A Process Evaluation of
Calton Athletic's Drug Prevention Team

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Executive Summary

This report contains a process evaluation of Calton Athletic’s Drug Prevention Team. The research was conducted between January 1997 to April 1997 and was commissioned by Calton Athletic with financial support from the Challenge Fund. Information for this evaluation has been obtained from Calton Athletic Drug Prevention Team members, young people participating in Calton Athletic sessions, parents, teachers and a range of other educational stakeholders.

The Calton sessions within schools consisted primarily of personal testimonials from recovering drug addicts of their experience of addiction. This research has identified a wide diversity of views on the nature and value of these sessions. Calton Drug Prevention Team members were committed to their work within schools and felt that by outlining the nature of their own past addicted drug use they could exert a powerful prevention message dissuading those young people who had not started to use drugs (both licit and illicit) from beginning to do so, and encouraging those who had begun such use to cease their drug use.

Young people who had participated in Calton sessions were very positive about the experience of getting a first hand account of the experience of drug addiction, commenting in particular on the value of Team members being able to speak from their own personal experience. It was recognised by some young people, however, that the experiences and views which Calton members outlined did not necessarily relate to all people who were using illicit drugs.

Parents also were positive about the role of ex-drug users in drugs education and Calton Athletic’s in-put in particular. The majority of parents were sympathetic to the drug prevention message which Calton Athletic represented, only a minority of parents, by contrast, were positive about the value of a harm reduction perspective in drug education provided to young people. Parents drew attention to the importance of recovering drug addicts having ceased their drug use entirely.
The majority of teachers contacted in this research were also positive about the role of Calton Athletic in drug education. Many teachers expressed the view that they did not regard themselves as particularly knowledgeable about drug related matters and as a result welcomed the input of individuals who, on the basis of their own past drug problems, were regarded as experts. Despite such positive views, concerns were expressed by some teachers that in allowing Calton Athletic to take control of classes, with the teacher being absent, a calculated risk was being taken. There was also some concern from a minority of school staff that ex-drug users or recovering addicts might not be an appropriate role model for young people. Concerns were expressed by at least some of the school staff as to the value of the “shock horror approach” to drug education which Calton were seen to exemplify.

By far and away the most sceptical set of views as to Calton Athletic’s work in schools were held by the other educational stakeholders interviewed. Local authority education staff, for example, expressed genuine caution at external agencies going into schools and assuming responsibility for sessions with young people that were not attended by teachers. In terms of the specific role of recovering drug addicts in drug education, the lack of anything approximating an independent objective evaluation of the effects of such schemes was noted.

This research has identified a number of areas where we feel significant improvements in the work of Calton Athletic Drug Prevention team could be undertaken; these are listed below. We would draw particular attention, however, to the limited extent to which the school sessions run by Calton Athletic are integrated within the wider curriculum provision of drug education; at the present time Calton sessions stand in the main as single, “one off” events with little in the way of detailed follow up. In our view this fact alone is likely to limit the impact of the sessions.

1 Training

We recommend that Calton School Team members undergo training in the areas of basic group work and facilitation skills. This recommendation is made on the basis that in our view the feedback component of the Calton sessions are extremely important. At the present time, however, Calton members do not receive adequate training in the range of methods for
facilitating group discussions with young people. Training in this area could enhance the value of the feedback session.

Calton's expertise is very much based on their own past experience of addiction; the fact that they are talking from personal experience is the distinctive contribution which they bring to drugs education. We recommend, however, that School Team members receive training in some of the other approaches to drugs education and drug misuse service provision. This recommendation is not made on the basis of a desire to change the drug prevention orientation of Calton's work but rather in the belief that those who are providing drugs education to young people should ideally have detailed knowledge of the range of approaches which are available - both those with which they are sympathetic, as well as those of which they are critical.

2 Establishing that School Team Members are Drug Free

This issue was of concern to parents, teachers and other educational stakeholders. The fact of the school team remaining drug free is an absolute pre-condition of Calton's own organisation - drug use amongst school team members would be regarded as gross misconduct by Calton staff and would be grounds for disciplinary action.

In other employment contexts the importance of employees being drug free has led to the use of drug testing. We recommend that Calton Athletic give at least some consideration to this matter. At the present time the drug free status of school team members is established on the basis of assessments made by Calton staff, all of whom would have a recognised expertise in this area. Such judgements however, are subjective in nature and are unlikely to persuade those who are rather more sceptical of Calton's approach. Drug testing would be one means by which the drug free status of Team members could be objectively determined. There are, however, complex issues surrounding drug testing including issues to do with the basis upon which samples are obtained, the accuracy of test results, financial costs etc. Nevertheless, we recommend that some consideration be given to such an approach by Calton.
3 Access to Young People in Schools

Following the Cullen report (1996) it has been proposed that those with duties involving regular contact with young people should be the subject of a SCRO check. In the light of such developments we recommend that Calton Athletic give consideration to updating their methods for internally vetting staff who will be working with young people. This would have two effects: it would upgrade their own recruitment procedures and satisfy employing organisations that they have taken precautions to ensure the safety of the young people with whom school team members are working. This should include the development of job descriptions, person specifications, procedures for interviewing prospective school team members, and a formalised code of conduct for team members. Calton should also give consideration to the possible future requirement which may well be made that School Team members undergo a SCRO check.

4 The Absence of Teaching Staff During Calton Sessions

We recommend that Calton change their practice of discouraging the presence of teaching staff at their sessions with young people. There are a number of reasons for making this recommendation. First, we regard it as essential that a serious attempt be made to integrate Calton’s work within the school curriculum, at minimum this would entail follow up discussions between teachers and pupils on the content of the Calton session. It is difficult to see how school staff can effectively undertake such follow up work on the basis of their exclusion from the Calton session. Second, on the basis of our observation of a number of Calton sessions, the standard format of the sessions are a series of scripted personal stories from Calton members with relatively little time being given over to discussions between young people and team members. Given such a format it is difficult to see the basis for requiring the teachers to be absent during the session. Third, the current practice of classroom teachers being absent places the School Team members in an unnecessarily precarious position within the classroom. In the event of an allegation being made of inappropriate behaviour on the part of team members it is difficult to see how this could be effectively investigated or countered given the classroom teacher’s absence from the session. Fourth, in view of the legal obligations upon education staff it would be more appropriate for teachers to remain within the session. Fifth, we feel that the knowledge
base of teaching staff would itself be increased on the basis of their attendance at Calton sessions.

5 Calton Input for Teaching Staff

We recommend that Calton seek to develop drug training sessions for teaching staff. It is evident from this review that teaching staff do not feel particularly well equipped to undertake drug education with young people. In the light of this we feel that there could be considerable value in Calton sessions provided to teaching staff.

6 Calton's School Questionnaire

We recommend that Calton revise their school questionnaire with the assistance of trained researchers. This recommendation is made on the basis of a number of shortcomings which we have identified in the existing questionnaire used by Calton staff to assess their effectiveness and the prevalence of drug misuse amongst pupils attending their sessions.

7 Amount of Time Devoted to Calton Session

We recommend that consideration be given to the amount of time allocated for Calton sessions. For Calton staff, attention should be paid to the planning of sessions in order to ensure that adequate time is made available for the feed-back sessions. For school staff, we recommend that where Calton are working within schools, adequate time is made available for the session to take place.

8 Research to Identify the Effectiveness of the Calton Sessions in the Short, Medium and Long Term

We recommend that attention be given to conducting a rigorous, independent evaluation of the effectiveness of Calton's work within schools. This is in keeping with recommendations in both the Ministerial Drugs Task Force Report "Meeting the Challenge" and the "Review of Services for Drug Misusers in England and Wales". In conducting this process evaluation we have identified a wide range of views (both positive and negative) on the role of ex-drug users within school based drugs education. There is, however, a demonstrable lack of anything approximating hard data upon which to form an assessment of the effectiveness of Calton's work. This is an undesirable situation. If these sessions are
having a beneficial impact on reducing the likelihood of young people beginning to experiment with drugs, this needs to be demonstrated, in order that a case can be made for the possible extension of this work within schools. If the sessions are not beneficial, then purchasers, teachers, parents, young people, Calton Athletic, and other educational stakeholders need to know this.
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1 Introduction

Monitoring and evaluation have become relatively common place within the provision of health and social care. However, this does not imply that there is an accepted protocol which marks out the process of evaluation. Certain aspects of health or social care, by virtue of the type of interventions made, are easier to evaluate than others. Drug-related interventions, which straddle both health and social care as well as the educational sphere, have been more problematic to evaluate, than others. Part of the reason for this is the difficulty of isolating the range of variables which may have an affect on drug-related behaviours. An evaluation, as described by the World Health Organisation, is:

The process of collecting and analysing information about the effectiveness and impact of either particular phases of the programme or the programme as a whole. Evaluation involves assessing programme achievements for the purpose of detecting and solving problems and planning for the future. (WHO 1989)

There are two types of evaluation. The first is an outcome evaluation which considers whether or not the intervention works and is usually based on a quantitative methodology. Outcomes that can be assessed include: knowledge, attitudes and behaviour and, in the case of drug education, their interaction with the likelihood that an individual will use drugs, or not (Coggans N. et al, 1991). The second type of evaluation is a process evaluation which considers how the intervention works. This type of evaluation is usually based on a qualitative methodology.

Evaluations are carried out for several reasons. Evaluation allows those involved to find out more about the consequences of their interventions, both planned and unpredicted. An evaluation can also identify the processes by which specific outcomes occur. Moreover, evaluation can increase the accountability of service providers and provide information to purchasers as to whether resources have been well allocated.
This report provides a process evaluation of Calton Athletic's Drug Prevention Team. It was commissioned by Calton Athletic with funding provided from the Challenge Fund, allocated at the end of 1996. Data collection for this review took place between January 1997 to March 1997. This timescale precluded the possibility of conducting an outcome evaluation. It is important to recognise, therefore, that the question of whether or not Calton Athletic's drug prevention interventions works, in the sense of reducing the likelihood of young people beginning to use drugs (or of ceasing such use where this has begun) is not one that can be answered on the basis of the research carried out for this evaluation.

The report will describe how Calton's drug prevention team works and the responses of the various stakeholders to Calton Athletic's intervention. The report includes the views of Calton Athletic's own staff and volunteers, who were paid employees for the period of the evaluation; the views of young people about the Calton Athletic's work; the views of parents; the views of school-based educationalists and the views of other stakeholders in drug education, including police, other drug education providers and education department representatives. As well as outlining the views of each of these groups, this report also contains a detailed assessment of the questionnaire which Calton Athletic use to assess the effectiveness of their work within schools.

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1 The school drug prevention team, will also be referred to as the school team and Calton Athletic. A Calton session refers to a session that has been provided by this team.
The data were collected between January 1997 to March 1997. This comprised the following:

- Observation of five school sessions.
- Interviews with 8 members of CARG.
- Interviews (focus groups, or individual) with 22 pupils post-session.
- Observation of two parents’ sessions by Calton Athletic.
- Interviews with 3 parents post-session.
- Questionnaires completed by 26 parents post-session.
- Interviews with 6 parents who had not been present at a Calton session, but whose children had been present.
- Questionnaires completed by 39 parents who had not been present at a session, but whose children had been present.
- Interviews with 30 teaching staff from schools visited by Calton since June 1996.
- Interviews with 12 other stakeholders within drug education.
- Analysis of a random sample of 600 of Calton's own questionnaires, completed by young people during a Calton session.

In terms of the Calton staff interviewed, this included: the director; school team co-ordinator; two supervisors and a random selection of four school team members. The young people interviewed were recruited from the schools where Calton Athletic’s sessions had been observed. These ranged from 3rd to 6th year, with most currently in 5th year. Most of the young people were interviewed directly after the session, the remainder were interviewed within one week of the session. For the parent interviews, individuals were recruited either following a Calton Athletic’s parents’ session, or via young people who had been interviewed. In addition, one school made contact with a random sample of parents.

For the school staff interviews, one teacher per school was interviewed totalling 18 head teachers and 12 classroom teachers. The majority of schools were secondary schools,
with three primary schools. The schools were recruited from a sample of 46 schools visited since June 1996. The schools were located as follows: 11 in Lanarkshire, 10 in Glasgow, 1 in north of Scotland, with the remainder spread throughout the central belt. This spread reflected the overall pattern of schools visited by Calton during the period of the evaluation.

Finally in terms of the 12 'other' stakeholders interviewed, this included 2 police officers, 3 external drug education providers and 7 education department representatives. Education departments were predominantly recruited from the central belt, with one far north and one far south.
3 Background Information on Calton Athletic

Introduction

The following chapter has several sections. The first section provides background information about Calton Athletic and their approach to recovery. The second section examines the structure of Calton’s school team and its links with Calton Athletic, as a whole. The next section identifies Calton Athletic’s links with schools. The final section describes a typical session. This description is based on the observation of seven sessions, five school and two parent sessions\(^2\), and includes an account of the contents of two feedback sessions.

Calton Athletic Recovery Group

Calton Athletic Recovery Group, CARG, was founded in 1985. Its philosophy is that recovery from addiction comes through a programme of mental and physical stimulation and healing. Calton Athletic currently operates a day programme, an aftercare service, the schools drug prevention project, and prevention activities for under 18’s and under 11’s, as well as activities seven days a week.

The Programme

Calton Athletic operates within a self-help approach: peers come together to find mutual support and assistance, as well as undergo personal change. Calton Athletic holds to The Twelve Steps Programme. This programme, also known as the Minnesota Model, is one which is used across a number of self-help groups. For example: Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Gamblers Anonymous and Over Eaters Anonymous.

\(^2\) The sessions have the same overall structure, approach and content for parents and school sessions. In the case of the parents’ session, there is an additional workshop from a parent’s perspective and additional information about spotting the signs of drug use.
In a Twelve Step Programme, the problem every individual faces is *addiction*. Addiction can refer to a diverse range of substances, or behaviours. In the instance of Calton Athletic, the substance is drugs. In such a programme, the *addict* is understood as powerless against, and having no control, over their *addiction*. Addiction is not a consequence of drugs, but rather a trait of the individual. Being a trait, there is no *cure*. So that, even when the individual is no longer using drugs, the individual remains an *addict*, albeit a *recovering addict*. Abstinence is the primary requirement of the programme.

A Twelve Step Programme is a system to aid emotional and spiritual recovery, enabling the addict to come to terms with their addiction, to make amends and provide a communal support group. It is unlike typical counselling approaches, which tend to adapt to the individual, as it requires the individual to adapt to its definition of the problem and plan of treatment.³ By so doing, the addict is shown how to live the life of a *recovering addict*. The *addict* must be ceaselessly motivated to engage in the process of change, maintaining participation in support group activities and attending meetings.⁴ In the case of Calton Athletic, the meetings tend to be testimonial meetings, where the recovering addict will speak about their addiction, *sharing*, describing what it was like when using, what happened and how it is now. Describing

³ The Minnesota Model is outlined in the seminal text, *Twelve Steps And Twelve Traditions*.

⁴ There is another type of meeting known as a step meeting where, for a period of twelve weeks, each step is discussed and gone through in the course of one meeting. The steps are as follows: 1-we admit that we are powerless over our addiction, that our lives have become unmanageable; 2-we came to believe that a Power greater than ourselves could restore us to sanity; 3-we made a decision to turn our will and our lives over to the care of God as we understood Him; 4-we made a searching and fearless inventory of ourselves; 5-we admitted to God, to ourselves and to another human being the exact nature of our wrongs; 6-we were entirely ready to have God remove all these defects of character; 7-we humbly ask him to remove our shortcomings; 8-we made a list of all persons we had harmed and became willing to make amends to them all; 9-we made direct amends to such people where possible, except when to do so would injure them or others; 10-we continued to take personal inventory and when we were in the wrong promptly admit it; 11-we sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry this out; 12-having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts and to practice these principles in our affairs.
this acts as a self-therapy, as well act as therapy for others, through self-realisation or identification. The notion of identification is important: it is not a comparison, it is a recognition that all addicts share the common experience of addiction.

Calton Athletic uses the Twelve Step approach as the basis of their programme. However, the overall programme includes a concurrent physical component. This is seen to compliment and offset emotional recovery as a healthy body aids a healthy mind. Both parts of the programme are seen as important as each other, they interact to form a holistic approach to the process of recovery (Hirschman:1992; Peyrot:1985).

The School Team

The School Drug Prevention Project Team was set up in June 1995. Calton had previously been visiting schools for a number of years. Until that point, the input provided for schools had been carried out by established members of Calton Athletic, alongside other activities within the club. In its present form, members of the school team are dedicated to that specific task and work from separate premises. The prevention team work with other groups aside from young people within school. However, their work with young people is the overall focus of the team and so constitutes the focus of this evaluation.

The team members who work in the school team are predominately young adults. All are graduates from Calton Athletic's day programme. Team members are required to have been drug-free for substantial periods of time, usually for at least two years and are regarded as working mentally and physically on their own recovery. It is this absolute commitment to the programme which affirms their suitability for the school team. Within Calton Athletic, it is seen as essential to have exemplary role models who live the life of a recovering addict.

The team currently operates with ten members. The team's co-ordinator, who has a teaching background, provides input regarding the team's approach to working in schools. This is done, alongside input from other Calton Athletic members who have previously been regular visitors to schools. The co-ordinator also liaises with schools and timetables visits for the school team.
Two of the school team members are in supervisory roles. It is their role to supervise the work of the remaining seven team members. Whilst this is a supportive role, there is an understanding that supervisors also have an important monitoring function. The supervisors closely monitor the behaviour and attitudes of the school team to ensure these are acceptable at all times. There is a hierarchy within Calton Athletic. Role models and the ‘power of example’ are seen as very important. The school team members hold prestige within Calton Athletic. The team provides an apprenticeship for further responsibility within the club. Should opportunities present themselves, team members can go on to do group work or carry out another important office within the club.

Calton’s Links with Schools

On the majority of occasions, schools initiate contact with Calton Athletic and ask for their input at the school. This is often in response to seeing Calton Athletic in the media: radio, television, or newspaper; or as a result of a recommendation by a colleague, or friend; knowing someone who was a member of Calton Athletic, or receiving promotional material from Calton Athletic. On a small number of occasions, Calton initiated contact with the school, asking about opportunities to work in the school. In many cases, the school had meetings with Calton Athletic prior to commissioning their input. In a minority of cases, Calton came into the school as a result of telephone negotiations alone.

A Typical Session

*Introducing the Session*

Up to nine of the school team can be standing in front of the pupils. The teacher introduces the school team and in most cases then leaves the session. The introduction and conclusion are generally carried out by one of the Calton supervisors. The session begins by explaining to the young people present that this is not a free period and that it is a period where they can learn a lot if they listen to the

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5 Calton Athletic have a management committee and Chair. The next tier downwards is the Director. Thereafter, the next tier is the depute director, then the group work staff, followed by the school team supervisors, co-ordinator and school team workers.
presentation. It is explained by the speaker that the session is confidential and that if young people do say anything, it will not be reported back to the teaching staff, or parents. It is also explained, that the young people present are in the unique position of receiving education from recovering drug addicts.

The reason why the school team was set up and the aims of the session are explained in terms of communicating the message to young people that there is no safe way to use drugs. It is explained that not everybody can be saved, but if one or two can be, that is what counts. It is pointed out that some young people will inevitably use drugs, because they have an 'attitude' and 'know better'. For this type of young person, the only way to learn is through their own experience. It is pointed out that those using drugs now will not be as lucky as Calton members in coming through their drug use due to the added risks of things like Hepatitis C and HIV. The message conveyed is that 'the reality for people picking up drugs today is a death sentence'. Three workshops, in the presentation to young people, are identified through a partial account of the speaker's own personal story. These are:

- **Cannabis to chaos** - which shows how easy it is to move from recreational drug use and experimentation to problematic drug use

- **Life of a drug addict** describes the experiences and traumas associated with the maintenance of a drug addiction

- **Effects on the family** shows that it is not only the addicted individual who has difficulties; addiction also effects the family too.

Key themes are identified: peer pressure; an increasing tolerance to drugs used regularly;\(^6\) progression from one drug to another and addiction meaning out of control.

At the end of the introduction, those present are asked to fill in the first part of a questionnaire which is given out by Calton members in order, it is pointed out, that they can evaluate their work and gauge levels of drug use amongst young people.\(^7\)

\(^6\) Tolerance is the adaptation of the body to substances it comes into regular contact with. In the case of drugs, the effect is that greater doses are needed to have an effect that previously would have occurred with much less.

\(^7\) This information was collated, in a report for 1995 - 1996. The information is not fed back to the individual schools visited by Calton Athletic.
The questionnaires that Calton use, are included as Appendix II. Completion of the questionnaires takes approximately five minutes. Depending on the numbers of pupils present, the team will divide into smaller teams and split the young people into groups allowing for more intimacy. In the five sessions observed in the course of the evaluation the numbers of young people attending sessions ranged from 30 to 90.

The Workshops

Each workshop is a personal testimony of the person who speaks. Each workshop has a structure which has certain key points identified collectively by Calton Athletic. It is around these key points that the individual's own story is woven. The individual who leads each workshop introduces him, or herself by his, or her first name and talks to the pupils for approximately ten minutes. Although, that individual may well be able to speak to all the workshops, each school team members usually speak to a particular one.8

Concluding the Session

With the conclusion of the session, the speaker reiterates the main points raised in the workshops. Young people are given the list of all the key points of each workshop and are told that if they recognise themselves as having one or two of these signs in each section, then should worry because they are heading towards addiction. It is pointed out that 'addiction is like a journey: you can get off at any stop, you don't have to stay on to the terminus'. Young people are directed to Calton's number on the reverse of the sheet and told to make contact if they, or others they know, are experiencing any problems. The conclusion takes five to ten minutes. At this point, the young people are asked to complete the second part of the questionnaire. This takes approximately 5 minutes. To reach this point requires, at the very least, approximately 50 minutes.

8 For an outline of what is covered in Calton's workshops, see appendix V.
Feedback/Questions at the end of the Session

It is at this point that young people are encouraged to ask questions. Feedback sessions can vary enormously from no questions whatsoever being asked to the young people putting a number of questions to Calton members. Within the observed sessions it was noticeable that there was often little time remaining for the feedback component.

In order to stimulate responses from the young people, Calton members would often use an icebreaker. This may be a general question such as: ‘hands up how many of you have used drugs’ and ‘hands up how many of you haven’t had a drink of alcohol’. Questions are seen as very important by the team and young people are encouraged to ask questions. During the observation of five sessions however, only two sessions had feedback from the young people present. The questions asked by the young people are described below. Whilst this is not a verbatim account it does indicate the questions and the nature of the replies from Calton.

Feedback at Session One

Q1  How do you help someone who’s OD’d?
A  Sometimes you can’t. It’s not just through a needle that you can OD. You can OD with all sorts of drugs.

Q2  What do Calton recovery group do to help people?
A  We run a three month day programme and an on-going programme. Its something you need to work at. If not, you could slip back the way to a bad attitude.

Q3  What does your daughter think about your using? What would you do if she started to use?
A  We’ve spoken about it and she says she wouldn’t use, as she seen the state I got into. But if she got into trouble I’d take her to Calton Athletic, she seen that I could do it.
Feedback at Session Two

Q1 Did you use in prison?
A You can't keep a habit going in prison, it's bad enough outside.

Q2 Do you think Trainspotting glamorised drugs?
A We were in it - at the beginning, playing football.

Q3 Do you still get cravings?
A Not any more, I used to for a while, but not now.

Q4 How are things with your family now?
A OK, just about. But you are always building bridges.

Q5 What are DFs?
A They are an opiate based painkiller.

Q6 How did you recover?
A I just got to the stage where I couldn't continue, we call it your personal gutter.

Q7 Did you all spend time in prison?
A It goes with a drug addict's lifestyle.

Q8 Is a hit as good as an orgasm?
A That would depend on who the orgasm was with.

Q9 What about the rest of the people who stated using drugs at the same time as you?
A I am the only one not using drugs. A few have died, a few are in prison and a few are still using.

At the end of the session, it is a frequent occurrence for young people to approach the Calton members and shake their hand as they are leaving, in one school the team were given a round of applause.
Calton Athletic's Views

Introduction

This chapter is divided into three sections and describes the school team's views on drug education in general, their views on their contribution to drug education and their views on actual sessions.

Calton Athletic’s Views of Drug Education

Calton Athletic describe the school team as providing 'drug education which leans towards a prevention message'. Calton Athletic moved from providing support to recovering addicts, to become involved in prevention, because they believed that whilst 'you may be able to cure 100s: you can prevent 1000s'. Calton Athletic also wanted to actively oppose harm reduction as an appropriate message for young people receiving drug education. Calton Athletic, generally, hold the belief that they are experts in the drugs field.

*Calton are experts in drug abuse and addiction and everything about drugs.*
*(School team member)*

A number of the school team reported that their knowledge about other approaches to drug education was limited.

*I don’t know much about it. But there’s mixed messages out there. I believe it's harm reduction? There's no safe way to use drugs, because if there was, I'd have found it.*
*(School team worker)*

All reported an opposition to harm reduction as their personal experience did not square with the notion that risks associated with drugs may be minimised. It was argued that there is no safe way to use drugs and that to approach drug education from a harm reduction point of view was both confusing and contradictory.

The school team describe themselves as committed and concerned individuals who highly regard their work.
We are doing this for a purpose, we are passionate about it. It is something positive and we believe in it. (School team worker)

It is a really important job, we are the only organisation working for prevention and cure. (School team worker)

All our hearts in the right place, there is no hidden agenda. (School team worker)

Calton members reported that the main constraints to their work had to do with the level of external support. In part this referred to a perception that the level of financial support was less than it needed to be, given the importance of their work with young people. It was also noted that political obstacles had been placed in Calton's path which had limited their drug prevention work.

We get a lot more credibility out of Strathclyde. (than inside Strathclyde), it's political. (School team member)

We don't get co-operation from the education dept, it's political. It makes no difference to me, but it does make a difference to the kids in Glasgow. (CARG member)

(A local council official) sees us as a threat. (School team member)

We are stopped going into schools. (School team member)

I hope sooner, rather than later those people in higher positions have the courage to admit that what they've been focusing on hasn't made a bit of difference and that what we do works. (School team member)

It (harm reduction) keeps people in jobs, it suits them. Us - we do it as volunteers, who else would? (School team worker)
The main service developments identified by school team members centred on an increased exposure to young people, 'if they’re reachable: they’re teachable'. There were two main areas identified. Firstly, follow-up, in the form of return visits to schools, as well as individual sessions with young people. Secondly, the provision of diversionary activities for young people to get involved in, to steer them away from drug use.

Calton's Role in the Provision of Drug Education

The aims of Calton’s session are:

- to de glamorise drug abuse by portraying the harsh realities of what life is really like for a drug addict, and to create a climate among pupils where drug taking is viewed as behaviour they would \textit{voluntarily} reject.

- to make clear how young people can become victims of a drug progression - how dabbling in so-called soft drugs, such as cannabis, can progress to a dependency on other drugs.

- to give an understanding of how drugs inevitably rob you of all confidence, fun and excitement they initially seemed to give you.

- to provide a realisation of the dangers of HIV and Hepatitis C for anyone involved in alcohol or drug abuse, and to make pupils aware of recent research that shows an increase in permanent mental damage in users of ‘designer’ or ‘recreational’ drugs such as ecstasy and speed (uppers).

- to give an understanding of how drug addiction does not just affect the drug addict but has a profound effect on the whole family and community.

- to give an understanding that those who are in recovery from drug addiction will never ever fully recover.

- to give pupils the full picture of what drug abuse is really all about and where it will, sooner or later, take them all - no-one is different. This enables pupils to make an informed choice that they really do not want to take drugs.

Members of the school team argued that having experience of drugs and the drug scene, lent an enormous amount of credibility to the message they propagated. By being ‘the real thing’ young people took what they had to say seriously. Their personal histories give concrete evidence to how horrific drug addiction is and how difficult it is to extricate oneself once difficulties set in.
It comes from the heart, kids can spot a phoney. They know we are telling them the truth.
(School team worker)

They believed that where teachers were not present, young people would receive an increased benefit from their message. However, there was a simultaneous recognition that this created a situation where Calton had to be extremely careful and act correctly at all times.

One false move and they'd be on us like a ton of bricks. It's controversial enough, 'a bunch of recovering drug addicts going into schools'.
(School team member)

Members hone their personal testimony, for the workshop, by writing it down and fitting it into the structural account already identified. They will then practise speaking their story in front of peers and the school team co-ordinator. Once they feel confident, the worker will recount their personal testimony at schools. No formal skills are considered necessary. One person noted that no training was necessary to speak from personal experience.

I was low in confidence and I was helped by the talks, I came on so quickly with people hanging on your every word. There is no training needed. You're speaking from past experience. It's dead simple.
(School team worker)

Another argued that 'working the programme' was as much training as was required to work in the school team. Honesty was heralded as the important and necessary requirement. It was also pointed out by one school team member that should the school team undergo rigorous training, its impact would be lessened.

I don't want it to get too slick, or professional - cause then it would lose its raw honesty and it's essential to have that.
(School team member)

There were several ways in which Calton judged how well a session had gone. The first was the atmosphere and behaviour of those present. If there was absolute silence, no disruption and young people were engrossed, this meant young people were listening to what was being said.
If you observe the kids closely and watch their expressions you know they're absorbed and listening to what's being said.
(School team worker)

The second was feedback, the questions asked by the young people, following the session. Trust was identified as the basis upon which young people ask questions and trust was seen to be developed through Calton's own disclosures. Calton's questionnaires, filled in by young people at a Calton session, offered the school team another opportunity to judge how the session had gone. As part of this, young people gave information about their own drug use. This was seen as another indication of a level of trust having been achieved.

In order to gain information 'straight from the horse's mouth', it was seen as important that the young people ask questions. Calton employed a number of strategies to encourage young people to ask questions. The most commonly reported way to encourage young people to ask questions was to describe to them the difference between 'bottle' and 'courage': bottle being associated with bravado and peer pressure; courage being to stand tall and proud for oneself. A similar approach was described where Calton tried to encourage questions by talking to young people about their 'attitudes'.

They've all got attitudes - we talk about that and the penny soon drops.
(School team worker)

Another way which was seen to encourage young people to ask questions was to share more about their experiences of addiction. Another described an additional way to promote questions.

There's a few tricks you can use. If you say: only the lassies ask questions, you'll get hands up like that.
(School team worker).

Calton reported that problems during their sessions were negligible. More often than not, young people were very interested in what Calton had to say and they were treated with respect by young people.

Usually they're interested and curious. We get respect, we're not authority, so they're willing to listen.
(School team worker)
The main problems Calton identified were disruptive behaviour by young people. This was anticipated and dealt with speedily. If young people did not respond to being split up from one another, the next step was exclusion from the session.

_We split them up and don’t give them the opportunity, we clock the goon platoon. But we don’t have problems, you can hear a pin drop and that speaks volumes._

(School team worker)

_You threaten to exclude them. There’s a clown in every class - that was me, as well. You’ve got to show them up for what they are, they don’t like to stand out like sore thumbs. It stops being funny then._

(School team worker)

On occasion, young people could be deliberately challenging and could ask controversial questions, for example about the legalisation of cannabis. Calton’s response to this type of question is that cannabis should not be legalised and if it was, it should remain out of the hands of young people. The reason given to young people for this stance, is that cannabis was their particular introduction into drug use. Therefore, Calton would not advocate legalisation. It was argued by one school team member that young people’s drug use has to be seen in the context of the desire to get stoned and that drug use leads to tolerance, which might mean that more drugs will be used, or more powerful drugs will be used. It was also argued that use of cannabis is a precursor to other drug use.

Calton felt that it would be extremely unlikely that they would not be able to answer the questions of young people. If, however, this were to occur this would be explained and an attempt to find out the answer would be made.

_I’d be surprised. I’d need to find out. If I didn’t know the answer they (young people) would say, ‘bullshit’. I’d be worried and my boss would be worried!_

(School team worker)

_Any snide excuses and they’ll home in, they’re looking for a chink in the armour._

(School team worker)
Summary

There are several issues which become apparent in this chapter. Clearly, Calton are committed to their work and have a strong belief that their input into schools is effective. This belief is not based on a rigorous outcome evaluation of their work but upon Calton’s own perception of how young people respond to the session, combined with the information they gather through their questionnaires. As will be discussed in Chapter 5, the current design of the questionnaire means that the data collected must be viewed with caution. Although, Calton view themselves as experts within the drugs field, school team members reported that their knowledge about other approaches to drug education was limited. The nature of Calton’s expertise then is very much tied up with their personal experience.

From the description of the structure of a session, it becomes clear that Calton’s focus is a presentation/lecture style. Interaction, although viewed as important by Calton, is a secondary consideration, depending on the time available. Therefore, the scope for young people to disclose information is limited and so the need for sessions which are ‘confidential’, that is, without teaching staff, is not obvious. There is a recognition, amongst the school team, that the current practice of teachers being absent places them in a precarious position. This is because ‘one false move’ could result in their access to young people being with-held. This seems an unnecessary risk for Calton Athletic given that there does not appear to be a clear need for this practice in the first place. The current practice would appear to be premised almost entirely on an assumption that “nothing will go wrong”. However in the event even of an allegation that some untoward occurrence had taken place, weaknesses of the current arrangement would become all too apparent. In the absence of the class teacher it would be impossible to seek the views of a third party; in effect one would have to rely upon an account of what had happened from either the young people or from Calton staff members themselves. As a result it would be unlikely that any allegations, whether factual or fictitious, could be fully countered.
Introduction

This chapter describes young people’s views on drug education and Calton Athletic’s sessions: the content and approach and Calton’s status as recovering drug addicts. The second section presents an analysis of the data from the random selection of 600 Calton Athletic’s questionnaires, completed by young people at a Calton session. This chapter also contains an assessment of the questionnaire which Calton are using to determine the effectiveness of their sessions.

Drug Education

All of the young people interviewed had participated in some form of drug education at school prior to Calton Athletic’s session. This had usually occurred in a personal and social education slot. Although, all of the young people reported receiving information about the types of drugs and their effects, there was a good deal of criticism of the education provision in relation to drug misuse which they had received to date.

A few discussions in S.E. Basically, the effects of drugs - nothing.
(5th year female)

Some pupils felt that the drug education at school was limited and one-sided, with a blatant anti-drug message.

We’re told they’re bad and to stay away from them.
(5th year female)

There’s not much of both sides of the story, not the good side.
(5th year female)

You get the negative view. No-one takes much notice
(6th year male)

Relatively few young people said that they talked about drugs at home with their parents. Some did not give any specific
reason for this, others believed that their parents did not know much about drugs.

*Mum wouldn't know what hash is, if she saw it. She knows nothing.*
*(5th year female)*

One young person thought that there was no point in talking to her parents about drugs because her parents were not going to give permission to take drugs. Another distinguished between talking about drugs in general terms and discussing drugs in relation to himself.

*I might ask about the situational effects of drugs but I am not going to ask: can I take them?*  
*(3rd year male)*

Those young people who discussed drugs with their parents believed that their parents were opposed to drug use. The same was true of other family members.

*My brothers would give me a kicking.*  
*(6th year female)*

However, one young person perceived that his parents were in favour of the legalisation of cannabis, although they were against drugs more generally.

*They say, don't do it, but they realise it's ruining a lot of people's lives - how people are getting jailed for nonsense - getting caught with hash and can't get a job. They think it should be legalised.*  
*(5th year male)*

Although most young people did not indicate whether, or not, they were happy to discuss drug-related issues with their parents, one individual stressed that he did not wish to discuss drugs with his parents as he believed they were prone to prying.

*I don't like to talk about it cause I know they're trying to get something out of me.*  
*(5th year male)*

Another young person stated that her conversations about drugs with her parents involved her telling her parents that she was ignorant about drugs and drug use. This, she felt, reassured her parents.
You just start saying things you know your Mum and Dad want to hear, like I don't know about drugs, nobody's ever offered me drugs.
(5th year female)

Calton's Session

All of the young people interviewed were very positive about Calton's session and were particularly enthusiastic about the fact that Calton were ex-drug users. Calton were seen as very credible and knowledgeable as a result of their own personal experience with drugs.

They know what they're talking about.
(5th year male)

According to one young person, previous experience was important in relation to knowledge, but also because it meant having a better understanding of the circumstances and experience of young people in relation to drugs.

Folk who've been through it, had the experience, understand it a bit better.
(5th year male)

Another young person believed that drug users who had not been addicted could provide a credible source of information.

Maybe not ex-users, like them, who were all kinda heavy. Just people who were on it and then weren't. They'd do all right as well, cause they can tell you about all that. Not that extreme, cause there's not that many people who are in that extreme way. You need people who are at a lower level.
(5th year male)

Several young people highlighted the benefits of Calton being non-teaching staff. Many of the young people seemed to regard teachers as rather boring and ill informed about drug-related issues. The mere fact that Calton came from outside the school made some young people take more notice of what they had to say.

With strangers, you need to give them a chance.
(3rd year female)

One young person, reported that she had felt both surprised and rather intimidated by what she described as the rather aggressive style of one of the Calton staff.
One of them (Calton) was quite sharp. When we didn’t ask questions, they said ‘was it a waste of time us coming?’ I was then too scared to ask them anything directly. I didn’t expect them to act like that and I didn’t know when one (of Calton) might just snap at us.
(5th year female)

A number of young people approached the session with positive expectations because of comments made by peers who had already seen Calton. Not all such expectations had to do with the session itself; two female pupils for example had been told by their friends to look out for a number of men in Calton who were seen to be particularly attractive.

All of the young people believed that Calton’s message was intended to discourage drug use. A smaller number of young people thought that Calton were promoting choice about drug use.

What they say is: here’s what drugs can do, it’s your choice.
(5th year male)

If you still haven’t got the message after that, nothing’ll work.
(5th year male)

It was weird: at one time they were like us, then they were messed up, now they’re back to normal. So, there must be something up with drugs.
(6th year, male)

Only one young person thought that Calton’s message was deliberately frightening.

They scare you into not taking them, that’s how it came across to me. They say that if you smoke hash, you’ll progress onto other drugs.
(5th year female)
A few young people felt Calton were presenting a realistic picture of what would happen to them if they used drugs.

_You’ll not just start off and use the same. It is going to progress, whether you like it or not, because of your tolerance level. And once you're hooked, it's no just affecting you, it's affecting everyone round about you, as well._

_(5th year male)_

Many of the young people believed that the knowledge they had gained from Calton’s session would prove useful. A few young people drew attention to information about tolerance and how this inevitably increased if any drug is used on a regular basis. One young person believed that this would be a very important piece of information to use when trying to dissuade other friends from taking drugs.

_I didn't know about that. It was good to know, now I can argue about it with my friends._

_(5th year female)_

One young person drew attention to information which he thought should have been addressed in Calton’s session. This related to the way people use drugs in different contexts and to different ends.

_A lot of people don’t take drugs they were talking about - the dance drugs - they might just be sitting in and taking hash, or acid. That doesn't mean you'll need to get more and more._

_(5th year male)_

Similarly, another young person felt that Calton did not talk about people who seem to manage their drug use and do not get into serious difficulties.

_They’re taking a lot. They were saying that they were taking a power of it. If you do that with anything you're gonnae end up like that. They didn't really tell you about a lot of people who do take them who don't take them like that._

_(5th year male)_

A few young people argued that the predominance of working class individuals within the Calton team could alienate young people from hearing Calton's message.
I'm not one of them, I don't come from a scheme. (5th year male)

One young person argued that the presence of a nurse in the team showed that people from all social backgrounds were affected by drug addiction and that the end result was similar.

The nurse showed a different side: he had hope, but he still got involved. (5th year female)

The details of the stories told by Calton seemed to have the most memorable impact on young people. Several young people highlighted the impact on the lives of those who had become addicted. Some young people were more influenced by the honest and open way Calton conducted their presentation.

Most of the young people reported that they had understood everything in the session and that the information was pitched at the right level. One young person wanted to know more about how the members of Calton had actually reached the point they were presently at, as well as the process of recovery itself. Several had not heard of the diseases which were mentioned, especially Hepatitis C. One young person drew attention to information which he considered out of date.

Them starting out on solvents. See, the older generation, they were all into glue. That's gone, cause people were just choking on it, and dying. (5th year male)

A number of young people felt that the description of how drugs had affected those at Calton was very relevant to themselves. One young person argued that it was not possible to foresee the future and so it was important to keep an open mind about the information given. The description of how easy it had been to slip into addiction was seen as very important, as was tolerance. Additionally, some of the young people noted that Calton's account of moving from one drug to another mirrored what they had witnessed, either first-hand or through their friends information about drugs.

My friends started smoking, then moved onto 'e. (6th year female)

Others were surprised that the first drug used by many Calton members was alcohol.
I wouldn't have thought that having a drink could lead onto heroin; they showed it could.  
(5th year male)

Some young people felt that the information given by Calton was not personally relevant. Two young people argued this because they were and always had been vehemently opposed to drug use.

*Mum has warned me and they've never appealed. But it was interesting and helpful. It was relevant to others taking them.*  
(5th year female)

Others felt that their personal experience of drug use did not correspond to the description offered by Calton. In particular, the 'natural progression of drugs', for example, from cannabis to injecting heroin.

*If I smoked hash, right, i just pure know that i'll never jag myself.*  
(5th year female)

*I don't think that hash necessarily leads to harder stuff. Hash is easy to get, that's why they started on it.*  
(5th year male)

Most young people felt that Calton's session had made them reluctant to use drugs at all. Frequently, this reinforced a pre-existing negative attitude towards drug use.

*I don't want to take drugs, I thought that before. Now I definitely wouldn't - Calton's talk added to that.*  
(5th year female)

The session also seemed to affect those young people who had a less emphatic position on drug use previously. After the session, they reported being confident that they were no longer interested in drugs, of any kind.

*I wasn't sure about whether to take drugs or not (I mean hash, I knew I didn't want to take e). I was offered it (hash) at a party at the weekend and I refused it. Well, it had messed up their lives and I don't want to do this to myself. I don't know what I would've done if Calton hadn't spoken.*  
(5th year female)
A few young people felt that whilst the session could raise awareness of the possible consequences of drug use, it had no direct impact on their own personal attitude, or intentions.

*I've taken drugs and I'll take them again. I've not changed my opinion - if you're gonnae take them it makes you more aware.*
(5th year male)

A few young people noted that it was their attitude towards drug users, not drug use, that had been affected by Calton's session. Whereas previously, they had seen 'junkies' as depraved and unacceptable people, a few reported a newfound compassion for the predicament of the 'junkie'. For a few of the young people, it was the first direct contact with someone who had experienced addiction.

*It gave me more compassion, it could be a friend or anyone.*
(6th year male)

*Once you got talking to them, you felt like they were your pals.*
(5th year male)

*Drug user is just a term, but to see real people - you think, that could be me, it could be anyone.*
(5th year male)

**Calton Athletic's Questionnaire**

As part of this evaluation, Calton Athletic made approximately 2,200 completed questionnaires available for assessment. These questionnaires were completed by both primary and secondary school pupils at Calton' sessions. From these, a total of 600 completed questionnaires completed by S4 an dS5 classes were selected at random from pupils attending 6 schools from 6 different local authorities.

In the following two sections we present an analysis of selected results from the questionnaire and a critical assessment of the questionnaire itself.
Selected results from Calton Questionnaire

Sex of young person

- not stated: 0.8%
- female: 51.7%
- male: 47.5%

Percentage of pupils offered drugs

- not offered drugs: 32.4%
- offered drugs: 66.9%
- Missing: 0.7%

284 (47.5%) of the young people were male and 311 (51.7%) were female.

401 (66.9%) of the young people had been offered drugs.
Percentage of pupils tried drugs

- Never tried drugs: 47.5%
- Tried drugs: 51.0%
- Missing: 1.5%

305 (51.0%) of the pupils reported having tried drugs

Male drug use

- Never tried drugs: 43.7%
- Ever tried drugs: 56.3%

56.3% of males reported having tried drugs compared to 47.9% of females:
Drugs Used

Table 1 below presents data relating to the types, and frequency, of substances used by those who claimed to have tried a drug in the previous question. All figures represent percentages of the sample surveyed.

Table 1: Frequency of drugs used (including solvents) by sample group.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Never used</th>
<th>Used once</th>
<th>Use occas'ly</th>
<th>Use monthly</th>
<th>Use weekly</th>
<th>&quot;More often&quot;</th>
<th>Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solvents</td>
<td>86.8</td>
<td>8.5</td>
<td>4.5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Cannabis</td>
<td>50.5</td>
<td>11.3</td>
<td>20.5</td>
<td>5.5</td>
<td>4.7</td>
<td>7.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>85.5</td>
<td>7.3</td>
<td>5</td>
<td>0.5</td>
<td>0.8</td>
<td>0.7</td>
<td>0.2</td>
</tr>
<tr>
<td>LSD</td>
<td>90.8</td>
<td>4.3</td>
<td>3.7</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>89.3</td>
<td>8.2</td>
<td>2.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>93.2</td>
<td>5.2</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Valium</td>
<td>96.3</td>
<td>2.2</td>
<td>1.2</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Temazepam</td>
<td>91.8</td>
<td>5.8</td>
<td>1.7</td>
<td>0.2</td>
<td>0</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Temgesic</td>
<td>98.8</td>
<td>0.7</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>DF118</td>
<td>97.8</td>
<td>1.2</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Heroin</td>
<td>99.7</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>99.2</td>
<td>0.5</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>Methadone</td>
<td>99.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.2</td>
</tr>
</tbody>
</table>
From this table it can be seen that:

- There is a great deal of experimentation with all drugs, including solvents, amongst those that claimed to have used a specific substance at least once.
- Cannabis, solvents, magic mushrooms and amphetamines are the substances reported to have been used once with the greatest frequency.
- The use of cannabis was reported as being used more frequently than any other drug, with 7.3% (n = 44) using this “more often” (than once a week)
- Other than cannabis, the most frequently used drugs on an “occasional” basis were amphetamines, solvents and LSD.
- The lifetime and occasional use of prescription drugs was reported as being very low.
- Of the entire sample, 27.6% (n = 165) young people reported the use of more than one drug, on at least one occasion.

Possible Impact of Calton Session

*If you have tried drugs, do you think you would still have tried them if you had heard these workshops first?*

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>103</td>
<td>17.2</td>
</tr>
<tr>
<td>No</td>
<td>175</td>
<td>29.1</td>
</tr>
<tr>
<td>Does not apply</td>
<td>236</td>
<td>39.3</td>
</tr>
<tr>
<td>Unspecified</td>
<td>86</td>
<td>14.4</td>
</tr>
</tbody>
</table>

‘Does not apply’ refers to the respondent having never used any drug, whereas ‘unspecified’ refers to the question remaining unanswered by the respondent.

Although the majority of users said that they would not have tried a drug having previously heard the Calton Athletic presentation, it should also be noted that a substantial number of respondents failed to answer the question (i.e. 14.4%). Had these individuals answered the question, the results may have been significantly different.
The extent to which the Young People’s Views Have Changed on Hearing Calton Session:

Respondents were asked to tick the most appropriate answer to this question. A choice of three answers were given, and were as follows:

a) Yes, I will not take drugs again.
b) No, I will continue to use drugs.
c) No, I still won’t use drugs.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>205</td>
<td>34.3</td>
</tr>
<tr>
<td>b)</td>
<td>68</td>
<td>11.4</td>
</tr>
<tr>
<td>c)</td>
<td>288</td>
<td>48.2</td>
</tr>
<tr>
<td>Missing</td>
<td>39</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Of the 68 individuals that stated they would continue to use drugs, 47 (69.1% of this group) can be classed as poly-drug users, using a variety of substances on a ‘more than once’ basis. (Of these, 33 were male and 14 were female)

Provision of Drug Education

Who do you think are the best people to educate young people on the subject of drugs?

Respondents were then presented with a list of suggestions, and asked to tick the appropriate box. The suggestions were; parents, police, teachers, recovering drug addicts, doctors, friends and other.

95.8% (n=573) stated that recovering drug addicts were either exclusively the best people to provide drugs education, or felt they could assist parents, friends or the police in this area (i.e. respondents provided several answers to the question). Only 4.2% (n=27) of the sample suggested that drugs education should not be given exclusively by, or include, recovering drug addicts. Of the 573 individuals making such a recommendation, 294 had tried a drug and 154 were defined as poly-drug users.
Critical Assessment of the Calton Questionnaires

Calton use separate questionnaires for primary and secondary schools. A copy of the questionnaires can be found in Appendix III and IV. The questionnaires appear to serve two functions; 1) to chart drug use prevalence and 2) to measure the effectiveness of the session. Both questionnaires have two parts. Part One of the questionnaire is completed by young people prior to hearing the workshops. The questions in this section attempt to chart the prevalence of young people’s drug use. Part Two of the questionnaire is completed after hearing the workshops and the questions are focused upon the effectiveness of the various presentations, and if children’s’ attitudes towards drug use have changed as a result.

During the analysis of Calton’s questionnaires a number of design faults were identified; we outline the key problems below:

**Limited range of responses**

Throughout the Calton Athletic questionnaire, respondents are asked to complete a number of closed questions by ringing an appropriate answer (i.e. a variable) to the question asked. The variables used in specific questions are limiting and do not provide a sufficiently broad range of responses. There is little room for any doubt on the respondent’s behalf, and this could have been overcome with the inclusion of options such as ‘Don’t Know’, ‘Not Sure’ or ‘None of the Above’.

In most cases the options listed within questions are not prioritised. Where questions involve multiple choice answers, respondents should be asked to prioritise their responses, (e.g. 1 = most impact, 6 = least impact). A series of ticked boxes does not provide an adequate indicator of the most influential aspect of those variables cited.

| Q3: Have you ever tried drugs | YES/NO: |
If respondents answer positively to this question, they are directed to a grid listing 13 drugs and asked to tick the appropriate box that relates to the frequency of the drug used. The variables used in this frequency check are “once”, “occasionally”, “once a month”, “once a week” and “more often”. These variables are not appropriate in determining the frequency of a respondents drug use, particularly if responding with the answers “occasionally” and/or “more often”. These variables do not provide a suitable quantitative understanding of the actual time scale involved, and should be much more rigid and self explanatory. A recommendation for improving this question would be for Calton Athletic to refer to previously validated questionnaires used in large scale drug surveys, that have been designed by professional researchers. For example, the following question was used in a recent drugs survey among schoolchildren in Dundee.

Q66: Have you tried any of these drugs? If you ever have, then circle when you last took each of the ones you have tried. If you have not then circle never taken for each.

\text{e.g.}

\begin{itemize}
  \item cannabis
  \item in the
  \item in the
  \item in the
  \item more than
  \item never
  \item (dope, hash, last week, last month, last year, a year, taken grass)
\end{itemize}

(Source: Bamard, M., & Forsyth, A., 1996)

The design and construction of the above question provides a more reliable and comprehensive answer concerning the frequency of individual drug use than that currently used in the Calton Athletic questionnaire, with the subsequent answers being more certain than those for the variables “occasionally” and “more often”.

\begin{itemize}
  \item Q16: Who do you think are the best people to educate young people on the subject of drugs
  \begin{itemize}
    \item Parents
    \item Police
    \item Teachers
    \item Recovering Drug Addicts
    \item Doctors
    \item Friends
    \item Other, please state
  \end{itemize}
\end{itemize}
The choice of variables offered in this question should be prioritised by individuals completing the questionnaire. In doing this, any confusion created by multiple responses would be eliminated, and Calton Athletic would have a greater appreciation of who the respondents felt were the most efficacious in providing drugs education. A preferable formulation of this question is used in the Scottish Crime Survey:

*Please show how much you have learned about drugs from each of the people or things in the list below. Please tick one box for each, to show whether you have learned a lot, a little or nothing at all.*

Please tick one for each

<table>
<thead>
<tr>
<th></th>
<th>Learned a lot</th>
<th>Learned a little</th>
<th>Learned nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your brothers or sisters</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Friends your own age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Friends older than you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Police Officers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teachers at School</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>TV Programmes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Newspapers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Magazines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Doctors or nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Posters in public places</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone/something else</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(Please write in)

The inclusion of *recovering drug addict* or Calton Athletic could be accommodated into a question designed such as the above, and overall would provide a greater understanding of young peoples' views on drugs education.

**Leading Questions**

The questionnaires include a number of questions that are loaded in their structure and design in the sense that they suggests a particular response in their formulation, for example:
Q9: Do you think using drugs is acceptable. YES/NO

An alternative and preferable formulation to use would be the following:

QXX: Please tick the appropriate boxes to the following statements regarding drug use.

<table>
<thead>
<tr>
<th>acceptable</th>
<th>unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think drug use amongst friends is</td>
<td>☐</td>
</tr>
<tr>
<td>I think drug use at work is</td>
<td>☐</td>
</tr>
<tr>
<td>I think drug use in my own house is</td>
<td>☐</td>
</tr>
<tr>
<td>I think drug use by my parents is</td>
<td>☐</td>
</tr>
<tr>
<td>I think drug use at parties is</td>
<td>☐</td>
</tr>
<tr>
<td>I think drug use in school is etc.</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other examples of leading questions in the Calton questionnaire include the following:

Q10: Have the workshops increased your knowledge of drugs YES/NO

This question places too much emphasis on a Yes or No, again the variables provided do not allow for any uncertainty. This question could be reworded to read as:

QY: Have the workshops increased your awareness of drug issues?

<table>
<thead>
<tr>
<th></th>
<th>go to QYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
</tr>
<tr>
<td>Don't Know</td>
<td>☐</td>
</tr>
</tbody>
</table>
QYY: What aspect of the workshops improved your awareness of drug issues? (please prioritise if answering more than one suggestion: 1 = greatest impact, 7 = least impact)

  e.g.
  the effects of drugs upon families
  the effects of drugs on the mind
  the effects of different drugs
  the effects of drugs upon relationships
  the different ways of taking drugs
  that drugs have positive effects
  that drugs have negative effects

The Use of Factual and Non-factual Questions

The Calton Athletic questionnaire includes the use of factual and non-factual questions. Part One of the questionnaire is based upon factual questions such as: Age?, Male/Female? Whereas Part Two is largely focused upon non-factual questions which ask respondents to assess hypothetical situations, for example:

Q13: If you have tried drugs, do you think that you would still have tried them if you had heard these workshops first

   YES/NO/DOES NOT APPLY

This question is asking the individual to perform a complex mental process that entails not only of reflecting upon a past event but of inserting the recently experienced Calton session into their past such that they are then required to consider whether they would still have gone on to use drugs even with their newly acquired experience of a Calton session.

Rationale for the inclusion of Questions

There are a number of questions that appear to serve no purpose to the survey, as the results obtained have little or no significance. For example:

Q5: Have you ever drank alcohol
   If yes, how often

   YES/NO
The purpose of this question is not clear. The focus of the session is drugs and whilst one might argue that alcohol should be included in such a discussion, the need for a separate question is not clear. If the prevalence of alcohol use is deemed an appropriate line of inquiry, then it would perhaps be better placed in a general question about substance use, to include alcohol and drug use.

Q8: Have you ever taken drugs in school YES/NO

The purpose of this question is not altogether clear. Why is it of particular interest whether drugs are being used at school? What this result would mean is not necessarily clear. Another formulation might be:

QX: If you have tried a drug (or drugs), where did you use this (or them)? (Please prioritise your answer: 1 = most often, 5 = least often, 9 = never used at this location)

At school ☐
At home ☐
At a friend's house ☐
At a disco/night-club ☐
On the street ☐
Other (please specify)..........................

Q14: Do you now realise that regular drug use leads to ADDICTION. YES/NO

The reason for asking this question is not entirely clear. As noted earlier, the use of terms like "regular", as with "occasional" should be avoided. Another concern is the inclusion of the word ADDICTION in upper case, capital, letters which introduces an element of fear to the questionnaire, and requires an appropriate attitude response by the respondent.
A subtler means of obtaining value-related data should be introduced to the questionnaire. A question used by the Central Research Office (Scottish Office) in their Scottish Crime Survey (1996) attempts to obtain value related data, and would serve as a suitable model for Calton Athletic. A list of 5 statements relating to drugs are provided in total, one excerpt has been used as an example and reads as follows:

*Below are some things which some people have said about drugs. Please tick one box for each thing to show how much you agree or disagree with it.*

**Injecting drugs is very dangerous:**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Disagree</th>
<th>Not</th>
<th>Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a lot</td>
<td>a little</td>
<td>a little</td>
<td>a lot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions concerned with addiction should be approached in a similar manner, and could easily be incorporated into a question designed similarly to that above.

**Calton Athletic Primary School Questionnaire**

Generally, the same design faults noted previously, apply to this questionnaire. However, there is additional concern that questions in this questionnaire are more sophisticated and cognitively more complex than those used in secondary schools. Because of this, and because the answers are being provided by children aged under 11 years of age, the subsequent results must be treated with a degree of caution.

Question 8, of the primary school questionnaire, asks very young people to answer a question concerned with the concept of “peer pressure”. This question assumes a knowledge of a concept, that is probably non-existent amongst primary school pupils. Similarly, Question 15 asks primary pupils to describe in their “own words” what they understand by “Peer Pressure”, “Tolerance Levels” and a “Natural Progression of Drugs”. These are demanding questions for such young people and it is unlikely that the answers given will be their “own words” as these concepts will have been introduced to young people during Calton’s session.
Finally, Question 17 asks children if they thought "it was good that there were no teachers in the room" during the Calton Athletic workshops. The primary school children are also asked to justify and explain their answer. The overall relevance of the questions remains unclear.

In summary, there are a number of design faults in Calton's questionnaires which severely limit its capacity either to provide accurate information on the prevalence of drug misuse amongst young people or assess the effectiveness of the Calton session.

Summary

In this chapter, it is apparent that young people were enthusiastic about receiving a presentation from recovering drug addicts, who had personal experience of addiction. In spite of this, there was a recognition that the individuals involved represented a certain type of drug user and did not represent everyone who has used, or uses, drugs. The absence of teaching staff was not an issue which young people appeared to place importance on.

For those young people who did not intend to use drugs the Calton session did not appear to have had a significant impact on their intention. A minority of individuals who stated that they had begun to use drugs pointed out that they would continue with such use despite having heard the Calton session. A significant number of young people, however, concluded that having heard the session they would not themselves go on to use drugs.
The Parents' Views

Introduction

This chapter outlines parents' views on drug education and Calton Athletic's provision. The first section is based on interviews with parents, some of whom had seen Calton's session and others who had not. The second section discusses the results of a survey conducted with parents for this evaluation.

Drug Education

Some parents did not discuss the issue of drugs at home with their children. Others did, but acknowledged that discussions in the home were restrained.

_We might say: this is bad, do not do this._
_The opportunity for interchange is limited._
_(Mother, Lanarkshire)_

A minority of parents discussed drug-related issues with their children in some depth.

Drug education was however regarded by parents as essential. The majority of parents expected the school to take the lead in providing drug education for young people and were very happy that schools were doing so. Parents, generally, felt that this was an area where they had little expertise.

_I couldn't tell you one drug from another. I'm totally ignorant in this respect._
_(Father, Lanarkshire)_

_I don't know a lot about drugs, the ostrich syndrome, no doubt._
_(Mother, Lanarkshire)_

Whilst parents thought that young people needed information about the effects of drugs, it was generally believed that not enough information was available. On the whole, parents wanted schools to indicate a clear opposition to drug use.
within drug education and there were several approaches which parents felt could communicate this message. Focusing on the negative consequences of drug use was seen as one way of ensuring that young people would understand why it was important to avoid drug use; a simple message of ‘don’t do it’ would be another way.

The majority of parents viewed ex-users’ role within drug education as positive. This was based on ex-users’ previous experience of drugs and the drug culture.

*Of all the people, they would carry the most weight. They’ve lived through it and know. Young people would appreciate that.*  
(Mother, Lanarkshire)

There were some qualifications regarding the overall value of ex-users’ involvement in the provision of drug education for young people. One parent was concerned a young person would not quite understand what the problem was.

*She’s sitting there. She’s used them and she’s OK.*  
(Mother, Lanarkshire)

The same parent had raised this issue with Calton and did not feel that their answer was sufficiently reassuring. Nevertheless, she was convinced that Calton would not actively encourage drug use.

*Their people know exactly what its like, they are not going to be sitting there saying, ‘brilliant.*  
(Mother, Lanarkshire)

A small number of parents felt it would be important to establish whether ex-drug users providing drug education were actually drug-free.

*As long as they are recovering and dedicated; not half and half and only doing it to make them look better. They need to be checked out and checked up on.*  
(Mother, Glasgow)

They need to be 100% clean. They can’t preach the evils, if they are doing it themselves.  
(Father, Lanarkshire)
Not all parents, however, regarded it as essential that individuals providing drug education should be drug free themselves.

There are people who will use drugs, like say hash which has not been proven to do any more harm than cigarettes, or coffee. I'd be a bit more worried if they were heroin users.
(Mother, Lanarkshire)

The preference expressed by Calton that teachers are not present at their session was discussed by parents. All parents felt that young people might be inhibited if teachers were present. This seemed to be premised on the assumption that young people would be disclosing information relating to their own possible drug use and other sensitive matters.

It means that they can speak freely, without a person of authority there. They can speak with ease; it also allows Calton a degree of freedom.
(Mother, Lanarkshire)

One parent, a teacher herself, wondered how the class teacher, if not present at the session, could be clear about the information given to young people. Of those parents who had attended a parents’ session, all hoped that the session with Calton would encourage their child not to use drugs. Parents hoped that by hearing the personal experiences of Calton, their child would understand that drug addiction was an experience best avoided.

Hopefully, he'd get out of it exactly what I got out of it, my eyes opened wide, and he'd think: no way, I'm not sitting there, like that fella.
(Mother, Lanarkshire)

I hope it would make them realise drugs are not a thing to be messed about with.
(Mother, Lanarkshire)

Most parents had some discussion with their children about Calton's session. Two parents discussed it in depth. These were the parents who described themselves as having had a higher than average knowledge of drug-related issues. Both approved of what their children reported about the session. One had seen the handouts which had been given to his daughter and agreed with the content. Parents who had been
to a Calton session themselves, were also keen to discuss the session with their children.

The overall impression that the parents had of Calton's input was positive. Only one parent who had seen Calton felt that they had not sufficiently emphasised the problems caused by drugs.

Results of the Questionnaire

In order to obtain a broader range of views, parents attending a Calton session were asked to complete a questionnaire designed by the research team (n=26). In addition, 100 questionnaires were sent to one of the schools Calton had recently worked within with the request that school staff pass the questionnaires to parents via those pupils who had attended a Calton session (n=39). In this way we sought to obtain the views of parents who had not attended a Calton session. The results of the questionnaire are summarised below:

**Question 1**
How important do you feel it is to provide drug education to young people?
- very important 93.8% (61)
- important 6.2% (4)
- not particularly important
- unimportant

**Question 2**
Who should have the main responsibility for providing drug education?
- parents 56.9% (37)
- teachers 15.4% (10)
- police 3.1% (2)
- medically trained staff 10.8% (7)
- other 13.8% (9)
**Question 3**
Do you think that there is a particular role for ex-drug users in educating young people about drug misuse?

- yes 96.90% (63)
- no 1.55% (1)
- don't know 1.55% (1)

**Question 4**
How important would you feel it is that such individuals should have ceased their drug use entirely?

- very important 80.0% (52)
- important 15.4% (10)
- not particularly important 4.6% (3)
- unimportant

**Question 5**
Do you feel that a recovering drug addict who may from time to time still be using drugs can still provide valuable information to school children?

- yes 40.0% (26)
- no 36.9% (24)
- don't know 23.1% (15)

**Question 6**
Some say that if young people are going to use drugs, they should be advised of the means whereby they can do it with minimum harm. This approach has been called harm reduction. Do you feel that such an approach should be part of drug education within school?

- yes 12.3% (8)
- no 78.5% (51)
- don't know 9.2% (6)

**Question 7**
Do you feel comfortable discussing the topic of drugs with your children?

- yes 90.8% (59)
- no 9.2% (6)
- don't know
**Question 8**  
Do you feel that you would like to be more involved in providing drug education to your children?  

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>yes</td>
<td>66.2% (43)</td>
</tr>
<tr>
<td>no</td>
<td>24.6% (16)</td>
</tr>
<tr>
<td>don't know</td>
<td>9.2% (6)</td>
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</table>

**Question 9**  
In your estimation, what percentage of 15 -16 year olds, in your area, do you think would have used illegal drugs on at least one occasion?  

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<tbody>
<tr>
<td>10% or under</td>
<td>13.8% (9)</td>
</tr>
<tr>
<td>20%</td>
<td>13.8% (9)</td>
</tr>
<tr>
<td>30%</td>
<td>26.2% (17)</td>
</tr>
<tr>
<td>40%</td>
<td>20.0% (13)</td>
</tr>
<tr>
<td>50% or above</td>
<td>26.2% (17)</td>
</tr>
</tbody>
</table>

**Question 10**  
Do you think that drug education can reduce the numbers of young people using illegal drugs?  

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>81.5% (53)</td>
</tr>
<tr>
<td>no</td>
<td>10.8% (7)</td>
</tr>
<tr>
<td>don’t know</td>
<td>7.7% (5)</td>
</tr>
</tbody>
</table>

**Question 11**  
What is the youngest age at which you would be happy for your child to receive drug education from a group such as Calton Athletic?  

The youngest age stated is 6. The oldest was 15. The mean age overall is 10.4.

**Question 12 (to those who had attended a Calton parents’ session)**  
What was the main benefit of attending the Calton Athletic session?  

The main areas that were mentioned in this section fell into two categories: about the group themselves; their experience and knowledge of the drug scene, the stories about what had happened to them and their authenticity, directness and honesty. The other category was the information given at the session, in particular what to look out for as parents.
Question 12 (II - to those parents who had not attended a Calton parents’ session)
Did you discuss the session that Calton Athletic provided with your child?

yes 74.4% (29)
no 25.6% (10)
don’t know

All parents who had spoken with their children reported that Calton’s message was, do not try drugs because they ruin lives and destroy families.

Question 13
Would you feel happy knowing that Calton Athletic were providing drug education sessions within your child’s school?

yes 95.4% (62)
no 1.5% ( 1)
don’t know 3.1% ( 2)

Question 14
Do you have any reservations at all about the involvement of ex-drug users in the provision of drug education to young people?

yes 23.1% (15)
no 72.3% (47)
don’t know 4.6% ( 3)

The reservations expressed concerned:

Information given cited by 2 parents
Unsuitable role model cited by 4 parents
Appropriately vetted cited by 5 parents
Drug free cited by 3 parents
Stimulate interest in drugs cited by 1 parent

All parents believed that drug education was important, and 93.8% believed that it was very important. Parents saw themselves as having the primary responsibility for providing it, with teachers having a secondary responsibility. This finding conflicts with the qualitative data. Most parents
thought that ex-drug users could have a particular role, within
drug education, with only one believing that there no role for
ex-users.

Most parents thought that, if ex-users were involved in drug
education, it would be important that such individuals should
have ceased their drug use entirely, 80% of whom viewed it as
very important. Only 4.6% thought it was not particularly
important that ex-drug users providing drug education would
be entirely drug free. There was no clear opinion on whether
or not those who used on an intermittent basis could be
involved in the provision of drug education. Of those who had
been at Calton’s presentation, 42.3% (n=11) were unsure
about whether or not someone using could have valuable
information to give to young people. Of those who had not
been at Calton’s presentation, 51.2% (n=20) were more sure
that those who may be using from time to time still had a
valuable message for young people.

With regard to harm reduction, the majority of parents did not
believe this was a suitable approach for young people. None
of those who had been at Calton’s session thought harm
reduction was a suitable approach, whereas 20.5% (n=8) of
those parents who had not been at Calton’s session thought it
could be.

The majority of parents reported feeling comfortable
discussing the topic of drugs with their children, only 9.2%
reported not feeling comfortable. The majority of parents,
66.2%, reported a desire to be more involved in the provision
of drug education to their children. The majority of parents
estimated the percentage of 15 - 16 year olds, in their area,
who have used illegal drugs at least once, to be approximately
50%, or above. In a recent survey of schoolchildren’s drug
use, by age 15 - 16, 56.7% of young people reported having
used on at least one occasion (Barnard et al: 1996). It would
seem therefore that the parents probably had a fairly accurate
sense of the extent of drug misuse amongst this age range.

When asked what they felt the youngest age at which drug
education should be provided by ex-drug users, the youngest
age cited by parents was 6, the oldest was 15. The overall
mean age was 10.4. Of those parents who had not been at a
Calton session, the most frequently occurring age was 12. Of
those who parents who had attended a Calton session, the most frequently occurring age was 10.

The majority of parents were happy for Calton to provide drug education to their children. Those who had seen Calton Athletic were unanimous in this. The small number who were unsure, 3.1%, or not happy, 1.5%, were parents who did not see Calton’s presentation. However, even though this was the case, 23.1% expressed reservations about the involvement of ex-users in the provision of drug education to young people. Only one who expressed reservations had been present at Calton’s session. The reservations expressed were about the reliability of the information which Calton provided: whether or not ex-drug users were suitable role models for young people; whether those involved were properly vetted; whether or not those involved were drug-free and whether or not this approach would actually stimulate interest in drug use.

Summary

The majority of parents were positive about the contribution that ex-drug users could make to the provision of drug education. Where reservations were expressed, these had to do with concerns as to whether the individuals involved were entirely drug-free, whether they were adequately vetted, whether they were suitable role models, and whether the information imparted by ex-drug users was accurate.

Parents accepted that teachers were not present at the school sessions run by Calton Athletic on the basis that the young people would be more likely to open up to Calton Athletic and that this would prove a beneficial experience. This seemed to be predicated on a belief that there would be a confidential exchange of a counselling nature between young people and Calton. However, on the basis of observations of Calton’s sessions, such exchanges appeared to occur in only a minority of occasions.

From the survey data, it was apparent that there were differences between the parents who had seen Calton and those who had not. The areas where differences were apparent were: the suitability of harm reduction; the age young people should have contact with ex-users and reservations about the involvement of ex-users in the provision of drug education. Those who had attended a Calton session
appeared to have been affected by the information presented by Calton. At the session in question, Calton stated their opposition to harm reduction, suggesting that children from the age of 6 should 'receive the benefit of Calton's input'. Similarly, those parents who had seen Calton tended to have no reservations concerning their input to drug education. In the case of those who had not seen Calton, the reverse was the case.
Introduction

This chapter will outline teachers’ views of drug education, their perception of their own role within drug education and the contribution of Calton Athletic.

Drug Education

Most teachers believed that young people used drugs because of peer pressure. Other reasons given included: increased availability; boredom; curiosity and rebellion against authority, in order to forge an identity of their own.

All teachers thought that the drugs issue was one of the most important challenges that society currently faces. Most teachers thought that providing drug education would have a beneficial effect on young people’s drug use: either to stop starting, or start stopping. A number of teachers felt that the effect of drug education would be limited to those young people who were considering using drugs and who had not yet made up their mind. One teacher felt that whilst it would not stop young people experimenting with drugs, drug education would provide information preferable to playground mythology. Others argued that, like all education, drug education would have different effects on different people. The main aims of drug education highlighted were:

- the provision of information;
- the development of resistance skills;
- the development of cognitive skills to assess risk and determine possible consequences of drug use.

Calton’s role within the provision of drug education was seen by some as one component of a multi-faceted approach to drug education.

*It provides an added dimension to our drug education.*

*(Teacher, Lanarkshire)*

*It’s perhaps a wee bit one dimensional. It’s one aspect to educating youngsters.*

*(Head Teacher, Glasgow)*
It's one aspect about educating young people about drugs, it's not the only one.
(Head Teacher, Lanarkshire)

No-one has the whole answer; we reflect different views and different facets of society. Calton are simply part of the programme, a piece of the jigsaw.
(Head Teacher, Lanarkshire)

By others it was seen to have a central role.

Teachers can't do it, I think: get groups like Calton to come in and do it instead.
(Teacher, Glasgow)

In the process of education, some teachers saw both contextualisation and follow-up as very important. Some teachers stressed that Calton's session was led into and also followed up. What constituted follow-up varied considerably. One head teacher pointed out that the issue of drugs permeated the life of the school and it was followed up in assembly. A number of Calton's sessions were stand alone events, not curriculum-based. A small number of teachers did not feel it was necessary to follow-up the session, as it could not be added to in any way. One teacher pointed out that there was a danger of repetition and as such there was a risk that young people would become bored with the issue.

If the thing works, I'm for leaving it alone. If you do more you get, 'oh, we're not doing that again, are we?'
(Teacher, Lanarkshire)

In some cases, follow-up was a tentative evaluation of Calton's session; trying to establish the content and whether, or not, pupils found it valuable.

In the next class, we do a quick trawl round the kids to get a flavour of the response.
(Teacher, Renfrewshire)

One teacher pointed out that trying to evaluate the session had been viewed negatively by young people who saw it as an unnecessary intrusion. Another teacher described feeling like an outsider. One teacher who sat in on Calton's session described it as uncomfortable.
It was a ludicrous situation, the first year they (Calton) were here. They were in the assembly hall, at one end, and I was stuck at the other, like some kind of leper.
(Teacher, Glasgow)

Most teachers felt they had a limited knowledge about drug-related issues. With little experience of drugs to call upon, most lacked confidence in delivering drug education in school. Some teachers highlighted that young people knew more about drugs than they did. Others argued that because the drug scene is dynamic and subject to rapid change, they could not be confident of keeping abreast of patterns and issues. One head teacher argued that young teacher's knowledge about drug issues is higher than older teachers. Many teachers stressed that any knowledge gap needed to be seen in the context of an extremely demanding curriculum, where tensions between subject areas and allocated time frequently arose.

Teachers don't know what they're meant to do. It's true of most social education: it's foisted on people and it is low on their list of priorities.
(Teacher, Lanarkshire)

A few teachers felt that they and others were adequately informed about drugs and drug education.

I think the staff are reasonably prepared: I got the drug squad in to speak to all staff, oh it must be five years ago now.
(Head teacher, North Lanarkshire)

A few teachers argued that their knowledge of drug related issues was less important than their teaching skills.

The Role of Non-Educationalists in Drug Education

Most teachers believed it was acceptable for non-educationalists to be involved in the education process. It is a regular occurrence that non-educationalists, with particular expertise, are invited into school.

The message is often better from non-teachers. That's why we welcome it.
(Head teacher, Glasgow)

If I had told them the same things in the same detail, it would not have the same effect.
(Teacher, Falkirk)
Whether such exercises were wholly successful was seen to be depend on the individual(s) invited. One head teacher felt that teachers were more competent to deliver material to educate than others coming into the school.

Most teachers saw ex-drug users as having a positive contribution to make in the provision of drug education. It was noted by some that whilst ex-drug users hold a different set of experiences and values from the teaching staff, this was their commodity. It was highlighted by most teachers that Calton’s experience of drugs and drugs culture lent credibility to the coverage of the drugs issue at school. A small number of teachers drew attention to how well organised Calton’s operation was.

One of the better experiences. They come when they say they will, they have good interpersonal skills and there is no inappropriate disclosure from the kids - kids come out OK, not weeping and wailing. (Teacher, Lanarkshire)

Many teachers were enthusiastic about the contribution that ex-users could make to drug education. However, this enthusiasm was tempered by certain standards being met. These included: being drug-free; undergoing some vetting process in relation to working with young people; having clear aims which were in keeping with the schools approach: belonging to a reputable organisation with status which was well established.

One head teacher was unhappy about ex-users being involved in the provision of drug education at all. He did not believe that ex-users were suitable role models for young people. He argued that there was an emphasis on one’s previous experience as providing an unprecedented validity, with a simultaneous denouncement of that previous lifestyle and experience. He believed that although Calton delivered a message which was negative towards drugs and the associated lifestyle of addiction, young people would pick up on the apparently implicit contradiction.

It doesn’t fit into my scheme: I’m thinking of role models. I don’t want to set up people to say you can get out of it. This was my abiding concern; that youngsters would pick up messages which are not explicitly stated. It’s not what they (ex-drug users) are trying to do, but who is delivering it. (Head Teacher, Glasgow)
The majority of Calton’s sessions had taken place in the absence of teaching staff, while a small number of schools insisted on teaching presence. In those cases where a teacher had been present, the main reason reported for this was to ensure that the information given to young people was acceptable.

*We do treat outsiders with caution and it is highly unusual to have them in, unsupervised.*
*(Head Teacher, Lanarkshire)*

Where schools did not insist on teacher presence, there was some anxiety about the school's *loco parentis* status. This was highest amongst head teachers. Precautions taken to address this included: gaining parental consent for young people to attend the session; confining the visit to senior pupils; clarifying in detail what would be discussed and how issues would be responded to.

*You get concerned. At the milder end of the spectrum you are concerned if anything silly happens. One of my friends is a head teacher locally and at his school, someone came in and was blowing up condoms in a sex education class. The local paper got hold of it. It would only take one child to say to one parent to get the media involved and you could end up with egg on your face.*
*(Head Teacher, Lanarkshire)*

One highlighted his responsibility for everything that went on in the school. Another head teacher was concerned specifically about classroom discipline.

*We did wonder, but in this particular case I wouldn’t have expected much trouble from the youngsters. The approach has to be well targeted to the kids understanding, its a different environment for the youngsters, you wouldn’t want them taking advantage.*
*(Head Teacher, Lanarkshire)*
A number of head teachers noted that a SCRO check was a usual requirement for those left in charge of young people.\textsuperscript{9} Most head teachers, whilst having expressed a level of anxiety about a lack of teachers' presence, felt it to be a calculated risk worth taking on the basis of the presumed benefit of the session.

\textit{It's a calculated risk, with issues like this you can't be in control.}
\textit{(Head teacher, Glasgow)}

The majority of teachers interviewed felt that their presence would inhibit young people.

\textit{I would trust them with any group of youngsters. If I was there, the young people would be afraid of the consequences.}
\textit{(Teacher, Lanarkshire)}

One teacher pointed out that young people are inhibited by a number of factors and that whilst the presence of teaching staff could restrain young people, there may be other factors which may be as constraining and, perhaps, more so.

\textit{Of course, the peer pressure is still there and that might be as inhibiting a factor as staff.}
\textit{(Teacher, Lanarkshire)}

A number highlighted that their absence, however, meant that they did not know exactly what was going on in the session and were therefore unable to follow up the Calton session in subsequent classroom discussions.

\textbf{Calton's Session}

In the majority of schools, Calton visited a particular year group, but there were also occasions when more than one year group was addressed in a series of visits. In two schools, this extended to the whole school, including parents. Fifth and Sixth years received the majority of visits. Third year was also

\textsuperscript{9} This is a check with the Scottish Criminal Records Office (SCRO). It is mandatory for teachers, when they apply for registration on the General Teaching Council for Scotland. This check includes convictions considered 'spent', expired, in relation to the Rehabilitation of Offenders Act 1974. Where criminal convictions are identified which constitute a 'risk' to young people, the individual would be deemed an unsuitable person to work with young people.
a focus for Calton's input. Where visits were made to primary schools, it was primary sevens who were the focus.

At approximately one third of the schools, Calton provided parents’ sessions. Calton also provided input to teaching staff twice at in-service days. Half of the schools had been visited by Calton on one occasion, the others were visited at least twice, with a few having been visited annually for at least five years.

The majority of teachers seemed to be informed about what Calton’s session would be like. A small number reported that they had no idea. The majority of teachers understood Calton’s message as an emphatic, ‘just say no’.

*It’s as simple and crude as ‘don’t take drugs’. If you are on drugs, stop 100%. This is what happened to us, we’re screwed up, or were. And there are many pitfalls on the road to recovery.*

*(Teacher, Glasgow)*

The remainder thought that it was giving information in order that young people could exercise their right to choose based on having more information. Some teachers described Calton as taking a shock-horror approach.

*Calton are the shock-horror, no doubt about that.*

*(Head Teacher, Argyll and Clyde)*

Others argued that Calton’s approach was in opposition to shock-horror which appeared to depend on how this particular approach was viewed by the teacher.

*It’s not the shock-horror tactics. It’s more, if you take a decision that takes you into that particular lifestyle, then here are some of the consequences.*

*(Head Teacher, Lanarkshire)*

One head teacher reported that he felt that the suggestion that shock-horror does not work still had to prove its case. Another noted that it can work as part of a larger programme.

*Shock-horror doesn’t work in isolation, but I think it has some validity.*

*(Teacher, Lanarkshire)*

On several occasions, Calton were also compared with AA, in relation to perceived differences, as well as similarities.
It's not like AA, who come in with their sad story, who come to off-load. In this situation (when AA come) it's like a weepy movie, they cry and then it's forgotten. (Teacher, Lanarkshire)

We had AA in to deliver a similar message, from a similar perspective. (Teacher, Renfrewshire)

The majority of teachers viewed Calton's work in the school as very positive. Some schools reported giving donations to Calton to demonstrate that appreciation. One school reported donating the sum of £500.

The kids reaction was a positive one. They came away 'sensibly frightened'. I think it is the best thing since sliced bread. (Teacher, Lanarkshire)

They tell it like it is. We were impressed by the quality of people. They are impressive people, kids see them as that. They make a profound impression. The slight reservation I have is that it ends up becoming mildly romanticised, but this is a mild caveat. (Teacher, Glasgow)

Some teachers noted that there had been different reactions to Calton's session. In one school, it was reported that the experience was of more benefit to the staff than to young people. This was because young people had not been told anything they were not already aware of. At another school, it was reported that whilst the pupils had seen Calton's approach as new and exciting, the parents had not wanted ex-drug users to be involved in the provision of drug education. In another school, where the parents seemed in favour of Calton's work, a more thorough evaluation revealed that there were some critical views, tempered by an overall appreciation of Calton's work with recovering addicts.
Summary

Teaching staff unanimously believed that the drugs issue was extremely important and one which needed to be addressed. However, teachers did not necessarily see themselves as central to young people's drug education. This appeared to be based on their apparent uncertainty and lack of confidence regarding the issue. In this climate, some teachers seemed relatively happy to defer to others. One example of this was giving over classroom responsibility to Calton Athletic. Teachers seemed unaware of the report by the Advisory Council on the Misuse of Drugs, *Drug Education: The Need for a New Impetus*, which places teachers at the centre of all drug education activity within the school environment.

Teachers understood that their willingness to give over responsibility to others was taking a 'calculated risk'. Teachers believed that the input provided by Calton was effective and, consequently, they were willing to adapt their practice and relax protocol, in order young people achieve maximum benefit. Teachers' belief that the input was beneficial was based on the perceived enthusiastic response of young people rather than any objective evaluation.

Where teachers are not actively involved, their skills are being under-utilised. Moreover, teachers cannot follow up sessions if they are not fully aware of the content of those session. Furthermore, teachers are not able to 'instigate a mechanism for auditing the extent and quality of drug prevention activities' (Home Office: 1993: 61). Where drug education is firmly located within the curriculum, the question of who should teach it, and responsibility for so doing, is unambiguous. The curriculum is quite simply a teaching issue. As such, external input to the curriculum should act as an enhancement of what was already in place and not as a separate, independent unit.

Although there were issues raised about Calton's drug free-status and whether or not Calton had been vetted, classroom teachers were less concerned about the schools' administrative requirements and responsibilities than head teachers. This is to be expected, given that head teachers have overall responsibility for what takes place within the school.
The Views of Other Stakeholders in Drug Education

Introduction

This chapter outlines the views of a range of other personnel who are either involved themselves in providing drug education within schools or who have an administrative responsibility for educational provision.

Drug Education

There was a large degree of uniformity in terms of what was regarded as a suitable approach to drug education. All of those interviewed believed that drug education was a process which should be curriculum-based, integrated and progressive, through each school year. Decision making skills, enabling young people to make quality decisions, based on an ability to identify risks and consequences were viewed as an important component of drug education along with the provision of accurate information. It was felt by a number of education department representatives that the preferable approach which should be taken with young people was to facilitate discussion as opposed to dogmatic instruction.

The majority of those interviewed appeared reasonably well-informed about drug education approaches and associated research, compared with other groups identified in the report. Many referred to research which supported the approaches which they felt to be the best of those currently available.

The Role of Non-Educationalists in Drug Education

The majority of those involved in drug education and education department representatives, believed that non-educationalists can participate in and bring something to the education process. A few educational department representatives stated that as an ‘outsider’, non-educationalist’s role should be clear, be part of an educational package and have its ‘natural’ place within that package. The role of the non-educationalist was identified by another as constituting a partnership with the school. She highlighted that the role of non-educationalists was not to provide expertise in the educational process, but to provide a perspective. The issue of training was raised by a
police officer who commented that in the past the police had not been trained to go into schools and now received training in presentation and communication skills. One education department representative argued that links with the local community were important when considering input from outwith the school.

*Groups who want to go into schools: I want to know, what are you doing in my community? What are you doing for my kids? I want to know about your presence in my community?*  
*(Education Department Representative)*

The majority of respondents accepted that there needed to be clear boundaries associated with any external visits to a school. The majority argued that teaching staff should always be present. Some education department representatives noted that fastidious attention to detail in matters of security was crucial.¹⁰

*Authorities are particularly sensitive about access to children. We require individuals to be SCRO checked.*  
*(Education Department Representative)*

The majority of respondents expressed reservations about ex-users’ involvement in drug education. The overwhelming reported reason for this was a purported contradiction. It was argued by one, that those who address young people on healthy living and encourage people young people to make choices towards healthy living should be doing so from a positive perspective.

*A positive approach is what is helpful.*  
*(Education Department Representative)*

She argued, those who were exponents of healthy living, but had not kept themselves healthy were not suitable role models. Others thought that by some perversion of the actual intention, an ex-drug user could be seen a hero figure to young people, offering a ‘seedy glamour’. One recalled an example where ex-drug users, currently in prison, had gone to a school to talk to young people.

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¹⁰ Prior to undertaking research with young people, one researcher at the Centre for Drug Misuse Research was required, by one authority, to be SCRO checked.
The guy was good looking, with a 'tidy backside' and they (young people) got him a Mars bar - he became an anti-hero. They were all talking about what a nice guy he was, forgetting he'd been selling drugs and messing up other people's life. They thought he was cool. (Education Department Representative)

A smaller number were less critical per se of ex-drug users being involved in the provision of drug education.

Not a problem per se - only in relation to the context of information and the recognition that what they tell young people is their subjective view based on their own experience.
(Drug Education Provider)

One educational department representative noted that the authorities’ view may not necessarily be in the best interests of the child. One respondent did not object to ex-drug users being involved in drug education and saw that as a reflection of her ‘forward thinking’.

Amongst the individuals interviewed in this section of the review there was a near unanimous view that teaching staff should be present in any session being undertaken within schools by ex-drug users. One education department representative explained that as the school is in loco parentis, it is more than reasonable to expect a teacher to be present and that this is no more or less than a matter of principle.

With statutory provision, schools are in loco parentis. Schools must be very clear about access to children and their overall responsibility for what goes on in the school.
(Education Department Representative)

Another education department representative was more concerned with the educational process itself and the place of external input within the curriculum.

We would not endorse any outside speaker to be talking to kids alone. From a teacher's point of view, my rapport is important. I want to be in that class. I want to pick up on the issues and act as a catalyst. I know the kids: they don't. I will have to pick up the pieces when they leave and I don't want it laundered back. I don't want the kids saying 'oh, they didn't say much about that', when I know fine well they did.
(Education Department Representative)
Others highlighted that leaving young people in the charge of those who have not been SCRO checked is not acceptable. Education department representatives noted that they, and head teachers, are working in an environment where litigation is a serious issue and all reasonable preventative action must be taken to avoid this.

You must be so belt and braces these days. Schools are nervous: everybody is worried about being sued. (Education Department Representative)

The difference between policy and practise was highlighted.

We (education department) wouldn’t allow it. What would happen in the school is another matter entirely. (Education Department Representative)

Another argued that an absence of teaching staff with young people in a class constituted a basic health and safety issue.

Education department representatives and others involved in the provision of drug education recognised, however, that teachers did not have an expansive knowledge on drug related matters.

Teachers find it difficult. They are under pressure in terms of time and back-up. They do not necessarily have the knowledge and information or skills which relate to this issue. The value base which might be required to deliver this type of education is difficult for teachers. So, Calton are seen as experts to teachers. (Education Department Representative)

Many highlighted the credibility gap between teachers and young people on drug related issues. A small number argued that whilst teachers may not be experts in drug education, they are experts in the educational process and it is this that should be the focus of their contribution to drug education. It was felt that if teachers’ expertise was not acknowledged and brought to bear within drug education, they would become peripheral. This was seen as counterproductive, as they, having continued contact with young people, should be central to the process.
Calton's Session

Most had seen the type of presentation that Calton does in schools. A few had not directly witnessed the type of presentation and were relying on information from young people who had seen Calton. Calton's approach was understood by some as shock-horror. One person argued that Calton provided a particular type of information: subjective, based on Calton's experience.

_Calton are effective in delivering certain messages: just say no. The weakness is that even though there is a certain buzz from the delivery, because it is so different from talk and chalk, the information given is questionable. Information does not necessarily imply understanding._

_(Education Department Representative)_

One education department representative, critical of the one-off type of visit, argued that Calton's session, if not provided within a framework of the curriculum, constitutes a 'sheep dip approach to education'. He argued that only in the context of an educational process, which involved different components and complexities, would Calton's input be appropriate.

A number of those who commented on Calton's message made reference to shock-horror. In some contexts it was seen as valuable.

_It was a tiny bit romanticised, but pretty stark. Shock-horror as part of the approach can work._

_(Education Department Representative)_

Where shock-horror was not seen as a valuable approach, it was viewed in pejorative terms.

_Kids love scary stories - its another Night of Dracula._

_(Drug Education Provider)_

One person highlighted his respect for Calton's work, in general, whilst having concerns about their approach to drug education.

_This is couched in an immense respect for what the outfit are involved in and the authenticity of that - I wouldn't want to question that. However, from a professional point of view, I have major reservations about people standing up, in an evangelical kind of way, and explain how bad they've been._

_(Education Department Representative)_
Summary

Of all the respondents interviewed in the course of this evaluation, this group were the most sceptical of Calton’s input. The lack of any clear, independent assessment of the effectiveness of the Calton intervention was widely recognised as a major handicap.

Some stakeholders believed that by finding its natural place within a curriculum-based package, Calton’s input could prove to be of value. Others were more concerned that schools did not violate their responsibilities enshrined within loco parentis, as well as ensuring that they satisfied other legal requirements, such as the Health and Safety at Work Act, 1974. Again, this is hardly remarkable given the responsibilities of education departments as an ‘employer’. If litigation were to arise, it would most likely be the authority, as opposed to the school, that would have action taken against it. Concerns in relation to vetting, access and presence of staff are clearly important within the overall context of the authorities legal responsibilities.

Whereas schools provide adequate and efficient education, as detailed in the Education Scotland Act, 1980, it is the education department which provides the means by which schools can exercise that duty. Formal obligations like these, come alongside a heightened sensitivity towards security, post-Dunblane. The Cullen Report identifies aspects of school security which schools are addressing. These range from matters concerning the layout and the free access to the school of those who do not need to be there, to preventative measures such as vetting all personnel in regular contact with young people.

Security falls under the general auspices of health and safety. Whilst there are the specifics of school security, there are also more general health and safety requirements. The ‘employer’, the education department, has a duty, under section 2 of the Health and Safety at Work Act, 1974 “to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees”. Moreover, the ‘employer’ is further bound, under section 3 of the Act, “to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employee who may be affected thereby are not exposed to risk to their health and safety” This section covers the employer’s responsibilities to pupils. Recent legal
decisions have identified that employers cannot delegate their duties, under the Act, to an independent contractor (*R v Associated Octle Co Ltd* [1994] IRLR 540). It is clear under this Act that there are potential difficulties in the classroom teacher being absent during the Calton session.
9 Recommendations

1 Training

We recommend that Calton School Team members undergo training in the areas of basic group work and facilitation skills for members of the school team. This recommendation is made on the basis that in our view the feed-back component of the Calton sessions are extremely important. At the present time, however, Calton members do not receive adequate training in the range of methods for facilitating group discussions with young people.

Calton's expertise is very much based in their own past experience of addiction; the fact that they are talking from personal experience is the distinctive contribution which they bring to drugs education. We recommend however that School Team members receive training in some of the other approaches to drugs education and drug misuse service provision. This recommendation is not made on the basis of a desire to change the drug prevention orientation of Calton's work, but rather in the belief that those who are providing drugs education to young people should ideally have detailed knowledge of the range of approaches which are available - both those with which they are sympathetic as well as those of which they are critical.

2 Establishing that School Team Members are Drug Free

This issue was of concern to parents, teachers and other educational stakeholders. The fact of the school team remaining drug free is an absolute pre-condition of Calton's own organisation - drug use amongst school team members would be regarded as gross misconduct by Calton staff and would be grounds for disciplinary action.

In other employment contexts the importance of employees being drug free has led to the wider use of drug testing. We recommend that Calton Athletic give at least some consideration to this matter. At the present time, the drug free status of school team members is established on the basis of assessments made by Calton staff, all of whom would have a recognised expertise in this area. Such judgements however
are subjective in nature and are unlikely to persuade those who are rather more sceptical of Calton's approach. Drug testing would be one means by which the drug free status of Team members could be objectively determined. There are however complex issues surrounding drug testing including issues to do with the basis upon which samples are obtained the accuracy of the tests carried out, financial costs etc. Nevertheless we recommend that some consideration be given to such an approach by Calton.

3 Access to Young People in Schools

Following the Cullen report (1996) it has been proposed that those with duties involving regular contact with young people should be the subject of a SCRO check whether employees, trainees or volunteers. In the light of such developments, we recommend that Calton Athletic give consideration to updating their methods for internally vetting staff who will be working with young people. This would have two effects: it would upgrade their own recruitment procedures and satisfy employing organisations that they have taken precautions to ensure the safety of the young people with whom school team members are working. This should include the development of job descriptions, person specifications, procedures for interviewing prospective school team members, and a formalised code of conduct for team members. Calton should also give consideration to the possible future requirement which may well be that School Team members undergo a SCRO check.

4 The Absence of Teaching Staff During Calton Sessions

We recommend that Calton change their practice of discouraging the presence of teaching staff at their sessions with young people. There are a number of reasons for making this recommendation. First, we regard it as essential that a serious attempt be made to integrate Calton's work within the school curriculum. At minimum, this would entail follow-up discussions between teachers and pupils on the content of the Calton session. It is difficult to see how school staff can effectively undertake such follow-up work on the basis of their exclusion from the Calton session. Second, on the basis of our observation of a number of Calton sessions, the standard format of the sessions are a series of scripted personal stories from Calton members with relatively little time being given over to disclosures of a confidential nature from the young people.
Given such a format, it is difficult to see the basis for requiring the teachers to be absent during the session. Third, the current practice of classroom teachers being absent places the School Team members within an unnecessarily precarious position within the classroom. In the event of an allegation being made of inappropriate behaviour on the part of team members it is difficult to see how this could be effectively investigated or countered with the classroom teacher being absent. Fourth, in view of the legal obligations upon education staff it would be more appropriate for teachers to remain within the session. Fifth, we feel that the knowledge base of teaching staff would itself be increased on the basis of their attendance at Calton sessions.

5 Calton Input for Teaching Staff

We recommend that Calton seek to develop drug training sessions for teaching staff. It is evident from this review that teaching staff did not feel particularly well equipped to undertake drug education for young people. In the light of this we feel that there could be considerable value in Calton sessions provided to teaching staff.

6 Calton’s School Questionnaire

We recommend that Calton revise their school questionnaire with the assistance of trained researchers. This recommendation is made on the basis of a number of shortcomings which we have identified in the existing questionnaire used by Calton staff to assess their effectiveness and the prevalence of drug misuse amongst pupils attending their sessions.

7 Amount of Time Devoted to Calton Session

We recommend that consideration be given to the amount of time allocated for Calton sessions. For Calton staff attention should be paid to the planning of sessions in order to ensure that adequate time is made available for the feed-back sessions. For school staff, we recommend that where Calton are working within schools, adequate time is made available for the session to take place.
Research to Identify the Effectiveness of the Calton Sessions in the Short, Medium and Long Term

We recommend that attention be given to conducting a rigorous, independent evaluation of the effectiveness of Calton's work within schools. This is in keeping with recommendations in both the Ministerial Drugs Task Force Report "Meeting the Challenge" and the "Review of Services for Drug Misusers in England and Wales". In conducting this process evaluation we have identified a wide range of views (both positive and negative) on the role of ex-drug users within school based drugs education. There is, however, a demonstrable lack of anything approximating hard data upon which to form an assessment of the effectiveness of Calton's work. This is an undesirable situation, not least because if these sessions do have a beneficial impact on reducing the likelihood of young people beginning to experiment with drugs, this needs to be demonstrated in order that a case can be made for the possible extension of this work within schools. If the sessions are not beneficial, then equally, purchasers need to know this in determining the range of approaches to drug education to provide within schools.
References


Appendix I

PARENTS’ QUESTIONNAIRE I

Please read below before starting

This is a questionnaire about your thoughts on Calton Athletic’s presentation and your views on drug education for young people.

This questionnaire is private and confidential, only the researcher will see what you have written.

Please answer every question that you are able to. Please note that this is not a test and there are no right or wrong answers.

Thank you for your help.

Most of the questions require written answers. Where there is a choice such as

yes no

please circle the answer you choose.

e.g. yes no

About You
Are you? male female

What age(s) and sex are your children?
Child 1 Child 2 Child 3
Child 4 Child 5 Child 6

At which school did you see Calton Athletic
Drug Education

Question 1
How important do you feel it is to provide drug education to young people?

very important important not particularly important unimportant

Question 2
Who should have the main responsibility for providing drug education?

parents teachers police medically trained staff other

Question 3
Do you think that there is a particular role for ex-drug users in educating young people about drug misuse?

Yes no don’t know

Question 4
How important would you feel it is that such individuals should have ceased their drug use entirely?

very important important not particularly important unimportant

Question 5
Do you feel that a recovering drug addict who may from time to time still be using drugs can still provide valuable information to school children?

Yes no don’t know

Question 6
Some say that if young people are going to use drugs, they should be advised of the means whereby they can do it with minimum harm. This approach has been called harm reduction. Do you feel that such an approach should be part of drug education within school?

Yes no don’t know
Question 7
Do you feel comfortable discussing the topic of drugs with your children?

Yes    no    don't know

Question 8
Do you feel that you would like to be more involved in providing drug education to your children?

Yes    no    don't know

Question 9
In your estimation, what percentage of 15-16 year olds, in your area, do you think would have used illegal drugs on at least one occasion?

10% or under  20%  30%  40%  50% or above

Question 10
Do you think that drug education can reduce the numbers of young people using illegal drugs?

Yes    no    don't know

Question 11
What is the youngest age at which you be happy for your child to receive drug education from a group such as Calton Athletic?

_____ Age

Question 12
What would you feel has been the main benefit of attending the Calton Athletic session?

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Question 13
Would you feel happy knowing that Calton Athletic were providing drug education sessions within your child’s school?

Yes  no  don’t know

Question 14
Do you have any reservations at all about the involvement of ex-drug users in the provision of drug education to young people?

Yes  No  don’t know

If yes, can you briefly say what these are.................................
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Please write any other comments in the box below

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Thank you for taking the time to fill in this questionnaire.
Appendix II

PARENTS’ QUESTIONNAIRE II

Please read below before starting

This questionnaire is about your views on drug education for young people and your thoughts about Calton Athletic’s presentation at your child’s school.

Calton Athletic spoke to parents at X School.

Please fill in this questionnaire if you did not attend that session.

Please note that this questionnaire is private and confidential, only the researcher will see what you have written.

Please answer every question that you are able to. Please note that this is not a test and there are no right or wrong answers. Thank you for your help.

Please circle the answer you choose.

[ ] yes [ ] no [ ] don’t know

don’t know

Where there is a multiple choice, please circle one choice

[ ] parents [ ] teachers [ ] pupils [ ] other

About You

Are you?
[ ] male [ ] female

What age(s) and sex are your children?

Child 1
Child 2
Child 3
Child 4
Child 5
Child 6

Drug Education

Question 1
How important do you feel it is to provide drug education to young people?

[ ] very important [ ] important [ ] not particularly important [ ] unimportant
Question 2
Who should have the main responsibility for providing drug education?

parents  teachers  police  medically trained staff  other

Question 3
Do you think that there is a particular role for ex-drug users in educating young people about drug misuse?

Yes  no  don't know

Question 4
How important would you feel it is that such individuals should have ceased their drug use entirely?

very important  important  not particularly important  unimportant

Question 5
Do you feel that a recovering drug addict who may from time to time still be using drugs can still provide valuable information to school children?

Yes  no  don't know

Question 6
Some say that if young people are going to use drugs, they should be advised of the means whereby they can do it with minimum harm. This approach has been called harm reduction. Do you feel that such an approach should be part of drug education within school?

Yes  no  don't know
Question 7
Do you feel comfortable discussing the topic of drugs with your children?

Yes       no       don’t know

Question 8
Do you feel that you would like to be more involved in providing drug education to your children?

Yes       no       don’t know

Question 9
In your estimation, what percentage of 15 -16 year olds, in your area, do you think would have used illegal drugs on at least one occasion?

10% or under  20%  30%  40%  50% or above

Question 10
Do you think that drug education can reduce the numbers of young people using illegal drugs?

Yes       no       don’t know

Question 11
What is the youngest age at which you would be happy for your child to receive drug education from a group such as Calton Athletic

age...........

Question 12
Did you discuss the session that Calton Athletic provided with your child?

Yes       no       don’t know

If yes, could you briefly describe their message to young people..........................................................
.................................................................................................................................
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**Question 13**

Would you feel happy knowing that Calton Athletic were providing drug education sessions within your child's school?

Yes  no  don't know

**Question 14**

Do you have any reservations at all about the involvement of ex-drug users in the provision of drug education to young people?

Yes  no  don't know

If yes, can you briefly say what these are ...............................................................
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If you have any other comments please write them in the box below

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Thank you for taking the time to fill in this questionnaire.
CALTON'S PRIMARY SCHOOL QUESTIONNAIRE

Do not put your name on this sheet. The questionnaire is totally anonymous and confidential. No teachers or parents will be shown it.

Please answer the following questions with total honesty. Thank you for your co-operation.

PART ONE - to be filled in BEFORE you hear the workshops.

1. AGE_________ BOY/GIRL (circle)

2. Have you ever been offered drugs YES/NO
   If yes, what age were you the first time you were offered..................

3. Have you ever tried drugs YES/NO
   If YES, please list which one(s) you have tried e.g. solvents, cannabis (hash), etc and tick how many times you have tried it.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>HOW MANY TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Once</td>
</tr>
<tr>
<td>...............</td>
<td>☐</td>
</tr>
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<td>...............</td>
<td>☐</td>
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<td>...............</td>
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<td>...............</td>
<td>☐</td>
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<tr>
<td>...............</td>
<td>☐</td>
</tr>
</tbody>
</table>

4. Have you ever drunk alcohol YES/NO
   If yes, please tick how many times
   ☐ once ☐ a few times ☐ often
5. Have you ever smoked cigarettes  
   If YES, please tick how many times
   □ once          □ a few times          □ often

6. Would you take alcohol or drugs if your friends were doing it  
   YES/NO
   Why/Why not.................................
   ................................................................

7. Do you think it is okay to take drugs  
   (other than when prescribed by your doctor)  YES/NO
   Why/Why not.................................
   ................................................................

8. Have you ever been “Peer Pressured” or influenced into doing something you did not want to do e.g. dogging school, stealing etc.  YES/NO
   If YES, please say what.................................
   ................................................................

**PART TWO**

To be filled in AFTER you have heard the workshops.

9. Do you now know more about drugs after hearing the workshops  YES/NO

10. Do you now understand how taking alcohol can lead to taking drugs  YES/NO

11. Do you now realise the many problems that alcohol and drugs bring  YES/NO
12. Do you now realise how easy it is to get addicted when using drugs  YES/NO
   Please explain..............................................................
   ...................................................................................
   ...................................................................................
   ...................................................................................

13. Which workshop did you find the most interesting
   □ Cannabis to chaos
   □ The Life of a Drug Addict
   □ Effects on the Family
   Why.................................................................
   ...................................................................................
   ...................................................................................
   ...................................................................................
   ...................................................................................

14. Having heard the workshops, what do you now think about taking drugs..............................................
   ...................................................................................
   ...................................................................................
   ...................................................................................
   ...................................................................................

15. In your own words what is -
   Peer Pressure..............................................................
   Tolerance Level.............................................................
   Natural Progression of Drugs........................................

16. Has listening to recovering drug addicts rather than a teacher, parents, friends etc. helped you to really understand the dangers of drugs  YES/NO
   Why/Why not................................................................
   ...................................................................................
   ...................................................................................
   ...................................................................................
17. Was it good that there were no teachers in the room
   YES/NO
   Why/Why not

18. Is there anything that we did not talk about that you would have liked us to

19. If you ever felt that you needed information or advice on anything to do with alcohol or drugs would you now feel okay about phoning Calton Athletic Recovery Group to get that information or advice
   YES/NO
   If no, can you please explain

Appendix IV

CALTON'S SECONDARY SCHOOL QUESTIONNAIRE

Do not put your name on this sheet. The questionnaire is totally anonymous and confidential. No teachers or parents will be shown it.

Please answer the following questions with total honesty. Thank you for your co-operation.

PART ONE - to be filled in BEFORE you hear the workshops.

1. AGE................. BOY/GIRL (circle)

2. Have you ever been offered drugs YES/NO
   If yes, what age were you the first time you were offered.............

3. Have you ever tried drugs YES (please tick below) NO (go on to question 4)

<table>
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<th>Drug</th>
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<th>occasionally</th>
<th>once a month</th>
<th>once a week</th>
<th>more often</th>
</tr>
</thead>
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</tr>
<tr>
<td>Mushrooms</td>
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</tr>
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</tr>
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</tr>
<tr>
<td>Temgesic (tems)</td>
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<tr>
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</tr>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Methadone</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Other - Please state

4. Where did you find out what you know about drugs
   ☐ Friends  ☐ Brothers/sisters  ☐ Drug use itself
   ☐ Parents  ☐ Books or leaflets  ☐ Other - please state
   ☐ Teachers  ☐ Doctor
   ☐ Police  ☐ TV or radio

5. Have you ever drunk alcohol       YES/NO
   once ☐  occasionally ☐  once a month ☐
   once a week ☐  more often ☐

6. If you have ever tried drugs, what was the reason (s)
   ☐ Friends egged you on
   ☐ Curiosity
   ☐ To be one of the crowd
   ☐ Under the influence of drink
   ☐ Older brother or sister
   ☐ Boredom
   ☐ Other, please state

7. If you do use drugs please state why you keep on taking them

8. Have you ever taken drugs in school       YES/NO
   If yes, how often
   once ☐  occasionally ☐  once a month ☐
   once a week ☐  more often ☐

9. Do you think using drugs is acceptable       YES/NO
   (other than when prescribed by your doctor)

PART TWO

To be filled in AFTER you have heard the workshops

10. Have the workshops increased your knowledge of drugs       YES/NO
11. Which workshop had the most impact on you
   - Cannabis to chaos
   - The Life of a Drug Addict
   - Effects on the Family

12. What messages did you get from the workshop

13. If you have tried drugs, do you think you would still have tried them if you had heard these workshops first
   YES/NO/DOES NOT APPLY

14. Do you now realise that regular drug use leads to ADDICTION
   YES/NO

15. After hearing the workshops have your views on drugs changed
   - Yes, I will not take drugs again
   - No, I will continue to use drugs
   - No, I will still not use drugs

16. Who do you think are the best people to educate young people on the subject of drugs
   - Parents
   - Police
   - Teachers
   - Recovering Drug Addicts
   - Doctors
   - Friends
   - Other, Please state.................................
   Why......................................................
   ....................................................................
   ....................................................................

90
17. Is there anything that we did not talk about that you would have liked us to


18. If you ever felt that you needed information or advice on anything to do with alcohol or drugs would you now feel okay about phoning **Calton Athletic Recovery Group** to get that information or advice

YES/NO

If NO, can you please explain:


THANK YOU
Appendix V

Workshop Contents

1 - Cannabis to Chaos

1. Peer pressure - wanting to be 'one of the crowd' or being egged on by friends.
2. Naiveté, curiosity and boredom.
3. Cannabis seen by many young people to be socially acceptable.
4. Starts as fun, exciting and glamorous.
5. Alcohol and solvents.
6. Tolerance level increases.
7. Progression on to other drugs.
8. 'Recreational' drugs leading to harder drugs.
9. HIV and Hepatitis C dangers through unprotected sex.
10. Always chasing the first buzz.
11. Depression caused by drugs - leading to more drug taking.
12. Dangers of experimentation.
13. Dangers when scoring cannabis (dealer, police)
14. Dealer may offer you stronger drugs.
15. Friends and dealers only tell you how you'll feel taking drugs and never about the bad effects.
16. Increasing secrecy and lying to parents.
17. Stealing from home and shops.
18. School work soon suffers hopelessly.
19. No warning signs that you are entering addiction.
21. CHAOS.
2 - The Life of a Drug Addict

1. Addiction means you've lost control.
2. You can be an addict without ever injecting.
3. Denial to yourself and to others about your addiction.
4. Tolerance level is ever increasing.
5. Need drugs to function 'normally'.
6. Withdrawals.
7. Appearance drastically deteriorating.
8. Isolation, paranoia, madness.
9. Lose all values and morals.
11. Lose all respect for self and others.
14. Addiction is an exhausting full time job 24 hours a day,
   7 days a week.
15. Constant money worries, homelessness.
16. Stealing, shoplifting, prostitution and other crimes.
17. Court appearances, prison, criminal record.
18. Big dangers of scoring.
19. Use drugs to blank out the miseries of your life as an
   addict.
20. Abscesses, loss of limbs, hospital, mental institutions,
   suicide, overdoses, DEATH
21. HIV and Hepatitis C danger through injecting drugs and
   unprotected sex.
22. Eventually you don't care if you live or die as you've lost
   everything and are totally alone and can't see a way out of
   the nightmare.
3 - Effects on the Family

1. Addict looses all interest in the family.
2. Denial of addiction to self and to family.
3. Frustration, anger and confusion of the family.
4. Family torn apart through your addiction - brothers and sisters leaving home.
5. Health of other members of the family suffers - often to the point of parents ending up with an addiction, nervous breakdown or suicide.
6. HIV and Hepatitis C worry for the whole family and community.
7. Disappointment and guilt of parents.
8. Parents dreams for their child's and their own future shattered.
9. Social stigma and shame for the whole family.
10. Total breakdown of family trust through endless lies and broken promises.
11. Constant stealing from the house.
12. Mental torture of endless broken promises and constant fears of hearing of the addict's death.
13. Addict eventually put out of the house, causing parents even more pain and worry.
14. Addict may end up physically or mentally disabled through drug taking, which parents then have to cope with.
15. Child of addict grows up in a chaotic lifestyle and may end up in care.
16. Parents and children of addicts often grow up in need of counselling.
17. Parents and children of addicts coping with the shame, humiliation and distress of prison visits.
18. Parents having to bury their addict children and cope with bringing up grandchildren.