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**Reducing the Use of Alcohol and Other Drugs By
High School Students - High School Students
Perceptions of the Efficacy of Various Prevention
Approaches**

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Abstract

This thesis investigates secondary school students' perceptions of the efficacy of approaches taken by five secondary schools and one community Youth group on Auckland's North Shore, to reduce the use of alcohol and other drugs by Young People. Participating schools and a Youth group were also asked about their policies and procedures with regard to the use of alcohol and other drugs.

Over the past two years the use of alcohol and other drugs and the consequent behaviour of some Young People on the North Shore and elsewhere in New Zealand has attracted considerable negative public attention. Given the limited information on the efficacy of educational programmes on alcohol and other drugs in secondary schools this research seeks to make a contribution towards filling that gap. I have attempted to provide a snapshot, or case study of the current state of affairs with regard to some North Shore students' perceptions of the effectiveness of prevention programmes offered to them in the area of alcohol and other drugs education.

An overview of the history of alcohol and other drugs education is followed by a review of the differing educative approaches directed towards combating the misuse of alcohol and other drugs by Young People. Theoretical perspectives and concepts within the field, ethical and political considerations, and current practices are also considered. The study concludes with research findings and comments on the efficacy of current programmes

The methodology of this study is then described and the results of the research presented and discussed. The study concludes with a chapter which outlines recommendations which have arisen as a consequence of this study and includes suggestions, ideas and directions for future work.

It is my intention, at a later stage, to provide a separate executive summary of the research which will include the approaches and findings of the research which will be specifically aimed at service providers and stakeholders.

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Chapter One

Introduction

This case study developed from my interest and occupation as a Youthworker on the North Shore and in the field of alcohol and other drugs education for Youth service providers. As a Youthworker my work also sometimes includes working with Young People their parents and families on alcohol and other drugs issues.

During the lead up to the last General Election (1996), as Auckland/Tamaki Makaurau branch organiser of the New Zealand Association of Adolescent Health and Development (NZAAHD) I co-organised a meeting of the Auckland/Tamaki Makaurau NZAAHD branch of local politicians who were standing in the election. Most of the questions from the branch members to the politicians centred around the type of policies and the strategies each party would plan in order to ensure better provision and coordination of services for Young People in general, and in Auckland in particular. None of the parties had any clear ideas about this area nor had they appeared to have given it much thought.

Recently efforts by agencies such as the Ministry of Youth Affairs to tackle Youth suicide in a coordinated manner have begun to address the gaping hole in the awareness of those in power, that Young People exist and require urgent attention. Without this attention the resulting downstream effects will cost our country much money in treatment oriented health, justice and social welfare services. It is with this in mind that throughout this thesis I use capitals at the beginning of words such as 'Youthworker,' 'Young Person' and 'Youth,' in order to denote the primacy that Youth and Young Peoples issues have in this study. Until very recently they have been accorded little regard by many service provision agencies, organisations and policy making bodies.

Due to a population bulge 10 - 20 years ago the North Shore now has a considerable population of Young People. Recently there has been much adverse publicity about rioting by Young People on the North Shore at teenage

parties,¹ and concern has been expressed about the behaviour of a section of these Young People with regard to their use of alcohol and other drugs. Outcomes of this use which can result in unruly and dangerous behaviour has been a cause of alarm for North Shore parents and families as well as for agencies such as the Police.

About a year before the current study was undertaken I was concerned when a group of students from Cambridge High School were indefinitely suspended for their involvement in using cannabis on the school grounds. The students appear to have been offered little understanding and certainly no clemency. Their right to an education seemed to have been removed for what could have been considered not unusual teenage risk taking. This incident appeared especially discordant when one of the school's Trustees who had voted for the suspensions was himself subsequently arrested for drunken driving. He, however was allowed to retain his position as a Trustee. As Caswell and Hood (1977) note the confusion that such a situation causes for Young People is not surprising given, "The widespread acceptance of alcohol use amongst the adult population."

The Cambridge incident illustrates the demarcation that exists in our society between so called legal and illegal drugs. In this state of affairs such a judgement call is very confusing for many Young People when faced with the terrific pressures around decision making with regard to alcohol and other drugs issues. This judgment is further complicated by the fact that many Young People, let alone adults, are emotionally unable to make these judgment calls given their emotional and cognitive stages of development. Such confusion and pressure can lead some Young People to the conclusion that cannabis for example is the drug of choice for their age group.

It was after the Cambridge incident that I became particularly interested in whether students considered that the alcohol and other drugs educational programmes offered in their schools were effective. As a relative newcomer to the field of alcohol and other drugs abuse prevention I found it difficult to come to my own conclusions on this debate when each side seemed to have equally persuasive arguments. It was not until the situation at Cambridge High School

¹ Daniels C. "Teens Riot, 20 arrests," NZ Herald, August 1997

arose, and the sensationalised reporting of alcohol and drug abuse by North Shore's Young People that I realised how important it was not only for the 'industry' but also for society as a whole to have up to date information to inform the debate, and for those directly working in the area to have access to that information so that appropriate resources could be planned and the quality of involvement enhanced.

I undertook this research with the hope that the findings might inform and guide future practice. Given the case study methodology which directly involved North Shore students' comments about the efficacy of the alcohol and other drugs education programmes offered to them it was hoped to develop a critique which would guide future proactive strategies in this field. Further, the information gained would also contribute to the fairly scant body of information concerning such programmes which currently exist in Aotearoa/New Zealand.

Having outlined the rationale for this research I will list the research objectives. However prior to doing so and in order to provide a pathway through a very large and diffuse area I will also introduce some of the key historical trends of the field which are pertinent to this study and which provide a context within which to examine and analyse contemporary alcohol and other drugs education.

Historical Background

In the late 1800's the little alcohol and drug education which did exist was strongly moralistic with the Christian Churches' teaching being categorically against the use of substances such as alcohol and other drugs. Use was considered to be a mark of depravity, a sign of a person with low or no morals. This attitude contributed to the alcohol prohibitions of the early 20th century which were a notable failure and resulted only in the misery of escalated gang violence.

In the 1960's and early 70's came the fear approaches such as - 'Don't do these things otherwise hideous things will happen to you,' These approaches were founded on the premise that Young People through ignorance were unaware of the consequences. Leventhal (1970) found that fear based deterrent approaches

were ineffective unless specific actions were recommended which overcame or reduced the fear that was aroused. This model, the information deficit model, was in itself deficient because at the time many Young People had either neutral or favourable attitudes towards experimenting with alcohol and drug use as part of the protest and reactionary stance with regard to morals and values. Increased information available on the effects of alcohol and other drugs in a large part only served to heighten their curiosity and contributed to widespread experimentation with alcohol and other drugs by Young People during this period.

More recently evaluators such as Gorman (1995) have found that fear based programmes have yielded results which generally span a continuum indicating no change to an increase in use. Approaches such as these helped to fuel experimentation and buoy the flower power and hippie movements of the time. Experimentation in alcohol and many other drugs was widely viewed by Young People during those times as a legitimate and acceptable form of rebellion against the status quo.

Swisher et al (1971) describe an approach which led to a 'boomerang effect,' This involved emphasising the objective facts about the physical properties of alcohol and drugs and the long term consequences of use, but this approach also appeared to heighten Young Peoples' curiosity about drugs. Feingold and Knapp (1977) found that often the alcohol and drug education sessions would be undertaken in group sessions and during this time the Young People present would become more aware of their peers reactions to the content. Peer reaction whether positive or negative influenced their reactions to the acceptability of alcohol and other drug use. Behaviours that may have been unacceptable to them prior to the education session suddenly became acceptable.

Ten years later research by Glaser and Snow (1969) highlighted similar findings. In fact they found that after such educational programmes some Young People came to regard alcohol and other drugs not as being more dangerous but as being safer. Little notice apparently was taken of their findings. The field of alcohol and other drugs education of Young People does appear to have a tendency to reinvent the wheel.

Later in the 1970's efforts were made to create alternative activities to drug use. These efforts could be classified into the so called second generation of drug education, the affective and psycho-social models. These assumed that Young People had inadequate personal and social development skills and that if they had better self esteem, communication and decision making skills they would not take drugs. It was a blend of social inoculation, social learning and problem behaviour theory. These approaches saw peer pressure and advertising as the mediating variables and low self esteem and personal competence as significant driving forces. In his address to the NZ Alcohol, Liquor Advisory Council (ALAC) sponsored conference in 1996 "Perspectives for Change," John Howard (Senior Lecturer in Psychology and Programme Co-ordinator, Clinical Drug Dependence Studies, Macquarie University) questioned this relationship. He questioned whether the factors were peer pressure or self selection of peers with similar interests.

In the late 1970's the widespread disenfranchisement of Young People was becoming more noticeable and Youth service providers decided to involve Youth in community work and recreational activities in order to help prevent their alienation. Initiatives provided opportunities for alternative recreation, socialisation and informal education. The purpose of these activities and programmes was to counteract alienation resulting from the effects of fairly common phenomena such as extreme shyness and lack of confidence that could result from non pathological causes such as abuse or prejudice. Additionally the idea was to provide alternative activities to the use of alcohol and other drugs for those Young People who were considered to be particularly at risk of abusing such substances.

While these approaches still occur today and are often an essential part of community based Youthwork they have however been frowned on by some commentators because of the perception that they take Young People away from 'normal' family life. This it is believed can lead to some parents and families taking less, or no responsibility, for the alcohol and drug or 'life' education of their Young People. Bronfenbrenner (1970) observed :

"The lesser amount of time parents spend with Young People reduces adult participation and direction of peer relations. When Youth groups step into the

breach, they are a handicap to moral growth and development. These groups have replaced parental-adult participation in assisting the growth of Young People and directing peer relations."

A more contemporary commentator Steve Biddulph in his book "The Secret of Happy Children," (1996) cites a US study of Young People who had come from backgrounds of low income, broken homes and poor housing. The study investigated why, despite these backgrounds some Young People came through as law abiding and productive citizens rather than becoming criminal offenders. It found that the strongest factor for those who had come through the situation as law abiding and productive citizens was that they had access to adult involvement outside the family. Biddulph went onto to say that money spent on Youthwork could represent a good investment in comparison to prison and justice costs.

Research Objectives

Concern has been expressed by individuals working in this field that while overseas research shows that much prevention education with regard to alcohol and other drugs abuse is ineffective, millions of dollars continue to be spent each year in this country on such programmes. Such prevention programmes are sometimes delivered in this country with little independent evaluation research and analysis.

It is my intention in this study to attempt to re-dress some of that imbalance and to that end my specific research objectives are to :

- Measure and report the efficacy of alcohol and other drugs education at a secondary school level.
- Begin to answer questions such as; Is all the education in schools effective and what do students think of the education they receive given that the situation with regard to the use of alcohol and substance use does not appear to be getting better?

This chapter began to look at some of the wider macro or inter-personal contextual issues around alcohol and other drugs education in secondary schools in New Zealand. The next chapter continues to consider these issues by

discussing the statistical and epidemiological evidence in this country around alcohol and other drugs issues as they pertain to Young People. This information provides further contextual background to the research questions from a more micro or intra-personal viewpoint.

Chapter Three focuses on the major theoretical perspectives and approaches common to research in this area. Chapter Four considers alcohol and other drugs education issues and how they pertain to ethnicity, gender, ethics and politics. Chapter Five discusses the research methodology and process and chapter six reports on and discusses the quantitative and qualitative findings of the study.

In my final chapter I draw on the findings of the study, reach conclusions and suggest possible appropriate future directions for alcohol and other drugs education in Aotearoa/New Zealand secondary schools. To my knowledge there have been no previous studies which have included empirical and qualitative information specific to and about North Shore Young People and High School students and the efficacy of the alcohol and other drugs education they receive.

The reader of this study may note that there is a paucity of information particularly pertaining to ethnic groups such as Maori, Pacific Island and Asian peoples. This is a deliberate omission because the study focuses on the efficacy of alcohol and other drugs education programmes in North Shore secondary schools which are predominantly Pakeha in character and population. However a wider study on the efficacy, availability and access to alcohol and other drugs education with these groups specifically could be very worthwhile.

CHAPTER TWO

A New Zealand Overview: Programmes and Issues.

Programmes

Two of the main players in the provision of alcohol and other drugs educational programmes in New Zealand have been the New Zealand Alcohol and Liquor Advisory Council (ALAC) and the Foundation for Alcohol and Drug Education (FADE).

ALAC is involved in some educational activities specifically focussing on issues to do with alcohol. From the late 1980's to 1995 it ran a programme in secondary schools throughout the country, and is currently considering restarting the programme.

A particular characteristic of the programme was the use of teachers within the school to conduct alcohol and other drug sessions. Their evaluation found that the programme worked best when teachers were perceived by students to possess specialised and authoritative knowledge about alcohol and other drugs and also if the teachers conducted themselves in ways that allowed students to feel relaxed, open and trusting.

Some students commented that it was easier to talk to the teacher about their drug use and related activities in the classroom situation than it was to their parents/caregiver(s) for a number of reasons including :

- parents were unconcerned as to what the Young Person was thinking and doing around alcohol and drugs
- fear of ridicule or punishment
- parents using drugs and/or alcohol too much and so creating tension in the relationship.

One of New Zealand's other main providers of education to students in secondary schools is the Foundation for Alcohol and Drug Education or FADE. In 1995 they produced an evaluation report of their education activities with secondary school students. In the executive summary the authors present a positive picture of the work FADE does and the way it presents itself. The only critical comments were concerns over the number of FADE's member

respondents who found it difficult to meet FADE's costs and who would prefer FADE's services to be free.

The report summary makes a number of recommendations including : that an advisory or consultative role or service be adopted by FADE in it's policy development; that regular periodic client consultations are required to maintain quality and that posters should continue to be distributed but that they should also feature alternatives to sporting role models.

Further it was suggested that the secondary school educator service could be improved by :

- follow-up contact after school visits
- more consultation with other agencies
- people to accompany the educators who can relate personal experiences in overcoming alcohol and drug related problems.
- educators to emphasise FADE's stance of avoiding misuse or abuse of alcohol and other drugs.

It was also recommended that FADE be involved in upskilling school staff - maybe in conjunction with related agencies.

Students' perceptions of the work of FADE were reflected in their comments :

"Young, able to relate to us."

"Spoke the same language."

"Got us all involved."

In terms of the educational process, students' comments reflected the desire for more student involvement in the presentations and the use of a variety of teaching methods. These latter comments seemed to arise when the educators had a shorter time in which to present their work and therefore omitted involving the students in interactive activities. Some schools also thought more lesson planning with school staff would be helpful. Interestingly only 4 students out of 100 disagreed with the use of sporting role models.

One part of the report was interesting in that it appeared to highlight some dissonance between some of the objectives of FADE and what actually happened in reality. At the conclusion of their presentations to secondary school students FADE sometimes asked students to choose between two statements, one of which represented FADE philosophies reflecting ideas that included

avoiding misuse or abuse of alcohol and other drugs, of having positive alternatives to them, and of making an informed choice around alcohol and other drug issues.

Despite these philosophies that reflect a liberal, open ended stance on alcohol and other drug issues, the students reported that the FADE messages were about :

- Not using alcohol & Drugs and
- Saying No

While the students also reported learning about informed decision making and of resisting pressure to the use of alcohol and other drugs, it is interesting to note that they also mentioned total abstention. Stances which FADE maintains are not taught by it's educators. Maybe it is the black and white nature of the way Young People think that led to these comments, i.e. when making a decision about an issue Young People often decide on the all or nothing option and less seldom choose a more middle of the road approach.

A majority of the students reported a change in attitude after their contact with FADE with 57% reported changing their attitudes to alcohol and other drugs as a result of their contact with FADE. Further, females appeared to be more influenced than males as were those who were more involved with sport. This is interesting given the percentages of those taking substances who are involved in regular organised sporting activities . Of those regularly involved in sport and using substances, 51% report using alcohol, 13% report using cannabis and 16% tobacco. Those not playing sport and not using alcohol, 44%; those not playing sport but using cannabis 19%, and those not playing sport but using tobacco 27%. The usage rate of substances for Young People in cultural/scout/guide/Youth groups is lower than that in the sporting groups where the participants are actively using substances. (FADE 1987). This situation could be due to the fact that in sporting activities there is sometimes an emphasis on post sport activities where the recreational use of alcohol and other drugs could be possibly covertly encouraged between members. This is perhaps likely to be so in the New Zealand climate where 'mateship', machismo and sport are closely linked to alcohol consumption in popular culture such as in alcohol advertising.

With regard to changes in students' behaviour as a result of their contact with FADE, almost half of the students (45%) reported changes in their own behaviour with regard to alcohol and other drugs after their contact with FADE. Again a higher number of females were affected but of those students interested in sport, the behaviour of those who were interested in sport only and without another major hobby or interest, appeared to be less influenced by the education that FADE delivered. In general behaviour changes included:

- reduced consumption of either alcohol, tobacco or drugs
- stopped using: drugs, tobacco or alcohol
- more cautious behaviour
- discouraging others
- making decisions to never start
- saying 'no.'

These findings however appear to conflict with a British study (Glass et al.1992) that reported that those who had received alcohol & other drugs education had actually higher rates of current usage. In light of this conflicting information, it would maybe be useful to compare students, before and after, who had received alcohol and other drugs education with those who had not and then follow up these same students with regard to their current alcohol and other drugs usage.

The FADE evaluation report went on to state that a determination of the actual effect of their intervention would require rigorous scientific measures before and after the intervention and as well as the need to deploy a 'control,' group. However the cost of such a study with regard to time span as well as money was considered to be not feasible. The writers of the evaluation report note nonetheless that the self-report method of success can still be considered as a useful indicator.

Approximately half the students felt that the FADE session(s) had helped them to resist pressure from friends with regard to the use/misuse alcohol and other drugs. Many said FADE had taught them to say NO or that the knowledge of the effects had made them more resistant to using alcohol and other drugs. When students were asked how FADE's impact could be improved among people such as their friends, suggestions included:

- more frequent visits and follow up visits to schools

- the use of persons who could speak from their own life experiences
- the use of more graphic (gruesome) materials/resources

Issues

In terms of the literature originating from Aotearoa/New Zealand much is of a statistical nature and whilst the reporting of the various rates of use and behaviour is one dimensional it is nevertheless important as background to the qualitative information which follows later in the study.

The most comprehensive of such studies was perhaps the NZ Secondary Students Alcohol & Drug Survey, 1987 - The Gathering Storm, where the Foundation for Alcohol & Drug Education (FADE) documented the usage by NZ school aged Youth of alcohol and other drugs .

Their study based on a sample of 24,420 secondary students from throughout NZ, aged between 12 and 19 years indicated that 14% of High School Students were current users of cannabis, 13% had used the drug in the past whilst 7% had tried it before High School. With regard to tobacco, 19% were current users, 46% had used in the past and 35% had tried it before high school.

Of this sample it was found that European students used significantly greater quantities of pain relieving medication than did Maori or Pacific Island students. Maori and Pacific Island students on the other hand used significantly greater amounts of tobacco & cannabis. High School students in non-Auckland areas were found to start experimentation with alcohol and drugs earlier with the exception of cannabis use.

The research also found that when all other family members used alcohol, 84% of students were current alcohol users. When no other family members used alcohol the level of student use was only 17%. If a family member used cannabis, 54% of those students were found to use cannabis and when they did not the rate of student use dropped to 6%

Some other interesting details which arose from this research were for instance, that when Young People attended a party at least once a week, 35% of them

used illegal drugs at the parties, whereas for those who attend parties less than once a week, this figure dropped to 16%. Of all those aged 17 years old who attended parties once a week, 34% used cannabis, and of those aged 16 years who attended parties once a week, cannabis use was slightly higher at 39%.

Researchers have found that this pattern of consumption of alcohol and other drugs by Young People is partly explained as a reaction to the attitudes that are apparent in younger age groups. Jahoda and Cramond (1972) in their Glasgow study found that younger children were more judgmental about any kind of alcohol drinking than were older children, a finding also supported by another Scottish study (Aitken 1978). Attitudes towards alcohol consumption were also gender based with girls judging their peers more harshly than did boys. After age 14 the peer group became the most dominant agent in dictating attitudes. A British study by Davies and Stacey (1972) found that as Young People increase in age, drinking becomes perceived as a highly sociable and 'adult' activity.

Studies in general such as Plant et al (1985) report that most Young People are likely to begin drinking at home with their parents. This finding is reflected in the most recent studies by Caswell et al (1992) in Aotearoa/NZ which revealed that Young Men and Women aged between the ages of 18 to 24 years were the most frequent consumers of large quantities of alcohol (six or more 15ml drinks) - high risk in terms of alcohol related harm. Of all alcohol consumed over half was drunk at home.

Godisan and Power (1987) noted that those who begin to drink alcohol beverages more heavily earlier are also more likely to continue to do so than those who drink less. Bagnall (1988) also found find that these heavier drinkers were more likely to use other drugs.

Routledge reporting on the 1978 New Zealand Alcohol Liquor and Advisory Council (ALAC) survey commented that :

"An influential model is provided to young people through the use of alcohol at home by parents and other adults. But outside the home environment there are community and social pressures at work. In a society such as ours, where many adults drink alcohol, and the use of alcohol is culturally accepted and sanctioned within the adult population, alcohol may be seen by young people to symbolise

adult status..... As the law prohibits the sale of liquor to a minor, alcohol may be synonymous with adulthood and sophistication. In claiming to like the taste (of alcohol), young people may be expressing a preference for an adult role."

This 'adult role' has its 'price'. In 1992 the NZ Associate Minister of Health noted that 14 - 17 year old New Zealanders consumed at least \$60 million worth of alcohol in one year and the Evening Post (23/01/92) reported that 16% of those attending help agencies for alcohol related problems were under 19 years. Recently some observers have stated that more scrutiny of alcohol use needs to be done in terms of the long term costs of alcohol abuse.

Glass et al (1992) in collaboration with the Market Opinion and Research International (MORI) company and the British Health Education Authority sought to measure the extent of tobacco, alcohol and other drugs use by High School students. They sampled 10,293 High School students. The project team interviewed 9 - 15 year old school students and asked them about alcohol, drugs, exercise and smoking. The aim of their research was to provide a measure of the health & lifestyle characteristics of Young People, particularly of those of using tobacco, alcohol and drugs.

The results of this research included findings such as; that regular smokers were more likely to be regular drinkers and that amongst 14 - 15 year olds 32% of regular drinkers had tried drugs compared with 7% of non-drinkers and 53% of regular smokers had experimented compared with 2% of non-smokers. They found that their results were related to the following factors : socio-economic group, attitudes, image, lifestyle, education, familial and peer influences and exercise. Their report stated that further analysis of the data was required to establish causal links and the relative importance of the various factors, listed above, which came to their attention.

In the most recent studies carried out here in Aotearoa/NZ on the use of alcohol by Young People, Caswell et al (1998) investigated trends in Youth drinking habits in metropolitan Auckland from 1990 to 1997 by using computerised automatic telephone interviews (CATI) surveys. The results demonstrated that there were more Young People who abstained in 1997 than in 1990 but that those who were drinking were tending to drink more. They also found that the increase in drinking in some Young People is directly related to the socio-

economic group or the income of that Young Person and that of their family or care givers. Young People who tended to be drinking more in 1997 than in 1990 were those from higher income families, backgrounds and situations.

CHAPTER THREE

Perspectives and Approaches

This chapter presents an overview of the main perspectives and approaches to be found in the literature on the topic of alcohol and other drugs education. Comment is made concerning the appropriateness and effectiveness of these approaches.

Broadly speaking the literature in this area covers the following :

- Educational Approaches
- Cognitive Behavioural Approaches
- Developmental Perspectives
- Health Promotion and Environmental Contexts
- Social and Psychological Perspectives

2.0 Educational

This current study was carried out in an endeavour to measure and report the efficacy of alcohol and other drugs education at secondary school level. It may be that for many Young People such education can seem superfluous because for them alcohol and other drug use is a constructive response to a particular situation.

John Howard in his address "Alcohol and other substances: an international perspective on what works in prevention" to the annual NZ ALAC conference 1996, observed that :

"Most young people who try to use substances do not continue their use or develop significant problems. Much use of substances is not mindless or pathological, but functional. When surveyed, young people in developed and developing countries cite boredom, curiosity and wanting to feel good (or better) as the main reasons for use.

Other functions served by substance use are to relieve pain, keep awake or get to sleep or to dream. Therefore substance use is often seen by young people as a solution, rather than a problem."

So, what is the function of alcohol and other drugs education? To educate? To change attitudes? Or to provide information?

Whether one agrees or disagrees with John Howard, or indeed considers his statement to be relevant to the New Zealand scene most alcohol and drug education in NZ goes as far as informing and educating (in terms of facts and effects). In 1996 some brief articles about alcohol and other drugs education that were being offered locally were reported in the Wanganui Chronicle, Timaru Herald and the Southland Times. These articles stated that as well as informing and educating about alcohol and other drugs these education sessions also highlighted the harmful effects of alcohol and drugs and discussed the responsible use of drugs and alcohol, peer pressure, goal setting and motivation.

Despite the laudable objectives of such sessions the articles highlighted that in fact New Zealand educational approaches do not often go further and explore the possibly complex and multilayered reasons as to why a Young Person uses alcohol and other drugs. Reasons may involve family, society, socialisation and cultural values to name a few. Up until recently much of our alcohol and other drugs education did not investigate with Young People the ramifications of substance use or why they may be attracted to, and use alcohol and other drugs. Often missing also is an exploration of these reasons from a non - judgmental point of view that goes beyond the making of a necessary 'informed choice,' or merely saying 'no.' To be fair recent developments in the NZ secondary school curriculum have made major advances in terms of looking at alcohol and other drugs issues and the exploration of these issues. However not all schools take the opportunities that the redesigned curriculum offers and in some instances the specialist interest, training and experience that teachers need to work with the new curriculum effectively are overlooked. (Anecdotal report of a group of Auckland secondary school health educators, 1998).

In his discussions for trainee Youth service providers on how to approach Young clients , Cohen (1996) states that interventions which imply a general deficit of information and assertiveness skills among Young People in order to simply resist negative peer influences and which are based on or imply a 'just say no' approach tend to miss the point. Further, such an approach can also close off any rational discussion about substance use and may widen the gap between

parents/teachers/adults and Young People. This is not to say that imparting useful social skills such as assertiveness and accurate information about the facts and possible effects of alcohol and other drugs isn't important - far from it, it is essential but it must be accompanied by other forms of alcohol and other drugs education, as this study will try to demonstrate.

Given that there are so few sources of information specifically on Young People's perceptions of alcohol and other drug education, it seems useful to consider some of the different approaches which have been taken with regard to their education about these substances.

The NZ Alcohol Advisory Council (ALAC) used to run an Alcohol and Drug Programme in Aotearoa/NZ schools. The programme was initiated in the late 1980's and was funded by ALAC to the end of March 1995. The programme gave teachers an opportunity through inservice training courses to develop their abilities to facilitate the programme's pre-designed classroom activities. In 1993 ALAC undertook a comprehensive evaluation of the programme's development and use in NZ secondary schools. It was found that 75% of teachers from the 282 secondary schools surveyed for the evaluation, provided the alcohol and drug programme to their students.

94% of students surveyed responded that they considered it important that high school teachers should continue to run classes where students could ask questions about alcohol and other drugs. When asked how many times they would like to take part in a class where they and their teacher discussed questions about attitudes and feelings related to alcohol and drugs, 83% indicated that they wanted this to happen one or more times in a year. 85% agreed with the statement that "Lessons in class on alcohol and drugs provide Young People with useful information."

On the whole students tended to rate the alcohol and drug information that they received from their school and teachers as being more useful than the information which they received from their families or friends. Some students (6%) were unsupportive of the programme because they considered it to be overdone or boring, others were concerned about issues concerning

confidentiality in the classroom situation, or were concerned about their image and about appearing uncool or naive.

With regard to improvements to the programme students wanted extensive consideration to be given to illicit drugs. However this could be problematic given that the British experience was that when this was done some students became more curious about these drugs and wanted to begin experimenting with them (Glass et al 1992). Further improvements of concern to the students were the inclusion of or seeing more of other components such as the use of videos, visitors and peer educators.

In the ALAC evaluation classroom questionnaires and focus group discussions showed the students to be evenly divided over the question of whether classroom lessons can be effective in helping them to avoid some of the dangers associated with alcohol and drugs. Their reasons were evenly split with differences in responses being clarified in the written comments. Those who agreed wrote that the classroom discussions "really helped." Those who were unsure wrote that TV ads are much more influential because TV is "So much more graphic." This rather supports the notion that any programme should be supported by ads on TV - a point which will be discussed in a later part of this section.

Those who disagreed said that influence about using alcohol and drugs "Comes down to your own common sense. It comes down to how you were raised and your own attitudes. We do what we want with our bodies."

It is now recognised that giving or 'teaching,' information and so changing a person's knowledge base is only the beginning of a chain of events that may lead to behavioural change. Such a chain of events needs to incorporate many other factors if that is to occur. Flay and colleagues (1980) were interested in behavioural change and researched this through two approaches. One was by examining values through individual or personal values clarification and the other approach was training in decision making that would result in a constructive outcome. They found that these approaches would fail unless they too addressed the determinants of Young Peoples' alcohol and other drug use. An example of the approach they demonstrated was to show students films of likely

scenarios of drug taking situations and then to teach them skills to resist drugs when they were offered. This is an approach which is based on social learning theory (Bandura 1977) and persuasive communications theory (Mcguire 1964, 1968). Flay et al (1983) found it to be an approach which was effective in reducing the incidence of new uptake in cigarette smoking in school age populations.

Social Learning Theory

Social learning theory is based on the notion that behaviours are influenced by the consequences of one's past actions and the observed consequences of the actions of others. Strunin and Hodgson (1990) commented that self efficacy has an important connection with social learning theory as it is self efficacy that influences individual confidence and perceived competence to avoid risks and to influence significant others to do similarly. This rationale is demonstrated by the Students Against Driving Drunk (SADD) peer education programme. In that programme students volunteer to organise activities for their colleagues in an effort to influence their behaviour around drinking and driving. The SADD member students believe in the 'don't drive drunk' message and do their best to disseminate this message to other students.

It could be said that the SADD student members' belief in what they do is an example of self efficacy which avoids self harm from driving drunk and models this to their fellow students. It is a programme which has been very successful because it has contributed to the fact that statistically, teenagers now have one of the lowest rates of motor vehicle accidents related to drinking of any age group. (NZ Herald, October, 1997).

Bandura proposed the 'Health Belief Model' (1984). This model implies that individuals balance the perceived merits and disadvantages of specific behaviours. Janz and Becker (1984) went on to further clarify that the model assumes knowledge of health and health related issues. The health belief model was further developed by Tones (1987) who proposed the 'Health Action Model' which identifies the importance of factors which deter healthy behaviours. Such health behaviour deterrent factors include social beliefs, misconceptions and public policy.

Media Issues

One mode of education that has not yet been discussed and which is arguably the most persuasive and acceptable to Young People, is the media.

Some commentators see the media as essential elements in any alcohol and drug education programme. Flay and Sobel (1983) suggest that the research is pointing to the fact that behavioural learning occurs during viewing and Fejer and Smart (1971) indicate that the media is an important place for drug information, a source which is trusted and influential. Wallack (1979) found that paid commercials used in conjunction with, for example, public service announcements and community mobilisation were more effective than just the use of paid commercials.

It has been hypothesised that Young People are susceptible to absorbing the persuasiveness and pervasiveness of drug use as portrayed in the media and in 1983 Roberts suggested that in children, and so by implication also in Young People, behavioural learning occurs during viewing. That the media can play a prime role in enhancing peer pressure is evidenced by the saturation advertising of major corporations and the large numbers of Young People who use the commodities and products advertised by large corporations such as McDonalds.

Top rating shows such as 'Suddenly Susan', and some movies continue to portray tobacco smoking as mainstream, glamorous and acceptable with some including cannabis use as an acceptable form of alternative behaviour as in the movie 'The Fifth Element' - an almost cult movie that had wide teenage appeal due to it's sci-fi plot accessorised by hi-energy fast pace, fashion and music. Even the News media - particularly the television news media glamorises the drug 'industry' when reporting drug 'busts.' Reports will often focus on the drug itself with graphic footage of truckloads of drugs being seized and airlifted out of the NZ bush for instance. The monetary value of drugs and the extraordinary lengths people will go to make a living from drugs is also emphasised. This tends to distract attention from the human loss due to the effects of the drugs on those who are users, families of users, producers and suppliers. Additionally not much is made of the costs (to the taxpayer) of drugs use, of treatment, prevention and

intervention. NZ's unacceptably high suicide rates are hardly ever called into question when reporting drug busts. The sensationalism of the reporting of the drug busts is very appealing for some Young People. Kinder (1975), describes this appeal as being akin to " a beacon for experimentation in Young People."

Goldstein (1974) who analysed broadcast mediated drug education over a four year period and found that TV was the most effective medium to transfer drug education messages. This message had more effectiveness if the source was seen as credible and the audience was able to identify with the source.

Wallack (1979) as mentioned earlier, noted that public service announcements or PSAs were more effective when combined with community mobilisation. This means that when community action accompanies PSAs their efficacy is increased. Schools could use this when developing policies and rehabilitation protocols around students' drug use or community debate on proposed law changes. However PSAs often suffer from major handicaps that privately funded advertisements avoid, for example, Hersey et al (1982) found that PSAs are not typically aired in prime time, are tuned to the wrong station or shown at times when Young People are at school. It is estimated that it takes at least 3 or more exposures to influence purchasing behaviour and more exposures to influence 'health' behaviour. Most evaluations only report the people who report seeing any ads. i.e. not just PSAs.

Most PSAs have lower budgets than their paid counterparts and so cannot afford to access more expensive, perhaps more effective and more convincing ads. Rappeport (1975) observed a lack of segmentation - that is, not appropriately aiming a campaign at a certain group within a group - of PSAs in anti-drug ads and Atkin (1979) noted that in the past there has been too much reliance on information and fear messages which Young People in particular, will counter - argue.

"Selectivity" according to Johnson (1983) is sometimes not exercised, which means that Young People will be more likely to assimilate a message if they think that the message will enhance them socially, assist them in some way to gain more independence, increase their self worth, or do all of these things. Interpersonal communication and group discussion increases the effectiveness

of media campaigns. Cook and Flay's studies (1978) found that to maintain any change, interpersonal communication is necessary.

In 1983 Flay & Sobel listed key factors which they considered contributed to an effective drug and alcohol programme for Young People. This they did by analysing a number of different programmes and approaches and cross examining the results. A programme was found to have more chance of success when :

- initial planning for the programme was carried out within the milieu and in conjunction with an existing classroom programme.
- TV advertising material that complemented the education/prevention programme was shown at a popular viewing time for students.
- classroom based presentations of the programme were taught coincidentally with public service announcements or a government agency health warning campaign.
- students took new information, awareness and understanding of the issues, facts and effects home with them and talked about these matters with their families.
- that the issue of selectivity was not a problem, because students were more likely to be already identifying with elements in the advertisement. They were a 'captive' audience and because of this identification they already saw elements in the advertisement as being enhancing or assisting them in some way.
- when students were encouraged to involve their families in their ongoing educational experiences, learning was found to be more long term.
- when the programme provided Young People with the social skills they desired. For instance if students as part of a prevention programme were taught assertiveness skills and how to communicate more effectively with their peers they were then able to use these skills to become more popular or simply felt more confident.
- when a new government issued Ministry of Health report was released at the same time as the programme this generated dialogue amongst school staff, drug and alcohol prevention programme workers and other health workers, students and their families.
- programmes were more effective when free information booklets were provided.

- tobacco prevention programmes worked better when smokers were provided with information about quitting.
- and when they were actively encouraged to seek support from spouses and friends the effectiveness of the programme increased.

These researchers also analysed factors which they considered prevented programmes and campaigns from being effective such as :

- the monopolisation by ads put out by commercial interests and a lack of counter propaganda.
- canalisation or a particular advertisement which tended to turn off Young People from using one particular brand but then influenced them to use and try another.

As discussed previously however, despite this information some commentators believe that most drug and alcohol education initiatives are in fact generally ineffective. Glaser and Snow (1969) and Swisher (1971) noted that some Young People after drug and alcohol education programmes regarded alcohol and other drugs not as more dangerous but as being safer. Pickens (1983) suggested that drug education was likely to be irrelevant if the students were not active users. If the education followed initiation and commencement of regular usage then it was also likely to be ineffective. It could therefore be said that the mere provision of information is likely to contribute to ineffective alcohol and other drugs education. Nevertheless, when information is coupled with some of the previously mentioned strategies, for example as with cognitive behavioural approaches, greater success may ensue.

Peer Pressure

Another factor which clearly influences alcohol and drugs intake is peer pressure. Jahoda & Cramond (1972) found in Britain that after age fourteen the peer group had become the dominant group in dictating attitudes. Non drinkers and drug takers were seen as less tough and unsociable while drinking and drug taking was seen as desirable, prestigious and sociable. Fishbein and Ajzen (1975) examined the education of Young People around alcohol and other drugs issues and found that Young People's behaviour is influenced by the need to

satisfy the wishes, and so the approval, of those they consider to be friends and significant others.

In 1981 McAlistair et al found success with High School students in California when students were given information and trained at the same time to resist peer pressure to use alcohol and other drugs. Sometimes as Aaro et al (1983) found in their study of 9 - 11 year old Norwegian children who received health education, youngsters were successfully deterred from starting to take up tobacco smoking. Gillies, Pearson and Ellwood (1986) in their study of 15 - 16 year old students in Britain also found that those who recalled their health education programmes were less likely to begin smoking than were those who did not recall the education. These studies seem to suggest that there are times, and certain situations where alcohol and other drugs health education programmes appear to have positive outcomes.

In some instances these positive outcomes can be enhanced by a particular method or approach. The next section reviews one such method, a cognitive behavioural approach to alcohol and other drugs harm prevention education.

2.1 Cognitive Behavioural

The paper "Personal and Social Skills Training : Cognitive - Behavioural Approaches to Substance Use Prevention." by Botvin and Wills (1985). reviews approaches using cognitive - behavioural therapy and discusses substance use and adolescent development. It reviews some intervention strategies and reports on the evaluations of these strategies.

In the report of their investigations, Botvin et al (1985) described how in the evaluations of their work and that of their colleagues, various cognitive behavioural programmes demonstrated a substance use reduction of 50 - 87%. Frequent sessions over a short time period were found to be better than spacing sessions over a longer time. However critics of these methods note that this approach is very resource intensive.

Social and personal skills training can also be included as cognitive behavioural approaches. Glasgow and McCaul (1985) describe programmes that look at

cognitive behaviour approaches and discuss distinguishing features of the social and personal skills training (SPST) approach in particular. They discuss the advantages and disadvantages of this method of education. Advantages include that if individuals use substances for a variety of different reasons then an approach that addresses a wide selection of factors will be more likely to address critical factors for a larger percentage of Young People. The SPST approach could be more effective with Young People who are more predisposed to substance use. A narrowly focussed programme such as a social inoculation programme may be ineffective in providing Young People with sufficient skills to resist social pressure if they are not at least moderately socially competent. Disadvantages of the SPST approach include Young People possibly feeling overwhelmed with the range of issues being explored and/or the number of life changes advocated.

In an effort to identify what could be essential elements in alcohol and other drugs education many researchers have tried to 'pin down' exactly what may be the psycho - social profile that predetermines Young People's substance abuse. Schinke and Gilchrist (1984) observed that although there is a generous body of research no consensus had yet emerged as to a simple pattern of factors to explain or predict Young People's drug use.

Glynn et al's (1987) paper 'A Cognitive Developmental Approach to Smoking Prevention,' on Young People and tobacco smoking is particularly interesting in that it discusses and 'de-bunks' some of the sensationalism that is reported around Young People and drugs use issues. It talks of the 'stage' approach to an understanding of these issues specifically with regard to addiction. This approach comprises 4 stages being: Preparatory, Initiating, Becoming and Maintenance. The preparatory stage is about the development of attitudes to smoking. This stage doesn't necessarily involve smoking cigarettes (or whatever drug) but could. Also at this stage Young People are becoming more aware of their needs. The ways and processes they use to adapt to these needs could influence their attitudes to smoking.

The next stage - Initiation is when a Young Person first tries a cigarette and apparently most do (Palmer 1970) albeit 1, 2 or 3 cigarettes. There is huge variation between the ways individuals progress from this stage through to the others (Hirschman et al 1984). The becoming stage is where Young People

experiment with the idea of smoking but don't identify as a smoker. They try smoking during daily rituals such as eating, socialising, studying and purchasing cigarettes and this is when smoking becomes attributed to certain environmental cues. Maintenance is the stage when the individual has started to smoke regularly. It can take two years to reach this stage (with huge variations Cartwright et al 1959).

The thrust of the prevention programme is to reevaluate what happened when people first smoked. Did they feel the roughness of the smoke as it went down for the first time? Did they cough? The reasons for these reactions are reexamined and the notion of a current lack of discomfort (in smoking) instead of meaning that this implies well being, or at least everything being OK, can also mean that there is danger. Additionally students are encouraged to have an awareness that becoming habituated to smoking is a pre-cursor of emotional and addictive processes that limit a person's access to autonomy and freedom.

In addition to the above strategies current secondary school educational approaches raise awareness of social, peer and family influences and provide social skills that enable Young People to resist these influences. These approaches may also come under the general banner of cognitive behavioural programmes in that they go further than simply teaching skills to resist offers of substance use. They do so by offering skills that are taught as part of general life skill training. The idea being that by having better general life coping skills, temptation to use substances may be more effectively resisted.

General skills about coping with situations include interpersonal relationships, social coping and performance demands. The following can be classified as cognitive behavioural strategies :

- Social skills assertiveness training
- Cognitive behavioural skills training
- Decision skills curriculum
- Life skills training

These are outlined and discussed below :

Social Assertiveness Training - Pentz M.A. (1983).

This approach emphasises that substance use in early adolescence is socially influenced by models of, for example, families and peers, and of low assertiveness and constantly 'surviving,' social pressures. The approach states that taking drugs is compensation for low social competence and relieves social anxiety. It draws on the social learning theory of Bandura (1977) and the problem behaviour theory of Jessor and Jessor (1977). The intervention devised by Pentz is based on the assumption that the initiation of substance use may be deterred by increasing social competence and self efficacy. That is where social competence can be thought of as essentially assertiveness or the ability to disagree, to refuse, to make requests and to initiate conversations. Pentz (1983) defined self efficacy as "the conviction that one can successfully execute behaviours necessary to produce desired outcomes."

Components of the training include a 55 minute session conducted by a trained teacher. The sessions are facilitated by peers working in 4 smaller groups in the classroom. Assertiveness and self efficacy skills are taught through modelling, rehearsal and feedback to participating Young People.

Cognitive Behavioural Skills Training - Schinke, S.P., (1985).

This approach teaches social competence skills in order to learn how to not only handle current situations but also how to anticipate and prevent future difficulties. It's cornerstones, are mental health, social functioning, economic welfare and physical well being. The method teaches skills which help in fully utilising available information available and interpersonal skills for communication.

Components of this type of training are:

- accurate information that is immediately personalisable
- stepwise problem solving strategy
- self instructional techniques to exert self control, stress relievers such as covert cognitive coping skills and overt relaxation techniques.
- assertiveness training

Small groups make it easier to model, to reinforce and to provide feedback.

Decision skills Curriculum - Wills (in Botvin and Wills, 1985).

This approach focuses on psychosocial stress factors leading to substance use. Bentler (1979) found that it acknowledges that substance use initiation is multi-factorial and includes :

- availability of substances
- substance related knowledge and attitudes
- social influences from parents and peers

Factorial analysis of coping measures indicated that the following are significant :

- decision making, active problem-solving approach to coping
- social support from peers and parents
- involvement in entertaining or diverting activities
- physical exercise
- meditation or/and prayer

Also relevant were the psychological variables of locus of control, assertiveness and self regard.

Statistical multi-variate analysis indicated that if psychosocial stress is increased in an individual then the probability of using substances, of losing individual external locus of control and self esteem are each increased. If the individual is able to use decision-making and cognitive coping methods substance use may decrease. Cognitive coping and decision-making type designed courses typically include topics such as :

- decision making
- social Influence
- stress Management
- health consequences of alcohol and drug taking and smoking
- general health screening in schools or community groups as an aid to establishing baselines of empirical data for comparative analysis

Life Skills - Botvin, G.J., (1980)

This approach includes :

- the teaching of information about substances and substance use e.g.
 - short and long term effects
 - prevalence rates

- immediate physiological effects
- media pressure
- resisting peer pressure
- the teaching of personal skills :
- development of critical thinking and responsible decision making
- coping with anxiety - cognitive and behavioural self control strategies
- basic principles of personal behaviour change and self improvement
- the teaching of social skills - to improve general inter-personal skills
- effective communication
- general social skills such as, the initiating of social interactions, conversational skills, complimenting, male/female relating and non/verbal assertiveness skills.

With regard to these four approaches - social assertiveness training; cognitive behavioural skills training; decision and life skills curricula, evaluation, in general, has demonstrated a 50 - 87% substance use reduction, Botvin and Wills (1985). In terms of different individual results from the various programmes Botvin's project achieved a reduction in tobacco smoking, drinking and drug use; Pentz's had a positive effect on academic performance and Schinke's contributed to reducing teenage pregnancy. Evaluations also highlighted that these programmes are able to be taught by a wide range of workers, students and teachers. Intensive frequent sessions over a short time were found to be better than spacing the sessions over a longer period with 'booster' sessions enhancing programme effects.

2.2 Developmental/Psychological Perspectives.

The period of being a Young Person and of traversing through adolescence can be a time for some where for some it is perceived, and sometimes realised, that great things may be achieved. No obstacle seems too big, no consideration too

small. This propensity to dream and envision can, in some cases, lead to a perceived/imagined invulnerability. Elkind (1985) has described this potential phenomena as 'Personal Fable.' This fable can be positive and productive but also has the potential to be damaging. It can inspire aiming for great goals which some can achieve but conversely it can also motivate Young People to ignore such reasonable precautions as for example, 'safe sex'.

Jack (1989) considered personal fable, risk taking and experimentation during adolescence to be normal behaviour as they aid the achievement of independence, identity and maturity. Such behaviour is also protective of self esteem, with adolescents taking risks without examining possible negative outcomes so as to not 'lose face' in front of their peers. Risk taking in middle and late adolescence according to Jack, Irwin and Millstein (1986) "serves to fulfil developmental needs related to autonomy as well as needs for mastery and individuation. The pursuit of new activities and practice taking initiative are positive attributes that can lead to positive and negative outcomes. Mastery needs are frequently met by experimentation, which often involves testing limits and taking risks." Irwin also notes that risk taking during adolescence is normal transitional behaviour.

From a psychological perspective the disposition to engage in 'problem behaviours,' such as heavy drinking, illicit drug use or unprotected sex is influenced by biographical and social psychological variables. Jessor (1987) has noted that these influences include personality, beliefs, and behaviours which are approved of by 'significant others.' Jessor and Jessor's (1977) commentary covers developmental, psychological and the societal perspectives and reports that adolescent 'problem behaviours,' are typically inter-related. Evidence from the literature suggests that the structures of adolescent risk behaviour reflect a Young Person's way of being in the world. This world, their world will provide socially organised opportunities to learn risk behaviours. However Jessor and Jessor add that all risks require some cost-benefit audit.

In terms of the many, many different theories of adolescence Erikson (1968) for his part believed that part of adolescence was a period of identity crisis characterised first by seeing a unique past and future which needs to be thought about, solidifying who one is and establishing a value system. He talks of a

psychosocial moratorium - a socially approved time of experimentation and exploration which, if blocked, can lead to premature foreclosure of the development of identity. Bakan (1971) however sees this view as being idyllic. In his view adolescents are excluded from adult society and are not given socially sanctioned opportunities to explore and experiment. Konopka (1983) on the other hand, with regard to the adolescent tasks of exploring and experimenting, believed that adolescence is that period when the Young Person is growing in a particular time. Not as a pre adult, nor pre worker or a pre parent - but a time of thinking about what commitment might mean, a moving towards interdependence and independence from and between a greater number of people than just the family of origin, for example, home, 'family,' work, education, social, sporting, recreational and political affiliations. Konopka adds that it is universally a period of natural biologic changes with different cultures producing different challenges that confront these biologic changes and which in turn produce a variety of culturally determined stressors.

These stressors can further impact on some of the other tasks of adolescence such as the achievement of physical and sexual maturity with the ages of 12 - 16 years being recognised as the predominant years for the accomplishment of these tasks. Young People come to realise that they are a part of a wider humanity which prompts an awakening that affects relationships with peers and family. It becomes the time to develop individuality. Social experiences and relationships are examined for their meaning to the self. Self concept is further defined and tested, past experiences are reviewed and integrated into an awareness of the future. It is a time for forming commitments, for exploring their purpose in life, to find reasons for living and to make possible future vocational choices. Meeting and experiencing lots of different people and seeing other cultures becomes very important.

In their book titled "Adolescent Peer Pressure, Theory, Correlates and Program Implications for Drug Abuse Prevention," - The US Department of Health and Social Sciences (1986) stress that for Young People paths of life need to be trialed which don't require irrevocable commitments. Experimentation should be undertaken where it is possible for mistakes to occur without dire consequences but also where Young People can be held responsible for their actions and accountable for their impact on other living beings.

During adolescence Young People as part of their exploring and experimenting unfortunately will make mistakes that do impact on those around them. One place where this has been the situation and caused concern is Auckland's North Shore.

2.4 Health Promotion and Environmental

In clarifying what health promotion could imply I use a definition used by Perry and Jessor (1983) in their article "Doing the Cube: Preventing Adolescent Drug Abuse Through Health Promotion," in which they describe Health Promotion as being concerned with more than the reduction or deletion of specific health compromising behaviours. They see it as involving a variety of methods which seek to instigate the adoption of alternative behaviour, which can extend to including environmental changes.

In 1996 Denise Bijoux from NZ Alcohol Healthwatch was commissioned by Auckland's North Shore Community Crime Prevention Co-ordinating Group to carry out a pre development study. While this project focused on community development issues it also fits easily under the 'aegis' of Health Promotion as it examined possibilities for the reduction of alcohol related harm to Young People on the North Shore. It did so both from an individual personal behaviour viewpoint, as well as by taking into account community attitudes and practice, and the wider North Shore environment. The report is included in my review not only because it includes students' perceptions of alcohol & other drugs education but also because it is specifically about Young People and alcohol on the North Shore.

The project focussed on the environmental context of alcohol use by Young People on the North Shore concentrating on the development of strategies rather than on debating the perceived problems associated with intoxicated behaviour. The project consulted the 'community,' via community meetings organised by already existing community organisers.

The project began by attempting to elicit community opinion on the subject and did this by holding a series of community meetings. At these meetings diverse opinions were expressed with regard to various ideas for solutions. Three common themes emerged:

- alcohol misuse as a community concern
- the need for parental involvement and for improving parenting skills
- the role of Young People in seeking solutions

One of the findings was that Young People on Auckland's North Shore use alcohol because they perceive that there is little else to do. These perceptions can be so pervasive amongst the high school student population that it is imperative that there be a forum within the school system where students can discuss, critique and look at other options rather than alcohol and other drugs.

Denise Bijoux's report states that Young People are; "Probably the sector of the population which is most aware of the drink-drive issue. Few Young People ever drink if they plan to drive and this has opened the way for a high level of tolerance, and even encouragement, for people who choose not to drink regardless of that reason."

The report goes on to discuss peer pressure but says this diminishes once a person has experimented enough to have established his/her 'own extent.' In fact it states during the years before Young People can legally drive they are encouraged to drink by the combined pressures of personal desire and peer pressure, and of there not being much else to do, "from the ages 14 - 19 there's nothing to do unless you go out and drink."

The point is made that even with the best education in the world Young People still need to experiment in order that they may find their 'own way.' This however, coupled with a lack of resources generally, and specifically with regard to recreational opportunities for Young People on the North Shore, makes alcohol and other drugs powerfully attractive. A situation such as exists on Auckland's North Shore emphasises the need for effective alcohol and other drugs harm prevention education and intervention.

The next section considers possible explanations for Young Peoples' development and behaviour and use of alcohol and other drugs from a wider social context.

2.5 Societal/Social Perspectives

Goddard (1990) noted that the following factors appeared to influence tobacco smoking in Young People:

- being a girl
- having brothers and sisters who smoked (this was seen as being more influential than having parents who smoked)
- & living alone with one parent
- having relatively less negative views about smoking
- not intending to stay on at school after sixteen
- thinking that they might smoke in the future

Some commentators have noted that truancing can be linked with Young People smoking. Swadi (1989) found that male students were twice as likely to be smoking and using illicit drugs than were those male students who were not truancing. Jessor and Jessor (1978) and other researchers have supported this view

Another disturbing social characteristic of alcohol and other drugs use is the link with sexuality and unsafe sex. In terms of illicit drug use and sexual activity Bagnall and Plant (1991) in their study of populations of Young People in two separate 'deprived' areas found that only 6% and 7% per cent respectively used condoms consistently. This was coupled with 8% reporting having had intercourse with individuals believed to be HIV positive. Large proportions of Young People continue to have unprotected sex. Sonenstein et al (1989) found in their study that 25% used no contraceptive method at all but that 57% had used condoms during their last sexual encounter. This link between sex and drug taking could bring about catastrophic levels of HIV infection. Hingson et al (1990) carried out a telephone survey in Massachusetts and they found that heavier

drinkers and cannabis users were 2.8 times and 1.9 times less likely respectively to report using condoms.

Leigh (1990) discovered that Young People with stronger beliefs about alcohol's ability to reduce nervousness about sex and to enhance sexual experience were more likely to drink in conjunction with sexual encounters, and, if drinking, were more likely to drink larger amounts. This link was particularly strong for individuals who were nervous and/or guilty about sex. In addition sex related alcohol expectations/pregnancies were related to some of the behaviours and feelings inherent in sexual encounters. Respondents with strong beliefs about the ability of alcohol to decrease nervousness were more likely to initiate sexual activity. Unprotected sex and taking alcohol and other drugs to excess can be part of a panoply of behaviours that can signify a Young Person as being 'At Risk', with Jessor (1991) observing that "There has been a failure to recognise the fundamental role of socially organised poverty, inequality and discrimination that produces and maintains a population of 'at-risk,' Youth."

In 1970 Wolff observed a connection between emotional problems of separation and social deprivation. These were associated with 'Youthful,' psychiatric disorders, delinquency and risky sexual behaviour. In some cases these characteristics were observed to be transmitted generationally. It is interesting that in the United States Young People are the only age group with increasing mortality and this is attributable to violence, accidents and suicide. A similar situation exists to some extent in Aotearoa/NZ with regard to motor vehicle accidents and suicide. Substance use is part of this scenario. Substance use by Young People can also be a part of depression (Birmaher et al 1996a) which can contribute to suicidal tendencies. Anecdotal evidence supports the possibility that some if not many of the deaths on the road are attributable to depression and drunk driving and so suicide by default. Greydanus (1987) described the interconnections between risk factors for Young People. Many of the previously discussed factors are clearly interconnected and many will have their origins in childhood experiences including experiences of parenting, peer pressure, timing of puberty, self esteem, depression, culture, ethical and religious training and education.

The changing 'family' structure has also affected Young People. A weakened tie between parents or family and a Young Person may lead to the dominance of the peer group as the first agent of socialisation. As parents and families work harder and longer hours to provide higher standards of living for themselves and their families, they are less available to spend time with their Young People. In some desperate situations there is a surrender by families and care givers of major developmental responsibilities to agencies, social services, and to schools. It is not surprising that some Young People with more time on their hands may become bored.

With a lack of parental guidance television has now often become more important in 'teaching' moral values. Where Young People are in situations of having poor quality parental or familial input the tendency is to gravitate to their peer group where their moral values, and maybe some that they have learned from television, are perceived to be well accepted. To exacerbate this situation an increasing number of jobs require a higher degree of education with the consequence that Young People need to stay longer at school and tertiary learning institutions. Often the only way to afford this education is by living at home with Mum and Dad.

As Young People get older they spend more time with peers engaging in group behaviour. These changes can be accompanied by greater behavioural freedom without accountability, more demands for social competence without systematic instruction, heavier peer pressure with less self esteem to resist, more pressure for the pursuit of pleasure through alcohol and other drugs and sex without awareness of the alternatives.

As early as the 1960's researchers were aware of the potentially perilous situations in which some Young People could find themselves. Strommen in the United States in 1969 conducted an extensive study of Youth which was published in 1974. His study found that the changes of: greater behavioural freedom; more demands on social competence; heavier peer pressure, and more pressure in the pursuit of pleasure were amongst those that produced what he called five 'cries' for help - loneliness, family trouble, prejudice, social protest and joy. 10 years later in 1979 on repeating the research, he found that two of the cries had changed - the social protest was quieter and the loneliness louder.

Peer pressure of course is not the only reason why Young People indulge in alcohol and drugs. While commentators have discussed parental, family and wider societal influences. Jessor (1991) believed that adolescent 'problem' behaviours were interrelated and that research evidence suggested that the structures of adolescent risk behaviour reflected a Young Person's way of being in the world. A world which would typically provide socially organised opportunities to learn risk behaviours. A commonly perceived notion is that Young People take risks mostly on impulse but Jessor however suggested that risk-taking usually requires some audit of cost-benefit, i.e, do the risks involved outweigh the benefits of increased standing and respect among one's peers?

Parenting styles also influence the relationship between a Young Person and their parents/caregivers. Along with his 'Five Cries for Help," Strommen conducted a study in 1974 that investigated 7,000 Young People for various factors including family disunity.

Strommen found that those Young People who exhibited distress over a lack of communication and understanding with regard to their parents/caregivers numbered 1 in 5 or 20% of the 7,000 studied. This lack of rapport and trust between offspring and parents or caregivers was further investigated by Strommen who found that it was also a predictor of divorce rates. He found that family disunity was nineteen times more likely to be predicted by a lack of trust of offspring. This lack of trust may be experienced as an acrimonious event that may have lead to or precipitated divorce, or separation of a family.

Without the trust of their families Young People become susceptible to peer pressure partly perhaps because of loneliness and isolation.

With regard to making choices about possible alcohol and other drug use Stone et al (1979) pointed to the fact that some Youth are more peer oriented, whilst others are more parent oriented. Choices in regard to drug use differs according to this orientation. In 1977 Jessor and Jessor investigated the link between values consensus and the degree of emotional closeness between parents and their sons and daughters. They found this relationship to have an influence on drug use. Youth who were from drug disapproving parents but who hung out with peers who favoured use, and who were alienated from their parents were more likely to use substances. Similarly a Young Person who was bonded to a parent

who used drugs, then that substance use influenced the Young Person's behaviour. The Young Person was more likely to view drug use in a less negative light. This implies that whoever uses substances in the dominant reference group, peers or parents, is likely in turn to influence the use of substances by Young People. If the peer group comprises non-users then there is less likelihood of drugs usage.

In the preceding sections I have touched on what could be said to be the more intrapersonal issues: educational, cognitive - behavioural, health promotional, and socially influenced factors in Young People's use of alcohol and other drugs. The next section discusses more the interpersonal issues such as ethnicity, gender, policies and ethics.

Chapter Four

Situations & Circumstances - Ethnicity, Gender, Political and Policy Issues.

This chapter examines some of the ethnic, gender, political, policy and ethical features that comprise the environmental situation surrounding the education and prevention of the harmful use of alcohol and other drugs by Young People in Aotearoa or New Zealand.

As previously mentioned there are gender differences in attitudes to drinking. Girls are on the whole more perjorative of their peers drinking at earlier ages but this changes as age increases. In New Zealand men and boys drink more alcohol more frequently than do women and girls (Wylie 1996). In their 1987 study of secondary school students the Foundation for Alcohol and Drug Education of NZ (FADE) found that 47% of boys had tried alcohol as opposed to 42% of girls. The consistency of sex differences in drinking behaviour suggests that drinking may be associated with traditional sex roles, that is, with traditional ideas about what constitutes appropriate and distinctive behaviour for men and women. Drinking habits may be seen as a signal to other people about the kind of sex or gender role one is trying to portray. In the 60's Zucker (1968) studied high school boys in the United States and concluded that "the major characteristic differentiating heavier drinkers from lighter ones is sex role facade. That is about conscious self-representation with heavier drinkers believing themselves to be more masculine".

In the past, popular belief held that generally men were heavier drinkers than women. More recently however gender related differences in drinking patterns have become less marked with women and Young Women catching up, as it were. In their study of Youth drinking in Auckland Caswell et al (1998) report that the proportion of those 14 - 19 years who said they drank large quantities in one episode (four drinks for women and six for men) at least once in the past year had increased from 66% in 1990 to 78% in 1997.

Concurrent with this rise in drinking, reported problems also increased. Some of the reported problems included feeling the effects the next day - often whilst at work or study; being unable to remember some of the things done whilst

drinking; being ashamed the next day of something done whilst drinking, and being involved in a serious argument after drinking. Further traditional gender based roles and drinking behaviour have now become subject to social change.

One of the factors which may play a role in the heavier drinking of men and boys may be opportunity in that they have more access to sanctioned circumstances for example at sporting events where there is less restrictive social control. Harford (1977) surveyed drinking contexts for men and women in Boston and found men's drinking behaviour was integrated into a broad range of activities and social settings. Clark (1977) found that women and girls however were more likely to drink in contexts where social restraints on drinking were stronger, for example at home with family or parents present, while boys were more likely to drink with peers in less restrictive settings. In the United States, Knupfer (1964) found in the early 60's that both genders were less tolerant of women drinking than they were of men. However since the 1960's these values may have changed. Stafford and Petway (1977) surveyed a population of college students and non students and their results showed no significant differences between evaluative semantic differential ratings of a 'drunk man,' or 'drunk woman'; or whether the students placed different values or opinions on seeing a drunk man or women.

Women's drinking as Curlee (1969) demonstrated could also be a way of symbolising or expressing liberation or simply a rejection off traditional feminine roles. Ten years later this view was confirmed by Wilsnack and Wilsnack who in (1979) summarised the available information and noted that whereas in the past gender role differences came about due to boys wanting to assert and prove their masculinity, girls' ingestion of alcohol was related to the extent they rejected traditional feminine roles and models. High rejection of these roles corresponded with a higher alcohol intake. It was suggested that an approach to reducing Young Peoples' alcohol consumption could be that policies and education should encourage an androgynous sex role orientation around alcohol and other drug issues, in an effort to reduce the importance of the gender roles that Young People could be struggling to accept or reject. However it was noted that this would be difficult while the media and parents perpetuated traditional role models.

FADE in their 1987 survey of NZ Secondary school students found that Young European women took more pain killers than did their male counterparts. Some of this may be due however to Young Women taking medication in order to relieve pain for the symptoms of dysmenorrhoea. Ethnic differences were apparent with a greater use of pain killers by Young European New Zealanders than by Young Maori or Pacific Islanders, however tobacco and cannabis usage was and is significantly higher for Young Maori and Pacific Islanders than for their European counterparts.

In New Zealand it could be said that gender differences in alcohol consumption in Young People have tended to converge. Nonetheless despite this there remain marked gender differences in the reporting of higher frequencies of heavy drinking in Young People. In a national survey of drinking carried out by Wylie et al (1995) a third of the heaviest drinkers were Young Men aged 18 - 24 although this group was only 9% of the population aged 14 - 65. One third of the 18 - 24 year old males reported feeling drunk at least once per week. Of the 16 - 24 year old women, one in eight reported feeling drunk once per week. This behaviour by Young Men may partly be explained as a result of advertising that appeals to this age group which promotes macho images of fun, excitement, sexual excess and group acceptance. Arguable current examples of these categories are the Coruba ad "What did you do over the weekend"? and the DB Export "Export yourself" advertisement. Qualitative research with those aged 13 to 15 years old and 15 to 16 years old from a range of ethnic groups demonstrated that such imagery appealed to those age groups (Holier et al 1994). The appeal of alcohol advertising to Young People was also demonstrated by Connolly and his associates (1994) who conducted a longitudinal study of alcohol, mass media and drinking by adolescents. They found that males who remembered more alcohol promotions at age 15 were more likely at 18 to drink larger amounts of beer per occasion than were those who recalled fewer advertisements. Young Women who had watched more hours of television at age 13 and 15 drank more wines and spirits at age 18.

This situation is not without its consequences. In 1996 Wylie et al in a survey of drinking in New Zealand, found that in the previous 12 months 22% of the 16 to 24 years old men and 12% of the same aged women had been assaulted by drinkers. Over a quarter of these women had been sexually harassed by

someone who had been drinking in the previous 12 months, and 10% said this happened on at least five occasions.

The reasons why Young People take alcohol and other drugs is not only to do with trends and interests. In Chapter One I introduced the notion of alcohol and other drugs consumption by Young People as being partly related to factors such as the socio-economic circumstances or the group to which the Young Person associated. I mentioned the work that Sally Caswell et al (1998) had done through computerised automatic telephone interviews (CATI) surveys to measure the trends in Youth drinking habits in metropolitan Auckland, New Zealand from 1990 to 1997. The results demonstrated that while in 1997 more Young People abstained than in 1990, but those who are drinking tend to drink more. The higher numbers of abstainers appears likely to be linked to the incomes of the individuals and families of the abstainers. Incomes largely remained static over the seven year period surveyed unlike the increase in income shown by the sample as a whole after 1992. Dr Caswell and her associates reported that the increase in amounts consumed on a drinking occasion coincided with increased exposure to slick alcohol advertising.

The increase in the amount and sophistication of alcohol advertising may have been related to the changes in alcohol policy that had taken place in the 7 years of the survey, notably the change in policy as related to the advertising of liquor on television and bill boards. Prior to 1992 liquor advertising was constrained by government statute but since this time there has been a plethora of such advertising. A further part of that policy was that liquor could only be advertised on television after a certain time in the evening, but as many Young People do not watch television until later in the evening this change has actually worked in favour of the advertisers.

That there has been an increase in the amount drunk by some Young People is also borne out in comments made by some community agencies such as "Drunk 'rich kids' on police talks agenda", (NZ Herald 24 March 1997). Increase in the consumption of liquor by some Young People is also evident in other countries. In the U.S.A. levels are increasing after a nearly one third decline from 1983 to 1993 (Johnson et al, 1997). An increase in consumption levels per episode is reported also in the Netherlands and Spain (Anderson 1995).

The debate around alcohol and other drug issues be very confusing and often becomes polarised as has happened with the debate on the legalisation of cannabis. Partly because of this confusion, Young People often determine answers for themselves through experimentation.

The current debate over the adverse effects of cannabis is an example where illegality and taboos exacerbate the problem of lack of knowledge. This is particularly a problem because in this case study some students reported that cannabis is the drug of choice. Arguments from both those that support the legalisation of cannabis and those against are conflicting, with each side able to cite international studies to support their case. Across the field of public opinion there is also support for the liberalisation of cannabis law. In a recent NZ Herald poll 25% agreed that cannabis should be legalised. Nearly one in three people in greater Auckland agreed with the cultivation of cannabis for personal use. (NZ Herald August 1998).

Research currently distinguishes occasional cannabis use from heavier use. Black and Caswell's 1993 study reported that most of those who had used cannabis had not experienced any problems which echoes a NZ Ministry of Health report published in 1996 that states "Marijuana-related problems seem to be of little concern to occasional users." But what is 'occasional use' ? Fergusson et al (1993) report that with children up to 15 years old, problems with, school attendance and performance, parents, peer relationships and police were significantly higher among those who had used cannabis on *six or more* occasions.

A recent report in Science magazine documented research showing that the effects of cannabis in the brain mimic the effects of stronger drugs such as opiates, cocaine and alcohol (Winkelgran, 1997). The article describes how the same chemical found in cannabis - tetrahydroethylchloride (THC) triggers the same biochemical events that reinforce dependence on drugs from nicotine to heroin: namely a release of dopamine in part of the brain's reward pathway. The overlap between THC and opiates on the reward pathway provides a biological basis for the 'gateway hypothesis,' i.e. that taking cannabis may lead people to use and abuse harder drugs. Cannabis may prime the brain to seek similar

substances and the stress and anxiety brought on by cannabis withdrawal may nudge a user toward harder drug use. Again, however this article reflected a degree of uncertainty with the theories around cannabis use and addiction. The research does, however, echo that which other researchers have been saying, namely that there does appear to be some unexplained association between early cannabis use and later adverse outcomes such as increased risk of later cannabis use. Fergusson et al (in press) suggest that "It is possible that cannabis use has what Kandel, Davies, Karus, and Yanaguchi (1986) have described as a cascade effect in which the long term and heavy use of cannabis may lead to both further substance use behaviours and problems of personal adjustment."

It is in the face of this continued debate which still appears to be problematic that Young People nowadays make decisions and choices about alcohol and drug use that could have a life-long effect.

Clearly it is important for Young People to be informed of the facts so that they may make an informed choice and to this end the New Zealand government has recently decided to spend a further \$3 million on drug education targeting high use areas such as Northland and the Bay of Plenty. More than 1600 pupils were suspended from school for taking drugs in the first nine months of 1997 (NZ Herald, Jan 1998) may have provided the impetus for this initiative. Another impetus may be that the research is clear about frequent (as opposed to occasional) use of cannabis being strongly associated with mental health problems, particularly alcohol use, conduct disorder typified by truancy, persistent lying, no-confrontational stealing, and, to a lesser extent, aggressive behaviours. Heavy cannabis use among Young People should be regarded as a marker for significant mental health problems. It can also exacerbate problems and make them more difficult to deal with (Feehan et al 1994). Hall (1994:x) argues that "Adolescents who initiate cannabis use in the early teens are at higher risk of progressing to heavy cannabis use and other illicit drug use, and to the development of cannabis dependence".

As far as the prevention of tobacco smoking goes it is interesting to note the arguments for and against presented in the debate about price rises for cigarettes. It is suggested that by raising the tax take on cigarettes it will be

possible to fund new quitting initiatives such as quitting programmes, quit phonenumber and to subsidised nicotine replacement products. Media campaigns will attempt to put Young smokers off smoking. This concern stems from recent statistics which shows that there has been a 40% rise in fourth form girls smoking since 1991, with a total of a third of fourth-formers smoking either occasionally, lightly, moderately or heavily. 17% of these girls and 11% of boys smoke daily. Almost half of sixth form girls labelled themselves as smokers compared to 21% of the boys. Almost one in five sixth form girls smoke daily compared to one in six boys and those students who smoke daily do so at the rate of eight cigarettes per day.

The Tobacco Institute which lobbies on behalf of the tobacco industry makes the point that raising the price to tackle teenage smoking is unfair to older smokers (NZ Herald, February, 1998). Interestingly the NZ government did in fact raise the price of cigarettes by 50c per packet in May 1998. However Trish Fraser the current Director for Action on Smoking & Health (ASH) in her June 1998 editorial for 'Smokefree Times' points out that no new money for smoking cessation programmes has been allocated from this extra taxation. She states that the government's approximate income per annum in tobacco tax equals \$700 million. Most of this money will go in to the consolidated fund with \$6.7 million being earmarked for the Health Sponsorship Council. This is not new money for the council but it does increase it's funding by up to \$4 million per year for the next 3 years which is needed to maintain it's current programmes. (Smokefree Times June 1998).

While there are calls for increased expenditure on prevention work not only with regard to tobacco smoking but also for other drugs, health officials however are reluctant to put money towards smoking cessation programmes because overall funding is so tight. Most spending is on urgent health services.

In the case of alcohol there appears to be greater willingness on the part of statutory authorities to invest in prevention and evaluations of the effectiveness of Youth drinking and driving preventive measures. In the 15 - 19 years age range 75 Young People have died in road crashes so far this year, 25% fewer than last year when 101 were killed. The NZ Land Transport Safety Authority Acting Director Alan Woodside has stated that campaigns aimed specifically at

teenagers were working and that their attitude to drink-driving was much more responsible than that of older drivers (NZ Herald, December, 1997). Despite this, Youth drinking and driving is still a vexing problem. Research earlier in 1997 showed that almost half of teenagers surveyed had knowingly travelled during the previous month in a vehicle with a Young driver who was over the alcohol limit.

Prompted by figures that over a quarter of Young People aged 15 - 19 years nationwide were involved in alcohol related fatal crashes in 1996, an Otago University study conducted by Gray and Shaw (1997) interviewed 380 Otago and Southland seventh formers to ascertain the impact on Young rural drivers of two hard hitting alcohol related harm reduction television commercials which ran for two months in that year. The researchers found that the commercials had an impact on awareness and salience of the Young People in the study but not on behaviour.

The Alcohol and Public Health Research Unit (APHRU) has stated that the average consumption of Young People aged 17 - 19 years has risen from four cans of beer to seven during a session. Professor Caswell suggests that there could be a link between this increasing alcohol intake by Young drinkers and NZ's high Youth suicide rate. She postulated that excessive alcohol consumption was one way to numb the pain of adverse emotional or otherwise experiences. She went onto to say that if one considers that drinking larger amounts (of alcohol) as an aid to really getting out of it, almost as if there is an exchange of your state of consciousness. (NZ Herald, November, 1997).

Certainly there appears to be a connection between alcohol consumption and it's contribution to the escalation of violent behaviour of Rangatahi and Young People and rioting by Auckland's Young People is not uncommon. Police arrested 20 rioting Young People in three separate incidences in the West and North on the weekend of the 25th and 26th of October, 1997 and as a consequence, authorities were prompted to begin initiatives such as ID cards which sought proof of age on the North Shore. The police saw the cards as helping the North Shore City cope with it's ongoing problem of drunken teenagers. "Rich Kid" brawls and out-of-control parties had become commonplace and stretched police resources. (NZ Herald, October, 1997).

There are national parallels, such behaviour is not just confined to Auckland. The Herald has also reported drunken rampaging by Young People on the beaches of Paraparaumu, Wellington, at the New Plymouth City Soccer Clubrooms and at a McDonalds outlet in Invercargill. (NZ Herald, September, October 1997 and January, 1998 respectively).

Tim Wilson (Metro November 1997) in his article traced the fate of two groups of North Shore Young People who were out for the night. He points out in the article that both groups appeared to have little respect for anyone let alone for authority, and were clearly determined to get as inebriated as possible. When he asked one of the groups who did alcohol, all but two, raised their hands, and many confessed to also using cannabis.

The same group of Young People reported that alcohol is procured from a variety of sources, from parents, friends and by illegal purchasing of supplies illegally. The group was quick to point out that those parents who denied their teens access to alcohol were actually likely to find their Young being among those getting most 'wasted'. The group felt that they were being victimised and being picked on by the authorities. They complained that there was nothing to do on the Shore, they were too old for Skateworld, and too young for pubs and cafes. Everyone in the group felt this way, not just those that one might possibly expect to be more bored such as those not interested in sport. The report went on to state that the journalist was invited to take part in a 'session' at a local park. There drug stories were swapped and it became clear that many in the group were also heavily into LSD. The reporter ended his story saying that "drinking too much, copulating recklessly and hurling bottles at Police is nothing new for Young People's rites of passage."

A local Alcohol and Drug Counsellor commenting on this state of affairs, pointed out that these Young People are getting intoxicated for intoxications sake. There is no idealism behind it as there was in previous eras. This trend is echoed by British commentator Measham (1996) discussing the increase in the typical amounts of alcohol drunk on a similar drinking occasion by Young People in the 1990's. These increases were described as illustrative of the convergence of the use of alcohol and illicit drugs for the purpose of achieving maximum psycho-active impact, weekend bingeing, escapism and hedonism.

In her keynote speech given to the 1998 first international conference on drugs and Young People, Ms Ruth Joyce (Head of Education and Prevention with the Standing Conference on Drug Abuse - SCODA in Britain) stated that usage of drugs by Young People continues to rise globally with the lethality of results ever increasing.

While heeding this warning and being aware of the often conflicting and sometimes controversial information surrounding some of the reasons that Young People are getting into problems coping with the attractions of alcohol and other drugs use that continued to provide the impetus for this study. The next chapter reviews the methodology and research design used in the study.

Chapter 5

RESEARCH DESIGN and METHODOLOGY

The field research for this case study was drawn from questionnaires and five focus groups of secondary school students. Most of these students had been exposed to a range of alcohol and other drugs preventive programmes.

This chapter discusses the research design, sample and size, method of data analysis and consideration of ethical issues. Before going further to do this it is useful to re-iterate the original objectives of this study which were to:

- find out what educational programmes with regard to the prevention of alcohol abuse and other drugs were on offer to students at secondary schools on the North Shore
- ascertain North Shore secondary school students' perceptions of the efficacy of such programmes which they received at school and to
- discover what policies these schools had in place to deal with abuse of alcohol and other drugs by their students.

In order to answer these questions it was necessary to choose a methodological approach which would analyse students' viewpoints of the alcohol and other drugs education they had received and which also included their perceptions about the quality of this education. An effective way to achieve this is to use the process of triangulation. Patton (1990) describes triangulation as an important way to strengthen study design through a combination of methodologies to study the same phenomena or programmes.

Denzin (1978b: 28) noted that triangulation is important as ; "No single method ever adequately solves the problem of rival causal factors..... Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed. This is termed triangulation ". He noted further that triangulation or the use of multiple methods is important as it attempts to eliminate researcher's personal biases which may stem from single methodologies. Combining methods and investigators may partly overcome deficiencies that can flow from one investigator or method. (Denzin, 1989 p.236). He describes four types of triangulation :

- 1) Data triangulation which is about time, space and person. In this case time is the present, space is Auckland's North Shore and person refers to the secondary school students who were the subjects of this study.
- 2) Investigator triangulation refers to having more than one observer during the research process. This criteria has been fulfilled by using the testimonies of a number of students from different schools.
- 3) Methodological triangulation concerns either : within method - e.g. a questionnaire and the construction of various scales to measure a unit, idea or concept; or between methods whereby one takes a combination of two or more different research methods to study the same situation. An example of this in this study is the use of both quantitative and qualitative methods.

For the purposes of this case study methodological triangulation was met by employing methodologies including both quantitative and qualitative methods and interviews of key stakeholders which were reported in a narrative style. A quantitative perspective was provided by numerical analysis of the data collected which reflects the 'slice' of the situation as it currently stands. This quantitative perspective included a questionnaire which provided quantitative data which subsequently led to statistical analysis of this data. A qualitative perspective supported and complemented this numerical data by providing a contextual framework from which the empirical information could be analysed. A qualitative methodological approach was also chosen because the reasons as to why secondary school students may think that certain approaches to alcohol and other drugs harm prevention education is or is not effective are likely to be complex and possibly inter-related. Miles and Huberman (1984) in their discussions and comparisons of research methodologies for various applications noted that qualitative research is useful for '...exploring complex social realities.'

Interviews of secondary high school students using a focus group approach was the strategy used for providing a qualitative contextual framework for a rather complex social reality. This combination of methods is described by Patton (1990) as a mixed form of triangulation with naturalistic inquiry in the form of

focus group interviews and narrative reporting mixed with and complemented by quantitative data and statistical analysis.

Pre-Test Process

In the pre-test phase a sample questionnaire was presented to a group of students from one of the schools. This school was selected for the pre-test because the students had generous support for the project from the guidance counsellor and had been granted time off their usual school routine by senior school management. The students critiqued the questionnaire and suggested further items and refinements. This helped to make the questionnaire a more Young People friendly document. Initially a question asking students about their own usage of alcohol and other drugs was not considered essential because that is not the focus of the research. However the students taking part in the pre-test, themselves decided it was necessary to ask about alcohol and other drugs usage before and after the various educational approaches.

Study Design

The data collection process continued after the pre test questionnaire at the first school and with the subsequent final questionnaire which was then taken to students in the other schools and to the one community group. This questionnaire was undertaken to provide empirical data which would provide material for statistical analysis. Data collection continued with the utilisation of focus group interviews with groups of students in each school which were conducted on completion of the questionnaires. It was hoped that the interviews would provide qualitative information which would support and complement the statistical evidence.

During the period of introductory contact with the five schools the research process was discussed with key personnel in these schools as to whether parents/families/care givers would require simply an information sheet about the research and/or their full written consent. Key personnel were those staff members within a school who had responsibility for, and/or an interest in finding out about and maybe teaching alcohol and other drug issues within the school. This was usually the guidance counsellor but not always. The process by which the students would be organised to be involved with the research within the school was also discussed at this time.

In terms of working specifically with Young People it was decided to use focus group interviews because of their wide acceptance as an appropriate methodology in this context. As Gray (1994) notes "It is a technique widely used in research with young people, particularly to explore opinions and experiences." According to Sarantakos (1993), this technique of group 'discussion,' is :

"A way of gaining information in a short period of time about the breadth of the variation of opinions, and of establishing a mechanism for opinion formation. The basic assumption that underlies this method is that a group environment will, through mutual stimulation, encourage discussion related to topical issues and allow significant points of view to be presented in a real, emotional and summated form as spontaneous expression", and thus reduces the opportunity for controlled presentation of personal views.

With this technique there is likely to be greater assurance of anonymity in the final reporting and it is easier to approach a wider coverage of respondents. Furthermore, as a technique it is generally a less expensive approach compared with others.

The questionnaire and the focus group interviews began with a review of the alcohol and other drugs education which students received both at Secondary school level and to a lesser extent at Intermediate and Primary school level. An assessment of students opinions on the efficacy of four approaches to alcohol and other drugs education was then undertaken. The interviews continued with specific questions about alternative ideas the students may have had as to designing alcohol and other drugs misuse preventative education. Many other ideas surfaced in the course of these interviews and are explained later in the results section. 'Liaison people,' were contacted from five schools and one community group. Liaison people were those staff members within a school who had responsibility for, and/or interest in investigating alcohol and other drugs issues within the school. This was usually the guidance counsellor but not always.

It was necessary to obtain the status quo from key informants so that the research would have continuity with present day situations in the schools and agencies. The narrative reporting of the key informants sought to give a

contextual picture of the current situation with regard to alcohol and other drug education provided to secondary school students.

Participants

Two separate groups of subjects involved were in the study. The first being the students from the participating Secondary schools on the North Shore and the second being North Shore representatives or key informants from each of the service providers in the field. These service providers included secondary school teachers, guidance counsellors, and agency coordinators.

Young People at school were selected rather than Young People outside of school because those in school tend to receive a wider variety of alcohol and other drug education than do those outside schools (if indeed those outside schools receive any at all). However it is recognised that Young People outside of a school situation are just as deserving of consideration. Their thoughts on what would be efficacious alcohol and other drugs education for them would also make for a fascinating and worthwhile study but was not within the scope of this study.

Ethical Issues

The Massey University code of ethical conduct has a number of broad principles to do with obtaining consent and the ethics of the research process. For the purposes of this study this code of ethical conduct could be broken into the four main principles of ; Informed Consent, Confidentiality, Minimisation of harm, and Truthfulness and Sensitivity.

During the process of designing the research application to the ethics committee was considered unnecessary because the schools themselves approved the study and contacted parents of the Young People. In this way consent was obtained in three ways :

1. By parents/families/care givers giving written consent for the research.
2. By the information sheet sent by the school to the parents/families/care givers stating that in the event that they were unhappy about their son/daughter being

part of the research, they should return the enclosed refusal slip (for a sample of this sheet see appendix).

3. Consent from the students themselves was achieved by the researcher handing out an information sheet to each participant which they read and were then invited to ask questions before the research process continued. The questionnaire contained the statement "Completing this questionnaire implies consent," which appeared at the beginning of the questionnaire. This statement was fully explained by the researcher prior to the questionnaire forms being handed out. (See Appendix). Confidentiality for the students was assured by their names not being on the returned questionnaire.

These actions I believe satisfied the ethical considerations appropriate for this research by : informing participants via the information sheet, the letter to parents and families or Whanau, by my verbal introduction of the project, and through protecting participants by having no record of names linked to any particular set of responses.

Completed data sheets were destroyed on the realisation of the project.

The five main broad ethical principles of obtaining consent followed in the above process and can be described in more detail thus :

a) Informed consent was based on the participant being given the opportunity to fully read and digest an information sheet about the research project before they made an *informed* voluntary decision to take part in the research. b)

Confidentiality was safeguarded by the researcher whereby in the instances when a person's response was identifiable the researcher undertook not to make public the connections. This differs from anonymity where the researcher cannot identify a given response with of any respondent.

c) Minimisation of harm is to do with the overt and covert ways in which research may harm it's participants. Usually there are no obvious or overt ways harm can be done but it is the less obvious but more the covert potential for harm that particularly concern the code. Babbie (1992:446) argues that 'just about any research you might conduct runs the risk of injuring other people somehow'.

Truthfulness is about the paradox that sometimes occurs when conducting social research. On introducing oneself as a social researcher participants may change their responses because of this introduction.

d) Truthfulness was upheld by the participants being told exactly what was going on and the purposes and agendas behind the research.

e) An example of social sensitivity is illustrated by the work of Messing (in Eichler, 1991:12) which demonstrated how the ideology and background of the researcher can bias the research process. This implies not suggesting a hierarchical model either in the reporting of the results, or the participant information sheet or the questionnaire or wherever. A hierarchical model could be in reference to and include, among others culture, gender, race, degree of able bodiedness/disability, age and sexuality.

Sampling

North Shore schools only were chosen so as to obtain a 'case study,' of students' perceptions from this particular area.

The liaison person usually a guidance counsellor, from each school, chose a 'representative,'² sample of fourth, fifth, sixth and seventh formers to individually answer the questionnaire. The students were then invited to take part in a group interview. Student attendance at these groups was voluntary. The aim of the school liaison person was to select samples of students that included both students who had been in conflict with school authorities and those who had not.

A case study only provides a 'snap shot' of a situation, for instance a group's attitudes at a particular place in time (Yin, 1994). Therefore this case study cannot make any claims to universality. Any wider inference to be made from these results can only be speculation.

Reasons for choosing the schools were based on whether they were single gendered or co-educational (co-ed) schools and ease of access to students. At each school groups consisting of 6 - 12 students from Forms four to seven inclusively, were selected. Some schools were able to access fourth, fifth, sixth and seventh forms whilst others were not. School representatives at each school attempted to establish groups of 6 - 12 students.

² Representativeness in this context was not due to randomness but rather from having a broad mix in each sample, for instance of academic, sporting and social abilities. The school liaison people also tried to choose a mixture of those who had and hadn't been in conflict with school authorities.

Due to the policy of the school administration access to the one predominantly Maori and Pacific Island co-ed school was not possible. It was decided therefore to interview a community group in the area which comprised predominantly Maori and Pacific Island secondary students

Group Process

After initial introductions the purpose of the research was explained and the information sheets were passed out. Participants read these and the researcher then explained the questionnaire and the consent procedure. It was emphasised that each question was voluntary, and there were no right or wrong answers. The participants then completed the questionnaire. On completion the researcher then asked the group about their perceptions of the alcohol and other drugs education they had experienced.

The method of using individual questionnaire sheets followed by an interview group discussion was chosen as the format as this enabled individuals who may have had difficulty with the written medium to express their views orally.

The Questionnaire and Data Collection

Questions 1 - 4 asked for standard statistical information such as gender and race. Question 5 asked what alcohol and other drugs educational approaches the student had experienced. If the student hadn't experienced any alcohol and other drugs education then they were asked to move onto the final four questions. Question 7 asked about the usefulness of the four approaches being investigated. Opinions were sought on the alcohol and other drugs education received from a list of the type of alcohol and other drugs education currently offered in North Shore secondary schools. Respondents were asked to rank these on the basis of a continuum of five points ranging from 'useless,' to 'excellent.' Question 8 asked for any six facts that the student could recall from any of the sessions they had been to. Question 9 was about the possibility of usage change since the four approaches. Question 10 wanted to know if any attitudes had changed since the four approaches. Opinions about perceived changes in behaviour and attitudes as a result of exposure to these programmes was sought on the basis of rating sequence. Questions 11 - 14 questioned the Young Person's own usage of alcohol and other drugs.

As mentioned previously all of these questions were formulated with the help of the pre-test group.

Statistical Analysis of the Data

It was decided to cross tabulate the various categories in the data to ascertain if there were any that were statistically significant. Cross tabulations was the mode of choice because of both the qualitative and subjective nature of the data. Each demographic question such as age and ethnicity was cross tabulated with every other question in order to ascertain the possibility of any statistically significant result from the pairing. A total of 28 cross tabulations were performed with only the results of the statistically significant cross tabulation frequency tables being reported on in the next chapter of this study.

Both the qualitative as well as the quantitative data is presented in the next chapter and it is presented in such a way that it indicates trends in participant responses rather than that of individuals.

Chapter 6

Results - Quantitative & Qualitative

As noted earlier in the discussion on triangulation the results of this case study fall into two main areas; quantitative and qualitative. This chapter presents the findings in these two areas. This first section of the chapter outlines the findings based on the quantitative research approach while the next section looks at the qualitative approach.

5.0 Quantitative Results

As noted in the section on methodology the aim of the survey questionnaire was to provide statistical, quantitative data to complement the qualitative information and, indeed, vice versa. As previously cited, this complementarity also contributes to the triangulation of the research. Such methodological pluralism adds to the confidence which can be placed on the validity of the research and, hence, allows more faith in the results.

It should be noted at the outset that the questionnaire was not intended as a tool to criticise any particular style of alcohol and other drugs education but rather to ascertain, as neutrally as possible, participant perceptions of the effectiveness of the various approaches. Eighty-one Young People responded to the survey. The research is presented as a case study only of the situation as it currently stands in the schools and community group studied. In other words, no claims can be made which go beyond the sample itself. Any patterns discussed here are those found in this case study's 81 responses.

In this presentation of results, I consider the statistically significant results which I have placed first (where $p < 0.05$) and included the frequency tables that these results were drawn from. A brief explanation follows from this. At the end of this section I have included results that while not statistically significant are, I think, nonetheless interesting. The correlation coefficients used were Phi (Φ) and Cramers V (V) to analyse the cross tabulated data. There is a bullet point summary of these quantitative results at the end of this section.

The order of these results is random and in no way reflects a priority or hierarchy of importance of the statistically significant quantitative results.

1. Peer Education, Attitude Change, and Age :

In answer to the question (No. 10) **"Have your attitudes towards alcohol and other drugs changed since the sessions/exposure ?"**. The following responses were collected in respect to the peer education sessions -

Table 1 - Attitude Change After Exposure to the Peer Education Sessions

Value Label	Frequency	Percent (%)	Valid %	Cum. %
A Lot	3	3.7	3.7	3.7
Quite a Lot	12	14.8	14.8	18.5
Kind Of	24	29.6	29.6	48.1
No Change	17	21.0	21.0	69.1
NA	25	30.2	30.2	100
Total	81	100.0	100.0	

While 30.2% could not comment, either because they could not remember, had not experienced this type of education, or had not attended a session, those that could comment reveal an interesting pattern. Fully 48% reported a positive attitude change compared to 21% who reported no change. This question was analysed with respect to age, gender and ethnicity. The 'age x attitude change' cross tabulation produced a correlation coefficient significant beyond the 95% confidence interval (P=0.007). This result tells us that;

there is a significant relationship between a change in attitude towards alcohol and other drugs after exposure to peer education methods and the age of respondents.

On closer inspection, the cross-tabulation shows the highest scores in the age ranges were for those of 15 and 16 yrs. in age. Neither ethnicity nor gender produced a statistically significant result when cross-tabulated with attitude

change. In other words, while neither gender nor ethnicity have a bearing on likely attitude change after exposure to the Peer Education, we see a distinct trend with regard to age.

Those of 15 & 16 yrs. of age in this study were shown to have the most significant attitude change after peer education approaches.

2. Peer Education, Drug and Alcohol Use, and Gender:

In answer to the question (No. 9) **"Has your use of alcohol and other drugs ? (A= Increased, B= No Change, C= Decreased), after the education sessions/exposure ?** In respect to peer education approaches the following responses were collected :

Table 2 - Peer Education, Drug and Alcohol Use, and Gender:

Value Label	Frequency	Percent	Valid %	Cum %
Increased	5	6.2	6.2	7.4
No Change	44	54.3	54.3	61.7
Decreased	11	13.6	13.6	75.3
NA	21	25.9	25.9	100.0
Total	81	100.0	100.0	

While it may seem that the most startling result here is the 54% who reported 'no change' in their alcohol and drug use following the Peer Education approach, a closer look reveals that twice as many participants reported a decrease in their drug and alcohol use following the approach than those whose usage increased (13.6% reported a decrease compared to 6.2% reporting an increase). This question about drug and alcohol use becomes even more interesting when analysed along gender lines. Cross-tabulation produced a correlation coefficient significant beyond the 95% confidence interval (P=0.023).

This result alerts us to the fact that;

there is a significant relationship between alcohol and drug use, the peer education approach, and the gender of the respondent.

A closer look at the crosstabulation shows the highest score at the 'No Change' question: 38.6% of the Young Men saying there was no change and 61.3% of the Young Women saying there was no change in their alcohol and drug use after a peer education approach. This result suggests that young mens use of alcohol and other drugs is more influenced by peer education approaches than is young women's. Neither ethnicity nor age produced a statistically significant result with this question. The result here is also interesting given the result of the next question.

3. Usefulness of Alcohol & Other Drugs Peer Education Sessions :

In answer to the question (No. 7) "**Were the sessions/exposure ? (A= Really Useful, B= Useful, C= Kind of Useful, D= Not Useful)**". In respect of the peer education sessions, the following responses were collected :

Table 3 - Usefulness of Alcohol & Other Drugs Peer Education Sessions

Value Label	Frequency	Percent	Valid %	Cum. %
Really Useful	6	7.4	7.4	7.4
Useful	29	35.8	35.8	43.2
Kind of Useful	16	19.8	19.8	63.0
Not Useful	4	4.9	4.9	67.0
NA	26	32.1	32.1	100.0
Total	81	100.0	100.0	

In this table 35.8% report that the peer education was 'useful' and 19.8% said 'kind of useful.' This is way ahead of the 4.9% who reported it being 'not useful.' Another way of interpreting these results is to say that 63% found the alcohol and other drugs peer education sessions kind of useful in some way. This question was also crosstabulated with respect to age, gender and ethnicity and

produced a statistically significant correlation coefficient in regard to gender crosstabulated with this question ($\phi = 0.023$). This result tells us that;

there is a significant relationship between the gender of respondents who found the peer education sessions to be useful.

A closer look at the crosstabulation shows the highest scores in the 'Useful' category were for Young Women which indicates a significant relationship, in that;

Young Women find the peer education approach to be more useful than do Young Men.

This result appears to conflict with the previous result that Young Womens' alcohol and drug use is less influenced by peer education than Young Mens'. However, Young Women find this type of approach to be more useful for reasons other than those to do with alcohol and other drug issues. A possible explanation could be about the closer level of 'connection' or involvement with this type of education approach.

Equally, maybe because Young Men's use of alcohol and other drugs is more influenced by peer education than is Young Women's this has a direct spin off for Young Women and benefits them indirectly? Obviously more research could be done on this question.

An interesting adjunct to the last finding in response to the question from the questionnaire : Have your attitudes changed since peer education approaches? In terms of gender cross tabulated with this question the results may be socially significant but are not statistically so - at least not here. The highest scores were for Young Women saying 'Kind of,' which fits the previous findings in that as well as Young Women finding peer education approaches to be more useful, they also report socially significant attitude changes as well. Maybe the result could have been statistically significant for Young Womens attitude change? So what, prevented this from happening ?

Again, if we allow ourselves the luxury of speculation maybe when it comes to the crunch at a party or similar situation, Young Women may be more easily persuaded/pressured by group opinion and/or significant others such as significant partners. This scenario would imply that sub-consciously Young Women may have a statistically significant level of attitude change but which under certain conditions, a party for instance, this can change. Again, more research on this question is clearly needed.

The question about the usefulness of peer education programmes did produce a statistically significant correlation coefficient in regard to ethnicity ($\phi = 0.044$). This result tells us that there is a significant relationship between the ethnicity of the respondents and whether the peer education sessions were found to be useful. A closer look at the crosstabulation shows many more Pakeha responded to the 'Useful' and 'Kind of Useful' categories. The majority of Maori responded 'Useful.' However the number of Maori respondents and the cell size involved was so small that this significant result is probably due to an artefact of the sample size.

4. Potential Attitude Change to Alcohol & Other Drugs After a FADE Type Approach :

In answer to the question (No. 10) "**Please Indicate - Have your attitudes to alcohol and other drugs changed since the sessions/exposure ?**", (A= A Lot, B= Quite a Lot, C= Kind of, D= No Change). In respect of a FADE education approach, the following responses were collected :

Table 4 - Potential Attitude Change to Alcohol & Other Drugs After a FADE Type Approach

Value Label	Frequency	Percent (%)	Valid %	Cum. %
A Lot	2	2.5	2.5	3.7
Quite A Lot	12	14.8	14.8	18.5
Kind of	18	22.2	22.2	40.7
No Change	9	11.1	11.1	51.9
NA	38	3.7	3.7	100.0

Total	81	100.0	100.0
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11.1% of respondents reported 'no change'. Those reporting 'kind of' and 'quite a lot' were 22.8% and 14.8% respectively. Combining these demonstrated that 39.5% of respondents said their attitude had changed after a FADE session.

This question was analysed with respect to gender, age and ethnicity, producing a statistically significant correlation coefficient in regard to age ($\phi = 0.042$). This result tells us that there is a significant relationship between a change in attitude after exposure to the FADE approach and age. A closer look at the crosstabulation shows those aged 16 years had the highest score on a 'Kind of attitude change'.

So this result suggests that for this case study those aged 16 yrs. have the greatest potential attitude change after a FADE type approach.

Neither ethnicity nor gender produced a statistically significant result with this question.

5. Frequency of Present Alcohol Use :

In answer to the question (No. 11) "Do you use alcohol ?", the following responses were collected -

Table 5 - Frequency of Present Alcohol Use

Value Label	Frequency	Percent (%)	Valid %	Cum. %
Daily	2	2.5	2.5	2.5
Weekly	18	22.2	22.2	24.7
Monthly	8	9.9	9.9	34.6
Yearly	3	3.7	3.7	38.3
Sometimes	20	24.7	24.7	63
At Weekends	15	18.5	18.5	81.5
During Holidays	1	1.2	1.2	82.7

Abstain/NO	14	17.3	17.3	100.0
Total	81	100.0	100.0	

18.5% of all Young People in this study drink alcohol 'at weekends' and 24.7% 'sometimes' - a result that seems to mirror recent media reports of North Shore Young People's drinking behaviour. The question was analysed with respect to gender, age and ethnicity producing a statistically significant correlation coefficient in regard to age x this question ($\phi = 0.041$). The result demonstrates that there is a significant relationship between current alcohol use and age. A closer look at the crosstabulation shows the highest score for those aged 15 and 16 years olds who said they took alcohol 'Sometimes.' The next highest score was for those aged 15 yrs. who drank at the 'Weekly' level.

This result suggests that for this case study those aged 15 & 16 years appear to consume the highest amounts of alcohol.

Neither ethnicity nor gender produced a statistically significant result with this question.

6. Frequency of Previous Alcohol Use :

In answer to the question (No. 12) "**Did you use alcohol (before any alcohol and other drug education) ?**", the following responses were collected -

Table 6 - Frequency of Previous Alcohol Use

Value Label	Frequency	Percent (%)	Valid %	Cum. %
Weekly	14	17.3	17.3	17.3
Monthly	6	7.4	7.4	24.7
Yearly	3	3.7	3.7	28.4
Sometimes	20	24.7	24.7	53.1
At Weekends	14	17.3	17.3	70.4
During Holidays	4	4.9	4.9	75.3
Abstain/NO	17	21.0	21.0	96.3

NA	3	3.7	3.7	100.0
Total	81	100.0	100.0	

Many respondents reported remembering the alcohol and other drugs education which they had received at primary school and intermediate school. Interestingly 17.3% and 24.7% reported drinking alcohol 'at weekends' and 'sometimes' respectively, before they had reached Secondary School. So the amount of alcohol drunk seems to have actually gone up after the education programmes with regard to 'weekend' drinking but stayed the same for the 'sometimes' category. There may be many explanations for this including the fact that as Young People get older there are a greater variety of situations and probably more pressure which affects decisions about alcohol and other drugs intake.

The question was analysed with respect to gender, age and ethnicity. This produced a statistically significant correlation coefficient in regard to gender x this question ($\phi = 0.02781$).

This result tells us that there is a significant relationship between previous alcohol use and gender.

A closer look at the crosstabulation shows the highest score for the 'Sometimes' categories for both Young Men and Young Women but Young Men scored higher than did Young Women. Young Men scored highly in the 'At Weekends' category. Interestingly there is also a high score for Young Men at the 'Abstention' category.

This result suggests that prior to alcohol and other drugs education the intake of alcohol was greater for Young Men than for Young Women but also that more Young Men abstained completely from alcohol consumption prior to the education.

This result of more apparently abstemious Young Men than Young Women is contrary to both popular belief and widely established research data. This suggests an anomaly in these results which may be attributable to two things :

This result indicates a finding to which the established research doesn't apply or the finding was due to sampling error, for example, that this sample of Young Men did not accurately represent the population of Young Men on the North Shore. Other factors such as the possibility that this sample included a disproportionate number of Young Men with beliefs that prevent them from drinking alcohol may have come into play. Whatever this result does point to a need for more research on this question.

Neither ethnicity nor age produced a statistically significant result with regard to this question.

7. Usefulness of School Health Class Sessions on Alcohol & Other Drugs :

In answer to the question (No. 7) "**Were the School Health Class Sessions on Alcohol and Other Drugs Useful ?**", the following responses were collected :

Table 7 - Usefulness of School Health Class Sessions on Alcohol & Other Drugs

Value Label	Frequency	Percent %	Valid %	Cum. %
Really Useful	8	9.9	9.9	9.9
Useful	25	30.9	30.9	40.7
Kind of Useful	25	30.9	30.9	71.6
Not Useful	2	2.5	2.5	74.1
NA	21	25.9	25.9	100.0
Total	81	100.0	100.0	

These responses suggest that this form of education was effective given that 30.9% and 30.9% reported it as being 'kind of useful' and 'useful' respectively.

The question was crosstabulated with respect to age, gender and ethnicity. A statistically significant correlation coefficient was produced with regard to age x this question ($\phi = 0.021$). This result tells us that there is a significant

relationship between finding the School Health Class Sessions on Alcohol and Other Drugs to be Useful and the age of the respondents. A closer look at the crosstabulation shows the highest scores in the age ranges were for those aged 16 yrs. who thought it useful and those aged 10 - 15 years who thought it 'kind of useful'.

The result is that for this case study those aged 15 - 16 years found the school health classes the most useful.

Neither ethnicity nor gender produced a statistically significant result.

8. In Response to the question (No. 8) "Try to recall 6 points made in one or more of the alcohol & other drugs education sessions you remember?"

The total number of points recalled by the students were 480. These points were collated. Each separate point that the students recalled on their individual questionnaires was counted and the number of times each point was recalled was given a percentage. What appears below are highlights from this collation :

Cost as a recalled point accounted for 15.5% of the points. Long term health consequences accounted for 14.5%

Loss of friends which included compromised friendship accounted for 13.5%

Amongst the lowest scores were :

Peer pressure 0.6%

Loss of control 0.2%

Personal security 0.6%

No claim to the conclusiveness or the significance of these results is being made here. However they do make for interesting speculation as to the possible reasons as to why the students recalled some facts and points and not others

9. **Usefulness of the FADE type Sessions :**

In response to the question (No. 7) "Was the FADE session Useful ?", there was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age. However, that said, there were some interesting trends in the data that may indicate something worthy of further study. For instance, it is interesting to note that 12 Young Men students thought it useful and 11 Young Women students. Only 2 Young Women students thought it not useful and 5 Young Women students thought it really useful compared to 2 Young Men. This result could suggest that further research is necessary to ascertain if there is a statistically significant number of Young People who find the FADE sessions useful.

10. Alcohol & Other Drugs Usage Change Since the FADE Type Sessions :

In response to the question (No. 9), "Has the respondent's alcohol and drug usage changed since the FADE session(s) ?".

There was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age for this question. What is significant is that 46.9% missed out this question. Interestingly the numbers of students who reported no change went down as age increased but then jumped again at age 17 years.

Because the results of this question are not significant it is not possible to conclude anything on the basis of this study. This does not mean that FADE has not achieved the desired outcome as the result could be an artefact of the study instrument. Further it is a result only for this case study. Further evaluative research may be needed to establish whether alcohol and other drug use changes is statistically significant as a result of a FADE approach.

11. Alcohol and Other Drugs Usage Change After The School Health Alcohol and other Drugs Education Classes

In response to the question (No. 9), "Has the Respondents Alcohol and Drug Usage Changed Since the School Health Classes ?". There was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age for this question. Interestingly 6 Young Men students Vs. 2 Young Women

said it had increased. 4 Young Men students Vs. 6 Young Women reported it decreasing.

This result could suggest that further research is necessary to ascertain whether there is a statistically significant gender difference with regard to the efficacy of this type of alcohol and other drugs education.

12. Degree of Attitude Change After the Action Education Type Approach to Alcohol & Other Drugs Education :

In response to the question (No. 10) "Have your attitudes Changed since Action Education approaches to alcohol and other drugs education ?". There was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age for this question. However for gender the correlation coefficient was 0.05510 - This result was not significant at the 95% percentile but at 90% (ie. $P < 0.1$). Although this result was not high enough to draw any statistically significant conclusions from, it does indicate a useful place for further research. The highest scores were in the 'Kind Of' and 'No Change' categories. This result suggests that further research is necessary to ascertain if there is a significant gender difference on attitude change after Action Education approaches.

13. Use of Alcohol & Other Drugs Since the Peer Education Type Approach :

In response to the question (No. 9) "Has your use of other drugs changed since the alcohol and other drugs peer education approach ?". There was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age for this question. However for age the correlation coefficient was 0.05547. The highest scores were in the 'No Change' category for 14 and 15 yr. olds. This may suggest that further research is necessary to ascertain if there is a significant age difference in the perception of the efficacy of Peer Education.

14. Frequency of Drug Use Prior to Any Sort of Alcohol & Other Drugs Education :

In response to the question (No. 14) "Did you use other drugs (prior to alcohol and other drug education) ?".

There was no significant outcome as a result of the crosstabulations with regard to ethnicity, gender and age for this question. The highest scores were in the 'Sometimes' category for those aged 16 yrs. and in the 'Abstention' category for those aged 14 yrs. This result could suggest that further research is necessary to ascertain if there is a significant age difference in the frequency of drug use prior to alcohol and drug education happening.

The next section summarises and lists the quantitative results in an effort to clarify the quantitative points indicated by the case study.

Summary of Quantitative Results

It should be noted that these results are statistically significant to this study only and so can be considered indicative only.

- Young People aged 15 and 16 yrs. demonstrated significant attitude change after peer education approaches.
- Young Men's use of alcohol and other drugs appeared to be more influenced by a peer education approach than is the case with Young Women.
- Young Women find a peer education approach more useful than do Young Men.
- There were no differences in the opinions of the usefulness of a peer education approach between Maori and Pakeha Young People.
- Those aged 16 yrs. recorded the most significant attitude change after a FADE approach.
- Those aged 15 and 16 yrs. consumed the most alcohol.
- More Young Men than Young Women drank prior to alcohol and other drugs education but more Young Men also abstained prior to alcohol and other drugs education at the Secondary School level.
- Older aged (15 - 16 yrs.) Young People found a school health class approach more useful than did younger ages.
- Further research is required with regard to :
 - i) whether there is a significant gender difference in attitude change following Action Education programmes
 - ii) the efficacy related to age of a peer education approach

- iii) the amount of drug use by age prior to alcohol and other drugs education.

The quantitative results from this case study's questionnaire are the first part of the results section. The next section reports on the qualitative results taken from the focus group interviews with the students after they had completed the questionnaires.

5.1 Qualitative Results

- A Summary of The Focus Groups With Student Groups.

After filling in the questionnaires the students were interviewed in focus groups from the form groups that had been organised by the school staff. The focus groups hoped to ascertain :

- 1) What did the students think of the alcohol and other drugs education they had received - both at secondary and primary and intermediate school levels?
- 2) What did they think of the various publicly funded alcohol and other drugs education campaigns aimed at their age groups?
- 3) For their age groups, what did they consider to be effective alcohol and other drugs education approaches and what, to them did not work so well?
- 4) Had they seen or heard of any alcohol and other drugs education initiatives that they had liked?
- 5) Did they have any ideas on how to improve the current alcohol and other drugs education services to their age groups and did they have ideas for new initiatives?
- 6) Were there any other or general issues they wanted to express around alcohol and other drugs education to their age groups?

Generally, the students I talked to remembered most of the various types of alcohol and other drugs education that they had received. Only a few individuals said that they could not remember whether they had received education on alcohol and other drugs. It is noteworthy that for most of the students that were interviewed the LIFE education sessions which they had received at Primary and Intermediate level were particularly memorable. Students had specific memories of Harold the giraffe, the demonstration of how the brain functions and the stars in the LIFE vans. Some remembered the DARE presentations they had seen at Intermediate school but most thought those unmemorable and were unable to recall the exact content. They remembered that the police had done the presentations but other than to say 'just say no' many students couldn't see the point of the presentations. Some groups were quick to point out that this message when translated into 'Youth speak' meant 'just say yes' whilst others

said this message was necessary even if some were not interested in hearing it. Despite the differences in perspective many groups agreed that alcohol and other drugs education needed to start in earnest at Intermediate school level but should be varied in its content and should be presented by impartial presenters.

When the students were asked about their current attitudes, behaviours and situations with regards to alcohol and other drugs many were keen that their parents, families and care givers should become more knowledgeable and confident when dealing with alcohol and other drug issues. The students suggested that this be done through special alcohol & drug sessions held specifically for parents. One group however stressed that a Young Person should be present to give the younger generation's viewpoint. From these sessions parents and care givers would be able to pass on accurate information to other members of the family which would assist in providing clear guidelines and boundaries. Some groups thought it that if a Young Person was going to drink (and many said that they did), it would be useful initially to learn how to drink at home.

These opinions expressed by the Young People seem to be reflected in a recent move by the North Shore Safer Community Council and Alcohol Healthwatch to release a 'Parent Pack.' The pack attempts to inform North Shore adults - parents, families and care givers about the basics of Alcohol and Drugs, how to communicate with Young People and provides guidance as to where they can go for extra assistance and support. This pack which plays an essential part in providing information about alcohol and other drugs to those that may be in need of assistance and support was distributed free through a mail box drop in some North Shore suburbs. Due to funding constraints the pack was not able to be distributed throughout the North Shore and so the committee organising this initiative decided to do the mail box drop in areas deemed to be more at risk.

Students were keen to see a variety of approaches to alcohol and other drugs education carried out within the school setting. They found FADE and 'health' type presentations useful because they detailed the effects of alcohol and other drugs on the body and mind. They believed sports presenters were a good idea considering them to be people of such 'calibre' that they were able to make an impression. One student exemplified this by saying that some students did not

do drugs because of their involvement in sport. One group noted however that sports presenters only appealed to other 'sporty' types and so a variety of other 'achievers' as presenters was also necessary.

One group commented that they considered prizes and games in various presentations to be irrelevant. Generally students preferred presenters not to be from their school as they would be taken more seriously, and because teachers have a reputation of talking to one another in the staff room. Other groups wanted to see and hear presenters who had done or do drugs and, maybe them being aged 18 and 19 yrs. preferably with a totally unbiased viewpoint. This group also described a situation where a presenter 'hassled' by the students suddenly stormed out shouting that the presenter did not care what the students did and was only there because of being paid to do so! This group said they did need to be told not to do it and what happens if they did. With one group there was a much discussion about the gender of the presenter with the group deciding that it was easier to communicate with women presenters. Most groups said that the younger the presenter the better, but that impartiality was equally as important.

Some groups found that the school health classes covered the same issues every year and how repetitive this was. They described how one can become "immune to the information".

Action education methods were described as being fun but the rationale for doing them was not remembered. All the groups found peer education approaches to be useful, though some said the drink driving message had been done to death and needed a rest. This group noted that the message was useful for first timers but that a fresher message was now needed. Some specifically mentioned SADD's, Students Against Driving Drunk (SADD) contracts (see appendix) saying they worked when the right people were available for example, supportive family members or friends. The SADD taxi chits were mentioned as being very useful.

Another group mentioned the Peer support programme and how much hard work it was because the 3rd. formers whom they were supposed to be supporting or mentoring, were very cynical. In terms of peer educators for alcohol and other drugs some groups thought this was a good idea in principle but generally

problematic because the peer educators had to be seen as not doing any alcohol and other drugs, and no one would believe this. However this same group ended by saying that students would listen more to other students as long as they didn't tell them what to do. Peer education in small groups was frequently mentioned as an effective possibility.

Working in small groups which were facilitated by some one non-judgmental, many groups found to be particularly useful. In general the groups talked of wanting a rich variety of approaches.

When asked what was going on with their own alcohol and drug usage, many replied that they were addicted to tobacco especially when their parents and friends continued to smoke. In high 'risk' or high temptation situations such as parties some said that some of the alcohol and other drugs education approaches had stuck in their minds, but others said that "it was all forgotten". Some said that it was necessary to become inebriated in order to feel relaxed enough to find a partner and that often they could not remember the details of the parties they'd been to. Many students were open about their drug use with some observing that they did not have much else to do, or that they had proof in themselves and their peers, that the adverse effects were not that severe.

Other students were scathing about their colleagues who 'did' alcohol and other drugs whilst some simply said that it was a fact of life and that people should get used to it. Others said that because the information available about cannabis use is so inconclusive or conflicting that they might as well use it. In terms of reasons for doing alcohol and drugs, students cited that there was nothing else to do, that their friends did it and they claimed that it had no adverse effects that they could see on their school performance, and it was helpful in social situations. Interestingly however many students expressed a yearning for more parental/family/care giver guidance in this area, even though they were aware that this would cause stressful situations and possibly heated arguments and verbal fighting.

With regard to advertising the groups favoured ad campaigns that were visually graphic or 'gory' and factual. One group said that visual information had more of an impact. A viewpoint that was interesting given the 1996 research by Otago

University which found that the graphic type of ad has no effect in reducing alcohol related harm for Young People. Most thought the car crash ads and the newer 'Where Will That Drink Take You?' ads effective because they reflected real life. One group mentioned the 'Stardriver' program as being an excellent form of alcohol and other drugs education.

Some had seen the 'Bug a Up' video by the Australian Doctor and thought that it was good which documents the Civil disobedience that he displayed in order to get his point across about the dangers of smoking. Ladders were used to climb up and to paint out and deface bill boards that were advertising cigarettes.

Others remembered the anti-smoking ad that ended with the Young Woman in a coffin. This was also thought to be effective because it was realistic and clearly documented the effects without being too judgmental. Nearly everyone in the groups I worked with considered the 'Why Start' anti smoking campaign a waste of time. Because the ad says 'Why Start' but doesn't specify 'Why Not?' (!). This viewpoint supports the recent findings that smoking in Young People has had a sharp recent increase and recent prevention campaigns have not worked. Some mentioned that they had seen 'around' the Young People actors in the ads and they'd been smoking ! They also said that the language and the approaches taken in this campaign were misinformed and only served to encourage Young People to smoke in order to do what they were not supposed to do. Some said that the ads made them feel more like a smoke after watching them. It would be well for policy makers to note the criticism of Young People about this campaign. However it is interesting that all of the Young People in the groups I spoke with remembered this ad campaign in great detail!!!

(New Para) Some groups said that cigarette packets should have very explicit warnings about smoking on the packets. But that currently the label dominates the packet and that the warning in small writing is hardly visible. They believe the opposite should occur, that is that the warnings should be what the eye sees first, and that the warning should not just be about lung cancer. The possibility of increasing the price of tobacco was mentioned by some groups but they pointed out that when this happened, some simply smoked more 'dak'. (Cannabis).

Most groups claimed that cannabis usage was as widely used if not more so than alcohol. Some groups claimed that between 40 - 80% of 5th, 6th, 7th and

some 4th and 3rd formers 'did' cannabis at least every weekend if not more frequently. One group said that more effort was needed to keep people busy so they didn't have time to get stoned!

The reasons for getting stoned were many including that it is easy to access, it's cheap, it's comparatively easy to conceal, that many adults don't know much about it, that it's more socially acceptable than tobacco or harder drugs and one doesn't get drunk like alcohol.

Some talked of the conflicting messages around cannabis, for instance that it has bad effects but is acceptable 'to do' once in a while. (This is an interesting comment given the earlier factual information on 'occasional' use). Even those students who stated that they did not 'do it' said that it was common knowledge at school about where to get cannabis from or who from. Students were that there was more than one source in each of the school catchment areas I visited. In one area a local supplier or 'Tinnie House' was reported by students as being virtually next door to the school!

There are no age restrictions with cannabis, it is cheap with an average cost for a couple of people for a weekend being around \$30 - \$70. Many Young People on the North Shore have steady part time jobs and so alcohol and drug costs even fairly high ones, are not prohibitive.

In summary the general perception was that cannabis is cheaper than alcohol and less fuss. It is easy to conceal and there was the general idea, albeit misinformed that they believed it was safer to be driven by someone who was stoned rather than drunk.

I was asked by most of the groups about my personal usage of alcohol and other drugs. One respondent mentioned that since they had started using 'Dak' they had to pace their use so that it did not interfere with their school work.

In terms of prevention, some groups thought that the same kinds of Youth appropriate mass media advertising campaigns that are applied to alcohol and tobacco use prevention could be effective for cannabis and should be tried.

Asked about the fact that it was illegal many students seemed relatively unconcerned about this.

5.2 Alcohol & Other Dugs Use Policies in Schools & Community Agencies

A Summary of the Interviews with the Key Informants

Subject areas covered in these interviews included : the development of alcohol and other drugs use school policies; action taken as a consequence of alcohol and other drugs use on and off school grounds, and the manner in which the policies were implemented.

The Key Informants Interviewed Were from :

Takapuna Grammar

Rangitoto College

Westlake Boys High School

Northcote College

Glenfield College

Te Wai Ora (community group)

Action Education

FADE

Alcohol Healthwatch

All of the schools distinguished between offences for smoking and offences for alcohol and other drugs with the latter being more severe and involving a direct pathway to a hearing before the school Board of Trustees. In one school this would probably result in a permanent suspension whilst the others would maybe begin with a temporary suspension. However each school stressed that each case was treated individually on it's own merit.

Offences for smoking tobacco were clearly de-marcated in each school with a range of deterrents depending on whether it was the first smoking tobacco offence or the fourth. Usually by the fourth offence the student was referred for a hearing before the school Board of Trustees. All of the deterrents in each school involved detentions, some every lunchtime for a week, others for a month.

Some offered support for alcohol and drug offences and some offered specific support for tobacco smoking in the form of cessation support, courses and group work. It should be noted here that those schools with the most guidance staff appeared to offer the most comprehensive assistance to students for examining their behaviour and supporting them to make positive choices.

The schools varied considerably in their treatment of the cases of those students who were suspected of being involved with alcohol and other drugs but who had not actually committed a recognised offence but their involvement was affecting their school performance and/or their mental and emotional well being. All the schools were concerned about this issue but only one school offered a specific alcohol and other drugs prevention programme that was separate and extra to that which is compulsory under the NZ secondary schools health curriculum. It needs to be noted again that this one school was probably able to do so because of its comparatively large guidance staff.

Two of the schools had specifically attempted to reach out to parents and involve them in the formulation of alcohol and other drugs policies. Additionally one school had attempted to involve parents of those students identified to be at high risk of alcohol and other drugs harm in rehabilitation programs, courses and support groups. Both of these schools reported an almost zero response to these initiatives.

Community Agencies

Te Wai Ora (A community based Youth welfare club): This agency had no set policies on alcohol & other drugs usage. However the coordinator stated that alcohol and other drugs usage was not tolerated on any of the programmes the agency ran. If problems were suspected around a participant's usage outside of the agencies programmes then that Young Person would be spoken to by the coordinator in the first instance. If the suspicion continued a referral would be made to an appropriate agency, usually the Community Alcohol and Drugs Service (CADS). Smoking tobacco was only permitted in certain areas and certainly not in front of participants younger than the smoker.

Action Education (A subsidiary organisation of 'Youthline' that specialises in action or drama types of approaches for the education of Young People on a range of issues in a variety of settings): Although this form of alcohol and other drugs education is available to all schools it is not utilised by all schools due to cost factors. In fact it was only in one of the schools involved in the study. According to Stephen Bell - the Action Education Director the cornerstones of their work are: the process of learning is as important as the outcome; learning is lifelong; creativity is inherent in everyone - not just those that identify with it; and that there is a need to create forums where people can learn from one another. The role of Action Education was to tap into this wisdom.

The following concepts are a focus in the work of Action Education : Developing peoples ability within relationships and peer groups; developing and examining inter and intrapersonal skills rather than information giving; reflecting on underlying attitudes and activities that offer alternatives to a lifestyle of alcohol and other drugs.

Stephen described the primary expectation of Action Education's alcohol and other drugs education to be that the experience that participants had in a session was more important than the content. Basing the success of a session on retention of the content of the session is quite different from success based on a participants experience of the process of the session. The sessions also aimed to assist participants in keeping themselves safe and of knowing where to go for support. Also included is the teaching of the concept of risk awareness and of setting boundaries and maintaining a sense of self. Stephen described two different types of sessions. One was a general session with students which generally lasted from one and a half to two hours, the other involved no more than eight students usually but not exclusively, those who were identified as being "at risk". Their sessions comprised two hours per week for two months.

The Foundation for Alcohol and Drug Education (FADE) :Colin Bramfitt, the Executive Director of FADE described the fundamental's of FADE's work as having the use of inspirational role models, in this case the FADE educators being high achievers usually in the field of sport. FADE reaches 70% of NZ secondary schools and 87% of secondary schools on Auckland's North Shore. FADE seeks to focus on fitness, health, risk management and performance.

Colin observed that there was, generally an unrealistically high expectation placed on drug education as compared to other subjects such as English or Maths for example. He also noted that schools often placed a low priority on drug education because of the intense demands made by the general curriculum. Schools often also see drug education as being a wider social responsibility.

FADE educators provide : alcohol & other drugs classes, school assembly talks and general presentations; goal setting for students and schools alike, parent education, advice to teachers & school health educators/coordinators and launching events through FADE's celebrity network.

Alcohol Healthwatch - (A statistical and policy watchdog group focussing on alcohol related issues): Alcohol Healthwatch carried out research specifically on the North Shore to do with Young People & alcohol issues. Denise Bijoux a worker at Alcohol Healthwatch was contracted to do the research noted that the research had come about because of the extent of media coverage and general perceived concern about Young People and alcohol issues. She was employed to see what commitment there was in the community with regard to reducing alcohol related harm of North Shore's Young People, and if what projects might be developed.

Typically she found that blame was apportioned to someone else for the alcohol problems caused by or which affected Young People on the North Shore. The community wanted to put responsibility on to the Young People with a low tolerance of things/events/situations concerning Young People. there was an expectation that the North Shore City Council should be responsible in supporting parents. Young People felt marginalised, and parents felt that there are no structures in place to help and support them with their Young People. A comment Denise heard from some students was that alcohol & other drugs education was often 'packaged & marketed' in terms of 'life skills.' Students on a more academically oriented path felt excluded and made the point that such programmes be offered across all academic streams.

The process of reviewing the outcomes of alcohol and other drugs use by students in the North Shore secondary schools involved in the study was necessary to provide a pragmatic perspective on the situation re alcohol and

other drugs usage in the schools. The interviews with the agencies contributed towards a deeper understanding of the work going on around and the provision of alcohol and other drugs education services to schools. Both of these perspectives complement the case study by providing a slice of reality in and around the North Shore secondary schools connected with the study.

The next section attempts to apply this reality by discussing the results in general and some possible applications of these results.

5.3 General Discussions on Findings

(the perspectives that make the most sense are assembled into an interpretive framework that address the research results????).

Having explored with North Shore secondary school students and a community Youth group their perceptions as to the efficacy of the educational programmes offered to them with regard to the use of alcohol and other drugs the *qualitative* results indicated that they :

- were comfortable with didactic teaching or lectures, in moderation.
- preferred to be in small groups exploring the issues and having these facilitated by a non-judgmental person outside of the school system. This should be a younger person who had used alcohol and other drugs and was clear, but not judgmental about why they had stopped.
- wanted educational sessions to be part of the school health curriculum and for all students to have exposure to these sessions.
- preferred peer education to be in small groups, and to have the option of a one : one basis.

Many of those interviewed were concerned that their parents/families/caregivers were ill informed and needed serious education in the area so that they could set clear consistent boundaries.

Educational approaches appeared to be working better with regard to tobacco and alcohol issues but not cannabis and other drugs. More research is needed on the type of educational approaches that may be more effective with regard to education about cannabis use.

The debate on the legalisation of cannabis needs to be widened so both sides of the argument are given the same share of public attention. Many Young People in this study were highly suspicious and wary of criticism of cannabis use and so urgently require forums where they may openly and candidly debate the issues without fear of recrimination.

New advertising campaigns should be widely pre-tested with Young People to ensure appropriateness, for example, the 'Why Start' anti-tobacco smoking campaign appears to be a failure with many of the Young People in this study perhaps because they perceive the attitude to be flawed. This observation holds true with regard to Young People around the country as Young Peoples' tobacco smoking rates are appear to be on the increase.

The *Quantitative* Research demonstrated that :

- after peer education approaches those aged 15 and 16 years demonstrated a significant attitude change.
- Young Mens' use of alcohol and other drugs was influenced more by a peer education approach than was the case with Young Womens.
- Young Women considered peer education approaches to be more useful than Young Men.
- no differences were found in the opinions of the usefulness of a peer education approach between the Maori and Pakeha Young People in the study.
- those aged 16 years demonstrated the most significant attitude change after a FADE approach.
- those aged 15 and 16 years were regarded as consuming the most alcohol.
- Older aged Young People found a school health class approach more useful than did the younger ages.

More research is required with regard to whether there are significant differences in relation to ;

- gender differences in attitudinal change consequent upon Action Education approaches
- the general efficacy of Peer Education approaches with both sexes.

- The amount of drug use (other than alcohol) prior to exposure to alcohol and other drugs education.

Examples of Case Study Findings and their Links to Theoretical Perspectives

This case study is consistent with social learning theory in that it shows that behaviours are influenced by the consequences of one's past actions and the observed consequences of the actions of others.

The case study demonstrated that media campaigns can be effective in reducing alcohol and other drugs related harm, particularly if supported by small group work. It further confirmed that group process is important and that young people respond to non-judgemental approaches.

Cognitive behavioural approaches were not tested as they were not within the scope of this study.

Health Promotion

The results from this case study suggested that a Health Promotion model, that a multi faceted approach, is effective.

Most of the focus groups remarked how a combination of approaches must be regarded as the optimal way to get through to a variety of types of Young Person. For instance some liked or noticed elaborate advertising, some liked small group work, some said how they liked to go to music concerts and didn't mind hearing a message whilst they were there. Some liked to play sport whilst most liked to party! Therefore providing for a range of prevention activities ranging from clinical and grass roots community based Youthwork through to mainstream health promotion agencies is important.

Limits of the Case Study

The results of the case study are not generaliseable as this was a limited sample of 81 North Shore secondary school students. It is acknowledged that the information received by the students in the schools surveyed may be

biased and not representative of the whole spectrum of Youth population on Auckland's North Shore.

The result that more Young Men are apparently abstemious prior to exposure to the educational programmes than are the Young Women is contrary to both popular belief and to widely established research data. This suggests an anomaly which is more likely to have been the result of an artefact of the sample.

Chapter 7

Summary and Conclusion

This study presents a comparative analysis of four possible approaches to alcohol and other drugs education on Auckland's North Shore secondary schools. General student opinions on what works and what didn't and the reasons were also investigated. Some of the reasons behind doing the research were that there is an increasing interest in reasons as to why Young People use alcohol and other drugs, coupled with an interest in the efficacy of preventative education initiatives. The study was carried out using both quantitative and qualitative research techniques.

Chapter one provided the background to this study and reviewed historical features of alcohol and other drugs education from an anglo-saxon western perspective. The personal reasons behind the study were discussed as were the research objectives.

Chapter two considered some of the wider macro or contextual issues around alcohol and other drugs education in secondary schools in New Zealand. It considered these issues by reviewing the differing educative approaches directed towards combating and preventing the misuse of alcohol and other drugs by Young People, and sought to explore what has and has not worked so well. The statistical and epidemiological evidence in this country around alcohol and other drugs issues as these pertain to what Young People are doing and taking was also discussed. This information provided further contextual background to the research study questions.

Chapter three examined what could be described as the more intrapersonal issues around alcohol and other drugs education such as educational, cognitive - behavioural, as well as the socially influenced factors in Young People's use of alcohol and other drugs.

Issues impacting on the alcohol and other drugs education of Young People such as ethnicity, gender, class and politics - the more inter-personal issues were addressed in chapter four.

Technical issues such as methodology, study design and ethical issues were discussed in chapter five and chapter six presented the quantitative and qualitative results and recommendations of the study. It also described the interviews with the key stake holders of the study.

The intention of this study was to consider the efficacy of four approaches currently being deployed with regard to alcohol and other drugs education in Auckland's North Shore secondary schools. Approaches to the delivery of such educational programmes included:

- The Foundation for Alcohol and Drug Education (FADE). FADE's education tends to be more in lecture form to larger rather than smaller groups of students. It also focuses on developing the skills and knowledge of staff within schools responsible for delivering alcohol and other drugs education. This study found that the FADE approach did effect change in attitude to alcohol and other drugs of 16 year old students more so than did other types of alcohol and other drugs educational approaches.
- Peer education, is a form of alcohol and other drugs education that has increased in popularity in recent times. It is an approach favoured by Students Against Drunk Driving (SADD) and a number of schools, often in the form of peer support programmes within the school. This study found that this approach was more influential in reducing the use of alcohol and other drugs with Young Men students but that Young Women students did find it to be more useful. The differences were discussed and it was hypothesised that Young Women appreciate the effect on Young Men they socialised with and became more aware of intra and inter personal issues through this type of education which then helped in negotiating their relationships.
- Action education as the title suggests is an action or drama approach which highlights issues facing Young People in the alcohol and other drugs area. It too proved to be a useful approach with both sexes, which warrants further research and investigation.
- All the schools reviewed in the study delivered their own alcohol and other drugs education to their students as part of the compulsory national New Zealand secondary schools health curriculum. This study found that to incorporate alcohol and other drugs education in this manner appears to be more efficacious with older students than with younger ones.

This study set out to determine the efficacy of current alcohol and other drugs education offered in four secondary schools on Auckland's North Shore. The North Shore was an area which had attracted considerable unfavourable press about the behaviour of some of its Young residents with regard to the abuse of alcohol and other drugs. A sample of North Shore secondary school student opinions on what works and why and doesn't and why were investigated. In general the findings have indicated that each of the four approaches considered have merit and can be considered to be effective in varying degrees. This study's findings and discussion point to possibilities for fine tuning in design and delivery. This study's findings and discussion point to possibilities for fine tuning of the various approaches to alcohol and other drugs education in secondary schools.

If alcohol and other drugs abuse and other problem behaviours among Youth are to be prevented, our society as a whole, but more specifically those that are charged with and have the skills to monitor public health in all its guises, must maintain healthy balanced conditions and a reduction in exposure to harmful influences. A steady decrease in physical and emotional stress, and an increase in a wide range of coping skills must be the goal. Healthy, constructive environments and social situations must be created and maintained. By maximising the survival, maintenance and healthy growth of individuals and groups, we can reduce the likelihood of problem behaviours, specifically in this case, in Aotearoa/New Zealand's Young People.

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Appendix

Included in the appendix are :

- The questionnaire
- Information sheet accompanying questionnaire
- Information sent home to parents/families/caregivers
- A sample of the confirmation letters from the secondary schools to carry out the research
- A still picture from an advertising campaign.
- Cross tabulation tables

SURVEY OF STUDENTS ABOUT VARIOUS APPROACHES TO ALCOHOL & OTHER EDUCATION. (Completing this questionnaire implies Consent)

1. What is your age? (or date of birth) ?

2. What is your sex ?

Male

Female

3. Which ethnic group do you belong to ?
(Tick the box or boxes which apply to you)

NZ European (Pakeha)

NZ Maori

Samoan

Cook Island Maori

Tongan

Niuean

Chinese

Indian

Korean

Taiwanese

Japanese

Other (Please state)

4. What form are you in ?

4th.

5th.

6th.

7th.

Other (Please state)

5. The alcohol & other drugs education sessions that you have attended, were they given by :

F.A.D.E. (The Foundation for Alcohol and Drug Education).

Action Education.

School Health Classes

Peer Education approaches - For Example S.A.D.D. (Students Against Driving Drunk), The Peer Support Programme, The Peer Sexuality Support Programme. The 'One for the Road,' drama/theatre. Other ? (If so please state).

6. Were these education sessions :

- Compulsory
- Voluntary

7. Please indicate - were the sessions/exposure ?
(A= Really Useful, B= Useful, C= Kind of Useful, D= Not Useful)

	A	B	C	D
FADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Going by what you can remember from the sessions and what you know anyway, list at least 6 negative consequences of taking alcohol and other drugs. (Try to make at least four of these 6 as non physical/body consequences, for example costs \$\$.)

- 1-----
- 2-----
- 3-----
- 4-----
- 5-----
- 6-----

9. Please Indicate - Has your use of alcohol & other drugs ?
(A= Increased, B= No Change, C= Decreased), after the education sessions/exposure ?

	A	B	C
FADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please Indicate - Have your attitudes to alcohol & other drugs changed since the sessions/exposure ?
(A= A Lot, B= Quite a lot, C= Kind of, D= No Change)

	A	B	C	D
FADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Health Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you use alcohol ?

Yes - Daily? Weekly? Monthly Yearly? Sometimes?
At weekends? During the holidays?

No

12. Did you use alcohol ?

Yes - Daily? Weekly? Monthly Yearly? Sometimes?
At weekends? During the holidays?

No

13. Do you use other drugs ?

Yes - Daily? Weekly? Monthly? Yearly? Sometimes?
At weekends? During the holidays?

No

14. Did you use other drugs ?

Yes - Daily? Weekly? Monthly? Yearly? Sometimes?
At weekends? During the holidays?

No

INFORMATION FOR PARTICIPANTS OF RESEARCH

Aims of this Study:

- To compare 3 different approaches to alcohol and other drugs education on the North Shore. Six sites for this study have been chosen:
 - Westlake Boys High
 - Westlake Girls High
 - Glenfield College
 - Northcote College
 - Takapuna Grammar
 -
- The significance of the study is that it could show the way to carry out and plan alcohol and other drug education in schools on the north shore.
- This research study is being undertaken as part of my masters degree through Massey University, Albany.

Why Fill in the questionnaire and take part in the following interview??:

- It will help me find out what you think of alcohol and other drug education programmes in your school/agency.
- I am using the questionnaire because some people prefer to write information down rather talk in a group.
- If you don't wish to take part in any or all of this research, you don't have to.
- Your responses to the questions will be confidential and anonymous - I don't need your names on the forms, only what class you are in and at what school.

Who is eligible to fill in the Questionnaire and answer the questions??:

- - If you are:
 - 19 years or younger
- AND
 - Have been to or taken part in a FADE and/or Action Education and/or Peer education programme (such as SADD, Peer support training, Peer sexuality support training and/or you have seen the 'One for the Road,' drama or other.

Glenfield Community Centre Youthworker
PO Box 40112
Glenfield

Friday, September 05, 1997

Parents/Families of Students
Rangitoto College
East Coast Bays
North Shore City

Dear Parents/Family member,

Re: Comparative research into different approaches to alcohol and other drugs education in 6 North Shore high schools and one agency.

I am a part time Youthworker in Glenfield based at the Glenfield Community Centre. I am doing a masters degree in Social Policy at Massey Uni, Albany and am doing this research project as part of a thesis which I hope to complete this year.

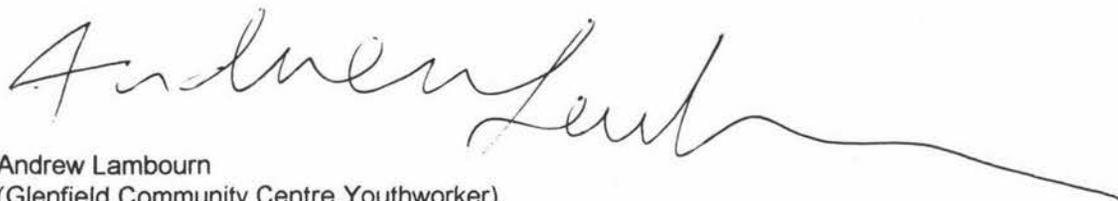
I would like to interview a group of either 4th form, 5th, 6th. or 7th formers at Rangitoto College and ask them their perceptions of the alcohol and other drugs education that they have received. Both at high school level and previously. This education could include sessions given by the Foundation for Alcohol & Drug Education (FADE) and/or Action Education and/or a peer education approach to alcohol and other drugs education - this could be as part of 'training,' (that the students receive) for the peer support programme, the peer sexuality programme or SADD (Students Against Driving Drunk) - or all of them or anything else.

The interview will consist of a 13 question questionnaire which I am hoping the students will complete. This questionnaire simply confirms that the student has had contact with the above approaches to alcohol and other drugs education and asks them to score the effectiveness of each approach. I also ask for the students age, gender and ethnicity. I also ask if they are currently using or have used alcohol and other drugs. All the questions are optional. Each student receives a brief research information sheet before doing the questionnaire, I also explain what the research is about and the reasons for the questions. The individual responses on these questionnaires are absolutely confidential to the individual students themselves. After this form filling, I like to talk to the students for about another half hour on their general impressions on alcohol and other drugs education. I may ask them, for instance, how they would design a programme if it was left up to them.

The research is anonymous and confidential and I don't need or use names of the participants.

If you would like to see results of the research on completion, copies will be available through the college.

Yours Faithfully,



Andrew Lambourn
(Glenfield Community Centre Youthworker).



Takapuna Grammar School

Principal: P. Daley, B.Sc.

March 24, 1997

To Whom It May Concern

This is to confirm that Andrew Lambourne will be working with two groups of students from Takapuna Grammar School on Friday, April 4th, 1997 towards his research on the effects of Drug and Alcohol Education.

Sue Poynter
HOD Guidance

P.O. Box 33.1096, Takapuna, Auckland 9, New Zealand.
Telephone (09) 489-4167, Fax (09) 486-7118.

Glenfield  College
Te Kura o Kaipatiki

Principal: W W Seastrand BA, Dip Ed, Dip Tchg.

Telephone: 64 - 9 - 4449066; Fax: 64 - 9 - 4447198

COPY

21 January 1996

Mrs A Gernhoefer
Westlake Girls' High School
2 Wairau Road
TAKAPUNA

Dear Alison

Andrew Lambourne has asked that I write to you confirming that Glenfield College will be allowing him to interview some of our students and staff as a part of the research he is carrying out.

I have discussed the issues with Andrew and consider his research would be beneficial; therefore, I am prepared to cooperate with his requests.

Best wishes for the new year.

Yours sincerely

Warren Seastrand
Principal

Westlake Boys High School

J A Dale, Headmaster - B.Ed., Dip. Sen. Man.



3 February, 1997

Mr A Lambourne
Glenfield Community Centre Youthworker
P O Box 40112
Glenfield

Dear Andrew,

I am pleased to give you permission to interview some of our students and staff as part of the research you are carrying out.

Please liaise with Mrs Howe as to suitable times etc.

Yours faithfully,

J A Dale
Headmaster



NORTHCOTE COLLEGE

*Kauri Glen Road,
Auckland 10.*

*Telephone (09) 418-1850
Facsimile (09) 480-1919*

Principal: Mr. E. A. Benton.

13 May 1997

To Whom It May Concern

Andrew Lambourne (Glenfield Community Centre Youthworker)

Andrew has requested that I write to confirm that he has interviewed some of our students as part of his research into alcohol and drug use. We await the results of his research with interest.

Yours faithfully

Ted Benton
Principal

**“People who
smoke aren't
real dicks.”**

They try and look cool,
but it just doesn't work.”

Why start?

Hei aha te kai paipa?

Smoking is try-hard.



FADEUSE Was the FADE session Useful ? by SEX Gender of Respondent

Page 1 of 1

Count	SEX		Row Total
	Male	Female	
	1.00	2.00	
FADEUSE			
.00		1	1
Skip			1.2
1.00	2	5	7
Really Useful			8.6
2.00	12	11	23
Useful			28.4
3.00	6	3	9
Kind of Useful			11.1
4.00		2	2
Not useful			2.5
9.00	23	16	39
NA			48.1
Column Total	43	38	81
	53.1	46.9	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.27891			.27802
Cramer's V	.27891			.27802

Number of Missing Observations: 0

FADEUSE Was the FADE session Useful ? by AGE Age of Participant

Page 1 of 2

Count	AGE					Row Total
	13	14	15	16	17	
	2.00	3.00	4.00	5.00	6.00	
FADEUSE						
.00					1	1
Skip						1.2
1.00		1	2	4		7
Really Useful						8.6
2.00		3	8	7	4	23
Useful						28.4
3.00	1	2		5	1	9
Kind of Useful						11.1
4.00			1		1	2
Not useful						2.5
9.00	1	9	14	6	4	39
NA						48.1
Column Total	2	15	25	22	11	81
(Continued)	2.5	18.5	30.9	27.2	13.6	100.0

FADEUSE Was the FADE session Useful ? by AGE Age of Participant

Page 2 of 2

Count	AGE		Row Total
	18	NA	
	7.00	9.00	
FADEUSE			
.00			1
Skip			1.2
1.00			7
Really Useful			8.6
2.00		1	23
Useful			28.4
3.00			9
Kind of Useful			11.1
4.00			2
Not useful			2.5
9.00	4	1	39
NA			48.1
Column Total	4	2	81
	4.9	2.5	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.61672			.42489
Cramer's V	.27581			.42489

Number of Missing Observations: 0

FADEUSE Was the FADE session Useful ?
 by ETHNIC1 First ethnicity of respondent

Page 1 of 2

Count	ETHNIC1					Row Total
	NZ europ ean	NZ Maori	Tongan	Chinese	Korean	
	1.00	2.00	5.00	7.00	9.00	
FADEUSE						
.00						1
Skip						1.2
1.00	7					7
Really Useful						8.6
2.00	22	1				23
Useful						28.4
3.00	8	1				9
Kind of Useful						11.1
4.00	2					2
Not useful						2.5
9.00	29	2	1	1	2	39
NA						48.1
Column	68	4	1	1	2	81
(Continued) Total	84.0	4.9	1.2	1.2	2.5	100.0

FADEUSE Was the FADE session Useful ?
 by ETHNIC1 First ethnicity of respondent

Page 2 of 2

Count	ETHNIC1		Row Total
	Other		
	12.00		
FADEUSE			
.00	1		1
Skip			1.2
1.00			7
Really Useful			8.6
2.00			23
Useful			28.4
3.00			9
Kind of Useful			11.1
4.00			2
Not useful			2.5
9.00	4		39
NA			48.1
Column	5		81
Total	6.2		100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.55894			.44536
Cramer's V	.24997			.44536
Number of Missing Observations: 0				

ALCFREQ The frequency of alcohol use by responde by SEX Gender of Respondent

Page 1 of 1

ALCFREQ	Count	SEX		Row Total
		Male	Female	
		1.00	2.00	
daily	1.00	2		2 2.5
weekly	2.00	11	7	18 22.2
monthly	3.00	5	3	8 9.9
yearly	4.00		3	3 3.7
sometimes	5.00	10	10	20 24.7
at weekends	6.00	7	8	15 18.5
during holidays	7.00		1	1 1.2
no	8.00	8	6	14 17.3
	Column Total	43	38	81
	Total	53.1	46.9	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.30350			.38250
Cramer's V	.30350			.38250

Number of Missing Observations: 0

Group \$TOTREC total recall

Category label	Code	Count	Pct of Responses	Pct of Cases
cost	1	74	15.4	91.4
criminality	2	37	7.7	45.7
addiction	3	29	6.0	35.8
humiliation	4	17	3.5	21.0
dishonesty (not illegal)	5	11	2.3	13.6
peer pressure	6	3	.6	3.7
loss of memory	7	16	3.3	19.8
can't drive	9	5	1.0	6.2
long term health consequences	10	70	14.6	86.4
short term health consequences	11	19	4.0	23.5
job prospects	13	33	6.9	40.7
loss of control	14	1	.2	1.2
diminished academic performance	16	8	1.7	9.9
personal security	17	12	2.5	14.8
leading to harder drugs	18	3	.6	3.7
cost of rehabilitation	19	22	4.6	27.2
loss of friends	20	55	11.5	67.9
	99	65	13.5	80.2
		-----	-----	-----
	Total responses	480	100.0	592.6

0 missing cases; 81 valid cases

Count	AGE		Row Total
	18	NA	
	7.00	9.00	
OLDALFQN			
weekly	2.00		14 17.3
monthly	3.00	1	6 7.4
yearly	4.00		3 3.7
sometimes	5.00	1	20 24.7
at weekends	6.00	4	14 17.3
during holidays	7.00		4 4.9
no	8.00		17 21.0
NA	9.00		3 3.7
Column Total	4 4.9	2 2.5	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.82715			.08030
Cramer's V	.33768			.08030

Number of Missing Observations: 0

OLDDRGFR What was the respondents frequency of 'o
by SEX Gender of Respondent

Page 1 of 1

OLDDRGFR	Count	SEX		Row Total	
		Male	Female		
		1.00	2.00		
.00		1	1	1.2	
daily	1.00	2	3	5	6.2
weekly	2.00	10	2	12	14.8
monthly	3.00	3	3	6	7.4
yearly	4.00		1	1	1.2
sometimes	5.00	10	7	17	21.0
at weekends	6.00	1	3	4	4.9
during holidays	7.00		3	3	3.7
no	8.00	17	14	31	38.3
NA	9.00		1	1	1.2
Column Total		43	38	81	100.0
		53.1	46.9		

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.40207			.15838
Cramer's V	.40207			.15838

Number of Missing Observations: 0

DRFREQ Respondents current frequency of other (by AGE Age of Participant

Page 1 of 2

DRFREQ	Count	AGE					Row Total
		13 2.00	14 3.00	15 4.00	16 5.00	17 6.00	
.00					1		1 1.2
daily 1.00				2	3		5 6.2
weekly 2.00			2	5	1	1	9 11.1
monthly 3.00		1	1	3	2	1	8 9.9
yearly 4.00			2				3 3.7
sometimes 5.00				5	5	1	12 14.8
at weekends 6.00			1				1 1.2
no 8.00		1	9	10	10	7	41 50.6
NA 9.00						1	1 1.2
(Continued)	Column Total	2 2.5	15 18.5	25 30.9	22 27.2	11 13.6	81 100.0

DRFREQ Respondents current frequency of other (by AGE Age of Participant

Page 2 of 2

Count	AGE		Row Total
	18	NA	
	7.00	9.00	
DRFREQ .00			1 1.2
daily 1.00			5 6.2
weekly 2.00			9 11.1
monthly 3.00			8 9.9
yearly 4.00	1		3 3.7
sometimes 5.00	1		12 14.8
at weekends 6.00			1 1.2
no 8.00	2	2	41 50.6
NA 9.00			1 1.2
Column Total	4 4.9	2 2.5	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.73176			.66262
Cramer's V	.29874			.66262

Number of Missing Observations: 0

DRFREQ Respondents current frequency of other (by SEX Gender of Respondent

Page 1 of 1

DRFREQ	Count	SEX		Row Total
		Male	Female	
		1.00	2.00	
.00		1	1	1.2
daily 1.00	3	2	5	6.2
weekly 2.00	6	3	9	11.1
monthly 3.00	2	6	8	9.9
yearly 4.00	2	1	3	3.7
sometimes 5.00	8	4	12	14.8
at weekends 6.00		1	1	1.2
no 8.00	22	19	41	50.6
NA 9.00		1	1	1.2
Column Total	43 53.1	38 46.9	81 100.0	

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.31046			.45252
Cramer's V	.31046			.45252

Number of Missing Observations: 0

AGE Age of Participant

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
13	2.00	2	2.5	2.5	2.5
14	3.00	15	18.5	18.5	21.0
15	4.00	25	30.9	30.9	51.9
16	5.00	22	27.2	27.2	79.0
17	6.00	11	13.6	13.6	92.6
18	7.00	4	4.9	4.9	97.5
NA	9.00	2	2.5	2.5	100.0
	Total	81	100.0	100.0	

Hi-Res Chart # 1:Histogram of age of participant

Mean 4.580 Kurtosis 1.352 S E Kurt .000

Valid cases 81 Missing cases 0

ALCFREQ The frequency of alcohol use by responde

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
daily	1.00	2	2.5	2.5	2.5
weekly	2.00	18	22.2	22.2	24.7
monthly	3.00	8	9.9	9.9	34.6
yearly	4.00	3	3.7	3.7	38.3
sometimes	5.00	20	24.7	24.7	63.0
at weekends	6.00	15	18.5	18.5	81.5
during holidays	7.00	1	1.2	1.2	82.7
no	8.00	14	17.3	17.3	100.0
	Total	81	100.0	100.0	

Hi-Res Chart # 2:Histogram of the frequency of alcohol use by respondent

Mean 4.728 Kurtosis -1.126 S E Kurt .000

Valid cases 81 Missing cases 0

SHCDRUGU Has the respondents use changed since th by AGE Age of Participant

Page 1 of 2

SHCDRUGU	Count	AGE					Row Total
		13	14	15	16	17	
skip	.00	2.00	3.00	4.00	5.00	6.00	1 1.2
increased	1.00		1		5	1	8 9.9
no change	2.00	1	10	14	9	8	44 54.3
decreased	3.00		1	2	5	1	10 12.3
NA	9.00	1	3	8	3	1	18 22.2
(Continued)	Column Total	2	15	25	22	11	81
		2.5	18.5	30.9	27.2	13.6	100.0

SHCDRUGU Has the respondents use changed since th by AGE Age of Participant

Page 2 of 2

SHCDRUGU	Count	AGE		Row Total
		18	NA	
skip	.00	7.00	9.00	1 1.2
increased	1.00	1		8 9.9
no change	2.00	1	1	44 54.3
decreased	3.00		1	10 12.3
NA	9.00	2		18 22.2
	Column Total	4	2	81
		4.9	2.5	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.53765			.49545
Cramer's V	.26883			.49545

Number of Missing Observations: 0

SHCDRUGU Has the respondents use changed since th
by SEX Gender of Respondent

Page 1 of 1

SHCDRUGU	Count	SEX		Row Total
		Male	Female	
skip	.00	1		1
increased	1.00	6	2	8
no change	2.00	21	23	44
decreased	3.00	4	6	10
NA	9.00	11	7	18
Column Total		43	38	81
		53.1	46.9	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.22462			.39440
Cramer's V	.22462			.39440

Number of Missing Observations: 0

FADRUGUS Has the respondents alcohol 7 other drug by AGE Age of Participant

Page 1 of 2

Count	AGE					Row Total	
	13	14	15	16	17		
	2.00	3.00	4.00	5.00	6.00		
FADRUGUS							
skip	.00		1			1 1.2	
increased	1.00	1		4		5 6.2	
no change	2.00	1	7	6	5	6 25 30.9	
decreased	3.00			3	7	1 12 14.8	
NA	9.00	1	7	15	6	4 38 46.9	
Column Total	2	15	25	22	11	81	
(Continued)	Total	2.5	18.5	30.9	27.2	13.6	100.0

FADRUGUS Has the respondents alcohol 7 other drug by AGE Age of Participant

Page 2 of 2

Count	AGE		Row Total
	18	NA	
	7.00	9.00	
FADRUGUS			
skip	.00		1 1.2
increased	1.00		5 6.2
no change	2.00		25 30.9
decreased	3.00	1	12 14.8
NA	9.00	4	38 46.9
Column Total	4	2	81
	4.9	2.5	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.61967			.15082
Cramer's V	.30984			.15082

Number of Missing Observations: 0

FADRUGUS Has the respondents alcohol 7 other drug
by SEX Gender of Respondent

Page 1 of 1

	Count	SEX		Row Total
		Male 1.00	Female 2.00	
FADRUGUS				
skip	.00	1		1 1.2
increased	1.00	4	1	5 6.2
no change	2.00	13	12	25 30.9
decreased	3.00	3	9	12 14.8
NA	9.00	22	16	38 46.9
	Column Total	43 53.1	38 46.9	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.28336			.16457
Cramer's V	.28336			.16457

Number of Missing Observations: 0

AEDDRUGU Has the respondent use changed since the by AGE Age of Participant

Page 1 of 2

Count	AGE					Row Total
	13 2.00	14 3.00	15 4.00	16 5.00	17 6.00	
AEDDRUGU skip .00			1			1 1.2
increased 1.00				2		2 2.5
no change 2.00		6	5	3	1	16 19.8
decreased 3.00			2	2		5 6.2
NA 9.00	2	9	17	15	10	57 70.4
Column Total	2 2.5	15 18.5	25 30.9	22 27.2	11 13.6	81 100.0

(Continued)

AEDDRUGU Has the respondent use changed since the by AGE Age of Participant

Page 2 of 2

Count	AGE		Row Total
	18	NA	
	7.00	9.00	
AEDDRUGU			
skip	.00		1 1.2
increased	1.00		2 2.5
no change	2.00	1	16 19.8
decreased	3.00	1	5 6.2
NA	9.00	3	57 70.4
Column Total	4	2	81
	4.9	2.5	100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.52767			.54626
Cramer's V	.26384			.54626

Number of Missing Observations: 0

AEDDRUGU Has the respondent use changed since the
by SEX Gender of Respondent

Page 1 of 1

Count	SEX		Row Total
	Male 1.00	Female 2.00	
AEDDRUGU skip .00	1		1 1.2
increased 1.00	2		2 2.5
no change 2.00	6	10	16 19.8
decreased 3.00	3	2	5 6.2
NA 9.00	31	26	57 70.4
Column Total	43 53.1	38 46.9	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.23165			.36114
Cramer's V	.23165			.36114

Number of Missing Observations: 0

FADEATT Has the respondent attitudes changed since by SEX Gender of Respondent

Page 1 of 1

FADEATT	Count	SEX		Row Total
		Male	Female	
		1.00	2.00	
skip	.00		1	1 1.2
a lot	1.00	1	1	2 2.5
quite a lot	2.00	5	7	12 14.8
kind of	3.00	8	10	18 22.2
no change	4.00	6	3	9 11.1
NA	9.00	21	16	37 45.7
	99.00	2		2 2.5
Column Total		43	38	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.24699			.55135
Cramer's V	.24699			.55135

Number of Missing Observations: 0

SHCATT Has the respondents attitudes changed si by AGE Age of Participant

Page 1 of 2

Count		AGE					Row Total
		13	14	15	16	17	
		2.00	3.00	4.00	5.00	6.00	
SHCATT	1.00		2				2
a lot							2.5
	2.00		1	7	6	1	18
quite a lot							22.2
	3.00		4	7	11	5	28
kind of							34.6
	4.00	1	5	5	3	4	18
no change							22.2
	9.00	1	3	6	2	1	15
NA							18.5
	Column	2	15	25	22	11	81
(Continued)	Total	2.5	18.5	30.9	27.2	13.6	100.0

SHCATT Has the respondents attitudes changed si by AGE Age of Participant

Page 2 of 2

SHCATT	Count	AGE		Row Total
		18 7.00	NA 9.00	
a lot	1.00			2 2.5
quite a lot	2.00	2	1	18 22.2
kind of	3.00		1	28 34.6
no change	4.00			18 22.2
NA	9.00	2		15 18.5
	Column Total	4 4.9	2 2.5	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.60201			.20704
Cramer's V	.30100			.20704

Number of Missing Observations: 0

ACEDUATT Has the respondents attitudes changed si by AGE Age of Participant

Count	AGE					Row Total
	13	14	15	16	17	
	2.00	3.00	4.00	5.00	6.00	
ACEDUATT						
1.00 a lot			2	1		3 3.7
2.00 quite a lot			1	4		6 7.4
3.00 kind of		3	2	1	1	7 8.6
4.00 no change		3	2	1		7 8.6
9.00	2	9	18	15	10	58 71.6
Column Total	2	15	25	22	11	81
(Continued)	2.5	18.5	30.9	27.2	13.6	100.0

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ACEDUATT Has the respondents attitudes changed si by AGE Age of Participant

Count	AGE		Page 2	Of 2
	18 7.00	NA 9.00		Row Total
ACEDUATT				3
1.00				3.7
A lot				6
2.00		1		7.4
Quite a lot				7
3.00				8.6
Kind of				7
4.00	1			8.6
no change				58
9.00	3	1		71.6
Column	4	2		81
Total	4.9	2.5		100.0

Statistic	Value	ASE1	Val/A SE0	Approximate Significance
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Phi	.53856			.49082
Cramer's V	.26928			.49082
Number of Missing observations	0			

FADRUGUS Has the respondents alcohol 7 other drug
by ETHNIC1 First ethnicity of respondent

Count	ETHNIC1					Row Total
	NZ europ ean	NZ Maori	Tongan	Chinese	Korean	
	1.00	2.00	5.00	7.00	9.00	
FADRUGUS skip	.00	1				1 1.2
increased	1.00	5				5 6.2
no change	2.00	21	1		1	25 30.9
decreased	3.00	11	1			12 14.8
NA	9.00	30	2	1	1	38 46.9
Column Total	68 84.0	4 4.9	1 1.2	1 1.2	2 2.5	81 100.0

(Continued)

FADRUGUS Has the respondents alcohol 7 other drug
by ETHNIC1 First ethnicity of respondent

Page 2 of 2

Count	ETHNIC1	Row Total
	Other	
FADRUGUS	12.00	
skip	.00	1 1.2
increased	1.00	5 6.2
no change	2.00	2 25 30.9
decreased	3.00	12 14.8
NA	9.00	3 38 46.9
Column Total	5 6.2	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.25794			.99951
Cramer's V	.12897			.99951

Number of Missing Observations: 0

FADRUGUS Has the respondents alcohol 7 other drug
by ETHNIC2 Second ethnicity of respondent

Page 1 of 1

Count	ETHNIC2					Row Total
	Skip	NZ Maori	Samaon	Niuean	Other	
FADRUGUS	.00	2.00	3.00	6.00	12.00	
skip	1					1 1.2
increased	5					5 6.2
no change	23		1	1		25 30.9
decreased	12					12 14.8
NA	32	4			2	38 46.9
Column Total	73 90.1	4 4.9	1 1.2	1 1.2	2 2.5	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.37878			.76960
Cramer's V	.18939			.76960

Number of Missing Observations: 0

SHCDRUGU Has the respondents use changed since th
by ETHNIC2 Second ethnicity of respondent

Count	ETHNIC2					Row Total	
	Skip	NZ Maori	Samaon	Niuean	Other		
	.00	2.00	3.00	6.00	12.00		
SHCDRUGU							
skip	.00	1				1 1.2	
increased	1.00	7	1			8 9.9	
no change	2.00	40	1	1	1	44 54.3	
decreased	3.00	10				10 12.3	
NA	9.00	15	2		1	18 22.2	
Column Total		73 90.1	4 4.9	1 1.2	1 1.2	2 2.5	81 100.0

Statistic	Value	ASE1	Val/ASE0	Approximate Significance
Phi	.28467			.98078
Cramer's V	.14234			.98078

Number of Missing Observations: 0



STUDENTS AGAINST DRIVING DRUNK

LIFESAVER

A CONTRACT BETWEEN
FRIENDS/FLATMATES

We, the signed friends/flatmates agree not to drive when we have been drinking, nor will we travel in a car driven by someone who has had too much to drink.

Signature _____

Signature _____

Date _____

It is understood that if called, a friend/flatmate would

- go and collect the caller
 - at any time, any place
 - with no questions asked
- or - would organise safe and sober transportation home

The above friends/flatmates agree to the terms of this agreement and will respond when required.

A WILL TO LIVE

A CONTRACT BETWEEN
PARENT AND TEENAGER



*I will not drive when
I have been drinking,
or travel in a car
driven by someone
who has had too much to drink.*



TEENAGER

Signature

PARENT

Signature

DATE

*It is understood that if called,
a parent would* – go and collect a teenager
– at any time, any place,
– with no questions, no arguments at that time,
or – would organise safe and sober transportation home.
a teenager would – respond to any similar request from a parent.