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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

‘A case study evaluation of a drugs education awareness program delivered by the Togher Link-Up Project to a girls’ secondary school in the south side of Cork city’

Robert Riordan

CARL Research Project

in collaboration with

Togher Link Up

CARL COMMUNITY - ACADEMIC RESEARCH LINKS

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CARL seeks to:

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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

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Executive Summary

Background to the Study:

The focus of this research was to evaluate the effectiveness and efficacy of a preventative drugs awareness program that has been delivered to an all-girls secondary school in the south side of Cork city over the last six years. The programme has been delivered by 'Togher Link-Up', a local drugs awareness and outreach group based in the above-mentioned catchment area of Cork city. It was the group's hope to evaluate the effectiveness and efficacy of the programme as this year's sixth years (2016) are the first group to have completed a full-cycle of same. The programme was delivered to students throughout the six years of secondary school, this consistency over a substantial period of time being its unique feature. As such, research with this year's sixth years presented an invaluable opportunity for evaluating the programme.

Togher Link-Up approached Community and Academic Research Links (C.AR.L.), an independent research support initiative based in University College Cork, with a view to carrying out evaluative research on the programme. C.A.R.L. endeavours to support various Civil Society organisations by matching them with students seeking to do research in the various relevant disciplines as part of their college-related work. Togher Link-Up has collaborated productively with C.A.R.L. on previous projects, some of which are available to view on the C.A.R.L. homepage on the official University College Cork website (www.ucc.ie).

Aims

The aim of this research was to discover if this program has been effective over an extended period (six years) in delaying experimentation, promoting abstinence and reducing harm. A corollary aim was to see if the program was delivered in line with best practice in terms of content and delivery.

Objectives

In order to achieve the stated aims above, individual interviews were conducted with the practitioner who delivered the program and a teacher from the school who had close involvement with same. A pre-prepared questionnaire was presented to 29 of this year's sixth year students (2015/16). Through this process it was hoped to find out about the effectiveness of the intervention on three levels: process, impact and outcome (O'Neill et al., 2004).

Methodology

When discussing the issue of methodology in terms of evaluating this preventive substance use awareness education program, a number of factors needed to be considered. How could outcomes such as abstinence and non-use be measured?

The main target group were the current sixth year students (2015/6) as they are the first cohort to have completed the full six years of the program. In terms of accessing them, it was thought best to construct a structured questionnaire featuring both qualitative elements and quantitative elements. The reasoning behind this approach was two-fold: firstly, focus groups might have proved ethically precarious in terms of the students' age along with being 'contaminated' by social constraints. Secondly, interviews were also ethically challenging along with having a smaller sample size due to time constraints. The structured questionnaire had the advantage of being anonymous thus ameliorating ethical concerns significantly.

Another element to be considered was the practitioner who designed and delivered the program and the teaching staff in the school. By interviewing the practitioner and a member of the teaching staff involved in facilitating the program's delivery, it provided a triangulation of evidence. It thus provided a blend of qualitative and quantitative methods, thus achieving a useful marriage of sorts between social scientific interpretive sensibilities and positivist pragmatism. Observations of the researcher who sat in on sessions of the program whilst they were being delivered also featured in terms of inferable data/information.

There was no built-in chronological evaluative element to provide baseline data for comparison year-on-year meaning it was not possible to focus solely on measureable outcomes. In addition, as the project is quite unique in its composition and the length of time over which it was delivered, a control group to measure outcomes against was simply not available at the present time. Hence, the program was couched in terms of a pilot initiative and the research undertaken in a case study format.

Results

The research showed that the program equipped the students with the skills and knowledge to keep themselves and others safe in regards to substances. This suggested a reduction in harm or potential harm. In regards to delaying experimentation, the case was a little less clear despite the overall relatively high mean ages of use in regards to first use. Concerning the promotion of abstinence there was a significant amount of students who abstained from using any substances (20.68%) and a further 6.88% only used alcohol when they had turned 18 years of age.

The program was perceived to have been delivered in line with best practice due to its content, complimentarity with the S.P.H.E. module and its interactive nature. This was evidenced by

the feedback given by the students and a member of the teaching staff through and interview and survey questionnaire respectively.

Recommendations

- That the program should be continued due to its effectiveness and its reception by students and staff.

- Further and more in-depth research to be carried on a yearly basis to add the "*evaluative element"* called for by the youth work professional. This could be done through utilising the existing links between Togher Link-up and the C.A.R.L. project in U.C.C. This would provide the valuable baseline data required to make more accurate assessments.

- That there should be more and newer resources allocated to the program.

- Ongoing training should be provided to professionals delivering the program, particularly in advance of same.

- That the program should continue to be developed in line with best practice in terms of content and delivery.

- The possibility of publishing the program in written standardised format for use by others should be explored, albeit with allowance for individual practice contexts.

- Should the previous endeavour prove successful, the possibility of going further afield with it, for example, the U.K. or Europe should be explored also.

- Wider delivery of the program would aid research as control groups could then be established to give more accurate evaluation.

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Chapter 1: Introduction

1.1 Title

'A case study evaluation of a drugs education awareness program', delivered by the Togher Link-Up Project, to a girls' secondary school in the south side of Cork city.

1.2 Introduction to the research

In 2010, a practitioner working with the Togher Link Up drugs outreach project in the south side of Cork city embarked on an initiative which sought to deliver preventive drugs awareness education to both primary and secondary school students in the locality.

Specifically, the focus of this research was to evaluate the effectiveness and efficacy of a preventative drugs awareness program that has been delivered to an all-girls secondary school in the south side of Cork city over the last six years. The programme has been delivered by 'Togher Link-Up', a local drugs awareness and outreach group based in the above-mentioned catchment area of Cork city. This year's sixth years (2016) are the first group to have completed a full-cycle of the program. The programme is delivered to students throughout the six years of secondary school, this consistency over a substantial period of time being its distinctive feature. As such, research with this year's sixth years presented an invaluable opportunity for evaluating the programme.

In line with recommendations from the Department of Education and Skills' Report of the Working Group on Educational materials for Use in S.P.H.E. (2014), the programme is delivered to students as part of their S.P.H.E module by the above-mentioned practitioner from Togher Link-Up. Across the six years, it is tailored to each age group respectively and endeavours to employ a comprehensive approach incorporating elements of cognitive-behavioural, harm reduction, educational and self-efficacy approaches (Kiely & Egan, 2000).

1.3 Background to the research

This research is set amid a considerable back drop of policy, discourse and practice both national and international. At its core, the research concerns itself with the efficacy and effectiveness of preventive drug awareness education in impacting on the substance use of young people particularly teens.

1.4 Agency Profile: "Togher Link-Up"

"Togher Link-Up" was established in 1998 by a voluntary Board of Management representative of the local Community and under the direction of Ógra Chorcaí who merged with Foróige in July 2012. It was set up as a response to a need for community awareness about drugs. Therefore it became a community-based drug awareness project based in the Togher area but facilitates services in other areas within the south side of Cork city.

The service is comprised of two facilitators who work with individuals and families, offering them support and a referral service. They also work closely with the wider community, colleges and schools in order to provide prevention and educational programmes to people of all ages.

The service draws a significant part of its remit from the *Prevention Pillar* of the *National Drugs Strategy 2009-2016* (Department of Community, Rural and Gaeltacht Affairs, 2009) as it seeks to raise awareness of the dangers of drug use, promote healthier lifestyles and deliver preventative education in regards to substance use.

In addition, the service could be considered to be on *Tier 2* of the *4-Tier Model of Care* set out by the Report of the HSE Working Group on Residential Treatment & Rehabilitation concerning substane use (Health Service Executive, 2007). *Tier 2* once again, among other things has a particular focus on outreach, information, support and harm reduction.

Over all there are 11 primary Schools, 4 secondary and 2 institutes of further education engaged with the "Togher Link-Up" Schools Drug Awareness Programme (O'Dwyer, 2013).

1.5 The Community-Based Research Nexus

The C.A.R.L. (Community and Academic Research Links) project is an initiative based in University College Cork.

In this particular instance, Togher Link-Up (the civil society organisation) had previously collaborated with C.A.R.L. in 2013, when another student from U.C.C. undertook research with the agency analysing the perspectives of young people regarding drugs, alcohol and tobacco. One of the recommendations of this work was a call for further research and the establishment of a standardised programme of education for young people on the topic with the potential for wider application (O'Dwyer, 2013). Furthermore, this current research is seen as an evolution and extension of the previous work, thereby solidifying and developing the relationship between Togher Link-Up, C.A.R.L. and the respective student body.

1.6 Research rationale

The rationale for this research was to present the preventative drugs program as a pilot for similar programs in the future within the specific catchment area. This is of course, contingent on the research showing the program being effective in its aims regarding young people and substance use. If it should indeed be shown to be effective, it is hoped that funding and support would be allocated toward the project going forward. Depending on the success of same, this in turn could potentially lead to the program being used as a template for practice in a more widespread way, perhaps even nationally. Ultimately, it is positive outcomes for young people in relation to the use of substances which is the main driver in conducting the research.

1.7 Aims

The aim of this research is to discover if this program has been effective over an extended period (six years) in delaying experimentation, promoting abstinence and reducing harm. A corollary aim is to see if the program is in line with best practice in terms of content and delivery.

1.8 Objectives

In order to achieve the stated aims above, it was hoped to conduct an interview with the practitioner who delivered the program, a teacher from the school who had close involvement with same and to present a pre-prepared questionnaire to approximately 30 of this year's sixth year students (2015/16). Through this process it was hoped to find out about the effectiveness of the intervention on three levels: process, impact and outcome (O'Neill et al., 2004).

1.9 Research questions

The main question asked in this research was 'Did this preventive drugs awareness program do what it set out to do?' Or more directly 'Was it effective?' In order to arrive at the answer to same, a number of sub-questions were asked such as:

- How did the students experience the program?
- What were the views of the teaching staff involved in the process?
- Did the education have any effects on the patterns of use of the students' in regards to substances?
- Did the education have any effects on the students' attitudes and behaviours towards substance use?

1.10 Conclusion

This chapter has endeavoured to give the context, background and reasoning for undertaking the research. Its main stakeholders have been identified and have been located within the work. The distinct nature of the research, a working collaboration between student, university department (C.AR.L.) and civil society organisation (Togher Link-Up) culminating in 'live' community research, has been introduced.

Chapter 2: Literary review

2.1. Introduction:

In reviewing the literature informing the area of this research project, the review will be structured into three distinct categories. These three areas are namely; the wider issue of drugs and substance use; the specific literature on preventive drugs education along with policy in the area of drug use and education in the Irish context. The global and international context will be considered in a bid to examine the evolution of best practice over time.

2.2. The wider issue of drugs and substance use:

The use of drugs as a major societal issue increasingly came to the fore from approximately the mid to late 1960's and has been a socio-political bone of contention on a global scale ever since (Inciardi, 1990) (Gahlinger, 2004), particularly so in the U.S. In order to gain a deeper and fuller understanding of how preventative drugs education develped and evolved over time, it is necessary to look at how society has constructed drug use. The social construction of drug use, or indeed any subject depends heavily on the values of a particular society and consequently this can change over time as attitudes change (Berger & Luckmann, 1971). The so-called 'War on Drugs' could be construed as a manifestation of this social construction, borne out of a predominately right-wing view of morality mediated by religious righteousness, demonising drugs and drug users (RSA Commission on Illegal Drugs, Communities and Public Policy, 2007).

Goode (1998) describes this as the mindset of *cultural conservatives,* whose definition of 'victory' in the so-called 'War on Drugs' can only and ever be complete abstinence. This has critical implications for drugs awareness education as a given programme is then governed by the complete abstinence of its participants as the sole measure of a successful outcome (Midford, 2007). Conversely, harm reduction tends to be the preserve of *progressive prohibitionists,* whose guiding principle is the health of the community (ibid., 1998). This entails keeping the existing legal controls on substances, in effect maintaining the prevailing societal *status quo,* and tolerating an acceptably low level of drug use. This 'playing of the percentages' is bolstered by comprehensive approaches to drug use and education which seek to engage and educate participants whilst remaining realistic about what can be achieved (Clerkin, 2008).

In a similar way, Pettingell (2008) describes the above dichotomy of views as a clash between the 'traditional' (dominant) view and the relatively newer 'alternative' approach. The 'traditional' view classsifies young people's recreational use of substances as differing to adult use together with seeing illegal drugs as 'the problem'. In contrast to this, a newer, alternative

public health approach began to emerge in the 1960's (ibid., 2008). This approach viewed illicit use of substances in the context of normal experimentation, a wider definition of substances and users as persons who were unwell rather than being of poor character.

2.2.1 Why do people use drugs?

There are many reasons why people use drugs such as treating pain, mental health issues and sleep disturbances (Joint Consortium for School Health , 2009). Drugs such as ecstacy are used for recreational use along with cannabis. In the case of young people, research indicates that use is borne out of "curiosity, fun, self-discovery, to fit in, coping with stress, pain or boredom, staying awake to study, alleviating depression, out of habit, rebelliousness, weight loss and to aid sleep" (ibid., p.6, 2009). Interestingly, drugs are often perceived to enhance performance at times of stress or pressure, on young people in particular, to excel and be happy (RSA Commission on Illegal Drugs, Communities and Public Policy, 2007). In addition, users may often describe their experiences as special, providing a way of combatting boredom along with gaining a sense of power, competence and even glamour (ibid., 2007). Sanders (2006) adds that club drug use reduces inhibition, increases sexual performance and gives people a sense of belonging and community.

2.3. Specific Literature on preventive substance use education:

2.3.1.: A brief history of drugs education:

The earliest forms of drug education can be traced back to the mid-nineteenth century with focuses on temperance programs for persons using alcohol (Vinluan, 2009) and an abstinence only approach which reached its zenith in the 1920's in Prohibition America (Midford, 2000). In regards to alcohol at least, Midford (2000) relates how an abstinence-only approach was abandoned as being unrealistic, but this was certainly not the case for illicit drugs which were regarded as being as being a serious threat. As was mentioned in the preceding section, a scientific view of drug use was taken by the 1960's spearheaded by theories of behaviour and an information-based approach were very much in vogue (Pettingell, 2008). However, by the end of the 1970's, these approaches, garnished as they were with pointed fear arousal messages, were beginning to be seen as a failure according to Kinder *et al* (1980). An interesting divergence in approaches followed in the next decade, with the U.S. adopting the affective education method whereas their counterparts in Europe, Canada and Australasia were moving toward harm reduction as the way forward in terms of prevention, despite this approach not being adequately evaluated (Midford & McBride, 2001).

Notably, affective approaches were found to be unsuccessful in altering drug use behaviour patterns. However, Dielman (1994) notes that this was mainly due to the fact that they were not evaluated against the criteria of actual use patterns but instead against measures such as increased self-esteem. The rise of social influence theory (Bandura, 1977) (Bandura, 1986) fed practice in terms of preventive drugs education, as it had been shown to have considerable success in terms of reducing cigarette use (Orlandi, 1996). With the use of approaches (such as those named above) being employed in isolation it became increasingly recognised that innovation was needed. Comprehensive approaches based on Social Learning Theory and Problem Behaviour Therapy focused on increasing the personal and social competence of participants (Vinluan, 2009). At the turn of the 21st century, there was increased interest in harm reduction approaches focused on reducing the harms caused by use of substances.

2.3.2.: Approaches and Elements to preventive drugs education:

A direct consequence of the prominence of drugs, (illegal drugs in particular), in public discourse has been the expressed desire to tackle use through preventative education , mainly with young people of school-going and college age (12-21). Kiely & Egan (2000) conducted a comprehensive review of drugs education approaches that developed from the period of the early 70's to the turn of the millenium which are as follows:

- **Cognitive/Information Based Approach:**
  This approach has its roots in Cognitive Behavioural Therapy and is based on the premise that the development of maladaptive behavioural patterns are the product of distinct, critical learning processes (National Institute on Drug Abuse, 2012). Allied to information on drugs themselves, it was thought this was a dynamic approach to changing substance use behaviour

- **Alternatives Approach**
  As the name suggests, this approach posited that providing young people with alternatives to using substances such as physical activities like sport, outdoor pursuits and group support would deflect them away from using. This would be achieved by the alternative activities providing the means by which to achieve the altered states of consciousness available through drug use (Blizard & Teague, 1981).

- **General Affective Approach**
  These are commonly based on fear or 'scare' tactics and have been shown to be largely ineffective in changing people's attitude toward drugs (Walters, 2013). Their ineffectiveness lies in the need for a number of other factors in place such as perceived credibility of the messenger; full comprehension of the message; the accuracy of the message; having the confidence in the ability to change the behaviour and believing that changing the behaviour will alleviate the fear (ibid., 2013). As Cahill (2003) notes, young people have a sense of being impervious to harm and can often idealise the experience of ex-addicts as being heroic or even glamorous.

- **Social Influence Approach**
  This approach is informed by social inoculation theory which operates under the assumption that aiding persons to resist social pressures to take substances through providing them with arguments against same (Djikstra et al., 1999)**.** This can also be augmented with skills resistance training and peer education (ibid., 1999).

- **Comprehensive Personal and Social Skills Training Approach**
  This is a dynamic approach which combines the development of personal skills and self-efficacy with a focus on the structural elements in participants lives such cultural, economic, familial, environmental, political and social factors. (Joint Consortium for School Health , 2009). It also features an interactive learning approach which encourages active participation as opposed to didactic, textbook-based methods.

- **Peer Education Strategy**
  Peer education approaches seek to promote 'healthy' norms, beliefs and behaviours with in a group and conversely challenge 'unhealthy' ones. This is usually done by persons who belong to the same peer group as the recipients of the education (e.g. young people of the same age, background, experiences) (Kiely & Egan, 2000). Young people, in particular, respond positively to these approaches, as they find often find it easier to relate to other young people with similar experiences (United Nations Office on Drugs and Crime, 2003).

These approaches are critical to any discussion on drugs education as they form a central part of the *lingua franca* of theoretical and practice debate in the area.

2.4.: Types of Interventions

Allied to the differing methods of approach is the type of intervention used, which, as observed by Botvin and Griffin (2010), are generally placed in one of the following three categories:

1. **Universal:**
   These interventions are often school-based as they seek to reach as wide an audience as possible without specifically targeting anyone grouping. They are characterised by their efforts to address drug use at the stages of experimentation and initiation.

2. **Selected/Targeted:**
   Selected or 'targeted' programs, as their name suggests, aim to reach specific groups or subsets of populations deemed to be 'at risk'.

3. **Indicated:**

Persons who are already in the initial stages of use or regular using substances are generally the focus of 'indicated' strategies.

2.5.: Voices from the discourse

Suffice as to say, Kiely& Egan (2000) concluded that no one approach in isolation is sufficient in designing a program of intervention, as the development and implementation of the afore-mentioned approach through the 70's, 80's and early nineties has demonstrated. Kiely and Egan (ibid.) also examined the drugs education in the Irish context, looking at policy, programs such as 'Ray of Hope', 'The Changeling' and 'Not everybody is doing it.' Although the afore-mentioned programs were acknowledged as having their strengths they also had various deficiencies. These included being didactic, overly-focussed on negative consequences, being unsuitable for certain age groups, 'one-off' interventions and being too one-dimensional in their approach.

More recent research and literature has advocated a multi-faceted, holistic approach incorporating the most effective elements of the various approaches. For example, in the Netherlands, Cuijpers (2002) found that interventions which utilised interactive forms of delivery underpinned by the Social influence model were effective. Similarly, in the U.S., the National Institute on Drug Abuse (2003) advocates such an approach with a focus on community-wide implementation, context-specifivity, participant interaction and addressing all substance use. Literature from Canada recommends that "early intervention efforts should be targeted at middle and junior high schools" as "times of transition from middle/junior high to high school are often accompanied by increased exposure to older youth who use substances" (Health Cananda, 2008, p.p.90).

In terms of voices in the discourse that question the efficacy of any form of preventive drug education, these seem to provide criticism mostly levelled at a particular program or method of drugs education (Brown, 2001) as opposed to preventive drugs awareness as a whole. A good example of same would be the D.A.R.E. (Drug Abuse Resistance Education) program in the U.S., which has been the subject of widespread detraction. A study conducted by Lynam *et al* (1999) 10 years after the program had first been administered, found that there were no substantial differences between a group who had been administered the program and a comparison group. This included actual drug use, drug attitudes, or self-esteem, and in no case did the DARE group have a more successful outcome than the comparison group (ibid., 1999). Gorman (1997) also notes that researchers acknowledge that it is particular programs rather than the concept of drug education that is at issue.

Further to this, in the context of the U.K., Coggans (2006) observes that whilst universal interventions (such as the one under scrutiny in this evaluation) may not necessarily have a measurable effect on non-use or address all risk factors, they can still be a mediating influence

in terms of use by providing knowledge to participants. Coggans (ibid.) also recognises the limitations of singular approaches used in isolation such as *Life Skills Training.* Notably, this is in accord with the conclusions of Egan and Kiely (2000) providing a means of generalizing to practice through an indirect replication of sorts.

This leads on to what may be considered best practice in the area of preventive drugs awareness education. In terms of 'what works', a literature review in Canada by Ripley (2004), is careful to note that there is no such thing as 'best practice' *per se,* but that valuable principles and information can be taken from 'best practice' research, which by its very nature is in a state of constant evolution. Yet again, Ripley (ibid.) notes the importance of programs being context/culturally specific, developmentally appropriate, relevant content, participant-interactive and addressing as many risk factors as possible. Information from the European Monitoring Centre for Drugs and Drug Addiction (E.M.C.D.D.A.) website (2015)copper-fastens the general consensus in the literature, stating that "multi-component interventions based on social influence and/or on learning social skills are helpful for reducing alcohol and drug use, especially cannabis." Interestingly, the website (ibid.) adds that "interactive interventions targeted at problem students help reduce substance use and 'drink-driving' behaviour" along with "peer-led interventions reduc(ing) illicit substance use."

2.6.: Does drug education actually work?

According to Midford (2000), the answer is yes, but with considerable qualifications. Research has shown that soundly conceptualised and well-implemented programs can influence the use of drugs together with providing value-for-money in terms of the social/financial cost to society (ibid., 2000). Faggiano *et al* (2010), in an 18-month follow-up study of a schools-based substance abuse prevention program, found that a classroom-based curriculum informed by a Comprehensive Social Influence approach can contribute to the delay in the onset of use, deeming it to be encouraging and sustainable over time.

McBride (2003) has much to say on the subject, asserting that there is much scope for refinement and development in the area of drugs education. This can be achieved by ensuring that research is practically applied to everyday program delivery at school level. The issue of context specifivity in terms of the target population and the attendant culture is also a key consideration. Botvin and Griffin (2007, p.613) add that the "most effective prevention programmes are delivered interactively and teach skills to help young people refuse drug offers, resist pro-drug influences, correct misperceptions that drug use is normative, and enhance social and personal competence skills."

2.7. : What does not work or is ineffective:

The National Crime Prevention Centre (2009) in Canada, outlines the following as being mostly ineffective in addressing substance use or misuse:

- Information dissemination programs which teach ***primarily*** about drugs and their effects,
- Fear arousal programs that emphasize risks associated with drug use,
- Moral appeal programs that teach about the evils of use and,
- Affective educationprograms which focus on building self-esteem,responsible decision-making,and interpersonal growth.

  (National Crime Prevention Centre, 2009, p. 7)

Notably, the National Crime Prevention Centre (2009) found that the effects of a given program diminished over time, thereby strenghtening the case for programme delivered comprehensively and consitently over an extended period of time. Conversely, this underscores the ineffectiveness of tokenistic, 'one-off' and relatively brief interventions.

2.8. : Best practice principles in delivering drugs education

Along with the types of approach used in delivering programs, such as multi-component interventions delivered at schools and based on social influence and/or on learning social skills (European Monitoring Centre for Drugs and Drug Addiction, 2015), there are specific charecterisitics of programs that are associated with positive outcomes. The following are outlined by the United Nations Office on Drugs and Crime (2015) as being the characteristics associated with positive outcomes in preventive drugs education programs:

- The (program) improves a range of personal and social skills.
- Delivered through a series of structured sessions, often providing boosters sessions over multiple years.
- Delivered by trained teachers or facilitators.
- Sessions are primarily interactive.

2.8.1.: Spotlight on the facilitator

In a further extension of the above point on the delivery of programs by trained teachers and facilitators, there is a subtle but very important nuance to be recognised here. Due to the sensitive nature of the issue in terms of legal and personal consequences, school students may be quite guarded about what they will discuss with signifcant adults. Jarman *et al* (2003)in a qualitative study conducted in North Belfast, which included adolescents, found that young people receiving drugs education in school would be more comfortable talking with someone who was not a teacheras they were apprehensive that teachers would " tell social services" or "tell your parents" (ibid., 2003, p. 168). Further to this, it has been shown that young people engage much more postively with programs delivered by people that they feel they can trust (National Crime Prevention Centre, 2009) together with the program being youth-oriented and interactive. With this in mind, the combination of teaching staff with an external facilitator(s) (for example, a youthwork professional) would seem to be the practice ideal.

2.9.: Evaluating drugs education programs

In regards to evaluating drugs education programs there are a number of pieces of literature that focus specifically on this topic. McBride (2003) sets the tone as it were, asserting that a lot of programs go un-evaluated, thus making it difficult to achieve comprehensive assessment of the quality and effectiveness of the education on offer. Moreover, this underscores the need to prioritise evaluation with creative solutions being considered, such as community organisations' partnerships with universities in order to find cost-saving solutions to evaluation (ibid., 2003).

In terms of the finer details of actual evaluation of programs, the **International Centre for Alcohol Studies** (2010) gives comprehensive and salient recommendations which are as follows:

- Evaluations fall into three categories**; process-based, outcomes-based** and **impact-based.**

- Evaluations can be carried out in one of four ways; internally, internally managed with input from external researchers or organizations, externally led and internally supported and independent external evaluation.

- Data to be collected can be either qualitative or quantitative, depending on the method of data collection (surveys, observations, interviews and focus groups.

- **Process-based evaluations** examine how a program works and delivers its results. This can include the type of resources needed, the training required for those delivering the

program, the program's strenghts/weaknesses and feedback from participants/partners regarding the implementation of the program.

- **Outcomes-based assessments** seek to measure any changes immediately after the delivery of a given program and try to establish if the changes are a direct result of the education provided.

- **Impact-based assessments** often the most challenging and complex to carry out as they measure the long-term effects of interventions on participants. However, as a corollary to this, they also give the most accurate picture in terms of effectiveness as they work best when implemented over an extended period of time, rather simply 'before' and 'after'.

The European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) (2012) adds in its evaluation guidelines manual that evaluation needs to be theory-driven, tailored to the specific situation and assessment of a given program must be ongoing before, during and after the implementaion of said program.

2.10. : Drugs Policy in the Irish context.

The *National Drugs Strategy 2009-2016*, published by the Department of Community, Rural and Gaeltacht Affairs in 2009, is the centerpiece and guiding document in regards to drugs policy in the Republic of Ireland. Along with including alcohol as a substance that needs addressing in terms of use, the document sets out four 'pillars' as the structure of the strategy which are as follows:

1. **Supply reduction pillar**
   This pillar deals with efforts and initiatives to reduce the supply of illegal substances such as seizures of substances by the Gardai and Customs officials as along with targeting the income derived from illegal sales/supply and community partnerships.

2. **Prevention pillar**
   Raising awareness of the dangers of drug use, promotion of healthier lifestyles and preventive education are key features of this pillar. Among its key performance indicators are a reduction of drug use among school students, delaying the age of first use of illicit drugs and alcohol, tackling binge drinking and a reduction in early school leaving figures. Notably, Haase and Pratschke (2010) noted that students who leave school early are "between 1.5 and 2.5 times more likely to smoke cigarettes (over the course of their lives and during the past month, respectively), up to 1.2 times more

likely to drink alcohol, between 2.4 and 4.4 times more likely to use cannabis, and between 3.7 and 14.4 times more likely to use other drugs" (ibid., 2010, p. 93).

3. **Treatment and Rehabilitation pillar**
   The objectives of this pillar were/are "to develop a national integrated treatment and rehabilitation service that provides drug free and harm reduction approaches for problem substance users and to encourage problem substance users to engage with, and avail of, such services" (Department of Community, Rural and Gaeltacht Affairs, 2009).

4. **Research pillar**
   The aim of this pillar was to provide data to inform approaches that tackling substance use and to provide research that would be effective in aiding government formulation of strategy and policy.

The **Social, Personal and Health Education (S.P.H.E.)** (National Council for Curriculum and Assessment, 2011) subject included in the second level education curriculum is the formal element of substance use education for students. Subtance use is one of five areas of focus which also includes gender studies, mental health, physical activity and nutrition along with relationships and sexuality education. Students are encouraged to be engaged, resourceful, confident and active learners. Some of the key objectives of S.P.H.E. (particularly at senior cycle) are as follows:

- To develop self-awareness through opportunities to reflect on thoughts, values, attitudes and feelings.

- To enhance students' knowledge and understanding of essential health concepts and the wider influences on health and wellbeing to enable informed decision making.

- To develop students' self-efficacy; the confidence to think and behave independently especially in the face of social pressure.

- To develop coping strategies for adolescence and adult life in support of greater resilience.

- To obtain, critically evaluate and act on health information in support of health and well-being.

(National Council for Curriculum and Assessment, 2011, p. 10)

Specific objectives in regards to substance use and associated skills are outlined as:

- To enhance students' knowledge and understanding about substance use and misuse.
- To develop awareness of personal experiences, values, attitudes and feelings which influence lifestyle choices about substance use.

- To develop students' personal and interpersonal skills so that they might have the confidence to act appropriately in the face of social pressures to behave differently.

- To examine life stories associated with the harmful use of substances to develop understanding and empathy with those involved.

- To examine the external influences on substance use including the media, peers and community.

- Students learn about relationship, self-awareness and personal skills along with stress management strategies.

  (National Council for Curriculum and Assessment, 2011, pp. 24,25)

2.11.: Conclusion:

The use of substances, particular illegal drugs, in society is both a contentious and emotive issue. It has the effect of polarising opinion (conservative vs. liberal attitudes) which thereby influences policy and practice. The reasons for taking drugs are myriad, ranging from complex emotional issues, structural/environmental factors and pure pleasure-seeking. Drug education has developed over time, beginning in earnest from the late 1960's onwards. Single theory approaches all have their respective deficiencies (with some not being effective at all, for example,fear-based approaches).

Interestingly, research has shown that combining the most effective aspects of individual approaches with wider perspectives (social, structural, environmental, economic) and developments in ongoing research makes for a much more comprehensive way of addressing the issue. Notably, over the course of time research into 'what works' in drugs education has provided considerable insight for policy makers and practitioners. In addition, when drug awareness education is delivered by the trained professionals who build rapport with participants in an interactive way allied to the relevant content, it has been proven to be effective. In terms of policy, there is a mandate in the *National Drugs Strategy 2009-2016* given in the prevention pillar to provide education in regards to drugs and drug use. Finally, in the Irish context, well-designed drugs awareness education programs would seem to be very congruent with the S.P.H.E. curriculum subject undertaken by second-level students.

Chapter 3: Methodology

3.1. Introduction:

This chapter will set out the methodology employed in undertaking the evaluation of the drugs awareness education program delivered to secondary school students in the southside area of Cork city. This methodology was two-pronged in that it is divided into intellectual and practical, action-based ways of working .

The intellectual methodology (how the work was constructed in terms of academic thought) included the following:

- The ontological approach used (the way of understanding the topic).
- The subsequent epistemology employed (the way of applying the understanding to the topic directly).
- Theoretical perpsectives drawn from across a range of disciplines, along with practical evaluation perspectives.
- Data analysis methodology.

The practical or action-based ways of working were:

- The actual methods used (for example, quantitative or qualitative, surveys, interviews and observation).
- Ethical considerations.

Notably, there also some points of confluence between the two aspects of methodology such as the use of the I.C.A.P. evaluation toolkit (Channel Research, 2010) and the Community-based Participatory research approach taken which saw the university (C.A.R.L./U.C.C./student), civil society body (Togher Link-Up) and the school work in collaborative partnership.

3.2. The Civil Society Nexus: Community-based research as an over-arching framework

As is stated at the beginning of this work, this research is part of a Community-based participatory research program called 'Community and Academic Research Links' (C.AR.L.). It is based in University College Cork and draws its inspiration from the 'Science Shop' model of partcipatory community research which has its origins in 1970's Holland (Leydesdorff & Ward, 2005). Matching civil society bodies who wish to undertake research with students eager to complete work for course completion, the iniative aims to alleviate and ideally eliminate the 'disconnect' that sometimes occurs between the so-called 'ivory tower of guarded knowledge' in higher institutes of learning and communities (Stoecker, 2003). Fostering collaborative and productive partnerships between the various stakeholders, C.A.R.L. endeavours to dynamically combine academic and 'real-world' knowledge to create powerful research that can make an impact. It is essentailly a Freirian enterprise with an egalitarian goal of mutual education, knowledge sharing and democratic interaction in terms of decision-making (Stoecker, 2003). As will be seen below, this approach to research both influenced (and was congruent with) the choice of ontology and epistemology for this body of work.

3.3. Ontology:

A *critical-realist* ontological approach was employed in this research as a lens by which to understand the subject and its various factors because it involves the nexus between the material (substances and the human body) and the psycho-social (the human mind and social relationships). As Snape and Spencer (2003) note, *realism* is the view that only external, material reality seperate from human perception can truly be said to exist, whilst conversely, *idealism* is the notion that only what is perceived by the human maind and senses can be considered a reality. *Critical realism* then, is a synthesis of both viewpoints, dynamically combining both to incorporate the relative value in each position (Collier, 1994). As such,and was mentioned at the outset, *critical realism* is ideally placed to examine the nature of substance use by human beings, in this case, secondary school students.

3.4. Epistemology:

Arising out of a *critical realist* ontology is an epistemological approach which draws on both qualitative and quantitative perspectives, or what Snape & Spencer (2003) would describe as a 'mixed method' approach. This involves not only using empirical methods of measurement such as 'how many persons are using such a substance and at what frequency?' (which is important, but also asking why this is so and what other factors may be at play in the process (Bryman, 2012).

Increased subject participation through interviews and qualitative aspects of surveys are some of the ways of knowing that are characteristic of both critical realist epistemology and community-based participatory research (Stoecker, 2003) that endeavour to break out of the straight-jacket of rigid positivism, mathematics and statistics. Moreover, as Burns and Bates (2012, p.68) note, community-based research "validates multiple forms of knowledge and

promotes the use of multiple methods of discovery and dissemination of the knowledge produced". Critical realism then, in terms of its epistemology would seem to be quite in tune with community-based research with its openness to eclectic ways of knowing.

Concerning the validation of what is discovered in terms of 'is it true or not?', Trochim (2006) notes that critical realist epistemology often employs triangulation to reduce what its sees as the error inherent in all knowledge throught the corroboration (or non-corroboration) of information from multiple sources. For example, in this study observation, a survey and two interviews were employed to achieve triangulation.

3.5. Theoretical perspectives

In order to adequately intellectually construct a 'view' of the theories that inform this work, it is necessary to identify a number of levels that exist within the context. Firstly, there is the level of the personal which applies to the students who received the drugs awareness education, the teachers and the youthwork professional who delivered the program. Moving 'up' a level, there is the school itself as a social institution, the civil society body 'Togher Link-up' and various institutions such as the Department of Education who decide the curricula which includes S.P.H.E. (Social Personal and Health Education). On the 'top' level there is the Government, mandated by society to formulate policy on their behalf such as the *National Drugs Strategy 2009-2016.* In addition, it must be ascertained how all these social actors relate and interact with each other to make sense of the issues.

Systems theory or the 'Ecological Approach' (Payne, 1997) can place all these actors in a manageable framework which consists of three levels or layers of system known as micro (personal/individual) meso (intermediate or mid-level) and macro level (society and government, national institution). In terms of graphic representation, concentric cirles are usually favoured. The 'picture' in this research, from a school-student perspective might be as shown below (See Fig.1):

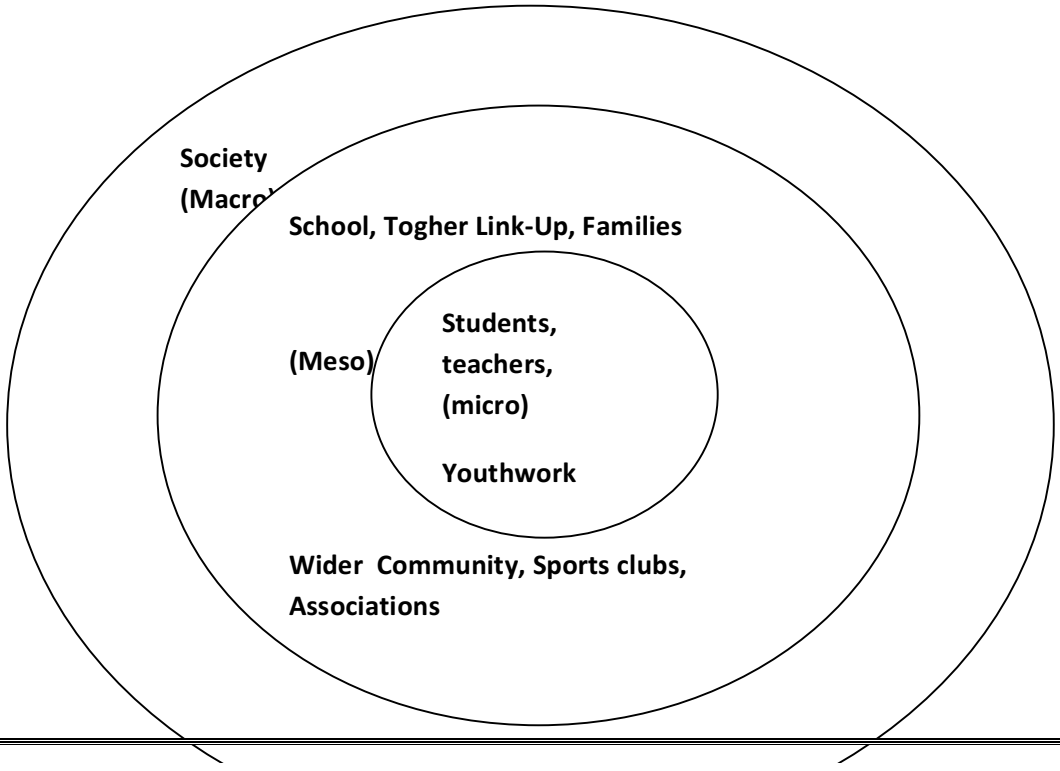


Fig. 1

Having organised the social actors into their respective societal positons and external relationships through the use of systems theory (see above), the next task is to see how they inter-relate on a deeper level. This is where Berger and Luckmann's (1971) theory of social constructionism comes to the fore and interestingly moves from 'outside' to 'inside' and vice-versa on the concentric circles shown in Fig. 1.

On the micro level, each individual (student, teacher, family member and indeed every person in a society forms their own view on a given subject (in this instance substance use) and when these individual collate their views on a given subject a negotiated and agreed view becomes the socially contructed reality (Berger & Luckmann, 1971). Conflict can arise, and indeed often does, when sub-groups form with differing collective views and compete with each other for dominance. For example, one group may say 'Drugs are evil, and we must declare war on them' whilst still others may say ' no, that is not the case, it is a public health issue, harm reduction is the order of the day'. It is clear from this movement of information beginning in the individual and spreading out to the wider society through the various levels that the effects of social construction re-verberate back 'inwards' toward the individual once again in the form of law, policy and societal attitudes.

As Goode (1998) notes, this leads to the creation of even more variances of view, but the central point is that the dominant view in a democratic society generally dictates policy and practice, such as the 'War on Drugs'in the U.S. which Hari (2015) insists is doomed to failure. Even Sun-Tzu (Tzu, 2009), the Chinese general and philosopher of the 6th century, made a clear distinction between what he described as the military and civil sphere, deeming them mutually exclusive in terms of the methods employed in navigating each sphere respectively. This is a point well-worth making because what sphere substance use belongs to according society's social construction of the issue dictates the manner (and relative effectiveness) of how the issue will be then addressed.

The case in the U.S. would seem to suggest that casting substance use in the military sphere as the object of war and crusade is counter-productive and wasteful in terms of scare resources (Hari, 2015). Beck's idea of the 'Risk Society' (1992) is also applicable at the macro level of society, asserting that as society modernises, it becomes more concerned with risk and how to prevent it from occuring in the future. Examples in this instance could include reducing what is considered to be 'problematic' substance use, ie that which is socially disruptive and costs the state money to address. This type of use is thus seen as undesirable coupled with the paternalistic impulses of those who are concerned with the harm caused by certain types of substance use.

Switching back to the micro level, theories such cognitive-behavioral perpectives (DeBono, 1971), Eriksen's life stages (Erikson, 1994) and social pyschology perspectives such as Bandura's social learning theory go some way to making sense of how students, teachers and youth work professional tackle substance use. Beginning with the student who is in the stage of adolescence (13-18) Erikson's life stages model is very pertinent. He cast identity as the psychoscial aspect of adolescence, adding that young people look to others such as their peers and significant adults as somebody they can put their faith in. This can extend to the other person's ideas also, but for all that young people are wary of being caught out by a 'bogus' person (ibid., 1994). This is very relevant to any practitoner working with youth as it would suggest that if strong rapport can be built with a young person or persons then they can be influenced positively, ie through the delivery of a drugs education program. Moreover, Erikson (1994) adds another layer to the issue, asserting that young people often go through a phase of 'moratorium' where they will not come to a definite intellectual conclusion on a given subject until they have tested the validity of their thoughts rigourously. This could applied to the decision to use substances 'Will I/ will I not/ I'm not sure'. Notably, research has shown that delaying the onset of use reduces the likelihood of developing problematic use later on (Chen et al., 2009) (King & Chassin, 2007). Ergo, it would seem to follow that if one wanted to aid young people in regards to substance use the ideal method would be to build rapport through relationship-building thereby affording oneself the opportunity to extend the young person's moratorium period in regards to substance use for as long as possible in order to reduce risk in the long-term. The question arises, how could this be done?

DeBono (1971) in his work on 'Practical thinking' describes thinking as the process of making the unfamiliar, familiar. It is through the levels of instinct, experience and second-hand learning that a person is enabled to deal with a given situation along with further levels of understanding ranging from the very basic through to the highly detailed (ibid., 1971). This can be applied to substance use education readily as for a young person substances can be unfamiliar. Their instinct, experience and second-hand learning is therefore crucial in terms of how they deal with substances. As was mentioned in the previous paragraph, once rapport has been established, the window is there to affect this process positively, mainly through second-hand learning and developing the levels of understanding around a subject .

However, a caveat must be provided here in regards to going into too much detail such as the chemical composition of substances on an academic level which could cause young people to be 'turned off' as they may deem the information not to be of utility and simply disregard it. As DeBono(1971) notes, a person does not need an in-depth knowledge of electricity to know that when you press a switch on the wall the lights come on.

Moving on to the meso level, it is important to note that young people do not exist in isolation and form part of many networks such family, friends, school, associations and on up wider society. Bandura (1977) (1986)provides a link between the personal and the social in his social cognitive theory, which details how a person may asimilate the behaviour of those around them for the purposes of approval (external reward) and feeling pleased about receiving approval (internal reward). However, this is generally only with persons with whom the individual

indentifies strongly, usually peers or the same gender . This process is also affected by the mediational processes of attention, retention, reproduction and motivation (ibid., 1986).

3.6. Practical Methodology

The main aim of this action research study was to evaluate the effectiveness of a drugs awareness education program provided to female secondary school students in the south side side of Cork city by the Drugs Outreach project, 'Togher Link-Up'. The objectives of the research were to assess the program (*see Appendix 2 for details)* based on its four stated aims which are:

- To seek harm reduction in regards to substance use.
- To promote abstinence.
- To delay experimentation.
- Complimenting the S.P.H.E. subject on the school curriculum (*see Appendix 3)*

3.6.1. Research design

As the program is relatively unique and developed organically over a period of years by a single youth work professional, there was no other program to with which to compare it or use as a control group to test findings. A case study approach was thus selected as it affords the researcher the opportunity to examine multiple perspectives in a given context and (it) can also lead to a detailed in-depth understanding of what was observed (Lewis, 2003) (Yin, 1989). The multiple perspectives identified were the youth work professional's view, the view of a member of teaching staff who worked closely with the program, observations made by the researcher and feedback from the students themselves concerning their experiences with the program.

In terms of structured evaluation, an evaluation toolkit designed by the International Centre for Alcohol Policy (2010) provided the template for guiding the process along with a literature review to inform same. The toolkit enabled the researcher to examine the process, outcomes and impact of the program along with providing information on data gathering, analysis and dissemination.

3.6.2. Research methods

With a case study approach being selected and the multiple perspectives indentified, the next task was to select the methods to collect data form each source respectively. Firstly, qualitative interviews were selected as the method for working with the youth work professional and the member of teaching staff. Seven questions per interview (tailored to each indivdual's role)

seeking to gain impressions of the program, its development and its efficacy were presented and recorded. Secondly, and in the interest of efficiency, time and confidentiality, a survey questionnaire (*see Appendix 1)* containing both qualitative and quantitative questions was presented to 29 6th year students, who were the first cohort to complete a full six-year cycle of the program. The span of six years gave a critical longitudional perspective to the research and an appeal was made to the 6th year studies for expression of interest to participate in future if such should be their wish. Thirdly, the researcher recorded observations from attending the school on two occasions to assist the youth work professional who was delivering the program to students in various school years.

Triangulation of data from these three sources (interviews, survey and observations) enabled the researcher to approach the research questions from different angles "in a rounded and multi-faceted way" (Mason, 2002, p.190).

3.6.3. Ethical Considerations

As noted by Durham Community Research Team (2011), there several issues to be considered in regards to research ethics in community-based research. These are as follows:

- Developing and maintaining partnerships.
- Difficulties in maintaining anonymity and privacy.
- Blurred boundaries between researcher and researched.
- Sensitivity of research topic

Given that this research was a C.A.R.L. project, written agreements were signed at the outset to provide clarity and transparency for all stakeholders. Throughout the process, parties kept in close contact in terms of updates and communication. The researcher was very cognisant of the positive working relationship the youthwork professional had established with the school and its pupils. He therefore strove at all times to tread carefully and respectfully in terms of making arrangments to conduct research, sent the surveys to all parties for approval and made the students aware of his identity, role and purpose of the research.

Allied to this need to protect the working relationship was the sensitivity of the issue and strenous efforts were made to anonymise the survey questionnaire and to couch questions in non-invasive terms to protect the students from harm. This was done through having no personally identifying information on the questionnaires, answers filled in block capitals and then folded and placed in a ballot box. The youth work professional did not attend the survey questionnaire presentation in order not to unduly influence the students.

3.7. Conclusion

This research project was part of a Community-based participatory research initiative carried out in partenership with C.A.R.L. and Togher Link-Up. A critical realist ontology was used, bolstered by a mixed methods, case study informed epistemology. Sociological and psychological theory was employed to make sense of the situation and attendant issues. A practical methodlogy which utilised both quantitaive and qualitive research methods to provided the required data. A particular focus was placed on research ethics in regards to partnership/existing relationships, anonymity, the sensitivity of the subject and keeping the research free of undue influence.

Chapter 4: Findings and discussion

4.1 Introduction:

This chapter will present the findings of the fieldwork conducted by the researcher and include a subsequent discussion of same. As mentioned in the preceding chapter on methodology, there are three sources of research used to achieve triangulation (Patton, 2002) (Trochim, 2006). These three sources were:

1. **Interviews:**
   This consisted of an interview conducted with the youthwork professional from Togher Link-Up and an interview conducted with a member of the teaching staff who worked closely with the students throughout the six years of program delivery.

2. **Student survey questionnaire:**
   This was a written survey questionnaire presented to the students to canvass their views and feedback on the program. Questions were both quantitative and qualitative in nature.

3. **Observations of the researcher:**
   These were the observations of the researcher whilst accompanying the youth work professional from Togher Link-Up during the delivery of the drugs awareness education program to the students in the school.

4.2 Interviews:

Interview 1: Youthwork Professional from Togher Link-Up

The researcher explored a range of areas concerning the program (*See Appendix 2 for full program overview)* with the youth work professional such as:

- The idea for the program came from "*when I took on the job initially in 2010, I saw huge potential to deliver a full program free of charge. It was my understanding from the research that it would be unique and I set out to delay experimentation, promote abstinence and reduce harm."*

- When asked what he felt made the program unique, the youthwork professional related that "*It is its consistency, continuity and service delivery. I feel it is cognisant of the developmental stages of the young people and sets out to 'grow' with them year-on year".*

- Regarding the development of the the program over time, he described how " *the summer break-periods were used to reflect,review,renew and develop the program. I sought to adapt to changes and developments in public health policy, procedure and information whilst also staying 'alive' to the issues of the day in regards to substances."*

- Concerning challenges encountered along the way, he stated that "*I initially found facilitating the program challenging. I had to expand and develop the skills needed from a relatively low base-line along with continuing to update my knowledge on the subject matter, which is ongoing as it is ever-changing. Building the relationshps with the schools, students and parents was also a challenge as their 'buy-in' to the work is very important."*

- In terms of the future, "*I would definitely add in an evaluative element and try to get access to newer, more modern resources. For example,one of the DVD's is a bit out-dated and the students find it difficult to relate to it. Ongoing upskilling for the facilitator on delivery of the program, most especially in advance of the program would be crucial also, in order that they would be factual, competent, confident and well-versed in the content."*

- Reflecting on the feedback and reaction of the students, he noted that the students were "*extremely open, attentive, warm and engaging overall. I find as they get older though, they get more reserved in terms of interaction."*

- Finally, his own impressions of the program were that *"I got good feedback from staff and I was always asked back every year. My long-term hope is that the outreach element of the program will open the door for people who might need to access the service in the future. In terms of myself as a role model, it may encourage students to enter the vocational area as part of their future careers."*

<u>Interview 2:</u> Member of Teaching staff from the school

In addition to interviewing the youthwork professional from Togher-Link Up, the student researcher spoke with a member of teaching staff who had closely with the program through delivering the main curriculum S.P.H.E. module (*See Appendix 3 for overview of same).* The following was discussed in the interview:

- In regards to the member of the teaching staff's general impressions of the program she had this to say: "*I found it very positive. The students had an easy relationship with (the youth work professional) as he is very non-judgemental."*

- Concerning the compatability of the program with the S.P.H.E. module, she stated that "*it was very relevant and compatible, particularly so in relation to addiction, drink and drugs."*

- When asked if she felt it resonated with students she related that "*it does resonate with students. They always remember various facts and information. They sometimes remark that something (the youth work professional) has said makes sense."*

- Particular elements of the program she felt were valuable were when "*(the youth work professional) takes a scenario or drug setting and grows the idea. This really engages the students I feel and makes it real for them."*

- Discussing weaknesses or shortcomings of the program she expressed the view that the program had *"no discernible weaknesses. It works."*

- Reflecting on her observations of the program, she noted that *" (the youth work professional) works in 'non-teacher' mode and they (the students) do ask him questions they wouldn't ask a teacher."*

- Lastly, in relation to the affects of the program on the students' attitudes and behaviour concerning around drugs, she posited that it was *"hard to tell. One of the students asked me if I had a thing against drink. I said that I didn't per se but that I was concerned about the harm it may cause to young people and that it is certainly a live issue. My gut feeling is that alochol is a significant problem but drugs not so much. All I can really say is that we have given them the skills, but after that I can't say for sure."*

4.3 Student survey questionnaire:

The questionnaire asked students a range of questions (*see Appendix 1 for full questionnaire*) which can be broadly categorised into different areas.

The first six questions focussed mainly on testing the students long-term retention of key concepts in the program such as drug definition, pleasure/happiness differentiation, types of drug use, the effects of drugs and alternatives to using substances. Strongly emergent themes in this suite of questions included:

- Addiction.
- Harm.
- Illegality.
- health.
- behavioural change.
- effects of drug use on the brain and the body.
- alternatives to drug use, particulary social interaction and support from others along with physical activity.
- Identification of a drug as a substance that can change the way you act or feel.

The next group of questions (7-13) addressed experimentation, peer pressure to use substances, staying safe, perceived posession of adequate information and the usefulness of the drugs education program in dealing with theses issues. The responses from the students were as follows:

- 20.68% of the students had abstained completely from substances.
- 37.93% of the students used alcohol only.
- 20.68% of the students used alcohol and tobacco only.
- 17.24% of students had also used cannabis and marijuana.
- The youngest age of alcohol use was 12. (mean age of use: 15.47)
- The youngest age of tobacco use was 13. (mean age of use:15.27)
- The youngest age of cannabis/marijuana use was 15. (mean age of use: 16.2)

In terms of peer pressure to use and the usefulness of the drugs education to deal with same the students responded as follows:

- 17.24% of students felt pressured to use and felt the drugs education aided them in dealing with same.

- 93.33% of the students expressed the view that the drugs education helped them make informed decisions about use.

Concerning staying safe, having adequate information and knowing where to get help with substance use if needed the students responded as follows:

- 27.58% of students felt very confident about keeping themselves and their friends safe in regards to substances.

- 62% felt confident of same.

- 6.89% were not sure.

- 3.44% were not confident.

- 79.3% felt they had adequate information of substances having done the drugs education classes.

- 20.68% felt that had some information on same.

- 75.86% said they knew where to get help with substance use if they needed it whilst 24.13% said they did not know.

Finally, questions 14-21 were focussed more specifically on the content of the drugs education program itself *per se* and sought feedback/recommendations for the future from the students. The responses included the following:

- In terms of what stood out the most to students from the program, they included the demonstration samples of drugs, the effects of drugs, the demonstration 'beer goggles', addiction, measuring one's alcohol intake along with never drinking and driving as the amongst the most striking aspects.

- 44.82% rated the drugs education classes as very good.
- 44.82% rated the drugs education classes as good.

- 10.34% rated the drugs education classes as average.

- 100% of the students felt that their voice was heard and felt that they could have their say in class discussions.

- Danger, staying safe, moderation, consequences, health effects, anti-drugs, addiction, sensible use, awareness were the emergent themes when students were asked about their attitude to substance use post-program.

- 27.58% of students felt that the drugs education program complimented their curricular S.P.H.E. module very well.

- 51.72% of students felt that it complimented it well, whilst 13.79% felt it was only average in this regard. 6.89% expressed the view that it did not complement the S.P.H.E. module well at all.

- 96.5% of the students (one student did not answer this question) expressed the view that is was important to have a person like the youth work professional from Togher Link-Up coming in to do the drugs education with them. Becoming aware and informed (particularly of the possible consequences of use) and having a neutral non-judgemental person, whom was knowledgeable along with being able to aid them with queries were among the main reasons why they felt this was important.

- In terms of improving the classes going forward, suggestions were put forth such as guest speakers, more up-to-date DVD's, putting teachers outside the class, more information/realism/real life experience and more discussion along with more and longer classes.

- Some students found the science behind drug use was the least useful part of the drugs education classes together with the some of the scenarios being fictionalised rather than being based on real-life experiences.

4.4. Observations of the researcher:

The researcher accompanied the youth work professional from Togher Link-Up on two occasions to observe the delivery of the program. The students ranged from second year to sixth year respectively, which each year having it's own seperate session as appropriate. It was very noteworthy that the youth work professional was well-known to the students as warm,

cordial greetings were exchanged both in the classroom and in the hallway of the school, suggesting a positive relationship existed.

During one session with the sixth year students, the subject of date rape drugs was discussed. It was very noticable that the students were intently focussed on the youthwork professional concerning the issue. Subsequent to the session, the youthwork professional intimated to the researcher that a student had approached him on behalf of the class just prior to the session. The student had discretely requested that the youthwork professional specifically discuss date rape drugs and safety strategies around same as this issue was a source of considerable anxiety and concern for the students.

4.5 Discussion and analysis:

In order to analyse the information, elements of the framework recommended by the I.C.A.P. (International Centre for Alcohol Policy) (Channel Research, 2010) will be used. The information will thus be categorised into process, impact and outcomes respectively, with the sources of data used to addressed each one in turn.

Process:

Beginning with the students views, it was interesting to note that the majority of students found the program to be very good (44.82%) or good (44.82%). This suggests that they found the program engaging, useful and informative. Similarly, a majority of the students (79.3%) expressed the view that the program complimented their S.P.H.E module either well (51.72%) or very well (27.58%), suggesting that the content of the program is broadly in line with policy at a wider level and aids the students in their understanding. This is also consistent with what the member of teaching staff stated in her interview regarding the complimentarity between the program and the S.P.H.E. module.

Regarding the facilitation of the program, it is a very positive indication indeed that 100% of the students felt they could have their say in class discussions and that 96.5% of the students felt it was important to have a 'nuetral' person like the youthwork professional coming in to speak to them. This is very much in line with the literature which states that programs should be interactive and delivered by a facilitator who has a positive working relationship with the participants (Health Cananda, 2008) (Kiely & Egan, 2000) (Ripley, 2004). Once again, the member of teaching staff confirmed this in her interview as did the researcher who observed first-hand, students interacting in the class together with learning of the students' specific request in regards to date rape drugs. Theoretically speaking, this establishment of rapport is consistent with Erikson's thoughts on young people seeking out others in whom they can place their faith (Erikson, 1994).

Notably, it was suggested by the students that more up-to-date DVD's might be used, confirming what the youth work professional related in his interview about acquiring "*newer, more modern resources."* Interestingly, it was suggested by students that teachers should be put out of the class, once again underscoring the importance of a nuetral person as highlighted by the member of the teaching staff. A small number of students considered the science of drug use to be among the least useful aspects of the program which illustrates De Bono's (1971) point about the utility of information once it goes beyond the third level of understanding ('it works, so that's all I need to know).

Impact and outcomes:

In looking at the aims of the program, delaying experimentation, reducing harm and promoting abstinence there are a number of things that are apparent. The highest use in terms of substance is alcohol (75.85%), albeit in this instance the question was specifically aimed at age of first use. Interestingly, 20.68% declared they never used any substances suggesting that the promotion of abstinence may have indeed influenced them. Notably, this is consistent with the literature which notes that use among young people is often over-estimated, particularly by young people themselves (Kiely & Egan, 2000). Moreover, only 17.24% tried cannabis or weed which is a minority figure, with no use of any other substances being reported.

In terms of first age of use it was interesting that alcohol (12), then tobacco (13) and cannabis/weed (15) were in that order which would seem to indicate that young people see alcohol as the least dangerous or threatening. This suggests an association with the themes that emerged such as danger, staying safe, moderation, consequences, health effects, anti-drugs, addiction, sensible use and awareness were the emergent themes when students were asked about their attitude to substance use post-program. Throughout the survey the students related how much they felt they had learned about the effects and consequences of drug use which may have affected their choices about use. Once again, Erikson's thoughts on 'Moratorium' come to mind here, suggesting that the youth work professional may indeed have been successful influencing the students in delaying experimentation in regards to some substances at least. As the member of the teaching staff related that the program had definitely resonated with the students and that "(*T)hey sometimes remark that something (the youth work professional) has said makes sense."* In addition, two students (6.84%) related that they did not try alcohol until they were 18 further underscoring the previous point.

As far as harm reduction is concerned, the students (93.33%) expressed the view that the program that the drugs education helped them make informed decisions about use. In addition, the students (89.58%) felt very confident or confident about keeping themselves and their friends safe in regards to substances. This confrims what the member of teaching staff related in terms of giving "*them the skills."* Most of the students felt that they adequate information after the program, with the remainder saying they had some information. However it was very interesting to note that only 75.86% of the students knew where to get help with substances if they needed it given the outreach nature of the program. This would seem to indicate scope for

further re-inforcing that the service is available to the students should they ever need to avail of it. As an overarching conclusion on the program in regards to harm reduction, Haase & Pratschke (2010) have shown the very fact that the students have completed the full second level cycle as a major protective factor in terms of future probelematic use.

Chapter 5: Conclusions and recommendations

5.1. Conclusion:

This research set out to see if the program had been successful in achieving its stated aims of delaying experimentation, reducing harm and promoting abstinence in line with best practice in terms of content and delivery. The research achieved its objectives of interviewing the youth work professional from Togher Link-Up, a member of the teacher staff and presenting a questionnaire to the students.

In regards to delaying experimentation, the abstinence figure of 20.68% coupled with the overall mean ages of use (with cannabis/weed having the highest mean age and lowest rate of use) along with the absence of substances other than alcohol, tobacco and cannabis/weed all point to an effect on experimentation and age of same. However, more baseline data and a control group would strengthen this case considerably (Channel Research, 2010). This would also strengthen the findings in terms of the promotion of abstinence. It should again be noted here that abstinence should not be considered to be the yardstick in terms of success (Midford, 2000).

It clear from the findings that the program has succeeded in equipping the students with the skills to keep themselves safe and to process the possible consequences of their actions. This is evidenced by their (students) responses to the questionnaire and the feedback from the member of teaching staff. Overall, this suggests a reduction in harm or potential harm.

Regarding best practice in terms of content and delivery, both the literature allied to the feedback from the school and students confirm the merit of the program in number of areas such as:

- Its six-year long duration.
- The interactive nature of the sessions.
- The content of the program and its complimentarity with the S.P.H.E. module.
- The positive working relationship the youth work professional has developed with the school and its students.

Finally, whilst the program is certainly not a practice panacea, it certainly has value and merit. In light of the above, this researcher would make the following recommendations:

- That the program should be continued due to its effectiveness and its reception by students and staff.

- Further and more in-depth research to be carried on a yearly basis to add the "*evaluative element"* called for by the youth work professional. This could be done through utilising the existing links between Togher Link-up and the C.A.R.L. project in U.C.C. This would provide the valuable baseline data required to make more accurate assessments.

- That there should be more and newer resources allocated to the program.

- Ongoing training should be provided to professionals delivering the program, particularly in advance of same.

- That the program should continue to be developed in line with best practice in terms of content and delivery.

- The possibility of publishing the program in written standardised format for use by others should be explored, albeit with allowance for individual practice contexts.

- Should the previous endeavour prove successful, the possibility of going further afield with it, for example, the U.K. or Europe should be explored also.

- Wider delivery of the program would aid research as control groups could then be established to give more accurate evaluation.

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APPENDIX 1:

QUESTIONNAIRE WITH SIXTH YEAR STUDENTS IN SECONDARY SCHOOL, BALLYPHEHANE/TOGHER AREA, CORK CITY

QUESTIONS FOR QUESTIONNAIRE WITH SIXTH YEAR STUDENTS IN SECONDARY SCHOOL, BALLYPHEHANE/TOGHER AREA, CORK CITY

Please note this questionnaire is completely anonymous. Please do not write your name or other identifying details on the questionnaire sheets. Please write your answers in BLOCK CAPITALS.

AGE: **YEAR IN SCHOOL:**

Q. 1. What is a drug?

Q. 2. What is the difference between the five kinds of drug use (abstaining, experimenting, social use, problematic use and chronic use)?

Q. 3. What happens if you use drugs, including alcohol and tobacco?

Q. 4. What's the difference between pleasure and happiness?

Q. 5. How can pleasure affect your happiness?

Q. 6. What ways can we get the same effects as drugs without using substances?

Q. 7. Have you ever tried drugs and if so which one(s) including alcohol and tobacco?

Q. 8. What age were you when you first tried a substance (if at all)? If you have tried more than one substance, please give the age you were at the time you tried each individual substance.

Q. 9. Have you ever felt under pressure to try drugs, including alcohol and tobacco, from others?

- **Yes**
- **No**

Q. 10. If you answered yes to the above question, do you feel what you have learned about drugs in Kieran's classes has helped you to make informed decisions for yourself? Please circle one of the responses below.

- **Yes**
- **No**
- **Maybe**

Q. 11. Having done the drugs education in Kieran's classes, how confident are you of being able to keep yourself and your friends safe in regards to substances? Please circle one of the responses below.

- **Very confident**
- **Confident**
- **Not sure**

- **Not confident**
- **Not confident at all**

Q. 12. Having done the drugs education in Kieran's classes, do you think you have a lot of information about drugs and the consequences of using them, including alcohol and tobacco? Please circle one of the responses below.

- **Yes**
- **No**
- **Some information**
- **Not enough information**

Q. 13. Do you know where to get help with substance use if you need it? Please circle one of the responses below.

- **Yes**
- **No**

Q. 14. What things stand out to you the most from the drugs education you did in Kieran's classes? For example, is there anything you remember most from these classes?

Q. 15. On a scale of 1 to 5, what score would you give the drugs education in Kieran's classes? Please circle one of the responses below.

1. **Very poor**
2. **Poor**
3. **Average**
4. **Good**
5. **Very good**

Q. 16. Do you feel you had a chance to take part in class discussions and have your say? Please circle one of the responses below.

- **Yes**
- **No**

Q. 17. Having done the drugs education in Kieran's classes for the last six years in school, what is your attitude now to drugs/substances, including alcohol and tobacco?

Q. 18. How well do you feel Kieran's classes compliment the drugs education you do with your teacher in S.P.H.E. class? Please circle one of the responses below.

1. **Not well at all**
2. **Not well**
3. **Average**
4. **Well**
5. **Very well**

Q. 19. Do feel it is important to have someone like Kieran coming in to do drugs education with you and if so, why do you think it is important?

Q. 20. What do think could make Kieran's drugs education classes better?

Q. 21. What was the least useful part of Kieran's drugs education classes?

Would you be interested in participating in further research in the future? Please tick the box provided

☐ **Yes, I would be interested in participating in further research**

If you ticked yes in the above box, please write your name and contact details on the separate piece of paper provided and place in the box with your completed questionnaire. Please do not write your name or contact details on the questionnaire, as they are anonymous. All information will be treated in the strictest confidence and held by Togher Link-Up.

Please fold your questionnaire sheet(s) in half and place them in the box at the top of the room. Thank you very much for completing this questionnaire and best of luck in your Leaving Cert examinations.

APPENDIX 2

Program overview: Drug awareness education program delivered to students in secondary school by a Youth work professional from Togher Link-Up Outreach Project

Program overview: Drug awareness education program delivered to students in secondary school by a Youth work professional from Togher Link-Up Outreach Project

Introduction

This program is based on drugs awareness education for adolescents and is designed to complement the students' Social, Personal and Health Education (S.P.H.E.) subject that they study as part of their formal school curriculum. The idea for this drug education awareness program originated from what the youth work professional from Togher Link-Up saw as huge potential to develop a full program free of charge. It was his understanding from relevant research that the program would be relatively unique in its nature.

Aims and features of the program

The three main aims of the program are as follows:

1. To promote abstinence.
2. To delay experimentation.
3. To work towards harm reduction.

The main characteristics and features of the program are:

- Consistency
- Continuity
- A service delivery that is cognisant of the developmental stages of the students/young people and 'grows' with them year-on-year as they develop and mature.
- The professional relationship developed by having the same youth worker over the duration of the six-year cycle, together with external element (someone other than teaching staff) is key. These two elements give both adequate time and cast the youth worker as 'neutral', thus making it easier to build meaningful working rapport with the students.

Development of the program

The program developed organically over the last six years approximately, with the summer break period between academic years being used to reflect, renew, review and further develop the program based on experiences over the previous year. This included:

- Seeking new materials/best available educational resources, canvassing students through mediums such as a questionnaire allied to research on the topic of preventive drugs awareness education.
- Adapting to changes in public health policy, procedure and new information was another feature of the development process.
- On-going assessment of the compatibility of the program with the S.P.H.E. subject on the formal school curriculum.
- Adapting content in line with the development, age and maturation of the students as appropriate.
- Keeping up with best practice both professionally and in terms of the topic. For example, ensuring the program was inclusive and alive to the issues of the day in terms of substances.

Structure of the program

The program itself consists of three sessions of approximately forty minutes each per session, in each academic year respectively. In total, this amounts to 18 sessions in the course of the six-year second level cycle. In terms of the three sessions in a given academic year, they typically following the following format:

1st and 2nd Year

Session 1: Discussion on what a drug is and the language used around drugs

Objective: To engage young people and to clarify and explore drug terminology.

Session 2: DVD and interactive discussion session.

Objective: To use DVD to re-enforce learning, stimulate discussion and identify any change in perspective from last year.

Session 3: Delta 1 work sheet 'Drugs – What do you think'

Objective: To assist participation and inter-active peer learning and open a healthy discussion on drugs.

3rd Year

Session 1: Discussion on why young people take drugs.

Objective: To open the topic for discussion and self-learning. To gain alternative ways to address their needs without alcohol or drugs.

Session 2: DVD and interactive discussion session.

Objective: To use DVD to re-enforce learning, stimulate discussion and identify any change in perspective from last year.

Session 3: Review of DVD from session 2 the previous week and class discussion

Objective: To assist participation and inter-active learning and to gain understanding of process from abstinence.

4th Year

Session 1: Drug, Set & Setting:

Drug = type, quantity, how it's used. **Set** = person using the drug, e.g. their mood, male or female, age etc. and **Setting** = where they use the drug and what they are doing at that time.

Objective: To open the topic for discussion and self-learning. To explore the concept of drug, set and setting and things that can impact on drug effects and risks.

Session 2: DVD and interactive discussion session.

Objective: To use DVD to re-enforce learning, stimulate discussion and identify any change in perspective from last year.

Session 3: Recap on previous sessions and 'drug dilemma' questionnaire.

Objective: To assist participation and inter-active learning on the reasons young people may or may not use drugs.

5th Year

Session 1: To show how technology can teach us about the effects of drug misuse on the brain.

Objective: To open the topic for discussion and self-learning. To add new learning to general topic and to test its relevance and level of interest.

Session 2: DVD and interactive discussion session.

Objective: To use DVD to re-enforce learning, stimulate discussion and to explore coping skills.

Session 3: Recap on previous sessions and questionnaire.

Objective: To assist participation and inter-active learning on coping and using coping skills.

6th Year

Session 1: Alcohol: a Cultural Shift in Behaviours?

Objective: To open the topic for discussion and self-learning on what is the difference between abstinence, social drinking and harmful drinking?

Session 2: Booklet & Wrecked.ie DVD

Objective: To use DVD to re-enforce learning, stimulate discussion on the impact alcohol/drugs have on our roads.

Session 3: Visual encounter with all types of Drugs (imitation display case)

Objective: To bring awareness to current trends and risks associated with drug use and bring a visual awareness about drug types and their effects.

APPENDIX 3

Selected excerpts from the S.P.H.E. Module overview

Aim

Senior cycle SPHE aims to support students in making choices for health and wellbeing.

Objectives

The objectives for SPHE in senior cycle are to:

• develop self-awareness through opportunities to reflect on thoughts, values, attitudes and feelings.

• enhance students' knowledge and understanding of essential health concepts and the wider influences on health and wellbeing to enable informed decision making.

• develop students' self-efficacy; the confidence to think and behave independently especially in the face of social pressure.

• strengthen students' capacity to empathise with another person's situation, feelings and motives in order to enhance relationships with other people.

• develop coping strategies for adolescence and adult life in support of greater resilience.

• develop students' health literacy skills, including the ability to obtain, critically evaluate and act on health information in support of health and wellbeing.

• develop a willingness to participate in the creation and maintenance of healthy communities and environments.

Course overview

The SPHE curriculum framework is an enabling curriculum. Individual schools are encouraged to use the flexible nature of the framework to plan SPHE in their unique setting, choosing learning outcomes which are of interest to and important for their students. The learning outcomes describe what students should know, understand, and be able to do as a result of their learning experiences in SPHE. This outcomes-focused approach recognises that different students have different needs, cultural perspectives and life experiences. The framework builds on students' learning experiences in primary and junior cycle post-primary SPHE. Students achieve the learning outcomes at an increasing level of complexity as they move through their education.

The emphasis on what students should be able to do having studied SPHE provides an effective basis for monitoring, evaluating and reporting to parents and others in the wider school community. The SPHE curriculum framework emphasises the particular importance of a supportive whole school environment, effective learning practices and authentic approaches to assessment.

SPHE in senior cycle is built around five areas of learning. These areas of learning focus on what is important for students in senior cycle to know, understand and be able to do in order to make and maintain healthy lifestyle decisions. The five areas of learning are:

- Mental health
- Gender studies
- Substance use
- Relationships and sexuality education
- Physical activity and nutrition.

For each area of learning, there is a rationale and a list of learning outcomes which identify what students should understand and be able to do.

The learning outcomes draw on three interrelated perspectives which emphasise the multi-dimensional nature of health and wellbeing:

• **Emotional and social health and wellbeing** focuses on the knowledge and understanding, values, attitudes and skills students need to inform decisions about emotional, social and spiritual health and wellbeing.

• **Physical health and wellbeing** focuses on the knowledge and understanding, values, attitudes and skills that students need to inform decisions about physical health and wellbeing.

• **Personal and group health and wellbeing** focuses on knowledge and understanding of the wider influences on the health and wellbeing, an awareness of relevant supports and agencies in the community and the development of advocacy skills.

Substance Use

Decision making in relation to the harmful and healthy use of various substances is part of our everyday lives. One of the challenges of adolescence is learning to cope with the pressures presented by the availability of mood-altering substances, including alcohol and drugs. Young people are making these choices in a world of conflicting and ambiguous messages. Media and marketing pressures are compounded by the example set by significant adults and their attitude towards substance use.

Substance misuse presents many problems for society. It affects not only those who misuse substances but also those with whom they have relationships. It can limit a person's capacity to develop and take up life's opportunities and is a significant factor in mental and physical illness.

The dedicated SPHE class presents students with opportunities to examine their personal attitudes and values in relation to substance use generally and, specifically, in relation to alcohol. Students build on their understanding from junior cycle, continuing to examine the consequences and dangers associated with the misuse of alcohol and other substances. Students can consider the choices they are making and the consequences of these choices. Developing life skills which support healthy choices is central to substance use education.

The community and culture in which students live significantly influence lifestyle choices in relation to substance use. Young people need alternatives to alcohol, drug and tobacco use. The creation of supportive environments where young people are provided with other options is recognised as the way forward. SPHE has an important contribution to make in raising awareness and encouraging students to be proactive in relation to healthy attitudes to substance

use. Students ought to consider if their local communities provide young people with alternatives for a healthy lifestyle and how they themselves might organise or support these alternative activities. Students can evaluate the kinds of role models that they themselves are for younger people and identify other positive role models in relation to substance use.

The objectives of this area of learning are to:

1. Enhance students' knowledge and understanding about substance use and misuse

2. Develop awareness of personal experiences, values, attitudes and feelings which influence lifestyle choices about substance use

3. Develop students' personal and interpersonal skills so that they might have the confidence to act appropriately in the face of social pressures to behave differently

4. Examine life stories associated with the harmful use of substances to develop understanding and empathy with those involved

5. Examine the external influences on substance use including the media, peers and community.

STUDENTS LEARN ABOUT:	**STUDENTS SHOULD BE ABLE TO:**
substance use and misuse:	• Design an awareness campaign which defines what is healthy use and misuse of substances including over the counter drugs, prescription drugs, alcohol, tobacco and so called 'recreational' drugs • analyse the relationship between alcohol consumption, disposable income and the possible negative consequences for life style choices • highlight the personal and social implications of substance misuse when in education and employment settings
self-awareness and personal skills:	• discuss their own experiences, values, attitudes and feelings in relation to substance use

	• examine the different influences that impact on personal lifestyle choices about substance use, including family, friends, work, culture, gender, personal finances and the media
	• analyse the impact of the harmful use of substances on personal relationships and on sexual health
	• demonstrate personal skills to build confidence and self-esteem, including problem solving and decision making skills
relationship skills:	• provide examples of how lifestyle choices about substance use can impact on the health and well-being of others
	• create a role play or mime which demonstrates assertiveness skills in the context of peer pressure and substance use
	• demonstrate how to respond in an emergency situation caused by substance misuse
	• design an awareness campaign highlighting how young people can support themselves and/or each other in dealing with substance misuse by friends, family and/or work colleagues
stress management:	• recommend to other young people, strategies for managing stress in a healthy way, when feeling lonely, depressed or under pressure