

COMMUNITY-BASED SUBSTANCE MISUSE PREVENTION COURSES IN PRIMARY SCHOOLS: A STUDY

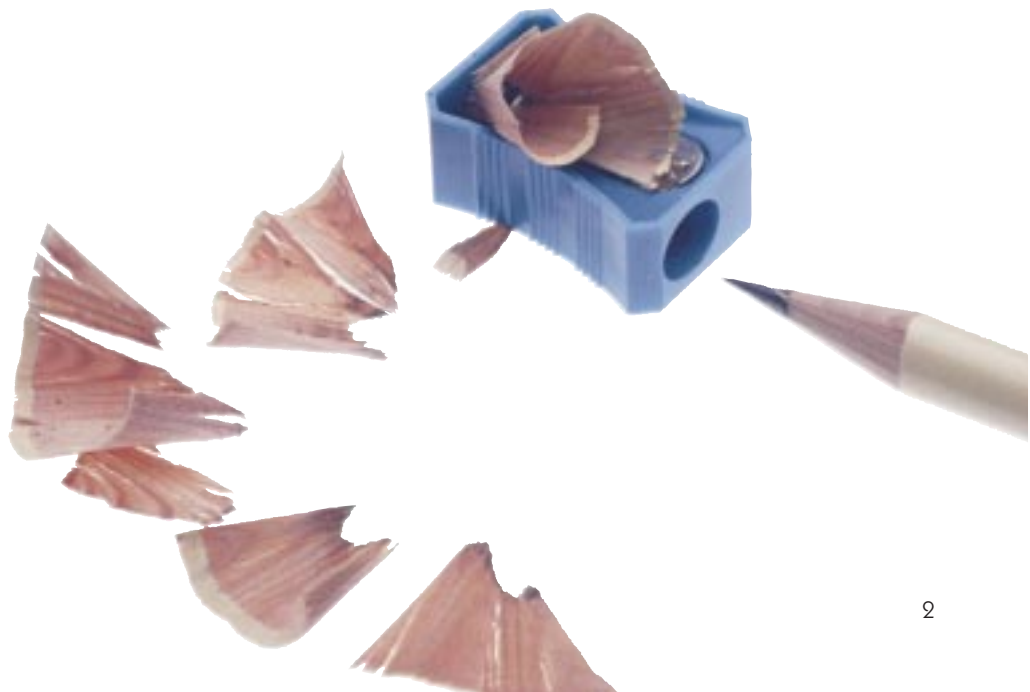


SURVEY, ANALYSIS AND RECOMMENDATIONS

Bernie Collins
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Introduction

Since the publication of the Reports of the Ministerial Task Force on Measures to Reduce the Demand for Drugs (1996,1997), fourteen Local Drugs Task Forces (LDTFs) have been set up. Most LDTFs have committees who invite local groups to submit proposals for Education and Prevention initiatives in their areas. One report (Ruddle et al., 2000) suggested that 51% of LDTF projects are concerned with education and prevention. Under this strand, a number of school-based projects have been initiated in primary schools. Within this number are courses that are facilitated by parents specifically for substance misuse prevention education.

Many LDTFs provided funding to community groups for substance misuse prevention education in the late 1990s when there was a perceived lack of resources available to schools to engage in this work, particularly at primary level. In recent years, there have been significant developments in relation to substance misuse prevention education in primary schools:

1. The Department of Education and Science (DES) has mainstreamed the Walk Tall Programme (1999) (WTP), a programme designed specifically for substance misuse prevention at primary level. Most school staffs have received one day training in the WTP, while a large number of individual teachers have received more in-depth training (of up to 30 hours), particularly in the Dublin area. This work is on-going. In the National Drugs Strategy 2001-2008, (2001, p. 110), there is a commitment to providing support for the WTP in areas most affected by illicit drug use (LDTF areas).

2. Another development of note has been the introduction of a new curriculum for Social, Personal and Health Education (SPHE). Within this curriculum there is a specific focus on drugs and drug-related issues. All primary school teachers (and designated second-level teachers) have received two days inservice on this curriculum in 2002-03, and there is an onus on all schools to implement SPHE in the academic year 2003-2004

as part of their curriculum provision. Colleges of education throughout the country also provide courses in SPHE as part of their initial teacher education courses.

3. Every school in the country is now obliged to have a substance use policy, part of which addresses 'both education concerning alcohol, tobacco and drugs and the procedures for managing incidents relating to these substances' (Guidelines for Developing a School Substance Use Policy 2002, p1). As schools address the issues of substance misuse prevention, it is likely that there will be debate about substance misuse prevention education programmes currently in use in schools.

In the context of the foregoing developments, Dun Laoghaire Rathdown LDTF initiated a research project involving three community-based substance misuse prevention education programmes. In undertaking this research, the LDTF was hoping to gain insight into the value of these programmes in light of specific recent developments.

The three community-based projects, initiated from the LDTF first action plan in 1997, were invited to be part of the research. All three projects were delivering school-based courses run by parents. The three were:

- Whitechurch Addiction Support Project (WASP)
- Parents Making Children Aware (PMCA) and
- Sallynoggin Parents Education and Awareness of Drugs Project (SPEAD).

Outline of Report

The report is presented in five sections. Following this Introduction, Section Two gives an overview of the three projects and identifies areas for research. Section Three outlines the research methodology employed. Section Four presents the findings and analysis. Section Five concludes with a summary of findings and some recommendations for the future.

Overview of Projects

Introduction

In this section, the genesis of the three projects will be outlined in order to give the context for their development. The aims will be stated and the main activities engaged in by the projects will be spelled out. The materials in use will be briefly outlined. Links with another school based programme will be identified, but will be explored more fully in Section Four:

In order to find out about the projects, the three project co-ordinators were interviewed. Samples of course materials were examined, as were files relating to each project. Observation of course sessions took place on a random basis across the three projects.



Genesis of Projects

All three projects started in the late nineties. In the case of SPEAD and PMCA, a 'Parents in Education' course provided a springboard for the establishment of the projects. This was followed by further training with a group (Killinarden Drug Primary Prevention Group) that had experience in developing materials for use in schools. Advice and support given by this group led to the development of pilot materials. In the case of WASP, the starting point was slightly different. A public meeting was called in the area because of an awareness of substance misuse, and a committee was formed to see what could be done. In common with the other two projects, contact was made with the group involved in giving support and advice to the other projects, and pilot materials were developed. All three projects initially targeted children in 6th class.

The projects were piloted through the LDTF, evaluated and mainstreamed. SPEAD and PMCA were mainstreamed through the Department of Education & Science; WASP was mainstreamed through the South Western Area Health Board. In one case (WASP), a limited company was set up. All three projects now operate on a committee system, and hold an annual general meeting.

Two of the projects receive funding for course facilitation (SPEAD and PMCA), while WASP receives funding for a co-ordinator and two facilitators. On-going funding is secure for the projects, however the level of funding is a cause for concern as this has dropped in recent times. Funding for the projects mainstreamed through the Department of Education & Science received no annual increase since they were

mainstreamed in 2001. Funding was actually reduced in 2003 as the Department of Education reduced the overall budget for all LDTF mainstreamed projects.

Across the three projects, there has been a consistency of personnel over the life of the project. In many instances the facilitators remain the same, although there has been some erosion of facilitator numbers in one project. One of the original co-ordinators is still in place.

Aims

The aims of the courses are similar across the three projects, and are reported here as stated at interview by the co-ordinators:

'Developing an awareness around use and misuse of drugs',

'Children making informed choices',

'Assertiveness skills for all personalities'

One project (SPEAD) has a motto on their information leaflet: 'Be Yourself – Drug Free'

Classroom materials and methods

Given the fact that the same group was consulted on course materials in the initial stages, it is no surprise that the materials used in the classrooms by all projects are remarkably similar. Typically, there are lessons on the following:

- Smoking
- Alcohol
- Drugs
- Assertiveness
- Choices

All three projects emphasise a focus on self-esteem during the sessions. In one project, a series of lessons has been developed around self-esteem. Active learning methods such as discussion, role play, group work, games, worksheets, and project work are used in every project. In some instances, and depending on the class, children sit in a circle. Sometimes the class is divided into two groups for the work to facilitate participation.

In all instances, a copy of the materials is available in schools for consultation by parents and other interested parties.

A recent briefing from EMCDDA (2002) states that 'successful programmes focus on strengthening young people's interpersonal skills and their critical ability to make informed and reasoned choices about drugs', and that 'interactive teaching has been shown to be very effective' (Briefing 5, Sept – Oct 02). On the basis of the materials and the methods outlined, it appears that the courses are in line with best practice.



Links with Another School Programme

As will be seen in Section Four, many of the schools involved in the three projects have other interventions for substance misuse prevention education in place at various class levels. The most commonly used programme in this regard is the Walk Tall Programme (WTP). If the aims and content of this programme are examined, it becomes evident that there are many similarities in terms of aims, materials and methodologies.

As stated on the WTP information leaflet, the main aim of the Programme is:

'To give children the confidence, skills and knowledge to make healthy choices.'

It also states a secondary aim as:

'The programme seeks to avert, or at least delay, experimentation with substances and reduce the demand for legal and illegal drugs.'

The WTP, which has materials over eight levels, outlines the main themes as:

- Self-esteem
- Feelings
- Influences
- Decision-making
- Drug Awareness

All three projects have studied the WTP and some of the worksheets from it have been adapted for use on the courses. It is reasonable to say that the local courses have a greater emphasis on alcohol, smoking and drugs than the WTP.

Worthy of note is the following statement in the WTP leaflet:

'No one groups holds the key to substance misuse prevention, rather a co-operative approach is required.'

The links will be explored further in Section Four:

Main Activities

All three projects have made significant changes in the activities they undertake in schools since their inception. While initially the course focused on 6th class, it is now also delivered in 5th. In one project, there has also been some work done in 4th. The materials have been adapted to suit the ages of the children at these class levels.

The consensus (among the co-ordinators) is that the earlier the courses start, the more effective they will be.

In advance of the courses, a letter of consent is sent out to parents informing them of the course and seeking permission for their child to attend. In some instances, a parent information evening is organised, however, this has not been done in all schools as the number of parents attending these sessions has been disappointing at times.

Typically, the course starts in 5th class with a series of lessons as outlined earlier. This is generally followed up by a similar course in 6th class. In general, the courses are delivered by two facilitators, and in some instances the class teachers are present at some or all of the lessons.

An important feature of all courses is the end of course presentation. This is an opportunity for children to show parents and school personnel what they have learned through performing a role play, rap or poem. Children's project work is displayed. Certificates are presented to the children to mark successful completion of the course. I observed firsthand

the enthusiasm of the children at one of these sessions. Parents seemed appreciative of the work done and there was a high level of interest in the project work displayed.

In one project, the course facilitators do a 'refresher' visit towards the end of the school year. Also, the courses have been delivered in one or two special classes in the project schools. In a small number of instances, the course facilitators have delivered some sessions at second level. This may be an avenue for further development as the projects evolve.

Involvement of School Personnel in Courses

School personnel (principals, teachers, home school community liaison teachers) were asked about their typical involvement with the courses. They are most likely to be involved in speaking to the course facilitators before and during the courses, and attending the end of course presentation. Nearly half indicated that they had spoken to parents about the courses. Less than half have sat in on some of the course sessions, while less than a quarter have sat in on all sessions. In one instance the course has been co-facilitated by a teacher and facilitator, while in another instance the course has been solely delivered by a teacher.

The SPHE Support Service (Post-primary) recommends that the teacher is

'actively involved and present at all stages i.e. preparation, presentation, facilitation and follow-up' (p. 1).

The opportunity for class teachers to reinforce the work of the project courses is obviously

enhanced if they are present. Other reasons why it might be good practice to have teachers in the classroom relate to insurance and child protection issues, although it should be noted that the facilitators work in pairs. These issues will be explored further in later sections of this report.

Summary

There are similarities across the projects in terms of their genesis. The fact that one group from another LDTF area was consulted by all three projects has led to a consistency of materials and methodologies used across the three projects. All three have evolved since their inception and offer a similar 'package' of activity in the schools in which they operate. There are similarities between the courses offered by the projects and another school programme in use in the project schools.

School personnel are involved mainly in talking to the facilitators before and during sessions, and two thirds have attended end of course presentations.

In the next section, the main research questions are outlined and the research methodology is described.



Research Rationale and Methodology

Rationale

Given the developments in primary schools detailed in Section One, a number of questions were identified as being relevant to the research project. The main questions related to the value of community-based courses in view of the fact that schools now have available to them more resources and training for substance misuse prevention education than was the case when the projects were instigated.

The main questions identified were as follows:

- Who do key groups believe should teach children about substances/prevention?
- Who do key groups believe children would find it easy to talk to about drugs?
- What are the perceptions of key groups of the community-based courses?
- What are the implications of specific recent developments in schools for the community-based courses?

While some of the projects are involved in activities other than delivery of courses to primary schools, it is only these courses, and related activities, that were the focus of this research.

The research project was considered small-scale, both in terms of funding and research sample. Accordingly, there were a number of areas deemed to be outside the scope of the research. Evaluation of individual courses, course approaches, and research of the effects of the courses on children were three areas in this category.

The aim of the research project was to gather information on the perceptions of key groups in

relation to the value of community-based substance misuse prevention programmes under the four questions listed above. The key groups identified were:

- children who had received the courses delivered by the three projects
- the parents/guardians of these children
- the facilitators who delivered the courses
- school personnel involved in the courses within the research period.

Questionnaires

Questionnaires were developed and piloted for each of these groups, samples of which may be seen in the appendices. Administration of questionnaires took place over a four week period in November and December 2003.

Child Sample

In the case of the children's questionnaires, a random sample of those who had finished the courses in the first term of the current academic year was chosen. An effort was made to strike a balance between disadvantaged and non-disadvantaged schools. Seven classes in all (including 5th and 6th classes) were surveyed across the three projects. In total, 158 children were surveyed. As questionnaires were administered in the classroom, the response rate was a very satisfactory 100%.

The use of a control group of children was discussed in the early stages of planning the research. However, it was agreed that as the research was concerned with establishing the

perceived value of the local courses (and not about measuring the effects of these courses on children), the use of a control groups was not deemed necessary.

Parent Sample

The children surveyed were given a questionnaire for their parents/guardians, to be completed at home and returned by post. Of the 158 given out, 62 were returned, giving a response rate of approximately 40%. Given that some of the questionnaires possibly never reached their target, the response rate is satisfactory.

Facilitator Sample

Facilitator questionnaires were sent to all those on the current databases in each project. Of the 17 sent out, 12 were returned. Of the 12 responses returned, it was noted that facilitators in one project had given a joint response. Accordingly, their response is treated as one in the findings and analysis. This effectively gives a response from 7 facilitators (41%).

School Personnel Sample

The community-based courses were being delivered in 16 schools in the September – December 2003 period. Questionnaires were sent to all school personnel in these schools with a connection to the projects. These included principals, class teachers whose classes were involved in the courses, and home school community liaison teachers (where available).

Forty-five school questionnaires were posted, and 19 were returned, giving a response rate of 42%. Because of the small number of responses, it was not always possible to analyse data separately for principals, class teachers and home school



community liaison teachers. In most cases, the findings are presented as a group response.

While it is acknowledged that the school personnel and facilitator samples are small, and may not necessarily be representative, it is nevertheless hoped that their data can shed some light on the matters in hand.

Interviews

In an effort to corroborate and enhance the questionnaire data, interviews were conducted with a small random sample of principals, teachers and parents across the three projects. In addition, the co-ordinators of the three projects were interviewed, and in each case they were also involved in delivery of the courses.

The interviews were conducted on a group and individual basis. In all a total of fifteen people were interviewed.

Observation of Course Sessions

Observation of course sessions took place on a random basis across the three projects and as schedules allowed.

Examination of Documentation

Key documents relating to the three projects were examined. These included the course materials in use, any previous evaluations of courses or projects, and files relating to the three projects, including reports from AGMs.

Terms used in this report

The term 'course facilitator' in this report refers to the 'non-school' deliverer of the project courses in schools. All of the course facilitators are parents themselves.

(Note: at the time of writing, one teacher has been involved in course delivery.)

Where the terms 'community-based' course or 'local course' are used, this refers specifically to the project courses delivered by the project facilitators, in primary schools.



Research Findings and Analysis

The findings of the research will be outlined in this section under the following headings:

- Who do key groups believe should teach children about substances/prevention?
- Who would children find it easy to talk to about drugs?
- What are the perceptions of key groups in relation to the community-based courses?
- What are the implications of specific recent developments in schools for the community-based courses?
- Summary of findings

The findings for each of the key groups will be outlined. For some questions, information was not sought from a particular group. For example, children were not asked the questions on policy or links to curriculum.

In a number of questions, respondents were asked to indicate their first, second and third choice preferences. All first choice preferences are illustrated by a graph (where appropriate).

Copies of the questionnaires are available in the appendices, therefore individual questions are not replicated here.

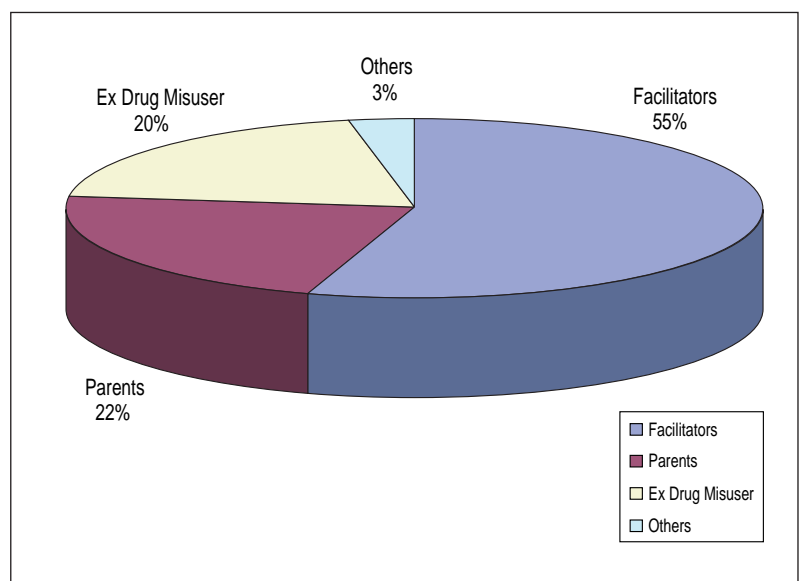
Q.1. Who do key groups believe should teach children about substances/prevention?

Respondents across all groups were asked to indicate their first, second and third choice preferences (from a prescribed list) who they thought should teach children about drugs and substance misuse prevention. The findings are outlined for each of the groups.

Children Responses

The following chart illustrates children's first choice preference of people to teach them about drugs.

Figure 1: Children's First Choice Preferences for Who Should Teach Them About Drugs



Similar second choice preferences were found. However, at this stage, teachers were chosen by 12%, followed by ex- drug misusers (10%). When it came to third choice preferences, there was an even spread of choices, with parents, guards, family members, teachers and ex-drug misusers all at about 20%.

Children did not include school principals, their childminders, friends and sports coaches in their ratings in any significant way.

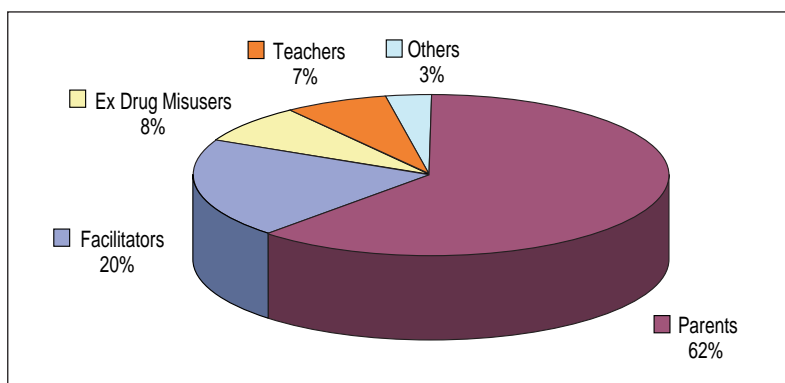
While some of the preferences may cause little surprise, the rating for ex-drug misusers to teach children about drugs warrants exploration.

A possible explanation for this could be the value that children put on getting information about drugs (this will be explored later in this section). It is possible that children assumed that they could get this type of information from ex-drug misusers rather than other people. This interest in information could also be the reason for the low/no rating of other categories of people for children.

Parent Responses

When parents were asked to rank order their top three choices for teaching children about drugs, the responses differed from the choices made by their children. 62% of parents picked themselves as a first choice preference, with course facilitators being chosen by 20% of respondents as their first choice. In contrast with the children, only 8% of parents chose ex-drug misusers among their first choice, followed closely by teachers at 7%.

Figure 2: Parents' First Preferences for Who Should Teach Children About Drugs



The course facilitators featured more strongly as a second choice preference (34%) while teachers came in at 24%, and parents at 13%. Teachers and course facilitators also featured in the third choices place (24% each). Guards were chosen by 15% in the third choice place, followed by ex-drug misusers with 13%. In common with the children, school principals,

friends, sports coaches, and minders did not rate significantly. Other family members were also not rated significantly by parents.

The high rating that parents gave themselves is in keeping with the ratings of the children. However, it is in contrast to the comment of one parent interviewed:

'I think it's good when it comes from an outsider rather than from us at home'.

The consistently high rating of the course facilitators suggests that parents value their contribution. As one parent interviewed said:

'... these parents were trained and they knew exactly what way to put it to the children rather than just me saying, I heard this or I heard that'.

Some insight into why parents might have chosen ex-drug misusers among their first choice preferences (albeit in smaller numbers than their offspring) can be gleaned from the parent interviews. As one mother stated:

'Give them a reality check and let it sink in for them'

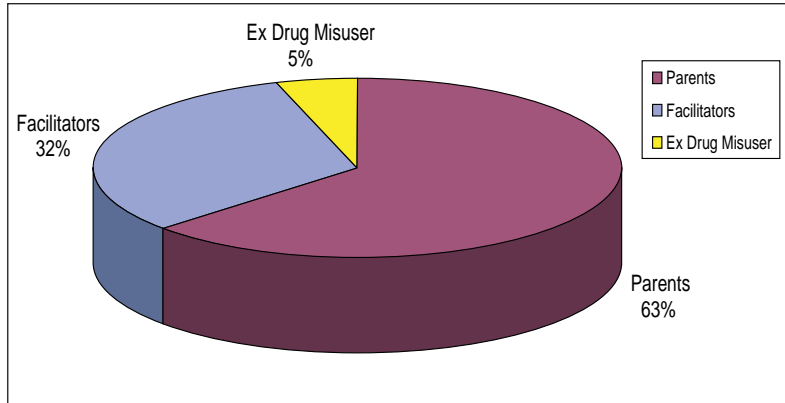
Another parent put it more directly:

'... maybe someone that used drugs.... To come in with the [Facilitators]. You know it just might show how they got into the trap of drug use. Show them their arms, collapsed veins, the whole lot'.

School Personnel Responses

Parents led the first choice preference for 12 (63%) out of the 19 respondents, while course facilitators were chosen by 6 (32%). Ex-drug misusers were chosen by just one individual.

Figure 3: School Personnel’s First Preferences for Who Should Teach Children About Drugs



Teachers were favoured by 9 (47%) as their second choice preference, followed by the course facilitators at 6 (32%). Course facilitators (6) (32%), teachers (5) (26%) and guards (4) (21%) were chosen in third place.

An interesting aspect of the school personnel responses in comparison to the previous responses was the narrow range of choices. Only three choices were highlighted in any significant way –parents, teachers and course facilitators.

The fact that teachers did not choose ex-drug misusers in any significant way may be explained by a comment made by one teacher interviewed:

‘ I think a reformed addict might be a bit much, that’s more for second level ...’

Of interest here is the rating teachers give themselves in relation to who should teach substance misuse prevention. This contrasts with the rating given by children, and is closer to the parent rating.

The high rating for the course facilitators is underlined by comments made at interviews. As on principal stated:

‘...the facilitators, well obviously they’ve been trained but they are able to elicit from those who might not want to contribute to make a contribution’.

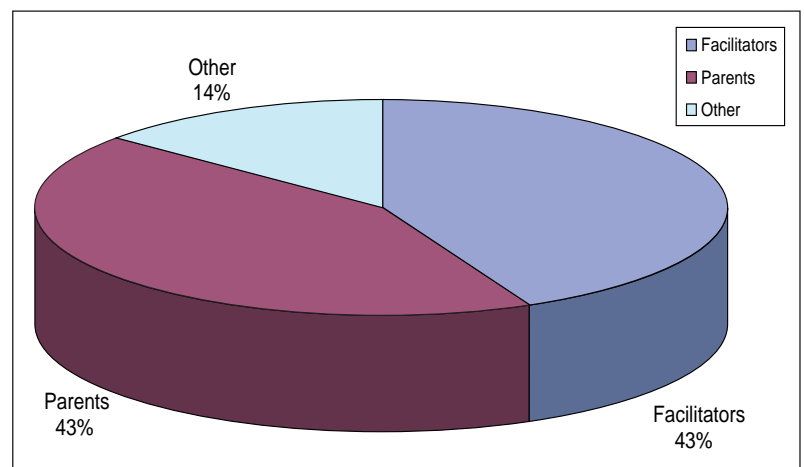
Or as a teacher said:

‘ ...And they are very non-judgemental’.

Facilitator Responses

Facilitators and parents tied for first choice preference in this group (3 each).

Figure 4: Facilitators’ First Choices to Teach Children About Drugs



Second choice preferences were similar. Teachers were top in third choice (3), followed by ‘other family members’ (2), friends (1) and ex-drug misuser (1).

Comment

The most consistently chosen groups to teach children about drugs were the parents and the course facilitators. Teachers were also rated, but not as highly by children, course facilitators or parents as by the school personnel. A possible explanation for this may be the practice of many teachers to absent themselves from the

classroom when the courses are taking place. This is usually done to facilitate open dialogue between the children and the course facilitators, but it may send a message to the children in particular that the teacher is not involved in substance misuse prevention education. As has already been mentioned (in Section Two), the practice contradicts recommendations about the use of visitors in classrooms.

The rating for an ex-drug misuser to teach children about substance misuse prevention is noteworthy. While this approach has been used to some extent in second-level schools, it has not been used at primary level as far as this researcher is aware. The approach itself causes debate among substance misuse prevention educators, with some believing that the 'reality' of the encounter might help to reduce experimentation, and others seeing it as counterproductive, and perhaps even glamorising substance misuse. Morgan (2001) points out that the effects of such interventions 'do not contribute greatly to prevention' (p.28). Schools have to balance the desire for information and 'reality therapy' that children and parents might wish for with prudent use of age-appropriate and effective approaches.

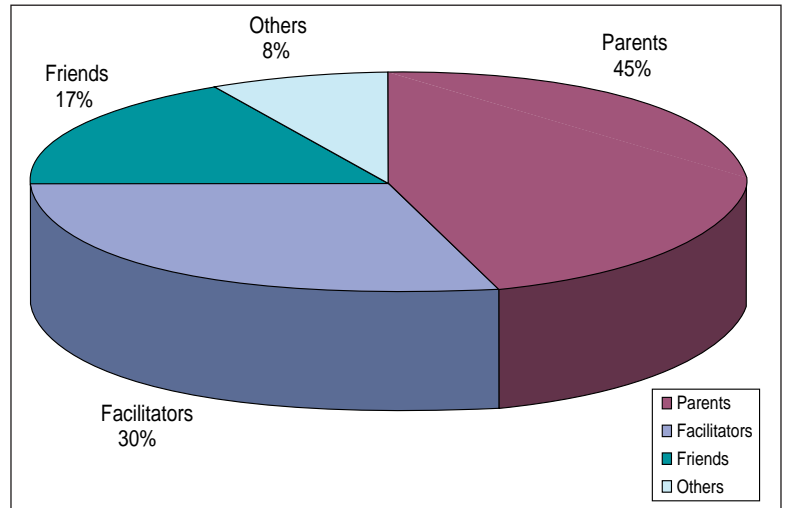
Q. 2. Who do key groups believe children would find it easy to talk to about drugs?

In order to identify who the key groups believed children would find it easy to talk to about drugs, all groups were asked to rank order the same list of people as in the previous question. A number of related questions were asked. The findings are also included under this question.

Children Responses

Nearly half (45%) of the children said that they would find it easiest to talk to their parents, followed by course facilitators at 30%, and friends at 17%.

Figure 5: Who Children Find it Easiest to Talk to About Drugs



The order changed only slightly for their second choice preferences. On the third choice preferences, there was an almost even spread between friends (17%), course facilitators (16%) and parents (15%), however other family members (14%) were chosen nearly as much as parents at this stage. While teachers and ex-drug users were only chosen by a very small number of children, their ratings over the three choices were similar:

Children were least likely to talk to the school principal or their sports coach about drugs. An insight into why school principals might not rate on this or other questions was given by a principal interviewed, when commenting on his role:

'At the fifth/sixth class level if there is any shenanigans going on, it is my unfortunate task to work myself into a lather of frenzy and give out to them even though I'd probably feel more like laughing at them, you know, or laughing with them at times.'

The high rating for parents in this question will be a source of comfort for many parents. It suggests that at the class levels involved, they are still an important support for children. As one parent interviewed said:

'... I would hope that they would come to talk to me first...'

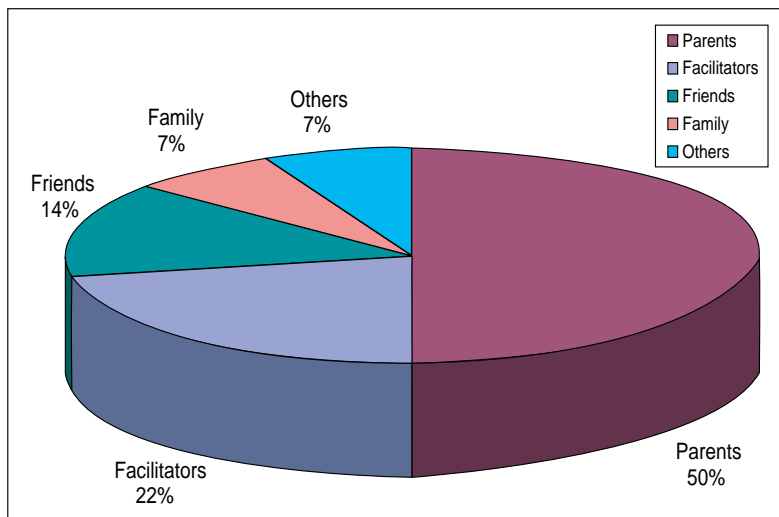
The rating for course facilitators ties in with comments made at interviews. As one co-ordinator said:

‘Children would find it easier to open up to facilitators ...’

Parent Responses

Parents rated themselves consistently as the people that children would find it easiest to talk to about drugs. Half the sample (50%) made them their first choice preference, followed by course facilitators (22%) and friends (14%).

Figure 6: Who Parents Think Children Would Find It Easiest To Talk To



Parents and other family members were rated similarly as second choice preferences (24%). Friends were chosen in second place by 19% of the parents, with the course facilitators slipping into fourth place on 13%, where they tied with the teachers. For their third choice preference, parents chose teachers at 24%, course facilitators at 21% and there was a tie between parents and other family members at 15%.

Principals, sports coaches and ex drug misusers were the people least chosen by parents.

The similarity of parent and children choices is interesting. It demonstrates that parents are very well tuned into their children's preferences in this regard.

The high rating for the course facilitators was underlined by comments made by parents who were interviewed;

‘... it was done in a non-judgemental way’

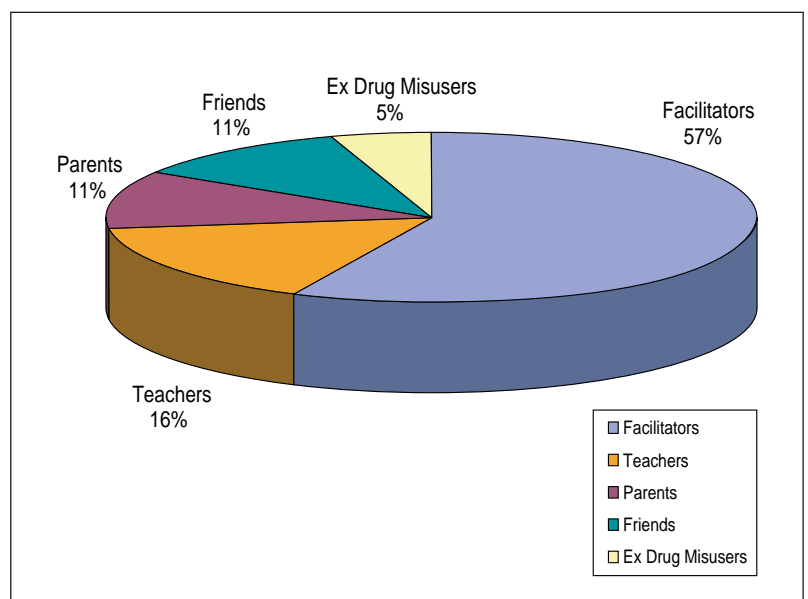
‘It made them feel more relaxed. They felt they could speak their minds you know, not under pressure.’

School Personnel Responses

Course facilitators were the first choice preference, with 11 (57%) of those surveyed believing that children would find it easiest to talk to them. Teachers were the next highest rating at 16%. Parents and friends tied in third place at 11%.

While parents or children may not have chosen teachers as people that children would find it easy to talk to about drugs, the school personnel rated them highly across all three preferences.

Figure 7: Who School Personnel Think Children Would Find it Easiest to Talk to



For their second choice preferences, course facilitators, parents, teachers and friends all tied at 21%. In third place, it was parents (42%), teachers (16%) and course facilitators (11%).

Those not rated by school personnel were the school principal, minders, other family members and guards who were not chosen at all.

Again, the range of choices in this group was narrower than the children or parent choices. Of interest here is the high rating for course facilitators. The idea of having someone for children who was not in a position of authority was highlighted by one principal interviewed:

'They speak to them and they speak very free and easy with them ... They don't have any contact with the parents and likewise the teachers so they are not cagey at all in what they say to the facilitators.'

The neutral theme is again highlighted in the following comment from a teacher:

'We are possibly talking about somebody like the ladies from xxxx, you know what I mean, who are neutral, they don't know them outside of the classroom and they can talk away to them and they are not going to be quoted ...'

It is the practice in a number of schools to absent the teachers from the classroom when the local course is delivered. As one principal stated:

'... a decision reached consciously at the beginning to deliberately stay out of the class in order to facilitate the children being more open ...'

This practice appears to contradict the rating given by school personnel for teachers as someone that children would find it easy to talk to about drugs.

Facilitator Responses

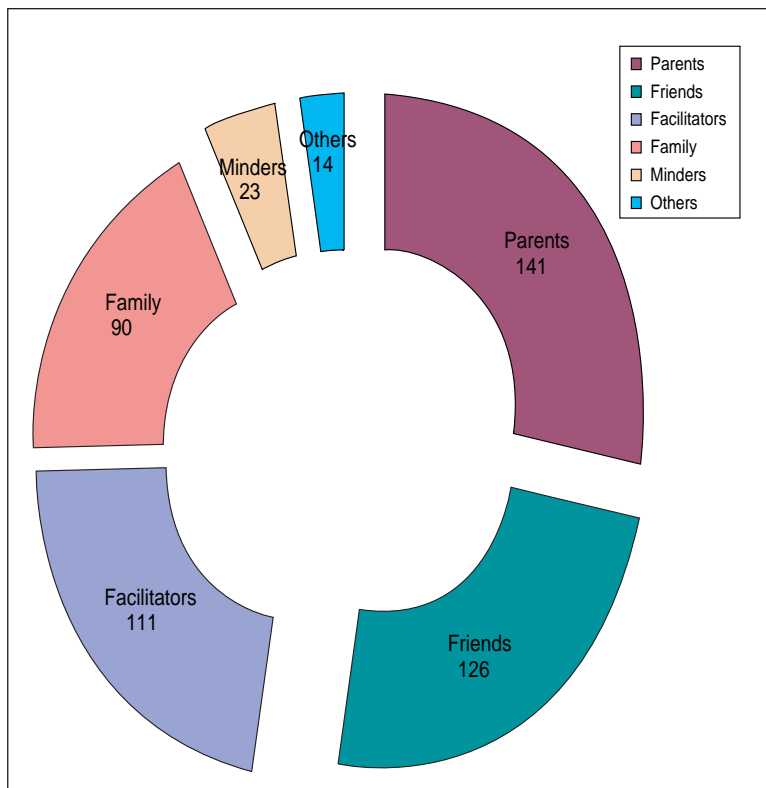
Course facilitators (5) and friends (2) were the top choices for the facilitators. There was a greater spread for choices two and three, facilitators and friends tying as second choices (2), followed by parents, teachers and minders (all 1). In third choice, 'other family members' were most frequently chosen (5). This is consistent with what was said at interview, as already outlined. What may be surprising is the low rating for parents which is at variance with the ratings of the other groups. Given that all the facilitators were parents themselves, this is all the more surprising.

Q.2a. To whom Did you Talk? Children Responses

As well as asking children the previous question, children were also asked who, if anyone, they had talked to about any aspect of the course. The numbers in Figure 8 are the total mentions for each person. Parents were mentioned most frequently (141 mentions), followed by friends (126) and course facilitators (111). The high mentions of course facilitators is not surprising, given that they were facilitating the courses. Other family members were mentioned 90 times, and childminders 23 times. With the exception of minders, the results are consistent with the previous question.



Figure 8: Individuals That Children Talked To



While minders were not chosen by children in any significant way in relation to finding them easy to talk to about drugs, the reality is that 14% of children reported talking to them about aspects of the courses. It may be that the minder is the first person that the child meets after school and therefore it is logical that they might talk to them about what they learned/experienced. However, they were not chosen to talk to about drugs except in relation to what they had learned on the course.

Teachers were not mentioned by children in any significant way as people that they talked to about what they had learned on the course. This again contrasts with the ratings of the school personnel for teachers in the previous questions. It also contrasts with the findings outlined in Section Two where all of the class teachers stated that they had spoken to their class about the course.

A study by O'Connor et al (1998) suggests that the high rating for parents as people to talk to may not be found in all situations. In their study, children at second level were more likely to turn to a friend than to a parent (p.20). It may be that the age of the children in this research had a bearing on their choice of people to talk to.

Parent Responses

When parents were asked if their child had spoken to them about any aspect of the course, 89% said they had. As one mother interviewed said:

'... (Child's name) did it and she was all talk about it'.

Another parent made an interesting comment about the timing of the discussion:

'I remember (child's name) asking me questions about did I ever smoke and had I ever taken cocaine, you know these sort of questions that came out of the blue over the dinner table and you know that I wouldn't expect her to ask normally ...'.

The 'fortuitous and opportunistic' nature of discussions in relation to substances is also borne out by the research of O'Connor et al (1998, p.20).

If we compare the responses in this question to the previous question (who would you find it easiest to talk to about drugs), we can see that there is a consistency in relation to parents, course facilitators and friends.

School Personnel Responses

School personnel were asked whether they had talked to the children about the courses. Of the 11 class teachers surveyed, 10 indicated that they had spoken to the children about the courses.

This contrasts with the children's indications of who they talked to about aspects of the courses. A possible explanation for this discrepancy is that while teachers are at all times available to talk to children in the classroom about what they are learning (and therefore do not stand out in any way in this regard), other people are not.

Q.2b. What parents and children talked about

As already mentioned, a substantial number of parents said they had spoken to their child about some aspect of the course. There was a marked consistency of response across all courses in relation to what they talked about. A typical written response to this question was:

'Cigarettes – the amount of harmful chemicals. Alcohol – the effect it can have on personality and home life. Drugs – peer pressure'.

Another typical response mentions the project that children undertake as part of their course:

'Various types of drugs. His project on drugs. How drugs ruin lives'.

The large number of responses (and their specificity) indicates a high level of involvement with the course content and shows that the courses provided an opportunity for parents to discuss and reinforce with their children what they were learning.

Comment

In light of the findings in the previous related questions, it appears that there is a consistency in terms of who children would find it easiest to talk to about drugs and who they actually talked

to about aspects of the courses. It is noteworthy that teachers do not rate highly on either of these questions, except in their own and parents ratings.

Q.3. What are the Perceptions of Key Groups of the Community-based Courses?

Parents, school personnel and course facilitators were asked a number of questions about the aims of the courses. Parents, children and facilitators were asked about likes and dislikes in relation to the courses. While school personnel were not asked about likes and dislikes, they were asked to identify the value of the courses. This will be documented in the next sub-section. All groups were asked how they thought the courses might be improved. The findings of these related questions give a clear picture about perceptions of the courses.

Q.3a. Aims and Perceptions of Aims Parent Responses

Of those who responded to this question, 60% said that they were familiar with the aims and 11% said 'no.' A significant number (29%) did not respond to the question at all. If we were to assume that the lack of response indicated a lack of knowledge about the aims of the courses, this could potentially put the 'no' figure up to 40%. Given the potential already identified for parents to reinforce the learning of their children on the courses, the lack of response and the 'no' response may be a cause of concern to those facilitating the courses.

Of those who did respond in the affirmative, the following samples give a flavour of the typical responses:



'Educate children about dangers of drug abuse. Help children to say 'no' to drugs.'

Another example puts it more succinctly:

'To stop kids from taking drugs'

One parent interviewed stated:

'We didn't get the list of the aims beforehand, you know. It was just going along and seeing what they were doing you felt that was what they are aiming at.'

School Personnel Responses

A similar percentage of school personnel (63%) as parents stated that they were familiar with the aims of the courses. The responses were very similar to the parent responses. A typical example is as follows:

'To develop children's awareness about the dangers of drug-taking. To develop children's ability to make informed decisions. To develop strategies for resisting peer pressure.'

School personnel responses mentioned skills more often than the parental responses.

As before, there were a significant number of non-respondents to the question (21%). Again, if

it were assumed that no response indicated a lack of knowledge about the aims, the 'no' figure could be 37%. Further analysis shows that slightly more class teachers than principals or home school community liaison teachers did not respond or did not know the aims of the courses.

Facilitator Responses

As might be anticipated, all the facilitators stated they were familiar with the aims of the courses. The responses to this question given by co-ordinator interviewees have already been documented in Section Two. In the questionnaire responses, the emphasis was on the skills that children would acquire through the courses:

'... educating a young person before they are offered drugs to make informed choices'

'Through role-play – we aim to give children the practice in saying no assertively'

'To explore the uniqueness of each child and encourage them to embrace this uniqueness instead of 'following the crowd' and so increase self-esteem of each child'

Comment

Given the potential of key groups to reinforce and support the work being done on the courses with children, it is a matter of concern that there is a possible lack of knowledge about the aims of the courses. Although the number of school personnel questionnaires returned is small, there is no reason to suggest that they are not typical responses. In fact, it could be argued that those who returned questionnaires are more likely to be familiar with the courses and their aims than those who did not return questionnaires.



Q.3b. Likes and Dislikes in Relation to Courses Parent Responses

Parents were asked whether there was anything they liked (or did not like) about the courses. The fact that 79% documented their 'likes' is an indicator of satisfaction levels with the courses. A sample of the responses are given here:

'The way it helps the children to understand. The way the children can ask their own questions. The way drug misuse is brought out into the open.'

'The fact that drugs are not glamorised. The fact that children can go forward with all the relevant information'

'The fact that someone else besides us is making them aware. That it is ok and safe to say no'

A small number of responses (15%) commented on aspects they did not like. The majority of these comments related to lack of awareness/knowledge of the courses, and some suggestions about informing parents in the future. A response from a mother interviewed which underlined this was:

'To try to get the parents involved as well is a good idea.'

Children Responses

All of the children responded to the question about 'likes' and the typical response was to write three 'likes'. Over the three courses delivered by the projects, the most frequently mentioned 'like' was the information given on the courses about various types of drugs, including alcohol and nicotine.

'I liked that it gave you a lot of information about drugs''

The next most frequently mentioned aspect was the various methods employed by the facilitators on the courses. Of these, role play was mentioned most frequently, followed by the project undertaken during the courses, games, pictures, quizzes, raffles, discussion and stories:

'I like the way they made it enjoyable'

Another important category of 'likes' related to the course facilitators. Across all courses, the facilitators were considered to be kind, good listeners, easy to talk to and 'fun':

'The people because they were nice and very helpful'

A smaller number of responses referred to the skills they had learned on the courses. Some children mentioned learning to say 'no' was something they liked about the course, while others said they had learned about making choices.

'I liked when we did plays of ways of saying no'

An even smaller number of responses referred to the fact that the courses allowed them time off from their usual lessons, and that they were a welcome break in the normal classroom routine.

When children were asked was there anything they did not like about the courses, the response

rate was very low. Typical responses related to missing parts of the courses e.g. the role play, not liking the raffle ('because I never win'), or running out of time in the discussions. A few comments about children messing or not listening were also noted.

Overall, the children were extremely happy with the course, as can be summed up by the comment:

'They were very good and we looked forward to them every week'

The 'likes' expressed by the children give further insight into their choices of people to teach them and talk to about drugs. As already mentioned, children's interest in information may have informed their choices, as they were more likely to pick people to teach them whom they saw as having information about drugs.

Facilitator Responses

All the facilitators listed a number of things that they liked about the courses. Just as children enjoyed working with the facilitators, the facilitators also enjoyed their interactions with the children:

'The interest and enthusiasm of the children'

The opportunity to work with children in their own community in particular was highlighted:

'The fact that when we meet the children on the street they recognise us'

Also, the idea that they might have given the children something that would stand to them in the future was also mentioned:

'The feeling that maybe some children will remember us at a critical time for them'

Few dislikes were mentioned by the facilitators. However, not having enough time to do the courses was a source of dissatisfaction for some, as was the perceived lack of interaction with key groups such as parents.

Comment

The similarity of likes among parents and children is highlighted in the data. These may also help to explain some of the choices made in previous questions. The satisfaction of the facilitators arising out of their work with the children is also highlighted in the research. It is obvious that for these groups the perceptions of the courses is very positive as they currently stand. In the next sub-section, the courses will be looked at in the context of specific developments in primary schools over the last number of years.

Q.4. What are the implications of specific recent developments in schools for the community-based courses?

Given the recent developments in primary schools already outlined in Section One, and the perception that there are now more resources available to schools that want to engage in substance misuse prevention work, one of the key questions addressed in this research was about the effect these might have on the community-based courses. A cluster of questions related to this were included on the school, facilitator and parent questionnaires. For example, school personnel were asked to list the approaches to drug prevention education that were in use in their schools at the various class levels. Parents, on the other hand, were asked to rate the same approaches in terms of their usefulness. All groups were asked to identify specifically what value they thought was provided by the particular course they were involved with.



As already outlined, children were asked to identify what they liked and did not like about the courses and this was outlined in the previous sub-section. From these it may be possible to infer what value they saw in the courses over and above other approaches available in their schools.

The findings of these related questions are documented under the various groups as before.

Q. 4a. Approaches used in schools - Parent Responses

Parents were asked to rate a number of approaches to drug prevention education commonly used in schools. Among these were the courses facilitated by the projects, other school programmes/courses, or talks by guards

Table 1: School Approaches to Substance Misuse Prevention – Parent Ratings

Approaches in school	Very Useful	Useful
Local courses	37%	17%
Talk - guards	16%	22%
Talk – ex-misuser	16%	24%
School Programmes	15%	33%
Other	15%	

or ex-drug misusers. Of the 73 responses in the very useful category, the community-based courses got most mentions (37%), followed by talks by guards or ex-drug misusers (16% each) with school programmes coming in at 15%, tying with various other approaches not listed on the questionnaire e.g. t.v., parents etc. In the useful category, school programmes were rated the highest (33%), followed by a talk by ex-drug misusers (24%), talk by a guard (22%) and the community-based courses (17%). Mentions under other categories (don't know, not very useful and not useful at all) were insignificant.

When parents were asked to identify what might be specifically provided by the community-based courses, three out of four responded. Nearly half of the responses were similar to those given by parents when they were asked to comment on course aims. The content of the courses was mentioned, along with key activities such as the project that children undertake during the courses, the role plays and the certificate ceremony at the end. Typical responses in this regard are as follows:

'Awareness of the drugs and problems associated with these, not just alcohol, e-tabs and smoking. The children participate fully through talk and projects'

'The xxxx course gets the children themselves involved by doing projects and by giving an oral presentation at the end of the course'

About a quarter of responses referred to the course facilitators. Typical comments were:

'Kind facilitators who speak with the children at their level'

‘The facilitator became quite close to the boys and made it easier for them to talk to her’

Another aspect valued by parents was the fact that the courses were done in a setting where children were comfortable:

‘Safe and familiar environment for children to ask questions’

‘Good setting in classroom, with friends, without teacher’

As one mother interviewed said:

‘It brought it out in the open for them’.

A small but significant percentage (20%) mentioned that they found it hard to comment as they were not familiar with other substance misuse prevention courses:

‘I would not know about any other courses as this is the only time we have been involved with drug awareness etc.’

School Personnel Responses

School personnel were asked what approaches to substance misuse prevention education were being implemented in their schools at the various class levels. From the data gathered, it appears that provision of substance misuse prevention increases with the age of the children, with children in junior classes typically receiving one intervention, while children in senior classes (5th and 6th in particular) receiving up to 4 interventions.

Across all class levels, the WTP was the approach mentioned most frequently, with nearly half the school personnel respondents indicating they were using this at junior levels,

and a steady rise in its use up to nearly three quarters in 6th class. This does not equate with three quarters of the schools as there was more than one response from each school. For information on the implementation of the WTP (which is outside the scope of this research), readers should refer to the two evaluations of that programme.

As the school personnel surveyed were chosen because of their involvement with the community-based courses, high rates of implementation are reported, with three quarters of 5th classes and all of 6th classes receiving the courses at that point in time.

Over a third of respondents reported using talks by guards, in 5th and 6th classes in particular; while a very small number reporting using this intervention in 4th class. Where schools had special classes, the most common interventions were the WTP, the local course and talks by guards.

There is a link between the choices of school personnel on who should teach substance misuse prevention education and the range of approaches actually present in schools. For example, the choice of guards was highlighted under Q.1.

When school personnel were asked to indicate what they felt the community-based courses had to offer over and above other approaches, they were far less likely than parents to comment on course content and methods. A number of responses referred to local connections:

‘Connection and dialogue with figures in their own communities’

‘Local knowledge and familiarity with the children’

One principal interviewed made the point that while the course facilitators were excellent:

'In an ideal situation you would have parents from the school community doing something like that... (delivering the course).'

This was in reference to the fact that in that particular area the course facilitators were from outside the catchment area of the school.

Partnership was another theme identified:

'Parents/guards – other agencies coming together'

'Importance of co-operation between parents and school'

The novelty aspect of the courses was also valued:

'Fresh faces – make the children pay more heed'

One principal interviewed commented at length about the value of external facilitators coming in to give the courses:

'... it is done in an enjoyable enthusiastic way because the people who are coming in are fired up for it whereas if I was in the class all day and saying I have to do that thing now, you know you say ... get it done ,fill in that sheet, done'.

The notion that children might be able to talk more easily to those not teaching them on a daily basis was also mentioned:

'It gives the children a forum to speak without intimidation by authority figures in their lives'

This ties in with findings about who children would find it easiest to talk to about drugs.

A small number of comments suggested that the course was more focussed than other drug prevention programmes:

'It is more focussed on all substance misuse – more so than Walk Tall'

The fact that children also valued the focus on drugs information is significant.

School personnel were invited to suggest any changes that they would like to see in the courses. No overall theme is discernible in the small number of responses, with a number of respondents taking the opportunity to say that they were happy with the courses as they were currently running.

However, one teacher interviewed made the following point:

'I do think the parents should have it explained to them, to come to a meeting beforehand, to have some kind of involvement because otherwise it is just another school thing'.

This teacher did acknowledge the difficulty of getting parents to come into the school:

'... they didn't even turn up for the presentation'.

This was also acknowledged by a principal interviewed:

'I would say the biggest disincentive for those ladies is the lack of obvious support from parents'.

Two teachers interviewed made points in relation to improving the course which was about engaging children with original materials

(such as advertisements from newspapers), with the emphasis on children having to do the research themselves:

'Probably a little more effort could go in to encouraging them to find bits in the newspaper and that kind of thing'.

The second teacher advocated the use of video, c.d. and catalogues to introduce media studies and get children to discuss;

'... what message is in it'.

One principal interviewed alluded to the fact that there had been some discipline problems in one class, and that:

'I think it would be important that they would let us know because we didn't find out about it until as I say four or five days later'.

A teacher also referred to the desirability of knowing what had gone on in a particular class:

'... regarding the content of each class, after it has been taught – any questions/ situations/unusual problems they have had'



One teacher commented on the lack of differentiation between the work done in 5th class and 6th class. This should be noted if adapting materials for use at other class and school levels.

Facilitator Responses

Facilitators were also asked to rate particular approaches (including their own courses) to substance misuse prevention in terms of their usefulness. A number of approaches were rated as very useful, including the community-based courses (top choice in this category), followed by the WTP programme, and talks given by guards and ex-drug misusers. In the 'useful' category, all approaches listed were ticked in almost equal frequency. One facilitator ticked in the 'don't know' category for a talk by ex-drug misuser or guard.

When facilitators were asked what the community-based courses provided that was not available through other approaches, the most consistent response was the local base of the facilitators, and their knowledge of the communities in which they worked:

'Parents are from the local community and have more local information about what is happening in relation to drug abuse in the area'

This underlines the points made previously about the facilitators coming from within the catchment area of the schools. (It was noted earlier that one project was operating outside its community area.) The facilitators also highlighted other aspects that they felt were important:

'Children are relaxed and talk easily to facilitators who are not regarded by them as authority figures'

The fact that the children would be able to approach the facilitators outside school in the local area was also mentioned.

When facilitators were asked to suggest ways that the courses might be improved, the most common response was to try to involve parents in various ways:

'I would like to see a parent course running alongside the children's course so that parents would be aware of the work that the children are going to cover'

One other area was also mentioned frequently, and that was more time with the children:

'I would like more time to deliver the programme'

This was an area that was also highlighted in interview by all co-ordinators.

Another area mentioned was follow-up, possibly tracking children into second level to see what their needs might be at that stage. This may point to an area for development in the future.

Children Responses

While it was not assumed that children would be aware of all the approaches that are available for substance misuse prevention, as the main targets of these approaches it was thought that



they might have some insight into the usefulness of certain approaches. Children were asked to suggest ways that schools could help prevent children getting involved in drugs. Their responses are very clearly related to their 'likes' about the courses. The most frequent suggestion was information – about drugs, the harm they can do to you, and how easy it is to get addicted, particularly if this was accompanied by a video:

'Teaching them about drugs, explaining what they do to you and what pain you'll go through'

The next most frequent suggestion was the course that they had undertaken:

'xxxx facilitators would get it into your head to just say no and walk'

From this we can infer that the children thought that the course was of benefit in relation to substance misuse prevention education. Another large cluster of suggestions centred around the idea of some type of supervision, ranging from parent supervision, homework clubs and other activities to keep children out of harm, to:

'A personal minder 24-7 goes wherever you go except (sic) toilet, shower, bed'

A smaller number of responses suggested getting an ex-drug addict to come and talk to the children:

'... bringing in someone who was on drugs so we could hear what his/her life is like'

Overall, the 'likes' that children expressed about the courses, and their suggestions about how to prevent drug misuse, point to the fact that they valued what they had experienced on the courses and saw them as a way of preventing substance misuse among their peers.

Comment

Although it appears that there are a number of approaches in use in schools to deal with substance misuse prevention, particularly at senior class level, the community-based courses are deemed to be very useful more often than other approaches, by parents, school personnel and course facilitators. The parents see value in the courses in terms of what children learn and how the course facilitators approach substance misuse prevention, while the school personnel value the partnership the courses promote, as well as the novelty factor for children. Children also see a value in them, as they are highly rated among suggestions for what might work with their peers.

In the next sub-section, the implications of another key development will be explored.

Q. 4b. Links with the SPHE Curriculum

The introduction of the SPHE curriculum into all primary schools is a relatively recent development. A concern identified at the outset of the research project was the place of community-based courses such as those offered by the three projects in this new curriculum. The course content and methodologies are certainly appropriate if one looks at the aims of the SPHE curriculum, one of which is to:

“promote the health of the child and provide a foundation for healthy living in all its aspects”. (SPHE Curriculum Guidelines, p.9).

The strand: Myself, and in particular, the strand units: Taking Care of my Body and Safety and Protection, deal specifically with drugs and drug-related issues. Role play, discussion, and other types of interactive learning such as take place on the courses are recommended in the

curriculum guidelines not only for the SPHE curriculum, but also in other curricular areas.

School personnel and course facilitators were asked to rate the courses in terms of whether they felt the courses greatly enhanced the SPHE curriculum in the schools or not.

School Personnel Responses

90% of school personnel felt that the SPHE provision in their school was greatly enhanced by the local courses. When asked to comment on their rating, the following was typical of the written responses received:

‘The xxxx programme actually covers large areas of the SPHE programme and is very effective because it involves people from the children’s community.’

Some of the responses referred to the expertise that the course facilitators had, an expertise that some teachers felt they did not have:

‘The course facilitators have the knowledge that I do not and they are able to relate to the children in a different way’

Another teacher interviewed pointed to the fact that the course:

‘If you add it all up It really would have half a term, half a terms’ work on SPHE’.

However, as one teacher pointed out:

‘It is only one part of a very comprehensive programme and it needs back up from the class teacher’

This point was also made, although in a different way, by one teacher interviewed who stated:

'...we would be doing a lot of things in the classroom as part of the SPHE programme which would reinforce what's being done, without getting to talk about specific drugs...'

Another teacher interviewed made the point even more strongly:

'It won't succeed if there is nothing there to support it ...do you know what I mean... if it isn't coming on to a good foundation.'

A principal interviewed stated:

'I think it complements the things we are doing ourselves ...They (teachers) are hardly going to focus in on the SPHE as a priority ... Social subjects like this are put on the back burner'

Facilitator Responses

When the facilitators were asked how the local courses enhanced the SPHE curriculum in schools, 5 out of the 7 said it 'greatly enhanced' the provision, while 2 responded in the 'not sure/hard to say' category. One answer may shed light on a number of related issues in the research project;

'I think the xxxx programme compliments the SPHE programme, but feel in some schools because of time constraints, teachers feel we cover the 'drugs strand' of the SPHE model and so they don't cover it'

If this were the case, it might explain why children did not rate teachers to teach or talk to them about drugs. It would also lessen teacher's ability to influence children and reinforce the project work.

When asked to comment on their rating, few of the facilitators wrote anything. This may point to a lack of specific information about the SPHE

curriculum. The course facilitators were not given the opportunity to partake of the training provided for teachers in relation to SPHE. This has caused some frustration in the projects.

Comment

From the data gathered, it appears that the place of the community-based courses within the SPHE curriculum provision in schools is well-established in the project schools. The data also suggest that the local courses provide a focus for particular strands of that curriculum that might not otherwise be prioritised by teachers. It is regrettable that this focus has not been acknowledged by allowing the course facilitators to take part in the DES training in SPHE.

Substance Misuse Policy in Schools

An area of interest for the LDTF and the course facilitators was the obligation on schools to have a substance misuse policy in the current academic year. This is a recent development that could potentially affect the community-based courses. The LDTF was interested in finding out what stage schools were at in the process of drafting policy, while the course facilitators were aware that, in that process, the value of their courses might come under scrutiny. Accordingly, the two groups who were asked about substance misuse policy development were the school personnel, who would be in a position to know what was going on in their schools, and the course facilitators, who had an interest in finding out if there were any implications for their work.

As the number of individuals and schools involved is quite small, it is not suggested that their responses are typical – indeed it could be



argued that their involvement with the local courses might not make them typical at all in this regard. The information is presented here as an interesting snapshot of what was happening in the project schools.

Q. 4c. Do you have a substance misuse policy in your school? School Personnel Responses

Of the responses received, two thirds said that they had or were in the process of developing a substance misuse policy. This leaves a third of school personnel who had not begun the policy development work.

When asked how this work might affect the local courses, the overwhelming response was that it would not. A typical response was:

'The xxxx facilitators were involved in drawing up the policy',

or

'the xxxx courses are specifically mentioned in our policy'.

On the basis of these responses, it would appear that the substance misuse policy process has helped to embed the courses in the substance misuse prevention education provision in the project schools.

It is interesting to note that while one principal interviewed stated that they had not begun the policy work, the course facilitators were seen as being part of the work:

'I'd say they would be a central part of it'.

Facilitator Responses

The unanimous response of the facilitators was the substance misuse policy would not pose any threat to their courses. In one project, the facilitators had been part of drawing up the policy. Another facilitator suggested that the policy would clear up 'grey areas' for both teachers and facilitators, while another suggested that the policy work might actually increase demand for the local courses.

Comment

On the basis of the data gathered, it appears that the community-based courses have gained in terms of now being a concrete part of school policy in the schools that have begun this work.

Summary of Research Findings

In this section, data relating to a number of key areas in relation to the community-based courses have been explored.

Firstly, it is obvious that in terms of teaching and talking to children about drugs, the course facilitators rate highly across all groups. The data outlined support the view that the course facilitators are valued both for their expertise and the qualities that they bring to their work. It is interesting to note that those who rate the facilitators highest on these questions are those that are closest to the courses i.e. the children and the school personnel.

It is also found that parents rate themselves highly in terms of teaching and talking to children about drugs, and are rated highly by others. However, one source of concern identified is the difficulty of engaging the parents in a meaningful way in the work that is being done. Another concern is the number of parents who are unclear about the aims and content of the courses.

One of the key questions in the research is the value of community-based courses. In terms of usefulness, the courses were rated highly by all groups. Parents considered the courses to be the most useful approach to substance misuse prevention education. School personnel valued the partnership afforded by the courses, and

also rated them highly, with 90% of them stating that the SPHE provision in their schools was 'greatly enhanced' by the courses. Children identified their likes and dislikes about the courses and it can be inferred that they found them of value, given the high number who responded to the 'like' question and the small number who responded to the 'did not like' questions. What they valued most was the information given to them about alcohol, nicotine and other drugs, followed by the active learning methods used on the courses. Their main suggestions for successful substance misuse prevention education included information and the courses themselves.

In relation to substance misuse policies in schools, the main findings were that about two thirds of school personnel are involved in the drawing up of policy. In relation to the courses on offer by the projects, the effect of the policy formation was seen to be positive, allowing for a formalisation of the courses in the substance misuse prevention policy in the schools surveyed.

In the next section, the main findings will be used to draw some conclusions and suggest recommendations for future developments.



Conclusions and Recommendations

This report so far has outlined the rationale and focus of the research undertaken (Section One, Three), the three projects have been profiled (Section Two) and the research findings have been documented under key headings (Section Four). This section will draw some conclusions from the findings and suggest ways of addressing these in the future.

The research sought to gather information from various groups in relation to the following key areas:

- Who do key groups believe should teach children about substances/prevention?
- Who do key groups believe children would find it easy to talk to about drugs?
- What are the perceptions of key groups in relation to the community-based courses?
- What are the implications of specific recent developments in schools for the community-based courses?

These conclusions and recommendations will refer specifically to the findings within the research project. There will be also some conclusions and recommendations of a more general nature included that may be of interest to both the research participants and those engaged in similar work throughout the country.

Q.1. Who do key groups believe should teach children about substances/prevention?

The research findings indicated that the most consistently chosen people to teach children about substances and prevention by all groups were parents and the course facilitators. School personnel rated teachers higher than the other groups surveyed. It was suggested that as teachers generally absented themselves from the courses for specific reasons, this might have had a bearing on the choices made. Parents and children were more likely to rate ex-drug misusers than the facilitators or school personnel. The emphasis children place on getting information about substances was suggested as a reason for this. It may also explain the low ratings given by children for other people such as school principals and child minders. The desire of some parents to make the children's experiences 'real' in order to dissuade them from taking substances was suggested as a reason for their choice of ex-drug misuser.

Q.2. Who do key groups believe children would find it easy to talk to about drugs?

Parents, course facilitators and friends rated highly on this question across most groups. The findings indicated that, in general, there was a consistency in terms of who children would find it easiest to talk to about drugs and who they actually talked to about aspects of the courses. Discussion with parents was particularly highlighted, and an insight into the incidental way this took place was given in the parent interviews.

The fact that teachers did not rate highly on this question is a concern, given the potential



they have to reinforce and support the substance misuse prevention work on an on-going basis.

Q.3. What are the perceptions of key groups in relation to the community-based courses?

The overwhelming positive regard for the courses by all groups was highlighted in the research findings over a number of questions. Parents, children, school personnel and the course facilitators all valued the work being done. Course content, methodologies and the conduct of the courses were highly praised.

Questions in relation to aims of the courses suggested that not all parents or school personnel were familiar with the aims of the courses. A small number of parent responses suggested a lack of familiarity with the course content. Another difficulty highlighted in the research relates to accessing and engaging parents.

O'Connor et al (1998) suggest that 'the evidence of real and sustained efforts by schools either to inform or to involve parents is poor' (p.21). It is unclear (and outside the scope of the

current research) whether this applies in the case of the project schools, or whether other factors are at play. It may be that parental involvement falls between the school and the community-based projects without due attention from either.

Q.4. What are the implications of specific recent developments in schools for the community-based courses?

It appears that the community-based courses have much to gain from recent developments in primary schools. The courses were highly rated in terms of their usefulness and contributions to the SPHE curriculum. While school personnel were specific about the contributions made by courses to the SPHE curriculum, course facilitators were less so. School policy work on substance use and misuse provided an opportunity in some schools for the courses to become embedded in the work of schools. The involvement of course facilitators with schools in the policy process suggests that their expertise and experience was valued.

Recommendations for the Community-based Courses

The role of parents in substance misuse prevention education is highlighted across a number of areas in this report.

Ways of enhancing the role of parents should be explored. Links should be made with the 'Parent Drug Awareness' courses now available through the Dun Laoghaire Rathdown LDTF. Running parent and child courses at the same time may also be an option worth exploring.

The initial letter sent to parents about the courses needs to be followed up if parent support is to be maximised. Planning ways of making the discussion between parents and



children more focussed and less subject to chance may be indicated. The use of specific worksheets, short surveys or discussion documents might be explored with a view to producing interactive materials that would not be overly intrusive on family time or circumstances.

The end of course presentation is valued by those parents who are in a position to attend. Other ways of involving parents should be explored on a school by school basis. What may suit one set of parents may not work in a different area. Home School Community Liaison Teachers, if available, would be a valuable source of advice in this regard.

The course facilitators and the courses

themselves are consistently valued across all groups. On-going recruitment and training should be undertaken to maintain and enhance their work. Funding or part-funding training would provide a necessary incentive as volunteerism cannot be relied on. Projects should recruit facilitators from within the school catchment area.

Efforts should be made by course facilitators to familiarise themselves with the SPHE curriculum (and the place of their courses within it) so that schools can be assured of the legitimacy of the courses. This will be particularly useful when trying to introduce the courses into new schools. Given the support for the curriculum provided by course facilitators (and highlighted in the data), the Department of Education and Science (DES) should now provide training for the course facilitators in the SPHE curriculum.

The role of the course facilitators can be enhanced by working with schools and other local agencies on areas other than courses – the school policy work is an example of how their

expertise is used. Further training on policy work through the DES and the Department of Health & Children would greatly enhance course facilitators' role in schools. Projects should also explore other avenues for making their expertise available to schools and the communities in which they operate.

Resources should be directed towards ensuring that courses stay focussed and relevant to children's needs and interests. On-going evaluations (already in place) should be an opportunity to continually develop and refine course content and methods so that they do not become stale either for the children or the facilitators.

Given the similarity of materials across courses, a suggestion is that collaboration between projects and other relevant local agencies should be initiated and sustained.

Teachers' role in substance misuse prevention education

is underdeveloped in the schools surveyed. Teachers need to engage more with the project groups before, during and after the input to be fully familiar with the aims and the materials and methodologies used. Efforts should be made to ensure that they are present at the courses so that they can take a more central role in reinforcing and supporting the work of the projects on an on-going basis. This would also address insurance and child protection concerns mentioned earlier. While some may argue that their presence will endanger the openness of children on a course, the potential benefits should outweigh the disadvantages. A teacher who is familiar with the course materials is in a much better position to discuss and deepen children's knowledge and understandings which can only optimise the long-term benefits of the courses.

It is possible that teacher's knowledge in relation to drug prevention education could be enhanced by fuller engagement with the courses.

There is a danger that the use of non-school facilitators gives certain aspects of the SPHE curriculum more prominence to the detriment of other aspects which are equally important. This issue should be addressed by teachers and schools when reviewing SPHE provision in their schools.

Recommendations for Further Research

In the Introduction, reference was made to the fact that half of the projects funded by LDTFs are concerned with education and prevention. In the course of this research, it became obvious that there is a dearth of research on certain aspects of the work of community-based projects such as the three involved in this research. While projects have been profiled (Ruddle et al, 2000), and in some cases evaluated, it was not possible to find an Irish research project comparable to the one in hand. Nor was it possible to find evaluations of a more long-term nature into the effects of community-based courses on children's ability to make healthy choices about drugs (a key aim of the courses). It appears that at the moment:

'evaluations are mostly centred around topics which are easy to measure ...'

(Burkhart et al. 2001, p.6).

Given the number of regional and LDTFs now in place, the necessity of engaging in the type of research undertaken by Dun Laoghaire Rathdown LDTF will become more pressing.

Morgan (2001) highlights the fact that many good interventions suffer from 'wash out' or dilution of their benefits after a period (p58). The idea of extending the work into second level in order to minimise this effect has been mentioned already in Section Two. Taking these points into account, a number of suggestions are made.

This research project involved a small number of schools and courses. It is advisable that the research would be replicated in other areas, and with a larger research base to see if any of the findings are generalisable.

The longer term impact of the courses needs to be given attention, given the length of time that the community-based courses have been running in schools. It is acknowledged that this is a difficult task, however for long-term credibility it needs to be tackled.

Dissemination of the findings of research projects like the one in hand will enhance provision and may help to avoid duplication. The intention of Dun Laoghaire Rathdown LDTF is to publish this research so that it will be available to other groups. This is to be commended.

Communication between the community-based projects needs to be encouraged, both within and across LDTFs. This could be facilitated by way of a networking grant.

Work in second-level schools, already started on an occasional basis, should be explored in a systematic way with a view to reinforcing and extending the work done at primary level.

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The S.P.E.A.D. Project

You have done some lessons with the S.P.E.A.D. Project. Please try to answer the following questions.

There are no right or wrong answers.

1. What class are you in?

4th

5th

6th

2. Was there anything you liked about the S.P.E.A.D. lessons?

I liked _____

I liked _____

I liked _____

3. Was there anything you did not like about the S.P.E.A.D. lessons?

I didn't like _____

I didn't like _____

I didn't like _____

4. Did you talk to anyone of the following people about some of the things you learned in the S.P.E.A.D. lessons? (tick yes or no)

Person	Yes	No
Parent/guardian		
Other family members		
Guard		
S.P.E.A.D. facilitator		
Friends		
Sports coach		
Minder		
Other (say who)		

Parent/guardian	Friends
Teacher	Other family members
School principal	Guard
Minder	S.P.E.A.D. facilitator
Ex drug misuser	Sports coach
Other (say who)	

5. Using the list of titles above, write down who you think are the best people to teach you about drugs

(a) The best person is _____

(b) The next best person is _____

(c) The next best person is _____

6. Using the titles in the box above, who would you find it easiest to talk to about drugs?

(a) The easiest person to talk to about drugs is _____

(b) The next easiest person is _____

(c) The next easiest person is _____

7. If a school wanted to stop you or your friends getting involved in drugs, what do you think would work?

(a) The first thing I think would work is _____

(b) The next thing I think would work is _____

8. Is there anything else you would like to say about the S.P.E.A.D. lessons?

Thank you for your answers– they will be very helpful.

W.A.S.P. Project

(Whitechurch Addiction Support Project)

Your child has had a course on drug prevention education recently in school, facilitated by the W.A.S.P. Project. The aim of this questionnaire is to get your opinion on the course. Your responses will be greatly appreciated. There are no right or wrong answers. **All the information will be confidential.**

SECTION ONE: Drug Prevention Education

1. Who do you think should teach your child about drugs?

Pick from the titles in the box and put them in order

Parent/guardian	Friends
Teacher	Other family members
School principal	Guard
Minder	W.A.S.P. facilitator
Ex drug misuser	Sports coach

(a) The best person to teach about drugs is _____

(b) The next best person is _____

(c) The next best person is _____

2. Using the same titles in the box above, who do you think your child would find it easiest to talk to about drugs? (put in order)

(a) My child would find it easiest to talk to _____

(b) The next easiest person for my child to talk to _____

(c) The next easiest person for my child to talk to _____

3. Some approaches to drug prevention education are listed below. Please indicate how useful you think they are by ticking one box per line

Approach	Very useful	Useful	Don't know	Not very useful	Not useful at all
Talk given by guards					
W.A.S.P. course					
Talk by ex drug misuser					
Other school programmes/courses					
Other – list here					

4. In your opinion, what do you think the W.A.S.P. course provides that might not be available through other drug prevention approaches?

SECTION TWO: W.A.S.P. Course for Children

1. How did you first hear about the W.A.S.P. course?

(tick as many answers as apply to you)

Got a letter/consent form from the school

Attended a parent talk that the W.A.S.P. Project organised in school

Another parent told me about it

Heard about it elsewhere (please state where)

2. Are you familiar with the aims of the W.A.S.P. course?

(tick) Yes No

3. Please list the aims of the course as you understand them:

a. _____

b. _____

c. _____

3. Did your child talk to you about the W.A.S.P. course at any stage?

(tick) Yes No

If yes, can you remember what you talked about?

We talked _____

We talked about _____

We talked about _____

4. Is there anything you liked about the course?

(tick) Yes No

If yes, please list

I liked _____

I liked _____

I liked _____

5. Is there anything you did not like about the W.A.S.P. course?

(tick) Yes No

If yes, please list

I didn't like _____

I didn't like _____

I didn't like _____

6. Are there any changes you would like to see in the W.A.S.P. course?

(please list any suggestions here)

7. Would you like to make any further comments?

Thanks for taking the time out to fill in this questionnaire.

Please return it in the pre-paid envelope by **30th of November 03**

P.M.C.A. Project

(Parents Making Children Aware)

The aim of this questionnaire to get your opinion on local substance misuse prevention initiatives such as P.M.C.A..Your responses will be greatly appreciated. There are no right or wrong answers. **All information is confidential and you or your school will not be identifiable in the final report.**

Your role in your school:

- Principal
- Home school community liaison teacher
- Class teacher
- Other (please specify)

SECTION TWO: Substance Misuse Prevention Education

1. Who do you think should teach substance misuse prevention education? Pick from the titles in the box and put in rank order:

- | | |
|------------------|----------------------|
| Parent/guardian | Friends |
| Teacher | Other family members |
| School principal | Guard |
| Minder | W.A.S.P. facilitator |
| Ex drug misuser | Sports coach |
| Other (say who) | |

(a) The best person _____

(b) The next best person _____

(c) The next best person _____

2. From the same list of titles above, who do you think children would find it easiest to talk to about drugs (in rank order)?

(a) Children would find it easiest to talk to _____

(b) The next easiest person for children to talk to _____

(c) The next easiest person for children to talk to _____

3. For the class levels listed below, and as far as you are aware, please tick what (if any) substance misuse prevention education initiatives are in use:

Initiative	J1	S1	1st	2nd	3rd	4th	5th	6th	SC*
Talk given by guards									
Walk Tall Programme									
P.M.C.A. Course									
Talk by ex drug misuser									
Other – list here									
Other – list here									
*SC=Special Class									

SECTION ONE: Involvement with the P.M.C.A. Project

1. Please indicate if you have been involved in the P.M.C.A. Project in any of the following ways:

(tick yes or no) Yes No

- My class was involved Yes No
- I sat in on some of the course sessions Yes No
- I spoke to the course facilitators before they started the course Yes No
- I sat in on all of the lessons Yes No
- I spoke to my class about the course Yes No
- I spoke to the facilitators during the course delivery Yes No
- I attended the end of course presentation Yes No
- I spoke to parents about the course Yes No
- I co-facilitated the course with the Project facilitator Yes No

4. In your opinion, what does the P.M.C.A. Project provide that might not be available through other substance misuse prevention initiatives? (please comment)

5. Has your school developed a substance misuse policy?

(tick yes or no)

Yes No

If no, is your school developing a substance misuse policy at the moment?

(tick yes or no)

Yes No

6. If yes, will the substance misuse policy affect the work of the P.M.C.A. Project in any way? (please comment)

Please comment on your answer

4. Are there any changes that you would like to see in the P.M.C.A. course in the future? (If yes, please list here)

Are there any further comments you wish to make?

Thanks for taking the time out to fill in this questionnaire. Please return it in the pre-paid envelope by **28th of November 03**

SECTION THREE: P.M.C.A. course for children

1. Are you familiar with the aims of the P.M.C.A. course?

(tick yes or no)

Yes No

2. Please list the aims of the course as you understand them:

a. _____
b. _____
c. _____

3. In your opinion, to what extent does the P.M.C.A. course improve the SPHE curriculum provision in your school? (tick one box)

Greatly improves
Somewhat improves
Not sure/hard to say
Does not really improve
Does not improve at all

S.P.E.A.D. Project

(Sallynoggin Parents Education and Awareness about Drugs)

The aim of this questionnaire to get your opinion on the S.P.E.A.D. Project. Your responses will be greatly appreciated.
There are no right or wrong answers.

The responses you give are confidential and you will not be identifiable in the final report.

Your current role in the S.P.E.A.D. Project

SECTION ONE: Drug Prevention Education

Parent/guardian	Friends
Teacher	Other family members
School principal	Guard
Minder	S.P.E.A.D. facilitator
Ex drug misuser	Sports coach
Other (say who)	

1. Who do you think should teach children about drugs?

Pick from the titles in the box above and put in order

- (a) The best person to teach about drugs is

- (b) The next best person is

- (c) The next best person is

2. From the same list of titles as above, who do you think children would find it easiest to talk to about drugs?

(put in order)

- (a) Children would find it easiest to talk to

- (b) The next easiest person for children to talk to

- (c) The next easiest person for children to talk to

3. Some approaches to drug prevention education are listed below. Please indicate how useful you think they are by ticking one box per line

Approach	Very useful	Useful	Don't know	Not very useful	Not useful at all
Talk given by guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.P.E.A.D. course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk by ex drug misuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk Tall Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – list here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In your opinion, what does the S.P.E.A.D. Project provide that might not be available with other drug prevention approaches?

SECTION TWO: S.P.E.A.D. course

1. Are you familiar with the aims of the S.P.E.A.D. course?

(tick yes or no)

Yes No

2. Please list the aims of the course as you understand them:

a. _____

b. _____

c. _____

**3. Is there anything you like about the S.P.E.A.D. course?
(If yes, please list)**

I like _____

I like _____

I like _____

**4. Is there anything you do not like about the course?
(If yes, please list)**

I don't like _____

I don't like _____

I don't like _____

**5. Are there any changes that you would like to see in the
course in the future?**

(If yes, please list here)

**6. In your opinion, to what extent does the S.P.E.A.D.
course improve the S.P.H.E. curriculum provision in
schools?**

(tick one box)

- Greatly improves
- Somewhat improves
- Not sure/hard to say
- Does not really improve

Does not improve at all
Please comment on your answer

**7. Some schools are working on or have developed a
substance misuse policy. In your opinion, will the
substance misuse policy affect the work of the
S.P.E.A.D. Project in any way?**

8. Any further comments you would like to make?

Thanks for taking the time out to fill in this questionnaire. Please
return it in the pre-paid envelope by **28th of November 03**