Malta	55	56	55	33	30	31
Norway	66	64	65	33	39	36
Northern Ireland	60	63	62	29	31	30
Poland	74	59	66	34	23	28
Portugal	56	57	56	22	25	24
Scotland	63	70	67	27	38	33
Slovak Republic	76	55	66	34	20	27
Slovenia	60	57	59	19	20	19
Sweden	69	72	71	28	33	30
Turkey	67	67	67	39	34	37
Ukraine	79	55	66	51	28	38
Wales	63	72	68	34	37	36
France	50	57	54	.....	.....	.....
Greece	48	47	47	23	24	23
Spain	...	...	58	...	...	25

As in the case of smoking and alcohol use, a valuable indicator of use of a given substance is the percentage who have ever tried an illegal substance. In the ESPAD study Irish 16 year-olds tended to report relatively higher levels of illicit drug use than the other countries in the study. It is, however, worth considering the context of these figures. For one thing, it still remains the case that in Ireland two-thirds 16-year olds have never tried any illicit substance on even a single

occasion. It is also striking that the figures for many of the countries are extremely low by any standard. Many of the participating countries report levels of illegal drug use of below 10%. In other words, many of the countries do not have an illegal drug problem by any standard.

Table 1.3 Lifetime Use of Cannabis and Other Illegal Substances in ESPAD study

	Cannabis			Substances Other than Cannabis		
	Boys	Girls	All	Boys	Girls	All
Croatia	13	5	9	5	4	4
Cyprus	7	2	5	4	1	2
Czech Republic	25	18	22	5	4	4
Denmark	20	15	17	3	3	3
England	42	38	40	22	19	20
Estonia	10	5	7	3	1	2
Finland	5	5	5	1	1	1
Hungary	5	4	4	1	1	1
Iceland	12	8	10	5	3	4
Ireland	42	31	37	19	12	16
Italy	21	16	19	9	6	8
Lithuania	2	7	5	2	1	2
Malta	10	7	8	2	1	1
Norway	7	5	6	4	2	3
Northern Ireland	35	16	25	21	9	14
Poland	12	5	8	.....	
Portugal	9	5	7	4	2	3
Scotland	60	47	53	32	28	30
Slovak Republic	12	6	9	3	1	2
Slovenia	14	12	13	3	2	3
Sweden	7	5	6	2	1	2
Turkey	5	3	4	2	1	2
Ukraine	20	9	14	2	1	2
Wales	34	31	33	17	16	17
France	13	12	12	.....	
Greece	3	2	2	.....	

It is to be expected in experimental drug use, a very high proportion will have tried cannabis. Table 1.3 provides a breakdown of those who have tried cannabis and those who have tried some

substance other than this (for example, ecstasy, cocaine, sedatives etc.). From this table it is evident that the vast majority of those who have ever tried an illicit substance have tried cannabis. In many cases it was the only drug they have tried. Thus, of the 37% who have ever tried any illegal substance in Ireland, all have tried cannabis and, of these, just under half (16% of the total sample), have tried substances other than cannabis.

Factors associated with Substance use

It is important to have some understanding of the factors associated with initiation to substance use in order to plan programmes to deal with these problems. There is a vast literature on this topic, both Irish and international. Here we summarise the most relevant of these findings having to do with: (i) demographic factors, (ii) parental influences, (iii) peer influences and (iv) personality influences including restraining factors.

With regard to demographic factors, most attention has been given to gender and social background. In general terms, the research indicates that males outnumber females at the very heaviest levels of use of each substance, but only minor differences are found in relation to occasional use. For example, there are only minor gender differences with regard to lifetime prevalence of alcohol use but rather major differences with regard to reports of having been drunk. Another important consideration is that the differences between males and females have tended to decline dramatically over the last decade.

With regard to social background, the most striking finding is the similarity between students of various kinds of social backgrounds. There is no indication that young people from disadvantaged backgrounds are more likely to be involved in experimental substance use than are those from middle-class backgrounds. In many instances, there are differences that have to do with visibility of problems, i.e. young people from disadvantaged backgrounds are more likely to drink in circumstances that draw more attention (parks, open spaces) than other young people who have opportunities to drink in less conspicuous situations.

Peer influences are always regarded as being of major importance in alcohol and other substance use. It is true that it has been demonstrated that those young people who drink frequently are likely to have friends who are drinkers, while young people not involved with alcohol tend to

have friends who are similar in that respect. However, there is a good deal of evidence to indicate that much of this apparent peer influence is accounted for in terms of selective friendship. In other words, young people who want to drink are inclined to form friendships with other young people who are similarly inclined so that what looks like peer influence is more a case of like minded individuals getting involved in similar activities.

There are several ways in which parents influence their children's substance use. Some of these influences are concerned specifically with substance use but others derive from general parenting practices. In the first place parental example is an important influence. There is considerable evidence that parental heavy substance use results in a greater likelihood of drinking by offspring, especially in the long-term. Parental reaction and attitude to the substance use of their children is also an important influence. There is also evidence that extremes of either indifference or disapproval can result in negative consequences for young people, especially in relation to their drinking. In other words, the most valuable attitude for a parent to adopt is one of 'moderate disapproval', recognising and drawing attention to the dangers of such use, while at the same time, recognising that many young people do get involved in some form of substance use. Thirdly, it is appropriate to bear in mind that many parental influences operate indirectly. This means that parents influence a range of aspects of young people's social and emotional development, which in turn influences their adjustment as part of which substance use is an important factor. For example, conflict between parents is an important influence on the development of children's anxieties, which in turn has an impact on their substance use. Finally, the influence of parents operates within a certain social context and so interacts with other policies and practices with regard to substance use. For example, parental monitoring of their children's behaviour is influential in determining whether or not their children will consume alcohol in uncontrolled settings (parks or beaches). Thus, the influence of parents has to be seen in the context of these wider issues.

With regard to personality influences, two lines of research are particularly worth mentioning. The first has to do with low self-esteem. There are indications that young people who get involved with alcohol sometimes do so because of low self-esteem resulting from a perceived failure in various aspects of their lives. This in turn makes them more susceptible to peer and advertising influences. The other relevant line of research is that showing an association between problem drinking and various other aspects of anti-social behaviour. In other words,

young people who drink heavily have a pattern of other forms of problem behaviour in other domains of their lives including delinquency, and problems with parents and teachers.

Prevalence of Use: Summary

The indication from these studies and especially the ESPAD study is that substance use (including illegal drug use) is a problem that is increasing among young people in Ireland. It is however, extremely important to put this problem in context. First of all, what has been described is merely experimental drug use. It should be stressed again that the concept of ‘lifetime prevalence of use’ refers to the percentage who have tried the substance in question (eg. Cannabis) at some time in their lives, perhaps once only. Secondly, it is important to stress that for the vast majority, experimental substance use does not result in progression to problems that are any more serious.

However, it remains the case that the substance use generally and illegal drug use in particular are on the increase over the last number of years. Most efforts to deal with this matter have focused to date on supply reduction, ie. to try to prevent the drugs being imported and sold. Similarly there are supply reduction measures in the case of alcohol and cigarettes, e.g., ensuring that only young people who have reached a certain age can purchase such substances.

It is now recognised however, that in addition to supply reduction, there is a need for demand reduction. This involves educational programmes that will result in the reduction in the number of young people trying out various substances and a delay in the age at which experimentation takes place. The next chapter will consider various approaches to prevention and examines the SMPP in the light of such approaches.

Chapter 2: Approaches to Prevention and their Effectiveness

Educational approaches to substance abuse prevention often fail to specify the nature of the behaviour change that is supposed to take place as a result of the intervention. In many instances, the model of behaviour change is implicit or represents a gross over-simplification of the state of knowledge regarding the factors that impinge on behaviour change. However, it is fair to say that many current approaches are based on one of four conceptualisations of behaviour change, viz., (i) Fear arousal, (ii) the knowledge/attitudes model, (iii) values/decision-making model, (iv) self-efficacy/social competency model and (iv) the normative education approach.

Fear Arousal: Scare tactics and Teaching the Facts

A common-sense view of behaviour change would suggest that if a person is made aware of the dangers of particular forms of behaviour then they are less likely to be involved in such behaviours. This was the first strategy to be used in prevention of drug use; it could be said that some form of that strategy has always existed. Given that fear should prevent people from behaving in inappropriate ways, a logical consequence of this view was that an exaggeration of the consequences would be even better since it would be certain to guarantee that young people would never risk the consequences that were said to follow from such behaviour. Thus, in earlier decades children were taught that one experience with a drug would cause addiction, that dealers would give away samples to get people 'hooked', and that all drugs were the same.

It is now recognised (at least in the scientific community) that scare tactics are entirely inappropriate. Firstly, while young people do indeed get some information from parents and teachers, a great deal of what they learn about the world comes from experience, either their own experience or that of their friends. Secondly, in those instances where young people find that a trusted source (like a teacher or parent) gives information that is found to be inaccurate in relation to one matter, there may be a tendency to reject all information from that source. Thus, finding out that certain information about one drug was inaccurate may lead to rejection of all knowledge about drugs from teachers and schools.

A third problem with scare tactics is the relative ineffectiveness of such approaches. In other words, despite learning that use of a substance may lead to certain consequences does not in any way guarantee that the person will actually avoid such behaviour. This is because many people see themselves as invulnerable to the kinds of negative outcomes that may happen. In turn this shows the non-rational features in our thinking which play an important role in initiation to and continuation of drug use.

The knowledge/attitudes model

This model suggests that if knowledge about the negative consequences of substance use is assimilated, then less favourable attitudes towards use of substances should ensue. In turn, these negative attitudes should result in a decreased likelihood of substance use. While this model of behaviour change had a particularly strong influence on research in the fifties and sixties and while it has an intuitive plausibility, the recent social-psychological literature has shown that this view provides at best an incomplete picture of the events determining behaviour. The greatest difficulty for the model is that attitudes and behaviour are less than perfectly related. Two factors seem to be especially important in this regard. First, attitudes are only one of the influences on behaviour. Thus, actual substance use is influenced by an array of other variables (normative pressures, etc.) in addition to the attitude to that substance.

The second point is that attitudes can be expected to change behaviour only in those cases where there is a correspondence between the measured attitude and the specific behaviour. In other words, changes in overall attitude to substance use may not change the specific intention that a person may have to drink on a particular occasion. It may be easier to bring about negative attitudes to substances than it is to change attitudes in relation to specific personal use of such substances.

While there are some shortcomings in this model, it provides some direction to prevention, which while not being complete, can be of some value.

The decision-making model

This approach focuses on the individual and attempts to increase self-awareness of a range of values and the way in which substances can serve in promoting or preventing the fulfilment of those values. The central idea is to prevent substance use through a self-examination of values. Essentially, young people are required to ask themselves whether this behaviour is consistent with a variety of beliefs and values, which they themselves regard as important. This approach has been used in a variety of other contexts, including health education, moral education, and interpersonal problem solving.

Of the various decision making models, values-clarification is still one of the most popular approaches. While there are considerable variations of this model, the different versions are designed to help students to discover values that will provide clear guidelines for their behaviour. However, it has to be conceded that the review of the available studies by Lockwood (1978) concluded that..... 'it is not warranted to claim that values clarification positively affects the interpersonal relationships of students or that it contributes to reduced drug usage' (p.359)

The decision making model has some limited potential in prevention. It is likely, however, to be most effective in the context of other approaches.

Social Skills/Refusal and assertiveness training

One popular 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 of 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.

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.

In general, social skills techniques frequently involve active involvement by the participants. Thus, rather than learning about such strategies, students actually enact these in role playing and modelling situations. In addition, many approaches involve peer-leadership as a critical component of presentation of the programmes.

Because of the dominance of social skills training, evaluation of the effectiveness of this approach is central to an understanding of the effectiveness of prevention programmes in general. Frequently, while the social skills approach is central to a programme, other features are also included. Thus, it is not uncommon to find programmes that are mainly based on the acquisition and performance of social skills but which also involve knowledge and attitude change as well as decision-making skills. In fact, eclectic approaches like this are perhaps the dominant in recent times.

Normative education approaches

In several studies it has been demonstrated that young people who drink, smoke and use illicit substances perceived a high level of social support for these behaviours including widespread use among same-aged peers. Thus, normative education curricula are designed to make young people aware that the norms regarding substance use are not as supportive as perceived by young people. The components often include the provision of evidence that substance use is not as widespread among peers as they may think, encouragement for young people to make public commitments not to drink, the depiction of alcohol use as socially unacceptable and the use of peer leaders to teach the curriculum.

An example of normative education is the work of Hansen and his colleagues. This work has shown that a programme designed to correct the erroneous perceptions among students about the prevalence and acceptability of alcohol actually deterred the onset of use of drinking. Specifically, it was shown that normative education reduced the incidence of drunkenness and the prevalence of alcohol problems among students in Junior High Schools in California. Furthermore, Hansen has demonstrated that normative education was more effective than resistance skill training in reducing the onset of drinking behaviour.

While these initial tests of the effects of normative education are promising, some considerations about the nature of peer influence are worth considering. First, the available evidence would suggest that information about same-age peers should have relatively little influence compared to the closer peer group (see Morgan & Grube, 1991). A second consideration is the existence of a pervasive bias that tends to cause people to see their opinions and behaviours as more typical than they actually are. The very large literature on the “False-consensus effect”, has shown that such beliefs are not easily modified and may have a deeper significance for the individual who holds them. Thus, it may well be that the “establishment of conservative norms” may indeed be an effective means of reducing substance use, the real difficulty may well be in *how* such norms can be established.

On the other hand, the normative education approach has one important implication for teachers, and parents. Many efforts to combat the onset of drinking often begin with the information that the problem in question (i.e., underage drinking) is widely prevalent. This may unwittingly undermine any subsequent benefit that the advice/attempt to persuade may otherwise have had.

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. Swisher and Hu (1983) are often cited as the main proponents of the alternatives approach. 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. On the other hand, a recent study carried out by Carlini, Cotrom et al., (1993) points to a different conclusion. They examined the association between systematic participation in extracurricular activities and consumption of alcohol and other substances among over 16,000 high school students. No association emerged between participation in artistic, community and sports related activities and the use of such substances. However, a weak relationship was found between substance use and attendance at religious services.

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 the school-age programmes are school based, other programmes have been developed at sites including public housing developments, church groups and recreational centres.

While the alternative approach is plausible, it seems not to have been used systematically in prevention research. It often guides the implicit assumptions of schools, which emphasise games and sporting activities, ie. if adolescents are involved in games they will have less time for experimentation with various substances. As a result, formal evaluations of this approach are hard to come by. Nevertheless, it deserves serious consideration in a comprehensive approach to prevention of substance use.

Effectiveness of current approaches

Recent views of prevention programmes have not produced consistent conclusions. The reviews by Moskowitz (1989) of primary prevention and by Brown and Kreft (1998) are quite pessimistic regarding the state of current prevention programmes. On the negative side it has been argued that the approaches to drug prevention have been simplistic in that they taken a narrow view of influence and learning and have not taken into account type of substance use or the user's context (Brown & Kreft, 1998). Similarly, it has been argued that substance use problems are now greater than they were when prevention programmes were devised initially (German, 1998). On the other hand, the reviews by Tobler (1986), Hansen (1992), Tober & Stratton (1997) and by Morgan (in press), while indicating potential of prevention programmes in certain circumstances, also show the need for greater understanding of the factors that influence experimental substance use, in order that the design of programmes would have a firmer grounding in the actual experiences of young people.

Some of the themes running through the more optimistic of these reviews are considered briefly. Firstly, it would seem that many programmes 'fail' because they have never in fact been implemented. Thus, for example, in studies that have divided schools into those where a

programme has been faithfully implemented with those in which it is has not, have found differences associated with degree of implementation. 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 effects 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 gains are 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. In particular there is evidence that those approaches based on mere information are not especially effective. There is also evidence that 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 and if corrections regarding such norms are applied then there should be a reduction in the likelihood that young people will try such substances. 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.

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 SMPP Considered Conceptually

The features of the programme are described in the Teachers' Manual for each class. Among these are the following: (i) the programme focuses on skills, attitudes and knowledge, (ii) children are actively involved in their own learning, (iii) particular emphasis is placed on creating a child-centred environment, (iv) the programme should occur within a school climate and culture that values and practices respect in interpersonal relationships, (v) children are taught to appreciate their worth and the worth of others, (vi) particular emphasis is placed on co-operation between parents, the school and the wider community. The title 'Walk Tall Programme' reflects the emphasis of the underlying philosophy.

Chapter 3: Methodology of Survey

In June 1998 a questionnaire was sent to teachers who had participated in the SMPP training. The questionnaire contained six sections as follows: (i) background information, (ii) Principles of prevention – which were concerned with the various approaches to reduction of substance use, (iii) Understanding of influences – focusing on the respondents' perception of the variety of causes of substance use, (iv) Views on the programme, its best features and those that might require further development, (v) Perception of the in-service training associated with the programme, and (vi) Views on the SMPP support service.

For the most part the questions were structured, multiple-choice items. There were a number of open-ended items specifically focusing on those features of the programme that were thought to be most satisfactory, those thought to need further development and features of the support service that were most highly regarded.

An examination of the questionnaires returned indicated that in all cases the questionnaire was completed satisfactorily. Less than 0.1% of the multiple-choice questions were left blank indicating that the respondents found the questionnaire meaningful and relevant. About 85% of the respondents completed two or more of the open-ended questions – a level, which is extremely high for open-ended items. This pattern indicates that we can have considerable confidence in the findings that emerge.

Characteristics of Respondents

Table 3.1 shows the proportion of males and females of the respondents as well as the teaching experience of the respondents in this survey. From this table it can be seen that nearly 85% of the respondents were female and that roughly half had more than twenty years experience as teachers – figures which are broadly in line with the profile of primary teachers in Ireland.

Table 3.1: Gender and Teaching Experience of Respondents

Gender:		Percent
Male		15.1
Female		84.9
Experience of teaching:		
Less than 5 years		9.5
5-10 years		7.1
10-20 years		33.3
More than 20 years		50.0

In Table 3.2 is shown two features of information about the schools in which the teachers were employed viz., number of pupils and gender composition in school. This table indicates that the vast majority of teachers in the sample (97.6%) were in schools where there were more than 100 pupils. This reflects the targeting of the SMPP to schools in disadvantaged communities, where schools generally are rather larger than the general spread of primary schools. This factor may also account for the gender composition – nearly half of the children taught by the teachers were in single-sex schools while the national average is not nearly this high.

Table 3.2: Schools Size and Gender Composition of Schools		Percent
School size:		
Less than 50 pupils.		.....
41-100 pupils		2.4
101-200 pupils		26.4
200-400 pupils		47.2
More than 400 pupils		24.0
Gender of pupils:		
All males		19.2
All female		27.2
Mixed		53.6

Table 3.3 shows the role of each respondent in their schools. From this it would seem that every role in school is well represented in the sample. In fact, it is noteworthy that over two-fifths of the teachers are in roles other than classroom teachers (e.g. Principals, remedial teachers, resource teachers etc). An examination of the ‘other roles’ showed that many of these were teachers in special classes. This particular pattern is likely to have been due to the fact that as noted above,

the SMPP was initially targeted at disadvantaged schools which normally tend to have a need for relatively more support systems than is available in the system as a whole.

Table 3.3: Role of Teacher in School

	Percentage
Classroom teacher, Infants	13.0
Classroom teacher, First class	5.7
Classroom teacher, Second class	7.3
Classroom teacher, Third class	3.3
Classroom teacher, Fourth class	6.5
Classroom teacher, Fifth class	13.8
Classroom teacher, Sixth class	6.5
Principal	14.8
Remedial teacher	8.9
Home-school liaison teacher	3.3
Resource teacher	6.5
Other role	10.5

Chapter 4: Results of Survey

The findings of the survey of the participating teachers are presented, below. In the first section, the views of the teachers regarding principles of prevention are described, while their perception of the causes of substance use is described in the second section. The third part sets out the views of the participants on the classroom plans that were associated with the programme. The actual implementation of the programme by teachers is described in the fourth section while the final part sets out their views on the in-service courses and training for me programme.

Views on Prevention

The respondents were asked about various aspects of prevention including the approaches that are most effective, the extent to which various influences are important in prevention and the kinds of learning involved in prevention education. These were topics that were central to the in-service programme associated with the SMPP and are of fundamental significance to the ideas that underpin the SMPP. For example, one of the ideas guiding the programme is that mere knowledge about the effects of drugs will not of itself ensure that young people will not experiment with such substances. Another guiding idea in the programme is that the legal substances like alcohol and cigarettes are drugs and should be thought of as such.

Table 4.1: Principals of Prevention

	Strongly Agree/Agree	Hard to Say	Strongly Disagree/Disagree
Learning the facts about misuse is not enough of itself to prevent young people from experimenting with drugs	95.3	3.1	1.6
Use of drugs is tied into many aspects of feelings and beliefs	86.4	11.2	2.4
Children would never try drugs if they knew how they would affect them	7.9	14.2	78.0

Trying drugs often comes about as a result of low self-esteem	81.1	11.0	7.9
It is important that young people learn the skills to withstand pressures to use drugs	97.6	1.6	0.8
When a young person encounters someone who has been an addict, they will never follow that pathway	3.1	21.3	75.6
It is a good idea to exaggerate the effects of drugs to be really certain that children will be warned off	11.8	11.0	77.2
Alcohol and cigarettes should not be thought of as drugs	5.6	3.2	91.3
Community and family influences are very important in prevention	96.9	1.6	1.6
Education for prevention can be linked to many features of the school curriculum	95.3	3.1	1.6
Active learning methods are very effective in prevention education	85.8	13.4	0.8

Table 4.1 shows the beliefs of participating teachers regarding the principles on which prevention programmes should be based. As noted above the questions that were given are those that underpin most modern approaches to prevention. For example, one school of thought which still has some adherents, suggests that if young people ‘really knew the facts’ about misuse, then they would be extremely unlikely to misuse substances. Other views along these same lines go farther and suggest that some degree of exaggeration of effects can be justified, if they are effective. Largely along the same lines, it has often been suggested that if young people encountered someone who had encountered serious problems with drugs, they might learn from that person’s experience. As can be seen from the table, the views of the respondents on these are clear and unequivocal. Almost all of them were of the view that teaching the facts about drug use would not of itself be adequate. It is also especially interesting that nearly four-fifths of the respondents disagreed with the idea of exaggerating the effects of particular substances in order to scare

people off. Along the same lines it is striking that only just over 3% were of the view that encountering a person who had experienced drug problem would be enough to scare young people off.

The in-service training for the SMPP and indeed the whole philosophy of the programme was based on the idea that of itself, knowledge about drugs or indeed encountering people who had experienced problems was not of itself adequate to prevent drug use. Therefore the results emerging in relation to these points indicate the success of the programme in getting teachers to think along these lines.

In more recent times, it has been acknowledged that a different kind of learning might be appropriate in the case of prevention of drug misuse. This kind of learning is active (as opposed to passive), and involves learning the skills of withstanding the pressure to use substances. This view sometimes encompasses the notion there are several features to influence. Three relevant items and the corresponding percentage endorsing each are shown in Table 4.1. It can be seen that the teachers strongly endorsed the view that active learning plays an important part in prevention; Over 85% of the respondents agreed with this. Similarly almost all of the respondents took the view that community and family influences were important in drug misuse. Even more remarkable was the fact that over 97% of respondents endorsed the idea that learning skills was crucial in withstanding influences.

Many modern approaches to prevention of substance misuse including the SMPP place particular emphasis on enhancement of self-esteem as a way of preventing substance misuse. The item relevant to this is displayed in Table 4.1. From this it can be seen that about four-fifths of the respondents agreed with this view while less than one-tenth took the opposite view.

An important question centres on the extent to which the distinction between legal and illegal substances should be emphasised in programmes for young people – an idea which is central in thinking behind the SMPP. Hence the item in Table 4.1 that focuses on this distinction. It is striking that only one in twenty of the teachers were of the view that cigarettes and alcohol should

not thought of as drugs and over 90% disagreed with this view. As in the case of many of the principles discussed above, the participants came to share the view that underpins the SMPP.

Perceived Influences on Drug Misuse

Participating teachers were asked about their perception of the importance of various factors in drug misuse. Table 4.2 shows the perceived importance of each of several influences. From this table it is evident that the teachers regarded almost all of the factors mentioned as important (at least to some extent). In this, it could be said that their perception is quite accurate in the sense that a range of factors of varying importance are known to play a role in substance misuse.

With regard to the specific factors listed, the vast majority of respondents identified the ‘influence of peers’ and ‘low-self esteem’ as being either ‘extremely or very important’ as factors in drug misuse. It is especially appropriate that these two factors should have been identified given that the programme targets skills to withstand peer influence and also is aimed at developing self-esteem. It is also interesting that while ‘dealers who push drugs’ were identified as being extremely/very important by quite a large number, they did not rank as high as either peer influence or low self-esteem. This is an especially accurate perception given that the evidence indicates that initiation to drugs is brought about in the first place through social and personal influences rather than by dealers. It is true that dealers/pushers play a significant role in addiction.

It is also worth noting that nearly four-fifths of the respondents took the view that ‘problems in families’ were an important influence in drug misuse. Again this perception is accurate especially in relation to serious misuse which is associated with a wide range of problem behaviours which in turn is frequently brought about as a result of family problems.

As in the case of principles of prevention, the respondents' perception of the causes of misuse is closely in line with the 'state-of-the-art' regarding these issues. The close alignment between their views and the scientific literature indicates the extent to which the rationale for the programme is based on this thinking and also that the important ideas were successfully conveyed to the participants in the course of the in-service programme and the discussions of the programme with teachers.

Table 4.2: Perceived importance of Various Factors in Drug Misuse

	Extremely/Very Important	Important	Not very Important
Influence of peers	95.2	4.0	0.8
Use of legal drugs	46.4	40.8	12.8
TV programmes	42.1	36.5	21.4
Dealers who push drugs	60.8	32.8	6.4
Boredom and stress	60.8	32.0	7.2
Young people looking for kicks	66.7	32.5	0.8
Not being informed about drugs	41.3	46.8	11.9
Problems in families	79.4	17.5	3.2
Low self-esteem	88.0	10.4	1.6
Community problems	69.6	23.2	7.2

Classroom Lesson Plans

Teachers were asked about the classroom lesson plans, which were developed in connection with the programme. They were asked to rate these on a five-point scale ranging from 'very good' to 'very poor'. The results are shown in Table 4.3.

The responses to these questions are satisfactory in the extreme. In response to every single feature of the plans, more than nine-tenths of the teachers said that the programme was either ‘very good’ or ‘quite good’. Furthermore, only a minority (never exceeding one-tenth of the teachers) were indecisive in the sense that they indicated it was ‘hard to say’. Even more impressive is the outcome with regard to those who said that the classroom plans was poor; less than one percent of the respondents were of the view that the classroom plans were ‘quite poor or very poor’.

While all features of the classroom plans were endorsed enthusiastically, it was striking that almost total unanimity in relation to the plans being ‘easy to follow’. As can be seen from Table 4.3, over 98% of the teachers took this view. The fact that the plans were seen to be easily accessible is likely to be extremely important in the actual implementation of the programme.

Table 4.3: Views on Classroom Plans for SMPP

	Very good/ Quite good	Hard to say	Quite poor/ very poor
Relevance to my class	90.6	9.4	.....
Suitability for this age-group	91.5	7.5	0.9
Easy to follow	98.1	1.9	----
Interest level	93.4	6.6	.....
Appropriateness of Content	90.7	8.4	0.9
Suitability of activities	91.7	7.5	0.9

Aspects of the Programme Considered Most Useful

Teachers were asked about those lesson plans which they thought were best and why this was so. Many aspects of the lesson plans were highly praised by the teachers who assessed them. They were thought useful in a number of ways. For example many teachers were pleased with the entire content of all the lesson plans they encountered. Others specified lessons and themes that they found went very well with different age groups. The different methodologies employed, such

as class discussion and circle time were also complimented. Others mentioned how the lessons valued pupil opinion, as well as that of teachers.

Many of the teachers described how they were pleased with the variety of approaches that were adopted in the lesson plans. One teacher said “I like the combination of games, activities, stories and role plays”. Another echoed the sentiment and found tile lessons both “pleasurable and enjoyable”. They were also described as “teacher friendly”.

Lessons concerning “Me” and “Self” were consistently mentioned as beneficial, as it gave the children a chance to build “self-esteem and allowed the teacher to see who lacked in confidence”. A Junior Infant teacher also commented that these lessons perfectly reflected an infant’s egocentric nature. One teacher commented that many of the lessons could be adapted to suit different classes and age groups. Lessons about feelings were very popular and appeared to engage the pupils and gave them an opportunity to think about feelings, their origin and consequences. Lessons on decision making were thought useful as “these lessons explored and developed the skills and qualities needed for life”. Lessons on health, addiction and the body were also thought to bring about some interesting discussions.

The follow up activities were deemed very useful. One teacher described how the worksheets were helpful in consolidating what had been taught. Co-operative games and circle time were other favourites and they created a “warm atmosphere in the class”.

The programme was also praised for the clear continuity from infants to the senior classes.

Aspects of the Programme that might be strengthened

Teachers were also asked to comment on the sections of the programme that they felt could be strengthened and developed. Many of those questioned left it unanswered. Many of the other teachers said that did not feel confident in commenting, as they were not familiar enough with the programme. However there were certain areas that could do with improvement according to some.

The lack of materials was criticised by a few. Some felt that it was an area that could be strengthened. More posters and word-searches would have been useful. The presentation of the

lessons could also have been better. Some teachers also felt that more art ideas could have been incorporated into the lessons. One teacher described how the art mentioned “lacked imagination”. Some other teachers felt that the lessons could be broadened to include more stories and poetry. Another expressed the thought that some specific lessons could have been made broader and felt that “The lesson needed more guidelines and direction”. Some teachers were uneasy with the role play, and felt the need for a more structured approach.

Implementation of the Programme

The teachers were asked how frequently they taught the SMPP programme. From the results shown in Table 4.4, it can be seen that there was considerable variation between the teachers in the frequency with which they taught the programme. About two-fifths of the teachers taught the programme, a few times each term or less frequently, while on the other hand almost two fifths taught the programme a few times a month or more often. This outcome is one that has to give rise to some considerable concern since teaching a programme less often than once a month can hardly be considered to involve serious implementation.

Table 4.4: Frequency of teaching the SMPP

Frequency	Percent
Once or twice in last year	18.0
A few times each term	27.0
About once a month	18.0
A few times each month	31.5
Once a week or more often	5.6

Teachers were asked about the extent of their pupils’ involvement in the lessons that had been taught and this information is shown in Table 4.5. This indicates that children were indeed involved in these lessons. More than 90% of the teachers said that they were either ‘very involved’ or ‘quite involved’ in these classes. In contrast none of the teachers said that their pupils were ‘not very involved’.

Table 4.5: Involvement of Students in Lessons in SMPP

Involvement	Percent
Very involved	44.1
Quite involved	48.4
Somewhat involved	7.5
Not very involved	.....
Hard to say	.....

Teachers were asked to say which of several factors contributed most to children’s involvement in the classes that were taught. The results are shown in Table 4.5. This shows that the opportunity for children to participate was perceived to be the single most important factor in contribution to children’s involvement in the lessons. The second most important factor was perceived to be the ‘interesting subject matter’ while ‘methodology used’ was very close. On the other hand, children’s perception of the importance of the topic and the fact that the lessons were a break from other subjects were not perceived as being especially important in children’s involvement in the lessons.

This pattern of results seems to indicate that the active involvement of children is an extremely important feature, not only with regard to the success of the programme but also with regard to children’s involvement. In other words, not only is the case that the active learning methods enhance the effectiveness of drug education programmes, but it may also be the case that this comes about because children are more interested and involved because of this (active) approach to teaching and learning.

It is also worth noting in Table 4.5 none of the factors listed were regarded by a substantial number of teachers, as not contributing to children’s involvement in the lessons in the SMPP. This suggests that teachers saw children’s involvement as an interaction between all of the factors listed.

Table 4.5: Factors Contributing to Children’s Involvement in the SMPP

	Contributed a lot	Contributed somewhat/a little	Did not Contribute
Opportunity for children to participate	77.8	22.2	.....
Interesting subject matter	59.6	40.4	.....
Children saw the importance of the topic	31.8	60.2	8.0
My enthusiasm for the Subject	41.6	57.3	1.1
It gave a break from other subjects	37.4	57.2	5.5
Methodology used	52.8	47.2	.....

Suitability of Programme for Various Groups

Participants were asked to indicate how suitable they saw the SMPP in meeting the needs of different kinds of children including children from disadvantaged backgrounds as well as children who were or were not participating much in other subjects in school. The results are displayed in Table 4.6. From this it can be seen that the programme was considered to be suitable for the needs of all the groups mentioned. In no case did the percentage thinking that the programme was ‘very/quite suitable’ fall below 50% for any group. It is also worth making the point that a large number of teachers found it difficult to decide on the suitability of the programme for certain groups of children with whom they were likely to have only limited experience (children with special needs and children with learning difficulties). This is reflected in the relatively large percentage who responded ‘hard to say’ to these items.

Given the aims of the programme, it is especially interesting to see the perceptions of teachers regarding the suitability of the SMPP for children who are very confident and for those children who are lacking in confidence. Not unexpectedly, over 90% of the respondents thought the programme was ‘very or ‘quite suitable for children who were confident. However, it is even

more interesting that only a small percentage less of the teachers thought the programme was ‘quite/very suitable’ for children who were lacking in confidence. This is a particularly strong endorsement of the programme for this key group.

Table 4.6: Suitability of SMPP for Various Groups of Children

	Very/Quite Suitable	Hard to Say	Very/quite Unsuitable
Children from disadvantaged backgrounds	83.1	16.1	0.8
Children who are not enjoying other subjects in school	84.0	16.0	....
Children who participate well in school subjects	94.1	5.9	.....
Children who do not participate much in school subjects	67.8	29.7	2.5
Children with learning difficulties	63.6	33.9	2.5
Children with special needs	50.0	46.6	3.4
Children who are very confident	93.2	6.8	....
Children who are lacking in confidence	84.9	12.6	2.5
Children who are very interested in school	98.3	1.7	....
Children who are bored in school	68.1	27.7	4.2

In-service Training for the Programme

The information below is based on the overall evaluation of participants of the in-service programme, as part of the questionnaire seeking information on teachers’ overall reactions to the programme. In addition, information was also obtained from each teacher who participated in the various in-service courses. A summary of these evaluations is provided in Appendix I.

The overall satisfaction with training aspects of the programme is shown in Table 4.7. This shows that more than nine-tenths of the participants were satisfied with the in-service training – a level that is extremely high by any standards.

Table 4.7: Satisfaction with In-service Training for SMPP

Level of Satisfaction	Percent
Very satisfied	43.5
Satisfied	47.6
Hard to say	2.4
Dissatisfied	5.6
Very dissatisfied	0.8

In addition respondents were asked to indicate the extent to which this in-service training was helpful with respect to each of several aspects of the programme including understanding the rationale for the programme and enabling teachers to teach the programme. The results are shown in Table 4.8.

From this table it would seem that the in-service programme was considered by the vast majority of teachers to have been highly successful in relation to all aspects that were asked about. It is worth noting that the in-service work was judged as most helpful in relation to giving an insight into SPHE and also with regard to understanding prevention programmes. However, it is also worth stressing that high ratings were also given in relation to ‘enabling me to teach the programme’ – a feature that is critical in in-service work.

Table 4.8: Perceived Helpfulness of In-service Training in Relation to Various Aspects of the Programme

	Very Helpful/Helpful	Somewhat Helpful	Not Helpful
Enabling me to teach the programme	81.8	16.4	1.8
Giving me an insight into SPHE	92.7	6.5	0.8
Understanding the rationale for prevention programmes	90.4	9.6	.....
Using new methods of teaching	70.6	25.2	4.2

Perception of Support Service

Respondents were asked about the support service to the programme, which has involved the secondment of teachers to work on the programme and assist in its introduction. They were asked (in an open-ended format) what features of this support service they found most beneficial and what kind of further support/training would be most valuable to them in the future, in relation to this type of programme?

The response to the secondment of teachers to the Substance Misuse Prevention Programme was extremely positive. The support service was viewed as beneficial in a number of ways. The main features of the support service mentioned were with regard to the usefulness of the In-service day and SMPP courses themselves and the efficiency of the co-ordinators involved. Many people specifically mentioned the usefulness of some of the classroom strategies and approaches that they had been exposed to, for example circle time. In particular the teachers who answered the questionnaire felt that the involvement of “real teachers” introducing the SMPP made them feel more secure about it. Typical of this was one teacher who said “ the programme was very suitable given the strong input of teachers”. Others simply felt more confident about implementing the programme in their classroom because of the possibility of contacting the co-ordinators if they encountered any problems.

The In-service day was thought to be invaluable by many, as were the evening, summer and weekend courses. One person stated that the “in-service day was excellent, by far one of the best I’ve experienced.” The methodology and materials used were praised. One teacher described how she was impressed by “the introduction of discussion of topics”. Another teacher liked the “teacher-friendly lessons”. Other teachers liked the opportunity to work informally in groups with other teachers. One person appreciated the opportunity to question her own beliefs about drugs and substance abuse.

The co-ordinators on the course were strongly praised for their efficiency and approachability. As one person put it “the teachers were practical and shared their own experience”. Another described how it was “that as teachers introducing the programme they could identify with our fears, anxieties and concerns”. People were consistently impressed with the skills, which they learned including “circle time”. In fact one person questioned said that the co-ordinators “convinced the sceptics amongst us”.

The most commonly expressed belief was that as teachers themselves, the co-ordinators of the course were grounded in the realities of school. This seems to have been inspirational to many people. One teacher cited the “importance of having professionals who were aware of the dynamics of a classroom, and kept it aimed at children’s level”. Many others echoed this type of opinion. The belief held by people was that “practising teachers ensure that it’s kept at a practical level”.

The readiness of the co-ordinators to come out to the school was also highly valued. In fact these visits by the co-ordinators had one interesting effect on a teacher who remarked “if anything else it reminds you to use the programme”. Another teacher commented that “their encouragement was invaluable in guiding me through the SMPP and giving me confidence.”

Chapter 5: Conclusions and Recommendations

A number of conclusions are warranted on the basis of the evidence considered in the earlier chapters. These conclusions concern the rationale for the SMPP, its credibility and acceptance by teachers, the suitability of the programme for teachers and the training and support service.

Firstly, the rationale for the programme is in line with the most effective approaches that have been shown to work in existing evaluations of programmes from abroad. In particular, it avoids ‘scare tactics’ and an emphasis on ‘mere facts’ which have been shown to be counterproductive. On the other hand, the emphasis on active learning, on skills to withstand pressures and the holistic emphasis of the programme is in line with what previous research suggests should be most effective. I

Secondly, the training for the programme was seen as excellent with over 90% of the respondents taking the view that the training was either very satisfactory or satisfactory. In the experience of the evaluator, such high ratings are seldom given in in-service work. It is also of great interest that the teachers involved in the programme had an excellent understanding of the most effective principles relating to prevention – something that is at least partially attributable to the in-service training. It is important therefore that the expertise of the team should be utilised to the full in the development of programmes in the revised primary curriculum.

Thirdly, in the views of the participating teachers, the programme was suitable for all children. Given the aims of the programme, it is especially gratifying to see that the programme was perceived to be suitable for children who are very confident and also for those children who are lacking in confidence.

Fourthly, the response to the class plans produced for the programme was very positive. The responses to these questions are satisfactory in the extreme. In response to every single feature of the plans, more than nine-tenths of the teachers said that the programme was either ‘very good’ or ‘quite good’. While all features of the classroom plans were endorsed enthusiastically, it was striking that there was almost total unanimity in relation to the plans being ‘easy to follow’. This

has important implications for the development of future programmes of this kind, especially in the area of Social, Personal and Health Education.

Fifthly, the support service for the programme was regarded very positively. The support personnel were seen to have the relevant expertise and to be helpful and available. They were also seen to have made innovative contributions to teaching methodology.

Sixthly, the input of the Drugs Task Forces was interesting and worthwhile especially in the in-service component of the SMPP.

Recommendations

1. Consideration should be given to how the SMPP should become an intrinsic part of the new Social, Personal and Health Education programme with a view to ensuring that the successful components of the work described above should become a feature in every school.
2. In order to sustain the knowledge and expertise that has been built up, it is crucial that organisational structure and policy should help bring this about, together with appropriate back-up and in-service training
3. Given the danger of the curriculum becoming 'overcrowded', particular attention should be given to ensuring that areas relating to social and personal development receive due attention and suitable resourcing.
4. The model of training used in the preparation for the SMPP for the introduction of the programme should provide the basis for in-service being provided in preparation for the revised primary curriculum but especially for the SPHE component. The importance of the support service cannot be stressed too much. It should be noted that features of the model of in-service utilised in this programme are already in place in connection with the Leaving Certificate Applied Programme and the Leaving Certificate Vocational Programme.

5. Given that the programme was especially successful in facilitating the acquisition of skills, and since skill acquisition is often difficult to bring about, attention should be given to using the in-service model to facilitate skills acquisition in other areas of the curriculum.
6. The methodology that was intrinsic to the SMPP should form the basis for areas of the curriculum that have affective aims. This methodology is also relevant to areas where it is intended to cultivate higher order cognitive skills including critical thinking.
7. Given that the programme has a variety of cognitive, linguistic and affective aims, the implications of the programme for cross-curricular work should be encouraged and supported.
8. Given the success of the input of the Health Boards, Voluntary Agencies and Drugs Task Forces in some areas, schools should be encouraged to attempt to have an involvement of agencies whose work bears on the areas of the school curriculum.

Appendix 1: Evaluation of Training on In-service Courses/Staff Days

The staff of the SMPP undertook evaluations of the courses and Day seminars that were associated with the introduction of the programme. Much of this evaluation material was for feedback for their own use and understandably it does not lend itself to easy quantification as much of the material is in open-ended format. However, some aspects are especially relevant and these are summarised briefly below.

In the staff-day seminars, teachers were asked to rate their overall satisfaction with the seminar, on a scale of 1-10. A total of 117 of these rating forms were made available to me, resulting in the breakdown shown in Table A1.

Table A1: Ratings for Staff Day Seminars

Number	Rating
36	10
28	9
30	8
12	7
13	6
3	5
1	4
....	3 or less

Note: The table entries under ‘number’ indicate the number of teacher who rated the course at that level. For example, 36 participants rated the course at ‘10’.

From Table A1, it can be seen that the ratings by the teachers were extremely positive. In simple terms, 80% of the teachers gave the seminar a rating of 8 or higher. These results support the positive findings from the questionnaire. Having attended some of these seminars, the evaluator can only agree that these ratings were justified.

A breakdown of open-ended comments gives some indications as to why the training was considered so positively. Four main points came through in these open-ended comments. Firstly, many commented on the fact that the day was well organised, there was variety and yet the focus was well maintained. Secondly, many people valued the contribution about the drug problem in their local community. Since the seminars involved inputs from workers with the Health Boards or local Drugs Task Forces, there was an opportunity for integration with the local community that is seldom possible and this was greatly appreciated. Thirdly, a great number commented on the focus on skills in the programme since they could see how this might fit with the work in their own classroom. Finally, and related to this, the teachers greatly valued the lesson plans. This gave a focus that they related with and some concrete ideas that they could take with them.

Course Reviews

The evening courses were also evaluated. These courses lasted about 30 hours usually spread over 10 weeks.

The evaluation forms differed slightly from course to course but the following essential features were in each: (i) the most useful/interesting/valuable aspects of the course, (ii) The aspects of the course that might be improved, (iii) any further comments.

A total of 87 completed evaluation questionnaires were made available to me following these courses. For ease of presentation, a content analysis was carried out on the questionnaires, which yielded a total of 423 comments that could be classified. Obviously some comments were idiosyncratic and did not fall easily into any category. However, the vast majority (362) did and are presented in Table A2.

Table A2: Content Analysis of Teacher Comments on Evening In-Service Courses

Positive comments on content	174
Positive comment on organisation	32
Negative comments on content	23
Negative comment on presentation	2
Negative comment on organisation	5
Suggestions for inclusion of topics	87

From Table A2 it can be seen over 90% of the comments on the course were positive, while less than 10% were negative. In particular, positive comments about the contents of the course are the single most frequently mentioned comment about the courses. Furthermore, negative comments were very few and those that were made were generally of the kind that they didn't see the relevance of certain topics. In turn these topics and suggestions for further development of these topics were mentioned by a great many teachers.

This feedback is extremely positive and supportive of the other comments emerging in other parts of the evaluation.