



MID WEST REGIONAL  
DRUGS & ALCOHOL FORUM  
Clare • Limerick • N Tipperary



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Evaluation of the Impact of the Post Primary Substance Use Education Support Programme

*A substance use education programme for 2<sup>nd</sup> year pupils and their parent/guardians*



UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

Report compiled by Patricia Mannix McNamara, Keith Young, Neil Kenny and Sharon Moynihan, Research Centre for Education and Professional Practice, Department of Education and Professional Studies, University of Limerick.

---

## Foreword

Thankfully, many young people in Ireland live life in a very positive environment growing and developing in loving families, active communities and schools where their potential is realised.

Despite this we know that young people are confronted by concerns and challenges not least when it comes to the question of substances. Far too often our services encounter alcohol and drug related presentations in young people. The prevalence of alcohol use by those of school going age is at the high end with nearly half having tried at least one illicit drug prior to leaving school.

Drug & alcohol education in schools is primarily delivered in the context of the Social Personal & Health Education programme (SPHE) where substance use is one of the ten modules covered, and since 2006 has been a compulsory module.

It was in this context that the Drug and Alcohol Service in the Mid West were requested to design and tailor specialised educational resources on substance use. Specifically, they were to:

- develop and pilot an evidence-based, sustainable workshop for teachers, guardians/parents **and** their children, that will allow them to have a shared experience of drugs education.

The Let's Learn About Drugs and Alcohol Together (LLADAT) programme was developed in 2012 and piloted in a number of schools in the Mid West. The programme was well received and generated much attention.

Awareness of the programme has been promoted through a post primary schools art competition and has been rolled out, with great success, with demand as well as participation levels, ever increasing from schools, pupils and parents.

The LLADAT programme has undergone academic scrutiny with an evaluation conducted by the University of Limerick. The HSE Mid West is delighted to present the findings of the evaluation in this document. Such exercises enhance the quality of the training and services offered and will assist in the further development of the programme as well as aiding the design of future initiatives.

Special acknowledgement must be given to the Mid West Regional Drugs & Alcohol Forum, Mary Immaculate College, University of Limerick and the Professional Development Service for Teachers (SPHE) for their vision and leadership in developing and implementing such a progressive and beneficial project. The programme's success is due in no small part to their dedication, insight and experience. I look forward to this vital project going from strength to strength and commit my support to it.

Education is, of course, but one dimension in combating drug & alcohol abuse and I am delighted, therefore to see the project evaluation launched as part of the inaugural Mid West Drugs & Alcohol Awareness Week 2014 which brings together the other dimensions for tackling this issue.

**Bernard Gloster**

**Area Manager, HSE Mid West**

## **Acknowledgements**

The authors acknowledge the contribution of the following:

The participants who agreed to be interviewed or to participate in focus groups who were generous with their time and survey respondents who were also very forthcoming in their responses.

Dr. Sancha Power, Post-Primary Substance Use Education Worker with the Mid-West Regional Drugs and Alcohol Forum, who at all times facilitated and supported the research process.

The Let's Learn About Drugs & Alcohol Together Steering Group who comprised of:

Dr. Sancha Power, Post-Primary Substance Use Education Worker, Mid-West Regional Drugs and Alcohol Forum | Health Service Executive.

Anna O'Neill (Chairperson), Education Officer (Drugs & Alcohol), Health Services Executive Mid-West Drug & Alcohol Service.

Nina Smyth, Education Officer (Drugs & Alcohol), Health Services Executive Mid-West Drug & Alcohol Service.

Gearoid Prendergast, Co-Ordinator, Mid-West Regional Drugs & Alcohol Forum.

Rory Keane, Regional Co-Ordinator, Health Service Executive Mid-West Drug & Alcohol Service.

Eva Devaney, Mary Immaculate College and University of Limerick.

Brian Murray, Regional Manager Health and Wellbeing, Professional Development Service for Teachers.

Alanna O'Beirne, Health Promotion Officer for Primary Schools, HSE Mid-West and Mary Immaculate College Limerick.

Dr. Carol O'Sullivan, Lecturer in Social, Personal and Health Education, Mary Immaculate College, Limerick.

This independent evaluation was funded by the Health Services Executive Mid-West and commissioned by the Health Services Executive Mid-West Drug & Alcohol Services and the Mid-West Regional Drug & Alcohol Forum.

The research was led by Dr. Patricia Mannix McNamara (Principal Investigator) with the field work conducted by Mr. Keith Young and a research working group who comprised of:

Professor Marie Parker Jenkins (University of Limerick)

Dr. Neil Kenny (University of Limerick)

Ms. Sharon Moynihan (University of Limerick)

Dr. Jennifer Liston (University of Limerick)

Dr. Timothy Murphy (University of Limerick)

Dr. Jennifer McMahon (University of Limerick)

Published 2014

Coláiste Mhuire gan Smál



Mary Immaculate College



## **Executive Summary**

This report details the evaluation of the impact of the post-primary substance use education project “Let’s Learn About Drugs & Alcohol Together” designed by the Mid-West Regional Drugs and Alcohol Forum (MWRDAF) and the Health Services Executive (HSE) and implemented in the mid-west region of Ireland.

### **RESEARCH OBJECTIVES**

The objectives of this evaluation were:

- To document and analyse the impact of the LLADAT Programme for Pupils, Parents/Guardians and Schools.
- To analyse the sustainability of the LLADAT Programme.
- To analyse the key strengths and challenges of the LLADAT Programme in the mid-west Region.
- To make recommendations for the future development and implementation of the LLADAT Programme in the mid-west Region.

### **RESEARCH DESIGN**

The evaluation adopted a mixed method approach. Quantitative data were gathered in the form of questionnaires that were distributed to pupil and parent participants of the LLADAT Programme prior to and following completion of the programme. Qualitative data were gathered from the following sources:

1. Interviews with parents who participated in the programme.
2. Interviews with teachers who attended the programme.
3. Focus groups with pupils who participated in the programme.
4. Interviews with members of the LLADAT Steering Group.

### **RESEARCH PARTICIPANTS**

In total there were 239 survey participants. One hundred and thirty four of these were parents while 105 were pupils. Of the 134 parents, 68 attended both workshops while 33 each attended either workshop 1 or workshop 2 only.

A total of 8 parent interviews, 2 teacher interviews, 2 focus groups of 7 pupils each and 5 interviews with Steering Group members were conducted.

## KEY FINDINGS

### IMPACT

- A deep level of satisfaction with the programme was evident.
- Pupils and parents reported that they would recommend the programme to others.
- Information on drugs/alcohol was valued by parents.
- Parents reported that the LLADAT programme was effective addressing their needs specific to drugs education.
- Significant increases in perceived knowledge could be seen in parent/pupil knowledge of each of the substances covered and their effects.
- Significant increases could be seen in parent perceived confidence in talking to their child about each substance. Increases were evident in how often they planned to speak with their child about the substances covered post-programme.
- The majority of pupils (74%) reported feeling more comfortable in speaking with their parent about drugs on programme completion.
- Both pupils and parents reported finding it interesting working together developing their communication skills, ultimately gaining an understanding of one another's perspectives. This was valued highly by parents, who reported that communication on this topic has continued at home following completion of the workshop.

### SUSTAINABILITY

- In relation to structure and content, the programme evidences strong potential sustainability. Parents reported that their expectations had been met. Levels of satisfaction among parents and pupils across all the data strands were high. Parents valued the content of the programme and perceived that it had improved their knowledge and confidence levels.
- A cascading training model, whereby the current programme facilitator trains a large group of individuals (e.g. teachers, drug education workers, volunteers from addiction studies courses) to run the programme themselves could potentially offer more expedient fiscal and resource value. However, as with all cascading training models consistency and fidelity in terms of programme delivery can be difficult to maintain.
- Given the current impact and level of satisfaction with the programme there is significant potential at national level. Consideration of how the programme could be rolled out nationally is worthy of consideration.
- Due to varying levels of participation, clustering schools would be worth consideration and might be useful in terms of streamlining of resources.

## **STRENGTHS**

- The programme increased knowledge and confidence levels amongst pupils and parents of drugs/alcohol and their effects.
- LLADAT is based on an evidence-based approach through interactive and participatory workshops.
- Parental involvement in the programme was a key strength which resulted in parents working with their children with the ultimate aim of helping communication specific to substances between them to improve, by gaining an understanding of one another's perspectives.
- The programme facilitator was highly motivated and had the ability to relate well with participants thus ensuring comfort in the workshop environment. The content was well elucidated and she engaged with both parents and pupils at an effective, invitational and appropriate level.
- The programmes supplemental link to SPHE has significant potential and meets a current gap in this area. LLADAT effectively compliments the SPHE syllabus. The programme also enhances links between home and school for 2<sup>nd</sup> year pupils.
- The Steering Group expertise provided a wealth of invaluable experience and knowledge for programme development and implementation.

## **CHALLENGES**

- Increasing commitment from schools in relation to enhancing the number of participants who attend the programme is a particular challenge.
- Ensuring that teachers fulfil their duties prior to and during the programme is also a significant challenge to programme efficacy and sustainability.
- The development of the new Junior Cycle has added an element of uncertainty for the future in terms of the SPHE short course being optional for the school curriculum. A proposal for a substance use strand to be created in this environment of curricular uncertainty is a key challenge.
- Ensuring that adequate support is put in place so that the strategic development of this programme is not hindered is essential. A sustainable model of programme implementation (i.e. day to day running) and in tandem strategic development is required.
- Exploring the limitations raised by the NCCA guidelines surrounding benzodiazepines and prescription medication is problematic as education on these substances appears relevant and timely.

## RECOMMENDATIONS

- The programme received very positive evaluations and feedback from all participants in this report indicating its value and an imperative for continuation.
- A cost analysis should be undertaken for the purposes of bringing additional personnel on board to deliver the programme.
- Further research on various sustainable models of implementation would be of benefit.
- A pilot of the programme wherein various personnel are trained to deliver the workshop would be useful. Targeted personnel could include Home School Liaison Officers, Drugs Education workers and Teachers. Comparison of programme efficacy and fidelity with targeted personnel delivery and the current external facilitator would yield excellent insight into the potential for broader implementation of school based interventions.
- Investigation (with the aid of the PDST) of the potential that participation in the programme by teachers may count towards their CPD hours would greatly aid school and teacher engagement.
- Exploration of the feasibility of creating similar age-appropriate programmes for other age groups would be useful.
- Development of a detailed planning document for participating schools to help ensure that appropriate preparation for the programme is undertaken would greatly aid implementation.
- Consideration of clustering of schools might be useful in terms of streamlining of resources.
- Arrangement of Steering Group meetings with sufficient advance notice is required (this will need to be determined within the group), so that all members may schedule time to attend is essential for effective partnership.
- Links with The National Literacy Agency with an aim to summarise all workshop materials in plain English would be useful to aid document clarity.
- Exploration of the scope for including benzodiazepines and prescription medication in the programme is required.
- Workshop content should be amended in line with the major findings of this report.

# Table of Contents



## Table of Contents

Foreword.....	1
Acknowledgements.....	2
Executive Summary.....	4
List of Figures and Tables.....	13
List of Acronyms.....	14
1.0 Introduction .....	16
1.1 Background to Research .....	16
1.2 Research Aim .....	18
1.3 Research Objectives.....	18
1.4 Research Design .....	18
1.5 Outline of Report .....	18
2.0 Research Background and Context .....	20
2.1 National Drugs Strategy .....	20
2.2 Junior Cycle Education .....	21
2.3 Social, Personal and Health Education (SPHE).....	22
2.4 Substance Use SPHE Module .....	24
2.5 The role of visitors to the SPHE classroom .....	25
2.6 Effectiveness of Programmes .....	26
3.0 Evaluation Design.....	30
3.1 Parent questionnaires.....	30
3.2 Student questionnaires.....	31
3.3 Parent interviews .....	32
3.4 Student focus groups .....	32
3.5 Steering Group Interviews .....	32
3.6 Teacher Interviews.....	33
3.7 Data Analysis.....	33
3.8 Ethics .....	33
4.0 Research Results (Questionnaires) .....	35
4.1 Pupil Questionnaire Results .....	35
4.1.1 Gender .....	35
4.1.2 Age .....	35
4.1.3 Comfort in Speaking with Parents about Substances – Pre-Programme .....	36
4.1.4 Knowledge of Substances and their Effects.....	37

4.1.5 Programme Evaluation.....	39
4.2 Pupil Questionnaire Comments .....	40
4.2.1 Reasons for participation in LLADAT .....	40
4.2.2 Aims in participation .....	40
4.2.3 Strengths of the programme .....	40
4.2.4 Least useful programme components .....	41
4.2.5 Suggested Improvements to Workshop .....	41
4.3 Parent Questionnaire Results .....	43
4.3.1 Gender .....	43
4.3.2 Age .....	43
4.3.4 Area and Employment .....	44
4.3.5 How often do you speak to your child about Substances – Pre-Programme .....	45
4.3.6 Knowledge of Substances and their Effects .....	46
4.3.7 Confidence Speaking to Child about Substances .....	47
4.3.8 How often do you think you will speak to your Child about Substances – Post-Programme .....	48
4.3.9 Programme Evaluation.....	50
4.4 Parent Questionnaire comment Results.....	51
4.4.1 Reasons to taking part in the programme .....	51
4.4.2 Expectations of programme.....	51
4.4.3 Most valuable components of Workshop 1.....	52
4.4.4 Least valuable components of Workshop 1.....	52
4.4.5 Most valuable components of Workshop 2.....	53
4.4.6 Least valuable components of Workshop 2.....	53
4.4.7 Expectations for workshop 1 – were they met? .....	54
4.4.8 Expectations for workshop 2 – were they met? .....	54
4.4.9 Recommendations from Parents .....	55
4.4.10 Additional Comments .....	56
5.0 Research Results (Interviews and Focus Groups) .....	58
5.1 Impact .....	58
5.1.1 Information on Drugs/Alcohol Valued .....	58
5.1.2 Different Perspectives.....	59
5.1.3 Channels of Communication Improved .....	60
5.2 Strengths.....	61

5.2.1 Content and Structure .....	61
5.2.2 Parental Involvement.....	63
5.2.3 Programme Facilitator .....	65
5.2.4 Expertise of Steering Group Members .....	66
5.2.5 Partnership/Collaborative Approach .....	66
5.2.6 Integrated with SPHE .....	67
5.2.7 Links the home, school and community .....	67
5.3 Challenges .....	69
5.3.1 Programme Participants .....	69
5.3.2 Workshop Activities .....	71
5.3.3 Length of Programme .....	72
5.3.4 NCCA Guidelines .....	73
5.3.5 New Junior Cycle .....	73
5.3.6 Target Audience Limited .....	74
5.3.7 Communication Barrier.....	75
5.3.8 SPHE Syllabus Pre-Requisite.....	75
5.3.9 Involvement from SPHE .....	76
5.3.10 Organisation of Steering Group .....	76
5.3.11 Steering Group Representation .....	77
5.3.12 Haddington Road Agreement .....	77
5.4 Sustainability .....	79
5.4.1 Programme Satisfaction.....	79
5.4.2 Programme Facilitation.....	79
5.4.3 National Programme.....	82
5.5 Participants' Suggested Improvements .....	83
5.5.1 Teacher Responsibilities.....	83
5.5.2 Clustering Schools .....	83
5.5.3 Pupil/Parent Interaction .....	83
5.5.4 Drugs types and recognition .....	84
5.5.5 Compulsory Workshop.....	84
5.5.6 Improving Attendance .....	84
5.5.7 Follow-up Workshop/Class .....	85
6.0 Discussion.....	87
6.1 Demographic Profile .....	87

6.2 Expectations of Programme Participants.....	87
6.3 Programme Structure & Content.....	88
6.4 Programme Participation.....	90
6.5 Programme Facilitator.....	91
6.6 Role of Teachers.....	91
6.7 Participant Limitations.....	92
6.8 NCCA Guidelines.....	92
6.9 New Junior Cycle.....	92
6.10 Steering Group.....	93
6.11 Sustainability.....	93
7.0 Conclusions.....	96
8.0 Recommendations.....	99
References.....	100
Appendices.....	104
Appendix A - Pre-Programme Parent Survey.....	105
Appendix B – Post-Programme Parent Survey.....	107
Appendix C – Pre-Programme Pupil Survey.....	110
Appendix D – Post-Programme Pupil Survey.....	111
Appendix E – Focus Group Schedule: Students.....	113
Appendix F – Semi-Structure Interview Schedule: Parents.....	115
Appendix G – Semi-Structured Interview Schedule: Teacher/School Staff.....	116
Appendix H – Semi-Structured Interview Schedule: Steering Group Members.....	117

## List of Figures and Tables

<b>List of Figures</b>	<b>Page Number</b>
Figure 4.1 Pupil Gender	35
Figure 4.2 Pupil Age	35
Figure 4.3 Comfort Talking to Parents	36
Figure 4.4 Pre/Post Substance Knowledge	37
Figure 4.5 Parent Gender	43
Figure 4.6 Parent Age	43
Figure 4.7 Area + Employment	44
Figure 4.8 Speaking to Child	45
Figure 4.9 Pre/Post Substance Knowledge	46
Figure 4.10 Pre/Post Substance Confidence	47
Figure 4.11 Speaking to Child - Post Programme	48

---

<b>List of Tables</b>	<b>Page Number</b>
Table 2.1 Substance Use Module Curriculum	24
Table 4.1 Statement Responses (Pupils)	39
Table 4.2 Statement Responses (Parents)	50

## List of Acronyms

<b>CPD</b>	Continued Professional Development
<b>CSPE</b>	Civic, Social and Political Education
<b>DCRG</b>	Department of Community, Rural and Gaeltacht Affairs
<b>DES</b>	Department of Education and Skills
<b>HSE</b>	Health Service Executive
<b>LLADAT</b>	Let's Learn About Drugs and Alcohol Together
<b>MWRDAF</b>	Mid-West Regional Drugs and Alcohol Forum
<b>NCCA</b>	National Council for Curriculum and Assessment
<b>NDS</b>	National Drugs Strategy
<b>PCCC</b>	Primary, Community and Continuing Care
<b>PDST</b>	Professional Development Service for Teachers
<b>SPHE</b>	Social, Personal and Health Education

# Introduction



## **1.0 Introduction**

### **1.1 Background to Research**

The 'Let's Learn About Drugs & Alcohol Together' (LLADAT) post-primary programme began in September 2012 aided by funding made available by the Health Services Executive (HSE) for the development and pilot of "an evidence-based, sustainable workshop for teachers, parents and their children that would allow them to have a shared experience of drugs education". The inspiration to create such a programme was initially conceived by Education Officers HSE Mid-West Drug & Alcohol Service as a response to ongoing requests by schools (staff/management, students, parents associations) for educational inputs/expert speakers. Funding was secured by HSE Mid-West Drug & Alcohol Service from within the HSE Mid-West Social Inclusion Directorate and Primary, Community and Continuing Care Directorate who pledged the funding to ensure delivery by the HSE in their role as a partner in prevention as per the National Drug Strategy, 2009-2016. Throughout the process, senior management in both Directorates took a keen and active interest in the project.

The programme was developed by Dr. Sancha Power in consultation with a Steering Group comprising of representatives from the HSE Mid-West Drug & Alcohol Services, the Mid-West Regional Drugs & Alcohol Forum, Mary Immaculate College Limerick, the University of Limerick, the Health Promotion Unit (HSE and Mary Immaculate College) and a regional manager of SPHE Support Service with the Professional Development Service for Teachers. The resulting intersectoral and interagency partnership is highly valued by all organisations involved in the Steering Group, culminating in a stronger, mutually agreed initiative. The aim of the programme is to support and build upon the work of SPHE in the classroom, while addressing parent/pupil needs in drugs education and to create a dialogue on this topic between parents and their children.

For the Mid-West Regional Drugs & Alcohol Forum, the initiative provides a further layer of support for schools as a key partner in the prevention pillar of the National Drugs Strategy. It is one of many projects co-ordinated by the Forum and supported by their Education & Prevention subgroup.

In designing the project proposal, the objectives were to respond in a consistent planned way, in keeping with best practice in this area (of substance use education in schools). Key family risk and protective factors have been repeatedly identified by research. As a key objective in terms of outcomes, LLADAT endeavours to nurture protective factors relating to parent-child relationship and discussion of clear messages surrounding substance use. This meant that the concept of shared learning experiences became central and was a new approach because traditionally, parents and adolescents were addressed as separate groups.

For the programme to run in any school the following criteria must be met:

- Alcohol, Cannabis and Solvents topics must be covered with the pupils in SPHE class.
- A minimum of 6 parents/guardians must attend workshop 1 carrying through to workshop 2, providing 12 participants. Workshop 1 is always run regardless. Minimum numbers are an exception where school numbers are low.

Typically, only one facilitator runs the workshops, however, if numbers for workshop 2 were high for example, nearing 90, a second facilitator would attend.

The programme, which is structured as two individual workshops, is aimed at second year pupils in post-primary education and is grounded in the National Council for Curriculum and Assessment (NCCA) guidelines relating to substance use education in SPHE. The first workshop invites parents/guardians only to explore substance information; age-related development; parental influence; prevention messages; how to talk in the home; national and local services. The second workshop invites parents/guardians and their child to explore pertinent information regarding substance abuse, its effects and dangers in an activity based interactive workshop where pupils working with their own parents (or another family member) and others' develop their own responses and conclusion to activities.

The LLADAT programme was piloted across the mid-west region from January to May 2013. Both urban and rural schools were sampled for the pilot due to the demographic of the mid-western region. Urban schools were selected from Limerick City, while rural schools from Co. Clare. Schools in North Tipperary and County Limerick were excluded for the pilot phase. An internal evaluation report was completed in July 2013 and subsequently funding was sought for a regional pilot.

Having received funding for a regional pilot, which began in September of 2013, the programme has now been disseminated to 27 schools across the mid-west region, including North Tipperary and County Limerick (which had been excluded from the original pilot).

## **1.2 Research Aim**

To evaluate the impact of the post-primary substance use education support project “Let’s Learn About Drugs & Alcohol Together.”

## **1.3 Research Objectives**

- To document and analyse the impact of the LLADAT Programme for Pupils, Parents/Guardians and Schools.
- To analyse the sustainability of the LLADAT Programme.
- To analyse the key strengths and challenges of the LLADAT Programme in the mid-west Region.
- To make recommendations for the future development and implementation of the LLADAT Programme in the mid-west Region.

## **1.4 Research Design**

The evaluation adopted a mixed method approach. Quantitative data were gathered in the form of questionnaires that were distributed to pupil and parent participants of the LLADAT Programme prior to and following completion of the programme. Qualitative data were gathered from the following individual sources:

1. Interviews with parents who participated in the programme.
2. Interview with teachers attended the programme.
3. Focus groups with pupils who participated in the programme.
4. Interviews with members of the LLADAT Steering Group.

## **1.5 Outline of Report**

This report outlines the research design and presents the data.

Chapter 2: Literature Review

Chapter 3: Evaluation Design

Chapter 4: Research Results (Questionnaires)

Chapter 5: Research Results (Interviews and Focus Groups)

Chapter 6: Discussion

Chapter 7: Conclusions

Chapter 8: Recommendations

## Research Background and Context



## **2.0 Research Background and Context**

The following section will offer a brief overview of the position of the 'Let's Learn About Drugs & Alcohol Together' programme in the context of the National Drugs Strategy, junior cycle education in Ireland and more specifically the SPHE programme taught in schools.

### **2.1 National Drugs Strategy**

The National Drug Strategy (NDS) 2009-2016 has been an important influence in the development of the LLADAT programme since its inception. The strategy, developed by the Department of Community, Rural and Gaeltacht Affairs (DCRG) identified one overall strategic objective:

To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

(DCRG 2009)

While there are five pillars to the national drugs strategy, the LLADAT programme focuses on prevention and therefore is commensurate with the prevention pillar. The objectives specifically associated with this pillar are as follows:

- To develop a greater understanding of the dangers of problem drug/alcohol use among the general population.
- To promote healthier lifestyle choices among society generally.
- To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use.

(DCRG 2009)

These objectives combined with a series of key performance indicators for the delivery of the national drugs strategy help to inform the development of the LLADAT programme. The strategy goes on to define prevention in its context as a pillar:

Prevention of problem drug use, in a broad sense, seeks to prevent the taking of illegal drugs, the prevention of harm where drug taking has initiated and the prevention of relapse where drug treatment has started. It also seeks to increase the awareness and understanding of people of the consequences of problem drug use and to delay the onset of first use.

(DCRG 2009)

The role of education is essential in this regard, and the national strategy explicitly recognises this in its statement that "prevention and awareness programme in schools are a key element of the prevention pillar", commenting that the SPHE programme is "the foundation for developing awareness of drugs and alcohol issues in schools" (DCRG 2009).

However, challenges to the implementation of drugs education in schools and its role within SPHE remain, leaving some concern with regard to overall effectiveness. The national strategy is cognisant of the importance of “the commitment given to SPHE by schools and the support that teachers receive to deliver the programme” (DCRG 2009). There is little doubt that commitment of teachers and schools is essential but somewhat complex to foster and implement.

## **2.2 Junior Cycle Education**

Education is compulsory in Ireland from the ages of six to sixteen or until students have completed three years of second-level education (DES 2014a). The Junior Cycle is three years in length, with pupils typically beginning at the age of twelve (DES 2014b). The main objective of the junior cycle “is for students to complete a broad and balanced curriculum and to develop the knowledge and skills that will enable them to proceed to Senior Cycle education” (DES 2014b). The majority of subjects undertaken as part of the programme are formally assessed at the end of year three; however exceptions include Physical Education and SPHE (DES 2014c). A broad range of curricular areas are available for pupils to undertake, however the areas available for pupils to study would be largely based on the second level school they are attending. Some of these areas include: Irish, English, Mathematics, Spanish, Music, Business Studies, Technical Graphics and Materials Technology (Wood) (State Examinations Commission 2013).

A new junior cycle has now been developed and is due to be implemented in September 2014 with the new cohort of first year pupils commencing their second level education (NCCA 2014). This is the result of a policy position paper launched by the National Council for Curriculum and Assessment (NCCA) entitled ‘*Innovation and Identity: Ideas for a new Junior Cycle*’ (2010), which identified a number of ‘dilemmas’ in lower secondary education in Ireland. The proposals brought forward in the document were believed to ‘address the problems of rote learning and curriculum overload while providing for greater creativity and innovation’ (NCCA 2011a). ‘Towards a Framework for Junior Cycle’ was subsequently published (NCCA 2011b). This document outlined the approach which may be taken in the development of a new junior cycle and raised a variety of ideas which would see the focus of assessment shift to the schools themselves while also allowing them to build their own junior cycle programme from the prescribed framework.

‘A Framework for Junior Cycle’ was published in October of 2012 by the then Minister for Education and Skills Ruairí Quinn (DES 2012). This document detailed the Minister’s plan to reform the junior cycle in post-primary schools. While adopting many of the proposals made by the NCCA, this document also included further radical changes to how students’ progress and learning are assessed at junior cycle. Of these, one of the major changes included the replacement of the Junior Certificate Examination with “a school-based model of assessment where the emphasis will be on the quality of students’ learning experiences” (DES 2014d), but also the introduction of new option short courses which could be

undertaken. The arrangements for the implementation of the Junior Cycle Student Award were revised in a circular published in 2014 due to concerns expressed by education partners (DES 2014e). These revisions slowed the overall pace of change in the roll-out of Junior Cycle reform.

### **2.3 Social, Personal and Health Education (SPHE)**

All recognised schools in Ireland are required to use their available resources to promote the social and personal development of their students and to also provide health education under the Education Act of 1998 (Irish Statute Book 1998). A syllabus for the provision of SPHE at junior cycle was approved in April of 2000 by the Department of Education and Science (DES 2000). “SPHE can be traced back to pastoral care/tutorial system of the mid-1970’s, and later more structure programme initiatives, for example Likeskills for Health (1979), On My Own Two Feet (1991) and Relationships and Sexuality Education (1995)” (Nic Gabhainn et al 2010, p.454).

The aims of SPHE were set forth as follows:

- To enable the students to develop skills for self-fulfilment and living in communities.
- To promote self-esteem and self-confidence.
- To enable the students to develop a framework for responsible decision-making.
- To provide opportunities for reflection and discussion.
- To promote physical, mental and emotional health and well-being.

(NCCA 2000, p.4)

The underpinning ethos of Social and Personal Health Education is commensurate with the core principles of the Junior Certificate. SPHE is designed to complement them and to assist in their implementation from a holistic perspective (Geary and Mannix McNamara 2003, NCCA 2000). The programme contains ten individual modules which are as follows:

- Belonging & Integration
- Self-Management: A sense of purpose
- Communication Skills
- Physical Health
- Friendship
- Relationships and Sexuality
- Emotional Health
- Influences and Decisions
- Substance Use
- Personal Safety

(NCCA 2000, p.10)

A spiral format is adopted in terms of curriculum delivery, in that each of the ten modules are revisited incrementally each year of the Junior Cycle (Geary and Mannix McNamara 2003). In relation to the substance use module, which is of particular interest to this evaluation, this format helps to facilitate discussion on substances at age-appropriate levels. First year pupils would cover alcohol, tobacco and solvents, second year pupils would cover alcohol in more detail along with cannabis and finally third year pupils would cover ecstasy and heroin (NCCA 2000). The issues which are addressed as part of SPHE need to be done so at an age-appropriate level (Geary and Mannix McNamara 2003). This is particularly salient in the context of the content of this programme.

The SPHE support service, a national support service, dedicated to the teaching and learning of SPHE and in the delivery of in-service for teachers has now become a part of the Professional Development Service for Teachers (PDST 2014). The PDST aims “to provide high quality professional development and support that empowers teachers and schools to provide the best possible education for all pupils/teachers” (PDST 2014). The PDST is a support service of the Teacher Education Section, Department of Education and Skills and now encompasses supports previously supplied by other support services and programmes, such as:

- Social Personal and Health Education support service.
- Second-Level Support Service (SLSS)
- Junior Certificate Schools Programme (JCSP).

(PDST 2014)

As previously mentioned, new optional short courses will be implemented in the new Junior Cycle following the publication of *A Framework for Junior Cycle* (DES 2012). As SPHE may be included as an optional short course there will be future changes to its delivery and prominence within the junior cycle. The course which has been designed for approximately 100 hours of student engagement will have four individual strands: *Who am I?; Minding myself and others; Team Up* and finally *Mental Health and Wellbeing* (NCCA 2013). Substance use will form one part of the ‘Minding myself and others’ strand. Other short courses being designed by the NCCA which will be available include CSPE, Chinese, Digital Media Literacy and Programming/Coding (DES 2012). The now optional nature of SPHE is worrisome given that it is a subject that has traditionally struggled for parity of esteem (Mannix McNamara et al 2012). SPHE has also struggled considerably for a place on an already overcrowded curriculum (Moynihan et al 2014). Its relegation to optional rather than compulsory may serve to increase its disadvantage in a schooling climate where the cognate disciplines are valued more than the affective ones, particularly health education. Introduction of a programme such as LLADAT in such a climate is fraught with uncertainty but has never been more necessary.

## 2.4 Substance Use SPHE Module

As highlighted earlier, substance use is one of ten modules included in the SPHE curriculum. The content of the module focuses in particular on substance use and misuse but other modules of the programme which deal with developing self-esteem and communication skills also relate to the theme of substance use (NCCA 2001). In particular it is noted that ‘all of SPHE has a role in developing an informed and sensible attitude to substances’ (NCCA 2001). The module is designed to encourage pupils to explore the question of substance use in society, not only that of illegal substances but also of those which are legal and readily available such as tobacco and alcohol. The module itself seeks to “deal with a complex and emotive issue in a rational manner” (NCCA 2001).

Providing information on substance use to pupils can be somewhat delicate and particularly awkward for them. A majority of young people in schools would know that drugs are deleterious to health and wellbeing and have adverse social implications. While this is true, societal acceptance of these substances (particularly alcohol and tobacco) can make it much more difficult to discourage young people from experimenting, as they simply see it as something which is accepted. Inclusion of substance use education in SPHE is essential and this is evident in SPHE policy documents. The SPHE curriculum is developed in a spiral format. Each year sees the addition of new knowledge to compliment that which has been covered in previous years. Table 2.1 highlights all recommended substance use education exposure over the three years of junior cycle SPHE.

Table 2.1 Substance Use Module Curriculum

Year 1	Year 2	Year 3
<b>Why Drugs?</b> <b>Alcohol</b> <b>Solvents</b> <b>Smoking and its effects</b> <b>Smoking - why, why not?</b>	<b>The effects of drugs</b> <b>Alcohol and its effects</b> <b>Alcohol - why, why not?</b> <b>Cannabis and its effects</b> <b>Cannabis - why, why not?</b>	<b>Ecstasy - Realities</b> <b>Heroin - Realities</b>

Evaluations of SPHE show that teachers clearly acknowledge the importance of substance use education. In the national evaluation of SPHE implementation, substance use education emerged as most relevant of the SPHE modular content, with 90% identifying it as ‘most relevant’ of the topics. However, the level of emphasis placed in actual implementation and substance use education in schools fares less well in SPHE (Geary and Mannix McNamara 2003). This has remained less than optimal. A programme such as LLADAT offers a unique model within which to mitigate this disparity.

There is clearly scope to optimise intersectoral collaboration between schools, regional drugs and alcohol forums and the HSE for effective schools based substance use education in Ireland. Yet how this can be achieved is cause for some debate. The Department of Education and Skills (2014) *Report of the Working Group on Educational Materials for use in SPHE* explicitly advocates in its recommendations that “Collaboration is encouraged between relevant stakeholders, including the Local and Regional Drugs and Alcohol Task Forces, to promote awareness amongst parents/guardians of students that complements the SPHE programmes delivered in post-primary schools and centres for education. The report also recommends that “Links are established at national level between representatives of the Drugs and Alcohol Task Forces, the Youth Sector and PDST staff supporting delivery of SPHE to ensure that the roles and responsibilities of all (school and Centre for Education teaching staff, SPHE support staff, Drugs and Alcohol Task Forces and Youth Sector) are understood and that best practice guidelines in drug education and prevention are uniformly implemented.” Such links are clearly an important foundation upon which to build. However, these links can effectively cascade to local level also with the significant expertise available in the regional forums. Programmes such as LLADT harness such expertise and offer schools a coherent and pedagogically sound medium through which to support and enhance substance use education in schools.

## **2.5 The role of visitors to the SPHE classroom**

Visitors to the SPHE classroom are recognised as a ‘useful addition’ within the SPHE Teacher Guidelines (NCCA 2001), however, the NCCA are explicit in stating that ‘the delivery of the programme remains the responsibility of the teacher’ (p.28). Visitors are described as a ‘learning event’ which may aid in the delivery of the programme to pupils but are clearly seen as a support to the teacher in the first instance. NCCA guidelines also highlight that if a visitor attends a class, they would need to be briefed on the work done by the class to date relevant to their visit and that the school also needs to inform parents/guardians well in advance. Issues surrounding school policy also need to be highlighted for the school visitors where applicable.

A circular distributed in 2010 by the Department of Education and Science reiterated DES best practice guidelines in relation to visitors to the school and advised “management authorities of the necessity to adhere to best practice guidelines in the mandatory implementation of SPHE/RSE in the junior cycle and RSE in the senior cycle” (DES 2010, p.1). It highlighted that these programmes should be evaluated by teachers and pupils once they have been completed. Specific approaches to be avoided with visitors and external programmes are also highlighted by the department, and these are informed by research findings which advocate them as “counterproductive to the effective implementation of SPHE” (DES 2010, p.2). These approaches included the following; scare tactics, sensationalist interventions, testimonials, information only interventions, information that is not age appropriate, once off/short term interventions, normalising young people’s risky behaviour and finally using a didactic approach.

## 2.6 Effectiveness of Programmes

Some research has been conducted into the effectiveness of school-based substance use prevention programmes. A comparison of school-based substance use prevention programmes in the United States found that both the content and delivery method of these programmes contributes significantly to the effectiveness the programmes (Ennett et al 2003). It was found that those who taught evidence-based programmes were far more likely to implement both effective content and delivery. The authors went on to state that ‘use of evidence-based prevention programmes must be more widely promoted and that training is needed to ensure that the programs will be implemented as intended’ (Ennett et al 2003, p.12). Therefore should there be an appropriate evidence-based programme, it is vitally important that those implementing it have the necessary competencies to deliver it as intended.

A systematic review conducted in 2007 sought to evaluate the effectiveness of school-based interventions in preventing or reducing drug use (Faggiano et al 2007). For the purposes of this review interventions were classified as either skills, affective or knowledge focused. These were further defined as:

- i. Skills focused, aimed to enhance students’ abilities in general, refusal, and safety skills.
- ii. Affective focused, aimed to modify inner qualities (personality traits such as self-esteem and self-efficacy, and motivational aspects such as the intention to use drugs)
- iii. Knowledge-focused programmes, aimed to enhance knowledge, effects, and consequences of drug use.

(Faggiano et al 2007, p.387)

The outcome of the systematic review concluded that skills-focused programmes are the most effective school-based intervention for the prevention of early drug use. The estimates showed a 20% reduction of marijuana use and 55% of hard drug use from participants in these programmes. It is also important that appropriate evidence-based programmes are selected for the purposes of school-based interventions but that they are also administered by sufficiently trained and capable individuals.

A wide variety of school-based programmes have been developed and delivered. Morgan (2001) in an overview of the international and national research identified the following four classifications that these would be part of; The “facts”; Personal Factors/Affective Education; Social Influences; Multi-Component Approach. These have developed with time and as evidence surrounding the effectiveness of these programmes emerged they continued to develop and change.

The first generation of school-based programmes relied solely on information, teaching students about the effects of drugs, how they are used, and the dangers of drug use (Morgan 2001). It was underpinned by the belief that a 'good scare' by means of showing students the consequences of drug-taking would be effective; however, subsequent research indicated no change in drug use behaviour (Morgan 2001). While these programmes have been shown to "increase knowledge about and change attitudes toward drugs, tobacco, and drug use, actual substance use behaviours remain largely unaffected" (Morgan 2001).

A "fundamentally" different approach was then taken to "prevent drug use by enhancing personal development: affective education" (Midford 2009). These programmes aimed to "improve students' self-image and ability to interact socially, through discussion of feelings, values and self-awareness" (Morgan 2001). Midford describes the theory of these programmes as follows:

If young people were emotionally stronger and had better decision making skills that they would be better able to resist drug use.

(Midford 2009)

These programmes rarely addressed drug or alcohol use and rather focused on broader risk factors and social skills that were thought to be underlying factors in drug and alcohol use, with evaluations, again suggesting that these programmes were not especially successful (Morgan 2001).

The next approach focused on social influences. These programmes followed the assumption that "young people who use substances do so because of social pressures from peers, family, and the media as well as from internal pressures (the desire to look cool and popular)" (Morgan 2001). Therefore along with information components, these programmes also attempted to teach methods to counter the pressures to experiment. In this framework a number of different features can be seen as described by Morgan (2001):

- Normative education seeks to undermine the popular belief that drug use is more prevalent than is actually the case and that it is socially acceptable.
- Students learn resistance skills including assertiveness, goal-setting, problem-solving in an interactive delivery mode such as small group discussions, role playing and demonstrations.
- Students learn about the tactics of advertisements such as those for alcohol and learn counter-arguments to these messages.

These "theoretically and methodologically more rigorous" programmes demonstrated a change in drug using behaviour for the first time (Midford 2009). Other findings also suggested that social resistance skills training of this nature reduced the amount of young people who experimented with alcohol, tobacco and cannabis (Botvin and Griffin 2007).

A multi-component programme approach has now being adopted which has seen an extension to the social influences programme approach. This extension has involved a movement away from isolated school programmes to an approach that includes schools, communities and home. Extensions of this nature have included family-focused interventions and parenting programmes (Midford 2009). Researchers have viewed these extensions as complementary to the school-based programme and “in combination they produce an additive effect” (Midford 2009). Programmes which now incorporate these extensions are now multi-component or multi-modal.

The LLADAT programme adopts a multi-component/modal design in that the parent and pupil share a learning environment within the school, with the pupil also benefiting from a stronger link between SPHE, school and home.

# Evaluation Design



### 3.0 Evaluation Design

The scope of the evaluation undertaken was specific to the implementation of the 'Let's Learn About Drugs & Alcohol Together' programme in the mid-west region of Ireland. The research design was mixed method in nature involving three strands drawing data sources from:

- School based data collection
- Implementation partnership data collection
- Implementation process data collection

The intention behind this approach was to gain insight from those who experienced Let's Learn About Drugs & Alcohol Together workshops (children, parents, and teachers) while also to gain an understating of the role of the partnerships that drove the initiative. Attention to the implementation process through the Steering Group was also deemed important as this would illuminate the day to day experiences of the implementation.

Therefore, data were collected at several junctures and these are analyzed in this report;

- Parent questionnaires (n=134)
- Student questionnaires (n=105)
- Parent interviews (n= 8)
- Two student focus groups (n= 14)
- Five Steering Group interviews (n=8)
- School staff interviews (n=2)

#### 3.1 Parent questionnaires

Prior to participation in the workshops parents were asked to complete a pre-programme questionnaire (see appendix A). The aim of this questionnaire was to gather demographical information in terms of age, gender, occupation and number of children. The questionnaire sought to yield parent self-identified levels of knowledge (pre-programme) about alcohol, solvents and cannabis. It sought to assess their level of comfort in discussing alcohol, solvents and cannabis with their children and whether they currently discuss these substances with their children. The questionnaire also sought responses pertaining to the reasons for participation in the workshops and parental expectations of the workshops.

On completion of the workshops parents were again asked to complete a questionnaire (see appendix B). This questionnaire explored parent experience of the quality of the workshop delivery and content. The questionnaire sought to examine parent self-identified levels of knowledge (post-programme completion) about substances such as alcohol, solvents and cannabis. It sought to assess their level of comfort in discussing alcohol, solvents and cannabis with their children having completed the workshops. Parents were also invited to make recommendations for improvement. In addition a detachable section was included inviting parents to participate interview. Should parents wish to participate in interview they could complete this section with their contact details and return this separately thus protecting the anonymity of their survey completion.

In total one hundred and thirty four parents participated in the workshops. Sixty-eight attended both and completed questionnaires for both. Sixty-six attended just one (33 completed workshop one only; 33 completed work shop two only). These parents completed only one of the questionnaires.

### **3.2 Student questionnaires**

Prior to participation in the workshops students were asked to complete a pre-programme questionnaire (see appendix C). The aim of this questionnaire was to gather demographical information in terms of age and gender. The questionnaire sought to yield self-identified level of knowledge (pre programme) about alcohol, solvents and cannabis. It sought to assess their level of comfort in discussing alcohol, solvents and cannabis with their parents. The questionnaire also sought responses pertaining to the reasons for participation in the workshops and what students hoped to achieve by participating.

On completion of the workshops students were again asked to complete a questionnaire (see appendix D). This questionnaire assessed levels of knowledge (post-programme completion) about substances such as alcohol, solvents and cannabis. It sought to assess their level of comfort in working with their parents in the workshops. It also explored their experience of the content and workshop delivery. Students were invited to make recommendations for improvement. In addition a detachable section was included inviting students to participate in focus groups. Should they wish to participate in a focus group they could complete this section with their contact details and with parent permission signatures and return this separately thus protecting the anonymity of their survey completion.

In total one hundred and five students participated and completed the questionnaires.

### **3.3 Parent interviews**

Eight parents participated in semi-structured interviews. All interviews followed a similar pattern and were focused through an interview schedule of questions. The interviews were conversational in nature and their aim was to probe in more depth parents experiences of the quality, delivery and perceived efficacy of the workshops. Interviews were on average approximately 30 minutes in duration. The discussion during the interview centred on how the programme influenced parents' knowledge of drugs, its impact on their confidence in speaking to their child about drugs, and whether they had actually followed up and spoken with their children about substance use. For full detail of the interview schedule (see appendix F).

### **3.4 Student focus groups**

Two focus groups were conducted with students in 2 schools that had participated in the programme (one urban and one rural in location). Fourteen students took part (seven in each school). The focus groups were mixed in gender composition with eight male participants and six females taking part. The focus groups were approximately one hour in duration and were conversational in nature. The focus groups were designed to elicit maximum participation from students. The conversation was guided by a focus group schedule. The conversations centred on the students experiences of the programme, the relevance of the content, their experiences of the activities, and their suggestions for future activities. The focus groups also explored whether students perceived that the programme linked with their SPHE classes, how they experienced working with their parents and the efficacy of the programme in promoting more open dialogue with their parents about drugs. For full detail of the focus group schedule (see appendix E).

### **3.5 Steering Group Interviews**

Eight members of the Steering Group were interviewed. In the original design a focus group was intended however, pragmatically interviews were more efficient. Some Steering Group members opted to be interviewed in pairs, while others were interviewed individually resulting in three paired interviews and two individual ones. Once data had been collected from participants and preliminary data analysis conducted, interviews with the Steering Group commenced. The focus of the interviews was to explore the programme strengths. They sought to examine the challenges faces in LLADAT implementation and the strategies employed to overcome such challenges if encountered. Discussions were also held about the potential sustainability of LLADAT and how LLADAT and the school subject SPHE could potentially intersect more effectively. For full detail of the interview schedule (see appendix H).

### **3.6 Teacher Interviews**

Two teachers were interviewed for this evaluation. More teacher participation was sought but unsuccessfully. The focus of the interviews was to explore the suitability of the programme for second year pupils; what teachers perceived as the programme strengths and challenges; teacher expectations and recommendations. The interviews explored how teachers perceived the programme intersects with SPHE and its potential sustainability.

### **3.7 Data Analysis**

Quantitative data were manually inputted into the software programme Statistical Package for the Social Sciences (SPSS). Descriptive and inferential analyses were then performed. Qualitative data were coded and analyzed according to Braun and Clarke's framework (2012) for qualitative data analysis. Two researchers independently coded and analyzed the data in order to ensure rigor and to limit potential bias.

The results of the analysis are outlined in the following chapter.

### **3.8 Ethics**

Ethics approval for the study was granted by the Faculty of Education and Health Sciences Research Ethics Committee. The research was governed by a research working group in the University of Limerick which comprised of significant research expertise in education and schools based research. There were certain ethical principles that were held as inviolable throughout the research process. These were beneficence (that the research do good and/or achieve benefit for participants), non-maleficence (that the research do no harm) and the autonomy of persons (that participants rights and freedoms are at all times honoured). All participants were given information sheets clearly delineating the research parameters and expectations and outlining the freedom to decline participation or to withdraw at any stage without prejudice. Careful attention has been given to protecting the anonymity of participants and research locations.

## Research Results (Questionnaires)



## 4.0 Research Results (Questionnaires)

### 4.1 Pupil Questionnaire Results

#### 4.1.1 Gender

The gender demographics of pupils were as follows.

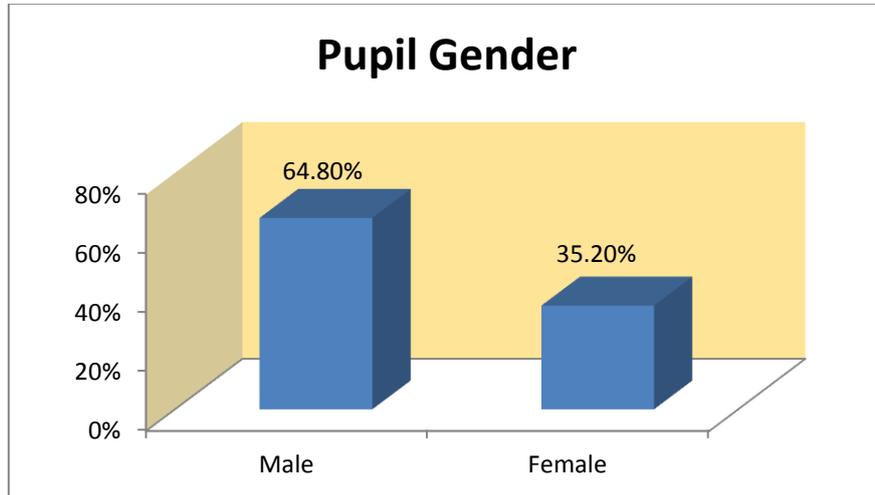


Figure 4.1

Figure 4.1 shows that 64.8% of pupils were male and 35.2% were female.

#### 4.1.2 Age

Pupils were asked to state their age. As the pupils who took part in the programme were all 2<sup>nd</sup> year secondary school students little variety in their age was expected.

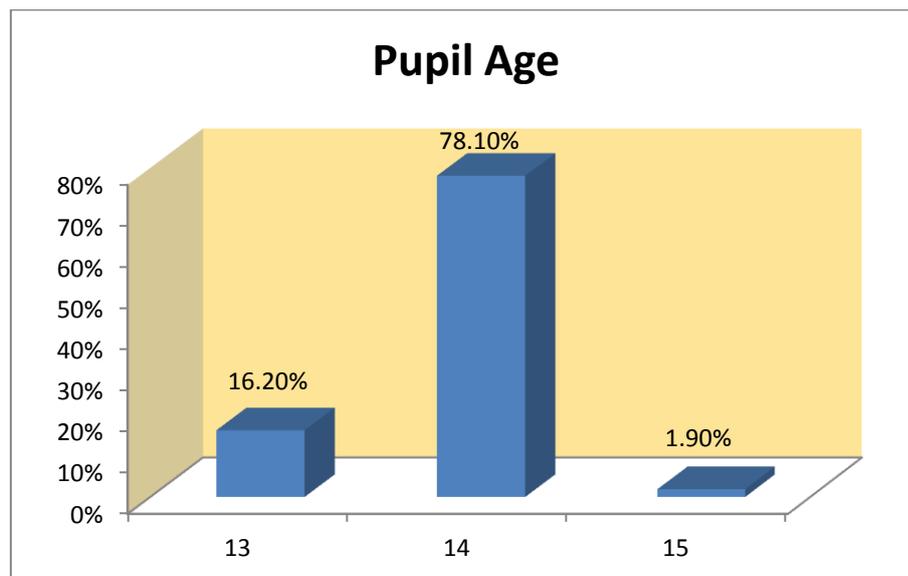


Figure 4.2

Figure 4.2 shows that the majority of pupils (78.1%) were aged 14. 16.2% of pupils were aged 13 and 1.9% aged 15.

#### 4.1.3 Comfort in Speaking with Parents about Substances – Pre-Programme

Pupils were asked to indicate how comfortable they would be speaking to their parents about the substances covered in the programme.

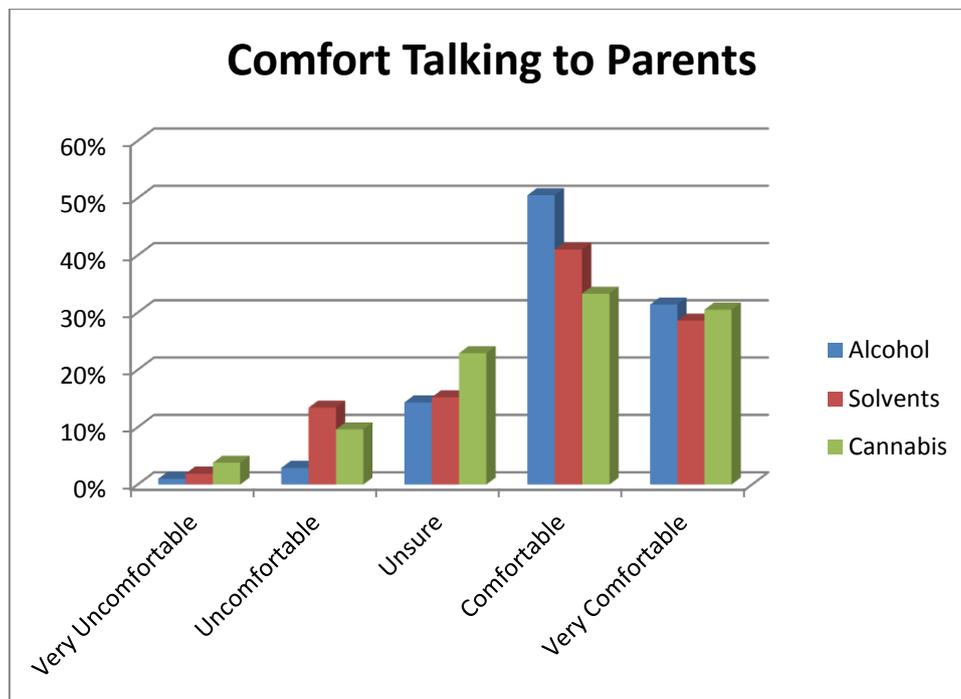


Figure 4.3

Figure 4.3 shows pupils comfort levels in speaking with their parents concerning alcohol, solvents and cannabis. With alcohol 32.4% indicated they would be very comfortable talking to their parents, 50.5% indicated they would be comfortable, 14.3% indicated they were unsure, 1.8% indicated they would be uncomfortable and 1% indicated they would be very uncomfortable.

With solvents, 29.6% indicated they would be very comfortable, 41% indicated they would be comfortable, 15.2% indicated they were unsure, 12.4% indicated they would be uncomfortable and 1.8% indicated they would be very uncomfortable.

With cannabis, 31.5% indicated they would be very comfortable, 33.3% indicated they would be comfortable, 22.9% indicated they were unsure, 8.6% indicated they would be uncomfortable and 3.7% indicated they would be very uncomfortable.

In all cases a majority of pupils felt comfortable talking to their parents about each of the three substances. A total of 82.9% of pupils indicated they would be comfortable speaking with their parents about alcohol, 70.6% comfortable with solvents and 64.8% comfortable with cannabis.

#### 4.1.4 Knowledge of Substances and their Effects

Prior to starting the programme and following its completion, pupils were asked to rate on a scale of 1 – 7 statements relating to their knowledge of the three substances covered in the programme. These statements read “I know about \*insert substance\* and its effects. 1 = Strongly Disagree while 7 = Strongly Agree.

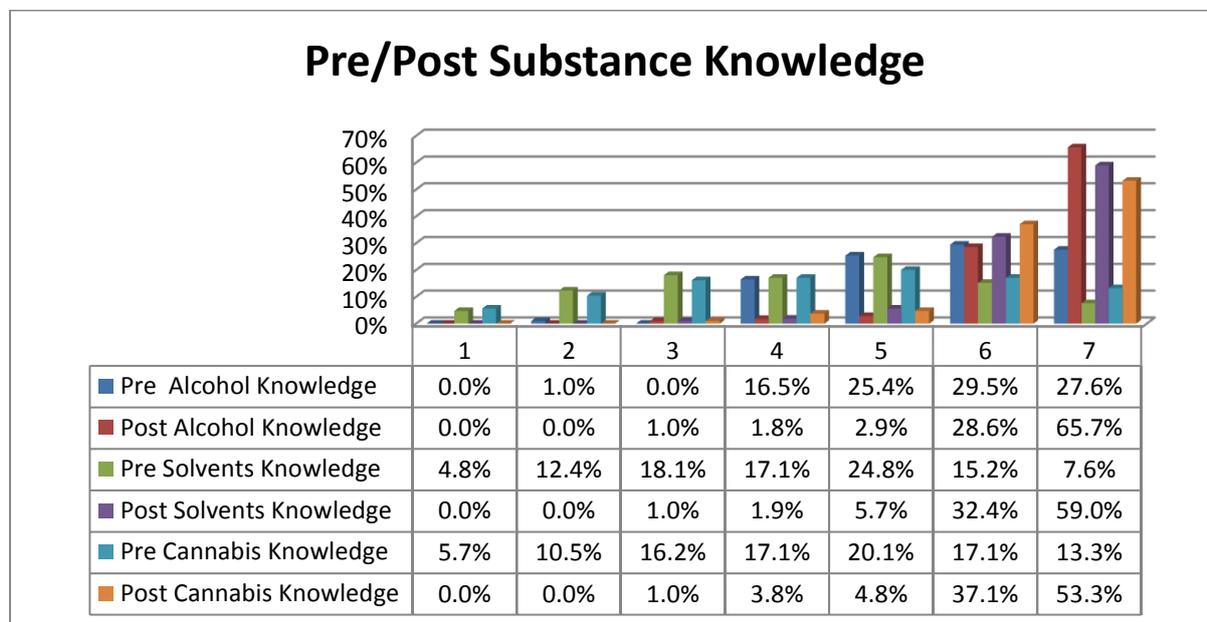


Figure 4.4

Figure 4.4 shows the post-programme results in comparison with the pre-programme results concerning each of the substances.

**Alcohol:** The number of pupils who agreed with the statement ‘I know about alcohol and its effects’ rose from 82.5% pre-programme to 97.2% post-programme. The number of pupils who ‘strongly agreed’ with the statement rose from 27.6% to 65.7%.

**Solvents:** The number of pupils who agreed with the statement ‘I know about solvents and their effects’ rose from 47.6% pre-programme to 97.1% post-programme. The number of pupils who ‘strongly agreed’ with the statement rose from 7.6% to 59%.

**Cannabis:** The number of pupils who agreed with the statement ‘I know about cannabis and its effects’ rose from 50.5% pre-programme to 95.2% post-programme. The number of pupils who ‘strongly agreed’ with the statement rose from 13.3% to 53.3%.

## **Programme Evaluation**

Pupils were asked to indicate their level of agreement with 18 statements designed to evaluate the programme and its activities.

Table 4.1 shows these results with green cells highlighting the highest % response from pupils in relation to each individual statement.

#### 4.1.5 Programme Evaluation

Table 4.1 – Statement Responses (Pupils)

Statement	Level of Agreement (%)				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Unsure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I found this workshop interesting.	42.9%	49.5%	6.7%	0.0%	1.0%
I enjoyed working with my parent in this session.	24.8%	49.5%	19.0%	5.7%	1.0%
It helped me to work with my parent.	22.0%	49.6%	21.0%	6.7%	1.0%
I really didn't want to come to this workshop.	8.6%	11.4%	28.6%	40.0%	11.4%
I enjoyed working in groups during the session.	42.9%	45.7%	8.6%	1.0%	1.9%
The facilitators were helpful.	46.7%	49.5%	1.0%	1.9%	1.0%
The workshop was relevant to me.	14.3%	43.8%	22.8%	14.3%	4.8%
I feel comfortable to talk to my parent if I have any questions about drugs.	44.8%	29.6%	18.1%	1.9%	5.7%
I found the content of the workshop easy to understand.	43.8%	51.4%	3.9%	0.0%	0.0%
I thought the Myth vs Fact exercise was good.	39.0%	51.4%	5.7%	2.9%	1.0%
I thought the Big Brother activity was good.	35.2%	52.4%	9.5%	1.0%	1.9%
I thought the Happy Birthday activity was good.	33.3%	53.3%	11.4%	1.0%	1.0%
I thought the Dilemma Dealing activity was good.	29.5%	54.3%	14.3%	0.0%	1.9%
I thought the Q and A section was good.	34.3%	45.7%	16.2%	2.9%	1.0%
My knowledge about the dangers of alcohol has increased	60.0%	33.3%	4.8%	1.9%	0.0%
My knowledge about solvents has increased.	66.7%	27.6%	3.8%	1.9%	0.0%
My knowledge about cannabis has increased.	65.7%	28.6%	3.8%	1.9%	0.0%
The question and answer session was helpful.	37.1%	48.6%	11.4%	1.9%	1.0%

## 4.2 Pupil Questionnaire Comments

### 4.2.1 Reasons for participation in LLADAT

Pupils were asked their reasons for participating in the Let's Learn About Drugs & Alcohol Together workshop. The vast majority (70%) indicated that they participated because they wanted learn more about drugs and their effects. Comments included for example: *'To learn about drugs and how they affect you'*; *'I am doing this workshop to find out about the real effects drugs have on us'*; *'Because I would like to find out more about the effects of alcohol, substance and cannabis abuse and its effects'*.

Being made to attend by their parents also emerged frequently (17% of pupils), for example: *'My mam made me'*; *'My parents made me'*; *'My mum made me come with her.'* Some simply identified that they had wanted to come themselves, evidenced by comments such as *'I want to'*; with others indicating individual interest, evident in the comment: *'Because I thought it would be interesting.'*

Three pupils<sup>1</sup> only cited that their teacher/school recommended the workshop to them evident in comments such as: *'Because the teachers recommended coming'*; *'I was encouraged by the school to attend.'* One pupil identified the relevance to a project that was being completed as part of SPHE class *'It's part of my SPHE project.'*

### 4.2.2 Aims in participation

Pupils were asked to identify what they hoped to achieve by taking part in the workshop. It emerged that a large majority of pupils, (95%), wanted to increase their level of knowledge and understanding surrounding the substances covered for example: *'To learn about different drugs, their effects and how they look'*; *'I am hoping to achieve a better understanding about drugs and alcohol'*; *'Learning the effects of drugs and how they affect our bodies'*; *'To know how to avoid drugs'*; However, some were less clear and articulated their lack of clarity in comments such as: *'I don't know'* and *'I don't know what to achieve.'*

### 4.2.3 Strengths of the programme

Pupils were asked to identify what they believed to be the best thing about the programme. It emerged that 49%, believed the best thing about the programme was simply that they learned about the substances: *'The consequences of alcohol abuse'*; *'I know a lot more than I knew*

---

<sup>1</sup> In this report, open comments that were coded into themes are generally quantified. Where no percentages are given these relate to single or a small number of comments which were not coded as full research themes, but yet provide insights that are useful for the evaluation.

*before I came* ; *I thought it was interesting learning about the substances*; *Learning more about effects of substance abuse* ; *Getting to know the effects they have on your body and brain.*

It emerged that others enjoyed the activities and their variety in particular *'The Q&A session, Big Brother activity and The Dilemma Dealing activity.'* Working in groups also emerged as a highlight of the programme: *'Working in pairs and learning new information about drugs, alcohol and solvents*'; *'Group work*'; *'Working in groups.'* Working with their own parents and others' parents was also identified as useful: *'I enjoyed working with the parents and seeing another opinion on the topic*'; *'Talking to my friends' parents* ; *'I got to work with other parents and my own parent in the workshop* ; *To communicate with different parents and my mom about these topics.'* The generation of a trusting community in the workshops was identified by one pupil: *'You were with people you could trust, that you knew.'*

#### **4.2.4 Least useful programme components**

Pupils were asked to identify what they believed to be the least useful thing about the programme. It emerged that 46%, believed that the programme was all of use evidenced in such comments as: *'I thought everything was helpful*'; *'Nothing*'; *'It was good, everything was useful*'; *'I didn't find anything wrong*'; *'Nothing everything was useful.'* Others identified individual activities as the least useful, however no more than five pupils identified any individual activity. Examples included *'The Q&A because I thought that it was hard to think of a question that wasn't already answered*'; *Myth vs Fact* ; *'Happy Birthday a bit like Big Brother* ; *'Dilemma Dealing* ; *'Big Brother* ; *'The stories that were told.'*

The length of the workshop was cause for comment for example: *'How long it took*'; *'Very dragged out*'; *'It was very long.'*

While for some having parents at the workshops drew positive comment as seen in the section above on programme strengths, for others it was a less positive aspect for example: *'Working with my own parent* ; *'Having parents there* ; *'With parents.'*

Reference was also made by pupils to the movement around the room as part of the activities *'The moving around.'* That other 'hard-core' drugs were not discussed was also identified: *'No hard-core drugs'*

#### **4.2.5 Suggested Improvements to Workshop**

Pupils were asked what they would change to improve the workshop. It emerged that 34%, said they would change nothing to the programme evidences in comments such as *'Nothing, everything was good*'; *'Nothing*'; *'Nothing, it's perfectly fine.'* However, of those who suggested improvements, having more activities during the workshop was suggested: *'To maybe have a few more games*'; *'More activities and experiments*'; *'More exercises*'; *'More games to improve our education*

about drugs. 'Decreasing the length of the workshop was also suggested: 'Shorten time'; 'Make it shorter'; 'Make it a little shorter.' Pupils also suggested that they would like to see the drugs: 'Bring in drugs to show'; 'Show us what drugs look like'; 'Examples of drugs.' Others indicated that they would like to learn about other drugs: 'Learn more about powder drugs'; 'Talk more about different types of drugs'; 'Talk more about drugs, different types, etc.'

A number of suggestions arose surrounding groups/groupwork: 'Work in bigger groups of 4, more than 2'; 'More group discussions'; 'Work in more groups of just pupils'; 'Maybe in one section let the adults work together and the children work together.'

Some pupils suggested 'More real life stories', others suggested having no parents present evident in comments such as 'Don't bring parents.' While the suggestion of having an ex drug user to come to the workshop to share their experiences: 'Get an ex-drug taker to speak' was also made.

### 4.3 Parent Questionnaire Results

#### 4.3.1 Gender

The gender demographics of parents were as follows.

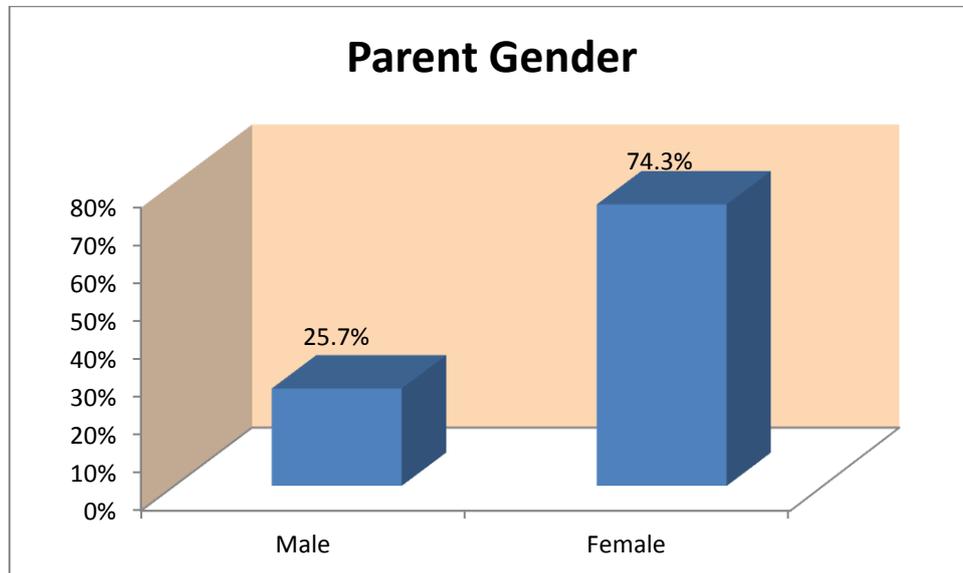


Figure 4.5

Figure 4.5 shows that 25.7% of parents were male and 74.3% were female.

#### 4.3.2 Age

Parents were asked to state their age. These results have been categorised across bands.

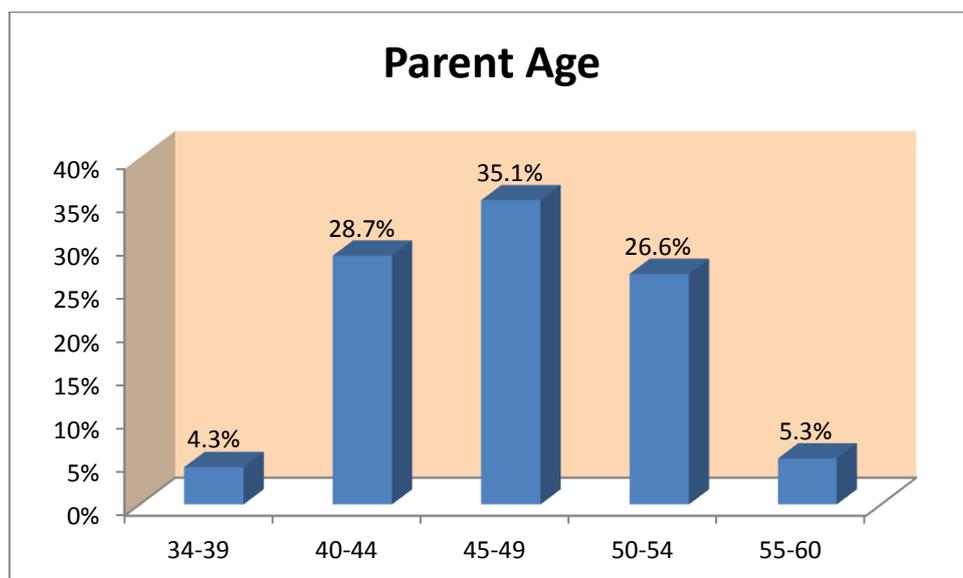


Figure 4.6

Figure 4.6 shows that the majority of parents (35.1%) were aged between 45 and 49. 4.3% of parents were aged 34-39, 28.7% aged 40-44, 26.6% aged 50-54 and 5.3% aged 55-60.

#### 4.3.4 Area and Employment

Parents were asked to indicate whether they lived in an urban, suburban or rural area and whether or not they were employed.

Figure 4.7 shows that 14.3% of parents lived in an urban area, 9.1% in a suburban area and 76.6% in a rural area. Of these 84.7% of parents were employed, with the highest levels of employment seen in urban areas.

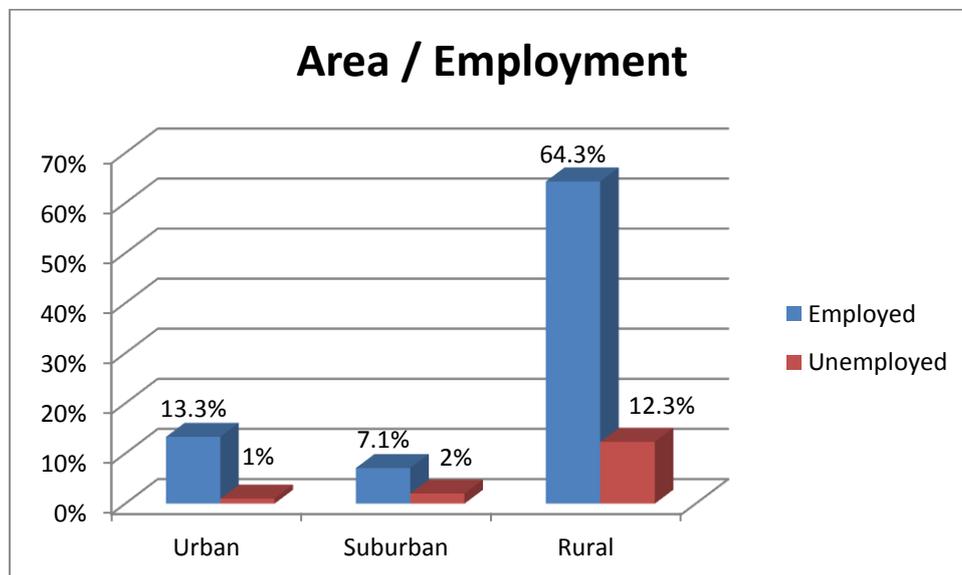


Figure 4.7

#### 4.3.5 How often do you speak to your child about Substances – Pre-Programme

Parents were asked to indicate how often they would speak to their child about any of the substances covered in the programme. They had four options to select from: Never; Seldom; Sometimes; Often.

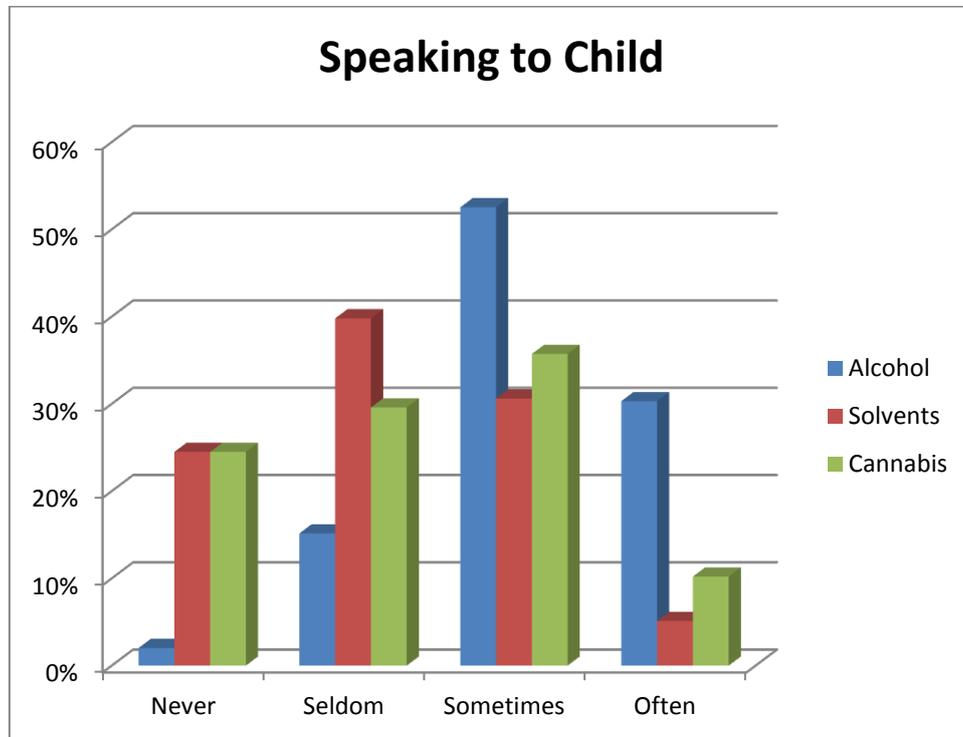


Figure 4.8

Figure 4.8 shows how often parents speak to their child about the substances covered in the programme. Specific to alcohol 2% indicated that they never talk to their child about alcohol, with 15% indicating seldom, 53% indicating sometimes and 30% indicating that they often speak to their child about alcohol.

Specific to solvents, 24% indicated that they never talk to their child about solvents with 40% indicating seldom, 31% indicating sometimes and 5% indicating they often speak to their child about solvents.

Specific to cannabis, 24% indicated that they never talk to their child about cannabis with 30% indicating seldom, 36% indicating sometimes and 10% indicating that they often speak to their child about cannabis.

### 4.3.6 Knowledge of Substances and their Effects

Prior to starting workshop 1 and following completion of workshop 2 parents were asked to rate on a scale of 1 – 7 statements relating to their knowledge of the three substances covered in the programme. These statements read “I know about \*insert substance\* and its effects. 1 = Strongly Disagree while 7 = Strongly Agree.

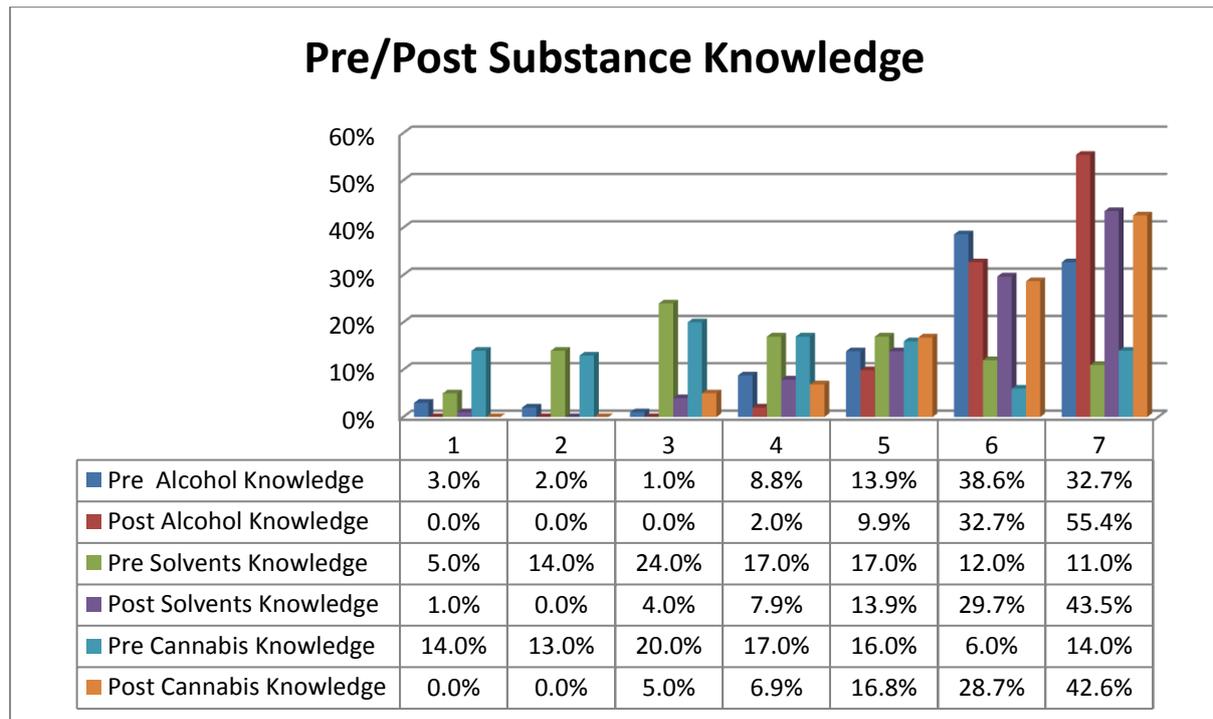


Figure 4.9

Figure 4.9 shows the post-programme results in comparison with the pre-programme results concerning each of the substances.

**Alcohol:** The number of parents who agreed with the statement ‘I know about alcohol and its effects’ rose from 85.2% pre-programme to 98% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 32.7% to 55.4%.

**Solvents:** The number of parents who agreed with the statement ‘I know about solvents and their effects’ rose from 40% pre-programme to 87.1% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 11% to 43.5%.

**Cannabis:** The number of parents who agreed with the statement ‘I know about cannabis and its effects’ rose from 36% pre-programme to 88.1% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 14% to 42.6%.

### 4.3.7 Confidence Speaking to Child about Substances

Prior to starting workshop 1 and following completion of workshop 2 parents were asked to rate on a scale of 1 – 7 statements relating to their confidence in speaking to their child about any of the substances covered in the programme. These statements read “I feel confident talking to my child about \*insert substance\*”. 1 = Strongly Disagree while 7 = Strongly Agree.

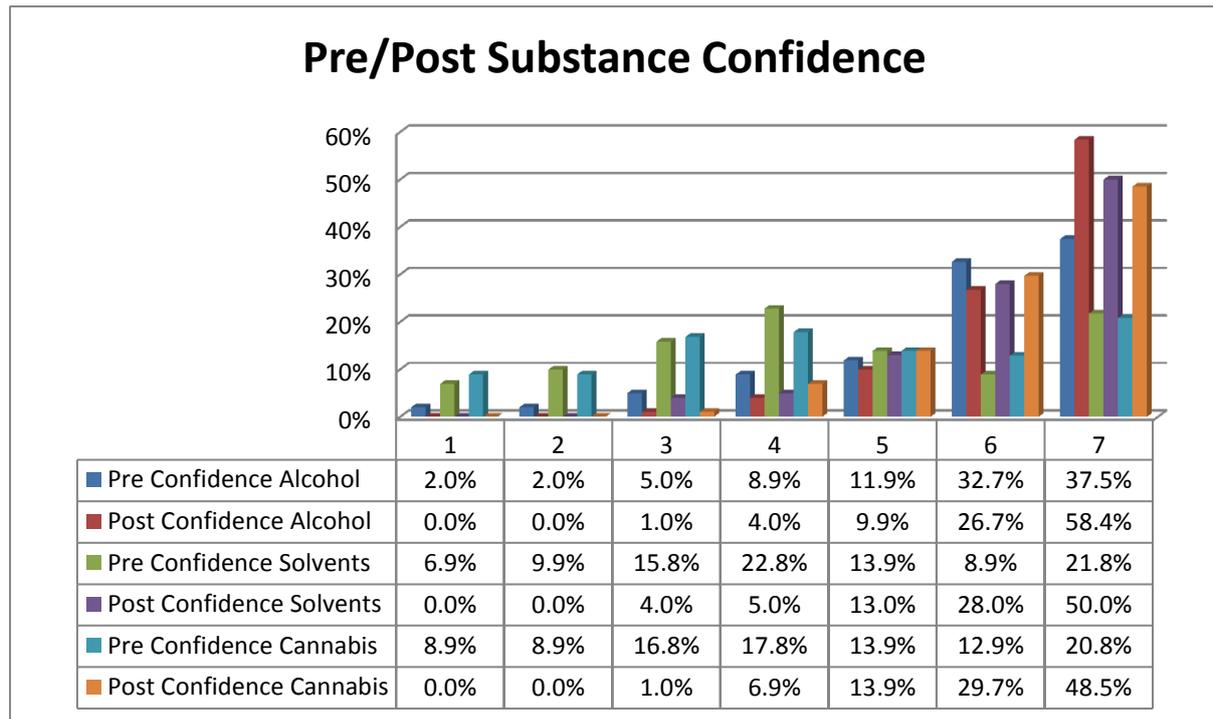


Figure 4.10

Figure 4.10 shows the post-programme results in comparison with the pre-programme results concerning each of the substances.

**Alcohol:** The number of parents who agreed with the statement ‘I feel confident talking to my child about alcohol’ rose from 82.1% pre-programme to 95% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 37.5% to 58.4%.

**Solvents:** The number of parents who agreed with the statement ‘I feel confident talking to my child about solvents’ rose from 44.6% pre-programme to 91% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 21.8% to 50%.

**Cannabis:** The number of parents who agreed with the statement ‘I feel confident talking to my child about cannabis’ rose from 47.6% pre-programme to 92.1% post-programme. The number of parents who ‘strongly agreed’ with the statement rose from 20.8% to 48.5%.

#### 4.3.8 How often do you think you will speak to your Child about Substances – Post-Programme

Parents were asked to indicate how often they thought they would speak to their child about any of the substances covered in the programme following its completion. They had four options to select from: Never; Seldom; Sometimes; Often.

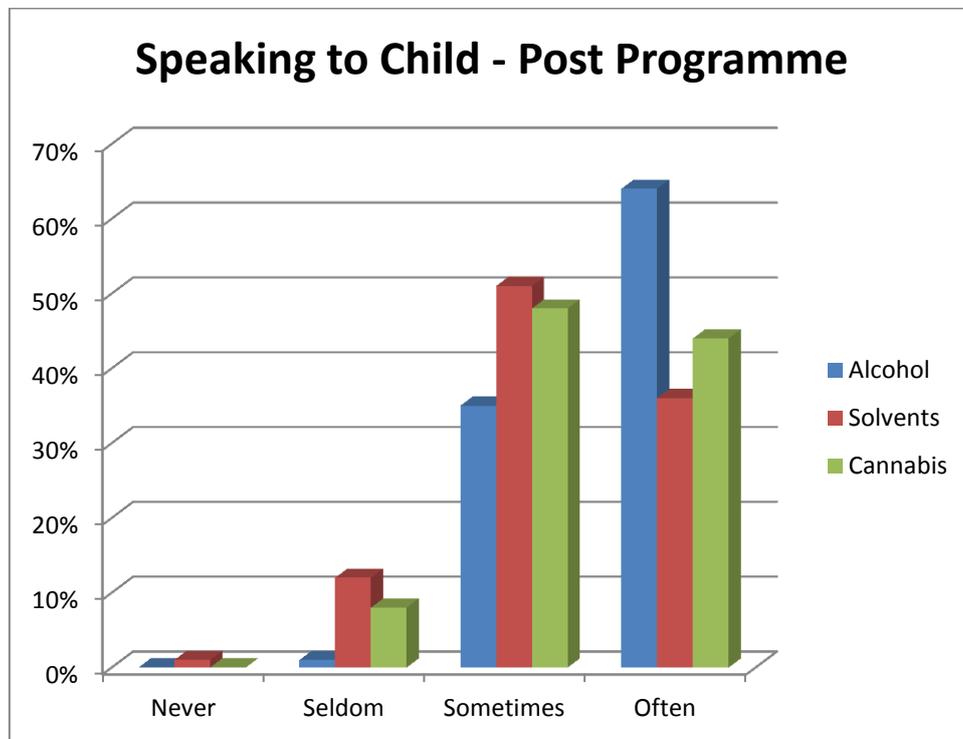


Figure 4.11

Figure 4.11 shows how often parents planned to speak to their child about the substances covered in the programme following its completion. Specific to alcohol 1% indicated that they seldom planned to speak to their child about the substances covered in the programme. Thirty five per cent indicated that they planned to speak to their child sometimes about the specific substances and 64% indicated they planned to do so often. In comparison with pre-programme the number of those who indicated often had risen from 29% to 64%.

Specific to solvents, 1% indicated that they never planned to speak to their child about solvents. Twelve per cent indicated they seldom planned to speak to their child about solvents, 51% indicated that they planned to speak to their child sometimes and 36% indicated they planned to do so often. In comparison with pre-programme the number of those who indicated often had risen from 4% to 36%.

Specific to cannabis, 8% indicated that they seldom planned to speak to their child about cannabis. Forty eight per cent indicated that they planned to speak to their child sometimes

and 48% indicated that they plan to do so often. In comparison with pre-programme the number of those who indicated often had risen from 9% to 48%.

### **Programme Evaluation**

Parents were asked to indicate their level of agreement to 12 statements designed to evaluate the programme and its activities.

Table 4.2 shows these results with green cells highlighting the highest % response from parents in relation to each individual statement.

Parents who had not completed workshop 1 were asked to leave any statements relating to the first workshop.

### 4.3.9 Programme Evaluation

Table 4.2 – Statement Responses (Parents)

Statement	Level of Agreement (%)				
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Unsure</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I was well informed about the learning outcomes of the workshops.	56.1%	32.7%	10.2%	0.0%	1.0%
Workshop 1 lived up to my expectations.	57.6%	39.4%	1.5%	0.0%	1.5%
The activities in workshop 1 helped me to understand and learn more.	64.6%	32.3%	1.5%	0.0%	1.5%
Workshop 2 lived up to my expectations.	61.0%	33.0%	3.0%	1.0%	2.0%
Working with my child in a shared environment like workshop 2 was successful for us.	64.0%	29.0%	5.0%	0.0%	2.0%
I found the pace of the workshops too fast for me.	4.0%	4.0%	3.0%	38.0%	51.0%
The resource booklet given out in workshop 1 is useful.	54.5%	34.8%	6.1%	1.5%	3.0%
Seeing the drugs was useful for me.	45.0%	37.5%	10.0%	5.0%	2.5%
The presentation was clear and coherent.	74.5%	22.4%	1.0%	0.0%	2.0%
The facilitator was effective.	82.1%	14.7%	2.1%	0.0%	1.1%
I found the PowerPoint presentation boring.	5.2%	1.0%	5.2%	30.9%	57.7%
I will be able to use what I learned	57%	36.0%	3.0%	2.0%	2.0%

## 4.4 Parent Questionnaire comment Results

### 4.4.1 Reasons to taking part in the programme

Parents were asked their reason for agreeing to take part in the Let's Learn About Drugs & Alcohol Together programme. A significant majority (84%) indicated that they participated because they wanted to educate themselves further on the topic. Comments included for example: *'To educate and inform both myself and my child about the substances'* ; *'To learn more about the effects and causes of drug taking'* ; *'To learn more about the effects of drugs and to try to understand the reasons behind the uptake of usage by younger people.'*

A desire to be able to help and communicate with their child was raised also (18% of parents), for example: *'To be able to teach my children about effects'* ; *'To protect my child'* ; *'To help me in dealing with these issues with my children'* ; *'To increase my knowledge about the current situation to help my child through life'* ; *'Learn how to talk to my child about drugs'* ; *'To be able to communicate with my child about drugs.'*

Six parents identified it as an important topic or recognised it as a bigger issue today as drugs are much more widely available, evident in comments such as: *'I feel it's an important topic'* ; *'With drug abuse being so present it seems right'* ; *'I feel that drugs and alcohol are so much more widely available to teenagers today.'*

### 4.4.2 Expectations of programme

Parents were asked what their expectations of the programme were and what they hoped to achieve by taking part. A total of 91% of parents took part in the programme with the expectation and aim to increase their level of knowledge and understanding surrounding the substances covered. Comments included for example: *'Just to make me more knowledgeable about the harms of drugs'* ; *'Get more knowledge about drugs + what to do about it'* ; *'Be more aware of drugs.'* Some went on to highlight the ability to know what signs of drug use to look out for as evidenced by the following comments: *'To know better what signs to look for'* ; *'A better understanding of the reasons why young people take drugs and the danger signs to look out for'* ; *'Signs of drug use.'*

Enhanced communication skills with their child surrounding drugs also emerged frequently (20% of parents), for example: *'Be more confident talking to my child about this subject'* ; *'How to speak and what to say to my kids'* ; *'To be able to engage with my child about drugs + solvents.'*

Reference was also made to possessing the skills required to 'handle' or 'deal' with a situation if it arose: *'How I should handle this situation'* ; *'Practical information on what parents should do if they that their child is experimenting with any substances'* ; *'How to address any situation around these issues if any should arise.'*

---

#### **4.4.3 Most valuable components of Workshop 1**

**Outline of Workshop** – *The first workshop was for parents only and explored: substance information; age-related development; parental influence; prevention messages; how to talk in the home; national and local services and finally an explanation of what to expect of workshop 2.*

Following completion of the programme parents were asked what they felt was most valuable from workshop 1. Matching with their expectations and what they aimed to achieve a significant majority (78%) indicated that the information and knowledge surrounding the substances given to them as most valuable, as evidenced by the following comments: *'Concise information about effects of substance abuse'; 'I learned a lot about the different types of drugs and their effects'; 'Information about drugs and their prevalence'; 'Explanation of different types of drugs/what to look out for.'*

The booklet provided to parents also emerged as a valuable component from workshop with comments such as: *'Getting the book'; 'The book was excellent.'* Being provided with exact facts + figures was also cause for comment by 12% of parents, for example: *'Finding out the facts and figures'; 'The facts and statistics'; 'Research facts + figures in relation to the mid-west region.'*

Five parents indicated that seeing the drugs in the form of images and replicas was most valuable: *'Seeing what the drugs look like'; 'Seeing the drugs, knowing how a joint is rolled.'*

Reference was also made by a smaller number of parents to the effectiveness of the facilitator of the workshop: *'Great facilitator.'* Working with other parents was also identified: *'Great with other parents.'*

#### **4.4.4 Least valuable components of Workshop 1**

Parents were then asked what they felt were the least valuable components of workshop 1. A significant majority (73%) indicated that it was all valuable and they could select nothing as a least valuable component. Examples of statements included: *'I thought it was all relevant'; 'Nothing – all valuable'; 'Nothing, I found everything had a use'; 'All information was very effective and informative.'*

The length of time the workshop took emerged from comments such as: *'Presentation was a bit long, if possible make it a little more concise'; 'I felt the workshop went too fast.'*

Individual parents pointed towards activities or aspects of them as the least valuable components – however these were individual comments and were not characterised by consensus. Comments included: *'Working in pairs, trying to agree with your partner on too many things'; 'Wasn't sure about the activities'; 'Negative example of doctor/president etc., didn't find it relevant'; 'The post-it questions.'*

Reference was also made to information regarding drugs themselves: *'Maybe not enough guidance on how drugs are easily available. Where can be purchased, just for parent to know.'*

#### **4.4.5 Most valuable components of Workshop 2**

**Outline of Workshop – The second workshop was for parents and their children. It offered an age-appropriate approach to drugs education, covering information relating to the substances covered, their effects and the dangers. This took an experiential learning format that was activity based. It also served as a Q&A session.**

Parents were asked at the end of the programme what they felt were the most valuable components of workshop 2. Communication with their children and listening to their point of view emerged as the most valuable component of the workshop with 61% of parents identifying it. Comments included for example: *'Hearing the viewpoints of our children'; 'Listening to what our children had to say'; 'Interaction between parents and children'; 'Working with other kids. They know a lot more than I did at their age'; 'Listening to feedback from students and getting other points of view.'*

The second most common component to emerge from the parents' responses (17% of parents) was the information presented to them, similar to how they valued workshop 1. Examples include: *'Learning about drinking and its effects'; 'The discussion about alcohol and solvents'; 'The information given to students'; 'The information that was given was easy to understand.'*

Others highlighted individual activities and aspects associated with these that helped to make the workshop fun and enjoyable, for example: *'The fact/myth section was fantastic'; 'Group interactions'; 'Exercises – fun/practical way to do things.'*

#### **4.4.6 Least valuable components of Workshop 2**

Parents were then asked what they felt were the least valuable components of workshop 2. A significant majority (82%) indicated that it was all valuable and they could select nothing as a least valuable component. Examples of statements included: *'Nothing really as I thought it was all relevant'; 'Each element linked to overall flow of presentation – there are no negative comments'; 'All worthwhile + enjoyable'; 'Nothing, I enjoyed it all'; 'All parts were valuable and were important.'*

From those who did believe there were negative components the length of time of the workshop again emerged similar to the least valuable components of workshop 1. It is worth noting that while this was the largest single thing to emerge, it does only account for six parents' views. Examples included: *'The speed of the workshop'; 'The Dilemma Dealing could have been snappier'; 'Length of time given to activity on alcohol – could be limited'; 'Length of time, is too long.'*

Reference was also made to components individual parents felt were missing from the workshop: *'No real alternative suggestions. For instance no discussion of alcohol/drug free social places/facilities for teenagers'; 'Needed more real life stories to highlight dangers more esp. for teenagers.'*

#### **4.4.7 Expectations for workshop 1 – were they met?**

Parents were asked if they perceived that workshop 1 did not live up to their expectations to outline why this was the case and to detail what they would have preferred to see in the workshop. A vast majority (91%) of those who completed this section believed that their expectations were met and did not detail anything that they would have preferred to see in the workshop. Comments included for example: *'Was excellent'; 'It lived up to my expectations.'*

Of those that did provide suggestions, length of time emerged once again from two individual parents with conflicting views. One suggested that the workshop should be made *'..a little more concise,'* while the other felt *'longer time should be given.'*

Reference was also made to other types of drugs by two parents: *'More examples, pictures of drugs, tablets etc. We only saw an example of cannabis.'*; *'I expected to hear about other types of illegal drugs i.e. cocaine, heroin, tablets, prescription meds etc.'*

#### **4.4.8 Expectations for workshop 2 – were they met?**

Parents were asked if they perceived that workshop 2 did not live up to their expectations to outline why this was the case and to detail what they would have preferred to see in the workshop. A significant majority (83%) of those who completed this section believed that their expectations were met and did not detail anything that they would have preferred to see in the workshop. Comments included for example: *'Workshop was excellent'; 'All valuable'; 'It lived up to my expectations.'*

Wanting more time spent with their own child emerged as the most common of suggestions for this workshop, for example: *'Would have preferred more time with my own child'* ; *'A little more interaction with my own child.'*

Again similar to the previous section, the length of time emerged as a point of conflict for two individual parents, with suggesting a *'faster pace'* and the other suggesting *'..longer time should be given.'*

The remaining comments concerned the Dilemma Dealing activity being *'..a bit too long,'* a request from one parent to *'See more parents attend'* and finally an expectation to *'hear about other drugs: cocaine, heroin, etc.'*

#### **4.4.9 Recommendations from Parents**

Parents were asked to recommend changes/improvements to either of the workshops moving forward. A large number of parents (45%) who responded made no recommendations and instead highlighted how much they enjoyed the programme, for example: *'Good programme, education is the key to awareness'*; *'No it seemed a full and incisive workshop'*; *'No – was excellent – facilitator was coherent and very effective.'*

Improving the attendance rates at the workshop emerged as a point of importance for some parents become evident in comments such as: *'I think it would be good to combine all the secondary schools from our locality. It is so disheartening to see such small numbers attend such an informative and valuable workshop'*; *'Encouraging more participation from parents + students of 2<sup>nd</sup> years'*; *'Try and encourage school heads to encourage more students to attend'*; *'Make it mandatory that all parent + students attend.'*

Some parents believe the workshop could benefit from visits from individuals from different fields of work or who have previously been a drug-addict: *'Bring in a paramedic to speak'*; *'Talk from an addict or someone who has experienced it first-hand'*; *'I would like to bring a Garda in for half an hour to show parents the different types of drugs around at present.'*

The length of time of the workshop emerged once again as a point of conflict between parents. Some said the programme was too long: *'Quite long with no breaks'*; *'2.5 hours is too long.'* Slightly more believe that more time should be given and pace slowed down: *'Maybe give more time'*; *'Give more time to the workshop as it is a bit hurried.'*

Other recommendations included:

- *Booklet for kids.*
- *Do more activities with children on their own.*
- *Give a more graphic presentation of the effects as a shock would be effective.*
- *More focus on statistics. More focus on negative impacts as experienced by regional drugs task force, ambulance, gardaí etc.*
- *The more interactive elements the better.*
- *Would prefer to work more with my own child in a group to get their feedback.*
- *More interaction with own child.*
- *Aim at 1<sup>st</sup> year students/parents or 6<sup>th</sup> class national school.*

#### **4.4.10 Additional Comments**

Parents were provided with space at the end of the survey to write any additional comments if they chose to. The majority of these (71%) were in praise of the programme, its content and what it had helped parents to achieve. For example: *'Presentation was well put together. Discussion was very engaging and informative. Working with groups of younger people and getting their views was very refreshing'; 'Excellent course, surpassed my expectations and the message and lessons were well taught. Pace was perfect as was the content and the interactive joint session was excellent'; 'I found this course very interesting. I discovered that I did not know the dangers of everything, especially solvents. I feel now that I am more equipped with the right information to talk to my son.'*

The effectiveness of the facilitator emerged frequently (18% of parents) throughout the comments as evidenced by such comments as: *'Sancha was very informative – great presenter'; 'Sancha was truly brilliant and informative'; 'Dr Sancha Power was excellent, a fantastic teacher, great way of communicating with children and adults'; 'Excellent facilitator.'*

Issues of attendance were raised by parents also: *'Should be mandatory for every parent as well as child'; 'Disappointing the attendance was so small – greater effort should be made by parents council to avail of such an important information sharing experience'; 'Should be compulsory for both parents + students.'*

Other parents wanted the programme expanded in terms of content and target audience: *'I would like to learn about the effects of ecstasy tablet...these are so easy to take and not enough information is given on these drugs and their effects'; 'I hope that there will be other workshops as time goes on to deal with other issues/drugs and as our child/young person grow and maybe start attending discos etc...where there will be more dangers and higher class drugs available/around that the dangers will be outlined for them and us (the parents).'*

Other comments included:

- *I think that children can take in more visual examples and would benefit from a talk from another young person who's used before possibly. Examples of more drugs, video of addict + where they live etc.*
- *Less emphasis on the child attending the 2<sup>nd</sup> night. Parents might have been reluctant to attend if their own child was not willing to go. After 1<sup>st</sup> night parents would have been more willing and more persuasive to encourage their child to attend.*
- *Involve talk from Gardaí, medical, nursing, ambulance staff who deal with the immediate effects.*

## Research Results (Interviews and Focus Groups)



## 5.0 Research Results (Interviews and Focus Groups)

This chapter details the emergent themes from the qualitative data collection phase which involved eight parent interviews, two teacher interviews, two pupil focus groups and interviews with the Steering Group. These have been given codes represented as follows: Parent Interview = PI; Teacher Interview = TI; Focus Group = FG; Steering Group Interview = SG.

### 5.1 Impact

#### 5.1.1 Information on Drugs/Alcohol Valued

It emerged throughout the parent data that significant value was associated with the content that was being covered in the workshops, which was of interest to parents:

*I just thought it would be a good time for me to become a little bit more aware as well of what's happening out there and how much information he knows, you know?*

(PI1)

*I have five children, so I know there are drug problems and I just want to be more aware.*

(PI2)

*I decided I wanted a little bit more knowledge just with around certain drugs that I mightn't have heard of and solvent use and that type of thing. So, that's why I decided. For knowledge...and maybe I felt I could tell what to look for because I haven't ever seen them myself.*

(PI5)

Similarly pupils noted that the programme presented information on alcohol, drugs and solvents which was valuable and was complimented by the real life stories that were presented to them. Some suggested that this created a fear factor:

*I was kind of scared afterwards but it was good to be scared. If you're afraid of something you're hardly going to go and try it.*

(FG1)

### 5.1.2 Different Perspectives

Pupils thought that gaining the parents perspective was interesting:

*Well, it was nice to have an adult's view or perspective. It sort of helped it.*

(FG1)

*Yeah, because then you got to see like their point of view on subjects.*

(FG1)

Albeit uncomfortable at times:

*We couldn't really say stuff because the parents...*

(FG2)

Parents also enjoyed gaining the perspective of not only their child, but others, while some experienced difficulty:

*I think those sort of workshops give you an opportunity to actually see where they're coming from...The youngsters hadn't realised the parents did know something. You know, that sort of way so it was kind of eye-opening for both sides.*

(PI3)

*Especially for children that you wouldn't know that well, you know. It was hard to get their opinions from them.*

(PI1)

Parents believed that gaining an understanding of their child and what they knew about drugs and alcohol was interesting:

*I just thought it would be a good time for me to become a little bit more aware as well of what's happening out there and how much information he knows, you know?*

(PI1)

*The questions were posed, the different scenarios, the case studies that were given to us, it brought the kids out way more than I thought they would come out of it. Their knowledge of it. I was amazed at some of their knowledge.*

(PI7)

*I think perhaps we probably learnt more about the kids rather than say the content of the drugs and the effects of drugs and alcohol. I wasn't aware of it, but it was more how the kids reacted and how they reacted to your knowledge and your outlook.*

(PI3)

*So, I think it's a good idea we're all getting the information together. They know what we know and we know what they know sort of thing.*

*(PI6)*

Similarly parents valued understanding one another's perspectives.

*It was good because you listened to the other parents about their own children and...what they went through and that they're going through something similar now with myself.*

*(PI4)*

*It was good to see other parents' views as well as even just afterwards meeting parents; I think we'll all look out for each other more now.*

*(PI1)*

### **5.1.3 Channels of Communication Improved**

An improvement in communication channels at home and with their child was identified by parents:

*They've started in my house now...The conversations, because of the workshop it was just so easy to start a conversation because we'd be talking.*

*(PI2)*

*He has opened up. He has spoken to me about it. I haven't brought it up. Maybe on occasion I did and that was actually after it asking him his opinion and what he thought of it. I think since then if something happens with his friends or whatever he's kind of more inclined now to come to me whereas before he'd tell you nothing.*

*(PI4)*

## 5.2 Strengths

### 5.2.1 Content and Structure

The content and structure of the workshops emerged as a strength across all groups. Pupils involved in the focus groups noted that the programme presented them with information which they felt was 'valuable,' 'informative' and 'easy to follow.' The workshops themselves were described by all participants as 'interactive,' a particular aspect of the workshops which they enjoyed:

*It's a lot better than just sitting there having someone talk at you. You were like involved.*

(FG2)

*The way you had to like move around all the groups.*

(FG1)

*Yeah, it was kind of like moving around and move on to new things.*

(FG2)

This was something which was echoed by teachers and parents:

*Areas they cover are very suitable. It is activities based.....it's very good and very interactive.*

(T1)

*Very impressed with the content, it is a major strength of it.....Group work where the students were mixed up with the different parents, you know was effective.*

(T1)

*That was very good actually because it put the children into a situation that they possibly could find themselves in. It was interesting to see what they thought and what they would do.*

(PI1)

*The idea that everybody moved from table to table, we had what? Six or eight tables and we moved around and the children moved around. I thought it was excellent because it was a great way of okay, not so much a getting to know you session. It wasn't for that purpose but it was a great way for the kids to work adults and for the adults to actually work with different children from the same age group as their own kids.*

(PI7)

Parents also felt that the workshops contained very relevant and important information, highlighting that it gave them something to think about that they never have before:

*I liked it all because for me it was feeding me information that I didn't know about drugs and what kind of drugs are there and combination of tablets and everything like. It was interesting to me and I found it very interesting.*

(PI4)

*I didn't know to be told that nine and ten-year-olds are sniffing petrol and you know things like even the aerosols and everything. I didn't realise that death could be a factor of doing something like that.*

(PI2)

*I suppose the information we were given most definitely, especially based around solvent abuse because it's not something that I'd even thought about and the children had no idea of markers and things like that.*

(PI5)

They also felt that the workshops were pitched at the right level for their children:

*I think it was enough to not scare her but, you know, make her very wary of taking, or doing any kind of solvents, drugs anything. I think it was good for her.*

(PI2)

Individual activities such as *Myth vs Fact*, *Big Brother* and *Happy Birthday* were all noted as 'good' by participants of the pupil focus groups with no suggestions for improvement being made. Some suggestions were made in relation to *Dilemma Dealing* and Q&A activities which will be highlighted further on in the report. All the activities were described as excellent in a parent interview:

*I couldn't fault them. They were excellent like because it got them thinking about the things and the answers they gave...with young lads it's hard to get them into the zone as they say to engage but once they did it was excellent now, you know.*

(PI6)

The evidence-based approach taken in designing the programme was seen by members of the Steering Group as a significant strength.

*The approach we have taken I think in terms of being very rigorous around looking at the evidence-base and looking at education practice I think is significant...the fact we've tried to make sure the project is very rigorous around that and grounded in good effects of educational practices rather than 'it seems like a good idea.*

(SG)

*I think that it is very evidence-based and it's trying to be based on what's known that works and what doesn't work.*

(SG)

The content of the workshops was well remembered by pupils when probed by the interviewer during the focus groups. This included pupil elaborating on the effects of each specific substance and the risks associated with them. However, information regarding solvents was not given to the same level of clarity as alcohol or cannabis. Examples of responses include:

In relation to alcohol: *'If you drink alcohol before you're like twenty-two or something it can affect your brain' ; 'It's the most dangerous legal drug' ; 'Just it affects your personality when you get drunk' ; 'You could hurt people around you' ; 'It can lead to death.'*

In relation to solvents: *'Kills your brain cells' ; 'The effect is always different. Sometimes it can be weaker and other times it could be strong enough to kill you' ; 'You can die the first time you try one' ; 'Tip-ex and sharpies, it's not their use. They weren't made for sniffing.'*

In relation to cannabis: *'It destroys your IQ' ; 'It makes you Paranoid' ; 'It damages your IQ' ; 'If you smoke a joint it's got tobacco in it as well which is worse' ; 'You aren't motivated.'*

### **5.2.2 Parental Involvement**

Involving the parents in this programme also emerged as a strength:

*A really, really positive strength would be the involvement of the parents.*

(SG)

*Parents being informed and being involved and co-educating with kids. That's a brilliant model. That's a great idea. The innovation in it is nice.*

(SG)

Teachers described parental involvement in the workshops as both 'enlightening' and 'empowering,' highlighting their need to be there not only for themselves but also their child:

*They don't think there is a problem.*

(TI)

*A lot of parents really do not know what the drugs are called let alone what they look like.*

(TI)

*I liked the way the children not only worked with their own parents but they worked with other parents so they were comfortable.*

(TI)

A mixed reaction to this was noted in the two focus groups of pupils. One group all agreed it was more comfortable doing the exercises with their own parents than other parents while

the other group agreed the opposite. Overall, however, they did enjoy working with parents noting that:

*It was good to get a different point of view.*

(FG1)

*It was nice to have an adult's view or perspective. It sort of helped it.*

(FG1)

The importance of this involvement was highlighted:

*Looking to facilitate a better understanding around that dialogue piece between the young person and their parental guardian...I think that's a very key insight that the programme has that you know the effects about drugs are straightforward. You know that there isn't any big mystique around that but developing the skill set, you can have a safe, meaningful conversation with a young person around their concerns or anxieties around the risk-taking.*

(SG)

*It was very important to be bringing something to parents and the whole idea of creating the conversation between the student and the parent.*

(SG)

Parents highlighted this importance while also describing how the workshop supported and facilitated communication between not only their child, but with other children has emerged frequently in the data:

*I just think it gets you to know your children better and it lets them get to know you and makes, you know whatever knowledge they have it might be correct or incorrect but the fact that you're there and they know you've been there means that perhaps you're more approachable to them for drugs or for any issues that might come up. I think the fact that you feel involved with the kids.*

(PI3)

*It was good to get the two sides of the story and from that point of view you could see that other people's children were on the same wavelength as my daughter so you kind of say all right, okay. Now you've got to listen more I suppose to her and where they are.*

(PI2)

*I think it was very good to see some of the other children's views on things that wouldn't be the same as your own child's views and you know what they would think about certain things.*

(PI2)

### 5.2.3 Programme Facilitator

The programme facilitator emerged as a strength to the programme by the Steering Group:

*I think another strength is the project worker herself. She's very enthusiastic. She's been really driving it and she comes from a good background. She's worked with kids before.*

(SG)

*She has a winning personality. She's pleasant. That's important and I think that probably helped her with schools, you know, getting them to open the door and even to continue the project.*

(SG)

*You need a full-time dedicated person that I suppose has a number of competencies which she has, both from the academic side practically and in terms of the contacts with the schools, networking etc.*

(SG)

Pupils noted during the focus group that they found the facilitator 'friendly', enthusiastic' and enjoyed her input. While one pupil mentioned that they would not have minded if her SPHE teacher was the facilitator, all focus group pupils agreed that they felt more comfortable having an external facilitator as:

*You could be like honest and tell her stuff. It won't be like told like.*

(FG1)

One teacher also described the delivery of the programme by the facilitator as 'excellent,' while parents felt her personality was very suitable for the workshop:

*Her personality. She has a very nice personality. She had a very suitable personality for the particular workshop and again was quite suited to the children.*

(PI5)

*It was excellent. I'm not just saying that now. She was excellent because she put everyone at ease and put a very practical, light-hearted to a certain amount to get people to relax but really drive the point home and kept it simple. 10/10 now. She was excellent.*

(PI6)

*She was very, very good. She was well able to put across and she spoke, okay she has the qualifications to do this but she also spoke as a young person very we'll say off the cuff about stuff, which was very good. It gave both the educational side of it and the personal aspect of it.*

(PI7)

#### **5.2.4 Expertise of Steering Group Members**

The varied background and experience of Steering Group members contributed to the overall strengths of the programme:

*We have been lucky in terms of the team we have around, they're bringing a lot of direct experience in terms of working within a range of different communities, from professionals through to people working within the drugs field.*

(SG)

*Experience of two academic officers in the field...experience in youth prevention and your work...the health promotion side. That steering committee has been very strong.*

(SG)

*The main strength was the Steering Group. There was a wide range of expertise, broad.*

(SG)

The importance of this expertise was also highlighted:

*People coming from an education background would be a strength...there can be a tendency when people talk about drugs issues in relation to young people in terms of education and maybe primary prevention, to focus on the drugs component and the risk there is you minimise the skill set needed around working directly with young people and working effectively with young people.*

(SG)

#### **5.2.5 Partnership/Collaborative Approach**

The partnership/collaborative approach undertaken in developing the programme was seen as very important by some members of the Steering Group:

*Collaborative approach is significant in terms of developing an effective programme. You know, given obviously the HSE do have a role in terms of the National Drugs Strategy in relation to drug education, primarily responsibility for education lies with the Department of Education. You know, when you're going to work effectively within this area you need to take that kind of partnership approach.*

(SG)

*If you look at any of the best policy, it's a partnership approach...we had on the ground from teachers, the schools and the kids, but we also had experience of two academic officers in the field...experience in your prevention and youth work...the health promotion side...all fed in. That steering committee has been very strong in steering it but it was definitely a partnership of both and that would be a key strength.*

(SG)

### **5.2.6 Integrated with SPHE**

The potential of the programme to supplement SPHE rather than replace it was perceived as a key strength by the Steering Group:

*We kind of really feel that it's a real support to schools and it's a real support to young people and their SPHE programme.*

(SG)

*This is there to support and compliment...what's already there (SPHE).*

(SG)

*The key strength for me I suppose is that it is built into SPHE as a programme.*

(SG)

One teacher agreed in his interview that the programme aligned with SPHE while the other commented on the benefits of this:

*It is good that they (the students) are coming in with some bit of knowledge about it (from SPHE).*

(TI)

### **5.2.7 Links the home, school and community**

The development of a link between home, school and the community was of importance to some members of the Steering Group:

*It strengthens links between home and school.*

(SG)

*And it links the school and community. I mean that's one of the strengths.*

(SG)

The importance of this link was detailed by another member of the Steering Group:

*I think the fact that it's a shared learning environment and that for me, one of the strengths is you're linking home and school...I think even with all that research that came out with the ESRI will show you how important the secondary year programme is and how a small change and a kid can seriously disengage. If this programme, if one of the strengths of this programme is to re-introduce the parent to the fact that their child is in a massive year, then that's a good thing and that would be a strength to me is building that link again.*

(SG)

One parent also highlighted how in some cases they would never come into contact with other parents in their community and the workshop helped with this:

*No, I haven't seen them. I haven't seen anyone. Again, that's a problem. Parents live different sides of the town and like it's only at gatherings like this now that you would actually come into contact with the parents or parent-teacher meetings.*

(PI5)

### 5.3 Challenges

A number of challenges also emerged. These will be explained below.

#### 5.3.1 Programme Participants

The issue of the number of participants taking part in the programme emerged frequently.

*The only thing that disappointed me was our own side of it and the attendance. Just getting people into it is a challenge.*

(T1)

*I was disappointed myself with the numbers. I thought that was pretty poor...I was disappointed that more children and parents didn't get involved, you know?*

(P11)

*Well, personally there weren't enough parents there. Out of a class of thirty I think there were only six parents the first night so that was very disappointing.*

(P18)

A number of reasons for this given by teachers included, the time of year in which it is delivered, the time-scale of when it is being delivered and the fact it is after school and can have a 'big clash with under-age sports.' One parent also offered some insight, highlighting work commitments and their own personal commitment:

*I'm just under the assumption that all these parents are working and you have to take into account that there's parents there that don't give a damn.*

(P14)

The level of commitment received from schools and the challenges they face also emerged, which in turn may have had an effect on the number of participants:

*We automatically think this is a good idea. Schools don't necessarily see it that way because they have their own priorities.*

(SG)

*The buy-in from support staff in terms of the SPHE. I would like to see a little bit more from there. I would like to see a bit more but I know there's a number of challenges that go with that in terms of the actual teachers themselves in the schools.*

(SG)

*I think in terms of schools, and obviously what happens in schools is very politicised anyway you know in terms of whatever it is, flavour of the month, if there's a social problem. Why don't teachers fix it and we'll throw a new programme in and then you have all the problems*

*in terms of resources schools have and the core challenge they are actually facing so that's a given you know.*

(SG)

A parent commented that he felt schools could do more to help boost participant numbers:

*Maybe more participation from the school. More pushing from the school maybe. I think they probably didn't feel that it was their...maybe they should push it and send home a couple of reminders like.*

(PI8)

Concern was also raised over whether or not the parents that should show up are the ones that need to be targeted:

*We get a very mixed turnout but often it's very, very small. You could have twenty in some schools, big schools, parents turning up and they will be the board of management, parents' council....so, you're always kind of wondering are you actually getting the right parents as well.*

(SG)

*The ultimate challenge is getting the parents you want on board.*

(SG)

Issues have arisen with parents only wanting to or being able to take part in some of the programme:

*Well, we've had the experience of mum coming to the first one, dad coming to the second one but we've also had the experience of mam or dad coming to the first one, not able to make the second one and trying to pawn their child off on somebody else. That doesn't work. We can't allow that to creep in because that's killing the experience.*

(SG)

This problem was also noticed by parents:

*Do you what I mean because it was important I think that you were there the two nights. There were a few parents who just appeared on the second night. They were pushing a little bit too much I felt.*

(PI1)

*I did find there was a big change for evening two and I did find some people just didn't bother coming to evening one which did annoy me to be honest...some parents just decided to slot on in there for number two...I don't think they should have been allowed.*

(PI5)

### 5.3.2 Workshop Activities

Pupils identified difficulty with the Dilemma Dealing exercise stating:

It was hard to understand. (FG1)

It wasn't very like clear on the page. (FG1)

Concerns were also identified from the Steering Group:

*So, I would probably suggest that that activity would need to be straightforward in connecting alcohol use with different types of harm that can be the result but in a more, maybe in a more direct way.* (SG)

The majority of pupils in the focus groups identified that they did not like the Q&A activity as they felt they had to write something down and they didn't want to ask anything:

*I asked something that I didn't really care about.* (FG1)

*Like all our kind of questions had more or less been answered by that stage.* (FG2)

*Some people were just making up things to put something down.* (FG2)

Some ambiguity arose surrounding the real-life stories used with some of the activities as to whether or not they were true. It was suggested that this be made clear as the pupils felt real life stories would scare them, in particular with solvents. Some asked for more stories. This is something which a parent also felt was needed:

*Even videos. Just to show more real life experiences that it's not acted out. It's actual real life consequences of misuse of either alcohol or drugs or anything else that has affected people's lives. Maybe to frighten them a little bit.* (PI6)

One pupil also suggested that the positive use of drugs required recognition:

*I didn't like that they didn't go into some of the good effects of the drugs.* (FG1)

### 5.3.3 Length of Programme

It emerged in the parental interviews and pupil focus groups that the length of each individual workshop was too long for some:

*If I'm honest, the whole thing was a bit long...I think people's lives are busy and it would be nice if you could concise it a little more.*

(PI1)

*It was very long. I felt oh, we're a little too long. Not for any reason only that we could have been pre-warned that they were going to be that length.*

(PI5)

*Yeah, it was kind of draining.*

(FG1)

While for others they needed to be as long as they were, if not slightly longer:

*It was very good. I think we could have done with more...There was an awful lot of information we just needed to process.*

(PI2)

*No, I mean the time seemed to go very quickly but two hours is probably long enough...In some ways you could with longer but on the other hand two hours probably is enough for the kids.<sup>2</sup>*

(PI3)

*Yeah we needed that much definitely, but I know if you extended it any more it would have been too long.*

(PI8)

*I'd say you had the perfect amount of time.*

(FG1)

Some pupils felt that the workshop could have had an earlier start time:

*It could have been earlier so we could have gone to bed earlier.*

(FG1)

*If it had started a bit earlier it would have been a bit better because it went on pretty late I thought.*

---

<sup>2</sup> This quote pertains to a session which started later than scheduled, due to late arrival of parents.

(FG2)

### **5.3.4 NCCA Guidelines**

Some members of the Steering Group felt that they were limited by the NCCA Guidelines in developing the programme.

*It needs to be age-appropriate and that's why the NCCA guidelines were useful for that. However, I think they are probably out of date now. The one area I think needs to be reviewed would be tablets.*

(SG)

*In relation to the content, we were limited in the sense that we followed the NCCA guidelines. Ideally we would probably change that now, with only the addition of benzodiazepines.*

(SG)

There was value associated with following the NCCA guidelines:

*It was a new project and we were keeping our fingers clean and we were kind of sticking to the guidelines because then no school could turn us away for saying that we were doing too much or we were telling the kids too much.*

(SG)

However there appears to be a need to have benzodiazepines and the 'misuse of medicines in general' covered:

*We really should be talking to this age group about tablets and giving a clear message about use other people's medicine and sharing medicines.*

(SG)

A parent also felt this was an important area to cover:

*More information as well around prescription medication abuse for the children because I think that's something that I even see my daughter's age, thirteen or fourteen falling into. Taking two brufen a day, three brufen a day.*

(PI5)

### **5.3.5 New Junior Cycle**

Concerns have been raised regarding the new Junior Cycle:

*A foreseeable challenge is the changes in junior cycle and we've already written quite a few letters and lobbied about those potential changes and how that could have a detrimental effect to the drugs education piece in SPHE.*

(SG)

*We did some work last week because some of this will be us having a conversation within the HSE nationally and then with the Department of Education and seeing where does it fit in to the programme changes going on at the moment in the junior cycle.*

(SG)

Speaking about the new Junior Cycle a teacher also expressed concern about the potential of SPHE becoming a non-compulsory short-course:

*I worry about the deliverance of a lot of SPHE programmes in a lot of schools anyway because it's seen in some places as a less important subject.*

(TI)

However, there was evidence of motivation to succeed and ideas development:

*We're really fighting our corner but for me ultimately I just can't see how the government are going to make SPHE a short course that's non-compulsory.*

(SG)

*I think it's very sustainable but I think we'll definitely have to go down the road of packaging it. Specifically for us, a substance use strand and I'm stressing a strand because we're not saying there should be a short course on substance use but we're saying if you look at the new draft guidelines that the department published, okay, one whole strand of that was mental health. Substance use was given a snippet of a strand that when you broke it up it amalgamated to six hours over three years which was two hours a year on substance use. So, what we'll be proposing is a strand what will be the same model scaffold over the three years.*

(SG)

### **5.3.6 Target Audience Limited**

It was noted by one Steering Group member that only a small cohort of students' are really being targeted and thought this could potentially be built upon to senior cycle.

*Then I suppose ideally it should be built upon, I suppose and provided for other year groups as well. Even a senior cycle one as opposed to one for every year. There could be a senior cycle one as well as a junior cycle one...The programme is fantastic but you are very aware that you're not delivering it to the other four year groups.*

(SG)

However concern was expressed on keeping the same model:

*I'm just not sure about the model of parents and seventeen year olds, you know. I'm not sure.*

(SG)

It was also suggested by a parent that a similar age-appropriate programme be offered to sixth class and first year pupils.

*I think there would be no harm in doing something in first year. I felt some of the things they were talking about, well they have already passed through this already. It might be no harm to start something and I know budgets and all this but it might be no harm to start something like that obviously at an age-appropriate level in the likes of sixth class in primary school.*

(PI7)

### **5.3.7 Communication Barrier**

The potential of communication barriers arising was recognised:

*I'd love to get some of the stuff transferred into Polish and it's definitely a barrier that I'm coming across. They (parents) haven't come because of it and they rang and they've asked can they bring their daughter to the first session so that she can translate.*

(SG)

*Another thing in relation to the workshop is the heavy focus on literacy...I'd love to link in with The National Literacy Agency to have a look at the materials that are there and kind of summarise them in plain English.*

(SG)

### **5.3.8 SPHE Syllabus Pre-Requisite**

During focus groups it was noted by pupils that they covered some reading and received a hand-out with some information on drugs, but did not cover solvents in SPHE class prior to starting the programme as required for the pre-requisites.

This presented challenges to the programme delivery:

*We made this into a workshop, connected it into what they were doing in school so that it wouldn't have this one-off approach, but for me it's still a one-off to the young person because there's no real link forged between the class and the workshop unless the teacher has done a lot of ground work.*

(SG)

*It was a stipulation for the delivery of the programme but where it falls down is where you have management bringing in the programme and they are in telling their teachers this has to be covered because they are told about it at the start and you might have three teachers covering it and one teacher decides I'm not covering solvents.*

(SG)

This issue was also highlighted in a parent interview:

*I know Dr. Power was disappointed in that some of the areas weren't covered in class first of all that she presumed had been, so they (pupils) were going quite blind into it you know.*

(PI1)

It was highlighted by a teacher that this is very important.

*It is essential that they have those sections covered before the workshop.*

(TI)

### **5.3.9 Involvement from SPHE**

A need for more involvement from the SPHE support service (now the Professional Development Support Service for Teachers) emerged from the data:

*I suppose one of the challenges really would have been maybe getting SPHE on board.*

(SG)

*They would have added a lot of value I would have thought to the programme if they could have been more available to the steering committee and I suppose getting the SPHE teachers involved within the schools but I can see the challenges for them in that as well. If they had really taken to the project and openly promoted the project it might have led to more buy-in within schools.*

(SG)

### **5.3.10 Organisation of Steering Group**

Some issues surrounding meetings and meeting times were identified by some Steering Group members due to the other roles/positions group members have:

*I thought there was a lot of meetings.*

(SG)

*It's been difficult for me to attend meetings from a time point of view. I do think that it needs to be set out in stone from an early stage for people like myself to be able to attend.*

(SG)

A need for a chairperson in meetings was also identified:

*I don't know who is actually in charge. I think that's the biggest thing. Who is it? And it was never quite clear to me who was the person. Even somebody who may be the chairperson or chairing the meeting.*

(SG)

### **5.3.11 Steering Group Representation**

Some members felt that there was room for more stakeholders on the Steering Group:

*I suppose the Steering Group really should be consisting of all those who have a stake. We should have somebody actually representing parents. Somebody representing students.*

(SG)

*Maybe something like somebody who is good at marketing and graphic design and stuff like that could have brought another dimension to it.*

(SG)

However, concerns were also voiced at the idea of parental participation:

*I think it would be a challenge to have somebody who was a parent to come onto the programme who doesn't necessarily have a background in education or in terms of the drugs work because you're not going to have equity there in terms of use. The other side, I would guess the majority of people on the Steering Group are parents. So, while you are sitting there as a professional and you're working within that kind of framework of your role and obligations, you are also sitting there as somebody who has children.*

(SG)

Expertise in marketing is already being sought:

*We don't have the marketing expertise at the table but we are looking to liaise with a graphic designer.*

(SG)

### **5.3.12 Haddington Road Agreement**

The Haddington Road Agreement has been suggested to be having an effect on the programme:

*I know for a fact that the directive it has had a knock-on effect on our programme.*

(SG)

*I've friends who are teachers and they have all unanimously said it's a factor. I've told them about this thing and throwing these kind of questions at them and they said it's definitely a factor. It's not just... it's even things like remaining involved in sporting things now. I've one friend who is a big rugby guy. Do I really need to do this for the school now I'm working in these restrictive conditions? It's kind of affecting morale.*

(SG)

A suggestion was made to help alleviate adverse impact:

*I did mention that at one of the meetings I was at. That's an issue and something has to be given towards them that maybe could be part of their CPD hours or something like that.*

(SG)

## 5.4 Sustainability

### 5.4.1 Programme Satisfaction

A deep level of satisfaction with the programme has frequently emerged from all groups interviewed. All pupils in focus groups say they would recommend the workshop, recognising the value of the workshop for peers 'at great risk' suggesting the workshop should be compulsory. Parents and teachers also highlighted their satisfaction:

*I have another child going from fifth class into sixth. I mean if this programme was running again in two or three years I probably would do it again just to refresh myself.*

(PI1)

*I couldn't say now from what I saw that there's anything I'd like to see included. The programme itself, the delivery of it, was excellent.*

(TI)

Parents also stated that they would recommend this programme to other parents:

*If it's going to be done on an annual basis. I mean I know that my sister's child is in first year now. If the same thing was done for her next year I'd be saying make sure you go to it.*

(PI2)

*Of course, yeah. I'd recommend it to every parent.*

(PI4)

*Absolutely (recommend to another parent). I'd nearly make it compulsory.*

(PI7)

### 5.4.2 Programme Facilitation

It has emerged that the body of work involved in both the strategic development of the programme and its implementation on the ground is getting too large for one person:

*I think one of the things that is probably going to come to the fore is that the one person is trying to do the strategic development of the programme....and implementing on the ground and there's an awful lot of roles there and it is ultimately affecting the strategic development.*

(SG)

It was evident that given the programme success help in the form of additional personnel would be beneficial:

*I think what I'd be looking for is one or two people that would work in the afternoons and just deliver the programme.*

(SG)

Conversely, concerns were raised over the sustainability of the programme from a value for money point of view, suggesting it should include incorporation of a train the trainer model, in this case the training of teachers:

*I don't think it is sustainable because you have to justify paying someone to roll this out when it should be a train the trainer. Schools would do it. That's the only sustainable option, it isn't best practice if people from outside are coming in.*

(SG)

*I'm for the school owning it. I think teachers are professionals.*

(SG)

*I think it would be the better model to employ....that teachers themselves would be trained up and that they are brought in.*

(SG)

Some concerns were also expressed regarding the effectiveness of teachers teaching this topic:

*I don't think kids like hearing about it from their teacher. I think in SPHE class, yes but I think in the link between home and school, I think when it's handed over to an external person with the teacher present it has a much stronger message and if you look at the Dáil na nÓg reports and the HSE reports, children identify that they prefer relationships and sexual education and substance used to be supplemented if not always taught by an outside person.*

(SG)

*You may ask questions of somebody that you're not going to meet tomorrow morning at nine o'clock in the classroom and that you wouldn't necessarily ask the SPHE teacher.*

(SG)

A suggestion regarding suitable personnel for an effective train the trainer model included qualified individuals in drug and alcohol studies who currently work voluntarily:

*We would have people qualifying for example, from the Diploma in Drug and Alcohol Studies, from the Maynooth Certification in Addiction Studies we do and other courses that are often enthusiastic to work in the community or volunteer in the community or will do something on a seasonal basis and be well placed to do that.*

(SG)

*I think the train the trainer is for the experts in the area that are doing the Diploma and the Certificate in Addiction Studies.*

(SG)

One teacher also recommended that the facilitator should remain external to the school:

*For kids again it's having someone from the outside. I think when someone comes in from the outside, really educates from their agency, you know. Especially when you're dealing with the older kids, students, teenagers. It is useful to have someone from the outside. Not another lecturer or another teacher or their parent.*

(TI)

As mentioned in section 5.2.3, there was notable agreement among pupils who participated in focus groups that they would prefer an external facilitator rather than their teacher to run the workshop.

Concerns were raised about the potential for teachers to avoid sensitive subjects such as substance abuse:

*Of course sometimes teachers can want to avoid sensitive and difficult topics, but this wasn't that tricky.*

(SG)

*I think the subject matter and the risks and some of the challenges which it throws up were quite a block to them in terms of actually being able to deliver it effectively.*

(SG)

While recognising the busy agenda of teachers it was felt by one Steering Group member that teachers would have the capacity to teach it with proper training:

*I think absolutely teachers would have the capacity to do that but again you need to look at it within we still given how the Irish education system is structured and changing as well there's a very crowded agenda already for teachers. So, I think it would be a change. As it is with anything that isn't kind of like a core part of it but I certainly think teachers would have the capacity in terms of it.*

(SG)

Issues of consistency then emerged in discussion of the cascading training model:

*The other issue would be the quality control issue because I mean at the minute we have a very if you like high performing group who would be working on it which acts as a balance in terms of quality control. When you go to maybe a kind of cascade training model you make it available as a manual and as a resource it's much harder to maintain that and that's one of the difficulties in terms of this type of education.*

(SG)

### **5.4.3 National Programme**

There was recognition that other programmes do exist around the country:

*I would have liked for example a lit review of the resources and sources of stuff that was out there, had been done at the start so that we didn't duplicate or replicate anything because a couple of other resources were disseminated during the year.*

(SG)

The need for more collaboration on such initiatives was identified as was the national potential of schools based interventions such as this:

*When I am talking about sustainability I'm maybe not just talking about funding because this should be directed as much at the Department of Education as it is the HSE. It has been flagged at national level within a subgroup of a new national coordinating body. Once the evaluation is completed and all that it's something I'd like to flag again at that national body level.*

(SG)

*This is a meaningful piece of work which has real value, the challenge there I think is to try to get onto a national agenda and make the resource available nationally and then maybe look in terms of other pieces of work we should be looking at...I suppose there's a good number of instances up and down the country where good initiatives have been developed. So, I think it would be interesting to look and see can we get a national agenda and then the challenge there to look at is the issue of sustainability.*

(SG)

## 5.5 Participants' Suggested Improvements

A number of recommendations were made by participants. Some of these will have been mentioned under the previous sections. In particular recommendations pertained to themes such as **National Programme** (See Page 82); **Additional Programmes** (See Page 74-75); **Junior Cycle Short Course Strand** (See Page 73-74); **NCCA Guidelines - Benzodiazepines** (See Page 73); **SPHE Support Service** (See Page 76); **Meeting Times** (See Page 76); **Train Teachers/Keep it external** ( See Pages 79-81).

### 5.5.1 Teacher Responsibilities

Previously mentioned was the need for teachers to cover the information required in SPHE class, prior to the commencement of the programme. Another recommendation was simply that they be there on the night so the link with the school is still present:

*SPHE Teachers are to be supported by their management in the roll out of it and the development of it, you know what I mean and the promotion of it, but just to be there on the night.*

(SG)

### 5.5.2 Clustering Schools

Clustering schools in rural areas was recommended:

*I suppose that's a challenge really in the numbers and should we be looking at clustering schools in a rural area say such as Kilrush. All the schools there together rather than doing individual schools but that is something we're looking at but I would say it's a challenge especially for the project worker who is going out there most nights of the week and turning in and maybe only six people there.*

(SG)

### 5.5.3 Pupil/Parent Interaction

One pupil focus group recommended less interaction with parents due to potential awkwardness.

*Yeah, it was kind of awkward (working with parents).*

(FG1)

*Do less with our parents because it's kind of hard.*

(FG1)

*Put the parents on one side and the pupils on the other side.*

(FG1)

*Or even have different workshops, because it's kind of hard like. Like even have one with children first or something.*

(FG1)

#### **5.5.4 Drugs types and recognition**

One pupil would have liked more clarity around the terminology used to describe drugs. Another suggested more drug types to be covered. An exercise to identify the smell of drugs and solvents was also suggested.

Similar recommendations were made by a parent:

*I just thought we could have got a little bit more information maybe even to view certain types of drugs. To be honest I think there was quite a few of us who might be naïve to even wonder what heroin looked like or what cocaine looked like. I know cocaine is white but just more visual I would have preferred some more visual... not the actual drug itself obviously but maybe you know a little bit more information on how we could recognise things like that.*

(PI5)

#### **5.5.5 Compulsory Workshop**

Pupils felt that the workshop should be compulsory because a lot of peers who are at 'great risk' did not attend and need to do the workshop. Parents shared similar perspectives:

*The only thing I would like to see is I say the word compulsory. If it was tied in with the curriculum it should be given to parents as this is part of your children's curriculum. They must attend this and you should be attending with them. You or a member of your family as in uncles or aunts. Somebody who should be able to go as an adult for the child.*

(PI7)

#### **5.5.6 Improving Attendance**

One teacher identified the winter as a more suitable time to hold the workshops and suggested that they be moved to there. He went on to say:

*I suppose more of a face-to-face with a parent-teacher meeting promoting it around that time would be more beneficial.*

(TI)

Similarly one parent went on to suggest teachers should play a more active role in helping to promote it:

*More focus on it in class, their SPHE class and make reference to the upcoming workshop and make sure the kids are interested and if the kids go home then and say it to their parents and say I'd like you to that or whatever, maybe the parent would go.*

(P18)

### **5.5.7 Follow-up Workshop/Class**

The idea for schools to run a follow-up workshop/class was also suggested.

*Even the idea of getting the schools to do a follow-up workshop or a class and directing them through drugs.ie and getting them au fait with getting onto the computer and finding different things on the computer because drugs.ie is probably the go to website for students.*

(SG)

# Discussion



## 6.0 Discussion

### 6.1 Demographic Profile

In total, 239 participants completed surveys. One hundred and thirty four parents have participated, of these 68 attended workshop one and two, 33 attended workshop one only and 33 workshop two only. One hundred and five pupils have participated in surveys. The vast majority of parents and pupils who attended the programme have taken part in its evaluation which is significant for analysis of the programme.

The majority (35.1%) of adults who participated were aged 45-49, with 90.4% of adults being aged 40-54, which is what would be expected based off the nature of this programme. As the programme targeted 2<sup>nd</sup> year students, it is to be expected that the majority (78.1%) of those that participated were aged 14.

Ten schools formed part of the evaluation. Four of these were co-educational vocational schools, with the five remaining schools being secondary schools, three co-educational, two single sex boys and one single sex girls. The geographical areas in the mid-west region were evenly represented in that three schools in each of North Tipperary, Co. Clare and Limerick City were visited, with the further addition of another school in Co. Limerick. However 77% of parents indicated that they live in a rural area, 14% urban and 9% suburban. These areas as such have not been represented evenly. Participation levels of schools in the evaluation in Limerick City were much lower than in other areas which may explain this discrepancy. A total of 83.8% of parents were employed. More female parents (74.3%) than male parents (25.7%) participated in the programme, while more male pupils (64.8%) than female pupils (35.2%) participated in the programme.

### 6.2 Expectations of Programme Participants

Both pupils and parents have identified clearly that the main reason for participation in the programme was to increase their own level of knowledge and understanding surrounding drugs and alcohol. This has also been their main expectation of the programme. It is evident from the data that significant increases in their level of knowledge and understanding occurred when comparing their pre and post programme responses.

With reference to pupils' level of agreement with the statement "I know about \*x substance\* and its effects":

- a) Alcohol knowledge increased from 82.5% to 97.2% in agreement with the statement. This included an increase from 27.6% to 65.7% for those who strongly agreed.
- b) Solvent knowledge increased from 47.6% to 97.1% in agreement with the statement.
- c) Cannabis knowledge increased from 50.5% to 95.2% in agreement with the statement.

With reference to parents' level of agreement with the statement "I know about \*x substance\* and its effects":

- a) Alcohol knowledge increased from 85.2% to 98% in agreement with the statement. This included an increase from 32.7% to 55.4% for those who strongly agreed.
- b) Solvent knowledge increased from 40% to 87.1% in agreement with the statement.
- c) Cannabis knowledge increased from 36% to 88.1% in agreement with the statement.

Secondary to increasing their own level of knowledge and understanding, parents identified the ability to communicate more effectively with their child as their next reason for taking part in the programme. Similar increases to those outlined above were observed when parents were asked about their confidence in talking to their child, with over a minimum of 91% agreeing they were confident post programme, in discussing each of the three substances covered with their child.

Both parents and pupils identified the opportunity to communicate with one another as a highlight of the workshops. A significant majority of parents (61%) found this to be the most valuable component of workshop 2. A significant increase in parents' intentions to speak to their child about each of the substances was also evident.

A vast majority of parents (97%) agreed that their expectations for workshop 1 were met, and 94% of parents agreed their expectations for workshop 2 were met. Of those that did not believe their expectations were met, the most common responses involved the length of the workshops being either too long or too short, and in the case of workshop 2 specifically some parents felt more time with their child was needed.

A significant amount of interview and focus group data also suggests that parents and pupils were happy with the programme: *'I liked it all because for me it was feeding me information that I didn't know about drugs'; 'It's a lot better than just sitting there having someone talk at you. You were liked involved.'*

It is clear that the programme met the expectations of the vast majority of pupils and parents.

### **6.3 Programme Structure & Content**

The interactive, participatory nature of the programme was held in high regard by all groups concerned. Participants identified this as a significant strength as it kept them involved and engaged throughout each workshop. Teachers pointed to this as the best approach to take wherever possible stating *'It is activities based....it's very good and very interactive.'* It is also important to note that this was achieved by the Steering Group in ensuring that an

evidence-based approach was taken in the design of this programme so that it was 'grounded in good effects of educational practices.' Pupils suggested that further activities be included, while this could potentially elongate the workshops, it is worth listening to the voices of children in this regard.

In relation to individual activities all were rated quite positively. The *Myth vs Fact*, *Big Brother* and *Happy Birthday* activities had the highest approval ratings from the pupils' survey feedback. While *Dilemma Dealing* and the *Question and Answer* were rated the lowest, with 83.8% and 80% approval respectively, yet it is noteworthy that they were still rated quite highly. Nonetheless, they were the activities to receive the most amount of feedback in surveys and interviews. It was recommended that *Dilemma Dealing* be made to run in a 'snappier' fashion as it was perceived to take up a lot of time by parents. Pupils also identified that further work could be done to help clarify the activity, namely the worksheet upon which it is completed. The *Question and Answer* activity was not liked by a majority of pupils in focus groups as they felt they were forced to ask a question, even if they genuinely had none. These may be minor adjustments which could be made so that the activities could gain an even higher approval rating.

Parental involvement is essential for programmes success. It is a unique component of the programme and it was seen as a key strength by members of the Steering Group and teachers. Their involvement in the programme elicited a positive reaction from pupils. A majority (74.3%) said they enjoyed working with their parent. A small number of pupils identified their involvement as the least helpful in questionnaires; however in focus groups pupils identified that it was good to get their 'point of view' and 'perspective.' Some pupils in focus groups recommended less interaction with parents as they felt it was awkward at times – bearing in mind that the purpose of this programme is to attempt to tackle barriers of communication and make it less awkward to discuss these topics.

The length of the programme and each individual workshop is something which has emerged in both surveys and interviews with parents. There was mixed reaction between those who felt that the workshops took too long, those who felt they were just the right amount of time and those who would have liked more time. The evaluation process, which consisted of questionnaires at the beginning of workshop 1, and questionnaires at the beginning and end of workshop 2 must be taken into account here. This often led to the workshops running over time which may contribute to the responses of some parents alluded to above. This is also true for evenings in which the programme started late due to issues in schools or parents being late. However, following feedback from above it could be possible to run *Dilemma Dealing* in particular more time efficiently as it was quite often a time drain in the workshops dependant on the numbers present.

## 6.4 Programme Participation

Varied levels of participation were observed while attending workshops in the ten individual schools that took part in this study. In schools where participation was low, those who were present, parent and teacher alike identified this as a disappointment.

Teachers identified a number of reasons which they felt may explain why attendance was low on any given night. Those included: the time of year in which it is delivered; the time-scale of when it is being delivered; the fact it is after school and that it might potentially clash with sports. It is worth noting that the workshops ran primarily in the evenings to facilitate parents' time to finish work, have dinner and then attend. When the workshops were placed early, parents did not attend.

Greater support from schools when they have agreed to take part is required. This was identified in parent interviews. Parents perceived that schools should be actively promoting this programme by method of class announcements, notes/letters home, and texts and where possible when speaking to parents (should there be a parent/teacher meeting taking place). Steering Group members also felt that the level of commitment received from schools could improve – while acknowledging that schools have their own challenges and priorities. While this is the case it was observed that several workshops lacked a school representative/teacher. The Home-School Liaison Officer was invaluable in any schools which had one. If teachers do not perceive the value of the programme it is less likely they will actively promote it. Only two teacher interviews out of ten schools visited, was indicative of how many were present for both workshops. The Haddington Road Agreement has been suggested by some members of the Steering Group as a contributing factor. Teachers concurred and further explained that the Haddington Road Agreement was adversely affecting morale among teachers. It was suggested that it may be somehow possible to have their involvement in the programme contribute in some way to their Continued Professional Development (CPD) hours. This is worthy of further investigation and would have potentially positive impact on programme sustainability.

Parent attendance at only either workshop 1 or workshop 2 was also problematic and meant that they were potentially not receiving the full benefit of the programme. Some parents who had taken time to attend both workshops found this frustrating: *'There was a few parents who just appeared on the second night. They were pushing a little bit too much I felt' ; 'Some parents just decided to slot on in there for number...I don't think they should have been allowed.'*

The programme facilitator attended parent-teacher meetings where possible to help drive the promotion of the programme. It noteworthy that it is not always feasible given the current personnel as parent teacher meetings can be held concurrently.

## 6.5 Programme Facilitator

The programme facilitator was held in high regard by programme participants. Pupils described her as 'friendly' and 'enthusiastic.' She has been described as 'brilliant,' 'informative' and 'excellent' by parents in survey responses, with similar responses received in interviews: *'She was excellent because she put everyone at ease and put a very practical, light-hearted to a certain amount to get people to relax but really drive the point home and kept it simple.'* A total of 96.8% of parents agreed that she was effective as a facilitator.

Similarly Steering Group members pointed to her enthusiasm and 'winning personality' as key traits which are *'important and I think that probably helped her with schools, you know, getting them to open the door and even to continue the project.'*

It is important for the success of the programme that the facilitator does have the required disposition to effectively engage with the content and the participants of workshops. They must be able to engage with both parents and pupils at an appropriate level. From observing the workshops, it is clear the measurement of their success lies in the ability to do this and not solely in knowing the technical knowledge to deliver the workshop.

## 6.6 Role of Teachers

For a successful link to be made between the home and school and for the programme to adequately supplement the pupils SPHE programme teacher presence and support is vital. Steering Group members identified this link during interviews. This is important as the pupils taking part in this programme are in 2<sup>nd</sup> year, a year which is often not granted the same importance as 1<sup>st</sup> or 3<sup>rd</sup> year and in which links between home and school may not be as pertinent.

The programme is designed to intersect effectively and to enhance SPHE. It has been described as *'there to support and compliment...what's already there.'* This is central, as it is not perceived to replace drugs education within SPHE but rather to enhance it in partnership with schools. However some schools had not covered the pre-requisite information with pupils prior to the commencement of the programme. If the preparatory work is not done with the pupils then *'there's no real link forged between the class and the workshop'* which in itself is problematic for sustained and effective drugs education. It is envisaged within the programme that teachers should play an active role to be available to attend the workshops and to have covered the relevant material so that the links this programme aims to create are optimised.

## **6.7 Participant Limitations**

As this programme caters solely for Junior Cycle students, specifically 2<sup>nd</sup> years it was noted from a Steering Group interview that other year groups do not have the same exposure to this programme of drugs education. This yielded a suggestion that the LLADAT programme could potentially be built upon for senior cycle. A similar suggestion was made by a parent who believes that a programme of this nature should be offered to sixth class (primary) and first year pupils. These are potential avenues for exploration for future iterations of the programme. However, the models by which future iterations are delivered would need careful consideration in terms of information and activities are age-appropriate.

A potential limitation or barrier also exists in terms of literacy and language. There are parents who have not attended the workshops as English would not be their first language and concern has been expressed from within the Steering Group on the *'heavy focus on literacy'* in the workshop. It is worth exploring how these may be overcome so that they are afforded every opportunity to engage with the programme.

## **6.8 NCCA Guidelines**

The programme was developed in keeping with NCCA Guidelines so that the Steering Group could ensure that the information provided in the workshops was age-appropriate. This served to protect the programme from potential criticism of being too open or giving children too much information about sensitive issues such as substance use. However the limited and conservative nature of these guidelines must be acknowledged. For example multiple members on the Steering Group believe that benzodiazepines should be added to the LLADAT content as they do pose a risk. It is also felt that the misuse of medicines should be covered as part of the programme. This was also reiterated by a parent as they also believe this is an area which needs to be addressed. If there is a perceived risk associated with these types of drugs the Steering Group may consider their addition to the programme and their recommendation to be included in NCCA Guidelines.

## **6.9 New Junior Cycle**

With the new Junior Cycle being introduced in schools nationally, concerns have been raised regarding the future of the SPHE programme. These have been voiced both by Steering Group members and a teacher. No parents have voiced such concerns. Work is continuing from within the Steering Group in an attempt to address this issue. A proposal is forthcoming for a substance use strand to be created within the short course model which offers potential for closer integration of this programme in schools.

## **6.10 Steering Group**

The Steering Group has a wide range of expertise in its membership. This is one of the key strengths of the LLADAT programme. It has been integral to the development and the delivery of the programme thus far. It has allowed for a collaborative/partnership approach to be undertaken in the development of the programme which has been identified as a key factor. A request for more involvement from the SPHE support service (now part of the Professional Development Support Service for Teachers (PDST)) has been made from within the Steering Group as their added value to the programme, by openly promoting the project may lead to *'more buy in within schools.'*

To support the involvement of members, ensuring the sustainability of their membership in the Steering Group it is important that meetings be scheduled with appropriate advance notice. As members of the group have other roles, responsibilities and jobs, as much advance notice as possible should be given and efforts should be made not to reschedule unless necessary.

As the programme has moved on from piloting stage, it is assumed there is less involvement directly needed from the Steering Group. It may be worth exploring setting up meetings at regular intervals during the year. This again will help members to ensure they are available as dates would be set in advance.

## **6.11 Sustainability**

The programme in terms of its structure and content appears sustainable. This is evident from the level of satisfaction expressed by those who have participated in it, their associated value with the programme and based off of the statistical data demonstrating the effect it is having on participants' knowledge and confidence on the subject matter.

However there are some sustainability issues in terms of implementation on the ground. LLADAT is not the facilitator's sole responsibility in her role as part of the Mid-West Regional Drugs and Alcohol Forum. Given the expanding nature of the programme it is clearly becoming increasingly difficult to not only implement the programme on the ground, in terms of travelling and facilitating the workshops, but also in recruiting schools to take the programme on while also leading the strategic development of the programme.

It has been suggested that one or two people would be required to work in the afternoons to deliver the programme. A 'train the trainer' model has also been offered as a solution. This could offer value for money as it would involve training teachers to carry out the programme themselves. Support could be sought through the PDST to begin this process as in-service training is what they provide for teachers.

Concerns have been raised with regard to the suitability of teachers to deliver the programme. It is believed by some that maintaining an external facilitator makes the pupils more comfortable as they will not be learning about this topic from someone they may be seeing for their classes the following day. It was believed that external delivery might facilitate the pupils to be more open. A teacher saw the value in this also, while all pupils in focus groups agreed they would be more comfortable having an external facilitator. The issue of consistency in quality was also raised with the cascade training model. The cascade model also raises issues with regard to programme fidelity. Another suggestion other than teachers was to attempt to recruit qualified individuals, potentially on a voluntary basis, that would have third level education in Drug and Alcohol Studies or similar. It was felt that in a train the trainer cascade model, only experts in the field should be trained to run the workshop. As such a cascade training model may provide value for money through getting it into a significant amount of schools at very little cost, but in terms of the delivery of the programme careful attention to programme implementation fidelity and consistent is required.

The programme has been flagged at national level. With the existence of other programmes across the country, as alluded to by Steering Group members, it is important that collaboration occur to create the most effective, sustainable programme as possible. On that basis and the clear level of satisfaction and impact among participants it would be recommended that this programme be promoted at national level when possible.

# Conclusions



## 7.0 Conclusions

The following conclusions have been identified and are delineated under the research aims.

### 1. Document and analyse the impact of the LLADAT Programme for Pupils, Parents/Guardians and Schools.

- A deep level of satisfaction with the programme was evident in the results of the evaluation.
- Pupils and parents reported that they would recommend the programme to others.
- Information on drugs/alcohol was valued by parents.
- Parents reported that the LLADAT programme was effective addressing their needs specific to drugs education.
- Significant increases in perceived knowledge could be seen in parent/pupil knowledge of each of the substances covered and their effects.
- Significant increases could be seen in parent perceived confidence in talking to their child about each substance. Increases were evident in how often they planned to speak with their child about the substances covered post-programme.
- The majority of pupils (74%) reported feeling more comfortable in speaking with their parent about drugs on programme completion.
- Both pupils and parents reported finding it interesting working together developing their communication skills, ultimately gaining an understanding of one another's perspectives. This was valued highly by parents, from whom it was reported that communication on this topic has continued at home following completion of the workshop.

### 2. Analyse the sustainability of the LLADAT Programme.

- In relation to structure and content, the programme evidences strong potential sustainability. Parents reported that their expectations had been met. Levels of satisfaction among parents and pupils across all the data strands were high. Parents valued the content of the programme and perceived that it had improved their knowledge and confidence levels.
- A cascading training model, whereby the current programme facilitator trains a large group of individuals (e.g. teachers, drug education workers, volunteers from addiction studies courses) to run the programme themselves could potentially offer more expedient fiscal and resource value. However, as with all cascading training models consistency and fidelity in terms of programme delivery can be difficult to maintain.
- Given the current impact and level of satisfaction with the programme there is significant potential at national level. Consideration of how the programme could be rolled out nationally is worthy of consideration.
- Due to varying levels of participation, clustering schools would be worth consideration and might be useful in terms of streamlining of resources.

3. Analyse the key strengths and challenges of the LLADAT Programme in the Mid-West Region.

***Strengths:***

- The programme increased knowledge and confidence levels amongst pupils and parents of drugs/alcohol and their effects.
- LLADAT is based on an evidence-based approach through interactive and participatory workshops.
- Parental involvement in the programme was a key strength which resulted in parents working with their children with the aim to ultimately help communication specific to substances between them to improve, by gaining an understanding of one another's perspectives.
- The programme facilitator was highly motivated and had the ability to relate well with participants thus ensuring comfort in the workshop environment. The content was well elucidated and she engaged with both parents and pupils at an effective, invitational and appropriate level.
- The programmes supplemental link to SPHE has significant potential and meets a current gap in this area. LLADAT effectively compliments the SPHE syllabus. The programme also enhances links between home and school for 2<sup>nd</sup> year pupils.
- The Steering Group expertise provided a wealth of invaluable experience and knowledge for programme development and implementation.

***Challenges:***

- Increasing commitment from schools in relation to increasing the number of participants who attend the programme is a particular challenge.
- Ensuring that teachers fulfil their duties prior to and during the programme is also a significant challenge to programme efficacy and sustainability.
- The development of the new Junior Cycle has added an element of uncertainty for the future in terms of the SPHE short course being optional for the school curriculum. A proposal for a substance use strand to be created in this environment of curricular uncertainty is a key challenge.
- Ensuring that adequate support is put in place so that the strategic development of this programme is not hindered is essential. A sustainable model of programme implementation (i.e. day to day running) and in tandem strategic development is required.
- Exploring the limitations raised by the NCCA guidelines surrounding benzodiazepines and prescription medication is problematic as education on these substances appears relevant and timely.

# Recommendations



## 8.0 Recommendations

- 1) The programme received very positive evaluations and feedback from all participants in this report indicating its value and the imperative for continuation.
- 2) A cost analysis should be undertaken for the purposes of bringing an additional individual on board to deliver the programme.
- 3) Further research on various sustainable models of implementation would be of benefit.
- 4) A pilot of the programme wherein various personnel are trained to deliver the workshop would be useful. Targeted personnel could include Home School Liaison Officers, Drugs Education workers and Teachers. Comparison of programme efficacy and fidelity with targeted personnel delivery and the current external facilitator would yield excellent insight into the potential for broader implementation of school based interventions.
- 5) Investigation (with the aid of the PDST) of the potential that participation in the programme by teachers may count towards their CPD hours would greatly aid school and teacher engagement.
- 6) Exploration of the feasibility of creating similar age-appropriate programmes for other age groups would be useful.
- 7) Development of a detailed planning document for participating schools to help ensure that appropriate preparation for the programme is undertaken would greatly aid implementation.
- 8) Consideration to clustering of schools might be useful in terms of streamlining of resources.
- 9) Arrangement of Steering Group meetings with sufficient advance notice is required (this will need to be determined within the group), so that all members may schedule time to attend is essential for effective partnership.
- 10) Links with The National Literacy Agency with an aim to summarise all workshop materials in plain English would be useful to aid document clarity.
- 11) Exploration of the scope for including benzodiazepines and prescription medication in the programme is required.
- 12) Workshop content should be amended in line with the major findings of this report.

## References

Botvin, G. J. and Griffin, K. W. (2007) 'School based programmes to prevent alcohol, tobacco and other drug use', *International Review of Psychiatry* 19 (6), 607-615.

Braun, V. and Clarke, V. (2012) 'Thematic Analysis', in Cooper, H., ed., *APA Handbook of Research Methods in Psychology - Volume 2: Research Designs: Quantitative, Qualitative, Neuropsychological and Biological*, United States: American Psychological Association, 57-71.

Department of Community, Rural and Gaeltacht Affairs (2009) *National Drugs Strategy 2009-2016*, Dublin: The Stationery Office.

Department of Education and Science (2000) 'Social, Personal and Health Education', [online], available: <https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/Post-Primary-Circular-M22-00-Social-Personal-and-Health-Education-SPHE-.doc> [accessed 29th of June 2014].

Department of Education and Skills (2010) 'SPHE Curricular 0023/2010', [online], available: [http://education.ie/en/Circulars-and-Forms/Active-Circulars/cl0023\\_2010.pdf](http://education.ie/en/Circulars-and-Forms/Active-Circulars/cl0023_2010.pdf) [accessed 29th of June 2014].

Department of Education and Skills (2012) 'A Framework for Junior Cycle', [online], available: <https://www.education.ie/en/Publications/Policy-Reports/A-Framework-for-Junior-Cycle-Full-Report.pdf> [accessed 29th of June 2014].

Department of Education and Skills (2014a) 'The Education System', [online], available: <http://www.education.ie/en/The-Education-System/> [accessed 29<sup>th</sup> June 2014].

Department of Education and Skills (2014b) 'Post Primary Education', [online], available: <http://www.education.ie/en/The-Education-System/Post-Primary/> [accessed 29<sup>th</sup> June 2014].

Department of Education and Skills (2014c) 'Junior Cycle', [online], available: <http://www.education.ie/en/Schools-Colleges/Information/Curriculum-and-Syllabus/Junior-Cycle/> [accessed 29<sup>th</sup> June 2014].

Department of Education and Skills (2014d) 'Curriculum and Syllabus', [online], available: <https://www.education.ie/en/Schools-Colleges/Information/Curriculum-and-Syllabus/A-Framework-for-Junior-Cycle.html> [accessed 29th June 2014]

Department of Education and Skills (2014e) 'Revised Arrangements for the Implementation of the Junior Cycle Student Award', [online], available: [https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0020\\_2014.pdf](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0020_2014.pdf) [accessed 29th of June 2014].

Geary, T. and Mannix McNamara, P. (2003) *Implementation of Social, Personal and Health Education at Junior Cycle*, National Survey Report, University of Limerick, Limerick.

Ennett, S. T., Ringwalt, C. L., Thorne, J., Rohrbach, L. A., Vincus, A., Simons-Rudolph, A. and Jones, S. (2003) 'A Comparison of Current Practice in School-Based Substance Use Prevention Programs With Meta-Analysis Findings', *Prevention Science* 4 (1), 1-14.

Faggiano, F., Vigna-Taglianti, F. D., Versino, E., Zambon, A., Borraccino, A. and Lemma, P. (2008) 'School-based prevention for illicit drugs use: A systematic review', *Preventive Medicine* 46 (5), 385-396.

Irish Statute Book (1998) 'Education Act, 1998', [online], available: <http://www.irishstatutebook.ie/1998/en/act/pub/0051/sec0009.html#sec9> [accessed 29<sup>th</sup> June 2014].

Mannix McNamara, P., S. Moynihan, D. Jourdan and R. Lynch (2012) "The experiences of and attitudes of undergraduate students towards the teaching of Social, Personal and Health Education", *Health Education* 112 (3), 199-216.

Midford, R. (2009) 'Drug prevention programmes for young people: where have we been and where should we be going?', *Addiction* 105, 1688-1695.

Morgan, M. (2001) *Drug Use Prevention: an overview of research*, Dublin: The Stationery Office.

Moynihan, S., Hennessy, J. and Mannix-McNamara, P. (in press) Health Education in the Context of Performance Driven Education: Challenges and Opportunities in Simovska, V. and Mannix McNamara, P. (eds.) *Schools for Health, Learning and Achievement: Theory, Research and Practice*. New York: Springer.

NCCA (2000) *Junior Cycle: Social, Personal and Health Education Syllabus*, Dublin: The Stationery Office.

NCCA (2001) 'Social, Personal and Health Education Guidelines For Teachers', [online], available: <http://www.sphe.ie/downloads/RESOURCES/SPHE%20TEACHER%20GUIDELINES.pdf> [accessed 29<sup>th</sup> June 2014].

NCCA (2010) 'Innovation and Identity: Ideas for a new Junior Cycle', [online], available: [http://www.ncca.ie/en/Curriculum\\_and\\_Assessment/Post-Primary\\_Education/Junior\\_Cycle/Junior\\_cycle\\_developments/Documentation/Innovation\\_and\\_Identity\\_Ideas\\_for\\_a\\_new\\_junior\\_cycle.pdf](http://www.ncca.ie/en/Curriculum_and_Assessment/Post-Primary_Education/Junior_Cycle/Junior_cycle_developments/Documentation/Innovation_and_Identity_Ideas_for_a_new_junior_cycle.pdf) [accessed 29<sup>th</sup> June 2014].

NCCA (2011) 'Minister Quinn backs National Council for Curriculum and Assessment (NCCA) proposals for junior cycle reform', [online], available: [http://www.ncca.ie/en/News\\_Press/Press\\_releases/November\\_3rd\\_2011\\_Press\\_release\\_Minister\\_Quinn.pdf](http://www.ncca.ie/en/News_Press/Press_releases/November_3rd_2011_Press_release_Minister_Quinn.pdf) [accessed 29<sup>th</sup> June 2014].

NCCA (2013) 'Social, Personal and Health Education: Draft Specification for Junior Cycle Short Course', [online], available:

[http://www.juniorcycle.ie/NCCA\\_JuniorCycle/media/NCCA/Documents/Curriculum/Short%20Courses/SC-SPHE-For-consultation.pdf](http://www.juniorcycle.ie/NCCA_JuniorCycle/media/NCCA/Documents/Curriculum/Short%20Courses/SC-SPHE-For-consultation.pdf) [accessed 29th of June].

NCCA (2014) 'Junior Cycle in Ireland is changing', [online], available: <http://www.juniorcycle.ie/> [accessed 29<sup>th</sup> June 2014].

Nic Gabhainn, S., O'Higgins, S. and Barry, M. (2010) "The implementation of social, personal and health education in Irish Schools", *Journal of Health Education* 110 (6) 452-470.

Professional Development Service for Teachers (2014) 'About the PDST', [online], available: [http://www.pdst.ie/about\\_us](http://www.pdst.ie/about_us) [accessed 29th June 2014].

State Examinations Commission (2013) 'Description of Certificate Examinations' [online], available: <http://www.examinations.ie/index.php?!=en&mc=ca&sc=sc> [accessed 29<sup>th</sup> June 2014].

# Appendices



## Appendices

**Appendix A: Pre-Programme Parent Survey**

**Appendix B: Post-Programme Parent Survey**

**Appendix C: Pre-Programme Pupil Survey**

**Appendix D: Post-Programme Pupil Survey**

**Appendix E: Focus Group Schedule – Pupils**

**Appendix F: Semi-Structured Interview Schedule - Parents**

**Appendix G: Semi-Structured Interview Schedule – Teachers/School Staff**

**Appendix H: Semi-Structured Interview Schedule – Steering Group**



8. How often do you speak to your child about alcohol, solvents and cannabis? (Please tick a response for each substance)

	Never	Seldom	Sometimes	Often
Alcohol				
Solvents				
Cannabis				

9. Why have you agreed to take part in this programme?

---

---

---

---

10. What are your expectations of this programme? What do you hope to achieve?

---

---

---

---

---

## Appendix B – Post-Programme Parent Survey



**UNIVERSITY of LIMERICK**  
OLLSCOIL LUIMNIGH

### Post-Programme Parent Survey

#### Reminder of Workshop 1 Content:

Substance Information / Age-related Development / Parental Influence / Prevention Messages / How to talk in the home / National and Local Services

#### 1. Questions about the Workshop

Please rank your level of agreement to each of the statements below.

1 = Strongly Disagree    2 = Disagree    3 = Unsure    4 = Agree    5 = Strongly Agree

	1	2	3	4	5
I was well informed about the learning outcomes of the workshops.					
Workshop 1, lived up to my expectations.					
The activities in workshop 1, helped me to understand and learn more.					
Workshop 2, lived up to my expectations.					
Working with my child in a shared environment like workshop 2 was successful for us.					
I found the pace of the workshops too fast for me.					
The resource booklet given out in workshop 1 is useful.					
Seeing the drugs was useful for me.					
The presentation was clear and coherent.					
The facilitator was effective.					
I found the PowerPoint presentation boring.					
I will be able to use what I learned.					



5. What would you consider least valuable from workshop 1?

---

---

---

6. What would you consider most valuable from workshop 2?

---

---

---

7. What would you consider least valuable from workshop 2?

---

---

---

8. If workshop 1 did not live up to your expectations, could you outline why this was the case, and what you would have preferred to see in workshop one?

---

---

---

9. If workshop 2 did not live up to your expectations, could you outline why this was the case, and what you would have preferred to see in workshop two?

---

---

---

10. Is there anything that you recommend we do differently with either of the workshops going forward?

---

---

---

---

Any other comments?

---

---

---

---

---



## Appendix D – Post-Programme Pupil Survey



# UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

### Post-Programme Pupil Survey

1. Please circle on a scale of 1-7 whether you agree or not with the following statements

I. I know about alcohol and its effects.

1            2            3            4            5            6            7

**Strongly Disagree** **Strongly Agree**

II. I know about solvents and their effects.

1            2            3            4            5            6            7

**Strongly Disagree** **Strongly Agree**

III. I know about cannabis and its effects.

1            2            3            4            5            6            7

**Strongly Disagree** **Strongly Agree**

2. Please tick the column you feel represents your opinion best.

					
	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I found this workshop interesting.					
I enjoyed working with my parent in this session.					
It helped me to work with my parent.					
I really didn't want to come to this workshop.					
I enjoyed working in groups during the session.					
The facilitators were helpful.					
The workshop was relevant to me.					
I feel comfortable to talk to my parent if I have any questions about drugs.					

3. Please tick the column you feel represents your opinion best.

					
	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I found the content of the workshop easy to understand.					
I thought the Myth v Fact exercise was good.					
I thought the Big Brother activity was good.					
I thought the Happy Birthday activity was good.					
I thought the Dilemma Dealing activity was good.					
I thought the Question and answer Section was good.					
My knowledge about the dangers of alcohol has increased.					
My knowledge about solvents has increased.					
My knowledge about cannabis has increased.					
The question and answer session was useful.					

4. What was the best thing about the workshop?

---



---



---

5. What was the least useful thing about the workshop?

---



---



---

6. What would you change to improve the workshop?

---



---



---

## Appendix E – Focus Group Schedule: Students



### Focus Group Schedule: Students

1. Why did you decide to take part in the programme?
2. What did you think of the workshop?
3. When we talk about Alcohol what do you remember?
4. When we talk about Solvents what do you remember?
5. When we talk about Cannabis what do you remember?
6. What did you like about the programme?
7. What did you dislike about the programme?
8. What did you think about the activity Myth vs Fact?
9. What did you think about the activity Big Brother?
10. What did you think about the activity Happy Birthday?
11. What did you think about the activity Dilemma dealing?
12. What did you think about the activity Q & A?
13. What recommendations would you make for the future?
14. How did you feel working in the various groups?
15. Was the content of the workshop relevant to you?
16. If you were designing the workshop for your friends in school, what content would you put in and is there anything you would leave out?
17. What activities in the workshop did you like/dislike and why?
18. Is there any other activity that you may have come across in the classroom or playing sport that would be good for this workshop?
19. Did the workshop link with your SPHE class in any way?

20. Do you think one session was enough?
21. Would you have liked one session in school without the parent(s) first?
22. How did you find working with your parent(s)?
23. Has it made any difference in terms of talking with your parent(s) about drugs?
24. Did you talk to your friends about anything you learned in the workshop?
25. Why do you think other classmates did not come to the workshop?
26. Have you any other comments or suggestions?



**Semi-Structured Interview Schedule: Parents**

1. Why did you decide to participate in the programme?
2. What was your opinion of workshop 1?
3. What is your opinion on the length of workshop 1?
4. What was your opinion of workshop 2?
5. What is your opinion on the length of workshop 2?
6. What did you like about the programme?
7. What did you dislike about the programme?
8. What recommendations would you make for the future?
9. Did it affect your knowledge on alcohol?
10. Did it affect your knowledge on solvents?
11. Did it affect your knowledge on cannabis?
12. With regards content, did you think it was too easy/too difficult or pitched just right?
13. Did the workshop change your confidence with regard to talking about these issues with your child?
14. What is your opinion on sharing the learning environment with your child?
15. Have you used the booklet that was given in the workshop? What do you think of it?
16. Would you recommend the programme to other parents? And why?
17. Should all parents participate in these workshops? And why?
- 18: How do you think we can improve participation/attendance rates at these workshops?
19. Have you spoken with your child since the workshop about drugs?
20. Have you any other comments, questions or suggestions?
21. Did it help that you got to know parents the week before.



**Semi-Structured Interview Schedule: Teacher/School Staff**

1. Is this workshop suitable for 2<sup>nd</sup> years and should they be the target group for this programme?
2. What did you think of workshop one?
2. What did you think of workshop two?
4. What do you see as the strengths of this programme?
5. What do you see as the challenges of this programme?
6. Are there any recommendations you would make?
7. What expectations had you about the programme and were they met?
8. Do you think this was beneficial in terms of aligning with SPHE class?
9. Do you think it is worthwhile to have a school presence at this workshop?
10. Would you have any idea how this programme could become more embedded within schools?
11. What supports or programmes do you believe the HSE could provide to support the delivery of drug education in post-primary schools?
12. Because with the new junior cycle SPHE is no longer compulsory, do you think this programme will be kept on in your school? Why/Why not?
13. Would your school develop its' own short course?
14. Would there be a preference to a pre-packaged short-course being developed?



**Semi-Structured Interview Schedule: Steering Group Members**

1. What has been the key strengths of this programme?
2. As a Steering Group, what are the main challenges that you have faced in relation to this programme? How did you overcome them?
3. How sustainable is a programme like this?
5. Are there any recommendations that you would like to make to Workshop 1?
6. Are there any recommendations that you would like to make to Workshop 2?
7. Why are you involved with this programme?
8. How sustainable do you think it is for you to remain involved with the programme?
7. Have you any suggestions of how the role of the SPHE teacher can be promoted within the LLADAT programme?