CURRENT ISSUES IN DRUGS EDUCATION
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HANDOUT 1

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Prevalence studies

An important issue masked by many studies is that patterns and types of reported drug use vary significantly across regions. While alcohol use is high across regions, studies have found that relatively small numbers of respondents in rural areas reported lifetime use of cannabis (18-19%) and ecstasy (3.3%) (Gleeson et al., 1998; Jackson, 1997). In sharp contrast. problem drug use (usually opiates or opiate derivatives) is largely confined to the Dublin area (O'Higgins & Duff, 1997), and is most acute within geographical areas marked by persistent evidence of social and economic disadvantage (Comiskey, 1998). Research has further demonstrated a strong association between drug use and school difficulties - including low academic achievement (Jenkins, 1996), truancy (Swadi, 1989) and poor attendance although causal relationships are difficult to empirically establish. As such, the "typical" young heroin user profile - an individual living in a disadvantaged community, *having left school early*-and currently unemployed (O'Higgins & Duff, 1997) - means that school-based surveys do not reflect the experiences of those most obviously at risk.

Prevention in Irish schools

Today, primary prevention in Irish schools often has a two pronged approach -a school policy on student substance use/the consequences of this use and an adoption of the national prevention programmes *Walk Ta//and On My Own Two Feet* as part of the Social, Personal and Health Education (SPHE) curriculum. The Department of Health and Children is currently composing guidelines for schools for establishing and maintaining school policies, one for primary and one for post-primary schools. That is not to say that schools are currently operating without such policies. On the contrary punitive measures against pupils as result of "zero tolerance" policies on drugs has led to a number of expulsions and court cases where such expulsions have been appealed. The most recent case involved a post-primary school principal instructed to reinstate a student who had been expelled as a result of contravening the school's substance misuse policy. It is interesting to note

that several studies have found that such punitive treatment of drug users in schools does nothing to reduce drug use (Munro & Midford, 2001; Pentz et al., 1989). Furthermore, indiscriminate policies on drug use, regardless of circumstances, can exacerbate the alienation perceived by high-risk populations.

Walk Tall and *On My Own Two Feet* are part of the "third generation" models of drugs education. These programmes are based on the assumption that young people who use substances do so because of social pressures from peers, family, media as well as internal factors (e.g. the desire to belong). These new programmes try to address resistance to social pressures to use drugs and are based on cognitive and social inoculation theories (Norman & Turner, 1994). Such theories maintain that an individual can be "inoculated" against submitting to negative peer and family pressure to use drugs through training in protective life skills. It has been found that many young people initially develop negative attitudes towards drugs and alcohol, but rarely have to justify such beliefs. Consequently when these beliefs are challenged, they are easily undermined (Morgan, 2001). *On My Own Two Feet* was evaluated in a pilot phase, and it was found that children in the programme had less favourable attitudes and expectations than those in the control group (Morgan et al., 1996). There was, nevertheless, no difference between the students in the pilot programme and the control group in terms of rate of drug use. The difficulty in changing actual health behaviours, as opposed to attitudes and beliefs, is however well documented (ACMD, 1993).

Programmes that do not work

Historically, one of the first prevention programme models implemented in schools was the information model. Based on the idea that young people use drugs because they simply do not know enough about their dangers and adverse consequences, the model attempted to increase knowledge (Norman& Turner, 1994). This increased knowledge was expected to change attitudes and ultimately change behaviour. Some of these programmes used what researchers have variously termed scare tactics or fear messages

(Morgan, 2001; Norman & Turner, 1994), where the harmful effects of drug use were highlighted at the expense of giving a balanced view on the short and long term effects of various substances. Such tactics have contributed to the failure of the information-only model as an effective strategy in primary prevention, as research has found young people tend (a) to disbelieve the exaggerated harmful effects and (b) to become more curious about these ‘ substances, thus increasing the chances of experimentation. As Mayock (2000) states, any information given must be credible and consistent with young people’s own experiences. One of the most important criticisms leveled at the information-only model is the inherent assumption that years of learning about the acceptability of cigarettes, alcohol and marijuana from parents, friends and the media will be overlooked in favour of a few hours of traditional instruction on the dangers of such substances (Norman & Turner, 1994). Even programmes that are more intensive such as DARE (a 19-week programme) - commonly used in the USA and to a lesser extent in the UK -receive consistently negative evaluations (Dukes et al., 1996; Lloyd et al., 2000).

Another theory, which was originally given much credence, is one put forward by researchers such as Kaplan and colleagues (1984), where general self-esteem was regarded as the key piece of the puzzle relating to substance use. The essential feature of such theories is that adolescents who experience frequent self-derogation on account of receiving negative evaluations from relevant others or through being deficient in some socially desirable attributes, will tend to have low self-esteem. As a result, they will tend to believe that their self worth can be enhanced by engaging in alternatives to conventional behaviours and becoming involved with deviant peers. Studies, which support this theory somewhat indirectly, have found that students with high self-esteem are more likely to be successful in school (Marsh. 1990), to have more favourable attitudes toward school, more positive behaviour in the classroom and greater popularity with other students (Cauley & Tyler, 1989; Metcalfe, 1981; Reynolds, 1980). Such attitudes and successes would thus appear to decrease the likelihood that the adolescent

would become involved in problematic drug use. Unfortunately, meta-analyses of studies linking self-esteem and substance use do not show significant correlations between these variables (e.g. Petraitis et al., 1995).

A model that still receives a significant portion of statutory prevention and drugs education funding is the alternatives or diversionary model of drugs prevention. The model essentially attempts to involve young people in pursuits such as leisure and sports activities, keeping them occupied, giving them a measure of self-efficacy and also hopefully forming bonds with some communal activity in their area (e.g. sports club). These outcomes', according to the alternatives model, thereby decrease any tendency towards use of substances (Norman & Turner, 1994). Unfortunately, the many negative research evaluations have almost entirely discounted this model with professionals in the filed. Such research has not impacted on the operations of Local Drug Task Forces (LDF) in Ireland, as the LDFs still divert significant amounts of funding for diversionary projects. For example, the CEOL project in Ballyfermot arose from an awareness of the lack of music education in the area and the fact that the area had a musical history that was in danger of being lost. This project delivers music classes and workshops, field-trips to music centres as well as public concerts.

Reasons Why Some Programmes Are Ineffective

Adapted from Mark Morgan (2001): Drug Use Prevention - Overview of Research

One fact should be noted at the outset: when the original researchers (who developed the drugs prevention programme) conduct the evaluation of the efficacy of the programme, there is a tendency for the programme to be evaluated more positively. The implication is obvious: any programme evaluation will be more effective if it is conducted by an independent agent whose expectancies will not contaminate the data.

1. **unrealistic expectations**

What ever your personal belief about the origins of drug use - biological vulnerability, family factors, social disorganisation, etc. - it is overly optimistic to believe that a programme will dramatically change the lifestyle choices of all programme participants. How realistic is it to expect what is essentially an artificial intervention to easily transfer to real-life situations? As such, **any programme developed should aim to be consistent with the influence that the programme can exert**. Furthermore, many programmes have been frequently dismissed on the grounds that no differences in actual substance use were evident between treatment and control group some years after the intervention (e.g. Foxcroft et al., 1997). It is actually quite difficult, however, to find these kinds of long-term changes in any intervention. It may therefore be more relevant to **focus on relatively short-term effects.**

2. **programme implementation**

Botvin and colleagues (1995) examined the long-term success of a school-based programme on nearly 4000/7th grade (roughly the equivalent of 1st year in a secondary school) students who were followed up 6 years after baseline. The intervention consisted of 15 classes in 7th grade, 10 booster sessions in 8th grade, and five booster sessions in 9th grade. The students were taught general life-skills as well as resistance skills. What was especially interesting was that the study identified a high fidelity sample, that is individuals who

received a relatively complete version of the programme. It was found that the reduction in poly-drug use was relatively large among this group (close to two thirds) compared to controls. It was concluded that the **effectiveness of programmes was enhanced by level of implementation; by range of skills taught; and "booster" sessions**.

A study by Cohen and Linton (1995) illustrates the importance and difficulty of targeting programmes at those most in need. This study focused on parent participation in an adolescent drug abuse prevention programme. Compared to students whose parents completed the programme, students whose parents did not complete the programme were more likely to smoke cigarettes and had more friends who used substances, were monitored less by their parents, had lower school achievement and their parents had higher rates of substance use. This study would be worth examining to ascertain whether Cohen and Linton **recommended any strategies for including parents** in the discussion.

3. problems of implementation

Other factors that need to be evaluated, apart from the outcomes of intervention, include the *process* of the programme. For example, some programmes emphasise the value of peer-led process. Evaluation studies in Norway have found, however, that often the peers chosen to lead the class found it difficult to keep their classmates in order (Baklien, 1993). This does not necessarily mean that such processes should be abandoned, rather that the methods need to be revisited and peers given more support in leading a class. All progamme evaluations should include a process evaluation as well as an outcome evaluation, and the differences between those who successfully implement the programme and those who do not needs to be examined. Rohrbach and colleagues (1995) found that those who continue to implement school interventions **have fewer years of experience, a strong self-efficacy, enthusiasm and principal encouragement**.

4. the future of implementation

In Ireland, primary schools have seen the number of subjects increase to 14, while at post-primary the average number of subjects taken in first year is about 15-16, including taster course in various subjects (NCCA, 1999). The overcrowding of the curriculum is a real problem in serious implementation, especially in non-traditional areas. Also, a review of the drug education scene in Scotland (Lowden & Powney, 2000) indicated that many teachers were ‘ uncomfortable with this area. There is a need to monitor **whether such results are replicated in the Irish context**.

5. environmental and cultural factors

A major problem with universal programmes is that many of the messages delivered are not taken seriously by large numbers of young people due to the fact that there is a major gap between the content of the programme and the experiences of the young people at who they are aimed. This point is developed by Mayock (2000) in the context of drug-use in inner-city Dublin. She makes the point that for a large number of people growing up in areas where drug use is concentrated, experimentation is the norm. In these cases.... “drug decisions are not fundamentally about whether or not to take drugs....but on **acceptable versus unacceptable drugs, legitimate modes of administration and appropriate styles of use**” (p.106).

A related point is that the effectiveness of interventions is sometimes lessened by a failure to take into account that young people may be at different stages of drug use (White & Pitts, 1997). This is a particular difficulty for universal programmes since they have difficulty in encompassing the **broad range of messages and strategies that will be required to cater for young people at different stages**.

Reasons Why Some Programmes Are Effective

Adapted from Mark Morgan (2001): Drug Use Prevention-Overview of Research

General Points of Information

- **Development timing** is crucial. Interventions that begin early and continue afford greater and longer lasting benefits to participants.
- **Programme intensity** is crucial. The evidence suggests that programmes that are more intensive in the sense that they have more hours/weeks/years produce larger and more positive effects that those with less intensive intervention.
- **Direct experiences** are critical. It would seem that the best outcomes come about when parents learn new ways to interact with their children and where they receive feedback on the effectiveness of this interaction.
- **Breadth and flexibility** are important. Interventions that are most successful offer a broad range of services - practical assistance, parent services and training, educational needs, etc.
- **Effects will diminish unless there is adequate environmental** maintenance. For example, some studies have shown that support during transitions to school greatly enhance the effectiveness of an intervention in the early years.
- McKeown (2000) reviewed family support services in Ireland and concluded that **family therapy approaches** have considerable promise provided the intervention is tailored to suit the family definition of need and that it restores faith in the family's capacity to solve it's own problems. He also noted the lack of appropriate materials for parents with low levels of literacy.

Methodolgies

- A meta-analysis of substance use prevention programmes conducted by Tobler and Stratton (1997) demonstrated that the more **interactive techniques** used by the leader of the prevention programme, the more successful the programme was. Some unsuccessful programmes

employ traditional methods such as discussion when interacting with the students, rather than giving them opportunities for role play or other training techniques (Kiely & Egan, 2000).

- **Non-directive learning** is important in a Greek programme for the "prevention of psycho-active substance use" where themes can be set out but process is learner driven rather than solely directed by the teacher/leader.
- **Discovery learning** is emphasized in a Portuguese project "Community Health Project for Heath Promotion"; discovery learning in general is believed to have the most long-lasting effect in terms of student retention and understanding of the material.
- In terms of self-esteem programmes in general, Norman and Turner (1994) reported on research that many such programmes often do not **relate skill building to *specific drug situations***. This may be a factor in the failure of such programmes.
- Many programmes seek to identify and train peer leaders and thus influence the behaviour of a larger group. A related point is that any information given must be credible and consistent with young people's own experiences, and that this information must be delivered by an individual who the group can identify readily with.
- **Drama and role play** are two strategies that are deemed to increase student participation, in comparison to didactic "me talk, you listen" approaches.
- **Circle time** is a valuable student-centred strategy employed in many social skills training programmes and has the added benefit in terms of the availability of a large volume of resources

Programme Content

- Stressing the **short-term social consequences** appears to be more effective than an emphasis on long-term adverse effects.
- Information, including the effects of drug use on **health and legal implications**
- The French **AREMEDIA programme is based on interactive software**

that enables the tool user to retrace their own biography in various possible **risk taking behaviours**

- Some programmes are based on children completing activities to heighten their understanding of the STAR approach **(Stop/Think/Act/Reflect)**
- **Self-esteem**
- **Decision-making**
- **Social skills**
- **Communication skills**
- **Skills for maintaining physical well-being**
- **Stress management strategies**
- **Time management techniques**
- **Goal setting**
- **Problem solving skills**
- **Relationship building**
- **Assertiveness**
- **Refusal skills**
- **Emotional control**
- **Training in tolerance and co-operation**
- **Beliefs about substance use**
- **Control of aggression**