

CONTENTS

	Page
Acknowledgements	i
GENERAL INTRODUCTION	1
CHAPTER 1	6
DRUGS EDUCATION: AIMS & APPROACHES	
A Discussion of Terms	
Who Delivers Drugs Education in Schools?	
Approaches To Drug Education	
CHAPTER 2	28
METHODOLOGICAL ISSUES IN DRUGS	
EDUCATION EVALUATION	
Evaluative Design	
Variables	
Evaluative Criteria	
Timing	
Theoretical & Methodological Debates	
CHAPTER 3	34
A REVIEW OF THE EVALUATIVE	
LITERATURE ON DRUGS EDUCATION	
APPROACHES	
Cognitive / Information Based Approach	
Alternatives Approach	
General Affective Approach	
Social Influence Approach	
Comprehensive Personal	
and Social Skills Training Approach	
Peer Education Strategy	
Good Practice Guidelines	

CHAPTER 4	64
IRISH DRUG POLICY AND DRUGS EDUCATION	
CHAPTER 5	85
'THE CHANGELING' - AN EVALUATION	
CHAPTER 6	134
'RAY OF HOPE' - AN EVALUATION	
CHAPTER 7	189
'NOT EVERYBODY IS DOING IT' - AN EVALUATION	
CHAPTER 8	222
CONCLUSION AND GUIDELINES ON GOOD PRACTICE IN DRUGS EDUCATION	
References	238
APPENDIX 1 - Biopic	252
APPENDIX 2 - Biopoem	253

DRUG EDUCATION

A SOCIAL AND EVALUATIVE STUDY

BY

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General Introduction

The focus of this research was on the area of preventative drug education. The research aimed;

- (a) To provide a detailed analysis of the evaluative literature compiled on Irish and international drug education programmes;
- (b) To examine the existing status and recent developments in the area of drug education in the Irish context;
and
- (c) To evaluate three local drug education programmes.

Background To The Research

The area of drug education has not been subject to much research in the Irish context. There are few evaluative studies conducted on Irish and international drug education programmes and many sources have outlined the need for further research in this area. In 1995, the E.M.C.D.D.A.'s in it's annual report stated that the field of demand reduction suffered from a dearth of evaluation and from a limited tradition of developing methodology on the basis of evaluation (E.M.C.D.D.A., 1995;65). In 1997, the E.M.C.D.D.A. prioritised it's role in fostering an evaluation culture across Europe (E.M.C.D.D.A., 1997;66). In 1999, the E.M.C.D.D.A.'s annual report (E.M.C.D.D.A., 1999;15) stated that evaluation practice had improved in the EU, although many gaps still remain and that the EU was taking research into drugs more seriously, as evident by it's inclusion in the fifth framework programme (1998 -2002) of European Commission Directorate-General XII (Science, Research and Development). The 'National Report on Drugs Issues in Ireland' (O' Brien & Duff, 1997) referring to gaps in information,

claimed that there was a need to evaluate the effectiveness of prevention programmes, in the Irish context. In recent years, there has been growing emphasis on the role of preventative drug education in the context of growing numbers of young people using drugs (and growing numbers presenting themselves for treatment in relation to drug misuse (O' Higgins, 1996; O' Higgins & Duff, 1997). There has also been considerable discussion generated in the literature as to the role of drug education due to evaluative findings which indicate that programmes fail to achieve intended objectives. It was in this context that a research project focusing on the area of preventative drug education was designed.

Research Methodology - A Discussion

In the literature, difficulties involved in undertaking evaluations in the area of drug education have been identified. Many of these difficulties presented themselves in this particular research project. The early stages of the project involved compiling the evaluative literature on drug education programmes. The value of reviewing the literature to compile historic data for evaluative purposes, has been acknowledged in the literature (Uhl, 1998; 191). Even at the stage of reviewing the literature, it was evident that designing specific evaluation protocols would indeed be challenging. One particular chapter has been dedicated to discussing the methodological issues in evaluation. In relation to the three evaluations undertaken, a process evaluation of one programme was conducted and two particular interventions were evaluated mainly in terms of process but also in terms of some outcome criteria. The researchers are keen to draw attention to the blurring of boundaries that exist when one attempts to draw sharp distinctions between process and outcome evaluations. Nutbeam (1998; 39) expresses this very succinctly in the following reference to the evaluation of process;

Understanding the process of an intervention (or social movement) is of great importance in it's own right, but it is also essential to build the evidence on which 'success' is determined. Investigation of how a programme is implemented, what activities occurred under what conditions, by whom, and with what level of effort, will ensure that much more is learned and understood about success or failure in achieved defined outcomes. Through this understanding it is possible to identify the conditions which need to be created to achieve successful outcomes.

The emphasis on process, as distinct from outcomes in designing the specific evaluations arose out of other concerns the researchers shared. For instance, there was a concern that too much was being expected of drug education interventions. Another concern which subsequently emerged was whether judging the success or failure of an intervention on the basis of narrowly defined criteria like behavioural change, was only serving to reinforce an excessive expectation of drug education, ignoring the complex array of factors that influence people's decisions to use or to not use drugs.

The researchers were also cognisant of the growth in interventions seeking to develop young peoples skills in the area of assertiveness, risk assessment and informed decision making. Judging the success of these interventions on the sole basis as to whether the target group then decide never to use drugs or to discontinue using drugs, seemed to conflict with the stated ethos of the interventions which stress informed and independent decision making, even if the decision taken is not in the intended direction. Furthermore the potential for narrow outcome evaluations to undermine the constitution of drug education as a process, as a means to an end and not an end in itself, was a source of consideration.

Therefore the evaluative research conducted in this project does not fit into a reductionist, psycho- social / behavioural model in

terms of assessing success, rather the intention was to provide a more expansive evaluative model which would stimulate discussion about drug education and the meaning of "success" as it applies to drug education. It was also the researchers experience that prevailing views on research which stress rigour and method require a number of preconditions that are very often not present when designing the evaluative protocol. Such pre-conditions include the following; that research has been used systematically when planning the intervention, that there are clear definitions of programme objectives and reliable indicators of outcomes prior to initiating the intervention. The researchers, cognisant of the fact that different interventions were at different stages of evolution, were keen to develop diverse and feasible evaluative designs, reflecting the stage of evolution of the programmes in question.

It was also decided to focus on interventions being used or designed for local use. The programmes devised for widespread use, at national level tend to be characterised by an built in evaluative framework; they have usually been piloted prior to national use and after a short period of use, they tend to be evaluated (Morgan, et. al., 1996; Morgan, 1998). However, in the course of this research, it also emerged that it is very often the locally based or once-off interventions that are used in the delivery of drug education. It was anticipated that a focus on these interventions would yield important insights, as they are frequently used interventions but rarely subjected to evaluation.

Both quantitative and qualitative methods of research have been used in the evaluations conducted. The qualitative dimensions (literature review, interviews and observation) were important in terms of yielding information about the social settings in which the interventions were operated and the factors influencing the effectiveness of the interventions in terms of implementation, targeting and process. The surveys conducted offered the opportunity to ascertain the opinions of a large audience and to use statistical evidence to enhance the generalisability and reliability of

the information gathered. It was anticipated by the researchers that the triangulation of methods employed, could enhance confidence in the research findings among individuals and organisations who favour traditional experimental research designs.

Data gathered in the course of interviews and observations was audio-recorded and subsequently transcribed. The survey data was analysed using SPSS (Statistical Package for Social Sciences). Qualitative data were analysed according to key themes, out of which were subsequently drawn a discussion of the strengths and weaknesses of the different interventions studied.

Research Outline

The **first chapter** focuses on the general aims of drug education, outlining the different classifications of drug education approaches which have been used by other commentators. One classification system is adopted for understanding the drug education approaches under discussion. **Chapter two** focuses on the challenges posed to researchers conducting evaluations in the area of drug education. In **chapter three**, the national and international evaluative literature on drug education interventions is reviewed and discussed. The **fourth chapter** focuses on the historical development of Irish drug policies over the last number of decades. A key focus in this chapter is an examination of the status of drug education as a demand reduction strategy in historic and contemporary Irish drug policy. Some of the issues raised in the introduction are developed and discussed in the context of the literature available on methodological issues and the researchers own experiences of conducting specific evaluations in this area. In **chapters five, six and seven** the three specific evaluations conducted are presented in a fairly standardised format. These three interventions are *'The Changeling' (A Theatre in Education Drug Prevention Initiative)* *'Ray of Hope' (Drug Awareness Seminars)* and *'Not Everybody's Doing It' (A Drug Prevention Video)*. In **chapter eight**,

conclusions are drawn and some key issues or lessons learnt from the study are selected for in-depth coverage. It is anticipated that these issues may assist drug educators or programme planners in their work.

CHAPTER 1

Drugs Education : Aims & Approaches

A Discussion of Terms

Many of the terms used in the area of drug education lack consensual meanings and are highly political in orientation, as evidenced in the literature (Freeman, 1992; Burgess, 1997). The term *Drug Prevention* has become an umbrella term, covering a gamut of interventions in different areas and with different aims. Controlling strategies to arrest the supply of drugs, interventions to discourage use among populations or to return populations to drug free lifestyles can all be encapsulated under the continuum of prevention;

Prevention is often an ill-defined catch-all term used to describe a variety of interventative or educational activities designed to address, in differing ways and with differing aims, drug-taking behaviour, knowledge and attitude, and perpetrated by those working in education, enforcement and treatment.

(Burgess, 1997;272)

While accepting the understanding of prevention in terms of a continuum or a spectrum of activities, for the purpose of this work a more limited definition of prevention is being used. The association between education and drug prevention is the focus of concern in this study and the connection between prevention and other areas has been excluded.

While the terms *Drug Education* and *Drug Prevention* are used almost interchangeably in the literature, Burgess (1997;274) argues that they need not always be viewed as synonymous;

Education is obviously not always congruent with prevention and education need have no preventive focus per se.

Burgess (1997) refers to educators who argue that they seek to present the objective facts about drugs in a balanced way, leaving individuals free to choose their own course of action on the basis of this information. He describes this as the 'pure' version of the choices model because educators who propose this model, claim that the choice made is beyond their control. However Burgess also challenges some of the assumptions underlying the *pure choice* model. He challenges the assumption that knowledge is a determinant of behaviour and the assumption that the delivery of facts can be an objective process. Values come into play in the selection of facts to be presented and so according to Burgess (1997) education and educators are not value free, despite how hard they try to achieve neutral stance in the delivery of information.

The terms *use* and *misuse* of drugs also deserve consideration because they usually reflect value judgements in relation to drugs. The term *use* tends to come into play in discourses where the prevention of all use of drugs is neither desired nor intended and some drug use is viewed in more acceptable terms. *Misuse* is often the concept applied when drugs are consumed for pleasure or intoxication, rather than for 'legitimate' reasons. The term *misuse* is usually mentioned throughout policy documents, usually reflecting a bias against drug taking. *Misuse* also tends to be applied when referring to drug consumption which has become more frequent or more chaotic. However *use* and *misuse* are not clearly defined concepts. They are value laden concepts, in that they usually reflect the values of the people employing them.

Another term in the area of drug education that is value laden and not easy to define is *harm reduction*. It is a term which has been used interchangeably with terms like *damage limitation*, *casualty reduction* and *harm minimisation*. At one level, all drug education may be viewed as having a harm reduction orientation, at another level many drug education interventions can be consid-

ered failures if they have set prevention goals and if they have not stopped use of drugs. Stopping use of drugs is not necessarily one of the goals that underpins a harm reduction strategy and this is what largely distinguishes it from other educational interventions. *Harm reduction* tends to be a term rarely used by those who have strong moral biases against drug- taking.

There are no consensual understandings of many of the terms used in the field of drug education, which mean that it is difficult to define what drug education means and what it involves. However for the purpose of this work, an attempt will be made to describe drug education in general terms and to outline the dominant approaches taken in the area of drug education.

Davies & Coggans (1991;51) found that one goal uniting all drug education is *to prevent through education people harming themselves by drug use*. This leads to the question; what exactly constitutes harm? Drug-related harm covers a huge variety of negative consequences of drug use both to the individual user, the family, the community and society. Traditionally, approaches have concentrated primarily on harms to the individual, which can be anything from a hangover to a criminal conviction for drink driving or possession of illegal substances. In the longer term, harms refer to lung cancer, liver or other organ damage due to alcohol or chemical dependency, contracting Hepatitis, HIV or AIDS through intravenous drug use. Social exclusion is also cited as one of the harmful effects of involvement in drugs. Drug related harms then cover a range of physical, psychological, social and legal areas. Drug education may be said to represent an attempt to prevent people experiencing drug-related harms, through educational endeavours.

In reality, the majority of drug education interventions attempt to prevent experimentation and drug use altogether. Primary prevention strategies usually promote abstinence as the most effective means of avoiding drug-related harms. In respect of illegal drugs this has always been the ideal, however for more socially accept-

able substances, this is not so straight-forward. In the case of the legally and more socially acceptable drug; alcohol, total abstinence is not considered a very realistic goal and the emphasis has tended to be on attempting to delay the onset of first use. This is based on evidence that early onset of use correlates highly with later development of more problematic patterns of use (Kandel, 1980). By deferring experimentation and use among young people, it is anticipated that the chances of developing problems with substances or experiencing drug related harms will be minimised.

Traditional programmes targeting young people using or experimenting with legal or illegal substances tend to adopt a secondary prevention strategy. This strategy is aimed at encouraging or persuading users to stop engaging in drug use and to return to a drug free lifestyle.

The strategy called many different names including *Casualty Reduction*, *Harm Minimisation* or *Harm Reduction* addresses young people who experiment with, use or in some cases intend to use drugs. When targeting individuals, the strategy attempts to prevent drug use resulting in undue harm and it usually operates at two levels; **Firstly**, it aims to reduce the chances of harm coming to users through ignorance or 'unsafe' practices; **Secondly**, it aims to discourage or reduce the chances of experimental or recreational users becoming more regular, problematic or compulsive users or users of more potent substances. This strategy demands an acceptance of different levels of drug use and assumes that there are distinctions between use and abuse of drugs.

The goal of drugs education and hence the strategy adopted is influenced by a number of factors. One factor relates to different substances including legal status, level of social acceptance of their use and perceived availability and toxicity. The target group at which the initiative is aimed also influences the objectives defined and the approach taken. Drug education programmes have targeted the general public, parents and most commonly young people. The age, developmental level of the target audience, their

level of knowledge, their experience of drugs and drugs issues as well as the perceived level of risk can all be factors taken into account in planning an intervention. Current patterns of use and social, cultural and environmental influences also impact on the aims and approaches adopted.

Another factor, which determines the approach of the intervention is the site or setting of the educational intervention. There has been a tendency to rely on schools to do the work of drug education and prevention and indeed many of the approaches discussed in this report, have been developed in this context. School based programmes generally aim at primary prevention or in the case of alcohol, delaying age of first use. However, there is now a growing emphasis on developing approaches for other sites and settings in an attempt to better access specific target groups. Examples include youth clubs and community based settings. Recently night clubs and concert sites have become locations for drug education, where harm reduction approaches are beginning to be seen as more appropriate.

Who Delivers Drugs Education in Schools?

Even when drugs education takes place within the school setting, a range of different actors have been employed as delivery agents including police officers, medical professionals, former addicts, addiction counsellors and other health and treatment professionals. Cohen (1996) argues that contracting out the job of drugs education in schools sensationalises the issue and undermines the role of teachers. He claims that many outsiders represent one particular orientation, may be limited to a narrow or subjective personal experience and may lack a broader understanding of drugs and drugs issues or they may employ outdated methods like scare tactics. The 'one-off' nature of such visits precludes the development of any real understanding or engagement with the issues facing the students in their own lives. Simply being well informed is not

enough according to Cohen (1996;13) who states; *walking encyclopaedias do not make the best educators.*

Teachers, on the other hand are trained, skilled and experienced educators and ideally positioned to work with students on an ongoing basis (DfE, 1995). The long-term access allows room for the development of an approach to meet the needs of students in a way that is sensible of and sensitive to issues and factors significant to themselves and their lives. Proponents of peer or near peer education (discussed later in the chapter) argue that teachers lack credibility as drug educators and that young people feel that they know more about drugs than their teachers do (Cripps, 1997). In response to this argument Cohen (1997) stresses that drugs education is not simply a matter of information or drug knowledge. Furthermore he recognises the damaging effect that such messages have on teachers' confidence in their ability to address drugs issues in class. Teachers are credible enough to teach about other subjects and so Cohen (1997;18) asks '*What's so special about drugs education anyway?*' He recommends that teachers be facilitated with access to accurate drugs information and in-service training and support to build on and compliment their existing skills and experience as educators. Those who advocate this strategy identify investment in teachers as a primary resource, to be the key to long-term, effective and cost effective, school-based drugs education.

The contribution of outside visitors or 'experts' has been acknowledged by Cohen (1996) who supports their role in supplementing the teacher-led programme when their input is carefully planned. Consultation and negotiation with the target group in programme development is also highlighted as a crucial element in effective planning and delivery of drugs education (Drug Education Forum, 1998).

Approaches to Drugs Education

Even when attempting to describe what constitutes drug education in general terms, it is difficult to fit the pieces into a nice neat jigsaw puzzle. It is more likely that a confusing and disordered picture is what emerges, because drug education spans a continuum of aims, target groups and settings. However in the literature, key drug education approaches have been categorised and discussed.

Hansen (1992) in a review of school based substance abuse prevention programmes identified 12 *building block theoretical concepts* used by researchers to describe their programmes. These are;

1. Information;
2. Decision Making;
3. Pledge;
4. Values Clarification;
5. Goal Setting;
6. Stress Management;
7. Self Esteem;
8. Resistance Skills Training;
9. Life Skills Training;
10. Norm Setting;
11. Peer Assistance;
12. Alternatives.

One programme may consist of one or several of these components. Programmes which include similar combinations of elements or *building blocks* are regarded as adopting a similar approach / model. On this basis, programmes were assigned by Hansen (1992), to one of five distinct approaches;

1. Information/Values clarification;
2. Affective Education;
3. Social Influence;
4. Comprehensive;

5. Alternatives.
6. An additional category was created to accommodate programmes labelled Incomplete.

Despite the existence of different classification systems, there is broad agreement in the literature as to how different approaches may be categorised. However one point of difference is noted. This relates to programmes which aim to prevent drug use by addressing supposed deficits in individuals in the area of affective development, values, social and personal skills.

Dorn and Murji (1992) and Coggans and Watson (1995) are among those who consider all of these programmes to represent the same approach under the heading of values and skills based approaches. However other reviewers (Hansen 1992; Orlandi, 1996; Botvin 1995) make a clear distinction between earlier educational initiatives which they label *Affective Education* and later broader lifeskills programmes which include elements of other approaches and are described as part of a *Comprehensive Personal and Social skills Approach*. Botvin (1995) acknowledges that the comprehensive competence enhancement drug abuse prevention approaches like his own Life Skills Training (LST) programme share components with affective education approaches including decision-making, effective communication and assertiveness. However, he also points out that these comprehensive programmes are based on a broader more complete set of etiologic determinants of drug use and employ proven skills training techniques and addressing issues of drug use specifically as well as promoting generic life-skills. In this review, drugs education will be classified under five approaches.

Drugs Education Approaches

1. The Cognitive/ Information-based Approach
2. The Alternatives Approach
3. The General Affective Approach
4. The Social Influence Approach

5. The Comprehensive Personal & Social Skills Training Approach

Consideration will also be given to the development and practice of Peer Education Strategies.

The Cognitive /Information-based Approach

The cognitive/information-based approach, which addresses the individual as a rational decision-maker motivated by a desire to avoid risks or health damage, would seem to have a strong common sense value. The underlying assumption is that drug use arises from a lack of information about drugs, particularly about the negative effects of drugs. Providing facts or information to remedy this, is therefore viewed as being all that is necessary to prevent drug use. Increased knowledge about the effects or consequences of drug use is expected to produce more negative attitudes towards drugs and drug use and in effect decrease the likelihood of use or experimentation.

This is known as the KAB model.

KAB Model

Information or knowledge (K) influences attitudes (A) and attitudes influence behaviour (B) (Dorn & Murji 1992).

In its *pure* form, the information approach aims to give balanced scientific information about drugs and their effects, the legal issues related to drug use and the potential social implications for individuals, families and communities. Programmes may include information on the chemical names of drugs and their pharmacology, the slang names of drugs, methods of drug use, the physical and psychological effects, often desirable as well as undesirable effects. Arguments for and against use may also be presented for examination and discussion. Some programmes also incorporate elements of the *situational approach* developed by (Dorn, 1977)

which attempts to correct students' stereotypical notions about the drug offer situation. The researchers in this study, found that most non- users who had never been offered a drug had a stereotyped idea of what the offer situation might involve. The situational approach involves providing information to prepare young people for the fact, that offers of drugs are more likely to come through friends rather than from threatening strangers on street corners.

Many proponents of the 'pure' information model argue for the right of the individual to balanced, credible information to facilitate 'informed choice' about personal drug use, though that choice may not be in line with prevention objectives. However in an attempt to make an abstinence decision more likely, information based initiatives have often tended to present the 'facts' within a more directive moral framework. This may be subtly implied by the context or role / status of the presenter of the information (e.g. a police officer, teacher) or by a less than objective selectivity in deciding which 'facts' to include and exclude. Other programmes carry a clear message that there is a right and a wrong choice. Earlier examples of the information approach commonly employed scare tactics and fear arousal methods and were based on the premise that the more negative or frightening the information, the more effective it is in deterring drug use. Myths and horror stories of addiction, as well as personal, physical, psychological, social and moral decline as inevitable consequences of drug use, were considered justified if they achieved the goal of scaring young people into abstinence. Young people have also been found to recommend this approach. Buzz, a Scottish schools drug survey (Robertson, 1996) found that 34% of respondents believed that knowing more about the 'health risks' would be the best way to stop young people using drugs. The fact that information and fear arousal have not lived up to their promise as a prevention strategy is discussed later in the context of evaluations of this approach.

In recognition of evidence from prevalence studies (Hibell et. al., 1997) that some and indeed increasing numbers of young peo-

ple are choosing to use drugs, the knowledge / information approach has also been applied to harm minimisation goals. As early as 1976, Blum recognised the potential of information approaches for preventing a move on to abuse of more harmful substances or riskier styles of use, but he also warned that this might occur at the expense of an increased use of the 'safer' forms of substances (Blum, 1976). This strategy is designed to target different groups of users, whether they fall into experimental, recreational, regular or problem user groups. The aim is to meet their need for credible, factual information on safer and unsafe drug use and to raise awareness of the risks attached to drug use, in terms of legal implications and future careers as well as their personal health and safety. The intention is to influence behaviour towards less risky patterns of use and to limit the harms these young people experience as a result of their decision to use drugs;

The content of such programmes includes information about drug use and its risks,

methods of less dangerous drug use and sources of help/advice, for example agencies and help-line numbers. A number of projects in the UK have taken up the challenge of designing ways of producing and disseminating credible information to young drug users. The following strategies have been adopted;

- * Consultation with target group members in development of materials
- * Use of comic strip style material
- * Use of slang and vernacular words and terminology
- * Delivery through out reach / volunteer/peer workers.

(Linnell, 1993; Sherlock, 1994; Best, 1995)

The Alternatives Approach

Another traditional approach to primary prevention of drug use is based on a view of drug use as a means of escape from boredom, alienation and frustration among individuals who lack facilities or

chances for alternative or positive forms of satisfaction (Coggans and Watson, 1995). This approach, the alternatives approach aims to provide young people and particularly young people identified as being at risk of drug use with challenging, satisfying leisure or work outlets and thus reduce the perceived need for recourse to drugs.

Tobler (1986) makes a distinction between two types of alternatives models on the basis of target group and approach. The first approach she labels '*activities*' and this is aimed at *the average young person* and incorporates community based activities and drug free leisure activities (Malvin et. al., 1982; Swisher & Hu 1983). The *competence* approach on the other hand is designed to meet the needs of 'at risk' young people including individual remedial tutoring, job skills training and opportunities for adventure in an effort to *compensate for the many deficits operating in their lives* (Tobler, 1986;542).

Dryfoos (1990) also emphasises the importance of individual attention as a characteristic of these programmes. Dorn & Murji (1992;24) describe the alternatives approach as a different kind of deficit approach ;

...but one in which the deficits lie in the environment rather than in the individual, the remedy being to reorganise the environment through the actions of individuals and groups. There is no presumption of the problem residing 'inside' individuals or in peer pressure; rather individuals, and groups are presumed to have positive potential which needs encouragement.

Dorn and Murji (1992) add a third model to the two identified by Tobler (1986) in which participation is more central to the lives of people in the community. They provide such examples as work experience schemes, improvements to the physical environment such as additional facilities and any efforts to address the link between structural factors such as poor housing /living conditions and drug use or dealing. Programmes which attempt to bring

about improvements to the local area or built environment often involve young people in restoring historical sites, in building, restoring or reclaiming community parks or playgrounds or even stairwells which have become havens for users and dealers.

Orlandi (1996) comments on the range and variety of activities, which may be included in such programmes, from sport, music, artistic, recreational and educational activities to volunteering and more community service oriented activities. The programmes may not even directly address the issue of drugs, but instead focus on improving the quality of life within the broader community. In essence, the specific alternative activity is secondary to the process of satisfying needs constructively as the following US government publication explains;

The key element in the alternatives concept is process rather than product. The specific activities and outlets are secondary. Of primary importance is the process that takes place within the individual of exploring and searching for ways to satisfy individual needs.

(NIDA, 1976:4)

Alternatives programmes often provide opportunities, to engage in activities which attempt to generate some of the same sensations or meet the same needs as drug use. Sport or adventure activities are used to generate buzz, excitement and risk elements to produce a 'natural high,' while needs such as mind expansion, spiritual growth or stress management might be met through yoga or meditation (McAlister 1979). It is also argued that apart from merely filling up spare time, the commitment to sport and the physical endurance and fitness required may also encourage values and motivations incompatible with substance use (Hansen, 1992). In other programmes the emphasis is on the need to provide opportunities for group involvement and participation in community activities to fulfil needs of belonging and identification rather than sensation seeking (Dorn & Murji , 1992).

The General Affective Approach

Nowlis (1975; 57) states that school authorities turned to another form of education when they found that students were bored or sceptical of drug education messages and when they found evidence of increasing drug use;

Gradually, in some instances in spite of themselves, school after school turned to values, to decision making, to alternatives, even, in some cases to examining what the school was doing or not doing to develop the kind of sound and mature person for whom drug use served no valued function. That is, they turned to non-drug-specific education. They put the psycho-social model to a test.

The essence of the general affective approach, is the assumption that deficits in values/moral development, or personal/social skills or both, leave individuals open to many kinds of deviant, delinquent or unacceptable behaviour, including drug misuse. The values/skills based programmes aim to remedy this by attempting to help adolescents to develop the kind of personal and social skills they are perceived to be lacking. These approaches were usually generic, rarely explicitly focusing on drug use, as this is considered just a symptom of individuals underlying problems. Therefore the goals of such an approach go far beyond prevention of substance misuse. Robinson (1975) views education of the self as the aim, not just to convince young people to abstain from taking drugs, but to help them to;

- * think intelligently and rationally
- * control their destructive impulses
- * make wise decisions
- * resist peer pressure

* understand their own values, needs and desires

* find non-chemical means of fulfilment and satisfaction.

Unlike the Cognitive/ Information based approach which simply assumed that providing information could prevent drug use, this was the first approach to recognise the role of individual and psychological factors in influencing behaviour. Discussion groups and classroom activities are employed in an attempt to improve self-esteem, decision-making, values clarification and communication skills. Self-esteem building exercises aim to encourage students to recognise, value and develop their own talents in a group context to provide opportunities for reinforcement. The decision making component involves teaching a strategy for making rational decisions by identifying problems, exploring solutions and recognising that one has choices in the form of alternative courses of action. Personal responsibility for choices, decisions, actions and their consequences is emphasised. Values clarification programmes encourage students to explore, identify and develop their own set of personal values. It is intended that this core value system is then consulted, by the individual when making decisions or life choices and when seeking solutions to problems. The assumption is that in this context, drug use will be viewed as incompatible with the individual's values and personal goals. Recognition of the significance of strong positive social networks, family communication and support has also led to the development of values and skills programmes for parents and for young people and parents together.

The Social Influence Approach

The following are included under the umbrella of the Social Influence Approach; Resistance Skills Training, Normative Education and Psychological Inoculation.

The general affective approaches dominated the drug education field in the 1970's, however by the late 1980's drug specific resistance skills training programmes had become more widespread. The emphasis of this approach is on training students to recognise the influence of the media, family, community, society and most particularly peers, in promoting experimentation and drug use and on developing resistance techniques. A particular focus is on learning and practising how to '*Just say No*' in a drug offer situation. In the words of Coggans & Watson, this type of approach *addresses the archetypal offer situation in which pressure from others is assumed to make it very difficult to refuse* (1995; 3.3). The underlying premise is that pressure to conform to group norms of experimentation and risk taking, exists in group situations. Young people who are not adequately equipped to resist such pressures, are at risk of becoming initiated into drug using behaviours. However, if young people can learn to say 'No' then prevention goals can be realised.

Resistance skills programmes generally incorporate two primary elements; The **first** involves learning to recognise and identify pressure to use drugs in its many forms, whether from peers, the media, role models or adults and to correct erroneous perceptions of the prevalence and acceptability of drug use; The **second** element relates to developing skills and strategies for resisting such pressures in whatever form.

Normative education is another common component of resistance skills training approaches. This element is designed to reinforce the belief that drug use is a minority pursuit, unacceptable to the majority and it attempts to strengthen allegiance to the norms of the wider society. This promotes the message that saying 'no' to drugs is the normal and socially acceptable choice. Research by Fishbein (1977) has shown that adolescents tend to overestimate the prevalence of alcohol, tobacco and drug use among their peers. The normative education component aims to challenge the adolescent's beliefs of how widespread and acceptable drug use is, the

belief that *'everybody is doing it'* with evidence to the contrary. The use of statistics from local rather than national drug prevalence studies are recommended, so that the information reflects the prevalence and use patterns of the target group as closely as possible. To increase credibility by ensuring that their figures were both representative of the exact profile of the students and up to date, Evans et. al., (1978) conducted not only local but also classroom surveys every two weeks (self report and saliva samples) in their study. The results, which showed a far lower rate of smoking than most of the students had predicted, were then presented to the students. In some programmes the prevalence survey is conducted by the students themselves. Students are often encouraged to represent the proven norms in slogans and posters, to demonstrate the unacceptability or inappropriateness of drug use. The focus here is on the unacceptability or inappropriateness of such behaviour and not on the consequences as with the knowledge/information based strategy. Morgan (1998;13) highlights the apparent contradiction in programmes initiated as a response to evidence or perceptions of increasing prevalence and which then attempt to promote normative education messages, that drug use is only a minority pursuit.

The concept of *Psychological Inoculation* developed by McGuire (1964, 1968) has been used extensively in social influence and refusal skills approaches. This theory of persuasive communications suggests that exposure to a weak dose of persuasion to adopt health-compromising behaviour can act as a preparation to resist the real thing. Through films, modelling, role-playing and group exercises, the students experience an offer situation and are taught resistance strategies and specific assertive communication skills. Pre-prepared responses are also recommended to meet the need for *a broad range of acceptable and practised get out lines* identified by young people (Coffield & Gofton,1994;27). Rehearsal of such situations is designed to provide experiential learning and to strengthen confidence and conviction that it is possible to resist such pressures. In short, the intention is to provide a practice run

for when individuals are offered or have an opportunity to use or try cigarettes, alcohol or other substances.

'*Just say no*' clubs as described by Dorn & Murji (1992:21) aim to reinforce the message outside the classroom with children from nine years upwards and often incorporate elements of an alternatives approach. Abstinence pledges and / or rewards or reinforcement for staying drug free may also be included to compliment this approach.

The resistance skills training programmes have been most enthusiastically embraced in the United States in the form of programmes like DARE, ALERT and PROJECT SMART. DARE (Drug Abuse Resistance Education) which Wysong (1993) describes as a *social phenomenon* is the most commonly used programme in the United States and has been modified and adopted in Europe, Australia and New Zealand. DARE was first delivered in 1983/84 by the Los Angeles Police Department and the Los Angeles Unified School District. It is a school based programme of 17 lessons taught by trained uniformed police officers and has been revised to make it more interactive, to increase the emphasis on tobacco and to include a focus on violence and conflict resolution. Resistance skills programmes vary in their length, with sessions from 3 or 4 up to almost 20. Some incorporate follow-up or booster sessions. They have used a variety of different leaders including authority figures like police officers, teachers, researchers / programme developers, and peer leaders.

The Comprehensive Personal and Social Skills Training Approach

Studies concerning the etiology of tobacco, alcohol, and drug use indicate that a variety of cognitive, attitudinal, social, personality, pharmacological and developmental factors promote and help maintain substance use... It therefore seems logical to conclude

that the most effective prevention strategy would be one that is comprehensive, targeting a broad array of etiologic determinants.
(Botvin 1995;178)

The Comprehensive Personal and Social Skills Training Approach is founded on established psychological theories of social learning and problem behaviour (Bandura, 1977 & 1986; Jessor & Jessor 1977). As such, the approach views drug use as a socially learnt and a functional behaviour for individuals (Davies & Coggans, 1991; Botvin, 1995; Orlandi, 1996) in the context of the macro and micro cultures in which individuals operate.

Unlike approaches which assume that the individual really wants to say 'no' to drugs, but needs reassurance that this is normal, or help to get that message across, thus resisting pressure in an offer situation, this model recognises that some individuals may choose to or want to use drugs. Rather than yielding to pressure, individuals are actively choosing to use drugs motivated by the positive outcomes they perceive drug use to deliver, for example; increased credibility among peers, social ease, overcoming awkwardness in social situations, satisfying curiosity. It accepts like Ives & Clements, (1996) that more drugs are *pulled* than *pushed* and therefore a broader approach than skills to resist pressure from others is required in attempts to prevent use.

Programmes based on this broader comprehensive approach combine elements of the different approaches, thus earning the label of '*mixed strategy*' (Ives & Clements 1996). It is intended that this package of learning experiences will achieve balance in relation to acquiring facts, attitudes and skills (King, 1995).

The 'facts' or knowledge component involves the provision of accurate and developmentally appropriate information on drugs and drug use in society. The content of this information module, takes into account evidence that some types of information may be 'counterproductive' to prevention aims, as they increase curiosity and the attraction of drugs (De Haes 1976). Scare tactics and exag-

generation of the dangers are also avoided. Recognising that adolescents are more concerned about short term or immediate and social or interpersonal consequences of drug use, this approach recommends a greater concentration on immediate or short term effects of drugs. Bad breath or nicotine stains, for example are seen by adolescents as a far graver consequence of cigarette smoking, than risks like lung cancer in the far distant future (Botvin & Dusenbury, 1989; Silverman, 1990; Gilman, 1991).

In common with earlier 'affective' programmes, models of the comprehensive approach typically include components on problem solving, decision making, self-esteem, stress management and assertiveness or effective communication. However they do not rely on classroom games and discussion groups, but instead employ proven cognitive-behavioural skills training techniques (Botvin, 1995;179).

The comprehensive models also incorporate elements of the social influence programmes designed to improve or heighten recognition of influences and pressures to use drugs from the media, peers adults and the wider society. Prevalence figures are presented to challenge the belief that '*everyone is doing it*' and assertiveness and resistance skills are discussed and practiced. Comprehensive programmes are neither entirely generic like general affective/values approaches, nor completely specific to the prevention of drug use like the just say 'No' models or the information approaches. These programmes aim to promote the development of personal and social competence and lifeskills in adolescents. Domain specific components (components specific to the domain of drug use, see Botvin 1995;179) reinforce the relevance and application of these skills in the prevention of drug use.

Proponents of these comprehensive approaches have also identified the monitoring of programme effectiveness as a priority and are committed to the development and employment of more sophisticated and rigorous research designs in evaluation (Botvin & Dusenbury, 1989).

Peer Education Strategies

Traditional information dissemination approaches have generally employed didactic teaching methods with teachers, medical professionals, police officers or other adult authority figures, taking responsibility for programme delivery. In affective approaches, more interactive methods have been developed including discussion and classroom activities, however the primary responsibility for content and programme delivery still rests with the teacher or the outside visitor. Many programmes from the social influence and comprehensive approaches, have involved students directly in programme delivery either as the primary educators or in cooperation with teachers. In recent years, peer leaders have also been widely employed in the delivery of drugs information, including the delivery of harm minimisation information to drug users. In peer counselling or facilitation programmes, students are trained in communication and active listening skills to help them listen and reflect without making judgements and to help them to respond to queries about sources of help and advice available locally (Resnik & Gibbs, 1988; Hansen, 1992).

Ward et. al. (1997; 252) define the term peer education as one which has come to mean;

... the targeting and selecting of members of a particular group or social network, to inform them and encourage them to pass on accurate information to others with similar characteristics. Peer education initiatives generally focus on health education and prevention activities and often aim to promote safer and healthier lifestyles.

The significance of peer influence both positive and negative is identified by Resnik & Gibbs (1988; 47);

One of the assumptions underlying peer programs for drug abuse prevention is that, particularly for young people, peer groups can

have a significant impact on attitudes and behaviour. The impact can be either positive (the peer group provides a healthy support system as young people make the transition from youth to adulthood) or negative (often peer groups are a principal setting for adolescent problem behaviour). Generally peer programs aim at enhancing the positive impact of peer groups and minimising their potential negative impact. Peer programs are not monolithic however; they employ diverse approaches in attaining similar goals.

Resnick and Gibbs (1988) proceed to categorise peer programmes under four distinct headings;

1. Positive Peer Influence programmes (Social Influence Approach)
2. Peer Teaching programmes (Information)
3. Peer Counselling /Facilitating/Helping programmes
4. Peer Participation programmes (Alternatives)

The involvement of peer leaders in the delivery of health education messages has been explored and developed in the United States since the 1960s (Resnik & Gibbs, 1986). However it is only in more recent years with the application of peer education techniques to HIV and AIDs and safer sex programmes that the approach has gained recognition and popularity on this side of the Atlantic. This approach has been enthusiastically adopted by the youth service, but it has also become a feature of school based programmes.

The basis of this strategy is that young peoples peers have greater credibility than parents or teachers and that messages and behaviours espoused by these peers are more likely to be adopted and modelled (Arkin et. al., 1981). Some proponents would go as far as to claim that teachers and parents are separated from adolescents not only by a generation gap but a *gulf* (Cripps, 1997)

which undermines the credibility of any information or messages they try to convey. Evidence that young people often perceive themselves to know more about drugs than their teachers and parents, reinforces arguments that adults may not be the best sources of drug education (Roker & Coleman, 1997). This strategy takes account of features of adolescent development like increased identification with peers, as a means of meeting drug prevention goals. Positive peer role models are employed in programme delivery, appealing to adolescent openness to peer influence and to the need for acceptance and affirmation from peers (Murtagh, 1996).

There are certain identifiable characteristics of peer education strategies. Programmes may or may not address the issue of drugs specifically. Coleman (1961) argues that peer programmes of whatever approach should recognise the range, variety and significance of different peer groups within the school and the broader society (Coleman, 1961). The selection and characteristics, requirements and training of peer leaders also have to be given serious consideration. Academic ability is a poor selection criterion for leaders as these students may lack credibility with other students, particularly high-risk students. It is necessary that leaders be associated with positive or responsible (non-drug using) behaviours, according to Perry et. al., (1990) and have a certain standard of communication skills and confidence. However others argue that peer leaders should not be seen as too straight (Botvin 1990; Coggans and Watson, 1995). Some programmes have employed same age peers, while others stress the importance of leaders being older than the target audience. Cripps (1997) recommends the recruitment of 'near peer leaders' or young adults, for work with second level students, citing evidence that same age peers have no more credibility than adults. He also stresses the importance of a shared background; the peer educator and target group coming from the same environment and local area and the importance of the peer educator receiving adequate training. The fact that peer leaders lack experience or classroom management skills has led some experts (Ellickson et. al., 1993; Bovin, 1995) to recommend a

teacher student partnership strategy. This benefits from the teacher's skills and experience while the responsibility for specific elements of the programme is delegated to peer leaders.

Five approaches to drugs education and peer education strategies have been outlined and discussed. These approaches will be subjected to further analysis in the context of the literature on evaluative research, in chapter three.

CHAPTER 2

Methodological Issues in Drugs Education Evaluation

In this chapter, some key methodological issues in evaluating drug education programmes are elucidated, for the purpose of discussion. These methodological problems have been highlighted in the evaluative literature and in methodological texts, or have been experienced first hand, when evaluating drug education programmes for this particular project. Rather than providing a comprehensive list of all the theoretical and methodological problems that can confront evaluators, this chapter consists of some key issues that might stimulate discussion and debate among programme planners and research evaluators, for the purpose of developing the state of the art of evaluative research in the Irish context.

Evaluative Design

It is difficult to maintain true evaluative designs in real life situations. While many evaluators proceed to develop a true design when planning the evaluation, they are often confronted with deviating factors or problems that reduce the truth of the design. This may result in less than optimal data quality (Okulicz-Kozaryn, 1998). Small target groups, problems assigning individuals to intervention and control conditions and the constraints imposed by schools and other drug education settings which may be highly structured and "closed" are some of the factors that militate against achieving the true evaluative design.

Variables

A variable functions as a mediating variable if it accounts for the relation between exposure to the prevention program and the outcome measure (Baron and Kenny, 1986). For example drug prevention programmes may attempt to change mediating variables that are assumed to be causally related to the outcome. If there is proof that there is a causal relationship and that the intervention affects the mediating variables, then the prevention programme would be expected to change the outcome.

Mediating variables may be directly related to substance use, such as knowledge about substance use, attitudes toward drugs or intention to use drugs. Mediating variables may also be indirectly related to substance use such as life skills, risk factors, protective factors, structural changes, lifestyle, cultural habits and problem behaviour (E.M.C.D.D.A., 1998). For example, an intervention might attempt to enhance individual decision making (a lifeskill) claiming that if this skill is enhanced, then the individual is less susceptible to using drugs. In an evaluation, enhanced decision making could be used as an indicator to measure the outcome of an intervention. However the challenge for evaluators is that it is difficult to analyse the relationship between mediators and outcomes. Knowledge and attitudinal change can be measures used in evaluations to determine the success or failure of an initiative. However the findings may be called into question because of the uncertainty about the relationship between drug related knowledge, attitudes and drug use. In instances where interventions target a number of mediators, it is extremely difficult to achieve a completely random selection of subjects for evaluative purposes (Kuipers, 1998).

Because of the challenges involved in interpreting the relationship between mediator and outcome, Mackinnon (1994) has drawn attention to the importance of mediator analysis. Mediator analysis facilitates closer examination of the relationship between indi-

vidual mediating variables and outcome, thus developing or refuting the theoretical assumptions underpinning programmes or assisting in the interpretation of reasons for programme success or failure. Mackinnon (1994) argues that mediator analysis is rarely conducted. This implies that if mediator analysis is an integral part of future evaluative studies, the relationships between mediating variables and outcomes of interventions may be more clearly unravelled, thus developing the field of drug education theory and practice.

Behavioural change is a very important issue for outcome evaluators. However in the case of young people, who have not yet engaged in drug use, behavioural changes as a result of a drug education programme cannot be measured in the short term. Few longitudinal evaluative studies have been undertaken, mainly because they require substantially more funding than studies carried out immediately after programme delivery and because waiting for results of evaluations over a long period is not desirable to many people engaged in prevention or research. This means that programme effectiveness in many instances will be judged on the basis of the impact on intervening variables, known to relate to behavioural changes in the future. This provides further evidence of the significance of mediator analysis for evaluative research.

Evaluative Criteria

The criteria chosen for judging the success or failure of programmes, give rise to much debate. Evaluations are usually concerned with assessing to what extent an action achieves a valued outcome. Some valued outcomes identified in the literature reviewed for this study have included increased drug related knowledge, changed drug related attitudes and intentions, decreased regularity of drug use, increased self esteem or assertiveness and return to abstinence. As indicated in the previous section, the lack of clear and consistent knowledge about the

relationship between some of these factors and drug use, means that questions can be asked about the value of these outcomes, as success criteria. For example, there are some researchers who argue that there is a lack of evidence to show that young people take drugs because they lack self esteem (Perri 6 et. al., 1997). They would argue that increased self esteem as a result of a drug education intervention, cannot then be viewed as such a valued outcome in terms of drug prevention. Studies have disputed the existence of direct links between knowledge, attitudinal and behavioural change (KAB model), arguing that the relationship between these factors is much more complex and they have shown that increased knowledge about drugs has not directly translated into behavioural change (Glynn, et.al., 1983). Evaluators have also concerned themselves with the process by which outcomes are achieved. In the evaluative studies conducted for this project, *process* was a significant consideration. When this is the main focus, it becomes more difficult to come to a definitive conclusion that a drug education intervention has succeeded or failed. The following issues are considered important in the context of the *process* ; whether the target group was reached; levels of participation / involvement by the target population; strengths and weaknesses in programme implementation, fidelity to the original design in delivery and how an intervention compares with others. It would be the opinion of the researchers in this study that drug education interventions are a means to an end and not ends in themselves and so this undoubtedly stimulates further debate about what exactly constitutes success and how it can be measured. Measuring success usually involves examining how the intervention succeeded in fulfilling objectives defined at the planning stage. The experience gained from this study would indicate that in the realm of drug education, objectives are rarely clearly defined. This may be because programme planners are fearful of excessive expectations being placed on them in terms of evaluation and accountability. In the future it would be important in the context of evaluation, to encourage programme planners to arrive at clear definitions of programme objectives and for evaluators to

become more conscious of ways of developing more relevant and sensitive measures to assess success.

Timing of Evaluation

Many programme planners have in the past and still continue to ignore evaluation when designing drug education programmes. Some programme planners build in a limited evaluative framework, usually to satisfy funders and this framework may lack many of the scientific qualities valued by researchers. When evaluators are engaged to undertake the work, they have to contend with timing constraints causing them to work under pressure and they are expected to carry out the task regardless of the stage of programme development and delivery. Compromising methodological standards to take account of real life conditions can be the result (Okulicz- Kozaryn, 1998).

Theoretical and Methodological Debates

Debates about theory and methodology, between defenders of different evaluative approaches, have undoubtedly made many valuable contributions to the development of evaluative research. Traditional styles of evaluation, which are probably still the best respected in the field, emphasised the importance of the true experimental design, in controlled settings, employing objective measurement and statistical analysis. In the literature, these studies are usually characterised by a top down approach in which programmes are delivered, outcomes are generated and participants are subjects. Drug education is seen more in terms of something that is done to people. Researchers adopting an ethnographic or qualitative perspective have favoured more naturalistic approaches, emphasising the importance of social context and developing more varied instruments for application in evaluative studies. In these studies, the programme participants are more

likely to be viewed as knowledgeable people, who have valuable perspectives to offer the evaluator. Drug education is more likely to be viewed as something that is done with people. Debates have ensued between the proponents of different approaches. Weiss and Rein (1969) have argued that the results of experimental evaluations may be misleading or artificial, because such designs are inadequate for evaluating broad-based programmes. Cronbach (1982) argued that experimental designs were not very useful for policy planning because they tend to be too preoccupied with trivial issues. Chen et. al., (1988) criticised the findings of non-experimental evaluative designs for being too particularistic and not sufficiently generalisable. Others have argued the benefits of combining quantitative and qualitative methodologies for triangulation purposes and have stressed the uselessness of pushing too far the distinctions between different methodologies (Smith, 1986; Hammersley, 1992).

However, the debates that have ensued also have a negative impact. They may stimulate so much fear and concern, that evaluative work is stultified. There is a paucity of evaluations in the area of drug education. This has generated concern prompting the EMCDDA (the European Monitoring Centre for Drugs and Drug Addiction) to try and dispel fears by facilitating clearer and simpler access to methodology in evaluating preventive initiatives, so that evaluation may become more routinised. This is a welcome development, particularly if it challenges the imposition of what are perceived to be the best evaluation designs, so that data gathered from other sources are rendered invalid. Dispelling fears about evaluation may have the effect of encouraging programme planners to use research in the planning of interventions, to improve definitions of programme objectives and measures of effectiveness and to improve monitoring procedures employed in the intervention. In this study, it was found that an evaluative framework had to be designed to suit the activity and the circumstances of each individual drug prevention programme. This

shows that there is no one correct methodology for all programme evaluations.

There are guidelines being developed in the European context that may enhance the opportunities for comparison between evaluative studies in different contexts and that may ensure sufficiently scientific evaluation methods are adopted at the design stage of evaluations, so that studies are not discarded as methodologically unsound. However as the demand for and the commitment to evaluation increases, the debates will continue about the nature and purpose of evaluating drug education programmes.

CHAPTER THREE

A Review of the Evaluative Literature on Drugs Education

Introduction

Having already outlined the different approaches used in drugs education and particularly in school-based drugs education, this chapter attempts to review the evaluative literature in respect of each approach and its effectiveness. The evaluative studies undertaken and documented in the literature have largely judged success or failure in terms of the ability of programmes, to produce certain desired outcomes. Effectiveness, has usually been measured in terms of programme ability to exert influence on drug related knowledge, attitudes and behaviour and on mediating variables (such as self esteem, assertiveness, problem behaviours - see chapter two, page 30) in the immediate, short and longer term. The issues of programme cost, both in terms of financial human resources and programme side-effects have been raised in some studies. Areas in need of further research, are highlighted in this chapter. The chapter is concluded with a summary of good practice guidelines for the planning, implementation and delivery of drugs education, based on the most recent evaluative literature.

The Cognitive/ Information-based Approach

The Knowledge-Attitudes-Behaviour (KAB) model is based on the premise that the provision of information will produce an outcome of greater drug related knowledge, which will lead to more negative attitudes about drugs and in turn reduced drug experimentation and drug use. However, information alone whether disseminating fear arousal or more balanced 'facts' has consistently been

found ineffective in achieving prevention goals (Goodstadt, 1974; Stuart, 1974; Randal & Wong, 1976; Hanson, 1980; Moskowitz, 1983; Tobler, 1986; Dorn & Murji, 1992). Goals of increasing drug related knowledge or attitude change are regularly achieved, but behaviour change seems to be a much more elusive goal. Stuart (1974) provided evidence of increased knowledge about drugs among students who received information compared to students who received no drug education. De Haes and Schuurman (1975) found an increase in both correct and incorrect answers to knowledge items and a decrease only in *don't know* answers which led them to the conclusion that *honest uncertainty had become misplaced confidence*.

De Haes and Schuurman (1975) also noted that students who participated in the information programme showed an increase in negative attitudes towards drug use and increased support for legal prohibition. However, this was not translated into reduced drug use. This suggests that even when attitudes or behaviours are influenced it is not always in the desired direction. Higher knowledge scores are not necessarily consistent with negative drug attitudes. Swisher et. al., (1971) showed that the students who knew more about drugs also held the most positive attitudes towards drug use.

Several evaluations of information strategies have produced evidence of increased experimentation or counterproductive effects. De Haes and Schuurman (1975) found that students who received a programme of drugs information (either fear arousal or straight facts) were more likely to have experimented with drugs three months later, than students who took part in a 'person-oriented' or affective programme, or than students who received no drugs education. The highest level of experimentation occurred among those who had been given information designed to instil a fear of drugs, or which consisted of warnings about the dangers of drug taking. Stuart (1974) also reported that students showed greater alcohol, marijuana and LSD use, were less worried about

drugs in the three month period after a drugs information programme than students who received no drugs education. Polich et. al., (1984) pointed out that these effects may have been short-lived. They referred to the research conducted by Evans et. al., (1981) which showed that an immediate post-programme increase in cigarette smoking was actually followed by a significant decline. Consequently, they suggested that longer term follow up may have allowed similar effects to be seen among Stuart's sample (1974).

Several hypotheses have been proposed to explain how information might inspire drug use. Stuart (1974) discussed factors related to content, context and tone of an information strategy which may be important in this respect. The information strategy may stimulate use, if it raises curiosity by providing detailed information on how to use, or if it provides students with facts that overcome the prejudices, or change the attitudes which had been inhibiting use. Simply being included in a drug education programme may lead students to think of themselves as potential drug users or repeated discussion of the issues may have a desensitising effect. The inclusion of inaccurate or biased information undermines credibility and may lead students to reject the whole message. Nowlis (1975;49) recognised the significance of individual factors in influencing how students respond to an information programme;

For those who did not use illegal drugs, and probably never would, ...information reinforced their already strong resolve. But for others for whom adventure and daring were valued or sought as status symbols, whose goals and values were not traditional, who felt that they had little to lose and possibly much to gain, such information may have promoted at least experimentation.

There is little empirical support for the causal links implied by the KAB model (Goodstadt, 1981; Hanson, 1980; Kinder et. al., 1980). Drug use is a complex area of human behaviour and the decision to use drugs in a given situation derives from many fac-

tors not just a general belief system regarding drug use. In a study of young people's decisions to use drugs, Boys et. al., (1999) found that overall the study identified a complex set of factors which influenced the substance related decisions made by the small sample group of young people. The authors (Boys et. al., 1999;386) concluded that;

Prevention strategies that do not take into account these complex processes or merely target one influence on decision making, are likely to be at best ineffectual and at worse counterproductive.

The failure of the KAB model to account for this complex interplay of factors in the area of drug use has led to the failure of knowledge only programmes to make an impact on drug use. While knowledge is an important factor, it is just one of many. Therefore meeting young peoples drug information needs alone cannot be expected to prevent use.

Another explanation offered for the ineffectiveness of the information-based approach to drug prevention is that it may lack credibility with the target group. Wepner (1979) referred to this in an attempt to explain the failure or counterproductive results of earlier scare tactics programmes. Skirrow and Sawka (1987) traced the source of this credibility problem to the exaggerated demonisation of young people's drugs without adequate reference to scientific fact or to the negative aspects of 'respectable' adult drugs, like alcohol and tobacco.

Le Dain (1970) and Smart & Fejer (1974) found that fear arousal techniques were most effective in relation to drugs outside the experience of young people (e.g. heroin rather than alcohol) and generally concluded that fear arousal campaigns are ineffective and alienating. Therefore the credibility gap pertains, particularly to drugs of which young people have some experience, whether personally or through parents, siblings or friends' use. The credi-

bility gap occurs when that experience contrasts with the messages of the programme. As Davies and Coggans (1991) stated;

Misleading assertions, such as passing off opinion as fact will detract from the success of an educational programme, especially where the target audience is knowledgeable about the drug scene as many young people are.

Nowlis (1976;52) asserted that credibility decreases in direct proportion to certainty and dogmatism and that once credibility has been lost, the task of getting an accurate message across becomes all the more difficult;

Untruths, half-truths, exaggeration, overgeneralization and sensationalism kill credibility. What is said must bear some relationship to what is experienced by the great majority of users. Once credibility is breached, it crumbles like a dam and generalised doubt and distrust remain.

Despite the overwhelming evidence of their ineffectiveness, 'one-off' information only drugs education initiatives continue to flourish. Orlandi stated in 1996, that it is probably still the most common approach to alcohol, tobacco and other drug use prevention. It would appear that Nowlis (1975) was correct in her prediction over twenty years earlier that the evidence of the ineffectiveness of information only or information and exhortations to abstain, would not diminish, in drugs education. It's appeal probably lies in the fact that it is an intuitive, common sense response, which is cheap and easy to implement. Wherever the emphasis is on doing something, or being seen to do something about drugs, rather than committing to effective drugs education regardless of the costs in time, resources and teacher training, this approach continues to be popular.

Several lessons may be learnt form the literature about using information as a drug education strategy;

- * Knowledge alone will not prevent drug use though information has a role in drugs education as part of a broader more comprehensive approach,
- * Exaggeration or scare tactics reduce credibility and are ultimately counterproductive.
- * Emphasis on short term rather than long term consequences in information strategies is more effective, however these consequences must be seen to be reflected in real life.
- * Information should be specifically targeted to build on current knowledge and to meet the needs of the target group. It should take account of their age and developmental level as well as the relevant social and cultural context.
- * The sender or information delivery agent must be able to establish credibility with the target group.

The Information-based Approach to Harm Minimisation

According to Dorn & Murji (1992) information based approaches fell out of favour in the late 1970's, having been found to be counter-productive or even stimulating experimentation. They returned especially in the mass media in the late 1980s in HIV prevention campaigns. The goal of these campaigns was to promote safer sex not to prevent sex. Some drug educators argue that preventing young people using drugs is an unrealistic goal for any drugs education approach and they have proposed more realistic goals such as promoting safer use, preventing increased use, or encouraging responsibility. They favour harm minimisation or harm reduction information approaches to ensure that young people have accurate information about drugs and drug use so as to

enable them to manage their drug use more safely (see chapter 1, p.8-9). The harm reduction strategy accepts that drug use behaviours exist at different points on a continuum of risk and abstinence is an ideal outcome (Brannigan & Wellings, 1999).

Research indicates that drug users display a high degree of concern for their own safety and adopt strategies to minimise the risks they are taking in their drug use. The following examples of damage limitation practices among a group of recreational users were identified by Young and Jones (1996);

- * Buying only from known and trusted dealers;
- * Not using at times they consider inappropriate because of high risk factors (either in relation to safety or risks of getting caught /legal risks) ;
- * Using certain drugs (particularly LSD and Ecstasy) only when trusted friends were available to ensure safety and support;
- * Using only sufficient quantities of any drug to achieve the desired effect;
- * Not mixing drugs because of the potential risks/dangers involved;
- * Imposing internal sanctions against anyone within the group using 'hard drugs'.

In a survey conducted by Akram and Galt (1999) of dance drug users, it was found that the majority of respondents, especially females, indicated that they applied harm reduction practices. The most popular of these practices were drinking water and 'chilling out'. Smaller numbers of the survey sample reported maintaining their salt intake by eating nuts or crisps or that they kept back a small sample of the drug in their possession for analysis, in the event of an adverse reaction.

However, safer practices tend to be dependent on the quality and accuracy of the information upon which they are based. The study by Young and Jones (1996) drew attention to a considerable degree of misinformation and confusion among the user group. Similarly Akram and Galt's study (1999) indicated that while reducing the harm caused by dance drugs was a concern among users, there was inadequate knowledge about what steps could be taken. The study respondents indicated that they wanted more information on long-term effects, on general health risks and dangers, on how to cope in emergencies, on how drugs taken interact with other drugs (e.g. prescribed medication) and a small number of the respondents requested information on how to stop taking them. If, as these studies illustrate, drug users are prepared to act on harm reduction information and implement safer use techniques, advocates of harm reduction argue that they have a right to the most accurate, credible and relevant information upon which to base their decisions and strategies to protect themselves. Harm minimisation approaches have applied the lessons learnt from earlier information strategies to maximise the chances of effectiveness. Specific targeting and consultation with the target audience are also key features of this approach. An evaluation of comics designed specifically for young women in the rave scene found that they were seen as credible and relevant sources of information (Sherlock, 1994). Behaviour changes were not explored with this group.

Research has shown that young drug users rely on their peers for information about drugs (Hanneman, 1973), while non-users cite the media as one of their primary information sources (Flay & Solel, 1983). In an effort to tap into this information distribution chain, peer education strategies have also been employed with user populations. Many of these approaches also make use of existing peer networks for distribution of materials and information dissemination. An example is the Lifeline 'Smack in the Eye' comics designed to promote safer sex and safer drug use among heroin users and reduce the spread of HIV in this high risk popu-

lation. The comic was sold by users, to users. This method of distribution was found to be very effective at reaching the intended target group, a particularly challenging hidden population. Linnell (1993) reported that the initiative was effective in encouraging users to change from injecting Temazepam to taking it orally and in dissuading injecting users from the practice of sharing needles.

Although as Coggans & Watson (1995;3.1) observed there is still a dearth of evaluation in the area of harm minimisation information programmes, they argued that;

there is a valid case for carefully targeted harm reduction elements within an overall strategy in order to meet the particular needs of people who are either problem drug users or at risk of becoming problem drug users.

The Alternatives Approach

There is a distinct lack of evaluations of drug education programmes based on the alternatives approach. Polich et.al., (1984) noted that while examples of alternatives approaches had become widespread by the early 1980s, none had produced an evaluation sufficiently rigorous to yield evidence of the effectiveness of this approach in preventing drug use. Hansen (1992) also found that few evaluations of alternatives based programmes had been published between 1980 and 1990. He noted however that a classroom-based alternatives component was found in about a quarter of all the curricula of school based programmes evaluated during this period. In his review of programme evaluations of the decade, only two programmes were classified as alternatives approaches in the traditional sense, incorporating out of class activities (Napa Cross-Age Tutoring' and 'Student Store'). Both, included life-skills training components and neither demonstrated behavioural outcomes on drug use in their published evaluations.

Other alternatives programmes which have failed to produce direct effects on drug use have reported increasing self esteem and community involvement (Silverman, 1990) and increased awareness of alternatives to drug and alcohol use (Blizard and Teague, 1981). However, the type of alternatives promoted would seem to be significant. Dorn & Murji cited evaluations which supported their assertion that *academic and religious activities have been found to minimise drug use while social and vocational activities contribute to the use of various substances* (1992: 30).

As for the likelihood of activities being integrated into adult lifestyle, Coggans and Watson (1995) highlighted three factors which influence this outcome;

- * the age of the participant
- * the amount of satisfaction derived from the activity/involvement
- * the level of access to opportunities for engaging in the activity/involvement.

In sum, the younger the individual who becomes involved in an alternative activity, the more satisfying it is personally and levels of participation and commitment are enhanced. It would also appear that the chance of alternatives being maintained outside of organised programmes and beyond adolescence, is increased.

The target group of the intervention also has a significant impact on effectiveness in achieving positive outcome and in some cases, influencing drug related behaviour. Hu et. al., (1981) reported that young offenders participating in alternatives schemes are more likely to be released early and tend to have better employment and education patterns. Tobler (1986) found that alternatives programmes were the most effective approach among what she calls special populations (high-risk groups including young offenders and current users). She speculated that alternatives programmes may give high-risk children and adolescents, an oppor-

tunity to be 'in control' of some aspect of their lives, for perhaps the first time. For the child who is not at risk, the environment will have already provided this experience in some form, so the alternatives programme will have little to offer. Tobler (1986;561) referring to specific populations argued that;

Alternatives programmes showed superior results in increasing skills and changing behaviour in both direct drug use and indirect correlates of drug use. These programmes were very intensive and involved costly programming, but they did change the behaviour of a nearly implacable population.

Claims of the effectiveness of broader community initiatives which provide opportunities for summer jobs or drug and alcohol free activities are usually located in the context of participant characteristics. Klitzner et. al., (1987) commented that those who volunteer for such activities are likely to belong to a lower risk group. In addition, such approaches though widespread in use, are rarely evaluated in terms of their ability to show effects on drug use, or intention to use.

The evidence on the effectiveness of the alternatives approach may be summarised as follows;

- * While programmes may lead to improved self esteem, and better community involvement/ or 'belongingness', initiatives based on an alternatives approach are ineffective alone, in relation to drug use prevention.
- * There is evidence of the particular effectiveness of this strategy in competence skills building with high risk groups. However, often and especially where participation is on a voluntary basis, it tends to be the case that only those at lower risk participate (Klitzner, 1987).
- * In terms of the kind of alternatives offered, there is a need for programmes to address more than leisure pursuits but jobs, housing and training and not just keep young people

occupied on a temporary basis (Tobler, 1986, 1992; Dorn & Murji, 1992).

The value of alternatives programmes for 'special populations' has led Dorn & Murji (1992) to recognise the harm reduction potential of broad programmes aimed at improving the quality of life. In other words, outcomes like better health, improved housing, access to services and occupation in work or leisure pursuits may mediate against experimental or recreational use becoming more regular, compulsive or problematic.

The General Affective Approach

Programmes classified under the heading of general affective approaches may vary enormously in the particular values or skills they attempt to develop. Hansen (1992 ; 415) stated that *affective education programmes were diverse in their specific make up* more so than any of the other programmes he reviewed. The unifying factor in these programmes is that they all attempt to prevent drug use through addressing values or skills deficits in the individual. Most of those programmes reviewed by Hansen (1992), had adopted a generic approach with no specific reference to drugs and none included drug-specific resistance skills.

Evaluations of the affective approach have been summed up by Dorn & Murji (1992) as yielding *inconclusive but generally discouraging results in relation to drug consumption*. Few affective programmes, that have been adequately evaluated show positive results. Polich et. al. summed up the findings of the remainder as *conflicting, ambiguous or zero effects* (1984; 142). Hansen (1992) rated reported outcomes as positive neutral or negative and found that most evaluations of affective programmes produced neutral outcomes. He concluded that *affective programmes seem to be benign, generally having no impact on behaviour* either in a positive or negative direction. Schaps et. al., (1981) reviewed evaluations of 60 programmes based on this approach and found that the majority of

programmes (37) showed no effect on drug use, one third (20) had a small effect and only 3 showed a more convincingly positive effect. The evaluation criteria were; reported drug use, intentions to use and/or attitudes towards use.

Tobler (1986, 1992) found the affective only programmes to be the least effective of all approaches and recommended their use to be discontinued. Approaches combining knowledge and affective components were found to be slightly more effective than either of the singular approaches on some measures, but had only a *minimal effect on drug use* (less than the mean effect of all 147 programmes included in the *meta-analysis).

Polich et. al., (1984) referred to the difficulties teachers encounter in delivering such programmes and the attendant consequences for programme fidelity and outcomes. They (1984;143) were also wary of short-term programmes, which aim to *affect a central self concept that is the product of the child's entire life experience*. While it is true that some programmes have succeeded in producing improvements in self-esteem and decision making abilities, these improvements were only marginally higher than in control groups and in some cases on a par (Kearney and Hines, 1980). Botvin & Dusenbury (1989) concluded that that the ineffectiveness of affective education drug prevention programmes may be explained at least in part by the inadequacy of methods such as classroom games and discussion, where proven skills training techniques would be more effective.

Other critics of this approach are unconvinced of a direct correlation between self esteem and drug use. Polich et. al., (1984) argued that the evidence does not support a strong relationship between low self-esteem and the onset of drug use. Palin (1990; 219) described the evidence as *weak, conflicting and methodologically flawed*. Coggans and Watson (1995;3.2) criticised programmes which attempt to *remedy supposed deficits in self esteem, despite a lack of evidence concerning the existence of such deficits in the target population*. However they acknowledged that personal and social skills

deficits may be a factor in the transition into the heavier more problematic forms of drug usage. Schroeder et. al., (1993) conducted a critical examination of the evidence of the relationship between self esteem and drug use. They identified methodological problems such as measurement of self esteem, measurement of drug use and abuse, inclusion of confounding variables and a tendency to infer causality from correlational data and statistical problems, which they claimed severely limit the conclusions that can be drawn. They concluded that while the relationship between self-esteem and drug use might seem to make intuitive sense;

[The evidence] is insufficient to justify making self-esteem enhancement the cornerstone of drug prevention efforts (1993; 645).

Similarly the link between personal values and behaviour, that is drug use in particular, has been questioned since programmes which claim success in changing or clarifying values have not shown attendant effects on drug using behaviours (Goodstadt, 1978). In the words of Polich et. al.(1984; 143) *questions about the validity of the value-behaviour model have as much, if not more force, as those [questions] about the attitude-behaviour model.* These findings challenge the very foundations of affective approaches to substance misuse prevention. Initiatives that emphasise effective communication and assertive versus aggressive means of achieving goals, have more etiological support, but have not reported behavioural effects that are sustained in the longer term (Hawkins et al 1985). Although programmes may show evidence of value change or value clarification, improved self-esteem or general assertiveness, it does not necessarily follow, that this has any significant effect on behaviour (Kim, 1988; Dryfoos, 1993; Gorman, 1995).

This form of deficits model assumes that any type of drug use is a sign of underlying inadequacies or inferior moral, social or personal development and does not take account of the range of patterns of use from experimental to recreational, occasional, reg-

ular and compulsive or problem use. This is incompatible with the idea that drug users would be capable of controlling or modifying their behaviour to adopt *safer forms of deviancy* (Dorn & Murji, 1992). This disregards the evidence that there are informal social controls employed, regulated rituals and methods of use within user groups (Zinberg et.al., 1975; Glynn et.al., 1983; Young & Jones, 1996). Therefore the deficits model has not been applied to harm minimisation goals. Dorn & Murji (1992) raised the issue of how the assumptions which underpin the deficit model, may contribute to negative attitudes towards drug users and the propagation of stereotyped images of all users, as inherently weak, deficient or abnormal in some way. The ultimate consequence of such negative attitudes were illustrated by Cohen, Clements & Kay (1996; 4);

If attitudes towards drug users remain negative, the mythology that surrounds drug use will continue. Drug users are likely to be excluded from the best people who can help i.e. their own community and peers.

Dorn and Murji (1992) also expressed concern about the significance of the deficit model for the way drug users see themselves, in terms of their power as agents of control, in their own lives particularly in relation to their drug use. They identified a need for research into the *potential side-effects* of the deficits model.

Dorn and Murji (1992) concluded that the failure of simple deficits approaches to deliver on prevention goals can be explained by their weaknesses on three levels;

1. The empirical level,
2. The common sense level,
- and
3. The theoretical level.

On empirical grounds, the assumed relationships between values or self esteem and drug use are questioned by prevalence data showing that not all adolescents with such deficits use drugs,

while many socially competent ones do. They argued that there is a need to account for other family, community, social and environmental factors to explain this. The common sense argument is based on a distinction between different levels of drug use and involvement. Personal/ social skills deficits may be recognised as a factor in long-term, compulsive or problem use but it is not accepted that initiation, experimentation or recreational/occasional use can be explained in this way. In the words of Coggans & Watson (1995; 2.2.2.);

The so-called 'self-derogation' concept may have a role in explaining the more pathological patterns of drug misuse, but has little or nothing to do with why people who are non-deviant in other respects, engage in recreational drug use.

In a survey aimed at identifying harm reduction practices applied by users of dance drugs, the majority of respondents were found to be in paid employment and well educated, some to degree level and the investigation yielded no evidence of the usual negative stereotypical traits of drug users (Akram & Galt, 1999). Dembo (1981) argued that the deficits approach is based on an incomplete understanding of the factors influencing drug use. He argued that in essence, this approach attributes all drug use to deficits outside the individual's control and it fails to take account of the positive meanings and functions drugs have for individuals and groups.

Outside the classroom context, general affective programmes for parents and other adults in the community have been described as having the potential to make a profound impact on families (Dorn & Murji 1992) though few evaluations have reviewed their effects in the area of substance use prevention.

The Social Influence Approach

The social influence approach has boasted considerable success with cigarette smoking prevention programmes. Evaluations report positive outcomes on a number of different measures such as incidence of smoking behaviour (number of smokers) and onset of smoking (number of new smokers) when programme participants were compared with others who had not been exposed to any programme. Reduced prevalence of smoking generally and prevalence of regular and daily smoking among students who were regular smokers before programme participation, have also been achieved. Botvin (1995;177) claimed the reductions in smoking prevalence range from 40%-50%. Orlandi (1996; 86) found a slightly lower range 35 % -45 %. However it is clear that these are very significant effects particularly when compared with the more traditional approaches. The first follow-up studies reported that these effects were maintained for up to three years and in the case of one study, five years (McAlister et. al., 1980; Telch et. al., 1982; Leupker et al, 1983; Hansen, 1990). Evidence from longer term evaluations, which found that these effects do decay over time (Flay et al 1989) have led Botvin to identify a need for ongoing intervention or regular 'booster sessions' with students in the years following initial programme delivery. The need for research to explore the optimum content and intervals for such booster sessions is also identified (Botvin 1995; 177).

The effectiveness of this approach with regard to smoking prevention and reduction has led to expectations of similar effects on other forms of drug use. Ellickson & Bell, (1990: vi) highlighted that the success of the anti-smoking programmes, has to be understood in the context of increasingly negative social attitudes toward cigarettes. Polich et.al., (1984) argued that similar social disapproval factors exist in relation to illicit drug use, specifically marijuana use. The level of acceptability of alcohol use led him to predict that alcohol use would prove more difficult to effect. This assertion has been reinforced by the evaluation of programme ALERT which reduced marijuana experimentation by up to a third

and regular daily smoking by 60%, yet only produced short lived effects on alcohol consumption (Ellickson & Bell, 1990).

The Drug Abuse Resistance Education programme -DARE (referred to in Chapter 1, page 23) which is delivered by uniformed police officers is described as the most popular drug prevention programme ever. Clayton et. al. (1996) referred to at least fifteen evaluation studies of the DARE programme, some of which followed students for up to 4 or 5 years and found agreement in all of these studies, that DARE does not have long term effects on drug use. The knowledge and attitude change reported by some of these studies, diminished over time. Clayton et. al. (1996) explored the question as to why DARE is so popular if it is not effective. They concluded that the programme represents a 'feel good' approach. It allows everybody; students, parents, teachers, police, administrators and politicians to *feel good because something is being done about drug abuse* (Clayton 1996; 107). Effectiveness, it would seem, is not the most important criterion of success / popularity. A fall in academic standards has also been associated with students who participate in the DARE programme (Kleinman & Smith, 1988). This highlights the need for evaluations to look at the issue of side effects and the possibility of hidden costs of such programmes.

Peer interaction is a key component in social influence programmes and most programmes have employed peer leaders in some capacity (Botvin 1995). There is evidence to support the use of peer leaders in this approach (Arkin et.al., 1981; Perry et. al., 1983; Tobler, 1986) though not all peer programmes have managed to produce significant differences on behavioural outcomes (Moskowitz, 1985; Bangert-Drowns, 1988). The effectiveness of peer education strategies is discussed in more detail, later in this chapter.

Social influence programmes have shown an impact on substance use behaviour, especially smoking prevention, but also marijuana use, in peer led programmes (McAlister, 1983; Hansen, 1990;

Hawkins, et al, 1992). Alcohol use has proven the most difficult to influence or offset (Ellickson & Bell, 1990; Hansen, 1990). The behavioural effects have not necessarily been accompanied by any changes in drug related attitudes. This challenges the KAB model, which sees attitude change as a necessary pre-cursor of behaviour change (Resnik 1983; Tobler, 1986). Attitude change would seem to be a more complex task than specific resistance skills training which can be achieved by even short-term low intensity peer programmes (Tobler, 1986). Since the overwhelming majority of these programmes have been geared towards smoking prevention, targeting white middle-class students in schools, questions remain as to what Dorn & Murji (1992; 22) referred to, as their 'generalisability' and they have given the following caution;

A balanced judgement must await further development and evaluation, where the latter pays attention to possible side effects as well as to desired objectives.

Dorn and Murji (1992) identified a need for more evaluations of effectiveness with minority populations, higher risk groups and students across all age groups within the school-going population. Closer examinations of the effectiveness of the resistance skills approach in preventing alcohol, marijuana and poly-drug use are also recommended with particular emphasis on longitudinal research (Dorn & Murji, 1992). The significance of high attrition rates in longitudinal studies and the need to address this problem was also highlighted with reference to Hansen (1990).

Some commentators argue that this approach is theoretically flawed since it is based on the premise that young people use drugs because of pressure from others. Coggans & McKellar (1994) argued that most young people who use drugs are not pressured by their drug using friends, but rather tend to choose to associate with others who use drugs and to share their attitudes and beliefs.

While there is evidence to show that peer factors are associated with illicit drug use this evidence has often been inappropriately interpreted or cited as support for peer pressure, when it should have been more appropriately interpreted as evidence for peer assortment or peer preference.

(Coggans & McKellar, 1994 ; 15).

Similarly, Boys et. al. in their study (1999;385) of the influences on young people's decisions to use drugs, revealed the following result;

There was evidence that friends and peers are important in providing opportunities for drug use and supporting this behaviour. However the influence was perceived to be only one of a range of influences and reports of using drugs alone were not uncommon.

Botvin and Dusenbury (1989) acknowledged that programmes using a resistance skills approach have yielded promising results and consistently demonstrated effects on cigarette smoking and in some cases alcohol and marijuana use. However they summarised the weakness of this approach as follows;

... although they provide adolescents with the skills to resist substance use offers, they do little to affect changes in intrapersonal factors that may serve as powerful motivators [to use drugs].

(Botvin & Dusenbury, 1989; 174)

Thus critics argue that resistance skills alone will not prevent drug use, just as high self-esteem evidently does not and they propose a broader personal development approach which *engages with the whole person in the context of the whole school*. Proponents of this new approach argue that it needs to take account of the dynamic and reciprocal nature of relationships, issues of choice and motivation and the role and responsibilities of the individual in one's own development. The emphasis should be on a broader social

and personal health education approach with domain specific components to address specific issues including substance use, unlike the narrow drug specific focus of the social influence /resistance skills approach (Botvin, 1995; Orlandi, 1996).

The Comprehensive Personal & Social Skills Training Approach

Although, most school-based programmes today include more than one of 12 components isolated by Hansen (1992), only more recent initiatives can be said to constitute a comprehensive approach to drugs education and then only if they fulfil the following criteria;

- * Are founded on established theory,
- * Recognise drug use as a rational and functional behaviour in the context of the macro and micro culture in which individuals operate
- * Combine several elements to address cognitive, affective, social competence, social influence and normative factors.

In the comprehensive approach, specific issues of substance use *are addressed within the larger context of acquiring basic lifeskills and enhancing individual competence* (Botvin & Dusenbury, 1989; 160).

Attempts to build competence, reflect assumptions of earlier deficit models, that skills are lacking in the target audience. However these deficits are not attributed to vulnerable individuals but are identified as normal developmental features of adolescence.

Profound cognitive changes occur during the beginning of adolescence, which significantly alter the adolescent's view of the world and the manner in which he/she thinks. Also due to what has been characterised as 'adolescent egocentrism'(Elkind,1978), adolescents tend to have a heightened sense of self-consciousness

concerning their appearance, personal qualities and abilities.
(Botvin, 1985;10)

Another feature associated with adolescence taken into account in these programmes is the concept of *adolescent invulnerability*. This concept refers to a tendency among adolescents to perceive themselves as immune or invulnerable to the dangers of risky behaviours. It is considered to pose a particular challenge to health promotion efforts with this age group (Urberg & Robbins, 1983). Increased identification with peers and peer networks and a decline in the influence of parental models (Utech et al, 1969; Glynn, 1981) are of particular significance in relation to behaviours like substance use. Drug use may be directly or indirectly encouraged or endorsed by youth culture, while adult or wider society tends to disapprove of this behaviour, at least among teenagers (Wills & Vaughan, 1984).

Hansen (1992; 427) concluded that comprehensive, multi-component programmes achieve the strongest set of positive outcomes and are *clearly superior in their potential to have an impact on substance abuse behaviours*. One of the two programmes identified as contributing to the successful outcomes, is Botvin's LST programme. Evaluations of the LST programme report significant behavioural outcomes related to experimental and regular smoking in the pilot study (Botvin 1980) when implemented by older peers (Botvin & Eng, 1982) and when delivered by regular teachers under classroom conditions (Botvin et. al., 1983). Later evaluations have reported the effectiveness of LST on behavioural outcomes for other drugs like alcohol and marijuana (Botvin, 1984). The peer led condition produced particularly substantial results on marijuana use (Botvin et. al., 1983). Increased scores on six drug related knowledge and attitude measures, locus of control and smoking assertiveness were also associated with peer programmes. Booster sessions were found to enhance the long-term maintenance of the effects achieved.

In an early review of the personal and social skills approach, Botvin et.al.,(1985) identified three other independent programmes, which represent this broader based approach. Findings of nine evaluations of these four prevention models were compared and discussed. The four programmes were;

- * Social Assertiveness Skills Training (Pentz)
- * Cognitive Behavioural Skills training (Schinke)
- * Decision Skills Curriculum, (Wills)
- and
- * Botvin's own Life skills Training (LST).

Botvin et. al.,(1985; 34) justified their selection on the basis that;

they all have similar theoretical roots and utilise intervention techniques derived largely from cognitive-behaviour therapy. Substance abuse is approached indirectly through interventions designed to enhance generic personal and social skills, although the specific application of these skills to resisting substance use pressure is also included in most cases.

Important differences are also noted between the programmes particularly relating to differences in the range of personal and social skills, upon which they focus. All four programmes include assertiveness training. Decision making/problem solving and substance use related information are all featured in three programmes. Anxiety and stress reduction form a part of two programmes and a general social skills component is included in one programme. Differences also exist with regard to age of target group, delivery personnel, number and interval of sessions and whether booster sessions were provided as follow-up. The design and evaluation measures have also differed substantially. All of these factors make comparisons more difficult but the methodological rigor of these evaluations promotes confidence in their findings as detailed below;

- * All programmes produced significant and comparatively large effects on smoking behaviour (preventing onset, and reducing regular smoking). Effects were also achieved on alcohol use (Pentz 1985 & Botvin 1984) and on marijuana use (Botvin 1984).
- * The evaluations also measured the impact of the programme on 'presumed mediating variables' such as self esteem or assertiveness (see chapter 2, page 30). Outcome results on mediating variables will prove important in unravelling the mysteries of how the interventions work.
- * Evidence of impact on several related behaviour domains at the same time, suggests that these programmes represent a highly efficient educational strategy. The Lifeskills Training Programme, (LST) produced significant effects on smoking alcohol and drug use (Botvin et.al., 1984). Effects on other related behavioural domains were also noted including improved academic performance (Pentz, 1985) or changing variables related to the prevention of teenage pregnancy (Schinke, 1984).
- * Evaluations which incorporated different implementation or delivery conditions indicate that programmes have been effectively delivered by teachers, programme developers and peers and with target groups of rural, urban and sub-urban students. Intensive implementation over a short time span appears to have been more effective than spreading sessions out over a longer period. 'Booster' or follow up sessions serve to improve effect maintenance over time.

Botvin (1995) contrasted these broader lifeskills programmes with the specific nature of resistance skills initiatives but cites evidence that these personal and social skills programmes are only effective, if they contain material and components specifically addressing the issue of drugs and drug use.

Few of these approaches have demonstrated effectiveness with high risk students, (Dryfoos, 1990). Coggans (1998; 13) suggested that;

It may be the case that those most likely to be influenced by life skills programmes, will be the least likely to become dysfunctional drug users in the first place.

Botvin et. al., (1992) made recommendations for broadening the concept of competence enhancement to address the needs of disadvantaged youth. While research into these approaches has been conducted with predominantly white middle-class adolescents, recent studies have provided evidence of their 'generalisability' to ethnic and minority groups in the United States. According to Botvin (1995) specifically tailored components can also increase the effectiveness of this approach with target groups.

These approaches have therefore demonstrated behavioural effects at the early stages of drug use, initiation or experimentation, but what of their ability to influence reductions in more frequent levels of drug use or to interrupt a move on to more problematic or compulsive forms of use? Botvin et.al.,(1985) outlined the 'gateway' assumption of primary prevention, which assumes that by preventing use of tobacco, alcohol and marijuana, programmes will succeed in reducing use of 'illicit' drugs or 'hard' drugs like cocaine or heroin. Despite the fact that this assumption has never been formally tested, this assumption is used to justify the concentration on 'gateway' drugs. In a follow-up of LST participants, 6.5 years after initial intervention, significantly lower levels of drug involvement were found in the target group, than in the control sample (including LSD/other psychedelics, PCP, heroin, and inhalants). It should be noted that the mean age of these students was 18.86 years and the sample were all still at school. Those who had participated in the LST program and subsequently dropped out of school, were not included in the study.

The Irish Department of Education (Secondary School) programme *On My Own Two Feet* is an example of this type of approach. The programme is designed for delivery by teachers who have completed in-service training. Morgan et. al. (1996; 21) summarised the results of the evaluation of the programme as follows;

The results of the evaluation showed that students in the pilot programme displayed attitudes and beliefs that were less favourable to substance misuse, especially alcohol. Furthermore the differences in actual use, while not statistically significant were in the desired direction.

The recently launched *Walk Tall* substance misuse prevention programme for primary schools in Ireland, is another example of the comprehensive approach. This has also undergone a formative evaluation of the pilot phase. Teachers rated the programme very positively in terms of its content, suitability for all students, and easy to follow lesson plans. Teachers were extremely satisfied with the quality of the in-service training they received and support provided by the programme co-ordinators (Morgan 1998). In the light of such a positive evaluation by teachers, the Minister for Education and Science committed himself to make the programme available to all primary schools within two years.

Within the school as a whole, the need for a climate which fosters respect and is supportive of assertive and health promoting behaviours has been identified (Goodstadt, 1981). Morgan et. al., (1996) referred to the inherent contradiction of a programme which advocates assertive behaviour within a system which is intolerant of independent expression. The non-examination status of health and social education subjects has often led to it being assigned low priority in the timetable. Eiser et. al., (1988; 24) presented evidence of significantly lower smoking rates in schools where social and health education was given a relatively high profile and treated as *a firm, separate and important curriculum area*. Regis et. al., (1994) reported the same superior effectiveness of

alcohol education located in a personal, social and health education programme, rather than in the science curriculum. They also found that the positive effects were detectable on a whole school basis, even in classes, which had not yet participated in the alcohol-specific programme. They suggested that this can either be explained by students' exposure to generic health and social education or other background factors like school 'ethos' and local community culture. Either way they proposed an amendment to the assertion by Eiser et. al., (1988) that *social education is good for health* and conclude that *simply attending schools which do social education may be good for health*. These studies have been influential in informing guidelines of good practice for schools and recommending the delivery of drugs education as part of a 'Personal, Social, Health Education Programme.'

Tobler (1992) described evidence of the effectiveness of broad spectrum skills programmes as encouraging. However she also highlighted the limitations of isolated school based interventions;

A successful school-based programme will have little carry over unless the community norms support the principles presented by the programmes. Many comprehensive community implementations are showing successful results particularly in maintaining initial gains made by the school based programme (Perry et al, 1988; 1989;). In order to maintain initial gains comprehensive community programmes must be funded at a level that provides for longitudinal evaluation to determine if adolescent drug use is decreased.

(Tobler, 1992; 25)

In the primary school 'Walk Tall' programme, delivery in co-operation with parents and the wider community is described as an intrinsic feature of the programme. In the context of Irish society, concern has been expressed about the profound ambivalence concerning the use of alcohol (Morgan & Grube 1994) and the chal-

lenges this raises for the promotion of responsible and health promoting behaviour in the area of substance use.

The Peer Education Strategy

Peer programmes employing a social influence or comprehensive approach have emerged as the most positive approach in Tobler's meta - analysis (1986, 1992). They were more effective on knowledge, attitudes, drug use, lifeskills, and direct and indirect measures of non drug use behaviour than other modalities. She identified peer programmes on the basis of two integral parts. These are;

- 1) a knowledge based component (presenting accurate credible facts)

and

- 2) a group situation that promotes peer support for not using drugs.

Peer interaction is the key component (Tobler, 1992). According to Tobler (1992) findings of the superior results of peer programmes based on the social resistance model, provide evidence that the success of peer programmes on smoking prevention reported by Resnik (1983), can now be applied to all other drugs. Most social influence programmes have employed peer leaders in some capacity (Botvin 1995). Arkin et.al., (1981) Perry et. al., (1983) and Tobler (1986) provide evidence to support the use of peer leaders in this approach.

However, Bangert-Drowns (1988) was critical of Tobler's methods and he presented an alternative analysis of 33 outcome evaluations. He claimed on the basis of his findings that peer led approaches were found to be effective in influencing knowledge and attitudes but not actual drug use. Effects on attitudes in a group discussion format were especially significant and voluntary

participants reported lower post- intervention drug use than those who were assigned to the programme.

Peer leaders have been less effective with high-risk groups (Tobler 1986). Coggans & Watson (1995; 3.5) attempted to explain this phenomenon;

It may be that such programmes [peer education strategies] are more effective with young people who would experiment or even dabble over a period of time, but who are not likely to become problem users.

The peer education model has also been used in promoting early harm reduction messages. However, Tobler (1986; 1992) recognised that young people whose prior experiences and circumstances may have predisposed them towards developing problem behaviours need more intensive interventions.

With regard to the peer leaders themselves, Tobler (1992) noted that in most cases the peer leaders were selected volunteers, older than the group and had received some training. They did not act alone but were supported by teachers who remained in the background to maintain discipline. Therefore evidence of the greater effectiveness of peer models over teacher led programmes must be interpreted as an endorsement of the partnership approach rather than a criticism of teachers as drug educators. Peer leaders play what is essentially a role of assistant to the primary provider usually a teacher and more research is necessary to establish the most effective balance of roles in delivery (Botvin 1995). Research is also necessary to elaborate on gender differences in students responses to peer leaders. Botvin (1985) referred to a study by Fisher et al (1983) which highlighted that young females may be more influenced by peer led resistance skills programmes than young males. No differences were found when the programme was teacher-led.

Dorn & Murji (1992) propose that some of the effectiveness reported in the evaluations may be due merely to the higher levels

of participation built into the peer resistance style programmes. Thus, differences in effectiveness may be at least partly due to the degree of participation required of peers. Resnik & Gibbs (1988) found that those most involved in the delivery of such programmes (peer leaders) benefit most with little impact on the recipients.

The debate about the credibility of peer leaders continues. Cripps (1997) reported findings that same age or true peers actually have no more credibility than adults, that they were identified as untrustworthy and likely to invent if they did not know the answers. They were also considered to be lacking experience in the real world. The approach he recommends has been put into practice in the Youth Awareness Programme (YAP) using near peer educators or older young people, with personal experience of the local drug scene/at a recreational level. They deliver in-school workshops and on site surgeries where they are available to see students who present themselves or who are referred by teachers. Cripps (1997) claimed that experience serves as a credibility marker, no more and no less and that peer leaders are not there to tell reminiscences or their own stories. He argues for an approach, which listens to young people and relates to them, starting from their own starting point. In his words; *'If you impose stereotypes of what the 'real problem' is, the real problems become invisible'* (Cripps, 1997; 16).

However this YAP model has been criticised by drug educators such as Cohen (1997) who views teachers and youth workers as a ready-made resource, in contact with young people. He favours building the skills and confidence of teachers and youth workers to deal with drugs as just another one of the many issues and everyday matters in young peoples lives. Cohen (1997) also believes drugs education should be part of a broad personal and social health education (PSE) approach. He states that the practice of bringing in outsiders to deliver drugs education is reinforcing a message that teachers cannot communicate with young people

and that they have no credibility. He views this as a regressive, damaging and short-sighted strategy. Projects like YAP he argues perpetuate the generation gap.

CHAPTER 4

Drugs Policy and Drug Education

Detailed overviews of the development of drugs policies in Ireland are provided by Butler (1991), O' Brien and Moran (1997) and Loughran (1999). This chapter seeks to trace the developments in Irish policy which relate to the area of drugs education in particular and to cover in greater detail, drug policy developments in the 1990s, a period in which there has been more activity in this area, than had ever been previously witnessed.

Drugs Education and Policy Developments (1966 - 1979)

Butler identifies the period 1966-1979 as the early years in the formation of Irish drug policy. The Minister For Health established the Working Party on Drug Abuse in December 1968. *The Report of the Working Party on Drug Abuse* which was completed in 1971 was clearly a very influential document for at least the decade that followed. The report attempted to establish the position regarding the extent of drug abuse at the time. It was stated that there was an increase in numbers of persons involved in drug abuse and that the most commonly abused drugs were cannabis and LSD. However the report also stated that drug pushing was not occurring as a large -scale commercial operation and that there was no evidence of any significant use of heroin (1971;15). Indeed the Minister for Health in his address to the Working Party stated that they were starting their work at a very appropriate time *before the problem of drug abuse had become extensive* (Report of The Working party on Drug Abuse 1971;60). In 1972 the Working Party on The Abuse of Drugs presented it's report to the Irish Council of Churches. The main focus of this report was to produce recommendations for appropriate action that could be taken by the

Christian Churches in educating about drugs and in harnessing resources of personnel and facilities to engage in action for drug users and those at risk. The role of education in drug prevention was identified in the report. The need for correct factual information to be given to young people in a range of educational settings was stated. Safeguards in communicating this information were outlined and the importance of discussion around the issue was recommended for the school leaving young.

There seems to have been a generally accepted premise in Irish society at the time that in accordance with *principles of education or morality* the provision of knowledge was essential to allow young people to make rational decisions about their futures. Education was viewed as the key to preventive action. This is evident in the following statement by the Minister For Health when addressing the first meeting of the Working Party on Drug Abuse, in January 1969;

For example, many of the people taking drugs are young persons with no evil intent, taking them occasionally for kicks or to be with it, who would, I should think, have nothing to do with drugs if they were properly advised and informed of the harmful consequences of continuing to take them.

The 1972 report to the churches was particularly optimistic that well-planned education and information would not arouse undue curiosity among young people leading to experimentation. However the 1971 Government report did raise some of the concerns surrounding drug education at the time, noting survey findings which suggested that information giving had the potential to stimulate experimentation. When considering the question of providing information regarding the use and abuse of drugs to school children and young people, it was stated that;

... it is evident too that there is not general agreement about the means to be used and there is a notable lack of research evident

which would support firm recommendations. For instance, much more would need to be known about what the content and tone of any proposed programme should be; about who should conduct it and communicate the information; about the effectiveness of the various means and media that might be used; about the age groups of the pupils or young people to be involved and the conditions and settings that would be most appropriate.

(Report of the Working Party on Drug Abuse 1971;40).

A Committee on Drug Education was established in 1972 and it was comprised of representative of the Departments of Health and Education, schools, university departments and professional bodies. According to the terms of reference, the Committee was to;

investigate the general question of communicating information on drugs to young persons, provide guidance for school authorities and indicate areas where research is needed.

(Report of the Committee on Drug Education 1974;4)

The Committee reported in 1974. The Committee called for the establishment of a Health Education Authority which would supply the needs of health education and co-ordinate efforts in the area of health education, which according to the committee were developing in an uncoordinated and fragmented way. The committee also expressed concern about the counterproductive potential of education. The committee had written a letter to the then Tanaiste and Minister for Health expressing concern about the provision of once off lectures by *unqualified* people who sensationalised the drug scene to young people. The committee suggested that a moratorium be recommended, on all lectures and films shown on drug abuse in schools, until such time as an approach had been decided that did not carry the risk of making matters worse (Report of The Committee on Drug Education, 1974) .

The Health Education Bureau established in 1974 emerged at a time when there was some consideration being given to the difficulties involved in the provision of drug education provision. The main thrust of the work of the HEB in the 1970s was directed at providing training for formal and informal educators in lifeskills programmes which incorporated alcohol and drug taking as part of a range of behaviours which were considered as having implications for individuals health. An authoritarian denouncement of the use of drugs was avoided in favour of a model that aimed to improve young people's social skills so they would be steered in the direction of choosing a drug free lifestyle. Values /social skills based programmes did become popular in the 1970s and this was reflected in the key role of the HEB in producing educational packs and providing teacher training in this area.

Drugs Education and Policy Developments (1980-1991)

The early 1980s witnessed a sudden and rapid increase in the misuse of opiates by a population of young people in Dublin (O' Kelly et. al., 1986; Dean et. al., 1987). Serious intravenous drug use emerged so suddenly and intensely, that it meant Irish society was unprepared for it's emergence. In the words of one commentator (O' Mahoney 1996;42) the Irish drugs problem;

sneaked up on a complacent and naive Irish society, which was ignorant of the nature of the modern, urban, opiate drugs subculture which believed itself immune to its worse excesses.

Despite the lack of preparation, the fact that this problem became so entrenched in Dublin in the 1980s, definitely signalled a lack of political will to really deal with the reality of this problem. It has led O' Mahoney to characterise the history of Irish drugs policy as one mainly comprised of *apathy* (1996;41).

While there were clear connections established in this period between deprivation and poverty concentrated in Dublin working class areas and serious opiate abuse, there was a reluctance on the part of Government to really address these connections in drugs policies. One particular section of the unpublished Bradshaw report (1983) did acknowledge the strong connection between the opiate drug problems, deprivation and poverty, suggesting that youth and community groups in particular disadvantaged areas should be targeted for extra resources. However this did not happen and anyhow it would appear that the predominant view in the 1980s was that ill-health or drug problems could be best understood in terms of individual decision making and lifestyles, rather than in terms of environmental or other factors. Following the recommendations of the Task Force lifeskills programmes comprised the Government's response in the area of drug education (Interministerial Task Force, 1983).

Among policy makers the lifeskills programmes provided them with a kind of complacency that young people through such programmes would acquire the necessary skills to reject drugs. The Final Report of the National Youth Policy Committee (National Youth Policy Committee, 1984) encouraged the development of lifeskills programmes to respond not only to the drugs issue but also to meet young people's other personal development needs. The first annual report of the National Co-ordinating Committee on Drug Abuse in June 1986 commented on the flexibility of lifeskills programmes and stated that it would be attempting to liaise with the relevant bodies to ensure that the life-skills programme is accorded the degree of priority it deserves (National Co-ordinating Committee on Drug Education, 1986;10). The same committee also called on the HEB to make literature in the area more available and on the Department of Education to take more initiative in the area of teacher training and programme development. However there were sustained attacks on lifeskills programmes mainly from catholic interest groups during the 1980s for promoting humanist values based on principles of relativism.

While it has been suggested that this may have been a factor in the decision taken by the Minister for Health in 1987 to close the HEB (Butler,1994), there were possibly other more significant contributory factors such as the cost of this service and the divisions among staff in the HEB which were not conducive to the development of a unified effort to try and save the Bureau from closure.

Prior to the closure of the HEB, it's role was subjected to criticism from some quarters. Dr. John Bradshaw (Bradshaw, 1983) in a letter to the Irish Times sharply criticised the HEB's thirty page booklet entitled Open Your Mind To The Facts as being totally unsuitable in content and format, for the parents of young people in deprived Dublin city areas where drug abuse at the time was most rampant. Bradshaw was also critical of the reliance being placed on education to deal with a problem that in his opinion went much deeper. He stated ;

.....I doubt it would make any perceptible difference to the prevalence if drug abuse of every young person in the country were fully educated on the topic tomorrow.

(Bradshaw,1983)

The Health Promotion Unit was established in the Department of Health in 1987. This new unit assumed responsibility for much of the work undertaken by the Health Education Bureau but it also had a broader remit to encapsulate the health promotion perspective. The health promotion perspective gained momentum in the 1980s mainly due to the impetus to redefine health policy to move it beyond a narrow focus on curing and caring and to target resources at measures designed to concentrate on lifestyle and prevention. However as already mentioned, the limitations of this re-direction of health policy were evident in the political resistance to understand the opiate epidemic in the context of the socio-economic disadvantage and poverty experienced by working class communities in Dublin. The support for the lifeskills model of education also made it possible to push the negative environmen-

tal factors which were giving rise to a serious opiate problem further into the background, in favour of a model that was predominantly individualistic in focus. This is evident in the response submitted by the National Co-ordinating Committee on Drug Abuse to a questionnaire from a European Parliament Committee of Inquiry into the Drugs Problem. The idea of individual responsibility and individual choice was strongly emphasised ;

It is generally accepted that drug education is best set in the context of a comprehensive health education and personal development programmes. The overall aim of such programmes is to help young people towards independence not dependence. They help young people to take responsibility for their own well-being and that of others and to take positive control of the environment. Even the most disadvantaged should be made feel that they can help others and that they should not necessarily be the recipient of help on all occasions.

(National Co-ordinating Committee on Drug Abuse, 1986; Appendix C)

In 1990, the National Co-ordinating Committee on Drug Abuse was reconstituted and strengthened by the Minister for Health. It was comprised of Health Board personnel, Gardai and officials from Government Departments. In 1991, it produced the *Government Strategy To Prevent Drug Misuse*. This became the basis for subsequent policy.

The vital role to be played by education continued to be accepted.

The potential of structured education programmes both in the formal and informal sense, in preventing the spread of drug misuse cannot be overstated.

(National Co-ordinating Committee on Drug Misuse, 1991;14)

It is difficult to understand how the role of education could be so readily accepted as exercising such considerable influence in the area, particularly when it was also stated in the same report (1991;14) that;

It is difficult to assess accurately the current provision of educational programmes designed to reduce the demand of drugs.

The principles and practices of harm reduction in education had not been discussed or even mentioned in policy documents during this period. It would appear that harm reduction was never really considered until the discovery of HIV in Irish society. The fact that AIDS and HIV surveillance identified intravenous drug users as a 'high risk' category in transmitting the AIDS virus prompted the introduction of methadone maintenance, outreach programmes and needle exchange schemes. Harm reduction has thus been restricted to health policy and practice and has been motivated only by the need to respond to the threat posed by HIV. The National Co-ordinating Committee on Drug Misuse (1991) acknowledged a limited role to be played by harm reduction in the area of treatment and rehabilitation. It (1991;16) indicated Government acceptance of the need for a multiplicity of a range of treatment approaches;

The Government accept that the provision of services aimed at the achievement of a drug-free society only or harm reduction programmes solely are inappropriate.

Indeed Butler (1994) would appear to be justified in his comment that the notion that preventive abstinence based drug education was effective became institutionalised in Ireland, without any reference to evidence supporting this notion. Yet a narrow concept of prevention as based on abstinence was being challenged in other policy areas. For example in the report of the National AIDS Strategy Sub-Committee on Education and Prevention in 1992, it was stated that;

..... everyone involved in the implementation of preventive policies must recognise that large numbers of people will continue to behave in a way that exposes them to infection. It is therefore essential that much of the preventive effort is concentrated on making risk practices as safe as possible, as well as trying to change long-standing behaviour. By following their recommended interventions, all responsible agencies and individuals can build preventive programmes that can be adapted to meet changing needs.

(Department of Health, 1992; 68)

What is most surprising is that in these years, despite growing debate surrounding the principles and practices of health promotion, greater availability of evaluative research on drug education interventions and the introduction of harm reduction strategies in the area of health policy and practice, yet Irish drug education policy remained complacent. There are possibly many explanations for this but the following will be proffered for discussion. First of all Butler's analysis would seem to be validated by policy documents in the area. There has in the past and continues to be a desire to present education in this area as being a straight forward activity based on a consensus rather than the very complex social and political endeavour presented in the evaluative literature, discussed earlier in this study. Education in Irish society has tended to be authoritarian and didactic in its approach. Educational approaches or content that appear to deviate in any way from the traditional style of education are generally surrounded by controversy. The Lifeskills programmes, the Stay Safe programme, the Relationships and Sexuality Education Programme (RSE) have all proven controversial for a number of reasons. In such a climate, there has possibly been a reluctance to present drug education as anything other than a straightforward initiative. A limited harm reduction strategy has been strictly confined to health policy and has not in any systematic way been extended into other areas of policy.

1995 - 1997 The Period of Moral Panic and Co-ordinated Structures

The 1990s can be largely characterised as a period of moral panic about drugs. O' Mahoney (1996) documented a selective litany of drug -related events that were recorded in the Irish Times in one particular month (February 1995) to give some sense of the of the 'crisis' drug situation in contemporary Irish society. Media coverage undoubtedly impressed on the Irish public the extent of illicit drug use, the associated crime, the sheer volume of supply and the extent of demand for drugs, which did prompt action on some fronts. The rainbow coalition made a commitment to fight the drugs crisis and attempted to do this through enacting a series of legislative and criminal justice measures aimed directly and indirectly at drug supply reduction. Many of the legislative changes have been criticised on the basis that they have cumulatively led to a crisis in civil liberties (O' Mahoney, 1996). Using the Housing Act as part of the anti- drugs package has been sharply criticised on a number of grounds but particularly because it singles out public housing as an instrument of social control and once again concerns are raised about infringements of civil liberties (O' Dulachain, 1996; Kelly, 1997).

The murder of a journalist, Veronica Guerin allegedly by criminals involved in drug trafficking and the resulting public reaction undoubtedly spurred the Government into taking action to control drug related crime. Ireland's Presidency of the European Union also stimulated action on other fronts. In July 1996, the Government established a Ministerial Task Force to review the arrangements for a co-ordinated approach to drugs demand reduction and in the light of this review, to make recommendations for Governmental action to provide an effective response to the problem. In October 1996 the First Report of the Ministerial Task Force (Department of The Taoiseach, 1996) was published

and this report has become familiarly known as the Rabitte report. The establishment of the Ministerial Task Force represented the second element in the twin - track approach taken by the Government at the time to tackle drugs (The first element involved the introduction of the range of legislative measures to curb the supply of drugs). The Task Force focused on the following areas as identified in the report;

- *Identifying the nature and extent of drug misuse in Ireland;*
- examining the underlying causes of drug misuse;*
- examining the effectiveness of the current response to the drugs problem and*
- examining the effectiveness of the structural arrangements for delivering that response.*

The Ministerial Task Force was mainly concentrated on the development of a range of structures at national, regional and local level to co-ordinate the development of drug services. At a national level, a Cabinet Drugs Committee and a National Drugs Strategy Team were established. The former committee is chaired by the Taoiseach and comprised of Ministers for Health, the Environment, Education, Justice and the Minister of State to the Government. The team includes experienced personnel from the different departments and two members from the voluntary and community sectors. The functions of these structures are to show political leadership in this area, to review trends, to assess progress in implementing policy, to set priorities to deal with the issue at national level. The report identified key geographical areas as having the most acute drugs problem and thus requiring priority action. Twelve of these areas are in Dublin with the exception of Cork North City. As a result of the report, Drug Task Forces comprised of statutory and community representatives were established in these areas to develop and co-ordinate plans at local level. At regional level, co-ordinating committees were established in

each Health Board area to provide a forum for joint planning between the statutory and community sectors.

At a surface level, the commitment in the document to support locally based responses could indeed be considered in very positive terms. Research, particularly in the British context has challenged the conceptualisation of the 'drug problem' as a national problem. However this research has highlighted the level of regional and local variation evident in problem drug use and has emphasised the need to think and act in highly localised terms (Pearson, 1991). However Butler (1997) has justifiably criticised the Task Force Report for failing to address critical issues in connection with locally based partnerships and inter-sectoral co-operation as envisaged in the report. To support his argument he referred to the lapses into inactivity that have tended to characterise attempts made at inter-sectoral collaboration in the area of drug policy in the past. He also drew on Cullen's research into the community group CPAD in the 1980s (Cullen, 1990) which revealed the Eastern Health Board's inability to co-operate with this locally based community group (Butler, 1997). McCann has also drawn attention to the lack of in-depth analysis of the relationships involved in intersectoral collaboration warning of the dangers of using communities to merely legitimate conventional medical models of treatment, rather than engaging communities in more active involvement (McCann, 1996 - 97). She argued that the recommendations made in the report fell far short of the changes needed to promote and support community involvement in the area of prevention and education. In McCann's view, the analysis needed to discuss how the multi-sectoral approach including the community sector, could be achieved was not included in the report.

In the area of drug education, the 1996 report made a range of sweeping recommendations. Some of these included reference to the extension of existing and new drug educational programmes

to schools once piloted, in-service training in drug education for home school liaison teachers and other teachers and the development of informational campaigns which would be realistic and targeted. School based education programmes were to continue to be supported and to be included as part of the wider health education curriculum. The role of the youth service and community based agencies in providing alternative education programmes to young people disaffected from the mainstream system was also mentioned. Many of the recommendations were more directly related to tackling educational disadvantage (the expansion of Youthreach, the appointment of teacher counsellors, the development of programmes to address deficits in parenting skills) as a way of responding to the drugs issue. One positive recommendation in the report was that the Department of Education would involve the education partners, the community and voluntary sector in the delivery of education programmes in schools and these partners would be consulted in regard to the review of such programmes. Such a partnership might be productive in terms of developing more responsive, locally based adaptations of nationally based programmes.

Despite the evaluative literature that indicates the futility of former addicts giving *graphic messages* as an educational approach (see chapter 3, page 39), this strategy was endorsed in the Report of the 1996 Task Force. The role of harm reduction in education was not discussed or even mentioned in this First Report of the Task Force. It may have been that a discussion of harm reduction would have been unwise in the pervading climate and that it would have been perceived in direct contravention to the Governmental framework requiring that no steps be *taken to legalise or decriminalise the use of so-called 'soft drugs' such as cannabis* (1996;24) . It is also important to recognise that the report had emerged in a political and social climate characterised by a period of moral panic about drugs and crime in Irish society when a hard line law and order approach had been taken as part of the first stage in the two pronged approach adopted by Government to

deal with drugs. The fact that the 1996 Task Force Report largely focused on heroin use in Dublin provides evidence of the moral panic fuelled by the murder of Veronica Guerin and by the media which concentrated extensively on making links between heroin supply, addiction and crime. The report was also produced in a rush to coincide with Ireland's Presidency of the European Union during which the Government wished to illustrate its commitment to dealing with drugs issues. Butler (1997;163) has argued that in this rush *'the Ministerial Task Force had to forgo the polish and refinement associated with policy documents drafted by civil servants under more leisurely conditions'* and that the report is *'garbled'* and *'repetitive'* and a constant struggle to read.

The Government set aside funding to implement the proposals contained in the 1996 report. This funding contributed to the implementation of anti-drug strategies developed by the local Drugs Task Forces and the Health Boards and to the implementation of an Estate Improvement Programme developed by local Authorities.

The Second Report of the Ministerial Task Force (Department of The Taoiseach, 1997) concentrated on examining other aspects of the drug problem; the misuse of non-opiate drugs, drug abuse in prisons and the role of therapeutic communities in treatment. In this report, the main drug educational and informational strategies in existence were identified and recommendations were made for the development of further strategies in the areas of formal education, the youth service and the media. In this report, a discussion did ensue around the issues of decriminalisation and harm reduction in education. This discussion seemed to result from the submissions received from the public on the issues under review. Some of these submissions criticised media campaigns delivering a *No* message as ineffectual and argued for a greater emphasis to be placed on harm reduction. The Task Force claimed that available evidence did suggest that some young people do not believe that all drugs are dangerous and may due to peer pressure or other

factors start using 'soft' drugs such as cannabis or ecstasy. The Task Force concluded that to assist young people who become involved in using drugs;

..consideration should be given to developing information / media campaigns here in Ireland which replicate the "harm reduction" approach being adopted in countries like Britain.

(Department of The Taoiseach, 1997;46)

This Task Force report (1997;45) also reiterated the Government's decision taken in February 1996, that;

there should be no move to decriminalise so-called 'soft drugs' and that hand in hand with this approach, the main focus of education and prevention campaigns should be to discourage young people from becoming involved with drugs in the first instance.

It would appear from reading the report of the Task Force that harm reduction would not have been considered for discussion, if submissions on this issue had not been received from the general public. Furthermore it would appear that a discussion of this issue was acceptable on the basis that *harm reduction* information initiatives were being adopted in Britain. The British Conservative Government's White Paper (Tackling Drugs Together,1995) might well have been consulted by the Task Force. Indeed Butler suspected that the earlier Task Force report had been modelled on this particular White Paper (Butler, 1997;170). In response to issues raised following the publication of the Green Paper Tackling Drugs Together the British Government was asked to clarify where it was positioned on the principles of harm reduction or harm minimisation. *It was stated that the Government would not support any initiatives that could be interpreted as explicitly condoning drug taking* (Tackling Drugs Together, 1995;54). However acknowledging that there will be those who through ignorance or for other reasons, will misuse drugs whatever the consequences it was stated that information and facilities which reduce risks should be provided

on the basis that they save lives. However this information *would have to be coupled with the unambiguous message that abstinence from drugs is the only risk - free option* (Tackling Drugs Together, 1995;54).

There are two key representations of young people presented in the Irish Task Force report (The Department of the Taoiseach, 1997). Firstly submissions to the Task Force suggested that a simple *No* message was not suitable for a *highly educated and sophisticated younger population* (1997;45). However subsequently the report recognises *that many young people, through peer pressure or otherwise, may be tempted to ignore advice not to take drugs and start using so called 'soft drugs* (1997;45). The picture created is of some young people who are prepared to ignore medical evidence regarding the dangers of drugs and a contrasting group of young people who comprise the highly educated sophisticated young population who use drugs. These representations of young people existed in the report possibly because of the focus of this report which is largely on non-opiate drug use among young people. The use of non-opiate drugs among young people does not so easily sit with the cultural consensus that is taken as accepted when discussing drug issues in Irish society. Research has been used to challenge common perceptions of all drug takers as lacking self-esteem, lacking personal resilience and possessing anti-social values and on the basis of this research, it has argued that these perceptions do not apply to once off or recreational drug users (Perri 6 et. al., 1997). Estimates of significant quantities of ecstasy being bought by Irish young people and the identification of ecstasy as a recreational drug being taken by young people from different social classes have challenged perceptions that a deviant few who are deficient in morals and skills will engage in what the majority unequivocally identify as being dangerous and utterly reckless. The Union of Students in Ireland who probably comprised the *highly educated and sophisticated younger population* identified in the report had launched a drug awareness campaign with a harm reduction component targeted at their members.

Furthermore the recommendation in the 1997 report *to replicate the harm reduction approach being adopted in countries like Britain* (Department of The Taoiseach, 1997; 46) is problematic for a few different reasons.

The idea of replicating any approach is disturbing given the available evidence stressing the importance of appropriately targeting groups in the population for drug education and providing culturally specific information. In the event of an approach being replicated, there is likely to be no consideration given to evaluative reviews of such an approach, no space provided for suitable modifications or adaptations to be made to an approach, or indeed no opportunity for whole new models to be developed in accordance with the Irish drug scene.

The 1997 Task Force did recommend the establishment of a Youth Services Development Fund with contributions from the Exchequer and the Corporate sector, to develop services in disadvantaged areas where there were serious drug problems. This contribution was to be in the region of £20 million. Furthermore a role for the youth service was outlined in implementing a substance abuse prevention programme, in developing outreach programmes with those at risk and in the delivery of information strategies targeting young people with low literacy skills.

The Fianna Fail policy document on drugs (Fianna Fail 1997) hinted at a return to abstinence policies, proposing to reduce the emphasis on methadone maintenance.

This document stated that methadone maintenance was very much a *second best solution*. Prior to the 1997 election, the Fianna Fail party expressed commitment to a range of supply reduction policies. The Fianna Fail Position Paper also reiterated it's commitment to education as an important *dimension to the solution of the problem of alcohol, drugs and other substance abuse* (1997;14). A particular model of education was advocated that would rely on the twin principles of primary prevention and early intervention /

secondary prevention. Although the report did not specify what exactly was meant by secondary prevention, it identified the target group as those young people who *are regular abusers of alcohol and street drugs such as cannabis and ecstasy* (1997;14). The report recommended the treatment programme being provided at Arbour House Treatment Centre Cork as the type of programme that would be envisaged as having the right constituents for secondary prevention.

There was no attempt in the Fianna Fail Position Paper to attempt to grapple with a discussion around the issue as to what stage drug use becomes abuse or indeed at what stage secondary prevention is necessary. In the absence of this discussion, one is left assuming that the next necessary step is treatment where there is non-compliance with abstinence. This ignores the levels of involvement with drugs ranging from experimental to compulsive use which are not necessarily progressive (as discussed in chapter 3 of this report).

The other coalition party, the Progressive Democrats outlined their philosophy in a speech given by the party leader, Mary Harney (Harney, 1997). In this speech the rhetoric of the *war on drugs* was given full expression. The threat posed by drug pushers was compared to that posed by the *Provisional IRA since the 1970s* (1997;2). The need for *tough measures* (1997;2) *that there should be no surrender to the soft approach* (1997;4) *that we must win the war against drugs using every tough law at our disposal* (1997;4) *that abuse of drugs is criminal - it must be dealt with as criminal* indicated that the Progressive Democrats saw a war on drugs as the only way forward. This rhetoric even permeated the discussion on education and drugs, recommending that the culture in school must be aggressively anti-drug and in the third level sector drug abuse must mean expulsion - for staff and students.

The Mary Harney speech was undoubtedly one that played to popular opinion, and in Murphy's words *signals the prevalence of a*

set of ideas about drugs that have never been subjected to a thorough analysis (Murphy, 1996 ;1).

Since entering Government, the Fianna Fail / Progressive Democrat coalition has taken a less hardened approach and have chosen to endorse the two Task Force Reports. The Minister of State, Chris Flood (Flood, 1997) stated at the launch of the Union of Students in Ireland Drug Awareness Campaign that;

The Taoiseach has already indicated that the present Government supports the broad thrust of the policies outlined in the two reports of the Ministerial Task Force.

The Government also made a commitment to deal with the drugs issue in the context of tackling disadvantage and social exclusion. Thus, the original Cabinet Drugs Committee was reconstituted into a wider committee on social inclusion and drugs. However this commitment was subsequently challenged when the Government decided to allocate substantially less resources to a youth development fund than was promised by the previous administration. A major recommendation in the Second Report of the Ministerial Task Force was the commitment made by the then Government to provide £20 million over the period 1998 - 2000 (and to invite further contributions from the corporate sector) for the development of youth provision in disadvantaged areas characterised by high incidences of drug abuse. Despite reports by anti-drugs workers that they received pre-election commitments on the issue from Fianna Fail and Progressive Democrat parties, in January 1998, Minister Chris Flood announced a much reduced grant of £1.25 million for the fund. This announcement gave rise to storm of protest from local drugs activists and organisations in disadvantaged areas, drugs task forces, youth organisations and opposition party spokespersons. The fury at this announcement was further fuelled by the earlier decision of the Fianna Fail / Progressive Democrat coalition to allocate £20 million in the budget to the GAA three year building programme at Croke Park. Given the political and community pressure that was brought to

bear on the Government, the earlier decision was reversed and instead the Government announced that £30 million would be allocated over a three year period to the Youth Development Fund. Four urban areas, three in Dublin and one in Cork (Togher) were targeted to receive at least two thirds of the money and the remaining resources are to support a range of unspecified projects in other disadvantaged areas. This reversal in Government policy was undoubtedly welcomed by many who had begun to doubt the will of the new Government to move beyond a narrow law and order approach when dealing with drugs issues (Irish Times 14 / 1 / 1998).

In May 1999, the projects to be allocated funding under the Youth Services Development Fund were agreed. The Fianna Fail and Progressive Democrat coalition has expressed a commitment to fund the Local Drugs Task Forces for at least two years. The operation of the structures put in place at national, local and regional level as a result of the 1996 report have been subjected to a process evaluation. The results of the evaluation have been largely positive. Enhanced co-ordination at each level was one key finding of the evaluation. However, it would appear that further work needs to be done, to maximise the potential of these structures. It has been argued by community representatives that some Government Departments and statutory agencies have not taken on board partnership with community and voluntary agencies in a sufficiently comprehensive way. This probably validates some of the concerns raised by McCann and Butler when analysing the 1996 report. The Department of Education's role has been subjected to criticism, both at national and local levels * (ISPA, 1999).

The operation of the Task Force model has also revealed important insights. The attendance of voluntary representatives at Task Force meetings at local level have tended to be much better than that of statutory representatives as revealed in the evaluation. The fact that not all of the dedicated funding has been allocated, has been the subject of criticism. However, others have argued that all

the allocated funding has not been spent because it has taken time for a new structural process to be operational (McCabe 1999). There is also fear that the local Task Forces may be used as an excuse by decision makers not to introduce any general infrastructural improvements in localities which are extremely disadvantaged (ISPA, 1999).

Drugs Education and Drug Policy

Recent educational policies have recognised the role of schools in promoting health and well-being. The Green Paper (Department of Education; 1992) described the Health Promoting School Initiative. This programme supported by the EU includes a network of schools committed to health promotion and identified by certain key features. One of these features included a willingness to intervene positively to promote the physical and mental welfare of it's students (1992;130). Part of this intervention involved the provision at an appropriate level of programmes relating to substance abuse and the promotion of a healthy lifestyle (1992;131). The White Paper also emphasised the role of the school in promoting social, personal and health education and identified positive interventions for schools in the development of programmes relating to tobacco, alcohol and substance abuse and the promotion of healthy lifestyles (Department of Education, 1995;163). By 1997 there were 40 schools in the Irish network of Health Promoting Schools (Health Promotion Unit, 1997). This is a welcome development, given the existence of some evidence indicating that within the school as a whole, there are positive benefits to be gained from a climate which fosters respect and is supportive of health promoting behaviours (Goodstadt, 1981; Eiser et.al., 1988; Regis et.al. 1994).

National substance misuse prevention programmes ('Walk Tall' and 'On My Own Two Feet') have also been piloted and are in operation in primary and secondary schools throughout the coun-

try. An outcome evaluation of On My Own Two Feet (Morgan et. al., 1996) revealed that there were significant changes in knowledge and attitudes as a result of the programme, however the effects of the programme on behaviour were much less, thus indicating the complexities surrounding the KAB model and confirming the challenges that confront those involved in the business of drugs education.

Despite, growing information from mainly international sources about the drug education approaches, there is evidence that many diverse approaches are being used in the Irish context, some of which have been highlighted as being very ineffective in terms of both process and outcome (see chapter 3). It is clear that there is a real need for the systematic collection and dissemination of information about drugs education approaches, so that resources are not being deployed in ways which are clearly of little benefit.

Future Challenges

Future challenges that confront the structures in place to deal with drug issues, have been identified; these include the ongoing crisis of drug problems; keeping drug issues on the top of the political agenda, developing more genuine partnerships between statutory and voluntary sectors and the introduction of measures to enhance the involvement of communities and groups who are resistant to treatment services being developed in their areas. Establishing an expert advisory group and facilitating further research so that responses are based on reliable and accurate information, have also been identified as future policy strategies (ISPA 1999).

The measures already adopted and verbal and financial endorsement of the Task Force reports are strong indicators that there will possibly be no dramatic change in drug policy in the near future. The Government will continue to fight the war on drugs at the level of rhetoric; at the level of legislation and policy, a total war may not be fought but it will nonetheless be a central strand in any policy response.

Waging the war in discourse or in practice undoubtedly stands in the way of an open and rational debate on the future of policy, it also contributes to an inaccurate or unhelpful presentation of views or positions as always being located on opposite ends of a spectrum, rather than more often existing along a continuum. This can be seen particularly in the area of drug education where prevention relying on abstinence is taken as the accepted ready made solution and any conception of prevention that is more encompassing, is unfairly represented as the hobby horse of a minority aiming to extend the boundaries to a dangerous level. Albeit the Second Ministerial Task Force Report (1997) has signified some kind of a departure in this respect.

In the absence of an open debate, it remains to be seen what kind of policy change may be implemented more subtly with little publicity or controversy. This has happened in the area of health

and also in the area of third level education with the launch of a harm reduction drug education campaign by the Union of Students in Ireland. There may also be more scope for change to occur at a more locally based / community level. However any change at this level may not be adopted at a wider level or may not be publicised in order to avoid controversy. All of these issues are indicative of the many challenges that confront any research conducted in the area of drug education.

CHAPTER 5

Evaluation of 'The Changeling'

Introduction

Graffiti Theatre Company

Graffiti Theatre Company has been providing Theatre In Education (TIE) to schools in Munster & South Leinster since 1984. Graffiti describes its function as that of a *bridge between education, young people and theatre* (Graffiti; 1996). As well as delivering educational programmes in schools, the company has also established an outreach programme to *cater for the broader needs within the community* through the provision of workshops, festivals and plays for children. The company has been funded by the Arts Council since 1987 and has achieved national and international recognition for excellence. Two international summer schools have been based on the company's work and their productions have toured extensively in Europe.

"The Changeling"- Origins

Through Graffiti's work with students, the age period 11 - 12 was identified as a significant stage in the lifecycle, representing a time of considerable change and development. Sixth class students who had participated in other Graffiti programmes had *referred to themselves having quite a degree of responsibility at home and at school but very restricted freedom* (Graffiti; 2). It was also identified as a time when students might be offered drugs or pressured to be one of the gang. Consultations with teachers emphasised the need to explore issues of *substance misuse and bullying and their relationship* at this stage of the lifecycle (Graffiti; 2).

The Changeling was devised by the theatre company to respond to the issue of substance misuse among children of this age. A programme called *Jackie's Day* was designed and aimed at pre-school pupils. The two programmes together represented the;

the first phase of a model of developing drama and theatre as a tool for active learning and dynamic teaching in Health promotion (Graffiti; 1).

These two programmes, *The Changeling* and *Jackie's Day* were designed to work with;

1. young people on the development of skills and self awareness in the context of substance misuse prevention and with
2. teachers towards skills development in creative and effective approaches to dealing with issues of substance misuse.

Funding

The company is funded on an ongoing basis by the Arts Council of Ireland and each year and is required to deliver two educational programmes to schools in Munster and South Leinster. The two programmes relating to substance use prevention, *Jackie's Day* and *The Changeling* were further subsidised by a grant from the Department of Education to the value of £15,000. This Department of Education funding Initiative sought to *assist intensive intervention in schools where specific disadvantage has been identified.* (Graffiti; 3). Additional funding was also secured from The Health Promotion Unit of The Southern Health Board valued at £5,000. The total cost of delivery of *The Changeling* Programme to schools was in excess of £40,000. A particular effort was made to include Department of Education designated disadvantaged schools in Cork city by offering the programme free of charge to these

schools. The programme was available to all other schools at the nominal cost of £1 per student.

The Target Group

The target group of "The Changeling" intervention was fifth and sixth class pupils (age 11-12). The programme was offered to schools by means of a promotional mailing. Schools involved in the Department of Education Substance misuse prevention pilot programme *Walk Tall* and schools designated as being 'disadvantaged' were encouraged to participate in the project and were offered the ancillary workshop, an additional element of the programme. These schools are referred to as Mirror schools for the purpose of the Project.

Aims

The primary aim of *The Changeling* was *to stimulate awareness of issues of substance misuse within a framework of individual and social responsibility for choices, decisions and consequences* (Graffiti; 2).

The broad aims of *The Changeling* project as defined by Graffiti Theatre Company were;

- a) Personal Development; in terms of self-esteem, language skills, refusal skills, personal and social responsibility
- b) Social development; in terms of encounters with provocative and pertinent social issues of direct relevance to the target age group.
- c) Aesthetic development; in terms of learning through the medium of the arts and thus being exposed to different language of social and personal exploration.
- d) Educational development; in terms of the learning areas and learning objectives of the programmes which will be extended by the teachers working in association with the

Company's Education Officer and using relevant resource materials.

In relation to the final aim (d), more specific aims were identified as follows;

- a) To raise awareness of the personal danger of substance abuse; to explore the issues surrounding personal, ethical and social choices.
- b) To examine the effects and implications of these decisions in one person's life and in the lives of the people around him.
- c) To investigate the consequences of these actions with particular reference to issues of personal responsibility.

Drug Education Approach

The Changeling incorporates a number of elements identified by Hansen (1992) (in chapter 1). It provides information which aims to make young people aware of the attractions and the dangers of drugs in a general way, without naming or teaching about specific drugs and their effects. It focuses clearly on decision-making, the existence of choice and responsibility for the consequences of one's decisions. The programme acknowledges the positive effects of drug taking, and students are encouraged to see how difficult it can be to abstain among friends or in situations, which promote or encourage drug use. However this is more akin to the situational approach (as discussed in chapter 1) than to the resistance skills training of the social influences model. Games and exercises designed to build self-esteem are incorporated into the teacher's pack but do not form part of the main body of the programme. The pupil pack, *Definitely Me* is also designed to encourage and promote a positive self image among students. Although, the programme combines a number of elements or *building blocks* (Hansen, 1992) the use of classroom discussion groups/workshops and the short term nature of the intervention, means that in prac-

tice it can be more accurately categorised as a drug specific affective education programme rather than a comprehensive personal and social skills training approach. This is mainly because role plays and skills training techniques were not employed.

According to the company, it was theatre and drama methodologies which mainly informed the development of the programme. The purpose of these methodologies is to promote active learning through multiple intelligences. Basic to the approach is the programme as distinct from the performance, ensuring that a variety of opportunities are provided for learning based on different elements, in this case; the performance, workshops and resource packs.

Description

The Changeling project is described as *a model of developing drama and theatre as a tool for active learning and dynamic teaching in health promotion* (Graffiti; 1).

The project is based on three elements;

1. The performance
2. The workshop,
and
3. The Teacher's Resource Pack

Each element is considered integral to the overall programme as a Theatre in Education (TIE) initiative. The programme was implemented with one class at a time to allow for participation in workshops. Parents were invited to attend the play.

Mirror school teachers were invited to an introductory workshop and a performance preview, before the tour began.

In total, The Changeling project consisted of 5 stages, or 8 stages in the case of mirror schools. These stages are;

- 1) Advance work - Biopic (See Appendix 1)
- 2) Introductory workshop
- 3) Performance of "The Changeling"
- 4) Post Play Workshop
- 5) Teacher Resource Pack

Mirror schools and some others (subject to availability)

- 6) Pupil Pack

Mirror schools only

- 7) Interim Work- Biopoem exercise with teacher (See Appendix 2)
- 8) Ancillary or Follow up Workshop

The 8 discrete stages of the programme are now described in detail as follows:

1) Advance work. (Biopic)

A letter from the workshop facilitator was sent to the students explaining that he would soon visit the school to gather information for a documentary research project based on young people (around their age) exploring opinions, attitudes and interests. A (biopic) worksheet (see appendix 1) was enclosed. The worksheet presented an outline of a young person of the same age as the pupils and it was designed to focus on the contrasts or concurrences the individual child saw between (interior) their image of people their age and (exterior) the image they perceived other people had of them. (Graffiti; 9)

2) Introductory workshop

This introductory workshop was conducted by a facilitator prior to the students attending the performance and the workshop focused on the following themes;

- a) What is important to the students now
- b) Whether these things which are important or fashionable now, were as important or fashionable several years ago (when they were younger)
- c) Changes in the young people's lives (changes and exchanges)

The following were cited as the aims of the introductory workshop;

1. To provide a personal framework through which students can interpret the play
and
2. To introduce key concepts which are important; changes and exchanges, making choices without looking at the consequences.

3) Performance of The Changeling

The performance of The Changeling is based on the following story;

Ben, the central character is bored with his lot; life, school, sports, homework and a bossy sister who is getting him down. Then there's his friend Cathy; now she knows how to enjoy herself. She was out all night and told her mother she was staying at Ben's. She was really at the Palace of the snow Queen, and had her first encounter with the wonderful world of crystals. She is going again next Friday night, it's all arranged, and Ben could come too. He hesitates, he does not think he will be able to get permis-

sion or to find anything to wear. Cathy can borrow a jacket for him, and look at all those blue crystals in the cupboard, just sitting there waiting to be used. Silly Ben, he never even noticed them before. She lets him know in no uncertain terms that she is tired of making all the effort and that if he's not there on Friday, their friendship is 'history'. Dilemma!...Enter the Shape-Shifter, Ben's Fairy Godmother or his own conscienceshe's got the solution, a changeling boy. Ben can go where he wants and leave the changeling in his place and no one will suspect a thing and all for the price of a calendar! It seems like a good deal. Ben's free to explore the fantastic new world of adventure. He takes the blue crystals and sets off for the palace, in search of Cathy who is always one step ahead of him and just that bit out of reach.....

This adventure presents him with strange new people and opportunities for new experiences and different types of crystals. Each opportunity represents a choice. The refrain of the shape shifter reminds him 'it's your decision, your choice'. Yellow, Green, Red and Purple crystals, Ben is open to every new experience. Soon we see him mixing with people who cross and double cross each other without a thought, selling crystals and fleeing from the law. Another few pages are lost from the calendar. He still has not caught sight of Cathy and the Changeling boy is beginning to look worse for wear. His sister cannot understand the change; she's worried about Ben, they quarrel. Eventually Ben reaches the palace of the Snow Queen. There, he finds Cathy, pale and dressed in white veils and robes in the image of the Snow Queen herself and bearing the white crystals. By this time, the changeling is really ill and is being rushed to hospital. In the midst of the echoes, mirrors and white smoke, Ben begins to see the consequences his actions have brought about and he throws away the precious white crystals that Cathy offers. He collapses in pain calling for HELP and the palace begins to crumble around him.

4) Post Play Workshop

Taking the last line of the play as the starting point; *just like you and you and you... some kind of changeling...* the facilitator examines the choices, decisions and consequences of the actions of Ben and Cathy in relation to the students comments in the pre-play performance workshop.

5) Teacher Resource Pack

The teacher's resource pack provides 'readymade' activities and exercises for teachers to use in class to help *extend and deepen the experience of the programme*. Teachers are not expected to follow through all the exercises, just to select ones that are *suitable or relevant to their strengths and interests and the strengths, interests and needs of the pupils* (Graffiti; 10). The Activities may be divided into two types...those directly related to *The Changeling* and more general esteem building activities and exercises.

6) Pupil Pack

This pupil pack called *Definitely Me* is a little booklet which encourages students to focus on how they see themselves; who they are and who they are not; their likes, dislikes, self image, good and bad experiences. The pack was introduced as a personal possession, like a diary, for their eyes only. The pack was originally intended for distribution to the mirror school students only, however it was also given to some other groups subject to availability.

7) Interim Work- (Biopoem exercise with teacher)

It was recommended that mirror school teachers do the Character Biopoem exercise (see appendix 2) with their students in preparation for the ancillary workshop.

8) Ancillary (Follow up) Workshop

The Ancillary workshop was conducted by the Theatres Company's Education Officer and was available to Mirror schools

only. The workshop was to be based on the biopoem exploration of Ben's choices and their 'repercussions'. The stated aims of the workshop were;

- 1) To reinforce the learning which occurred in earlier parts of the programme
- 2) To assist teachers by once again working through active learning strategies in their classroom

An additional unstated aim of this workshop was to encourage the use of the teacher resource material.

Methodology of The Evaluation

Once a decision was made to evaluate *The Changeling* and permission was granted by the Theatre Company, it was decided to proceed with what is referred to in the literature as a process evaluation. The E.M.C.D.D.A. manual (1998; 23) provided the following explanation of a process evaluation which guided the evaluation undertaken;

Process evaluation assesses the implementation of an intervention and the reactions of the participants. It describes how and if the prevention intervention took place, whether its design was successful and whether the designated target group was reached. It is also concerned with the quality of the intervention. As process evaluation collects all relevant data about an intervention's success or otherwise, it provides useful information that can be used to improve future interventions.

This evaluation sought to document how *The Changeling* project set about achieving its defined aims and how the project was received by students and teachers. Both qualitative and quantitative data were gathered for the purpose of evaluating the initiative. The qualitative data was gathered in the course of interviews conducted with the providers of the programme and through non-

participative observations undertaken during the different stages of the intervention. Interviews conducted with teachers of the observed groups also yielded qualitative data. The quantitative data was collected through the administration of a questionnaire survey to teachers. There was a 49% response rate in this survey. The observations and interviews were conducted in 5 schools (7 classes) and included 5th class groups, 6th class groups and mixed 5th and 6th classes as well as single sex and mixed schools. To ensure greater representation, both city town and village/rural schools were selected as well as one mirror school and one school for children with special needs.

This Evaluation aims to document how the project set about achieving its aims and how the project was received by students and teachers.

Qualitative Measures

- * Interviews with intervention providers
- * Observation of intervention and student responses in fives schools
- * Five interviews with teachers

Quantitative Measures

- * 92 questionnaires administered to teachers - 45 responses

Stages and Type of Data Collected

- 1) Schools Booking Reaching Target group /demographic breakdown (Tour schedule)
- 2) Advance work. (Biopic) (review of a selection)
- 3) Pre -play Workshop (Observation and Student Responses)
- 4) The Changeling Play (Observation and Student Responses)
- 5) Post Play Workshop (Observation and Student Responses)

- 6) Ancillary (Follow Up) Workshop (Observation and Student Responses)
- 7) Teacher Resource Pack (Teachers responses)

The following reasons are proffered as to why a process evaluation as distinct from an outcome evaluation was conducted, in this instance. Drug prevention programmes targeting primary level students are usually designed to prevent the onset of drug use among this population, because it is generally accepted that these students have not started to use drugs, or have very limited experience of using drugs. An outcome evaluation assessing dimensions of behavioural change in this population, would have little relevance at this stage of the process and could not be properly assessed for some years. The evaluators of the intervention became engaged in the process at a late stage and had to work according to a rigid time constraint. The aims and objectives of the intervention, as defined by the programme implementers, did not necessitate an outcome evaluation, as behavioural change was not one of the specified goals. The evaluators were aware that there are a lack of rigorous evaluations of theatre in education (TIE) health related productions (Tones & Tilford, 1994) and that a process evaluation could yield vital information for improving this particular programme, but could also build on the little reserve of knowledge that exists on the use of theatre in education as an approach to health promotion.

Evaluation Findings

The findings are presented under a number of key themes. These are; The scope of the Intervention, The Cost of the Intervention, The Pre-Play Workshop; The Performance of the Play; The Post-Play Workshop; The Ancillary Workshop; Teachers Resource Packs; Effect on Teachers and Educational Approach.

The Scope of the Intervention

Time Period and Level of Exposure

"The Changeling" intervention was available to schools, during the period from February to June, 1998. The programme was performed for 92 groups in total, at 47 different locations in Cork city and County, Limerick, Kilkenny and Kerry. 21 (43%) of the participating schools were based in Cork city and suburbs. 16 (33%) of the schools were Cork County schools and 12 (24%) were located in Kilkenny, Limerick, Kerry and Clare. This incorporated a total of 49 schools, exposed to the intervention. Over 2,500 students and approximately 90 teachers participated in the initiative. Contact with each group lasted 90 minutes.

Mirror Project

17% of all Irish national schools are designated Disadvantaged Area Schools (DAS) by the Department of Education. A high proportion of the schools reached by *'The Changeling'* programme were DAS schools, in total 29% (14). This indicates that the particular efforts to target such schools, by providing the programme free of charge to DAS schools were successful.

These schools were also offered the option of an ancillary workshop. This offer was taken up by all but three of the DAS schools. In total twelve schools (24%) were visited by the Education Officer who conducted an ancillary workshop a week to 10 days after the 'Changeling visit' as part of the mirror project. Three of these schools were based in the city and were three of the five schools included in the Department of Education *Breaking the Cycle* initiative. Eight others had disadvantaged status as designated by the Department of Education. Seven of these schools were based in Cork city and one was based in Kerry. One school, not included in the Disadvantaged Schools scheme and based in a town in County Cork also received the ancillary workshop on request. In total 33

class-groups received the ancillary workshop which represents 36% of all class-groups.

Single and Mixed Sex Schools

14 (29%) of the participating schools were boys only. 20 (41%) were girls only schools and 15 (30%) were mixed sex schools. The company noted that the percentage of boys only schools participating was higher than usual for their tours. Company representatives considered that the theme of substance misuse may have been seen to be more particularly relevant to their students by the school staff and this may have prompted them to book *The Changeling* intervention earlier than other schools. It may also have resulted from an awareness of research on the drugs issue, which indicates that males start using drugs earlier than females (Jackson, 1997).

Reasons for Invitation

In the questionnaires and surveys teachers cited some of the reasons for inviting *The Changeling* programme to their schools. For some teachers, it was the attractiveness of the programme as a drama piece that was the key feature, not the theme of the programme, as such. Other teachers considered the medium of live drama as more appropriate to transmit the message and to hold students attention than other media, like video. A rural teacher was motivated by the knowledge that drugs are not confined to city areas and that rural pupils should also be targeted by drug education interventions.

Cost of the Intervention

The basic package involved three stages of direct intervention by the company (performance and pre-play and post-play workshops) and the provision of a teacher's pack. This may be considered four parts. The 'Mirror Schools' received an additional direct

intervention in the form of an ancillary workshop, representing a five-part intervention.

It is generally acknowledged that theatre in education is an expensive medium (when compared to other types like visitor intervention). This is mainly due to the high staff-student ratio. The cast of this production numbered four, (one of whom doubled as a pre-play workshop co-facilitator) as well as the primary workshop facilitator and the lighting/sound technician. Six adults worked with one group of less than thirty students at a time. Certainly a visitor talking to students about drugs or a video presentation are more economical methods. However in this instance at least some teachers comments indicated that the benefits of this theatre in education intervention outweighed the financial cost incurred. As discussed later in the chapter, several teachers commented on the power of live drama in attracting and holding the students attention and it's impact on the students. In contrast to a video presentation which one teacher described as a *played out medium* the novelty of this type of experience made it more memorable. *The Changeling* was not intended as a one- off intervention, but through the teacher's resource pack, was designed to provide an impetus for on-going work by the teacher.

In order to make the most of the high staff-student ratio as well as the particular skills of the actor-teachers, it is suggested that other members of the cast could also have directed small group workshops, post-play. This would have provided an opportunity for students to explore the issues in a more interactive and participatory way, though this would probably also have required more time for each group and there would have been a greater financial cost incurred.

The Pre- Play Workshop

The first stated aim of the pre-play workshop was;

to provide a personal framework through which the students can interpret the play.

The discussion in this workshop introduced a range of topics. It provided a forum for students to create a picture of their own lives and relationships, what was important to them in the past and how their interests / concerns had changed with time and with their development. Some topics were particularly important in helping students identify with Ben and to interpret the play as meaningful to themselves individually. Some of the themes discussed included;

- * Relationships with siblings;
 - * Relationships with friends;
 - * The influence of others
- and
- * Dangers / issues confronting this age group.

The transcripts reveal how two of these themes were discussed in a way which helped students identify with the central character in the play and in interpreting the play as meaningful to themselves.

These two themes are;

- (a) Relationships with siblings
- and
- (b) Relationships with friends.

(a) Relationships With Siblings

(Extract from pre-play workshop with 5th class girls in city school)

WF Hands up if have any younger brothers and sisters.....

Students Raised hands

WF Do you have to look after them?

Students Chorus 'Yeah'

WF Can you tell them what to do?

Students Chorus 'Yeah' excited

WF Is that nice?

Students Chorus 'Yeah' [giggle]

WF 'Do what I tell you' [bossy mocking tone]

Students laughter

WF Ok so let's put it on the other finger. Hands up if you have older brothers and sisters.

Students dreary groans as they raise hands

WF What do they think of you? What do they say about you? What do they tell you to do?

Student A 'You're annoying'

Student B 'They boss you around'

Student C 'You're only, you're only 11'

Students Laughter

WF You're only 11 yeah....Have you got your hand up ...no ...oh you were only waving at me OK...Yeah down there?

Student D 'Ammm be good'

Student E 'He hates me'

Students **Laughter**

WF Do they annoy you big time?

Students **chorus loud 'Yeah'**

WF Do you annoy them?

Students **chorus loud 'Yeah'**

WF Do you listen to them?

Students **chorus loud 'NO'**

This effectively prepares the students for the relationship between Ben the central character and his older sister Ann who tries to give him advice which he studiously ignores. Later in the post play workshop when the students state that Ben should have taken Ann's advice, the workshop facilitator reminds them of their earlier comments that they never listened to their older sisters and bothers either.

(b) Relationships With Friends

(Extract from boys 5th class satellite town school)

WF Who do you trust? Who do you listen to?

Student A **Myself**

Student B **Myself, Me!**

WF Of course, if you don't trust yourself who are you going to trust? 'I can't trust you, you'll only get me into trouble' [exaggerated mocking tone pointing to self]

Students **Laughter**

- WF Anyone else?
- Student C** **My friends [others second this]**
- WF Your Friends...your mother ok....Do you trust your really good friends?
- Students** **Assorted Voices 'Yeah'**
- WF Your really close friends?
- Students** **Assorted Voices 'Yeah'....one jokingly 'No'**
- WF acknowledging the joke pointing at an imaginary friend ' I don't trust you at all Ha Ha'

The above extract is typical of the responses. Set against the backdrop of their own perceptions of the influence of friends, in the context of the play, Ben's decision to follow Cathy, ignoring his sister's good advice is experienced as a realistic choice.

The second stated aim of the pre-play workshop was;

To introduce key concepts which are important for example, changes and exchanges, giving time away, making choices without looking at the consequences.

The concepts listed here were mainly introduced in the second part of the workshop in relation to changes and exchanges. Students were readily prepared to exchange not only prized possessions like bikes and computers, but brothers, sisters, pets, homes, and even 'everything' for a horse or a Ferrari, the chance to meet their hero, to go bungi-jumping or to go on a trip to Spain. Simply giving up two days of their lives in exchange for the promise of a year free of homework was seen as a good deal. Again the hypothetical bargains they were willing to propose here set up a personal framework through which they could better relate to Ben's deal with the Shape Shifter and the choices he made without looking at the consequences. They even committed them-

selves to a bargain with the same Shape Shifter when they agreed to give up an hour of their time to go and see Ben's story.

Students Responses To The Pre-Play Workshop

The students seemed to respond very well to the workshop facilitator. The guise of the facilitator as documentary researcher who referred to them as 'the experts' and acknowledged his own ignorance in regard to the lives of young people their age and his need for their help seemed important in securing their earnest interest and active participation. Indeed the facilitators use of humour, (often poking fun at himself) his way of relating to the students, his mannerisms and his style of dress gave an informal, casual air to the workshop. This endeared him to the students and allowed him to develop a good rapport with them. As expected some children were more vocal than others, however the facilitator's insistence that students put up their hands and speak one at a time, allowed him to ensure that most children had an opportunity to contribute. Direct questions often elicited loud unanimous chorus responses.

Teachers Responses To The Pre-Play Workshop

Only one respondent described the pre-play workshop as not useful, commenting that *the question and answer format is not the most suitable for primary level*. All other observers rated the introductory workshop as essential (61%) or as useful (37 %). Several teachers referred to the skill of the workshop facilitator.

Some positive comments included that;

The pre-play workshop prepared them for what to expect.

Pressure to conform in fashion, games etc was developed and this opened their minds to the themes of the play...

It [the pre-play workshop] got to the girls' level, where they're at right now, into music, hanging around, boys.

More critical suggestions and comments included;

a short synopsis might have helped understanding.

The introductory workshop was too general, maybe if they had been steered to watching for various points in the play [it would have been better].

One of the teachers interviewed commented that the workshop facilitator's guise as a documentary researcher was;

...very realistically done and that he really listened fairly intenselyand that really grabbed pupils' attention,...that what they were going to say would matter and would be taken on, and would be used for something.....if it [the workshop] had been more specific it would have ruined the play...with hindsight [after the play] you could see how very appropriate it was as a preparation for what they were going to see.

Another teacher complimented the facilitator but was impressed by the contributions of the students too;

...he was excellent,...he related to the kids very much and made them think and then I thought what they answered was very, very good as well...it showed that they understood what he was trying to get at.....it challenged them and made them think, especially this group, they needed something like that because some of them certainly will be exposed to the drug world....

The pre-play workshop was in his view essential as pupils;

...wouldn't have been able to get as much out of it without it....because we have no programme in the school to deal with the drugs sector though it will certainly be coming in next year.

In contrast to this however, one teacher was not convinced that the workshop had been conducted in the most effective manner. He suggested that the workshop facilitator should have taken account of what the students had already prepared and looked at

their Bio-pic worksheets. He contrasted it with another TIE programme that the students had just experienced and he felt that in The Changeling there was too much emphasis on large group discussion. He recommended a workshop format that would involve

working with smaller numbers and [which would facilitate] more action and participation from each of the students.

The Performance of the Play

Use of Theatre in Education as a Medium

When invited to share comments on how the play explored the themes, 24 (53%) teachers responded to this item on the questionnaire. Many of the comments reflected the teachers' enthusiasm for the educational medium used;

Good modern medium to explore theme...

Exploration through drama, role-play, -excellent

Very clearly and dramatically explored the themes

Respondents also referred to the quality of acting, props and effects;

The play explored the theme in a subtle way, making good use of sets, appealing to youth.

Well acted, good props, pre-play workshop helped prepare for play.

The use of special effects was good.

Role-play was very realistic.

Relevance /Appropriateness of the Themes of the Play For Students

Many of the respondent teachers were positive in their feedback when reflecting on how they believed the students related to the performance of the play;

The boys identified very well with Ben.

The children were transfixed, drawn into the story, it was very relevant to their age, their home situation.

Peer pressure was a big issue for discussion as a result of the play.

Many respondents believed that certain issues examined the play were particularly relevant or useful in enabling the students to interpret the 'message' as evidenced in the following comments;

[The play] explored the insidious nature of peer over family.

..use of inner voice/she-devil [was effective].

The children could see how a young boy got trapped.

The peer pressure.....showed how even our best friends can pressure us to do wrong.

Only two of the teachers who responded (5%) did not consider the themes relevant or appropriate to their students. 61% of teacher respondents reported that their students did not have any difficulty or confusion relating to themes of the play, supported by comments such as;

They were able to tell me that the crystals in the home represented medicines, aerosols etc.

Even though they were a very weak class they seemed to have a good grasp of the themes.

The ease with which the children related to the theme surprised me.

It was a major success with the class.

..they related to it, part of their environment, more than their 50 year old teacher.

Similarly the vast majority (79%) of respondents felt that the play was pitched at an appropriate level for their students;

Everyone seemed to have learned a lot.

The boys (pupils) related well.

At first I thought the children wouldn't relate to it but I underestimated them.

However in their comments, one third of all the teachers made some reference to the level being pitched too high. Those who felt the level was too high suggested the play would be better suited to secondary level;

Possibly a little advanced for primary

...most of the children were lost to the deeper implications

I think it might have been more suited to an older group

...too advanced, more appropriate for second level

Some teachers felt that most of the children were able to understand and relate to the play, but they claimed they observed delays in understanding or confusion especially among 'weaker' students, younger students or students with learning disabilities;

It took a while to realise crystals meant drugs.

...6th Class were more aware of the message.

Appropriate level for more mature ones - yes.

... 5th [class students] may have been a bit at sea.

Probably a little frightening for the fifth.

Some specific criticisms included concerns about whether the themes were clear enough for all students;

..... geared a little too high for 5th class.

More needed to be explained, e.g. the colour of the crystal.

Exploration was a little abstract, drug name should have been used.

Some of the sources of confusion for students were traced by teachers to some of the dramatic devices used in the play;

The less mature didn't even think the crystals were drugs.

[pupils] didn't follow ending or crystal imagery at times.

Some found the concept of a changeling confusing.

Some students were confused by the calendar.

Other comments refer to confusion generated by the pace or difficulty in following the play;

Some of the weaker children were phased by the pace of change.

Some [had difficulties] - above their heads - a little bit obscure.

For primary school children it was too surreal, too representational, it needs to be more direct if a message is to be clearly put across.

While the performance of the play may have presented some challenges for weaker or younger students, student responses in the workshops observed, suggested a high level of understanding and fairly clear memory of most of the key events in the play. It would really seem that it is in the stages after the performance, in workshops and class discussions, that confusion or problems with interpretation could be explored and clarified.

The Post-Play Workshop

It is interesting to examine the post - play workshop in some detail, as in many respects it is a very important stage in the programme. The aims of the post-play workshop were achieved, but it is also at this stage that some of the strengths and weaknesses in the overall programme, became more evident.

The workshop was initiated immediately after the performance of the play. The facilitator asked students to think about the last line in the play delivered by the character of the Shape -Shifter who pointed to the students while saying *Just like You & You & You, some kind of Changeling*. On returning to the classroom, the workshop facilitator emphasised the importance for him of hearing students reactions and ideas about what they had seen and encouraged them to contribute to the discussion. The students were eager to talk about what they had seen and the workshop provided a forum for this as well as an opportunity to seek clarification on some issues from the facilitator and other classmates.

The aims of the post-play workshop were outlined as being ;

- 1) To facilitate linkages between the elements of the programme
- 2) To ensure that pupils 'read' the text clearly
- 3) To initiate discussion on substances which might have been represented by the 'crystals' taken in the play.

This was to be achieved through the examination of the choices, decisions and consequences of Ben's and Cathy's actions in relation to what they, the students said in the pre-performance workshop.

To Facilitate Linkages Between the Elements of the Programme

The workshop facilitator did succeed in making links between the elements of the programme (the introductory workshop and the performance) in the post-play workshop.

The students seemed to have no problem generalising the message prompted by the line; Just like You & You & You, some kind of Changeling. This is evident in some of the following comments recorded;

If you take drugs this could happen to you (5th class boy)

He's just like anybody else (5th class girl)

Things like that do happen (6th class boy)

It's the same for everybody (6th class boy)

Focusing on Ben's interactions with Cathy and his sister Ann (at whom many students felt Ben's calls for help were directed) the workshop facilitator encourages students to consider the fact that in the play, Ben did not listen to his sister's good advice. It is at this point, during the post-play workshop that the facilitator reminds them of their own responses in the pre-play workshop on the subject of relationships with siblings and friends. In some groups, students believed that the reason why Ben did not take his sister's advice was that he didn't want her bossing him around and in the introductory workshop some of the students had mentioned this issue of being bossed around by older siblings. The following extract illustrates how the workshop facilitator attempted made links between the different stages of the programme;

WF His sister.....did she try to help him?

Students Yeah

WF Did he listen?

Students No

WF Why do you think he didn't listen?

Students No response

WF Do you think he thought 'Oh she's just nagging me.....you're just a goody-goody'....

Students Yeah

WF Who did he listen to ?

Students Cathy

WF Do you think he trusted Cathy?

Students Yeah

WF Remember I asked you the same question 'Do you listen to your older brothers and sisters?' and you said 'No way they annoy me'.....but he trusted Cathy and he listened to her.

Students giggles

To Ensure the Pupils "Read" The Text Clearly

Several students invoked central concepts of the programme as these extracts show;

Everyone has a choice (5th class girl)

Everybody has responsibilities (6th class girl)

Things that can happen, by following other people (6th class girl)

For other students, the message emerged from a more surface level reading of the play. One student explained that the play showed;

The effects that drugs do on your family.....and yourself (5th class boy)

In such cases the workshop facilitator tried to encourage the students to examine the issues more carefully, by his effective use of probing comments like;

WF Do you think she might have been saying -this could happen or this does happen.....Eventhough this was a fairy tale, there were some realistic things in there too...

Some of the confusion which was generated, in relation to Ben and the white crystals at the end of the performance did suggest that some pupils may have experienced difficulty reading the play. This is discussed in the next section.

To Initiate Discussion on Substances Which Might Have Been Represented By The "Crystals" in the Play

Most students readily identified the crystals as drugs, though not all. The teachers and the facilitator agreed that in the case of some students, they may have been unwilling rather than unable to interpret the metaphor. However there were teachers who stated that they observed delays among some weaker or younger students, in being able to interpret the metaphor as evidenced in some of their comments. When asked what else the crystals might represent (if not drugs) the answer from some students was simply magic crystals. The facilitator did not treat this as a right or wrong answer but accepted the different answers and opinions and continued by looking at the possible significance of the different colours. The following extract from a post-play workshop among 5th class students in a city school, illustrates this point;

WF What do you think the crystals represented or had similar effects to...?

Students Drugs (assorted voices)

WF Hands up if you think they have a similar effect to drugs...or if you can see that yeah they could be drugs...

Students all but a few hands are raised

WF Yeah,...and the people who haven't got their hands up, what do you think the crystals were?.....Do you think... Nah, they're not drugs.

Student nodding (a few students)

WF What do you think they could be?

Student A magic crystals

WF OK... just what they were in the play.....OK so let's say for now that they were drugs, some people don't think they were, some people think they were and we're all entitled to our own opinion....

Different colours of crystals were seen to represent *different kinds of drugs or stronger drugs and some colour specific effects were recognised; the red one was stronger than the green one... keeps you warmer*. Students had no difficulty listing all the colours from the blue crystals first introduced in the performance, through to yellow, green, red, purple and finally the white crystals.

The facilitator sought students' opinions as to what the blue crystals found in the cupboard in Ben's house represented. *Medicine or tablets* were usually the first reply with some students displaying quite a sophisticated knowledge of the effects or functions of different type of tablets; *tablets for calming your nerves down or for helping you cope* (5th class students). One student suggested that the blue crystals might be *coffee* and for another student it the blue crystals *represented money to buy drugs*. Some groups (6th class city girls and the mixed 5th mirror school groups) seemed particularly aware of the abuse potential of ordinary household products such as *glue, markers, tippex, petrol, gas and pledge*. Only two of the observed groups (5th class boys and 5th class mirror group) spontaneously mentioned *alcohol or beer* and none of the groups associated the blue crystals with cigarettes. The position of the cupboard, high up on the wall may also have been a factor influencing the students suggestions that substances represented

by blue crystals were not cleaning products which might be stored below the sink or under work-top surfaces.

No suggestions were sought or offered, for substances which crystals of other colours might have represented. They were understood to represent progressively more potent or *stronger and stronger* substances. The following extract is from a fifth class boys class in a town;

WF What do you think the different coloured crystals represent?

Student A How strong they are?

WF How strong they are ok....so do you think the further he was going along , he was taking stronger drugs?

Students Yeah (chorus)

WF So how would you describe the white crystals.....was it the last one?

Students Yeah (assorted voices)

Student B the strongest one

WF Do you think it was the strongest one?

Students Yeah

Students were clear that the white crystals represented the 'strongest' drug and the final one offered to Ben, the character in the play.

Choices, Decisions and Personal Responsibility

In response to one of the questions posed by the workshop facilitator, students agreed that Ben had a lot of choices and decisions to

make during the play. Times where these decisions and choices were evident included;

...making the exchange... (6th class boy in a rural school).

...when Cathy asked him to go out instead of seeing his granny (5th class girl in a city school).

.....to go to the palace (6th class girl in a city school).

.....when he chose to take the Crystals (6th class boy in a rural school)

.....to take the crystals in his own house (5th class girl in city school).

.....at the end...not taking the white crystals (5th class boy in a school in a town).

The decisions identified by students tended to be either the first decision to take the crystals, or the decision to go somewhere that he could have access to the crystals (the palace), or his final decision to refuse the white crystals. All the other crystals (yellow, green, purple, and red) which he procures and uses during the play are not seen as the result of decision making on Ben's part. The element of choice appears to be less apparent to the students once he has taken the first crystal, despite the fact that almost every drug taking incident is preceded with the Shape-Shifter's refrain.... *it's your decision, it's your choice*. The following extract illustrates the point more clearly;

WF Let's bring it right back, the discussion that we had before we went inside....remember what we talked about?

Students (assorted voices)

What we liked and what we liked doing,

Trust,

Your friends and how you get on with them,

Responsibilities,

Television,

WF Did you see anything that we talked about earlier come up for Ben?

Student A Yeah, he kinda wasn't really making his own decisions, they were all telling him what to do

WF Right that's an interesting point would you agree with that, he kinda really wasn't making his own decisions....

Students Yeah (few assorted voices)

WF That's a really interesting point....and do you think that by the white crystals he did make a decision by himself?

Students Yeah (assorted voices)

WF So do you think he was influenced by other people....by what they thought?

Students Yeah (assorted voices)

WF And then at the end he started saying hang on I just want to be myself

Students Yeah (assorted voices)

One of the teachers interviewed also expressed concern about this point, as presented in this extract;

...Your decision, your choice yeah, well that was certainly clear but, at the same time, what they [students] got out of it at the end, was that once you take the first step you were on a progression that was progressively harder to stop. They would have taken the message that you know once you take the cannabis or whatever soft drug, E or whatever, after that then you were in trouble. They didn't see it as being a series of decisions to take one and then take another and take another,...they saw it as one decision that had consequences that developed life of their own, if you like. That kind of progression from one drug to another was assumed. It wasn't seen as a decision at each stage.....so his personal responsibility at each stage would be less, because having made the initial step they reckoned that he was hooked then...he was on the merry-go-round at that stage. I got a very strong impression of that, from them, both the boys and girls had that... Take the first step and you're in trouble after that...the area of responsibility is the first step, after that the will is subsumed to your desire.

Confusion was evident in one of the observed groups when the WF asked if Ben had taken all the crystals. This element of confusion about taking the last crystal is very important as it illustrates that some students may have had difficulty reading the play and the essence of the ending....that Ben made a choice not to take the white crystals, but instead to throw them away and to call out for help. It would seem crucial for students to understand that Ben is making a choice/decision here to stop using. In this extract, the workshop facilitator elicited the correct answer, but he did not address the underlying confusion or seek to explore why some students answered that Ben had indeed taken all the crystals.

(Mixed rural school)

WF Did he take all of the crystals?

Students Yeah...yes... (assorted voices)

Student A No....he didn't take the white one

WF No, he didn't take the white one....Why do you think he didn't he take the white one?

Student B He wanted to give up drugs

WF He wanted to give them up....do you think he realised'Hang on this ain't that good after all'?

Students yeah....(assorted voices)

As for why Ben did not take the white crystals the following extracts reflect a range of students' explanations;

He knew it was bad (6th class boy in a rural school).

He wanted to give up (6th class boy in a rural school).

He realised what was happening to him (5th class girl in a city school).

He saw himself changing (5th girl in a city school).

One of the teachers interviewed felt that in the final scene (when Ben makes a choice to throw away the white crystals and to seek help) that this scene fails to make a significant impression on the pupils;

That meant nothing,...that didn't impress them at all,...I remember that when we took a vote, about two thirds to one third felt that the drug use was going to continue, [for both Ben and Cathy] that they wouldn't succeed in giving up. Most of them felt that while he wanted to give them up, he wouldn't be able to.

In the performance of the play and in the post-play workshop, there were strong indicators that the character of Ben had become a compulsive user or even an addict. When asked to describe the effects of the many different crystals on Ben, students described the effects in terms of negative physical effects. This is illustrated in this extract of a workshop observed in a mixed rural school;

WF What effects did we see or hear taking place after taking lots of different crystals?

Students (Assorted voices)... his body....tired,....feeling lousy.....bags under his eyes...

WF He needed more didn't he.....it wasn't that he had a decision to make he had to didn't he.....he felt ahhhh, I have to take more.

Other effects that were identified in other groups included *getting thin* and *getting weak*. This stereotypical image of the addict probably also detracted from the significance of the message inherent in the refrain *It's your decision, it's your choice*.

It would appear that one of the messages students take from the intervention is to say 'no' to drugs because if you say 'yes' you are on the slippery slope, you will need stronger and stronger drugs and you will not have any more choices. While the Shape Shifter character constantly reiterated *It's your decision, it's your choice* it would seem, from the data yielded through observation and interview, that this was not sufficient to reinforce themes of responsibility, choice, decision making, all key features of human agency.

Teachers Responses To The Post-Play Workshop

Teachers responses to the post-play workshop were overwhelmingly positive. 64% of those surveyed, who had observed the workshop considered it essential in making the themes of the play relevant to students and 31% considered it a useful exercise. Positive comments included the following;

The post play workshop had some good discussions about consequence..

The post-play workshop was better [than the introductory] and cleared up some uncertainties.

The post-play workshop helped develop ideas they [pupils] had reached.

The play in itself sent a very strong message and that message was reinforced greatly.

The workshop got a great response, which is the only way we can tell something, it worked very well and generated a huge amount of discussion and talk from the kids.

Although there were no negative ratings of the post-play workshop, there were some criticisms expressed by teachers surveyed. The criticisms mainly centred on the lack of time devoted to the post-play workshop and the absence of a truly participative dimension, most usually associated with the workshop format. These criticisms are presented in the following comments. One teacher stated;

I felt that the post play [workshop] was too short, needed more time to explain the play.

Another teacher had the following comment to make;

It was a bit rushed, it would have been better if they had had more time and were split up into smaller groups [1 leader to 10-12 children], because what happened in our case, 2 or 3 children dominated the discussion....some of the children got lost....the climax was the play and then they just came back to the classroom and sat there and everything was over as far as they were concerned.....the same question was asked a couple of times [by the students] which is where I realised, they aren't listening anymore.....1 or 2 people spoke....it was good....for the children who participated, but it could have been better.

One of the teachers interviewed, said he would not describe it as a workshop, merely as a *feedback session*.

I feel a workshop should involve more participation on their [students] part...there was no participation I felt and if you want to hold their attention you have to have participation....now if it was a group of teachers or something who didn't have maybe a lot of drama skills or weren't confident to tackle that, but here you had a professional group of actors who would have these skills.

He advocated the introduction of small groups of students with facilitators at this stage of the programme, so that students would have opportunities to devise their own dramatic representations of how the story might have evolved, if Ben had made different choices.

The Ancillary (Follow Up) Workshop

The ancillary (follow up) workshop was only available to Mirror project schools. The workshop was conducted by the company's Education Officer in all schools, one week to ten days after the Changeling Visit. It was recommended that teachers do the Biopoem exercise (see Appendix 2) with the class as a form of preparation for the workshop. Of the two classes observed, one had not completed the biopoem exercise (see appendix 2) and the other did it immediately prior to the workshop. The groups were 5th and 6th classes in the same mixed sex school on the same day. This school was involved in the SMPP pilot project and the 5th class teacher commented that he felt that this had sensitised the students to the issues under discussion.

The stated aims of this workshop were;

- 1) To reinforce the learning which occurred in earlier parts of the programme;
- 2) To assist teachers by once again working through active learning strategies in their classroom.

An additional aim was to encourage the use of the teacher resource material.

1. To reinforce the learning that occurred in earlier parts of the programme

An extensive range of topics were explored in the workshops. The ancillary workshop allowed much more scope for discussion, even in relation to making choices and examining the possibilities if Ben had made alternative decisions.

The following are some of the questions students asked in the workshop and they show how useful the workshop was, in terms of discussing some of the students issues and concerns, thus reinforcing the points of learning throughout the programme. This extract also reveals the style of the facilitator, which was open, informal and designed to treat the students as experts.

(5th class)

Student A You know when the boy, Ben was taking drugs...Is that supposed to tell us not to take them and see what things happened to him ?

WF2 Well we'll talk about that and see what you think....What do you think?.....was that the reason behind it?

Student A Yes

WF2 Ok.....any other comments or questions and then we'll get started

Student B You know when the white sheets went down and all smoke and the mirrors....is that what goes through your mind then?

WF2 What do you think.....do you think it could have been?....what did go through his mind then?....what did he see when he looked in the mirror?

Student B He saw himself changing

WF2 Yeah, he finally got a look at what was really happening didn't he...Ok...now lets go back to before all that, to the beginning....

There was quite extensive discussion on the topic of choices, 'cross-roads' in life, if Ben had made different decisions and how different decisions bring different consequences. One of the extracts is presented which illustrates a discussion about choice and influence;

(5th class)

Student A he had to go with her or else he'd have no friends

WF2 I would disagree with you, there I would say he did have a choice...but a very difficult one

Student A but they'd all think he was boring

Student B he felt tested

Student C he probably didn't know he had a choice...or he probably didn't think they were real drugs like

WF2 That's a very good point, he may not even have realised he had a choice.... and he mightn't have known what he was getting into....

2. To assist teachers by once again working again through active learning strategies in the classroom

Teachers' Responses

Only four respondents surveyed were from mirror project schools and so in a position to observe or comment on the ancillary workshop. Two of these teachers had observed the follow-up workshops. One rated it as essential commenting that the follow-up

workshop was essential as it gave time for theme / issues to be explored elsewhere .

The benefit of additional time for exploration and discussion, was also very much evident in observations. The second observer rated the workshop as useful but too long after the play. A third mirror school teacher also rated the follow-up as useful though he/she had not observed it. Two of the four teachers surveyed were not in attendance at the ancillary workshop. This suggests that possibly more incentives are needed for teachers or that they need to be more convinced that they can actually learn from observing the process of active learning in the final workshop.

How the final aim of the ancillary workshop was achieved can possibly be best analysed with reference to the next section. It would suggest some success in this area at least in terms of the high proportion of users of the teachers' pack, among the teachers surveyed.

Teachers Resource Material

A very high proportion (71%) of all the teachers had used the teachers' pack at least once. As for how often they had employed it in class, 31% (14) had used it only once, 36% (16) had used it between 2 and 4 times and two (4 %) teachers had used it more than 5 times. Among those who had never used the teachers' resource, for 29% (13) the most common reason given, related to time constraints. This reason was also regularly cited by those who had not been able to use the pack as often as they might have wished.

The following themes were frequently raised;

My fault! Far too much to do in the time given. I would dearly love to have the time to explore it more, but something else wouldn't be done then.

Time factor, confirmation, computers, entrance exams, RSE, etc.

Time of year (May/June) too busy at school. Would probably have used them earlier in the year.

Two teachers involved in the Dept. of Education SMPP (Walk Tall) pilot project opted to continue with that instead and so never used the teacher's pack. While one other teacher involved in this pilot project used the pack specifically because;

...it tied in very well with the existing drug awareness programme.

The most commonly reported reason for using the teachers' pack was the feeling that some form of follow-up was need as illustrated below;

It is essential to follow up and elaborate on the essential themes of the play.

I felt the need for a follow up in class- important issues highlighted and discussed again.

Other teachers referred to the novelty value of the exercises and their effectiveness in generating discussion among the pupils. One teacher cited demands from the children as the reason for using teachers' pack exercises in class and another said that parents had expressed a wish for such lessons to *highlight the issue*.

73% of the total number of respondents (33 teachers) rated the clarity of the instructions for use of exercises and activities. Of these 79% (26) considered them to be *clear and easy to follow*. Five teachers (15%) felt that they could have been clearer and only two found them *difficult to follow*.

Effect on Teachers as Educators

Teachers were asked to rate their confidence on dealing with issues of drugs education in the class on a three-point scale. 56% respondents rated themselves as feeling confident, 31% felt a little unsure and 13 % described themselves as not confident in this regard.

All of those who experienced a change in their level of confidence said the effect was positive. 47% of respondents said their confidence for dealing with issues of drugs education in class had increased as a result of The Changeling visit / teachers' pack.

The other 53% of teachers who responded to this question experienced no change in their levels of confidence.

Three themes emerge in the response to question of how The Changeling achieved such an effect. The first theme relates to support as illustrated in the following comments;

The fact that I now have a pack to work with.

Not seen to be on my own in raising awareness.

I can now refer to the play.

The teachers pack highlighted group learning activities and discussion.

The second theme is the growth of understanding between teacher and pupils;

[I had] underestimated children's knowledge of the subject.

I now have a greater understanding of how young people become involved.

The issue of self esteem is so important.

The third theme relates to increased knowledge;

[The intervention] gave more knowledge to teacher and pupils.

It has broadened my vocabulary in this area.

For at least two respondents the dramatic nature of the project in itself had a role in increasing their confidence levels;

... benefit of watching the play.

To see something visually has more of an impact.

Suggestions of what could help teachers to feel more confident about dealing with drugs issues in class related primarily to in-service training. Only two teachers made specific reference to what form such training might take;

Art drama workshops for teachers on ground principles.

To see in reality what all of the drugs look like...in-service [training].

Several respondents called for more videos and other materials for use in class as well as other programmes similar to *The Changeling*. *Further talks or visits from professionals working in the area* were also suggested as ways of following up this particular experience of drug education.

Aim Of The Intervention

The aim of the programme was very clearly identified by teachers.

Over 44% (19) of the teachers believed the Changeling Project could best be described as taking a distinct approach to drugs education/prevention. This was most commonly a Focus on Choices, Decisions & Consequences/Personal Responsibility as chosen by 14 teachers (33%). The remaining 24 teachers (55 %) who responded, believed that The Changeling could be best described as a combination of a least two approaches. The vast majority (80%) of those who described The Changeling as a combination of approaches included this focus on choices, decisions & consequences/personal responsibility in the description. This was consistent with the aim of the intervention as described by Grafitti and as outlined at the beginning of the chapter.

'The Changeling' Programme - Some Key Findings

In terms of what has been revealed in the context of international research into drug education, some general features or characteristics of *The Changeling* have been elucidated for further discussion.

The Performance of The Changeling

The performance was a powerful piece of theatre, colourful and fast moving with excellent special effects. At all performances observed, the attention of the audience was engaged. The fairy tale or abstract focus of the performance meant that students could relate to the play at their own developmental level.

First Experience of Drug Education

73% of teachers surveyed stated that *The Changeling* was the students first experience of a drug education programme. Many of the issues that confront primary school pupils were effectively explored in the programme; peer pressure and coping with external influences, relationship with family members, individual actions and their consequences. *The Changeling* paved the way for these issues to be explored in more detail by teachers in other areas of the curriculum.

Use of TIE Principles and Techniques

Ball (1995) argued that there are a number of key principles that need to be addressed in the use of drama and theatre in health promotion. These five principles are;

1. the need for structure
2. The need to recognise the aesthetic dimension
3. The need to offer protection
4. The need to realise the potential for working across disciplines
5. The need to bring 'outsiders' into schools

The Changeling production achieved its potential when evaluated against these five principles;

1. Structure

The programme was coherent in structure with effective linkages between different elements of the programme.

2. Aesthetic Dimension

The Changeling programme though having a very important functional dimension also had an aesthetic dimension, particularly in the performance, which had a fairy tale quality and provided students with exposure to a different language of social and personal exploration.

3. Protection

A protective environment was achieved in a number of ways, but mainly in providing students with a biopic (Appendix 1) an outline not of each student but of a person their age, to complete prior to the introductory workshop. The provision of a central character (Ben) also permitted discussion and exploration in a more unthreatening indirect and less personal manner. The workshop facilitator appealed to the students as experts which encouraged them to contribute their opinions knowing they would be valued.

4. Working Across Disciplines

The potential for working across disciplines was exploited. *The Changeling* programme complemented the SMPP (*Walk Tall*) being piloted in participating schools. Teachers were enthusiastic about how these two programmes worked together. This can be positively viewed in the context of the opportunities it provides for cross-curricular learning, particularly when one considers Fines statement (1983;4) that the most exciting learning takes place, not within formal subject areas but on *the edges of disciplines when they touch one another*.

5. 'Outsiders' in schools

The advantages of using 'outsiders' in schools were evident in *The Changeling* in two important ways; the opportunity the intervention provided for informal learning and the value of using effective theatre in education techniques. The workshop facilitators were young, informal in their approach and were very successful in engaging the pupils in discussion. Some teachers expressed surprise at the ability of the students to relate to the themes but the facilitators succeeded in reinforcing their abilities.

In relation to theatre in education techniques, the company in providing the pupil pack and the teacher's resource pack extended the life of the programme beyond the time of the intervention, beyond the classroom and into the home. Such packs are often a characteristic of Theatre in Education programmes and they ensure good quality follow - up activities to reinforce the lessons learnt. 79% of the teachers surveyed, agreed that the resource pack was *clear and easy to follow* and 82% of those teachers who used the pack stated that they were satisfied that the activities had *worked well*.

'The Changeling' - Promoting The 'Slippery Slope' Thesis?

There is an element of 'scare tactics' evident in *The Changeling* programme in the way progression in terms of type and quantity of drugs is perceived by students as inevitable; the 'slippery slope' phenomenon. This is further reinforced by the focus on addiction. This has the impact of taking a lot of the focus off individual agency, which is paradoxical when considered in the context of one of the overall aims of the programme, which is to highlight issues of choice, decision making and personal responsibility. While the issue of choice and alternative decision making was a theme that received greater emphasis in the ancillary workshops, these workshops were confined to the mirror schools.

Distance From The Central Character in 'The Changeling'

Ben was generally considered by the students to be aged 15 or 16 and to be a secondary school pupil. This was further reinforced by suggestions at different stages in the programme that some of the pressure Ben was experiencing was due to examinations. Though students agreed that Ben's experience could be that of somebody younger, their perception that he was older than them, might have allowed students to distance themselves from the message of the programme, as it applied to them.

Cigarettes and Alcohol?

Teachers were of the opinion that the most immediate opportunities for drug experimentation open to this age group of students are primarily cigarettes and alcohol. This opinion is validated in prevalence studies, which reveal that solvents, alcohol and cigarettes are all taken in earlier years before other drugs (Jackson 1997). However cigarettes and alcohol were not really addressed in this particular programme and the *crystals* further reinforced in students minds, that this metaphor in the main, represented different kinds of illicit substances.

Reinforcing Myths and Stereotypes?

Problems, Personal & Social Skills deficits and Poverty,

The main character in the play Ben is depressed, bored unpopular and under pressure. These are all taken as factors, which influence his decision at the beginning to decide to take the crystals. The only family member featured in the performance is Ben's older sister. Reference is made to his mother and grandmother, but his father is completely absent. There are references, which suggest that he is a member of a poor family, because there are concerns expressed about money and the cost of new clothes. Any of these elements have the potential to reinforce myths or stereotypes of drug users. Research studies have challenged the perception of all drug users as those who use drugs due to negative reasons rather

than due to active curiosity or positive choice. The above representations do not reflect the reality of a youth culture where *more drugs are pulled than pushed* (Ives and Clements 1996) and they do not reflect the reality that the vast majority of users do not become addicts or develop serious problems with their drug use. The issue of stereotyping has implications both for non- users and those who may go on to experiment in terms of how they see themselves as capable of exercising control and taking responsibility for safer drug use.

Peer Pressure

'Peer Pressure' was cited by 51% of teachers when asked to state what they considered the main themes of the play. Several teachers also referred to this issue as a main topic for discussion after the play. Students also described how Ben experienced pressure from different sources and in different contexts and particularly pressure from Cathy to take the crystals under threat of exclusion. Cathy's exact words were quoted by every group in the post play and /or ancillary workshop.

WF Did Cathy put him under pressure?

Students (Chorus) Yeah

WF What did she say to him?

Students (assorted voices) If you don't come you're history

WF What did she mean by that?

Student C that she won't talk to him anymore

WF So do you think he was afraid that he'd lose his friend?

Students (Chorus) Yeah

The form of pressure represented here is very direct in the form of a *do it, or else* type threat. Ben is threatened with exclusion if he does not conform to the new norms.

As discussed in relation to evaluation findings (See chapter 3) research suggests that in reality the type of 'pressure' that young people experience to use drugs is likely to be much less direct or overt. The concept of 'peer support', which refers to peer toleration, approval or encouragement of drug use, is presented as a more accurate representation of drugs use among peer or friendship groups. The fact that individuals actively choose to associate with others who share the similar attitudes and beliefs and behaviours, termed 'peer assortment' and 'peer preference' are more significant factors that direct coercive pressure. As Coggans & Watson (1995) conclude:

[the research data] do not demonstrate that peers coerce non drug using individuals to join them in their habits (Coggans & Watson, 1995:2.2.1).

This blunt form of pressure, does not accurately reflect the much more subtle nature of the influences that students are likely to encounter in terms of opportunities to use and the consequences of their decisions in peer and friendship relationships.

'The Changeling' as a Participatory Learning Method

It is generally accepted that in the formal education system, the learning process is dominated by formal, highly structured and controlled approaches. Theatre in education programmes are usually promoted as a challenge to this kind of learning, due to their emphasis on action, participation and empowerment. This potential was not fully exploited in '*The Changeling*.' Participating students were not divided into small groups, for the workshops. The workshops were based on discussion only, rather than on skills training techniques or role play, common features of other drug and theatre in education programmes. The method of facilitation

allowed the participants to engage in loud unanimous chorus responses. This is very apparent in the transcripts, when there are frequent *yeah / no* answers, which are unbroken, for long periods of discussion. For some of the teachers, this issue also generated concern.

Evaluation

The Graffiti Theatre Company sought feedback mainly in the form of pupil reactions, and teachers responses / letters / telephone calls after the intervention and they intended to use this feedback to make adjustments to the intervention. The company also used the feedback, which was mainly positive, to report on the success of the initiative to the funding agencies. No systematic evaluative framework was built into the programme at the design stage. Jackson (1996; 161) referring to evaluation of Theatre in Education in the British context, argued that;

the traditional [and understandable] suspicion of evaluation among many theatre companies needs to be overcome; that a wealth of anecdotal evidence is no longer enough; that a more systematic approach to evaluation [of the company, its work and of audience response] needs to be initiated as a matter of urgency.

If in the case of *The Changeling* the funding agencies had extended their role to include the provision of support in the area of evaluative design, it may have been an even more positive and effective partnership for all parties involved.

'The Changeling' and Parents and Teacher's Roles

While parents were welcome to attend the programme, the lack of a formal invitation may have partially explained why so few parents took up this offer. Evaluations of theatre in education in Britain have emphasised their potential in building relationships with parents and communities, so this may signal an area for Graffiti theatre company to develop in the future.

The Changeling did succeed in building up teachers confidence in dealing with drugs issues. However it also offered teachers an opportunity to contract out the responsibility for drugs education. While there were features of the programme that were designed for teachers use, like the teacher's pack, in the course of the evaluation, 29% of the teachers surveyed had never used the pack. While many teachers (56%) claimed, when surveyed that the programme had improved their confidence in dealing with drug issues in class situations, there were calls for in-service training and there were requests extended to the theatre company for follow up visits. Some teachers said they would build on this programme by inviting other professionals (Gardai and Medical Professionals) or recovering drug addicts to address this topic with students. These factors raise concerns about teachers confidence and emphasise the need for on going training for teachers to enable them to keep pace with the growing integration of social personal health education (S.P.H.E.) into the school curriculum.

Concluding Note

The intervention The Changeling is described in detail in this chapter and the implementation of the intervention was evaluated, revealing some of the strengths and weaknesses. Suggestions will be made for the future implementation of a similar intervention in the concluding chapter.

CHAPTER 6

Ray of Hope - An Evaluation

Introduction

A father and son team, Gerry and Julian Madigan have delivered the Ray of Hope seminar to approximately 250,000 students and parents over a two year period (1997 - 1998). Julian and Gerry Madigan are authors of a book entitled *The Agony of Ecstasy*. This book tells the story of Julian Madigan's experiences of using dance drugs in Dublin in the early 1990s, the difficulties he encountered and the struggle he endured to give up using drugs to pursue a career in sport. This evaluation is based on a case study of the *Ray of Hope* seminars as delivered to one school in Cork City.

Funding

The fee for the *Ray of Hope* was £600, for one full day which included two student seminars during school hours and one evening seminar for students' parents. This fee was covered by the host school (£200) and a local community drugs project in the area (£400). This funding was accompanied by recommendations that the seminar be recorded on video for future use, that the intervention be evaluated and that a follow-up be offered to parents in the form of a programme entitled *Drugs Questions and Local Answers** for parents. This programme was then funded by the school's budget for the Home School Community Liaison (HSCL) programme.

Target Groups

This intervention had two distinct target groups; students and parents.

The students were all females, approximately 400 in all. Students were divided into two groups to facilitate the delivery of the inter-

vention. There was one seminar presentation to students in upper primary school (sixth class) and in the junior cycle of secondary level (up to second year). Another seminar presentation was delivered to senior cycle students

including third year students and upwards (transition year students, fifth year, sixth year and Leaving Cert Applied 1 and Leaving Cert Applied 2 students).

Parents of students attending the host primary and secondary girls schools as well as parents of students attending other local schools in the catchment area were another target group for a seminar presentation held in the evening.

Aims

The promotional literature sent to schools prior to the intervention did not specify clearly defined aims, but certain key phrases did give some sense of the purpose of the seminars. The seminars, it was stated were *aimed at educating parents and students to the reality of the drug subculture* and represented an initiative designed at *bridging the generation gap. The dual perspectives of a concerned parent and a reformed addict* were presented as *being more powerful than all the expert analysis one could offer*. Changing minds about so-called soft drugs was another focus of the intervention. Familiarising parents so they could recognise the signs of drug involvement, the existence of a drug problem and to be able to respond were also aims cited in the promotional literature.

The Home School Community Liaison Officer based in the host school, who was responsible for booking and organising the seminars, identified the following aims or reasons for hosting the intervention;

To generate an interest in the development of more comprehensive drugs awareness programmes provided by the school for parents;

To raise awareness of current drugs issues among parents and students;

To encourage discussion on drug related issues and to stimulate more open communication between parents and their children;

To better prepare parents to deal with drug use in their families.

This one- off seminar was not expected to stand alone as a drugs education intervention but was intended to act as a starting point for future work with parents by generating interest in a longer and more comprehensive drugs awareness course for parents. Raising awareness of drugs issues among parents and students was seen as a goal in itself as well as ultimately encouraging discussion of drugs issues in the home. It was hoped that among those parents who did not choose to participate in a further course, the seminar in itself would help prepare parents to deal with drug use in the family if it ever arose.

For the students, the seminar was intended to complement ongoing drugs education in the school and to stimulate discussion with parents.

Drug Education Approach

The *Ray of Hope* seminars can be best described as an information based approach to drugs education, as the delivery by a father and son team was designed to operate as a peer education approach for both parents and young people. The mode of seminar presentation was didactic. There was a strong focus on outlining the effects of drug use and abuse, on relating personal stories as experienced by the presenters and on giving information to parents on how to identify and respond to illegal drug use among their children. All of these are key constituents of an information based drug education approach.

Of the twelve different elements commonly found in drugs education approaches (Hansen 1992), reference was made to five

of these in the *Ray of Hope* seminar; *decision making, values clarification, goal setting, self esteem and resistance to peer pressure*. However the seminar was not interactive, it did not incorporate any actual esteem building exercises or resistance skills training which would have been necessary if the intervention was to be classified under other approaches.

Description

*** Pre- Seminar Work**

The Home School Liaison (HSCL) Officer informed teachers of the Ray of Hope seminars via the staff notice board. Parents were notified about the seminars by letter from the HSCL Officer. In an effort to facilitate and encourage teachers to do some pre-seminar preparation in class, the HSCL officer also prepared some comprehension questions for teachers to use in class before the seminar and afterwards as a focus for further discussion. She also recommended an exercise to teachers for use before the seminar. This exercise entitled *The Ejector* (Clements, Cohen & Kay, 1996) is designed to encourage students to explore their own attitudes and beliefs about drugs and drug users. These efforts were motivated by the HSCL officer's desire to maximise the positive effects of the intervention and to prolong these effects beyond that of a one-off seminar.

*** The Seminars**

The seminars were delivered to three different audiences on the same day - two groups of students during school hours and one group of parents in the evening. Each of the seminar presentations lasted approximately two hours and followed the same format. There was an additional input in the seminar for parents from the local Health Promotion Officer of the Southern Health Board, who has particular responsibility for drugs and alcohol.

*** The format of the seminar consisted of the following:**

An introduction by the Home School Liaison Officer of the Secondary school.

Gerry Madigan, (father) addressed the audience for approximately 45 minutes.

Julian Madigan, (son) addressed the audience for approximately 45 minutes.

Time was allocated for questions from the audience (approximately 15 minutes).

A vote of thanks and some closing comments were made by the Home school Liaison Officer.

A representative of The Southern Health Board with responsibility for Health Promotion in the area of Drugs and Alcohol addressed parents at the evening seminar.

*** Post - Seminar Work**

The post - seminar work was to be undertaken in Religion and in Social, Personal and Health Education (SPHE) classes. The post seminar questions devised by the HSCL teacher were referred to in an attempt to stimulate discussion and consolidate the main points of learning in the seminar.

*** Post -Seminar Work With Parents**

Parents were invited to fill in a form if they wished to receive a copy of a drugs information booklet for parents or participate in a drugs awareness course to be provided by the school. The parents who expressed interested in the course were later contacted with details of when the course would begin and they were invited to enrol.

A Brief Description of Content of the Seminars

The content, order and delivery of the two seminar presentations to students were found to be consistent to a remarkable degree. Thus although the students who ranged in age from 11 to 18 years, were divided into junior and senior cycle groups for the purposes of delivery, the varying levels of knowledge and experience of the different age groups was not taken into account. There was no attempt to adapt or tailor the intervention to make it developmentally appropriate to the different age groups within the school population. The content of the parents seminar did differ in some respects from that of the student seminar as discussed hereunder.

Description of Seminar Presentation to Students

1. Introduction :

Gerry Madigan introduced Julian, his son, who would address the audience at a later stage in the presentation. He explained how the response generated by their book *The Agony of Ecstasy* was the impetus behind the seminar presentations. The origin of the title of the seminar *Ray of hope* was explained in the context of the reactions to the book and to convey the message that;

there is life after drugs and that it is possible to get your life back on track again.

2. Gerry Madigan's Seminar Presentation

The seminar included a slide presentation. The first part of the seminar, presented by Gerry Madigan, concentrated on the drugs alcohol, cigarettes and inhalants and their effects on the body. Then the focus moved on to other drugs; cannabis, acid and ecstasy. There was a strong focus on the negative effects of illegal drugs on the body. The deaths of teenagers including Anna Woods and Leah Betts were recounted to emphasise the connection between

ecstasy and death. He proceeded to identify drugs as a barrier to the fulfilment of dreams, ambitions and potential and as destructive to families and relationships. In the final stage of Gerry Madigan's seminar presentation, he related his own personal experience as a father whose son became involved with drugs. He concluded his presentation by emphasising the importance of *strength of character* and encouraging students to make positive choices so as to fulfil their own potential in life by saying *no* to drugs.

3. Julian Madigan's Seminar Presentation

Julian's presentation was focused on his own personal experiences of involvement with drugs. He organised his input around key stages or periods in his life;

- * His life before drugs
- * His initial experimentation with hash and later acid and ecstasy
- * His life as a regular drug user
- * Encountering problems and disillusionment with the drug scene
- * His attempts to 'escape' from drugs
- * His life after drugs

There was a strong emphasis on the effects of drug involvement on his life, particularly the negative effects. The latter part of his presentation was concentrated on outlining what is referred to in the promotional literature of the intervention as the *five steps to freedom* and the *network of support* involved in this process. The five steps were outlined as being;

1. Communication
2. Honesty
3. Making a decision
4. Breaking away from the scene

and

5. Filling the void with alternative interests.

Julian described the network of support provided by relevant people, both professionals and family members in his life, which enabled him to complete the five steps outlined. He listed a range of negative consequences of drug use in terms of education and career, mental and psychological difficulties. Drug use was presented as inevitably leading to negative consequences in some form. In conclusion he emphasised to students the importance of making the right choices in their lives, so as to produce positive outcomes and he recommended a drug free lifestyle. He also emphasised that ultimately they alone would have to take responsibility for their own choices, decisions and consequences.

Parents Seminar

The structure of the seminar directed at parents was the same as the student seminar in the way that Gerry Madigan addressed parents at the beginning and was followed by his son Julian. In the seminar directed at parents, the information on legal drugs and their effects was omitted. Gerry Madigan gave his impressions of life for young people in today's society; the pressures they encounter and how illegal drugs constitute the greatest *evil* confronting young people in contemporary society. As in the student seminars, he presented a lot of information on illegal drugs and their effects. He identified the *tell tale* signs of drug use, for parents. He proposed that the three steps of *awareness, knowledge* and *action* held the key for parents to respond to young peoples drug use. While he did not clearly specify what he meant by action, later in the seminar he outlined the importance of parents loving their children unconditionally, keeping the lines of communication open and becoming involved in community based networks to challenge the *drug culture*. Julian's presentation was quite consistent with his presentation to the students. However, he described the rave scene in more detail for parents and prompted them to consider carefully how they could and should respond if their chil-

dren were to come to them for help in relation to their involvement with drugs.

Methodology of the Evaluation

The opportunity to evaluate this intervention arose when the local community drug project became involved in funding this intervention and recommended that an evaluation be conducted. The focus of the evaluation was mainly on the process, so data was gathered during the delivery of the intervention to one Cork city school. The evaluators only became aware of the planned intervention, a short time before it happened. The decision to undertake a process evaluation was taken on the basis that this kind of intervention is very frequently employed in schools in response to students' and parents' drug education needs.

Data were collected through observation and recordings of the three seminar presentations. Each of these three presentations of the intervention; the junior cycle seminar, the senior cycle seminar and the parents seminar were observed. Recordings were made of each of the seminars and were later transcribed to allow comparison of content and to examine if and to what extent, the content was modified for different audiences.

A total of eight focus groups were conducted with students in the week following the seminars. There was one group of students from each year level from sixth class primary to third year in secondary school. Four post-junior certificate focus groups were conducted with fifth year, sixth year and Leaving Certificate Applied level 1 and level 2 students. Transition year students were on work placements at the time and so they were unavailable for interview. A total number of sixty five students participated in focus group interviews. Eight students were randomly selected for each focus group discussion and released from class. In one class, where there were only nine students in attendance, all were invited to take part in the focus group. Each discussion lasted for one class

period and took place in a small comfortable room in the school. Each focus group was recorded and later transcribed.

Three teachers involved in teaching religion and social, personal and health education (SPHE) modules to students were individually interviewed. Two of these interviews were recorded on cassette while note-taking was the preferred method of recording for one interviewee.

Interviews were also conducted with the Home School Liaison Officer who organised the intervention and with two professional drugs workers / educators who attended the parents seminar.

Questionnaires were administered to 90 of the parents who attended the seminar.

These were administered prior to the presentation and respondents were asked to complete the first section. Section two of the questionnaire was completed after the seminar. A total of 81 questionnaires were returned, which represents approximately 45% of the estimated number of parents who attended the seminar and 90% of the questionnaires administered. A total of 63 respondents had completed both sections of the questionnaire and only these fully completed questionnaires were included for analysis.

Parents who expressed their interest in participating in a drugs awareness course, were later contacted with details of opportunities to enrol in a five week *Drugs Questions Local Answers* course. Course viability and completion were included as outcome measures of the *Ray of Hope* intervention.

Stages & Data Collected

Observation and recording of the three seminars

Questionnaires administered to parents (63 questionnaires completed)

Three focus groups with junior students (3)

Five focus groups with senior students (5)

Three interviews with teachers

Interview with Home School Community Liaison Teacher

Interviews with Two Professional Drugs Educators / Workers.

Enrolment in Drug Questions Local Answers

Evaluation Findings

This analysis is based on an examination of the content and delivery of the seminar presentations in the context of key issues raised in the evaluative literature on drug education. The analysis has been enriched by the evaluative comments of students who attended the seminar and who participated in the focus group discussions conducted. The responses provided in the questionnaires completed by parents are also used in the analysis along with comments of teachers, including the Home school Liaison Officer and the two local drugs professionals who attended the parents seminar. The observational data and recordings of the seminar presentations also inform the analysis.

Increased Knowledge?

** The Students' Perspectives*

Students discussed the question of whether they knew everything they needed to know about drugs in class before the seminar.

This discussion indicated a high level of confidence among students in their own drug knowledge. However after the seminar many revised their opinions and stated that they would like to know more about drugs. This suggests that regardless of whether students felt they had learnt anything new from this seminar itself it may have made them more aware of their own drugs education needs and more open to future work with their own teacher. To clarify this point some students said that although they knew enough to make a decision to say *NO* they were now more curious and wanted to know more.

Junior Cycle felt that they had learnt a lot of information from the seminar. For 6th class students simply hearing the names of different drugs was new learning. Students listed all the drugs that they had heard about:- pot, marijuana, hash, acid, LSD, ecstasy, aerosols, cigarettes and alcohol. They also said that they had learnt about the effects of different drugs and found the slides showing parts of the body effected by alcohol and cigarettes particularly good.

First and second year students also felt they had learnt a lot of information about different drugs and their effects from the seminar and particularly from Gerry's presentation. Specifically, students said they had learnt about flashbacks for the first time, however some students were unsure of whether these were caused by ecstasy or LSD. The effects of smoking on the body and blood circulation as illustrated by a heat sensitive photograph had made a strong impression, as well as the information that having a drug related conviction could effect a person's chances of getting a job or a visa to go abroad. Junior cycle students also referred to learning the slang names for different drugs. They were amused by names like '*Rhubarb and Custard*' '*Denis the Menace*' and '*Bart Simpsons*'.

Most students who attended the senior cycle talk felt that they had not learnt any new information, that they had known the

effects of drugs before the seminar. Some of the following comments support this point;

No, this talk didn't teach us anything, it's not appropriate for our age group (17/18) we already know more than he was saying.

We didn't learn anything new, except that...the only thing is that a flashback can last so long, like I thought it would only last a few seconds and he said it can last for 15 minutes.

One teacher was of the opinion that there was too much information presented in the seminar. There did appear to be some confusion among students on some basis facts presented in the talk. When asked which drug causes flashbacks, written answers from one senior group included hash, heroin and ecstasy. This would suggest a significant discrepancy between real and self assessed drugs knowledge among students who claim to have ready access to drugs and who cited peers as their main source of drugs information. Overgeneralisation of flashbacks to drugs other than LSD was evident in discussions with several groups.

The User Perspective - More Powerful Than Expert Analysis?

While the information may not have been new, some students pointed out that hearing it from the point of view of the user was new to them and useful;

No, there was nothing new, we knew all the facts before, but we never heard it from someone's point of view before, like you heard it all before but he's after going through it.

... I knew most of the things he was talking about it was still really good, hearing what happened to him, it would give you an eye opener, it was interesting like...

Scared Off Drugs?

Junior cycle students reported being scared off drugs by the seminar. They were confident that they would remember the dangers and how difficult it was for Julian to get out of the scene;

He felt good when he took the drugs but it was a bad decision...

Yeah it taught us a lesson I'd never take drugs after that story

We will remember the effects and how hard it was for Julian to get out of it.

The talk scared people off drugs.

We decided never to try them, it's too risky. Anybody who smokes is bound to stop now after hearing that.

When you think about drugs Julian just comes into your head and then you won't do it.

However in the senior cycle groups there was more diversity in the responses. Fears were more specific to particular drugs and not generalised to all drugs. Students were less willing to make clear abstinence forever pledges;

Now you'd think twice next time.

Cigarettes and alcohol are okay,but I'd be worried about harder drugs it didn't really focus on cigarettes and drink.

The way you could die from just one tablet of ecstasy that's frightening.

Increased Curiosity?

Some students claimed that the seminar had made them more curious or dispelled some of their fears about drugs and made them seem more attractive;

Then again sometimes it would make you kind of curious...cos' he was saying at the disco they'd have a laugh and it was really good...

It changed my attitude cos, I thought drugs would kill you really quickly but he was on them for four years and now he's fine.

In the focus groups, junior students reported being scared off ever trying drugs by the information they received at the seminar. However, the senior students drew attention to the complexity of the relationship between knowledge about drugs, attitudes and behaviour in relation to drugs. Their comments showed that additional knowledge does not necessarily stimulate attitudinal or behavioural change, a point that is also constantly made in the literature (see chapter three).

The following extract reveals the process in one of the senior groups when some students stated that the message delivered in the seminar encouraged them to use;

To myself I thought, I might try them do you know, that kind of way, cos the way he was talking about them...

He had a grand life...making money dealing Monday to Thursday from Thursday to Sunday getting off his head...the way he was saying it I think it's a grand life...

The students conceded that Julian had talked about some of the negative effects he experienced like *getting beaten up, being depressed, robbing stuff*. Students in this group felt that there was not enough emphasis on the negative effects of drugs. The following comment from one student indicates this;

But it was not as bad as I thought it would be, I thought it'd be worse.

The same sentiment is expressed in the following extract;

People are going to say look, I'll go on them, I'll take some and I'll take them for four years and nothing will happen to me..

R: Do people say that...do you say that?

It effects different people different ways...she could collapse and she could be grand all night,

Yeah it frightens you but that doesn't mean to say that you're not going to try them...

What he said wouldn't frighten me anyway..

R: Do you think that's what he wanted to do...to frighten you?

Yeah, he was there to try to turn you off drugs...he didn't turn me off...

More Frightening Information Needed?

Students own recommendations of how drugs education should be delivered favoured a scare tactics approach. Two of the older groups who felt they had ready access to drugs and had drug using acquaintances or friends, felt that they needed more frightening information to turn them off drugs;

It needs to be more frightening for us.

Yeah like the damage it has done to his body...medical records and stuff...

The way he looks now, he's too healthy to put you off.

They can tell good stories and bad stories, but we need stories of deaths and stuff to frighten us ...but we'll make up our own minds in the end.

Indeed some students claimed that the message they would take away was the direct opposite of what had been intended;

If it's that good we should all be on drugs.

R: *Is that the message you got?*

Yeah...get the buzz out of it while you can.

You hear about like good trips ... Julian said you'd see things flying off the wall and around the ceiling and everything...it sounds mad ...

What some of these comments indicate is that the facts presented in this instance appeared to have limited power in leading to the production of "healthy" attitudes, mainly among senior students who were interviewed very soon after the seminar presentation. This does not conflict with the research evidence that many fact based drug education programmes have achieved limited impact on attitudinal and behavioural change and some have managed to stimulate curiosity (Swisher et al, 1971; Stuart, 1974; De Haes & Schuurman, 1975; as discussed in Chapter three).

Several student groups agreed that the seminar would have more impact if they had been shown pictures of when Julian was at his lowest physical ebb. The tendency for young people to recommend drug education approaches which emphasise the effects of drug taking on health; their preference for speakers who can speak from their own experience of drug use or for professionals who work with problem drug users has been noted in other studies (Robertson, 1996; Roker & Coleman, 1997). However it has also been noted that students predictions of the success of this type of approach in stopping or preventing drug use is higher when the question relates to 'young people' in general, than when the focus is on 'you' personally (Robertson, 1996).

Educating Parents

** The Parents' Perspectives*

The main reason given by parents for attending the seminar was to gain more knowledge or information about drugs or to raise their own awareness of drugs. Some parents were more specific about the kind of information they required, like indicators of drug use

or abuse, how to discuss drugs issues with their children or how to respond to a drugs related situation. Two respondents were motivated to attend the seminar due to suspicions or knowledge that someone they knew was using drugs. Most parents said they were concerned about all drugs though few defined whether this included legal as well as illegal drugs. Of those drugs identified as being of particular concern, Ecstasy was by far the most frequently mentioned. Other drugs mentioned as being of particular concern were the illegal drugs such as cannabis (hash /joints/grass) (10%), LSD or acid (8%) and heroin (6%). Cocaine, glue, and gas were also noted as well as more general references to *hard drugs* and *tablets*.

Of the parents who responded to the questionnaire 78% (48) said they had learnt something useful. For some, this learning revolved around information about drugs as evidenced in the following statements;

I thought I knew all about drugs until tonight.

'I learnt about soft drugs and the effects of them.

[I] learnt to recognise drugs.

I never knew anything about the names of ecstasy and how soft drugs did so much damage.

Some parents felt this new information would help them talk to their children;

I know more about drugs and how to inform my kids.

I feel I know more and will be able to talk to my children.

Others felt they had learnt to recognise signs of drug use;

[I learnt] more about different drugs and what to watch out for.

[I found out]how easy it is to get drugs and the tell tale signs [of drug use].

Other parents described how the seminar had influenced the way they thought about the place of drugs and drug use in society and said they had learnt;

.....that drugs effect everyone

.....how the drug culture really work

.....how easily you can become addicted to drugs

.....how easy it is for children to get involved with drugs.

For some the seminar had served to awaken or confirm some suspicions about the behaviour of their own children.

[I learnt] the thing about the strawberries, I found some and thought they were transfers, now I'm worried.

I learnt a lot about one of my sons.

I now know someone in my family is doing drugs.

46% (29) of the respondents reported that they had 'changed their minds' as a result of the seminar. Parents attributed the following changes to the seminar;

- * Raised awareness of the prevalence of drug use and the dangers of drugs
- * Increased fear for their children
- * Recognition of the importance of family communication and unconditional support
- * Belief in the importance of early intervention by parents if suspicious about their child's behaviour
- * Belief in a need for public education campaigns focusing on the 'dangers' of drugs
- * Belief in a need for stronger action against dealers by the police and government
- * Belief in a need to build up self esteem and teach children to say 'no'.

Family Communication

* *The Parents Perspectives*

The vast majority of parents (94%) stated in the questionnaire prior to the seminar presentation, that they had discussed drugs with their children at some point. However the majority of students interviewed stated that they had not discussed drugs with their parents.

This finding might indicate that parents and students have different understandings of what it means to discuss drugs. In an effort to explore the content of parents discussions with their children, parents who stated that they had discussed drugs with their children were asked to tick examples which reflected elements of the discussion from a list of nine phrases. These phrases were based on features identified of parent child communication about drugs, in three recent British studies (French et al 1998, McClure et al 1998, Robertson, 1998). It emerged that the majority of parents who responded, relied on a scare tactic (*Drugs Kill?*) in their communications with their children about drugs. Other statements parents claimed they made to their children referred to the importance of self-respect and staying healthy, thus avoiding drugs. They tended to make a distinction between legal and illegal drugs, giving stronger warnings about the dangers of the latter. Giving advice was also popular and some parents emphasised to their children that help was available, should their children ever need it.

Respondents who found it difficult to talk to their children about drugs were asked to identify reasons for this. *Lack of information* was cited by 27% (17) of the sample. Four parents were *afraid of what they might find out* if they tried to talk to their children about drugs and three parents felt that the *generation gap* made these discussions difficult. Only one parent felt that *embarrassment* made the subject difficult. One couple said that their problem was that their 15 year old daughter *thinks she knows it all*. In total 41% of questionnaire respondents identified themselves as having

some difficulty talking to their children about drugs. The majority of parents appear not to consider the subject problematic and 27 % (17) of the respondents actually stated that they experienced no difficulty discussing drug issues.

83% (52) of parent respondents stated after the seminar presentation that they would feel more confident about talking to their children about drugs after the seminar, mainly because they had more knowledge. 8% (5) experienced no change in their confidence levels. The only respondent to report feeling less confident after the seminar was a parent who believed it was now time to take some action on the basis of suspicions that a family member was engaged in illegal drug use.

Other parents also claimed they had intentions to engage in some kind of action as a result of the seminar;

I'm going to communicate more with the children.

I'll talk to my children more about drugs.

I'm going home to tell my child I love you.

*** The Students' Perspectives**

Students commented that before the seminars, they considered themselves better informed than their parents in relation to drugs and felt it was not really important to talk to parents about drugs. Except for sixth class student interviewees, all other groups interviewed felt that they already knew more than their parents about drugs;

I'd say we practically know more than they do ...

Yeah'[chorus]'Definitely and we know how to do it ...

Nowadays all of us know every detail...and they don't

Drugs weren't out when they were young, well they were out but it was different...

We know more than our parents about drugs cos' we're younger and we're out there on the scene. Parents don't know much about drugs and it would be bad if they did they'd just be more suspicious

The concept of a generation gap was raised by some students;

... there's a generation gap, they're from a different era...

..they think they know everything...they don't understand how easy it is to get drugs...how easily available they are...

They just lecture and they don't listen.

Only a small minority of students said they had discussed drugs with their parents prior to the seminar. This was particularly the case for the younger students (under sixteen years). Many students described a reluctance to bring up the subject because they felt parents would only become suspicious. Students also referred to being accused of smoking or drinking and not being believed when they denied these behaviours. If they wanted information they said they would prefer to ask older siblings, consult a library book or leaflet rather than ask parents, as evidenced in some of the following comments;

They'll think I'm on drugs

They jump to conclusions and say what do you want to know that for

I wouldn't talk to them about drugs they'd get suspicious about me and start watching out for the signs and watching my eyes and everything.

Parents don't give you enough credit for having your own mind...they try to influence you away from friends who smoke, cos' they think you're just automatically going to do what somebody else does.

However in two of the older groups, this picture of blindly suspicious parents was challenged. In one group most students felt they had an open enough relationship with parents to discuss the issues openly and honestly;

Just cos' you're out late doesn't mean you're snorting coke...parents might think you're doing drugs but you can talk to them and they believe you.....they wouldn't be suspicious unless you give them reasons to be suspicious...

A common prompt for discussions about drugs according to students, was when they were caught smoking or when parents became suspicious that they or their friends were smoking or drinking. A programme on drugs on television often raised the subject of drugs in the home. However this did not always lead to a discussion but just 'they [parents] tell you to sit down and watch it. Local drug related incidents were identified as something that prompted discussion of drugs in students' homes. Discos often prompted some form of warnings from parents;

They say things like 'I hope you're not taking drugs!'... 'When you're going out mind yourself!'... they trust me but they still want to say it, they won't feel comfortable if they don't say it...

My Mam's very bad over drugs she's like 'don't do drugs', every time I'm going out the door it's like...'don't be doing drugs now'...

Although the majority of students did not consider themselves to have actually 'discussed' drugs with their parents prior to the seminar, they described a wide range of exchanges between parents and students. These were mainly about smoking. Some students gave a flavour of these conversations;

My dad said if he ever catches me with a fag he'll break my hands.

My aunt says if she ever catches me with a fag she'll make me eat it

All my Grandparents smoked and they died of smoking and my Mam knows she never has to tell me not to smoke.

Some students felt the seminar had influenced their own attitudes about how their parents might react if they developed a drug problem or if their parents found out they were using drugs.

Gerry's reaction made us think that there is a chance of help from your parents... that they're not just going to kill you...

I don't think they'd kill me, they'd try to help me if I was addicted... but they'd be hurt...

I think he made us think that our parents are...that there is a chance that if we tell our parents they won't freak...

'Yeah there's a chance that maybe my Mum might take it calmly or whatever...

Some students also commented that through the seminar they now had a clearer understanding of how one individual's drug use can influence other family members.

That came across to me that they were saying WE have a problem...it's not like YOU have a problem, just the son but the family...

Some students felt that the seminar had made it easier to talk to parents about drugs;

It was more difficult to talk to parents about drugs before the talk...they'd say why are you asking me those questions...after the talk it was alright...

However many younger students remained reluctant to talk to parents about drugs and expected a questioning, 'suspicious' response.

Julian told them that if we were taking Es we'd be taking sleeping tablets to bring us back down again...Sure my parents don't trust me anymore now...they think that if we go to a disco that we're lined up with tablets taking them to get back down again.

R: So from your point of view was it a bad idea for your parents to go to the talk?

No it was a good idea in some ways but it has put ideas into their heads that aren't true...suspicious if you're tired or black bags under eyes.

Some students felt that parents and students had been given different seminar presentations. They feared that the seminar might have encouraged parents to become even more worried and less trusting of their children by giving exaggerated impression of the prevalence of drug use among teenagers.

I'm glad my mom didn't go cos' I was told by some parents that went that he said I bet ye if your kids, if they went to a club they'd be tripping in ten minutes...that's not true, My Mom would ban me from going out if she heard that. Yeah they'd be there you can't go out now, drugs is such a common thing you know.....We're told one thing our parents are told something completely different...

Only some of those parents who attended the seminar had subsequently initiated discussions with their children within the week following the seminar. These comments describe some of these interactions as remembered by the students.

My mom went to it and then she just kept going on and on about it...

R: What did she say about it?

I don't know ...everything...she just went on and on about drugs and the effects.

When my dad came home he was like...sit down there I want to talk to you about drugs now...and then he went on for half an hour...don't do this, don't ever do that and then he started really asking me...Are you smoking ...I said No...I know you have other friends that do smoke...Do you drink ...No...I have loads of friends that are drinking and smoking but I didn't tell him that...then he was just asking me and it went on for about _ an hour ...BORING...

It would seem from the above extracts of post seminar discussions related by students as well as fears and suspicions expressed by the students themselves, that significant barriers to open, honest and direct communication about drugs and drug issues remained after the seminars. Parent-teenager discussions of the subject continue to be characterised by a lack of understanding of the other's perspective and shrouded in fear and mistrust on both sides.

This one-off seminar intervention which addressed parents and students separately and in isolation, while initiating discussion in some homes would also appear to have widened rather than narrowed the gap in some respects. Both of the drugs education professionals who attended the parents seminar commented that while the need for more open family communication was emphasised, there had been no element of advice or instruction on how this process might be begun. It was accepted that a once off seminar with over 150 people could not provide the context to deal with complex issues of family and that this would be the role of follow-up parents' courses. However, the HSLO expressed disappointment that the story was related in terms of the father's story and the son's story and that the *parent/child relationship was not worked on more, particularly for the sake of the parents audience.*

One of the local drugs educators acknowledged the courage of the father and son in exposing their own story, which she described as not an easy thing to do, especially when you feel you have made mistakes. However, she also felt that the issue of communication difficulties and the lessons they had learnt *could have been opened up more even within the limits of a short talk.*

Indeed, it might be said that in some ways the seminar was destructive to family communication by encouraging parents to be suspicious of their children's behaviour and to feel justified in taking action, which would undermine trust. The following extract from Julian's response to a parent's question about how much freedom he had as a teenager begins with an explanation of how strict his parents were.

This is probably going to scare you cos you all think, I know exactly where my daughter goes and the weekend, I know exactly which disco she goes to...but from the time she leaves the house I guarantee you that within a half an hour she's got a can or a flagon in her hand and she's wolfing it down and going to the disco completely off her head...it may be drink it may be drugs you don't even know what it is....

She arrives home to you and she's fine....I know girls who take sleeping tablets to come down off their pills,... they take an E...it takes 45 minutes to come up...they get two hours off their heads....they haven't even reached their max. yet... and then they start taking sleeping pills ...taking Demerol...so when they meet their parents they are not all high they're just like, Oh yeah I'm feeling a bit tired now...

In circumstances where parents feel suspicious that their child may be using drugs parental behaviour is no longer subject to the normal codes of trust and privacy and this does not seem a particularly good recipe for open and honest family communication.

Did The Seminar Generate Interest in Drug Awareness Programmes For Parents?

Parents were asked about how the task of talking to their children about drugs could be made easier for them. Drugs awareness courses for parents were highlighted by 54% (34) of parents, followed by the availability of more information/booklets for parents 44% (28), more understanding of young people's perspective 43% (27) and more anti- drugs campaigns on TV/posters etc 29% (18). Consistent with this finding 76% (48) of respondents expressed an interest in attending a drugs awareness course for parents. Only two parents said they would not be interested, one of whom had already participated in such a course. 48% (30) parents filled in slips asking to be informed of when the courses would start and indicating their preference for morning and evening courses. The Home School Liaison Teacher was optimistic on the basis of such a level of interest that there might be enough demand to run two groups. Finally one evening group actually went ahead. The fact that there were enough participants to justify running the course was in itself seen as a positive outcome. A total of eight parents completed the course. This included three couples which the home school Liaison officer considered particularly positive.

89% (56) of the parents who attended the seminar and responded to the questionnaire expressed an interest in receiving a booklet for parents which the Home School Liaison Officer offered to order and to send out to parents. However, due to difficulties obtaining sufficient numbers of the intended booklet, parents never received any further materials.

Levels of Involvement with Drugs

Among senior students interviewed, it was evident in their comments that they view drug use in terms of levels of involvement. Junior students interviewed were more likely to view drugs in more straightforward terms as evidenced by the comments. They

were confident that they would remember the dangers of drugs, as described in the seminar and would not get involved;

The talk scared people off drugs.

Yes it changed our ideas, before we didn't know how badly they would effect your life...now I'd be afraid to try drugs.

Senior cycle students comments reveal that they consider drug use more in terms of levels of involvement;

Yes, it is possible [to be a drug user and not fit that image] if you're not too heavily involved but if you're really bad it'll show, but if you're just doing it mildly like using sometimes you don't....

You can be lucky enough not to get sucked in...

Yeah... I think there's different stages and it is possible to stay at the same stage and be in control and not be an addict.

In the case of senior students who had some experience of using drugs or of knowing others who use, they had ideas about what drugs they found acceptable or involved less risk, which they brought to bear when deciding to use or not use particular drugs.

I'd never go buzzing (using ecstasy) or anything like that like but I tried hash, and that would be it, it was good like but I wouldn't exactly be going out looking for it.

There's a difference between hash and ecstasy...Hash like you know what's going to happen with hash....it relaxes you and you mellow out and this is the general picture that's brought across and ecstasy you get hyper and jumping around like a jack rabbit or something.....

Is that an issue of being out of control?

Yeah cos' you're not really conscious of it.....with drink you can keep in control, you know yourself how much you're taking and

whatever but with ecstasy you're not in control of it...I don't see the point of taking ecstasy if you don't know what its going to be like...you don't know how your body could react to it...

One student recalled an incident at a party and stated that ;

There was speed on the table in front of us, but I just didn't take it....

What made you decide not to take it?

Because, if it was hash or something that I knew about, I'd consider it, but I wouldn't take it because anyone can control you when you're on speed, you don't know what you're doing, they could say come on you're going to fleah me [have sexual intercourse].

This conception of levels of use was not acknowledged in the seminar and at certain stages of the seminar, drugs were discussed collectively, as if they all caused the same negative effects ;

You have to recognise that you're intelligent human beings and don't let anybody convince you that NO, no they're harmless drugs.....they are very dangerous drugs they can kill.

I hope they never kill anybody here but you have to recognise that yes they can kill.

That's not the most important thing to understand about them.....

The most important thing...what I'm concerned about is what they do to you when they don't kill you.....that's what I'm concerned about because when they don't kill you they kill your spirit.....They kill the special uniqueness that makes you special....they kill your dreams your ambitions your goals, your aspirations.....they stop you becoming the person you are capable of becoming.....they stop you realising any of these things.....they destroy relationships, they destroy friendships they

destroy families....that's the most destructive element of these drugs.....also they stop you having fun....they stop you enjoying your life...they prevent you from really fulfilling and having a fulfilled and rewarding and productive life....that's what they do.....

If you re not doing drugs at all if you're not doing anything then that's great your nightmare hasn't begun.....you don't have nightmare like Julian had and I hope you never have a nightmare like that.....On the other hand....if you are doing any of these thingsif you're taking a bit of speed....a bit of acid, bit of hash, bit of ecstasy...If you're taking any of these drugs you know what I'm talking about and you know your nightmare has begun... you know your nightmare has begun because your relationship with parents friends teachers all this...its strained to say the least at times.....you know that you have to tell an awful lot of lies to cover up the things that you're doing.

It would seem that students, particularly senior students see drug use in more complex terms due to knowledge or experience and are less likely to be convinced by the presentation of any kind of drug use as being problematic use. This failure to acknowledge and distinguish between different types of drug use in terms of, experimental, recreational, regular and more problematic or compulsive use was criticised by both the local professional drugs educators. One of them discussed this in the context of how the concept of addiction had dominated drugs seminars in Ireland.

In Ireland a lot of talks about drugs are from the point of view of addiction...we could end up perceiving it as something that's inevitable. There is an absence of debate of other issues. For example a lot of people use drugs, we don't have to take a moral stance on whether or not they chose to do that - Gerry described drugs as evil that's a very moral term. However it would be nice to ensure that they don't come to unnecessary harm and are protected and that sometimes goes out the window because we are concentrating so hard on addiction and what it means to be an addict.'

The representation of 'the drug culture' presented at the parents seminar was described as a reality but only one reality and reflective of one narrow perspective, according to a drug educator present;

He said he was there to state the reality of drug culture but he didn't state an objective reality...he presented it as such but it was specific, focused on problems encountered by Julian, in this reality no one moved on unscathed. There is a need to take account of the reality of the drug scene and the reality is that most young people will experiment at some point in their lives and this experimentation will not inevitably result in a slippery slope to addiction. The reality for Julian was that he became a heavy and dependant user, but that only happens to a minority. The majority of them will use, enjoy, protect themselves and move on, that's reality too and that needs to be acknowledged. Parents need to know that too to help them respond appropriately to their children's drug use.

One of the drugs education professionals was also critical that in the seminar;

there was no rational assessment of the degrees of risk associated with the different illegal drugs being used...I don't think there was any level of differentiation, given that all drugs were portrayed as being evil drugs...cannabis was presented as being as dangerous as acid or ecstasy.

Depictions of Drug Users

Drug users were depicted throughout the seminars in very negative terms. Drug users were presented as *weak, emotionally crippled* individuals who had not developed the *strength of character* to resist drugs. This depiction was reinforced by the presentation of all use as problematic use. In the seminar for parents, drug users were depicted as lacking self esteem and unable to exercise control over their lives;

The people who are doing drugs, the majority of them want to stop, they want to get out. And all of them without exception, their self-esteem is rock bottom...absolutely rock bottom...and we need to build their self esteem, we need to build their self worth, we need to encourage them, give them positive reinforcement, we need to love them enough so they feel confident about themselves so that they can take a stand and resist drugs and all this evil that's all around them.....

Strength of character and drug use were presented in incompatible terms and in the seminars for students the picture of drug users as weak, emotionally dysfunctional and developmentally stunted was created and actively reinforced throughout;

The weakest habit you can have in life is doing drugs.....because it puts you out of control.....you're not in control you're out of control and when you're out of control you can't develop strength of character, you become a weak person , you become an emotional cripple.....you can't develop your strength of character.

Developing strength of character was considered the key to avoiding drug use for students;

Strength of character is what its all about... Strength of character is what you're here to do....to develop strength of character to have the ability to say no to certain things and yes to other things...to make your own choices and be your own person.

The Home School Community Liaison Teacher felt that the respectable background of the Madigan family, including the father's professional job, reinforced the message that this could happen to anybody which she saw as an important message for students and parents. She also commented that the myth that if your children are into sport they will be safe from drugs was firmly knocked on the head.

Younger students described how they had had a particular image of drug users before seeing Julian Madigan and that he had challenged this stereotype. One sixth class student stated;

I thought he was going to be long haired and like a hippy and all that but Julian wasn't like that, he was just like a normal person and it happened to him. Before I would think he was too clean and respectable but now I believe it could be anybody.

The stereotypes of what drug users look like consistently included words like *scruffy, thin, unhealthy and sunken eyes*. Julian Madigan's present *clean and respectable* image did not challenge the stereotypical image for most students who felt that Julian had fitted their image of the typical a few years before.

What do you mean he didn't look like a typical drug user?

Just the typical picture of a drug user like in trainspotting or something,

yeah ...all strung out and unhealthy.

So has it changed your image of drug users?

No, he was like that when he was using drugs...

Yeah he even said himself he was like that, he had bleached blond hair and his eyes were sunk back in his head and he was a lot thinner and everything...

In the focus groups some students questioned whether Julian Madigan had ever really been a drug user at all since he didn't look like a drug addict, was very healthy and athletic;

Some of us had a big argument about how it was made up...

Yeah that he wasn't really using drugs at all cos' he looked so healthy...

Some senior students questioned the stereotyping of drug users and they argued that the appearance of the individual was dependent on the level of involvement in drugs. They argued that for those young people who are not heavily involved in drug use, the

stereotypical image of scruffy, unhealthy "Trainspotter" does not fit.

..... if you're really bad it'll show, but if you're just doing it mildly like using sometimes, you don't.....

The depiction of drug users as lacking self esteem and looking physically unhealthy is one that is commonly used in drug education interventions, however the usefulness of this depiction has been challenged by Coggans et. al., 1994 and Cohen et. al., 1996 (see chapter three).

Different focus on Legal and Illegal Drugs

Very often in educational endeavours, a distinction is drawn between legal and illegal drugs, so that illegal drugs are presented as being more dangerous. For adults who engage in using legal drugs, this distinction is vital to enable them to stay on the moral high ground, when imparting drug education messages to young people. The centrality of the drug alcohol in Irish culture and Irish life, means that educators focusing on the dangers of alcohol, tend to be more cognisant of levels of use, misuse and abuse and tend to rely on harm reduction messages stressing moderation rather than on exhortations demanding non-use of this socially acceptable drug. This was also evident in the *Ray of Hope* seminar. The following comments by Gerry Madigan at the students seminar illustrates this point;

The number of effects that alcohol has is on here but I'm not going to go through all the effects but I just want to make one point about alcohol.....a lot of people think its cool to drink ...yeah...that's fine but alcohol abuse is a terribly dangerous thing... So alcohol is a drug that has to be treated very, very carefully.....

The use of the words *alcohol abuse* is interesting in this context as it conjures up a picture of levels of involvement in relation to this legal drug. Levels of use was not accepted in the discussion

of illegal drugs. Similarly the message was that alcohol has to be treated very, very carefully which effectively constituted a harm reduction message.

A lack of knowledge about the negative effects of smoking was the explanation given by Gerry Madigan for the prevalence of smoking among adults;

There is no such thing as a perfectly healthy person who smokes. So smoking is not a wise thing to do.....a lot of people say....Oh sure my parents smoke or my grandparents smoke.... We didn't know how dangerous smoking was in the 40s 50s or 60s. We do now!

These comments suggest to young people that they are not in a position to censure their parents about smoking. While a link is made between smoking and cancer, the existence of parents and grandparents who smoke and who are still alive is explained by the fact that it is not possible to attain perfect health and smoke. The focus on legal drugs such as smoking and alcohol was only included in the student seminars and was not mentioned in the seminar presentation to parents. Thus at no time were adults challenged to look at their own attitudes and behaviour with regard to the use of legal drugs and the drugs problem was defined purely in terms of young people's illegal drug use.

Sniffing glue was condemned on moral grounds and abstinence was proposed as the only response.

Now let me say very clearly to you...there is no proper or improper way to sniff glue...it's all wrong...

Hash was presented as a *gateway drug* and arguments that cannabis users do not progress onto further drug use were quickly dismissed;

So hash is not the simple drug we think it is or the harmless drug that we think it is. But the most dangerous thing about hash is

this; hash is the first introduction you have to the world of surrealism. And that's the biggest problem with drugs.

The final drug selected for discussion was Ecstasy or MDMA and this was described as *the most volatile and indiscriminate killer.*

Alcohol and cigarettes were not raised as a concern among any other student group older than first year. Junior cycle students, who possibly had little or no experience of taking legal or illegal drugs were quite convinced that the seminar would have an impact on smokers. The primary drugs of concern for primary sixth class students were cigarettes, alcohol and cannabis and some of these students voiced concern about *fags* which they claimed *might lead to going up and up and on to stronger stuff.*

Among senior cycle students, concerns were very much related to specific drugs but not all drugs and particularly not drugs like cigarettes and alcohol. One senior cycle student stated *we don't see them as drugs.* Another stated *cigarettes and alcohol are okay.... but I'd be worried about harder drugs, it didn't really focus on cigarettes and drink.*

One student interviewed stated that she had reduced her consumption of cigarettes and alcohol since the seminar. Other students who were smokers, stated that they were not sufficiently motivated by the seminar to stop smoking. Senior students and smokers were less impressed by the inputs on legal drugs than were the junior students and non-smokers. Furthermore the inputs on legal and illegal drugs varied, possibly reflecting the kind of dissonance that can occur, when educating young people about drugs when some categories of drugs are legal and others are illegal.

Focus on Drugs Causing Death

Young students when asked to summarise the most important message of the seminar, they emphasised the drugs and death theme;

Don't take Drugs...Drugs can Kill.

Don't take drugs, they'll kill you... and if the drugs don't, the dealers will.

The *Ray of Hope* theme and the title of the seminar asserting that there is life after drugs did not appear to have a significant impact on some students.

The fact that they emphasised the message that *drugs kill* was understandable in the context of the large number of references in the course of the seminar to highly publicised cases of individuals whose deaths were attributed to ecstasy; Leah Betts and Anna Woods. There were other stories recounted in the seminar of the man who jumped off a building after taking acid and the ecstasy related death of a Galway student. The following quotation illustrates the emphasis placed on how drugs kill;

Now that's a story about Anna W in Australia and Leah Betts in England and I could stand here for the next two weeks and tell you story after story, heartbreaking stories from the parents of people that I've spoken to in this country who've lost their children...mainly through ecstasy but through various other drugs but it would only serve one purpose and that is to emphasise just one aspect about all these so-called soft drugs...and that is that they can kill ...they do kill...they have killed. You have to recognise that you're intelligent human beings and don't let anybody convince you that NO, no they're harmless drugs.....they are very dangerous drugs they can kill. I hope they never kill anybody here but you have to recognise that yes they can kill.

Gerry then went on to say that death was not the worst thing that drugs could do to an individual and then he referred to how drugs kill the spirit. Both of the local drugs education professionals interviewed were critical of what they described as the 'scare mongering' approach of the seminar as evident in the following paragraph;

...he set himself up that he wasn't going to scare us, but I felt that he did, cos' he focused a lot on deaths and also on very serious mental health problems around cannabis which are extreme, they are not the norm...I never felt that he gave balanced info. about the drugs...I felt that he was quite frightening, he did frighten people in terms of the consequences of drug use and there was a lot of misinformation about drugs as well all the scare tactics that he set himself up that he wasn't doing but I felt he was doing... that wasn't giving the broad comprehensive picture about the reality of drugs.

Commentators have pointed out that the risk of ecstasy related death is overstated and proportionately rare. The risk of death loomed large in the 'Ray of Hope' seminar, showing that after many years, the appeal of scare tactics has been enduring despite the existence of a body of evidence pointing to the futility of such an educational approach (Dorn & Murji, 1992; Tobler, 1986; De Haes, 1987 as discussed in Chapter three).

One drugs educator who attended the seminar worried about the influence of this seminar on those parents who would not participate in the follow-up *Drugs Questions Local Answers* (DQLA) course. She felt that they would have no opportunity to have this type of misinformation corrected, by exposure to a more balanced review of the research evidence on drug use;

I just felt that if we do get two courses out of it that's only 30 people that we get to correct misinformation with and I think the bulk have gone away with a narrow and distorted view of the drugs scene and the effects of drugs on young people..... the information they came away with was worrying and I would be very concerned.

The Impact of Drugs on The Physical Body

There was an overwhelming emphasis on presenting information about different drugs, their toxicology and the physical damage caused by them.

Drinks....and alcohol; effects every single part of your body when you take it.....it effects the brain, the heart, the liver the kidneys every single part of your body is effected by alcohol.

This is a heat photograph of a normal hand and the red marks are the circulation going into the fingers....This is the same hand after a short period of smoking....the circulation is gone out of the fingers....that's what happens with nicotine....it strangles the blood circulation. When the blood circulation is effected every single part of the body is effected, your hair, skin, eyes heart, kidneys, every part of the body. You need good blood circulation to remain healthy.

Factual programmes usually have a strong focus on harms caused by drugs. However for a long time purely factual programmes have been regarded as ineffective in changing behaviour (Goodstadt, 1975; Clements et.al. 1988; Coggans et.al. 1989; Dorn and Murji, 1992). Research has also indicated that young people are more concerned about the short term risks caused by drug taking to health or physical appearance rather than those caused by long term health risks (Gilman, 1991).

Drugs - The Only Obstacle to Being Successful?

In the seminar, young people were encouraged to view themselves as authors of their own destiny, free agents who were born to succeed and can succeed if they make the right decisions throughout their lives. The following extract from the seminar illustrates the emphasis placed on individual's agency and responsibility to make the right decisions;

There are only 3 types of people in this entire world...

People who make things happen,

People who watch things happen,

People who say what happened.

You want to fall into the first category....you want to make things happen for yourself.....the only way you make things happen is by being in control and developing strength of character.

I hope that what Julian is going to share with you this morning will give you a fresh perspective on this drug culture and help you to make the right decisions.....

You are born to succeed....you are all born to succeed.....Nobody is born to fail.....You are born to succeed but you choose what you become.

I hope you make the right choices.....If you're not doing drugs at all the right choice to make is don't touch them.....

If you're doing any drugs at all the right choice to make is to get out of them as quickly as possible....before it gets too late.....

If you make those right choices you can become the person you're capable of becoming.....You can realise your dreams your ambitions, your goals in life.....and you can fall into that first category of people that I've mentioned.....You can make things happen for yourself without the use of drugs...

Very severe drug related problems and particularly heroin addiction are experienced at disproportionate levels in inner city poor communities in Irish society (see chapter 4). This shows that the expression of individual agency is not completely independent of social structure, a factor that was not acknowledged in the seminar. It may be that young people being addressed in the seminar are conscious of how structure impacts upon their lives and may

not share the same sense of idealism that they will realise their dreams and ambitions if they simply decide not to take drugs. Some students may already feel that their chances of success are already so limited that they have little to lose by getting involved with drugs. The following extracts from the seminar illustrate the narrow criteria for success in the area of career as defined by Julian and Gerry Madigan.

Julian: By taking them [drugs] in school you're going to effect your education, therefore, will you ever get a third level education, will you ever have a decent job?

Gerry related stories about two students;

Both of them had nervous breakdowns, both of them will never be the same again...will never have worthwhile jobs...One was an engineering student, brilliant student, had to drop out, Now... the other guy had just finished his leaving cert....both of them will never, ever hold worthwhile jobs...

One cannot help but wonder what constitutes a 'decent' or 'worthwhile' job and how many of the students would regard such opportunities to receive 'third level education' or 'decent' jobs as realistic or even desirable options for themselves with or without drugs. This relates to a point made by one of the drugs education professionals who worried that rather than appearing as a *ray of hope* it may have further encouraged parents to blame themselves and feel hopeless for the fate of their own children;

If you don't have money you can't pay for counselling and it's very difficult to access counselling.... even the relationship with the Garda, that mightn't be the case for a lot of people and holidays and sending the son away and all that. But that's like not reality for a lot of people...there could be parents in the audience who might feel that they have a child with difficulties and rather than giving them the forum to talk about it....my worry at the end was that there would be parents doing a 'hatchet job on them-

selves'...my son or daughter is in trouble and what am I doing about it..... I thought there could be a lot of parents going away who might be in the thick of a drugs problem and issues with their families and feeling disempowered by it really. Feeling that they have less hope.'

Drugs, Friendships and Peer Pressure

Many senior students were critical of the way in which there was a very strong focus during the seminar on friendships being defined by drug use and they felt that this analysis of young people's friendships was too stereotypical and not representative of their friendships;

He said that ...if your friends use drugs then you use drugs...if you're not a drug user than you've got nothing in common with drug using friends...I think that's a pure parent thing...

Friendship is broader than that...You can still be great friends but you don't have to do everything they do...

That's like a parents stereotype about young people...if one person takes drugs then we all have to take drugs...

Some senior students stated that peer pressure comes into play at a younger age, but as students get older, that they have more freedom within friendships to make their own decisions. The following dialogue gives the flavour of the discussion;

I don't think people put you under pressure to take drugs...

I think the pressure is really at about age 12 when somebody wants you to smoke or drink but not really hash and drugs and stuff like that, they're not really pressurised...

R: Do you feel that you are free to make a choice about that?

Yeah

R: And do people respect your choice?

Yeah (chorus)

I don't know...I've never really been in that situation but I'd expect them to respect my choice...

It is also not surprising that many programmes have been developed on the basis of the offer situation. Some of the junior students interviewed who were at an age where a first drug experience is quite probable, had stereotyped and inaccurate perceptions of "drug dealers" and "offer situations" that were challenged by others in the group;

You'd be really panicking if someone came up to you and said gimme a tenner for instance, you can't say no I don't want it, say if they're really rough like, they might give you a dig or something

Yeah you'd just have to take it and throw it away or something...

No it's not like that, You have a choice...you'd have to go looking for it

Well you mightn't have to look for it but they don't come knocking on your front door and throw half a block of hash at you...

It's up to you if you want it and then you go and get it...

Yeah, someone didn't come and slap them over the head with it...

While the seminar presentation did not deal with the first offer situation in any significant way, it is clear that some students are of the opinion that more drugs are *pulled than pushed* (Ives and Clements, 1996) which needs to be considered when planning educational interventions. Other students did hold very stereotypical perceptions of *pushing*. Allowing these perceptions to prevail would do little to empower young people to be able to recognise or deal with their first drug offer situation.

Building Links

Co-operation between the schools, parents, and agencies within the community, particularly agencies with a role in drugs education, the Health Promotion Unit and the local community drugs project was seen as a very positive element of this intervention. One of the professional drugs workers predicted that this contact would;

... lead to more and further local community initiatives developing in the area. This will give us room to discuss alternative approaches, that is longer term approaches. I think that being based in the community and aware of the particular issues relevant to the area and young people and parents living here means that I can be a useful resource. I would also like to have a role in suggesting to communities and schools what kinds of initiatives they should consider.

The Home School Community Liaison teacher was also very positive about the potential for working with the local Task Force funded community drugs project in the future.

I hope now that we have made the link we will continue to have contact, I'm always on the look out for speakers, but I often tend to hear things only by accident, now we might be able to be more informed about what's going on locally...

Teachers Views of The 'Ray of Hope' Intervention

Teachers comments on the seminar and overall delivery of the intervention were gathered in the course of three interviews with three teachers and the Home School Liaison Officer.

*** Follow-up in Class**

Only three of the eight class groups had experienced any follow up work in class after the seminar; two pre-junior cert groups and one senior group. Follow-up consisted of a discussion in class. All of

the teachers interviewed referred to difficulties around doing adequate follow up in class after the seminar. Only one teacher had been present for all of the seminar and described it as a shared experience which provided the basis for structured discussion afterwards and could be referred back to in the future when the class began the SMPP programme. She felt that more than one follow-up discussion was necessary to adequately review the issues with the students. The lack of follow up for some groups after the intervention, meant that the effects of the seminar were not prolonged after the once-off intervention for these students.

*** Lack of Teacher Involvement in the Initiative**

Teachers were bound by their normal schedule and none of the other teachers interviewed had been able to attend all of the seminar. Therefore they found it difficult to comment on the intervention as a whole. They did not feel they were on common ground with the students, but that they were at a disadvantage in terms of conducting a discussion on something of which they had only partial experience. The teachers felt removed from the initiative;

Yes it was my first time doing anything about drugs with this group but, I didn't see it as me doing it, it was a programme for the school, that's how I saw it.

All of the teachers interviewed believed that the intervention, because it was delivered by people who had experienced drugs and their effects first hand, was very valuable;

It was a good idea to have somebody coming in from outside with direct experience, the students would all say that somebody who has actually been a user well, seems to have more credibility with them than somebody standing up in front of them as a non-user.

However it is also possible that the intervention further reinforced teachers perceptions that they lacked credibility as drug educators.

*** Maximising The Value of the Intervention**

Some teachers stated that the extent to which the intervention would compliment the 'On my Own Two Feet' programme was dependent on the stage which any given class had reached in the programme before the seminar. The need to be in a position to plan ahead to maximise the value of such an intervention was clearly expressed by one teacher;

It's hard to say what stage any class is at in the programme [On My Own Two Feet] and whether this would complement it...perhaps at the culmination of the programme would be better. If we knew at the beginning of the year that there was a possibility of this happening and all the classes structured the programme to have the seminar as a culmination...Ideally we'd need to have more control of the timing or at least more notice...

*** Demands on Class Time**

Time was also an issue raised by teachers. They referred to the long intervals between the interventions and classes as problematic, the other commitments that had to be undertaken in class and felt that one class period was not sufficient time to have a thorough discussion.

Maybe it sounds awful that there wasn't more work done before and after... but in the span of a week when you might see a class... this happened on Tuesday and you might not see them until Friday and so many other things add up like the concert, mission week and the collections for that ...and you're so limited in one class, by the time you open the discussion the time's up.

Teachers made the following recommendations about how the intervention could have been more effectively employed ;

It would have been better in small groups and if there had been more input from a preparatory point of view by staff, it could have been structured differently...

If we had known in time and if they had read the book or if I had, if the teachers had been more in tune....If we knew in time and had time to work on it with them beforehand and work after in a more structured way we could have got more out of it.

One teacher recommended that a teacher's resource or guidelines should have been provided to better equip teachers to do preparation and follow-up with their students and to get the most out of the seminar.

Many of the teachers comments show that increasing demands on class time in recent years, means that teachers find it difficult to build on once-off interventions and that these interventions rarely develop teachers skills in the area. Some of the comments indicate the importance of developing comprehensive drug education programmes in the curriculum so that they are maintained by schools.

Concluding Note

The intervention *Ray of Hope* was described in detail in this chapter and the implementation was evaluated, revealing some key strengths and weaknesses. Suggestions will be made for the future implementation of this kind of intervention in the concluding chapter.

CHAPTER 7

Not Everybody Is Doing It - An Evaluation

Introduction

The video *Not Everybody Is Doing It!* was initiated as part of the Cork Corporation drugs awareness prevention campaign in 1996. Cork Corporation is a member of the organisation ECAD (European Cities Against Drugs). ECAD is a European organisation promoting a drug free Europe and ECAD member cities work to develop initiatives against drug abuse. The production of the video *Not Everybody is Doing It* was part of a strategy to promote greater drugs awareness in Cork city. Other elements of the strategy included mailing a drugs information pack to every home (48,000) in Cork city, hosting a public seminar at a city centre hotel and sponsoring a drugs message on CMP Dairy milk cartons.

The Video project represents a partnership between Cork Corporation, the Gardaí, the Southern Health Board. The steering group which included the Lord Mayor, representatives of the Corporation, Garda Síochána and the Southern Health Board, met approximately six times between March and June, in 1996. The group engaged a production company to produce the video. The steering group guided this production.

The video was launched and ready for distribution in June 1996. The video was distributed to every primary school in the city (60) and later to the post primary schools of which there are a total of 29 in Cork city. A total of 500 copies were distributed and some of the videos were sent to Gardaí, Community Groups and other ECAD partners.

Funding

The funding for the project was provided by Cork Corporation and this was supplemented with a fund-raising campaign driven by the Lord Mayor who secured donations from businesses in Cork city. The entire budget for the campaign was over £40,000. The actual proportion spent on the video was estimated by one of the steering group members at approximately half of the total figure.

Target Group

The target group for the video was primary and secondary school students in Cork City schools. The intention of the steering group was to develop a video, which would be appropriate for use with students between the ages of 10 and 16 years.

Aims

The aims of the video as identified by two members of the steering group were;

- * To act as a resource for use in Cork city schools
- * To raise awareness of drugs and drug use as issues for young people in Cork
- * To discourage experimentation and drug use
- * To reinforce the message that drug use is still a minority practice
- * To give the message that there are alternatives to drug use
- * To provide information on local services available to help with drugs issues.

Educational Approach

The video Not everybody is doing it incorporates a number of elements of drugs education approaches identified by Hansen (1992).

The video focuses strongly on Ecstasy, transmitting information about the composition and nature of the drug and its effects. A doctor and an addiction therapist featured on the video present information on the effects and dangers of drug use. Brief and general warnings on the legal consequences of being caught with drugs are given to highlight how drug use can prevent young people fulfilling career and travel ambitions.

The title of the video and concluding message that *Not Everybody Is Doing It* reflects the essence of a normative education approach designed to address perceptions of the universality of drug use among young people in general and among their peers. However the catch phrase Not Everybody Is Doing It is not actually supported by the presentation of any local research or survey data.

The message that there are alternatives to drug use is highlighted in the video through footage of young people engaged in sport or other recreational activities in an effort to reinforce the verbal message *you don't need drugs to have a good time*. The alternatives focus is limited to the form of a suggestion as there is no actual practical attempt to involve young people in alternative pursuits.

There is also an 'assistance' component incorporated into the video, which consists of a list of names and addresses of local agencies and services available to young people who may have questions or who are experiencing difficulty with drugs.

Description

The video is a very colourful, fast moving, punchy production punctuated by a rap theme tune in the background with a strong visual presence of Cork street scenes and city landmarks. One young male presenter known for his work in children's television, introduces himself and his interest in drugs issues and then takes the audience from the classroom on a tour of the city. The first stop on this tour is a visit to a fictional back-street ecstasy laboratory.

The next stop is the Cork University Hospital, Accident and Emergency Department where there is an interview with a doctor. Arbour House Treatment Centre is the next stop for an interview with an addiction counsellor. As well as direct communication through the presenter and the two interviewees, the video also employs trailing subtitles and visual images including pictures and newspaper headlines to supplement the verbal messages.

The four verse rap song specially commissioned for the video provides the theme music. The singers who are two teenagers, one male and one female are identifiable as locals by their accents. Images of the teenagers are superimposed onto the Cork scenes as they deliver alternate verses.

The Rap

(1)

*Sit down for a minute, stop the messin'
It's time for you to learn a lesson,
About a dreamlike place, a fantasy,
Let me take you to the planet E,
This planet ain't so far away,
Just £15 and a place to stay,
But remember this before you get on track,
Once you go there's no comin' back.*

(2)

*You don't need a needle to get the point,
You can roll around laughing or roll a joint,
You gotta chance, You gotta grab it,
Don't get hooked on a fatal habit,
You gotta mind, You gotta voice,
It's your life, It's your choice,
Remember if you're gonna play that game,
Things ain't never gonna be the same.*

Chorus

*Euphoria...a state of mind,
Pleasure and freedom you will find,
These things they tell, the people who sell,
Don't mention the one way ticket to hell.*

(3)

*I'm not a teacher you gotta obey,
But if you listen to what I say
You'll have a chance with the people on the street,
Who offer you drugs every time you meet.
This ain't no lecture as you will find,
All I'm saying is make up your own mind,
You can have cannabis and ecstasy
But when you're dying don't cry to me.*

(4)

*Don't be led astray, have some sense,
Build up your own self confidence,
You don't need drugs for anything you do,
You'll do fine just being you,
It's your life it can't be bought,
Tell the pushers to push off,
One last message to leave you with,
Not everybody's doing it!*

Repeat Chorus and verses 3&4

Methodology of The Evaluation

The decision to undertake an evaluation of the video was mainly influenced by the fact that a campaign was launched in 1998 by the same group who produced the video *Not Everybody Is Doing It* for the purpose of producing a hard hitting follow - up video for

schools. It was intended that the follow - up video would be graphic and upsetting, reinforcing the message that drugs kill. The researchers believed that this evaluation could positively inform the development of the follow-up project before it was initiated.

The researchers identified the following objectives for evaluating the initiative;

- * To explore the extent to which the video is used in schools
- * To identify with what classes/age groups the video is being used
- * To ascertain how and in what context it is presented; what preparation and follow-up is being undertaken in class or whether it is used as a stand alone intervention
- * To investigate whether it is considered compatible with on-going structured programmes on drugs issues
- * To monitor student reactions and to obtain students comments on the video
- * To obtain teachers' comments on the video

Initial Preparation

Representatives of Cork Corporation and the Southern Health Board were contacted and they acted as key informants, outlining the background and the development of the video initiative.

Phase 1 - Telephone Survey of City Schools

In order to assess the level of awareness of the video, the extent to which it was being used in schools and teachers responses to the video, a telephone survey was undertaken.

Contact was made with a random sample of 30% of Cork city primary schools of which there are 61 in total and post primary schools of which there are 29 in total. Equal numbers of boys, girls

and mixed schools were included and half of the primary schools were selected from the Disadvantaged Area Scheme (DAS) of the Department of Education. Teachers of sixth class in the primary schools and Social Personal Health Education (SPHE) or Religion teachers (with responsibility for drugs education) in secondary schools were consulted in the telephone survey. The final sample of 18 primary schools and 7 primary schools actually represented 28% and 24% respectively.

Phase 2 – Observation and Students’ Responses To The Video

Teachers who planned to use the video in class in the coming year and were willing to allow a researcher to observe their classes responses, were identified through the telephone survey. Three groups of students were consulted in this phase; one group of third year boys, one group of third year girls and a mixed group of 6th class primary students. The post-primary students completed a questionnaire before and after their drugs education programme which included two drugs education lessons with their teacher, one before and one after watching the video. The students also participated in a focus group discussion to give their responses to the video. A group of ten students who also completed the questionnaire but did not watch the video or take part in the focus group formed a control group. The control group were members of the same class as the female students who saw the video. They received the same drugs education programme from their teacher in two stages with the exception that the video group saw the video in between the two stages and the control group did not. The small sample size should be noted when drawing inferences and generalising from the data.

The control group differed from the video group in that it was made up of females only, while the video groups included males and females. Sex was found not to be significantly related to

responses except on one item only, which was related to concern about drugs.

In response to the question *Are you concerned about drugs?* 83% of females said *yes* compared to only 23% of males. The kinds of concerns most commonly identified in the qualitative item which followed were, the easy availability and prevalence of drug use, that *friends might use drugs*, that their *drinks might be spiked* and *death*. There was no significant difference between the control group and the video groups on responses to any of the knowledge or attitude items on the baseline questionnaire. This increased confidence that any significant differences on the follow-up questionnaire could be attributed to the video intervention.

The primary students participated in a pre-video discussion and a post-video discussion. The teachers, having already contributed to the telephone survey were invited to add any further comments on the video at this stage of the evaluation.

Evaluation Findings

The following findings emerged from the research undertaken and they are mainly organised around the defined aims for the intervention and the objectives of the evaluation as outlined in the methodological section.

To what extent is the video being used in primary schools?

Of a total of seventeen teachers in different primary schools, surveyed by telephone, twelve teachers (71%) were unaware of the existence of the video. However, when it was described to them, eight of these teachers said they would be interested in acquiring a copy of the video, to examine whether it would be appropriate for use with their students.

Only two teachers (12%) had used the video. One teacher has used the video with a group of boys and another teacher has

shown the video to a mixed group. Both of these teachers intended to use the video again. The three remaining teachers contacted were aware of the video. One of these teachers intended to use the video, two others had copies but had not used them. Of these two teachers, one teacher had made a decision not to use the video in class because it was felt that it did not complement the Substance Misuse Prevention Programme Walk Tall which was being piloted in the school.

To what extent to is the video being used in post primary schools?

Eight teachers in seven post primary schools completed the telephone survey. Seven teachers were aware that a copy of the video was available to them in the school and 6 of them had watched it themselves. The video had been used in class by five of these teachers, (71%) of the schools represented. It was used in three boys schools, one girls school and one mixed school. 80% of these teachers, that is all but one of these teachers intended using the video again, although two noted that they would use it with younger students in future. While 71% (5) of the schools had at least one teacher trained in delivery of the Department of Education Substance Misuse Prevention Programme *On My Own Two Feet*, these teachers only worked with transition or senior years in four of these five schools. One teacher's comment that in her school *there is no structured programme in place for junior students* seemed to reflect a common picture.

With what classes (age groups) is the video being used?

The findings of the telephone survey indicated that the video was shown to primary school sixth class students (11-13 year old students) and second year, third year and fifth year students (14 -17 year old students) in post-primary schools. None of the post primary teachers had used it with first year students.

In what context is the video being presented?

The video was presented without any preparation, as a stand alone method in one primary school. The teacher stated that the next time he would use the video, he would try to tie in the subject of the video with a relevant part of the religion programme. In the other school, on two of three occasions the video was presented by a local Garda who addressed questions after the video presentation. In the post-primary schools surveyed, teachers tended to show the video in conjunction with a particular religion lesson, or in conjunction with other materials on drugs, mainly leaflets or lifeskills exercises. There was some kind of follow up in all of the post-primary schools included in the telephone survey, mainly in the form of a discussion. In a few schools, there was a home work exercise or worksheets to complete based on the content of the video. The Question box was another tool used, to allow students raise drug related questions anonymously and have them answered. In one post primary school, the video was followed up by a visit from the local Juvenile Liaison Officer who also addressed the topic of drugs.

Is the video compatible with on-going structured programmes being used in Irish schools?

One teacher who had experience of using the Substance Misuse Prevention programme *On My Own Two Feet* claimed that the video did not fit it with the programme as such, but that it might serve as a *filler*. In one primary school involved in piloting the Substance Misuse Prevention Programme *Walk Tall* the decision was made by the teacher involved not to use the video on the basis that it did not complement this programme. The principal explained;

The video arrived at the time we were starting the SMPP pilot programme and we felt that it approached it from a different aspect. The SMPP is all about choices and the development of the person and the video is from a more negative aspect.....

Another teacher also involved in the same SMPP programme, believed that the video and the programme did fit together and complemented each other. The primary teachers who were keen to acquire the video, tended not to be using the Department of Education programmes, but tended to rely on elements of diverse programmes, assorted drug education materials or visitors from outside organisations to respond to students drug education needs. One teacher who showed the video to sixth class pupils, was concerned about a reference to menstruation in the video content, but he claimed that when the Relationships and Sexuality Education (RSE) programme would be implemented in the school, students would have a stronger foundation and be more prepared for this reference. Thus he claimed, the video would not have the impact of 'eroding innocence' and he would be prepared to use it as a resource again.

Teachers Reactions To The Video

Two primary school teachers who had used the video previously and the teacher of the observed group all considered it relevant and appropriate to the age group (sixth class pupils). One teacher referred positively to the choice of the presenter on the video because he presented another children's television programme and was thus familiar to the students. Local landmarks and local accents were also important and in the opinion of some teachers, it helped to make the issue appear to have greater relevance to students' lives. This is shown in the following quotation;

This is local - these are our streets.... it [drugs issue] is a very real problem in Cork, as well as in every other part of the country.... the video setting makes it very real, very immediate for the children.

Some primary teachers commented on the vocabulary and pace being suitable for sixth class pupils and one teacher complimented the video for being *short, punchy and effective*.

With some notable exceptions, the majority of the sample of teachers surveyed at post-primary level, were more critical of the video and its suitability for the students. While they intended to use it again though perhaps with younger groups, they criticised the video for being childish, as evidenced by the following statements;

The students [third years] laughed at it they didn't like it they thought it was too fakey.

It [The video] was not appropriate, too childish for the age group. [fifth years]

I wouldn't recommend it for this age group [third year]..... too many giggles.

The [second and third year] students thought it was too childish and out of date. They simply laughed at the over the top images, the mad scientist they didn't take it seriously.

They [fifth years] felt it was childish, patronising, gimmicky..... they are a higher stream and seemed to get bored watching it. They felt it was aimed at younger students.

The tone of the video or the way in which it attempted to address the audience, led some teachers to make the following critical comments;

It [the video] treats young people like fools....

It [the video] doesn't take account of the diversity of this age group.

[It represents] a simplistic view of how to communicate with young people.

According to teachers, the fact that the presenter was associated with children's programmes on television further reinforced in post-primary students, that the video was more appropriate for a

younger age group than them. Others also felt that the local setting was not really important to the older age group. The other criticisms made by the post-primary teachers were that the video was now after a three year period, outdated and this impacted negatively on how students received it;

The music meant that it [the video] wasn't taken seriously...

It doesn't take account of the diversity of this age group musical tastes are very specific at this stage rap was a bad choice.

As soon as a video is made, it is out of date.

Teachers were also critical of the fact that the video was distributed to schools without any supplementary materials, in the form of a guide to the content of the video, worksheets for students or additional information leaflets;

[There is] need for preparation around the topic before showing the video.... it should come with supplementary materials, it shouldn't be expected to stand alone as a one off intervention.

A worksheet should be supplied with the video, like a teacher's aid or guide..... more information for the teacher because the teacher needs to be able to answer questions....

One teacher commented on one aspect of the video presentation, when names and numbers of helping agencies are given. The teacher claimed that because the information disappears so fast from the screen and because the students cannot be seen by their peers or their teachers to take down the relevant details, this information could best be provided in a sheet for students. Another teacher expressed a degree of scepticism that the production of the video was mainly a public relations exercise;

I'm sure it cost a lot of money and seems to have been more a public relations exercise, where being seen to do something was more important than what you did or the quality of the product.

Education has more to do with providing a variety of approaches rather than one glossy showpiece.

This criticism is based on the *feelgood factor* discussed by Clayton (1996) in relation to DARE (see chapter 3).

Students Reactions To The Video

Student reactions to the video were mainly critical, particularly in the focus groups drawn from students at post-primary level who in the main, claimed that the video was inappropriate for their particular age group (third years 15-16 year olds).

Appropriate Age Group

The third year post -primary students generally agreed that the video was not suited to their age group and some recommended that it be used with 12 year olds in primary school;

The video didn't give us as much information as we need now, when we could have needed that is a few years ago, cos I remember in 6th class, I didn't even think about drugs.

They should have given us that when we were in 6th class - they should have a video for our age, more into nite clubs, into scenes and more involved in it [drugs].

Sixth class students felt that the video was appropriate for their age group despite the feeling that the presenter talked too fast sometimes as the following comments illustrate;

It [the video] is designed for people who haven't started using drugs to make sure they never start.

This is a good time for us to see it, before we start going to secondary school.

The Rap - Students Views

Students were very critical of the rap. Comments like diabolical, terrible, pathetic, were frequently used with reference to the rap. Many agreed that the rap was useless - the words and singers, that the rap was stupid and slow, that the teenagers in the video just can't rap that rap isn't in anymore and that rap is a bit dated. Some pupils commented that the video might be more appropriate for use in primary school because the rap might be all cool for them. The rap also signified to some pupils that it marked yet another poor attempt by adults to provide a resource for young people;

It's like they are trying to make a video for young people and they're trying too hard.

The people in the video are the grown up, old persons perception of what a cool young person would be... they've got it all wrong and the song is just stupid and not cool.

The rap allowed young people to restate the existence of a profound generation gap, claiming that youth culture is not understood by adults. The following statement generated much consensus;

The thing is nobody knows what I do, what teenagers today do, nobody knows - our parents don't know, they know a certain amount, but they don't know really.

The content of the rap was analysed by students and subjected to some criticism, mainly around the following themes;

Cost of Ecstasy

*Let me take you to the planet E,
This planet ain't so far away,
Just £15 and a place to stay*

Some students remarked on the price for Ecstasy being lower than £15 since the video was made.

Untrue and Contradictory Message

But remember this before you get on track,

Once you go there's no comin' back.

The above two lines were identified as untrue or contradicting another message in the video presentation. One female student referred to the information presented on the video on agencies in Cork offering help and support and argued that;

They're saying there's no coming back and then they're saying we can help you to come back.

A male student referring to the above lines, argued;

That's not true at all..... look at all the addicts that become counsellors and reformed addicts.

A sixth class pupil made the same observation;

Some parts of the rap wasn't true. They were saying there's places to help you , but there's no coming back.

The Slippery Slope

Some lines in the rap refer to the inevitability of the negative consequences or even death as a result of drug use;

*Remember if you're gonna play that game,
Things ain't never gonna be the same.*

*These things they tell, the people who sell,
Don't mention the one way ticket to hell.*

*You can have cannabis and ecstasy,
But when you're dying don't cry to me.*

The results of the pre- test questionnaires indicate that the majority of the post primary sample agreed with these sentiments. Almost 74% agreed that;

Drugs are always a one way ticket to trouble, either addiction, death or other problems.

Just over two thirds of the sample (67%) believed that;

Soft drugs always lead on to harder drugs and getting hooked.

Beliefs in the ability of the individual to control their own drug use and that drug use does not necessarily lead to progression on to harder drugs or addiction was apparent among a significant minority.

26% believed that;

Drugs don't have to be a problem if you know how to control your use.

33% of the sample agreed that;

Most people who use soft drugs, have a good time and come to little or no harm and never become junkies.

Watching the video did not significantly influence agreement with any of these statements. In terms of actual percentages, the proportion of students who supported the 'inevitability hypothesis' decreased but this was not statistically significant. Eight students who changed their minds on this item, moved from the belief that drugs are a one way ticket to hell to agreeing that drugs do not have to be a problem if you know how to control your use, compared to three who moved in the opposite direction. Similarly change on the item relating to the slippery slope thesis was in the direction of the belief that most people who use drugs come to little or no harm and away from the belief that says drugs always lead to hard drugs and getting hooked, among students who watched the video and changed their attitudes. It should be noted

that this represented a shift in the opposite direction from that intended by the video as indicated by the rap lyrics. However this trend would need to be explored with a larger sample to be established with more certainty.

Approaches which portray drug users as being on a slippery slope or powerless to control their use have been criticised for their failure to recognise the ability of the individual user in controlling and managing their own drug use (Zinberg, 1975, Glynn 1983, Young & Jones, 1996) (See chapter 3). Although the video is designed to be a primary prevention tool, to reinforce non use among students. It must be recognised that some of the target audience may have already experimented with illegal drugs and a large number of them with legal substances. In this intervention, the existence of different levels or types of drug use was not recognised.

Pushers and The Offer Situation

61% of all of the post primary students who completed the questionnaire agreed with the following statement before watching the video.

*The choice is yours, nobody is going to force you to take drugs,
but if you want them you can find a way to get them.*

Although a higher percentage of the video group agreed with this statement afterwards, this result was not found to be significant. However, it contrasts markedly with the sentiments expressed in the rap.

*You'll have a chance with the people on the street,
Who offer you drugs every time you meet.....
It's your life it can't be bought,
Tell the pushers to push off....*

There were differences in the ways students described offer situations and drug pushers, which may or may not be explained by

students levels of awareness or familiarity with drug use situations. Some students criticised the depiction of the offer situation and pushers, in both the rap and more generally in the video presentation, as being not representative of what happens in reality;

It's not as if you're just walking through town and somebody's going to come up and offer you drugs, that never happens...

Some of the female students agreed that opportunities to use drugs are more likely to come about around home, around parks and places like that.

Other student comments relating to the offer situation include the following;

Parents think you're going to go into a disco and people come up to you and start pushing drugs on you.... but that never happens..... it never happens... people come up to you asking you where they are.... have you got any to sell!

I don't believe in pushers you have to go and ask for it [Ecstasy].

Sometimes it's extremely hard to get drugs.... it's not like you have to fight them off.

.... if they asked you and you said no, they'd go fine, okay, they wouldn't pressure you, cos' everyone in Cork is using drugs anyway.

There were diverse views on the role of peer pressure, but some students agreed that there was much more intense pressure to use alcohol than to engage in illicit drug taking. A similar finding as in the evaluation of the *Ray of Hope* intervention was that some students had drug using friends who they claimed did not put any direct pressure on them to use drugs.

I know girls that do drugs and I can hang around with them and they're fine. They wouldn't say it at all to you, they really would-

n't ... they never say 'go and take it, I dare you.' They'd never say anything like that to you, it's just their thing. If I wanted to I could say it and they'd give it to you, but they don't pressurise you.

Others did worry about direct pressure to use drugs however and 35% of the post-primary students agreed with the statement that;

It's hard for young people today, they are constantly under pressure to try drugs.

The proportion of students who continued to believe this after seeing the video reduced slightly but not significantly. However in focus groups students remarked that advice from the rap to simply *Tell the pushers to push off* generated some discussion among students who believed that if a person is being pressurised by tough, rough types this was not very helpful advice;

If they are not very nice people, you can't just tell them to get lost.

The Educational Approach - Students Views

Some of the students comments reflected negatively on the type of educational approach that was adopted in the video. One student referred to the normative education message that not everybody is doing it and argued it was a weak message, that;

They didn't show that not everybody is doing it, they just said not everybody is doing it.

One primary school student suggested;

They say that 'Not everybody is doing it' they should back it up with surveys about what percent of people aren't using drugs.

Other comments related to the messages and imagery in the video that there were alternative activities to be enjoyed by young

people than drug taking. Some young people felt that these messages and images were not convincing;

These pictures of people in the park meant nothing.... who says they are not drug users.

Another female student referring to the way sport was promoted as a positive alternative activity to taking drugs, stated;

It was like a typical picture there of you know boys playing football and you know most of these boys are just going out at the weekend with their friends drinking, smoking whatever they want to do... I know people who play sport and go home at the weekend and drink themselves until they're sober, smoke hash and everything.

The endurance of the belief in scare tactics despite research evidence is also apparent in this instance. As in the evaluation of the *Ray of Hope* intervention, students expressed the belief that the aim of drugs education is to scare and that to have any impact on them it has to achieve this aim, as shown in the following statements;

The video would be better if it had interviews with addicts.... have people actually talking and make the side effects more frightening so people can see, looking at people who die.

That video is not scaring me, it's just like - okay - that's just showing the effects of E.I'd be more aware of someone who came in here and started telling me from experience.

One student claimed that drug education should scare her a bit, claiming that she was not scared by the video and another requested *more frightening facts*.

One student drew attention to the lack of information presented on the video in relation to skills needed to resist pressure to use drugs (resistance skills);

They should have given more information on how to get rid of people who are pressuring you take it.

Many male students stated that more harm reduction information was needed for their age group;

If people are gonna take drugs, they're gonna take drugs- they should tell 'em how to take 'em properly.

Female students reiterated the need to be equipped to recognise side effects or negative effects of drugs so that they can assist friends.

Indeed the need for such interventions is supported by the fact that 37% of these students declared their own intention to use illegal drugs in the future when they agreed with the statement;

I'm curious, I'd say I'm going to experiment with illegal drugs at some time in my life

The proportion who agreed with the statement; *I don't know everything about illegal drugs, but I know enough to decide I'm never going to take them* also remained unchanged except that one student in the video group who had given no answer to this item before watching the video, agreed with the abstinence decision afterwards. An equal proportion of students who changed their minds changed toward an intention to use as towards an intention to abstain. Statistically there was no significant difference between those who saw the video and those who did not in the likelihood that they would agree with this statement. The present study does not allow us to gauge whether the video succeeded in reinforcing this abstinence decision among these students. In future studies this might be possible by using a 7 point scale to measure the intensity of agreement with this statement before and after the intervention.

One primary school students did remark that the video had strengthened her decision never to use drugs;

I felt like that anyway before the video but it made it stronger.

In relation to the video medium itself students said they would prefer to have a visit from someone who had experienced problems with drug use or someone who worked with drug users, giving the reason that ;

You can't ask questions to a video.

Others that too much was happening in this video which made it difficult to keep pace;

In the video... they put words across at the end and nobody really reads that cos' they're just caught up in what's going on.

Some primary students claimed that *the rap was too fast to hear* it properly and that the pace was too fast for them pick up the information;

Some words on the bottom of the screen were hard and too fast to follow, it would be better if they just said it slowly.

The complaints related not to the fact that the information itself was new or difficult, but that the way in which it was presented did not allow easy assimilation. Indeed the majority of the students even at primary level agreed that the video failed to provide them with any new information, they did not know already from other sources.

The Focus on Ecstasy - Student Views

The video was designed to target persons between the ages of 10 and 16 and the focus was mainly on the drug Ecstasy. This focus can possibly be best explained by the climate at that time and the moral panic about drugs (as discussed in chapter 4). The association with ECAD an organisation mainly concerned with the *abuse of illegal drugs* throughout Europe, was probably also of relevance. The video was developed and produced in 1996, at the height of the period of concern about Ecstasy in particular and the parents

of Leah Betts attended the launch of the initiative, when they visited Cork to tell their story and to promote their book.

Ecstasy use by Irish teenagers has been reported by the ESPAD (European School Survey Project on Alcohol and Other Drugs) to be 9% (Hibell et. al., 1997). This study collected data on drug use among 16 year old school going young people in 26 European countries in 1995. Jackson (1997) found that lifetime use among Cork city students was lower than the ESPAD national figures, at 6%. Jackson's study (1997) of drug use in Cork and Kerry also showed that solvents, smoking and alcohol are all taken in early years before illegal drugs. He provided an indication of the general sequence when drugs are taken and found that the Hallucinogens, preceded Cannabis and these were followed mainly by the stimulants; Amphetamines and Amyl Nitrate. Ecstasy tended to be taken at age 18 and was followed by cocaine which tended to be taken at the older age of 20.

The ESPAD study found that and that 74% of Irish 16 year old students had tried smoking. 51% had tried their first cigarette before the age of thirteen and 18% were smoking daily by 13. Jackson (1997) found that 27% of Cork 16 year olds had ever smoked and that 10% currently smoke and that males began smoking earlier. In the ESPAD study (Hibell, et.al., 1997) only 33% of Irish 16 year olds had never been drunk. 30% said they had been drunk for the first time before the age of thirteen. Among students who had tried illegal drugs marijuana was the most common first drug and 37% had tried it.

In this evaluation, almost 40% of the students surveyed believed that cannabis should be legalised. It is noteworthy that any of the students in the video condition who changed their minds on this issue (4) (12%) moved away from legalisation, towards longer sentences for drug users or to 'undecided.' Two control students changed in the direction of legalisation of drugs. Once again it is important to note the small sample size studied.

Students questioned the relevance of a video which focused solely on illegal drugs and particularly on ecstasy for their age group. Primary and post-primary students were both critical of the absence of any reference to alcohol and cigarettes which they felt were of more immediate and pressing relevance to their own lives. Some post-primary students claimed that ecstasy use was more of a feature of the lives of older young people and they commented;

I don't feel pressured to use drugs at all but I definitely feel pressured to use alcohol.

We always get talks about drugs and no-one comes about alcohol and that's more important than drugs because it is a feature of our lives.

I'd say half the people in our class have alcohol every week, where they wouldn't have [illegal] drugs.

One student drew attention to the relationship between alcohol and experimentation with other drugs pointing to an increased willingness to try illegal drugs while under the influence of alcohol.

I think the video didn't focus on where it starts because if you're out drinking with your friends you might be kinda' influenced because you think oh there's people and they're doing it and then you're drunk, you don't really know what you're doing...so why not, like?

The primary students who were at an age where solvent use, cigarettes and alcohol are most likely to pose the greatest risks, did not express the same degree of concern about these drugs, in the context of others;

If you take one cigarette, it doesn't really kill you, but if you take a drug it probably would kill you.

On ads, they practically say smoking is bad but they don't put pressure on teenagers, they only target adults to smoke.

The general consensus among primary school pupils were that alcohol and cigarettes are not as bad [as illegal drugs], but they acknowledged that alcohol and cigarettes were more relevant to their particular age group.

They should have put alcohol and cigarettes in the video, cos' they can damage your health.

Alcohol and cigarettes are more important for us.

It [the video] should have all drugs in there, alcohol and cigarettes and [illegal] drugs.

The quantitative data reveals that 20% of the students agreed with the statement that *Alcohol causes more problems than all the illegal drugs put together* compared to the majority of students who agreed that *There is nothing wrong with young people getting plastered at the weekend but they shouldn't touch drugs*. Attitudes about alcohol were not challenged in the video and proportions who believed the statements afterwards remained the same. The students reflected the ambivalence about alcohol discussed by Morgan and Grube (1994) (see chapter 3).

Helping Agencies

Students were overwhelmingly positive about the presentation of information about support and treatment agencies, based in Cork;

It's good that it's in Cork cos' we know where to go now..... I never knew and I pass it everyday but I never knew what 'Arbour House' was before.

They claimed that it was useful to know where to get help and that one of the advantages of making the video in Cork, was that the agencies identified were based in Cork.

Not Everybody Is Doing It! - Some Key Issues

When evaluated in the context of the aims identified for the video initiative *Not Everybody Is Doing It* the results of this evaluation imply that the initiative only partially achieved these aims. Yet again the small sample size must be taken into account with regard to statistical inferences and generalising from this data.

The Video as a Resource

No directions for use were sent with the video, when it was despatched to schools. There was no evaluation conducted to assess how the video was received or there was no attempt made to obtain responses from teachers or students. There were no records kept of schools which received the video.

While the video had been used in 71% (5) of the post-primary schools contacted only 12% (2) of the primary school teachers had used the video despite wide agreement among teachers and students of the suitability of the intervention for this younger age-group. The main reasons for the under use of this locally produced resource appear to be;

- * That many teachers are simply unaware of or have forgotten it's existence,
- * That the video was not despatched with supplementary information and materials for teachers and students,
- * That educational representatives did not participate in the planning and design of the initiative and it has not been designed to take account of and to tie in with the ongoing programmes in the schools,
- * That the video did not adequately take account of the intelligence and maturity of young people and the diversity of youth culture,

* That it is now considered by some teachers and students to be dated, particularly in relation to the choice of rap music and the pricing of ecstasy.

The video was used in both primary and secondary schools mainly as a substitute for a long-term structured programme. In post-primary schools where teachers were trained to use the SMPP programme *On My Own Two Feet* these teachers mainly worked only with transition and senior students. Drugs education for junior students seemed to be characterised by ad hoc interventions tacked onto the religion programme. New Department of Education regulations which make the provision of a half hour of Social and Personal Health Education mandatory for junior students should improve this situation as long as teachers are given adequate training and support. Until November 1998 when the 'Walk Tall' programme was launched following a successful pilot phase (Morgan 1998) there had been no SMPP programme for primary schools. The programme is currently being introduced in primary schools all over the country through in-service teacher training and a team of support teachers. However, unless teachers believe that the video can complement these programmes, they are less likely to continue to use it as a resource in the future. The development of a teaching pack to provide guidelines for teachers on how this video could best be used in conjunction with Department of Education SMPP Programmes for sixth class primary and junior post primary levels, at least first year students would be useful in this regard.

Raising Awareness

Students claimed that they did not learn any new information from the video presentation. Post-primary students were asked to assess their current level of knowledge about drugs and their effects by choosing between the following statements;

- a) I already know enough
- b) I want to know more

c) I know very little

52% of students felt that they already knew enough before on the baseline questionnaire, compared to 42% who said they wanted to know more. Only 7%, 3 students felt that they knew very little. The number of students who claimed they knew enough about drugs increased only slightly when the results of the follow-up questionnaire were analysed showing that watching the video had no significant effect on the students assessment of their own knowledge. Self assessed knowledge level was not significantly related to actual score on knowledge items either before or after the intervention.

Drug related knowledge was measured by four items on the questionnaire completed by the post primary students. Two items referred to information given about Ecstasy and it's effects, one to cannabis and it's effects and one to the legal consequences of being convicted of possession of illegal drugs discussed in the video.

42% of students achieved a score of 100% on the knowledge items, and 86% got at least three out of four correct before watching the video. The proportion of students who scored 100% increased in both the video and the control group in the second questionnaire. The control group also had the two drugs education lessons with their teacher as the girls in the video group, yet they just did not see the video. Knowledge score was thus found to be not significantly related to seeing the video.

Influence on students estimates of drug use among their peers.

Given the strong consensus that exists among professional educators, that facts are not enough, it was unlikely that the video *Not Everybody Is Doing It* had the potential to reduce experimentation of drugs or drug use. The normative education component in the video was weak. Other than the catchy slogan *Not Everybody Is Doing It* there was no effort to use local survey material to provide

accurate information about norms for the particular age groups targeted. The normative education component and indeed the quality of the intervention as an educational initiative was also weakened, by the large age range of the target group (10 – 16 years). This large age range ignores the different stages of development of children and young people and how their different drug education needs vary, over this age span.

While Hansen and Graham (1991) identify normative education as a critical ingredient in reducing drug use and may be essential to the long term success of programmes, Dusenbury and Falco (1997) refer to findings by Botvin that although norm education is important, on it's own and without the back-up of resistance skills, it is not sufficient to reduce or prevent drug use. As noted earlier in this study the quantitative data illustrates that watching this video had no influence on students intentions with regard to illegal drug use in the future as measured by their choice between the statements;

I don't know everything about illegal drugs but I know enough to decide I'm never going to take them.

I'm curious, I'd say I'm going to experiment with illegal drugs at some time in my life.

As a normative education tool, the video sought to influence students beliefs about the prevalence of illegal drug use among their peers. If the video were successful in this aim one would expect exposure to the video to be significantly related to reduced estimates of drug use among peers between baseline and follow-up questionnaire responses. A high proportion of students changed their estimates between the baseline and follow-up questionnaires in both directions increasing and decreasing their estimates. Change was not significantly related to seeing the video except in the case of magic mushrooms. 36% of students in the video condition reduced their estimate of magic mushroom use among their peers compared to none of the control subjects.

However the actual mean estimate remained consistent at 1-5%. The video did not lead to reduced estimates of the use of Ecstasy and Cannabis (both featured in the video).

The Students had estimated the use of ecstasy at 1-5% of their peers at baseline and this remained fairly consistent when compared to figures in the ESPAD (European School Survey Project on Alcohol and Other Drugs) study (Hibell, et. al., 1997) which found that 9% of the Irish sample had tried ecstasy at some time in their lives and Jackson (1997) who reported a figure of 6% for Cork city students. It would still appear that the students in this study were underestimating ecstasy use rather than overestimating it. Therefore the value of a normative education approach would have been restricted to reinforcing students already existing beliefs that Not everybody and indeed very few of their peers are doing it. Students who saw the video, highlighted that Ecstasy was a drug more commonly used among older young people and recent local survey data (Jackson, 1997) would support this belief.

Students would also appear to have underestimated the extent of experimentation with cannabis when compared to the ESPAD study (Hibell et. al., 1997). The mean estimate for cannabis/marijuana/hash use among classmates was found to be 11-20%, while the ESPAD study found self reported lifetime experimentation among Irish 16 year olds to be 37% and Jackson reported a figure of 28% in the Southern Health Board Cork city regions.

Students' estimates of legal drug use were closely in line with the results of the ESPAD study. The mean estimate of classmates who had tried smoking was 71-80% and self reported rate of 74% in the ESPAD. It is worth noting that students who saw the video were more likely to increase their estimate of cigarette smokers in their class than those who did not see the video. However the mean estimate range remained consistent. The mean estimate of the percentage of classmates who had experimented with alcohol was 71-80% classmates. This is in line with the ESPAD finding that 74% of Irish 16 year olds had been drunk but lower than the find-

ing that all but 9% had consumed an alcoholic beverage. The students in the present study estimated that 6-10% of their classmates had experimented with solvents (glue). This is an overestimate in the light of Jackson's finding that 3.1% of 15 - 19 year olds in the SHB region had used solvents most of whom were from the Cork city region. However solvents were not addressed in the video.

Reinforcing Alternative Activities to Drug Use

The video presentation advocates sport and other alternatives to drug taking, yet commentators argue that it takes much more than the provision of leisure activities to arrest drug taking (Dorn and Murji, 1992). In fact, in the minds of some students interviewed, they did not see engagement in sport and drug taking as mutually exclusive activities. According to the literature, social and vocational activities contribute to the use of various substances (Swisher and Hu, 1983) while academic and particularly religious activities have been found to be associated with reduced use of substances (Jessor and Jessor, 1977, Turner and Willis, 1979). It is positive that the video promotes involvement in social and sporting activities as alternative activities to drug taking because these activities probably promote increased self-esteem and stronger community relations, yet it is unlikely that such activities alone can effect behaviour in relation to drugs.

Information on Local Services

In relation to providing information on local services, the consensus among students was that the video was most successful in this regard. The fact that the focus was on local services was important to the students. An information leaflet accompanying the video and including details on local service provision would have been welcomed by the teachers and students surveyed and interviewed.

Concluding Note

The intervention *Not Everybody is Doing It!* was described in detail in this chapter and the implementation of the intervention was evaluated, revealing some of the key strengths and weaknesses. Suggestions will be made for the future implementation of a similar intervention in the concluding chapter.

CHAPTER 8

Conclusion And Guidelines For Good Practice in Drugs Education

Main Points Gleaned from the Evaluative Literature on Drug Education Approaches

In the study we classified drugs education under five approaches.

1. The cognitive Information Based Approach

Underlying assumption

Drug use arises from lack of information about drugs particularly about the negative effects : the provision of facts or information prevents drug use. Information is not always in it's 'pure' form. Information provision can have harm minimization goals.

What the evaluative literature reveals

- * Knowledge alone does not prevent drug use (the complexities of the KAB model)
- * Exaggeration /scaring to be avoided at all costs as it compromises credibility
- * Emphasis is best placed on short term consequences of drug use (bad breath rather than lung cancer)
- * Information should be targeted to the needs of target group - build on correct knowledge already there
- * Information delivery agent must establish credibility

Ireland

Gained popularity in the late 60s, early 70s..... it is still an approach very much used in once off initiatives sometimes in very negative ways..... the harm minimization potential is not as well developed in the Irish context.

2. The Alternatives Approach

Underlying assumption

Providing young people with positive alternative opportunities (individual need / leisure / other social provision) for satisfaction to reduce the need of individuals to have recourse to drugs

What the evaluative literature reveals

- * May lead to positive outcomes for individuals but ineffective alone in relation to preventing drug use
- * Low risk groups participate in alternatives more than high risk groups when participation is voluntary (Klitzner, 1987)
- * Programmes tend to be focused on leisure opportunities (recreational) rather than on improving the quality of young peoples lives (structural) (Dorn & Murji, 1992)
- * Harm reduction potential is not fully exploited in relation to improving quality of life, e.g. preventing recreational use becoming more problematic...

Ireland

Large feature of the work of the local Drugs Task Forces which have channeled money into social /leisure provision in disadvantaged communities with established drug problems....

3. The General Affective Approach

Common assumption

Drug use can be prevented by addressing values or skills deficits in individuals

What the evaluative literature reveals

- * Programmes are restricted by the lack of knowledge concerning the aetiology of drug use and drug related problems.
- * Programmes tend to be too general to be effective (Hansen, 1992)
- * Evaluations reveal inconclusive but mainly discouraging results (Dorn & Murji, 1992)
- * Programmes tend to reinforce negative stereotypes about drug users (Dorn & Murji, 1992)

Ireland

General Life skills programmes funded by the Health Education Bureau in the 70s /80s

4. The Social Influence Approach

Aim

Raise individuals awareness of the influences on them to use drugs (mainly peer pressure) and to help them to develop skills /strategies to resist pressures to use.

What the evaluative literature reveals

- * Few evaluations conducted
- * Some evidence of effectiveness in relation to the prevention of cigarette smoking, marijuana use, not in relation to the prevention of alcohol (Botvin, 1995; Orlandi, 1996)

- * Assumes peer pressure is very significant and this is a contentious assumption.
- * Fails to account for the 'positive' meanings and functions drugs serve for young people - that young people use drugs to identify with others, to explore imaginative experiences, for recreative pleasure, for aesthetic and other diverse 'positive' purposes.

Ireland

Used in some peer education programmes throughout the country... the programme DARE used in the US represents this approach.

5. The Comprehensive Personal And Social Skills Training Approach

Description

A drug education programme only qualifies as a comprehensive approach, if based on the following components;

- founded on established psychological theories - social learning
- recognizes cultural significance of drug use at micro/macro levels
- combines several elements to address cognitive, affective, social competence, social influence and normative factors underpinning drug use (e.g. mixed strategy - components on problem solving, decision making, self esteem, stress management, assertiveness, effective communication....)

What the evaluative literature reveals

- * Evaluation results are encouraging but few have been conducted

- * Some evidence exists that programmes do not cater for the drug education needs of high risk groups
- * Gateway assumption (e.g. legal drug use is a gateway to illegal drug use) is a contentious assumption

Ireland

National secondary and primary programmes ; *'On My Own Two Feet' 'Walk Tall'*

6. Peer Education Strategies

Underlying Assumption

Particularly for young people, peer groups can have a significant impact on attitudes and behaviour.... the positive impact of peer groups can be harnessed through peer programmes

What the evaluative literature reveals

- * Evaluations reveal inconclusive results
- * Evidence of some success in preventing smoking (Resnik, 83)
- * Evidence of some success in positively effecting knowledge, attitudes, but not behaviour (Bangert-Downs, 88)
- * Effectiveness of strategies with high risk groups has been questioned (Coggans & Watson, 95)
- * Credibility of peer educators has also been a source of debate (Cripps, 97)

Ireland

Peer education programmes used by a number of youth organizations and schools in relation to promoting healthy behaviours..... A peer education manual has been developed by Murtagh (1996) in association with the National Youth Federation.

The Evaluations of Programmes - A Summary of Findings

The Changeling intervention was a 'Theatre in Education' initiative that targeted primary school pupils in fifth and sixth class. It was a very professional and colourful dramatic production. While it was an expensive medium, it undoubtedly generated enthusiasm among teachers and students who were impressed by the novelty of this approach and its use in schools.

Some of the weaknesses of this intervention were identified in the course of the evaluation. The progression in terms of types and quantity of drugs used as well as the tendency to present the development of problems as inevitable, detracted from the focus on choice, decision making and personal responsibility which was central to the production. Cigarettes and alcohol, the most immediate drugs of experimentation for this age group were not specifically addressed. Elements of the programme may have reinforced stereotypes of drugs and drug users, most notably in the way the central character of the play is presented as being depressed, bored and unpopular before he decides to take drugs. The workshops employed discussion only rather than skills training techniques or opportunities for role play, which are very attractive features of Theatre in Education initiatives. This meant that as a challenge to traditional learning methods, the programme did not achieve its full potential.

There were a number of strengths in this initiative. The teachers were very much part of the intervention and they were provided with a teacher's pack which also prolonged the positive effects of the intervention for teachers and pupils. Teachers could also identify how the intervention could complement other programmes being used in schools. The discussions in the workshops were interactive and every effort was made to create a safe environment in which the contributions of pupils were treated as important and relevant. Students were equipped with pupil

packs which extended the life of the programme beyond the classroom and into the home. The Changeling intervention was evaluated positively against five key principles of the use of drama and theatre in health promotion.

The '*Ray of Hope*' intervention was grounded in an information based approach and therefore it is susceptible to all of the criticisms that have been generated about such approaches and their effectiveness, as documented in the evaluative literature in chapter three. The '*Ray of Hope*' seminars were delivered in a didactic manner with an emphasis on negative consequences of drug use consistent with a fear arousal approach. Both of these characteristics have been subjected to a wealth of criticism in the evaluative literature on effectiveness of drug education approaches.

The intervention was one-off and despite the best efforts of the Home School liaison teacher to prolong the intervention by encouraging the use of preparatory and follow up exercises and discussions in class, these efforts were not particularly successful. Due to of the one-off nature of the intervention, the teachers did not feel particularly involved and so the intervention was not built on, in any real systematic way. There were many aspects of the content of the information presented in the course of the seminars that would generate concern in the context of the literature on drug education approaches and the comments of professional drugs workers and the students interviewed. The slippery slope thesis, the distinction in the discussion about legal and illegal drugs, the judgments made about what constitutes '*success*' in life, the depictions of drug users and the lack of rational assessment of the degrees of risks associated with different drugs are some of the aspects of the seminars that generated concern and were discussed in detail in the evaluation.

In terms of the aims to bridge the generation gap and to promote more open communication patterns between parents and children, there was little evidence to show that the seminars succeeded in this regard. It was probably too great an expectation,

particularly when there was no practical assistance in the seminar presentations to show how to develop more open lines of communication between the generations. The 'scare mongering' that featured in the seminar would have been anathema to better preparing parents to discuss the drugs issue with children. This seems to be supported by students reports identifying the barriers to communication that still existed after the seminars.

Parents attended in large numbers at the evening seminar and their responses in the questionnaire indicated that they felt their attendance was worthwhile in terms of what they learnt. However the concern that parents left the seminar without opportunities to correct what one professional health educator judged to be elements of misinformation, should also be noted. The fact that a course (DQLA) was organized, attended and completed by a group of parents was undoubtedly a positive outcome of the seminar. The fact that the seminar organization involved the co-operation of different agencies and that there were intentions to continue building links when planning future interventions, could be considered a valued outcome of *The Ray of Hope* intervention in a Cork city school.

The video *Not Everybody Is Doing It!* is a very colourful, fast moving punchy production, punctuated by a rap theme tune and a visual presence of Cork city scenes. The video focuses strongly on Ecstasy, providing information about the nature of the drug and it's effects. It also includes a normative education message challenging the universality of drug use among young people. While a video is expensive to produce, it has the potential to reach a wide target audience. However the evaluation revealed that the video is not being used sufficiently, to justify the cost involved in production. While there are possibly many reasons for this (many of them are discussed in detail, earlier in the study). Some of the issues raised in the evaluation were that teachers and students considered it now three years later, to be dated ; that it was dispatched to schools without any supplementary materials for teach-

ers or students ; that it was targeted at such a wide age range that it was unsuitable for use with some age groups, particularly older secondary school pupils. There were many concerns raised in the evaluation about some of the content, mainly in the form of contradictory messages presented, the promotion of drug use as involving an inevitable slippery slope and the stereotypes constructed around the drug offer situation. The normative education message was considered to be weak by students interviewed and there are also questions raised about the suitability of focusing on Ecstasy and reinforcing normative messages about this particular drug when other drugs seemed to have more immediate and pressing relevance for the students' lives. The video highlighted the need to consult teachers, health educators and young people when designing a resource for them. There were plans to make a follow-up video without engaging in any kind of evaluation of the first initiative. The evaluation did reveal that young people welcomed the information about local services, provided in the programme which should be taken into account when developing future initiatives.

* The three interventions had in common their lack of or indeed their very limited efforts at evaluation. This highlights the need for evaluative frameworks to be established at planning stages and the E.M.C.D.D.A. (1998) has produced a manual of guidelines that could be used by agencies to facilitate thorough and meaningful evaluations of initiatives undertaken.

* If the issue of evaluation is tackled, it will hopefully encourage programme planners to outline specific and measurable objectives at the planning stages of an intervention. The three interventions evaluated were also remarkable because of their lack of clear and measurable objectives.

* There is still a tendency for schools to contract out drugs education and this seems to continue in schools even where other programmes (*Walk Tall and On My Own Two Feet*) are in place. Fear arousal techniques have also not been abandoned as ineffectual.

While such trends continue, every effort should be made to ensure that invited speakers or other forms of outside interventions are consistent with, or integrated into the longer term and more ongoing programmes in the schools. The message that 'doing something' is not necessarily better than '*doing nothing*' needs to be reinforced. In chapter three, it was noted that well intentioned interventions simply satisfy the 'feel good' factor and this does not make them inherently 'good'. There is a need to weigh up the positives and negatives and possible side effects (Dorn & Murji, 1992) of different kinds of interventions, before making decisions to accept them unconditionally, into schools or other settings.

Recommendations for Inviting Speakers to Schools.

The following guidelines have been provided for schools intending to provide one off drug education deliveries to students. They are aimed at helping teachers and students to prepare for and to obtain as much value as possible from such an intervention and to limit any possible negative side effects. Drugs educators will usually firstly recommend the SMPP training for teachers to enable them to implement the long term programmes *Walk Tall* and *On My Own Two Feet*.

However even in schools where such a programme is in place there is often a desire to have an invited speaker's contribution, as a way of drawing attention to the issue of drugs. As shown in this study, students often express a preference for drugs education to be delivered by someone who has used drugs particularly someone who has developed problems with their use or someone who works with people who have experienced problems with drugs. While the authors wish to draw attention to the negative evaluations of one off interventions, often provided by visiting speakers and highlighted in this study, the following points may prove useful if a decision is taken to pursue this approach;

- * Check out the needs of the target audience (students and / or parents)
- * Interview the person who intends to speak to the students and explore his / her aims and objectives. In particular the following questions are relevant when choosing a speaker;
- * What perspective does the speaker represent? Is it a broad or narrow perspective and is there a willingness to accept that there may be other positions on this issue.
- * What stage is the person at, in relation to abstinence / level of control their over drug use?
- * How much insight does the person have into his/her own situation and how did he/she arrive at this position? Can the person identify what would have helped him/her in terms of preventing problems developing?
- * Is the speaker aware of the particular issues and concerns relevant to young people and parents locally?
- * What does the speaker think that parents and teachers can do to respond to drugs issues?
- * Careful preparation and follow up in class are necessary to ensure the input is relevant to the school programmes, or is embedded in a broader ongoing and developmentally appropriate programme. Preparation and follow-up should emphasise that one person's experience represents just that and does not represent the entire 'picture' of the drug culture.
- * The speaker should address small groups. The class group have worked together over a longer period with their teacher who is aware of their current level of knowledge, understanding of the issues and experience of or access to substances.

- * The class teacher remains the primary drug educator. The invited speaker should provide another resource to the teacher and to the class to broaden their understanding of the issues and should not be seen as an expert to replace the teacher in the role of primary drug educator in the school context. The teacher should aim to ensure that the intervention is embedded in and contributes to the long term work and development of the group.
- * The talk should be interactive, allowing the audience of young people to lead and letting the facilitator fill in the gaps in their knowledge.
- * The speaker's contribution should be age and developmentally appropriate. The content should be tailored to the needs of the group.
- * Ways of involving parents in the on going drugs education of their children should be encouraged. The provision of comprehensive drugs education courses for parents may also be beneficial.
- * Every effort should be made to encourage and take account of feedback from the target group on the value of the visit to them.

Good Practice Guidelines

The need for ongoing research and evaluative studies into the effectiveness drugs education has been highlighted. However, it is possible to identify guidelines for good practice in drugs education on the basis of strategies evaluated and documented, which are now known to be more or less effective. These guidelines are largely drawn from points of consensus about what constitutes good practice.

*** Once-off Talks and interventions are ineffective**

Drugs education should be delivered in the in the context of a broader social and health education programme which is given sufficient time and priority, staff training and support. Lessons should employ interactive teaching techniques to promote skill development. Programmes should begin at an early age, be developmentally appropriate and continue throughout the school career. It is also recommended that the primary responsibility for drugs education rest with the teacher. Outside visitors or 'experts' may be invited to play a supporting role, provided their input is integrated into a broader ongoing educational package.

*** Programmes should be based on proven theory and research**

There is a need to take account of the complex multi-factorial nature of the reasons people use drugs and the positive functions and meanings drugs have for users.

Programmes which have been shown to be most effective are based on established social - psychological theories of learning and behaviour, most importantly social learning theory (Bandura, 1977), Normative Expectancy Theory and Adolescent Problem Behaviour Theory (Jessor & Jessor, 1977). Programmes also need to keep pace with current research and developments in prevention technologies.

*** Any information given must be factually accurate and credible.**

Scare tactics and moral appeals have been shown to be ineffective and lacking in credibility to the target audience. Where information is given it should be clear, proven, accessible and relevant. Short-term consequences appear to be of more concern to adolescents than long term risks such as lung cancer. Gilman, (1991) comments on difficult if not the impossibility for a 15 year old to worry about the health of a 50 year old stranger... themselves 35 years in the future. It needs to be acknowledged that alcohol is by

far the greatest Irish drug problem and the most likely drug to cause problems for young people.

*** Clear, measurable objectives and an evaluative framework should be outlined for every programme.**

In order to measure whether these objectives have been achieved, a built in system of evaluation is essential. As well as monitoring outcomes, evaluation should aim to identify how these effects have been achieved by taking account of programme implementation and mediating variables. This should also include long-term follow up to investigate whether initial effects are limited to the immediate or short term.

*** Follow-up can enhance the effectiveness and durability of programme outcomes.**

In order to maintain the immediate or short-term effects of drug education programmes, 'booster' sessions are recommended at regular intervals throughout the school-going career.

*** One approach will not meet all needs.**

There is a need to develop carefully targeted initiatives with appropriate, realistic and achievable goals to address the needs of specific target groups, in localized settings. While broad programmes tend to be considered suitable for primary level students, it is generally recognized that more finely targeted programmes are needed for older school groupings. Particularly vulnerable or at risk groups, for example early school leavers or children of problem users, may need more intensive interventions. Consultation with the target group and assessment of their particular needs and experiences are essential.

*** Programmes should be culturally sensitive.**

Programmes developed in one country or for one population will not necessarily be transferable to others. However standard broad

personal and social skills training programmes can be suitably adapted at times to meet the particular needs and cultural norms of the target population, thus eliminating the need to design culturally specific programmes.

*** A Partnership Approach- Schools and Parents**

Drug education should not simply be seen as an issue for young people and teachers within the confines of schools. The role of parents in educating their children about drugs must also be acknowledged and supported. Information, courses, and advice for parents on talking to their children about drugs issues or indeed on dealing with drug related incidents should also be made available to parents. The necessity of consultation with parents in the development and ongoing implementation of school policy on alcohol and drug use is also essential.

*** A Partnership Approach - The Wider Community**

The wider community, in the form of youth, sporting and other community groups, statutory and voluntary agencies as well as individual community members have a role to play. The first step towards meaningful locally coordinated inter-agency co-operation and partnership involves initiating opportunities for contact between agencies. An assessment of the different constituencies, commitments and capabilities of each agency should be undertaken before identifying the target groups and the objectives of the initiative. It is important at this stage to recognize that drugs issues are relevant to all members of the community and not only young people. The choices and approaches of methods should be informed by established good practice guidelines and should include a commitment to regular monitoring, evaluation and reviews of outcomes and ways of working (process goals).

*** Acknowledging Levels of Involvement With Drugs**

There is a growing recognition that drug use cannot be defined in terms of abstinence and a slippery slope to abuse/addiction, but needs to be seen in terms of different levels of use from experimental to recreational, regular, problematic and compulsive drug use. Each of these categories represents a distinct level of use and they are not necessarily progressive.

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