# Development of a Parents' Resource Manual Booklet to equip parents/guardians to provide early and appropriate responses to young people's substance use

# LITERATURE REVIEW

*Completed by Pauline Clerkin*

*On behalf of:*

*Louise Monaghan & Siobhán Mc Grory*

*Project Consultants*

***Purpose of the Literature Review:***

*To conduct a comprehensive review of* ***international*** *and* ***national*** *research and literature in order to:*

- *Identify and document best practice with regard to primary and secondary prevention of substance use (completed in part 1)*
- *Identify and document the range and levels of current programmes, strategies, interventions and resources available for parents in this regard (completed in part 2)*

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Part 1: Literature Review

## 1. Introduction- Drug Use Prevalence

Results of the National Survey of Drug use in the general population 2002/ 2003 showed that almost one in five (18.5%) adults reported using an illegal drug in their lifetime. For young adults (aged 15- 34 years) this rose to more than one in four (26%) people. Cannabis was the most commonly used illegal drug. One in six adults had used cannabis in their lifetime and this increased to one in four for young adults.

The Third European School Survey Project on Alcohol and Other Drugs (ESPAD) survey which collected information on alcohol and illicit drug use among young people aged 15-16 showed an increase in lifetime between 1999 (32%) and 2003 (40%). Ireland ranked joint third after the Czech Republic (44%) and Switzerland (41%) for lifetime experience of any illicit drug. The average for the 35 ESPAD countries in 2003 was 22% (Hibell et al., 2004).

The 2006 Health Behaviour in School Children Survey (HBSC) found that overall the percentage of children reporting having taken cannabis in the past 12 months remained relatively stable between 2002 (11.1%) and 2006 (11.3%). The percentages have remained stable among both boys and girls although slight increases were seen among the 12-14 age group (4.8% to 6.7%). However there was also a marked decrease among boys aged 15-17 from 30.5% to 24.6%.

*HBSC Cannabis use Trends 2002- 2006*

| | % 2002 | % 2006 |
|---|---|---|
| ***Overall %*** | ***11.1*** | ***11.3*** |
| Boys | 13.7 | 14.3 |
| Girls | 9.1 | 10.4 |
| ***10-11*** | ***0.5*** | ***1*** |
| Boys | 1 | 2 |
| Girls | 0 | 0.3 |
| ***12-14*** | ***4.8*** | ***6.7*** |
| Boys | 6.2 | 8 |
| Girls | 3.6 | 5.2 |
| ***15-17*** | ***23.8*** | ***22.6*** |
| Boys | 30.5 | 24.6 |
| Girls | 19.3 | 20.4 |

All of these survey findings highlight a strong need for drug use prevention as there is evidence that the earlier a person starts taking drugs, the greater the likelihood that they will develop more serious health and drug problems over time compared to those who abstain at a younger age (Lynskey et al, 2003). Research has also shown that there are strong links between drug use and poor academic performance (Ellickson et al, 2002), truancy (Hallfors et al, 2002) and initiation into criminal activity (South and Teeman, 1999.

## 2. The National Drugs Strategy

The National Drugs Strategy 2001-2008 (2001) aims to *"significantly reduce the harm caused to individuals and society by the misuse of drugs"* (p8) through the four *"pillars"* of supply reduction, prevention, treatment and research. The overall pillars/aims are as follows:

- **Supply Reduction**: to significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and to significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.
- **Prevention**: to create greater social awareness about the dangers and prevalence of drug misuse; and to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.
- **Treatment**: to encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle; and to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.
- **Research**: to have available valid, timely and comparable data on the extent of the drug misuse amongst the Irish population and specifically amongst all marginalised groups; and to gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs.

## 3. Drug Use Prevention

Prevention strategies for drug use are identified as a core pillar of the National Drugs Strategy (2001). Traditionally four levels of preventive action have been distinguished. ***Primary prevention*** aims to prevent onset of a substance related difficulty. ***Secondary prevention*** comprises strategies to intervene in situations where a problem is likely to occur such as prevention with particular high-risk groups. Uhl (1998) further subdivided ***Tertiary prevention*** into (a) prevention of further harm to those addicted and (b) relapse prevention for those treated. This classification is often collapsed into two groups: prevention aimed at stopping people from using drugs altogether and harm reduction which refers to reducing the risk of any harmful consequences to those using drugs.

In 1994 a new framework for classifying prevention was proposed (Institute of Medicine). This new framework included ***universal, selective and indicated prevention interventions*** (Mrazek and Haggerty, 1994) which replace the traditional primary, secondary and tertiary categories. The guiding principle of this classification framework is the target population of a prevention intervention, rather than objective or content.

### Universal Prevention

Universal prevention targets a whole population group) e.g. National, local community, school or neighbourhood) and each member of the population is considered to benefit from the prevention programmes. The aim is to deter the onset of substance use by providing everyone in that population with the information and skills necessary to prevent the problem. Universal programmes

are delivered to large groups without any prior screening for risk. Universal prevention activities can include schools- based drug prevention programmes or mass media campaigns, or they may target whole communities, or parents and families. Universal programmes can include more than one type of intervention. Multi component programmes may combine school- based curricular interventions with school wide environmental changes, parent training programmes, mass media campaigns and/ or community wide interventions (Flay, 2000).

In an Irish context the National Drugs Campaign, launched in 2003 with the slogan "Drugs- there are answers", was a Universal multi- component type campaign in that it targeted large groups of the population through a mass media (radio and television) campaign as well as including more targeted elements e.g. a "Parents Guide to Drugs" and local community activities such as the "Drugs Questions-Local Answers" road shows.

Universal school based prevention activities in Ireland include the "Walk Tall" and "On My Own Two Feet" programmes. Universal family prevention in an Irish context includes the "Parenting for Prevention" and "Family Communication and Self Esteem" programmes. These programmes will be outlined in more detail later in this report.

Another example of community based universal prevention is the Certificate in Addiction Studies delivered by NUI, Maynooth which was designed to meet the needs of groups who engage directly with substance users and/ or their families. The course provides quality drug education, training and supports services in developing knowledge and skills in order to enhance competencies and capacities in a variety of settings.

**Selective Prevention**

Selective prevention programmes target groups or subsets of the population who have already started to use drugs or are at above average risk of developing substance use problems compared to the general population, identified by the presence of biological, psychological or environmental risk factors ((Mrazek and Haggerty, 1994). Children excluded from school and the children of drug users are examples of groups that may be particularly vulnerable to drug use and misuse. Selective prevention programmes are generally longer and more intense than universal programmes {Kumpher, 2001] and may directly target identified risk factors. An after school programme for children with behavioural problems is an example of selective prevention (Mc Grath et al, 2006).

An example of selective school based prevention in an Irish context is the "St Aengus stay in school project" in Tallaght, Dublin, which offers an integrated response for children at risk of early school leaving between the ages of 10 and 145, who reside in the parish, which will enable them to involve themselves consciously and actively in their own development and in the development of society.

**Indicated Prevention**

Indicated prevention programmes target individuals who may already have started to use drugs or exhibit behaviours that make problematic drug use more likely, but who do not yet meet DSM- IV criteria for dependence (Mc Grath et all, 2005a). Indicated prevention activities are aimed at preventing or reducing continued use, and preventing problematic and harmful use. Interventions may include assistance programmes, peer counselling

programmes, parent- peer groups for troubled youth, teen hotlines and crisis intervention [Kumpher, 2001]. An Irish example is the Frontline Community Drugs Project in Waterford which was developed to provide co-ordinated and integrated contact for young people between the ages of 12 and 21 who are involved in drug misuse and experiencing social exclusion because of their drug use and socio economic background.

## 4. Drug Use Prevention Programmes in Schools.

Most contemporary substance use prevention programmes are school- based. Morgan (2001) described how schools based drug prevention has developed historically from initial programmes which relied on presenting "the facts" about the effects of drug use with dramatic descriptions of what can happen with a view to scaring young people from experimentation. Later approaches placed more emphasis on personal factors, i.e. enhancement of self esteem, which was expected to prevent initiation to drugs. Later the emphasis shifted to social influence including developing resistance skills. However, more recently there has been a move toward multi component programmes which include a broad array of prevention activities in home, school and community rather than isolated schools programmes (Morgan, 2001).

### Information Dissemination

Information dissemination approaches were the first to emerge prior to the 1980s (Canning et all, 2004). These early school- based interventions relied solely on informational approaches and taught students about the effect of drugs, how they are used, and the dangers of drugs use. The goal of these programmes was to change beliefs and attitudes about drug use and thereby modify drug use behaviours (Morgan, 2001). These hold the assumption that if young people knew and understood the potential dangers of drugs use they would subsequently decide not to take them. Although these programmes can

increase knowledge about and change attitudes towards drugs, actual substance use behaviours remain largely unaffected (Paglia & Room, 1999). For example stressing the dangers of drug use may attract high risk thrill seekers. In fact there is some evidence that simply providing information about the dangers of drinking, smoking and drug use may actually increase predisposition to drug use in some circumstance (Stuart, 1974; Botvin, 1999, 2000).

**Affective Education**

Another early approach was "affective education", the aim of which was to prevent drug use by promoting affective development such as increasing self understanding, self esteem and self- acceptance through activities including clarification of values and responsible decision making (Botvin, 1999). Drug or alcohol use were not addressed directly in these programmes. The focus was on broader risk factors and social skills that were assumed to underlie drug and alcohol use. Like the information dissemination approaches, affective education was found to have no convincing effect on drug- use behaviour (Botvin, 1999, 2000).

**Fearful Messages**

In earlier drug prevention programmes it was suggested that if young people "really" knew the consequences of taking drugs, they were unlikely to do so. Tactics include "talks given by people who have overcome problems with drugs or by parents of children who have died as a result of drug misuse and are determined to let people know "the real truth" about drugs (Morgan, 2001).

However the literature on the effects of fearful communication suggests that they do not contribute greatly to prevention (Morgan, 2001). Studies by Leventhal (1967) found that fearful communication seems to elicit defensive reaction (it won't happen to me) and are generally ineffective in preventing people from experimenting with substances. Patterson (1994) in relation to

fear appeals targeted at adolescent audiences has identified that this approach is ineffective and can backfire. It has been found that high levels of threat have produced a 'boomerang' effect so that as the threat increases so adolescent attitudes towards drug use become more rather than less favourable (Schoenbachler *et al.*, 1996). It has also been reported that fear appeals are only effective for audiences with low levels of awareness (WHO, 1997) which is not usually the case in relation to drug use.

## Social Influence Programmes

The Social Influence approach grew in popularity in the 1980s (Canning et al, 2004). These approaches are based on the assumption that young people use drugs because of direct or indirect social influences from peers, family, the media as well (Botvin, 1999, 2000) as well as from internal pressures e.g. the desire to look cool and popular (Morgan, 2001). Morgan (2001) also suggests that the other assumption is that many young people start with negative attitudes to alcohol and drug use but rarely have to justify their unfavourable attitudes towards these behaviours. As a result, when challenged, their beliefs were easily undermined. There are several components of social influence approaches but the overall aim is to increase awareness of social influence over drug use, to address the issue of resistance to social pressure to use drugs and to teach skills for effectively coping with these pressures (Mc Grath et al, 2006).

For example, normative education targets the popular belief that drug use is more prevalent than is actually the case and that it is socially acceptable. Secondly, students learn resistance skills including assertiveness, goal setting, problem solving in an interactive ways such as small group discussions, role playing and demonstrations. Thirdly, students learn about the tactics of advertisements such as those for alcohol and learn counter-arguments to these messages (Morgan, 2001).

Evidence has shown that these social influence approaches have a small but positive impact on drug use (Botvin, 1999, 2000. In some cases these effects have persisted for months and even years after the initial programme (Botvin et al, 1995).

"Competence enhancement" approaches which focus on teaching generic personal and social skills are sometimes combined with features of the social influence approach (Jones, 2006). For example, resistance skills training aims to teach young people how to recognise, avoid or cope with situations where they are likely to be pressures to use drugs e.g. through cognitive- behavioural skills training methods such as behavioural rehearsal and homework assignments (Coggans et all, 2003).

In an Irish context the 'On My Own Two Feet' programme is an educational package for post-primary students which is currently being delivered as an integral resource of the "Social, Personal and Health Education Programme" (SPHE) which is part of the National School Curriculum. . Its goal is the development of personal and social skills for the prevention of substance abuse including training in social skills to resist pressures. The overall objective of the package is to enable students to develop their ability to take charge of their health and specifically to make conscious and informed decisions about the use of drugs (legal and illegal) in their lives. The programme is delivered primarily by teachers following intensive in-service training which includes training in facilitating role play and group discussion. Evaluation has found that in terms of attitudes towards drugs use children from the intervention group score better than those from control schools (Morgan, 1995). Similar results were found in relation to measures of self esteem and assertiveness.

Similarly the "Walk Tall" programme, has been introduced in primary schools as part of the SPHE curriculum and is focused on interactive group methods. Evaluation (Morgan, 2003) suggest that teachers took the view that the programme helped children to make healthy choices, develop self esteem and provided a basis for prevention of substance misuse.

**Other Approaches**

Many recent prevention programmes include more than one type of intervention. Multi component programmes could combine interventions within the school curriculum with school wide environmental changes, parent training programmes, mass media campaigns and/ or community wide interventions (Flay, 2000).

In an Irish context the National Drugs Campaign "Drugs- there are answers" mentioned earlier in this review included some schools programmes e.g. a version of the "Drugs Questions- local answers" adapted and carried out specifically in schools, as part of the main campaign which included mass media, community and specific parent focused elements.

Other approaches to drug prevention in schools include drama or theatre workshops. Some evidence suggests that using theatre in education is effective at bringing about attitude changes and an increase in drug related knowledge (Canning et al, 2004). In Ireland "The Changeling" project, run by Graffitti Theatre Company, aims to stimulate awareness of issues and targets within a broader framework of individual and social responsibility for choices, decisions and consequences. However, though the programme employed interactive methods such as discussion, evaluation found that because it did not include skills training techniques such as role play it did not meet it's full potential (Kiely and Egan (2000).

**Good Practice in Schools based Drug Prevention.**

In the area of drug prevention, schools based interventions have been examined extensively. It has been well established that these programmes can result in significant increases in knowledge about drugs and improved attitudes. Well designed prevention programmes are also capable of delaying or reducing the use of substances (Tobler et al, 2000). More recently, studies are focusing more on looking what are the effective characteristics of these intervention programmes. Meta analyses of a number of programmes allows for comparison of effect sizes across studies and is especially suitable for attempting to gauge quantitatively the collective outcomes of several studies under different conditions and with different populations (Morgan, 2001).

Tobler & Stratton (1997) carried out a meta analysis of school based prevention programmes and found that greater effects were found with interactive programmes (social influences and skills programmes) than for non- interactive programmes (knowledge based programmes). The interactive programmes were relatively more effective with illicit drugs other than cannabis although they were equally successful with cigarettes, cannabis and alcohol.

Cuijpers (2002a), in a review of analyses, attempted to look at which specific components of drug prevention in schools were effective. Whilst acknowledging that there were limitations due to the variability in methodology and interventions used Cuijpers outlined the criteria considered essential in providing effective programmes. Firstly the effects of a programme should have been proven. Interactive Delivery methods were found to be superior and the interventions based on the "Social Influence Model" seemed to have the most effect. The focus of the intervention should be on norms, commitment not to use and intentions not to use. Adding community interventions increases effects and adding life skills to programmes may strengthen effects (Cuijpers, 2002a).

Similarly a more recent systematic review published by the Cochrane Collaboration (Faggiano et al, 2005) found that programmes based on lifeskills were the most consistent at reducing some aspects of drugs use in school settings, indicating that there is fairly good evidence to support programmes based on the Social Influence Model (Jones, 2006). The same study also found that the interactive approaches to drug education are more effective than non interactive approaches.

According to one meta analysis, (Tobler et al 2000), there was "strong evidence to suggest that interactive methods (e.g. role play) of delivering drug prevention interventions was more effective than non interactive methods (e.g. a lecture) in reducing drug use. Unlike non interactive methods, interactive methods can give students the chance to communicate which might account for the apparent superiority of interactive approaches. For example, participants could receive feedback and constructive criticisms and have a chance to practice newly acquired refusal skills with peers (Jones, 2006).`

In summary, from reviewing the literature the characteristics of "best practice" in schools drug intervention programmes can be summarised as follows:

**Best Practice 1:** Programmes based on the Social Influences Model can be effective. It can create a greater awareness among students of social influences, and help them develop skills to analyse and minimise their impact.

**Best Practice 2:** Drug education programs should give priority to behavioural, rather than knowledge or attitudinal, outcomes.

**Best Practice 3:** Programmes should be interactive should emphasise "student-to-student", rather than "student-to-teacher" interactivity, e.g. through the use of role-play, brainstorming and group discussion.

**Best Practice 4:** Adding general competency enhancement, or life skills training (e.g.
developing skills such as communication, assertiveness, decision making) may strengthen the effects of a programme.

**Best Practice 5:** Schools based programmes work well when integrated into the schools curriculum.

**Best Practice 6:** Teachers who have been trained in interactive instructional methods are best able to deliver a drug education programme as intended.

**Best Practice 7:** Adding Community elements or planning programmes to run in conjunction with community wide or programmes or specific family oriented programmes can enhance effectiveness.

## 5. Community Based Prevention

Community interventions have been described as a combined set of activities organised in a specific region or town, aimed at young people as well as parents and other people or organisations. Cuijpers (2003) described examples of universal prevention delivered in community settings as; mass media campaigns, "community" interventions, prevention in the workplace, community mobilising committees and educational activities in bars and discos. These can also include labels warnings and changes in laws and regulations (Morgan, 2001)

## Mass Media Campaigns

The media has been the most frequent source of information in general for young people and has been found to be the main source of information about drugs for young people (Wright & Pearl, 1995). It would therefore stand to reason that that mass media campaigns could be a useful tool for drug interventions aimed at young people. However there is no clear consensus on the extent to which the media influences young people's lives (Drugscope, 2005). National mass media campaigns disseminated through electronic media such as television and radio are commonly used for prevention (or primary prevention) and print media such as postcards, leaflets as well as video and web based materials are more generally used in harm reduction interventions (or secondary / tertiary prevention) (Hunt *et al.*, 2003). Mass media interventions are used for universal interventions targeting the general population as well as selective interventions targeting those considered to be most at risk. For example the National Drugs Campaign " Drugs- there are Answers" included a mass media element (television and radio, both National and local, advertisements) to target the general population and also included elements targeting more selective groups e.g. those more at risk of cocaine use.

The number of ways in which the media has been used to promote drug prevention including counteracting other messages, supporting or reinforcing other programming altering perceptions of community norms or demonstrating new behavioural skills. (Flay 2000). One study by Palmgreen *et al.* (2001) found that through very targeted campaigns aimed at high sensation seeking adolescents with high reach and frequency demonstrated a short-term reduction in drug use in this specific population. However, it has been recognised that in general stand alone mass media campaigns are less likely to

achieve behaviour change than multi component interventions that include community/ schools elements (Jason, 1998; Simons-Morton *et al.*, 1997).

**Multi Component Interventions**

Given that the issue of drug use is multi-causal and complex and as a result is likely to require creative multi component intervention efforts implemented over a long period of time (Simons-Morton *et al.*, 1997). An intervention that includes the use of multiple channels alongside additional integrated interventions such as interpersonal channels, school-based and/or community programmes are more likely to be successful (Atkin, 2002; Hawks *et al,* 2002; Rice & Atkin, 1994; Flay & Burton, 1990).

Interventions that have integrated community and / or school level components do appear to be the most successful (Hawks *et al*, 2002; Flay, 1986). However there has been little work done on assessing the effectiveness of the different elements within multi component programmes. Therefore little is known about the extent to which different intervention components may contribute to effective drug use prevention (Canning et all, 2004, Mc Grath, 2005a).

Some research has found that community interventions appear to be more effective when the community activities are designed to support school based programmes and also to address supply issues. However the issue of those "community" activities comprise is can be an important factor in the effectiveness or otherwise of a campaign.

The National Drugs Campaign "Drugs- There are Answers" included a road show element which aimed to incorporate a community dimension into the campaign and was the channel considered to have the most potential for effect by many of the stakeholders in the campaign (Sixsmith and NicGabhainn, 2007). The road shows were also the element of the campaign that had the potential to

involve local networks and local drugs coordinators. However a process evaluation of the campaign concluded that there was a general lack of involvement at community level which led to the campaign being perceived as irrelevant and in some cases it was perceived negatively by those working at community level (Sixsmith and NicGabhainn, 2007).

The National Drugs Strategy (2001) placed emphasis on empowering communities in tackling drugs problems which has led to a move to a "community development" approach using local services in drug treatment and local people in developing and delivering prevention programmes, for example through the Local Drugs Task Forces.

An evaluation of the work of the Local Drugs Task Forces (LDTFs) shows an example of this community development approach to drugs prevention in an Irish context (Ruddle et al, 2001). Local community members were found to be involved in the Task Force work at all levels e.g. through representation on the management committee, as well as working on the project either as volunteers or in paid employment. The projects also engage the local community through information giving, having a local forum or through use of newsletters and radio.

## Good Practice in Community Based Drugs Interventions

Community based drugs interventions can be effective and can add to the effectiveness of other programmes e.g. schools based programmes or mass media interventions. However further and thorough evaluations of community based drugs interventions need to be carried out in order to ascertain what specific elements of these programmes do work and what constitutes best practice. Although it is clear that much work remains to be done in this area,

particularly in an Irish context, from the literature to date the following points can be elucidated:

**Best Practice 1:** Adding community elements to schools based campaigns can increase effectiveness.

**Best Practice 2:** Adding community elements to mass media type campaigns can increase effectiveness.

**Best Practice 3:** Those planning Community Interventions should engage with and involve stakeholders at local level to enhance local "ownership" at planning and development at implementation phases.

**Best Practice 4:** Developing interventions with a basis in theory can help strengthen the programme and potentially increase effectiveness.

**Best Practice 5:** Good drugs interventions will be evaluated in terms of process, impact and effectiveness.

## 6. Family and Parenting Based Interventions

Historically the influence of peers has been considered to be a major influence in problem drug use. This was largely based on the finding of a strong association between use by peers and reported use (Morgan, 2001). However, more recent research indicates, that although peer influence is important there is considerable evidence that family influences also play a significant role in creating conditions where association with deviant peers begins (Kumpher, 1998). Merikangas et al, 1998 found that family members, siblings, children and

even relatives of persons with drug problems are more likely on average to have higher rates of substance misuse than the general population.

Family Interaction Theory (Brook et all, 1990) asserts that attachment to family, social learning process and intra- personal characteristics have a major influence on substance use. In particular it emphasises that lack of parental supervision and support contributes to weak family attachments, adolescent personality issues and interaction with substance using peers. In turn it implies that teaching parents how to best supervise and support their children can to some extent prevent substance use (Morgan, 2001).

The research suggests that within the family there are specific and non specific risk factors in how families enhance the risk of drug problems. Specific risk factors include exposure of children to drugs, providing negative role models such as using drugs as a coping mechanism and parental attitudes to drugs and drug availability. Non specific risk factors include:

- Dysfunctional families and conflict
- Parental relationship conflict
- Exposure of children to stress
- Family psychological illness
- Neglect and abuse (Kumpher, 1998)

Conversely, Best & Witten (2001), in line with the assertions of Family Interaction Theory, found that a cohesive family unit and high parental supervision have been shown to be protective against drug use. Therefore, in recognition of the role of some family circumstances in the development of drug problems, family based drug prevention places an emphasis on the family strengths and therefore also the family protective factors used to address the problem of drugs (Watters, 2004).

Evaluations of international family focused prevention programmes have shown that such programmes have the ability to increase family protective factors and reduce family risk factors in respect of drug problems. Families with a range of problems that are high risk have also been shown to benefit from family strengthening programmes. The research suggests that their effectiveness is also dependent on ensuring that such programmes are carefully tailored to the age, gender and social circumstances of families and their members (Kumpher, 1998).

However, sometimes parents don't feel confident that they have the skills to help their children avoid drugs. They may lack both basic knowledge of drugs and confidence about their knowledge of drugs, inhibiting their ability to communicate clearly and effectively (Velleman et al, 2000).

Some research had found that there are often difficulties in recruiting and retaining families in drug prevention programmes (Valleman et al, 2000). A UK Ofsted report (2005) found that information and advice evenings for parents in schools attracted variable and often small numbers of parents. Similarly Canning (2004) found that there is an indication that such programmes may be poorly attended, particularly among parents who drink and smoke more heavily.

However the UK Report "Drug Education in School" Ofsted 2005, identified that parents felt that drug training should include the provision of accurate, up to date information on all drugs and their effects; advice on how to talk to their children about drugs and advice on how to access local sources of information.

Velleman et all (2000) in an evaluation of five drug prevention programmes for parents, found that the key to successful recruitment of parents appeared to be the networks within the school or community to which a project was mostly

strongly linked. Following taking part in these programmes parents reported that they were more knowledgeable about licit and illicit drugs and felt more able to communicate with their children about drugs. They also reported an impact in terms of more broad support including increases in self confidence and in general communication and parenting skills.

The "Community Awareness of Drugs" (CAD) 'Parenting for Prevention', is a six session programme specifically targeting parents that want to update their information on drug related issues and communicate to their children on the issue of drugs. The programme consists of six, weekly sessions lasting around two and a half hours. At the core of every session is the need for participants to develop a drug prevention strategy to suit their individual needs. The programme provides parents with an opportunity to update information on drugs and their effects, explore attitudes, beliefs and decisions related to drug misuse and develop a family - orientated drug prevention strategy. Over three thousand parents have completed the programme. Feedback from participants indicates that they have a raised awareness of drug prevention issues, enhanced communication on a broad range of substance misuse matters; and, a more open attitude toward those who have developed drug dependency related problems.

**Family Support**

The literature on the effects of family shows that it can be "family process" that is much more important than "family structure" in the development of deviant behaviour in general and also in relation to substance use (ACMD, 1998, Wells & Rankin, 1991). For example the fact of living in a single parent family or a reconstituted family is less significant than family process factors e.g. how conflict between parents is dealt with, the presence or absence of affection or parental supervision. Variable like parental warmth, affection and consistency in supervision which are known to be important parameters of effective

parenting are also major influences in the development of substance misuse (Morgan, 2001).

International research shows that interventions targeting family support rather than specific drug intervention show great potential and have resulted in positive outcomes in social behaviour including reductions in substance misuse (Zigler et al, 1992). There is also evidence that family based interventions with older, at risk youths may result in better outcomes than other interventions (Alexander et al, 2000). Petrie et al (2007) in a systematic review of controlled studies of parenting programmes to prevent tobacco, alcohol and drug abuse in children concluded that parenting programmes can be effective in reducing or preventing substance use. The most effective were those that shared an emphasis on active parental involvement and on developing skills in social competence, self regulation and parenting (Petrie et al, 2007). They recommended that further work was needed to investigate the processes of change and to look at the long term effectiveness of these interventions.

Mc Keown (2000) in a review of family support interventions in an Irish context concluded that family therapy approaches are promising provided the intervention is tailored to suit the family definition of need and that it restores the family's capacity to solve its own problems. Nic Gabhainn and Walsh (2000) asserted that although drug prevention has broadened it's horizons having "matured away from a singular focus on the individual" there was still a need for much more work in this area and recommended that the services that act under the ambit of family support need to have a clearer, more defined and resources role in drug prevention.

More recently, in examining the role of family support services in drug prevention Watters, 2004 concluded that although there has been a welcome expansion of family support services in Ireland the majority of these are not

aware of the positive role they could play in responding to and preventing drug problems, and recommended introducing the role of drugs and drug prevention in the professional training of those who work in family support and increasing the awareness and knowledge of existing family support services in respect of family functioning and drugs prevention as well as ongoing training for those that work in and manage services.

## Good Practice in Family and Parenting Based Drugs Interventions

As with community based interventions this is an area which requires further research, particularly in an Irish context, in order to establish what constitutes good practice in this field of drugs intervention. However from the current literature available the following guidelines on good practice could be elucidated.

***Best Practice 1:*** Existing networks of parents within schools and communities should be utilised in order to gain access to and recruit parents onto drugs intervention programmes.

***Best Practice 2:*** Tapping into the strengths of already existing parent/ family services and groups would increase attendance and participation.

***Best Practice 3:*** Programmes should include up to date information on drugs to enhance parents' knowledge of the subject which will, in turn, enhance confidence in their ability to communicate effectively with their children on the topic of drugs.

***Best Practice 4:*** Family based interventions should focus on family strengthening objectives.

***Best Practice 5:*** Programmes should be tailored, where possible, to the age, gender and social circumstances of the families.

***Best Practice 6:*** As with schools programmes, interactive methods should be used in order to encourage discussion of the topic.

## 7. Overall Effectiveness

Mark Morgan (2001) identified five factors which contribute to whether or not a drug prevention programme is effective or not, some being related to the expectations of the programme

***1. Unrealistic expectations:***

Differing expectations about what a prevention programme can achieve and more specifically what can be achieved within the school curriculum can play a major part in our perception of effectiveness.

***2. Programme Implementation:***

Many programmes frequently fail because they are not properly implemented properly.

***3. Problems of Implementation:***

There are a number of major practical problems involved in the implementation of programmes. These include the failure to evaluate the process involved in the programme as well as administrative difficulties.

***4. The future of implementation***

The overcrowding of the curriculum in formal education is a real problem and barrier to effective implementation in schools based drug interventions/.

***6. Environmental and Cultural Factors***

A major problem with universal programmes is that many of the messages delivered may not taken seriously by large numbers of young people due to the fact that there is a major gap between the content of such programmes and the experiences of the young people at whom they are targeted and the

effectiveness can be lessened by not taking in to account that young people may be at different stages of drug use. (Morgan, 2001)

**What does work?**

This review of the literature indicates that there are many factors that contribute to the overall effectiveness of drugs prevention programmes. These include interactive approaches, design and content based on the social influence model, family and community involvement.

**1. Interactive approaches**

Interactive approaches have been found to be more effective than no interactive approaches in reducing drug use in universal school based drug prevention programmes (Cuijpers, 2002a) and family focussed interventions (Kumpher & Alvarado, 2003). Intervention programmes have been found to be particularly well received by parents from low socio economic status backgrounds if they are delivered in an interactive manner.

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**2. Social Influence Model**

There is consistent evidence for the effectiveness of programmes based on the social influence model (Cuijpers, 2002a) although some interventions may be more effective than others with no convincing evidence emerging for resistance training. Though the Social Influence model is currently used in relation to schools based programmes, the model could also be applied to work with parents and families.

**3. Family Involvement**

Family involvement in prevention has been highlighted in recent studies (Kumpher & Alvarado, 2003; Shepard & Carlson, 2003). Behavioural parent training, family skills training and family therapy were found to be the most effective family strengthening interventions. More research is recommended

to determine whether these approaches are significantly more effective than other approaches and which specific types of family interventions are most effective (Mc Grath et all, 2006).

**4. Community Involvement**

Research has shown that interventions which include or run in conjunction with, a community element, particularly if based on a community development approach and include local people in the planning and development in the programme can be more effective.

**5. Training and implementation**

It is essential that interventions must be properly delivered and implemented by those who have been fully trained in the appropriate methods. This is an essential component in determining the effectiveness of any intervention programme whether it be schools, community or family based.

**Considerations for Development**

In a review of Best Practice of in Prevention of Substance Use in Canada the review group (Roberts et al. 2006) recommended four guiding principles for effective prevention programmes. These guidelines could well be applied to the Irish setting in establishing best practice guidelines for drug use prevention programmes.

1. ***Build a strong framework:***

    Address protective factors, risk factors and resilience factors

    Seek comprehensiveness

    Ensure sufficient programme intensity and duration

2. ***Strive for accountability:***

    Base programme on accurate information

    Set clear and realistic goals

Monitor and evaluate the programme

Address programme sustainability from the beginning

**3. Understand and Involve Young People**

Account for the implications of adolescent psychosocial development

Recognise youth perceptions of substance use

Involve youth in Programme Design and Implementation

**4. Create an Effective Process**

Develop credible messages

Combine knowledge and skills development

Use an interactive group process

Give attention to teacher and leader qualities and training

(Roberts, 2006)

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## Part 2: Drugs Prevention Programmes aimed at Parents

| Organisation | Title | Details | Contact |
|---|---|---|---|
| **Ana Liffey Drug Project** | **Family Care and Case Management** | The Family Care and Case Management service based at the Ana Liffey Drug Project is one of our responses to working with families and the children of families who are living with the reality of problematic drug use. The overall aim of the service is "To Promote and Support high quality parenting and to enhance the quality of life for children whose parents use drugs". We currently employ two Family Case Workers who are both qualified drugs workers and a Family Case Worker who is a qualified social worker. | info@aldp.ie<br><br>01 8786899 |
| **Balbriggan Awareness of Drugs** | **Family Support Group**<br><br><br><br><br><br><br><br><br>**Parent to Parent eight-session programme** | The family group gives parents the opportunity to identify with others in a similar situation. They can talk openly about their fears and frustrations without any stigma and obtain up to date information about the drug and its effects.<br>The support group gives parents and family members a lifeline at times of crisis and the security that someone who understands and cares is available at the end of a phone line. For a family with a drug problem in their lives a support group is of paramount importance even if the substance misuser has no wish to stop his / her drug use.<br><br>**Parent to Parent** is a presentation that empowers parents to deal directly with their own children on the critical issues of adolescence, alcohol, drugs and other personal values.<br>the programme is divided into eight segments covering the following areas. Balbriggan Awareness of Drugs also finance the training of facilitators in the Parent to Parent Programme | balbriggandrugs@gmail.com |

| **Community Awareness of Drugs** | **'Parenting for Prevention'**<br><br><br><br><br><br>**Single session for parents/ guardians/ carers** | The Community Awareness of Drugs ***'Parenting for Prevention'*** six-session drug education programme promotes the role of parents and carers in reducing the demand for drugs. Past participants of the programme (nearly 3,000 adults) have found the course significantly raises awareness and greatly enhances communication on a broad range of drug related issues.<br><br>Delivered within a health-promoting framework, our programme provides parents with an opportunity to:<br><br>U Update information on drugs and their effects;<br>U Explore attitudes, beliefs and decisions related to drug misuse<br>U Develop a family - orientated drug prevention strategy<br><br>About 8 sessions annually with attendance anywhere from 20 to over 100 | Bernie Mc Donnell<br>Co-ordinator<br>01 6792681<br>communityawareness@<br>eircom.net |
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| **Community Awareness of Drugs** | **Prevention in the Home- the role of the Parent** | • To further relevant actions of the National Drugs Strategy<br>• To raise awareness of the prevalence of and risks associated with substance misuse<br>**Course content** Presentation of preliminary information on the context of drug awareness,<br>followed by definitions of what a drug is, what drugs look like, what drug misuse is, and information about why people take drugs, risk and protective factors, getting along with teenagers, etc.<br>**Target group** Adults – parents / guardians/ carers | Bernie Mc Donnell<br>Co-ordinator<br>01 6792681<br>communityawareness@<br>eircom.net |
| **Community Awareness of Drugs** | **THE CAD Bi-annual update for past participants of the "parenting for prevention" programme.** | To provide participants with an opportunity to access information on drugs from Dr Des Corrigan, chairman of the National Advisory Committee on Drugs and senior lecturer at the School of Pharmacy, Trinity College Dublin. In addition, to up-skill on family-related matters from a variety of guest speakers and to listen to shared personal experiences on the topic of drug use and dependency.<br>**Course content** Pharmacological update from Dr Des Corrigan. Family-related strategies<br>are covered by a variety of family therapists / addiction counsellors and shared personal experiences by either Narcotics Anonymous / Coolmine Therapeutic Community or Merchants Quay Ireland.<br>**Target group** Past participants of our 'Parenting for prevention' programme. | Bernie Mc Donnell<br>Co-ordinator<br>01 6792681<br><br>communityawareness@<br>eircom.net |

| Crosscare | Drug Awareness Programme | The DAP provides a range of drug education, prevention, training and development services.<br><br>Topics include:<br><br>▪ Policy development.<br>▪ Drug education programme design and delivery.<br>▪ Prevention and education strategies.<br>▪ Managing drug related issues.<br><br>Training programmes are designed and developed according to the specific setting and needs of the participant group. | Contact<br><br>info@dap.ie<br><br>01 8360911 |
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| **Dublin North East Drug Task Force** | | ***Artane Drugs Awareness Project***:<br>- personal development courses for the adults and parents of the young people who use the centre<br><br>***Bonnybrook Parent Support Project***<br>- Target group –.Drug users and their families. Activities – 1:1 counselling, family support, Outreach, Treatment and Rehabilitation referrals, Personal Development, reflexology, Spiritual healing, family cope programme, Arts and Crafts, Addiction Management, N.A. meetings, Prison links work, Beautician Drugs education programme.<br><br>***Howth Peninsula Drugs Awareness Group***<br>- Family support as part of ongoing support programmes<br><br>**Darndale/ Belcamp Drug Awareness Group**<br>- 1:1 support, Family support as part of overall community activities<br><br>***Community Addiction Studies Course***<br>- Delivered by DAP | Dublin North East Drugs Task Force<br><br>www.dnedrugstaskforce.ie<br>Ph. (01) 8465070 |
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| **Greater Blanchardstown Response to Drugs** | **Family Support** | There are three Family Support Groups in the Dublin 15 area, where family members of drugs users come together on a regular basis to discuss their common issues.<br><br>Hartstown / Huntstown Community Drug Team P2P Support Group involving Parents, Siblings and Spouses. - P2P provides support, advice and information for family members affected by drug use. The group has a weekly meeting and also engages in stress mangement, yoga relaxtion, education and training.<br><br>- Mountview / Blakestown Community Drug TeamFamily Support groups,<br><br>- Mulhuddart / Corduff Community Drug Team- **Family support and referral**<br><br>Plans for the setting up of a Family Support Group in the Castaheaney/ Littlepace area. | **Phillip Keegan**<br>Co-0rdinator<br>P (01) 8262364<br>phillip@gbrd.ie<br><br>Elaine Moore, Coordinator<br>Tel: 01 821 1385<br><br>Marie Lee, Team Leader<br>Tel: 01 821 9140<br><br>Marie Mc Kay, Coordinator<br>Tel: 01 821 6601 |
| **Killinarden Drug Primary Prevention Group** | **Drug Awareness Programme** | A number of local parents and teachers came together to form the KDPPG. These local parents and teachers were concerned at the lack of drugs education and drug information programmes and activities for children and families within the Killinarden area. The main aim of the KDPPG is to create awareness and understanding on drug misuse amongst children, parents and the local community of Killinarden. Specifically the KDPPG ran drug education and prevention courses for local primary and community schools for the benefit of local youth and children; to support and encourage the training of parents and community representatives in facilitation skillls to deliver drug education in schools and to provide a support service to local families and community based organisations around the issue of drug misuse. | kdppg@oceanfree.net<br><br>01 4664275 |

| **URRUS Community Addiction Studies Training Centre** | **Drug Awareness Evening**<br><br><br><br><br><br><br>**Community Addiction Studies Course** | As part of their programme of training around issues of addiction in the community, Urrús are offering information sessions on drugs and alcohol. The training is targeted towards people living in this community who want to know more about drugs and alcohol and their effects.<br>The Workshop covers: -<br>*Drugs Information<br>*Alcohol Misuse<br>*Signs and Symptoms<br><br>20 week programme for parents, community members and professionals who want to become more effective in their response to Drug use. | Phone:01 846 7980<br>Fax: 01 846 7981<br>email: urrus@iol.ie |
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| **North West Inner City Drugs Task Force** | <br><br><br><br><br><br><br><br><br><br><br><br><br>**Snug Counselling** | Chrysalis is a community drug project offering a range of services to drug users, their families and the wider community in the greater Stoneybatter area, Dublin 7. Current services offered by Chrysalis include:<br>• Information, referral and advocacy services<br>• Addiction counselling / support<br>• Outreach (Prison / Hospital visits, etc.)<br>• Drop-in service every morning except Tuesdays 10.00 - 12.30<br>• Holistic Afternoons and drop-in service(2.00 - 4.30 , Tuesdays and Wednesdays)<br>• Drug Training Programmes<br>• A range of services to drug using women working in prostitution<br><br>The Snug Counselling Service provides counselling and support to drug users and their families. Services offered include:<br>• Information and advice<br>• One-to-one counselling<br>• Support and advocacy<br>• Brief intervention and crisis therapy<br>• Outreach to persons affected by drug use. | Chrysalis,<br>Tel: 01-6705544<br>Fax: 01-6729727<br>Web: www.chrysalisdrugproject.org<br><br><br><br><br><br><br><br><br>Contact Details<br>Macro Resource Centre,<br>1 Green Street, Dublin 7<br>Open: 9.00 - 4.30,<br>Monday to Friday<br>Tel: 01-8786231<br>Email: thesnug@eircom.net |

| **Course provider**<br>CDA Trust Ltd<br>(Cavan Drug<br>Awareness) | **Parent-Parent facilitator Training**<br><br><br><br><br><br><br><br>**Parent-Parent programme** | Two day course with the aims:<br>• To train volunteers to facilitate parent peer education through the Parent-Parent programme<br>Objectives:<br>• Identify key learning skills for facilitating the Parent-Parent programme<br>• Support participants in planning and delivery of the Parent-Parent workshops<br>• Support participants to apply the learning<br><br>Aims:<br>• To challenge the thinking of participants<br>• To create action by providing parents with knowledge and skills<br>• Objectives:<br>• To train participants in the skills, attitudes and abilities they may need to help their children through the adolescent years without significant drug or alcohol use<br>• To present a framework for recognising and dealing with the problem | Jacqueline McKenna<br>042 9666983<br>cdatrust@eircom.net |
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| **Dún Laoghaire-Rathdown Local Drugs Task Force**<br><br>**(run by DAP)** | **Parent training course in drugs awareness (DAP)** | **Course aims and objectives**<br>• To provide information about drugs, signs and symptoms, and local services<br>• To enable participants to reflect on their attitudes to drugs<br>• To explore constructive approaches to prevention of drug problems in families and communities | Mr Jim Doherty<br>Co-ordinator<br>01 280 3335<br>james.doherty@maild.<br>hse.ie |

| **EAP Institute**<br>**Co. Waterford** | **Community drug awareness course** | **Course aims and objectives**<br>This course is ideal for individuals, groups and parents concerned about<br>drugs and who wish to learn more.<br>**Course content** Areas covered include:<br>• Attitudes to drugs<br>• Facts about drugs<br>• Recognising signs and symptoms of drug use<br>• How to respond at family and community level to drug issues<br>• Information on local services<br>**Target group** Individuals or groups living in the Dún Laoghaire-Rathdown area | Anita Furlong<br>051 855733<br>anita@eapinstitute.com |
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| **Course provider** HOPE (Hands On Peer Education) | **Drug and alcohol awareness talk for parents** | Two-hour talk, daytime or evenings<br>Aim: Raise awareness of alcohol and drug use among young people<br>Objectives: For participants to gain a brief overview of the process of<br>substance use, drugs and their effects, intervention, treatment and support<br>available | Irene Crawley<br>Co-ordinator<br>01 8878404<br>hopehandson@yahoo.ie |
| **A23 Holistics**<br>15 North Strand Road,<br>Dublin 1 | | **Course aims and objectives**<br>Holistic respite for those living with drug addiction or alcoholism, or who<br>have been bereaved due to addiction<br>**Course content** Participants can avail of shiatsu, reflexology, and acupuncture<br>**Target group** Parents/children/spouses of people in addiction | Irene Crawley<br>Co-ordinator<br>01 8878404<br>hopehandson@yahoo.ie |

| **Course provider** HOPE (Hands On Peer Education) | **Facilitating community drug and alcohol awareness** | Aims: Training individuals to facilitate drug and alcohol education<br>Objectives: For participants to become familiar with course content, and<br>comfortable with facilitation<br>**Course start date** Course runs for 10 weeks, lasting 3 hours, one evening or day per week | **Course provider** IICP Education and Training<br>**Address** Killinarden Enterprise Park, Killinarden, Tallaght, Dublin 24 |
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| **Course provider** South Western Regional Drug Task Force | **Parent to parent programme,** | **Aims:**<br>• To raise basic awareness in relation to alcohol and substance misuse<br>• To look at attitudes<br>• Explore tools for prevention<br>• Trust and consequences<br>• Importance of feelings and communication<br>• Sources of stress / importance of 'healthy' parents<br>• To build confidence in parenting<br>• To give skills and frameworks to work from, should issues arise<br>• Importance of family values and beliefs<br>• Understanding of addiction<br>• Support for parents / sources of information and help<br>**Course content** Five 2.5 hour video/workshop based sessions delivered once a week for 5<br>weeks | South Western Regional Drug Task Force<br>C/o Foroige, Block 12d, Joyce Way, Parkwest,<br>Dublin 12<br><br>Aine O'Keeffe<br>Regional Drug Education Co-ordinator<br>01 6301560 / 086 8358884<br>aokeeffe@foroige.ie |
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| **Course provider** URRÚS/The Ballymun Youth Action Project | Drug awareness programme for parents | Aim:<br>• To raise awareness among parents about the issues and choices facing<br>young people in relation to drug use/misuse in the context of their own<br>communities<br>• To inform parents of the supports and services available in relation to<br>drug use/misuse<br>Objectives:<br>• To inform participants of trends in drug use/misuse<br>• To allow participants to become familiar with different types of drugs<br>and their effects<br>• To challenge attitudes to drug use/misuse/addiction<br>• To familiarise participants with school based drug education programmes and policy | URRÚS/The Ballymun Youth Action Project<br>Horizons Centre,<br>Balcurris Road,<br>Ballymun, Dublin 1<br>Gabrielle Gilligan<br>Administrative Assistant<br>**Telephone** 01 8467980 / 8425726<br>**Email** urrus@iol.ie |
| **Course provider** URRÚS/The Ballymun Youth Action Project | Drug awareness information day | **Course aims and objectives**<br>To provide introductory information about drugs and alcohol<br>**Course content** • Drugs information<br>• Alcohol misuse<br>• Trends and patterns<br>• Signs and symptoms<br>• Involving support agencies and making referrals<br>**Target group** People who want to begin to learn about drugs/alcohol and their effects | URRÚS/The Ballymun Youth Action Project<br>Horizons Centre,<br>Balcurris Road,<br>Ballymun, Dublin 11<br>Gabrielle Gilligan<br>Administrative Assistant<br>01 8467980 / 8425726<br>urrus@iol.ie |

| **Course provider** URRÚS/The Ballymun Youth Action Project | Drug awareness information evening | **Course aims and objectives**<br>To provide a short introduction to drugs and alcohol<br>**Course content** • Drugs information<br>• Alcohol misuse<br>• Signs and symptoms<br>**Target group** People who want to begin to learn about drugs/alcohol and their effects | URRÚS/The Ballymun Youth Action Project<br>Horizons Centre,<br>Balcurris Road,<br>Ballymun, Dublin 11<br>**Telephone** 01 8467980 / 8425726<br>**Email** urrus@iol.ie |
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| **Cork Social and Health Education Project** | **The Family, Communication and Self Esteem Programme** | This programme is a course for parents on long term prevention of drug and alcohol misuse. It focuses on the parents as the primary educators and seeks to exploit the connection between prevention of drug misuse and family communication. The programme has two main aspects: parenting education and drug education. The emphasis of the programme is on: empowering participants, enabling participants to help themselves, building up self-esteem and developing interpersonal skills and resources. It is usually run in ten weekly two- hour sessions involving 12- 16 parents. | Mr. Frank Dorr<br><br>021 278464 |
| **Carlow Youth Service** | **County Carlow Drugs Initiative** | **One to one support** for families and young people affected by substance misuse.<br><br>**"You are Not Alone"** is a family support group meets weekly<br><br>**"Easy Access".** This is a confidential phone line which gives information, guidance, help and support regarding substance misuse. Seminars for Parents of all Primary and Secondary School children in the County.<br><br>**"Not without the Parents"** We organise a yearly Drug Awareness week together with agencies from Kilkenny and Carlow which usually takes place in October. | Carlow Regional Youth Services<br><br>Phone: (059) 9130476<br>Fax: (059) 40903<br>E-mail:<br>carlowys@iol.ie |

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| **County Waterford Community Based Drugs Initiatives** | | The **Community Based Drugs Initiative** was formed to offer a range of responses to issues of substance misuse.CBDI is funded by the South Eastern Health Board and is managed by the Waterford Regional Youth Services.<br><br>• One to one support for individuals and families<br>• Facilitating family support groups<br>• Information and referral to relevant services<br>• Drug awareness, education and development programmes for:<br><br>- Parents<br>- Young people<br>- Community groups<br>- Sports groups<br>- Voluntary groups | 051-856465<br><br>southside@wrys.iol.ie |
| **Cork Local Drugs Task Force** | **Strengthening Families Programme** | **The Strengthening Families Programme**<br><br>The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high risk families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.<br><br>This project is a collaboration between Cork Local Drugs Task Force, Southern Regional Drugs Task Force and Drug and Alcohol Services HSE SA. | CLDTF : 021 4923135 |

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| **Drug Prevention Alliance (DPA)** | **“Safe Passage” Programme** | Although the DPA is no longer an active working group, their safe passage programme continues to be used by various organizations throughout the country.” Safe Passage” is a five session , two hour programme consisting of four parts: an introductory section on useful parenting skills, Parent to Parent 2000, and a third section that deals with what to do if a drug related problem arises. Programmes are facilitated by trained volunteer facilitators; teachers, parents, Garda etc. | |

# *LITERATURE REVIEW*

For

## Don't Lose the Head

This Literature Review was completed in preparation for the writing of "Don't Lose the Head," a support booklet for parents and guardians, dealing with the issues of drugs and alcohol in the family. The Literature Review is background material, compiled to ensure that the booklet is solidly based on research and evidence-based findings.

The Literature Review was compiled by Pauline Clerkin on behalf of the project consultants Louise Monaghan and Siobhán McGrory, who are the authors of Don't Lose the Head.

The Literature Review can be downloaded from the website www.drugs.ie in the section for parents and carers. The link is: **http://www.drugs.ie/parents_carers/intervention/**

### Background information

Two booklets have been produced in this project:

- Don't Lose the Head is the booklet for parents, available in printed form. It can also be down loaded from the website but, as it is in full colour, printing it on a colour printer will use a lot of ink! Copies of Don't Lose the Head are available, free while stocks last, from DAP Crosscare, The Red House, Clonliffe College, Dublin 3. They may be ordered by phone from **(01) 836 0911** or by email from **info@drugs.ie**. They can also be ordered through the North Dublin Regional Drugs Task Force by phone **(01) 813 5580** or by email **info@ndublinrdtf.ie**.

- The Literature Review is available only in electronic form, except for a small number of demonstration copies. The Literature Review will be of interest to researchers, students of Addiction Studies and those working in the field of Substance Use and Prevention. Apart from a few demonstration copies, the Literature Review is available only as a download from the website mentioned above, www.drugs.ie

Crosscare is the social care agency of the Dublin Diocese and Don't Lose the Head draws on the experience of two of Crosscare's programmes, the Drug & Alcohol Programme (DAP) and Teen Counselling. Crosscare commissioned Louise Monaghan and Siobhán McGrory to write the booklet.

Before they wrote Don't Lose the Head, the authors engaged in wide consultation. They commissioned the Literature Review; they consulted parents and young people; they met with a Consultation Group made up of people working in the field of drugs, health and youth services, including the staff of Crosscare's DAP and Teen Counselling.

Don't Lose the Head was financed by the Regional Drugs Task Force (RDTF) in North Dublin City and County.

The Literature Review is published electronically on the website **www.drugs.ie**

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