Evaluation of *DARE to make a Choice*

A report prepared by

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for

The New Zealand Police

July 2007

New Zealand POLICE
Nga Pirihimana O Aotearoa

First published in July 2007 by the
New Zealand Police
PO Box 3017
Wellington
New Zealand

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ISBN 0-477-02974-4

Acknowledgements

We would like to thank all the busy Police Education Officers and teachers who made time to respond to the on-line survey that formed part of this research. Special thanks are also due to the Police Education Officers, teachers, principals and students in the two case study schools.

Owen Sanders of Youth Education Services in New Zealand Police was closely involved in this work, and was helpful throughout. We thank him for this.

We thank our colleague, Elaine Mossman, for her help in developing the on-line survey.

Denise Lievore
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Executive Summary

The Crime and Justice Research Centre (CJRC) carried out a new evaluation of the *DARE to make a Choice* (*Choice*) drug education programme.[1] The evaluation was based on a 'best practice' approach outlined in a CJRC scoping study commissioned by NZ Police in 2005. The premise was that if the best practice principles are being met, it is reasonable to suppose this provides good indirect information of *Choice's* likely effectiveness in meeting its aims and objectives.

Choice was developed by the New Zealand DARE Foundation and New Zealand Police. It was inspired by the American DARE, although the programmes have little in common. *Choice* was originally launched in 1991. Different aspects were evaluated over the next six years. This led to a re-launch of *Choice* in 1998 to bring it line with best practice principles identified for drug education in a report commissioned by the NZ DARE Foundation. The current evaluation is the first to look at the revised version of *Choice*.

Choice aims to prepare young people to make responsible choices and decisions about the use of drugs and to give them the skills and confidence to implement these choices and decisions. Drugs cover alcohol, tobacco, other legal drugs and proscribed drugs.

Choice is a school-based programme delivered by teachers and Police Education Officers (PEOs). The *Choice* curriculum comprises two separate programmes – one for school children in Years 5-6, and one for Years 7-8 (i.e., those aged 10 to 13). The current study is restricted to the programme for the older age group.

The programmes for both Years 5-6 and Years 7-8 have a sequence of clusters, which:

a. establish relationships and procedures for the programme;

b. foster feelings of self worth and build effective communication;

c. develop decision making skills;

d. help children to identify drugs and develop skills to resist drug misuse;

e. help students to identify hassles and find people and strategies to handle these; and

f. draw everything together and give students an opportunity to share new skills.

The curriculum has a flexible structure to allow teachers to plan programmes and choose activities that meet the levels at which students are working. Ideally children will undertake *Choice* twice during Years 5-8. The *Teaching Guide* recommends that children require about 22 to 23 hours of *Choice*. Both the Years 5-6 and Years 7-8 programmes have activities designed to meet these guidelines. PEOs should be present for 10-15 hours.

Choice is a widely used programme. It was taught to 34,160 Years 5-6 and Years 7-8 school students during the 2003/2004 police corporate year.

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1 Although the *DARE to make a Choice* programme is commonly referred to as DARE within schools, we have chosen to call it *Choice* so as to differentiate the NZ drug education programme from the DARE programme in the United States, and the other DARE programmes which run in New Zealand.

The Scoping Study

The scoping study that CJRC conducted for NZ Police focused on options for evaluating *Choice* for children in Years 7-8. The three options identified were for:

a. A quasi-experimental design using systematic sampling methods to assess the effect of the programme on the attitudes and knowledge of Years 7-8 students. This was the type of study recommended by the Ministry of Justice in 2002.
b. The type of research that could be undertaken with more limited resources of $50,000. We considered a time series design, in which programme schools would act as their own controls.
c. The cost and value to NZ Police of evaluating whether *Choice* is meeting the best practice principles recommended by the Ministry of Youth Development in their publication *Strengthening Drug Education in School Communities: Best Practice Handbook for Design, Delivery and Evaluation, Years 7-13* (MYD, 2004b).

We did not recommend either (a) or (b) as meeting NZ Police requirements. In particular, neither was likely to offer conclusive evidence of the effectiveness of *Choice*, either in respect of knowledge and attitude changes or future drug use. The third (best practice) option could be conducted within the available police budget, and the findings were likely to assist police and schools by highlighting the strengths of the programme as well as areas for improvement. This is what the scoping study recommended. It formed the basis of the present evaluation.

When NZ Police requested a scoping study, MYD had published a practical guide and handbook – based on a literature review by Allen and Clarke (2003) – setting out best practice principles for the design, delivery and evaluation of school-based drug education programmes (MYD, 2004a, 2004b). The handbook took up the issue of evaluating drug education programmes, and their recommendations were carefully inspected as part of the scoping study.

MYD's literature review showed that student outcomes are better when drug education encompasses 16 elements, subsumed under the broad areas of content, process and context.

CONTENT

1. Is evidence-based
2. Aims to prevent and to reduce drug-related harm
3. Has clear, realistic objectives
4. Is relevant to the needs of young people
5. is responsive to different cultural views and realities
6. Is associated with family-based training
7. Is co-ordinated with other community initiatives

PROCESS

8. Uses interactive teaching styles
9. Teaches young people social skills
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use
11. Critically analyses mass media messages

CONTEXT

12. Follows classroom safety guidelines about the discussion of drugs and drug issues
13. Is supported by a comprehensive school-wide approach
14. Is long term and delivered over several years
15. Provides adequate training and ongoing support for programme deliverers
16. Includes ongoing review and regular evaluation.

The evaluation addressed the following broad research questions:

i. Are the stated *objectives* of *Choice* in line with those recommended by MYD as best practice?
ii. To what extent does the content of *Choice* meet identified principles of best practice? For example:
    a. To what extent is *Choice* relevant to children's needs as they perceive them?
    b. To what extent is *Choice* responsive to different cultural views and realities?
iii. To what extent is *Choice* being *implemented* in accordance with the pedagogic approach that informed it as regards process and context?

The evaluation entailed an analysis of how well *Choice* foundation documents, MYD best practice principles, and actual practice map onto each other. It used the 16 elements as the basis for comparison. The elements were examined with a three-pronged approach.

The Components of the Evaluation

There were three main components to the evaluation:

- Document analysis, to establish whether the theoretical underpinnings of *Choice* meet MYD best practice principles.
- A web survey of PEOs and teachers.
- Case studies of two schools, to observe the delivery of *Choice*.

These methods were supplemented by consultations with *Choice* programme designers to clarify certain points.

Document Analysis

The document analysis examined the fit between the MYD best practice principles and the foundations of *Choice*. As part of this, we took into account MYD's position on the delivery of drug education. This aspect of the evaluation covered four comparisons.

Comparison 1 established whether *Choice* meets the requirements of the New Zealand Curriculum Framework, as recommended by MYD. The programme materials clearly demonstrated how the lessons link into the *Health and Physical Education Curriculum*, as well as other areas of the *NZ Curriculum Framework*.

Comparison 2 determined how Pickens' (1998) literature review of what works best in drug education 'fits' with the 16 MYD principles which were developed some years later. The analysis showed a high degree of congruence between Pickens and MYD, thus demonstrating that the revised version of *Choice* is an evidence-based programme (principle 1).

Comparison 3 examined how the pedagogical underpinnings of *Choice* – as set out in *Choice in Your School – a Working Booklet* (DARE Foundation of NZ and New Zealand Police, 1998a) – 'fits' with the MYD principles. The analysis pointed to a high level of correspondence between the *Working Booklet* and MYD principles. From an academic perspective this is a well-designed, pedagogically sound programme. Whether it is always implemented as intended is a separate issue.

Comparison 4 looked at how the guidelines for implementing *Choice* in the *DARE to make a Choice Years 7 8 Teaching Guide* (DARE Foundation of NZ and New Zealand Police, 1998b) map onto the MYD principles. The *Teaching Guide* sets out the aims and achievement objectives of *Choice* and provides teaching materials appropriate to the learning objectives. The analysis indicated that the aims and achievement objectives of *Choice* are consistent with the holistic youth development approach advocated by MYD. The learning clusters and activities designed to meet the learning objectives map well onto the relevant MYD principles. The *Teaching Guide* provides a range of activities that map onto most of the MYD best practice principles. However, *Choice* may fall short of meeting two MYD principles:

i. Responsiveness to different cultural views and realities (MYD principle 5). The Te Reo Māori version of *Choice (Tēnā Kōwhiria)* is not widely used. The *Teaching Guide* for the general programme does not include learning clusters or activities dealing with cultural issues.

ii. Association with family-based training (MYD principle 6). The Teach*ing Guide* does not include learning clusters or activities that specifically provide information for families / whānau / caregivers or encourage participation. The DARE Foundation offers a community-based programme, but we had no information on how often it is run in conjunction with *Choice*, or the rate of take-up by parents / caregivers of students in the programme.

The Schools Survey

We carried out a web-based survey of PEOs and teachers to see how far they felt that *Choice* met the principles of best practice for drug education set out by MYD. They were questioned about 14 of the 16 best practice principles. They were also asked about the degree to which they complied with the *Teaching Guide*. Respondents were given the opportunity to make written comments about the areas of questioning, and many took advantage of this.

Of 113 teachers asked to take part, 64 responded - a response rate of 57%. Of the 48 PEOs who initially volunteered to take part, 35 responded (73%). The teachers and PEOs came from 46 schools across New Zealand. There was a good spread across schools of different decile levels, and PEOs were likely to have offered views on *Choice* from their wider experience of teaching in several schools. At the same time, it was hard to know how representative the teachers and PEOs who responded to the survey were. It may be that that they had rather more commitment to *Choice* than others involved in its delivery.

Many questions used a five-point scale which spanned strong disagreement (or a similar strong negative sentiment), and strong agreement (or a similar very favourable sentiment). We combined the two top (agree) points to give a summary measure of the level of endorsement for how various aspects of each principle were being delivered. There were a number of

questions each around the content, process, and context areas of best practice. In drawing these together we used a weighted average of the responses of teachers and PEOs. This was so that the teachers' responses did not dominate.

The teaching load

The teachers and the PEOs, perhaps not surprisingly, had rather different views on how the *Choice* teaching load was spilt between them. Four in ten teachers said the load was shared equally, while another four in ten conceded the PEO carried all or most of the load. Nearly two-thirds of the PEOs, though, said they carried all or most of the load, and less than a quarter said it was shared equally.

The content principles

The main findings from the questions on the best practice principles as regards the content of *Choice were:*

- *Choice* was seen by 80% (on the weighted average) as successful in meeting its objectives to prevent and reduce drug-related harm through indirect means (principle 2). Rather more (85%) felt it had clear realistic objectives by 85% (principle 3).
- It was also felt to be reasonably successful in meeting the needs of young people (71%) – though the endorsement from teachers was greater than from PEOs (principle 4).
- On the less positive side, less than half felt that *Choice* met needs of different cultural groups well (principle 5). Again PEOs were more critical than teachers.
- Only four in ten felt that *Choice* involved parents in classroom sessions (though there was not wholehearted support for this anyway), and even fewer respondents felt parents were involved in planning (principle 6). However, the activities were written so that classroom discussions would spill over into homework and conversations in the children's homes. There were much the same figures for the involvement of community groups in the classroom and in planning (principle 7). The programme designers noted that there is extensive community involvement in *Choice*, although much of it takes place outside the classroom.

The process principles

The questions on the elements of best practice principles as regards the process of *Choice* elicited generally favourable results.

- About three-quarters felt that the way *Choice* was being delivered encouraged an interactive teaching style (principle 8).
- The same proportion thought it promoted good social skills (principle 9).
- Another three-quarters felt *Choice* offered information that was both accurate and appropriate to the age group (principle 10), although the PEOs were rather more negative on this score than the teachers.
- The main shortcoming was in analysing mass media messages (principle 11). Only four in ten felt that *Choice* was successful in this, with the PEOs particularly doubtful.

The context principles

The main findings of the questions on the elements of best practice principles as regards the context of *Choice* were:

- There was strong agreement that procedures were well followed for discussing drug issues in a confidential and safe manner in the classroom (principle 12).
- In most schools, *Choice* is well supported by a comprehensive school-wide approach drugs (principle 13).
- While teachers and PEOs said they provided each other mutual support and advice, there was much less agreement that they had good opportunities for ongoing training in drug education in general, or *Choice* specifically (principle 15). The programme designers indicated that PEOs are required to complete initial training on drug education at the University of Auckland as well as regular in-service training.
- The use of evaluation forms was fairly low, although there was more activity as regards carrying out other evaluations of *Choice* (principle 16).

Suggestions for improving Choice

Survey respondents were energetic in offering views about areas where *Choice* was failing, and what was needed for the future. The two most dominant concerns were interrelated. One concerned making *Choice* more up-to-date – by Improving the content of the programme, the materials provided for it, and bringing programme coverage more into line with contemporary issues. The other set of comments related to the need for a better IT infrastructure for *Choice* to take advantage of media advances likely to engage students better.

There were also a number of comments on shortening the programme. One element was that, with current levels of resourcing, delivery of *Choice* could be too rushed, and that the coverage of schools was less than it might be. The other element was that certain parts of the programme were rather 'long-winded'.

Support for Choice

The comments revealed that while there was fairly strong support for a rethink of *Choice* (and a radical one in the view of a few respondents), there was nonetheless a good deal of endorsement of what *Choice* was trying to achieve, and how it was going about it.

PEO-school collaboration

The comments that were offered by PEOs and teachers in particular, as regards their collaboration, were in large part very positive, although inevitably some in each group had criticisms of some in the other. A sentiment that emerged quite strongly from the teachers was that the involvement of PEOs was beneficial. For one, it greatly lessened the burden on the teacher. For another, it was seen as a way of bringing the police into schools in a supportive role and in a manner likely to enhance police-student relationships.

The Case Study Schools

We conducted case studies in two schools, each with a different PEO, to observe the implementation of *Choice*. The work aimed to highlight actual practice in relation to elements of content, process, and context outlined in the 16 principles.

Decisions on the number and location of the schools were taken in consultation with NZ Police. Both schools were located within the greater Wellington area. Two PEOs who had some experience in delivering *Choice* were selected by the Manager of YES. The case study schools were nominated by the PEOs, who usually taught at a number of schools.

School A was a decile 8 co-educational intermediate state school. It caters for students in Years 7 and 8. The PEO had around 14 years' experience teaching *Choice*.

School B was a decile 7 co-educational Catholic integrated school. It is a full primary school that caters for around 250 students from Years 1 to 8. The PEO was in her sixth year of teaching *Choice*.

The case studies involved:

- observation of a *Choice* lesson, to monitor its delivery;
- a semi-structured interview with the PEO and teacher delivering *Choice*, to determine whether they were adhering to elements of best practice and to ask their views on programme delivery;
- a brief questionnaire completed by the Principal, to assess whether *Choice* was supported by a comprehensive school-wide approach, was associated with family-based training, and was co-ordinated with other community initiatives; and
- a group interview with students doing the programme, to determine whether the content was relevant to their needs. In School A, this involved 20 Years 7-8 students chosen by the PEO. The interview in School B involved six Years 7-8 students chosen by the teacher.

The case studies drew attention to ways in which actual practice did or did not adhere to MYD best practice principles. Where there were deviations from best practice, the results indicated that some matters were programmatic, some may have been associated with individual differences between those delivering the programme, and some were matters for schools, rather than those who design or deliver *Choice*.

The case studies provided a generally but not unanimously favourable view of the extent to which the delivery of *Choice* reflected MYD best practice principles. While it is clearly difficult to generalise from the case study results, there was a degree of convergence between them and the survey findings, which suggested that the two schools may not be atypical.

Key findings relating to the content elements

A few points stand out from the case studies as regards best practice principles relating to the content of *Choice*.

- The aims of the programme appeared to be realistic and the content relevant to students. Principles relating to these elements were reflected in the delivery of *Choice* in both schools.
- Teachers and PEOs believed that the programme's general content was relevant to today's students, although they acknowledged the need to update teaching materials. One PEO regarded the programme materials as a guideline only. He believed that PEOs should adapt strategies that have been shown to work, even if they are not part of the *Teaching Guide*.
- *Choice* was not delivered with any particular attention to different cultural views and realities. This reflected the PEOs' and teachers' view that many drug-related issues cut across cultural boundaries.
- There was room for strengthening links between *Choice* and family-based training in drug education. This may be a job for schools, rather than solely for PEOs or NZ Police / NZ DARE Foundation.

Key findings relating to the process elements

The delivery of *Choice* in the case study schools measured up well against the four principles relating to process.

- The classroom observations showcased the interactive nature of the lessons and the numerous opportunities for young people to develop social skills.
- In both schools, students' responses to the programme were overwhelmingly positive. The interviews with students suggested that *Choice* is popular in part because the information provided was relevant and useful to students in this age group. It is reasonable to assume that students' endorsement of the informative aspects of the programme reflected its success in achieving its goals.
- The case studies raised a question about whether programme deliverers specifically plan lessons that include critical analysis of mass media messages.

Key findings relating to the context elements

There were two main areas in which actual practice deviated from best practice principles relating to the context of *Choice*.

- The first area related to the long-term delivery of drug education (principle 14), which might be more a planning issue for schools. MYD recommends that young people should have access to drug education during the entire school career. *Choice* is not designed to be delivered across all school years, although other DARE programmes are available for younger students (Years 5-6) and senior secondary students. Whether this

principle is met will depend on what other drug education schools offer. *Choice* would build on any other drug education offered through the Health and Physical Education Curriculum.

- Secondly, there seemed to be a deficit in respect of regular, structured self-review and evaluation of whether the programme is meeting its learning objectives. The evaluation forms included in the *Choice Teaching Guide* provide ample opportunities for this, but those delivering the programme did not use them.

There is a question around training and ongoing support for programme deliverers. For the teachers and PEOs in both schools there seemed to be little in the way of opportunities for professional development in delivering drug education. As the PEOs delivered most, if not all, of the lessons, it is important, from an MYD perspective, that they demonstrate competencies in quality teaching. However, as previously noted, the programme designers informed us that all PEOs complete a module on drug education as part of their training. Furthermore, they have in-service training several times a year, which often includes workshops on DARE programmes and the nature of drug crime.

Conclusions

This evaluation considered how well *Choice* aligns with best practice principles for drug education developed by MYD. Its premise was that if best practice principles were being met, this would provide good indirect information of *Choice's* likely effectiveness. The evaluation did not look at whether *Choice* changed students' knowledge, attitudes, self-esteem, or drug use.

The findings from each component of the methodology are in Box A.

- In respect of the qualitative results (i.e. document analysis and case studies) a tick indicates that we found evidence in a given source that *Choice* met the best practice principle. In the schools survey a tick indicates endorsement by at least three-quarters of respondents.
- For the qualitative results, a cross indicates that we did not find evidence in a particular source that *Choice* met the best practice principle. In the schools survey, it means less than 50% endorsement.
- For the qualitative results, a question mark means that there were some questions as to how *Choice* measured up against this criterion. In the schools survey, it indicates between half and three quarters endorsement.

There were two main areas where there was evidence from the sources of a deficiency in *Choice* delivery. One of these concerned its lack of responsiveness to different cultural views and realities. The other was the rather inadequate way in which *Choice* was geared to critically analysing mass media messages. After this, there was some question mark over how well *Choice* is associated with family-based training, which might enhance the impact of drug education messages on children. There was another question mark over the rigour with which teachers and PEOs engage in thorough and regular, ongoing review and evaluation. Finally, there was an issue as to whether *Choice* meets the best principle of long term delivery. *Choice* is targeted at Years 5-8 and a new DARE programme will cover senior secondary students. These

programmes would reinforce the messages of any other drug education offered to students, but cannot fully meet principle 14, which is more a planning issue for schools.

Box A Findings from each component of the methodology

MYD Best practice elements	Pedagogical underpinnings		Intended delivery (*Teaching Guide*)	Actual delivery (Survey)	Actual delivery (Case study schools)	
	Pickens' best practice principles	Working Booklet			School A	School B
Content						
1. Is evidence-based	✓	✓	N/A	N/A	N/A	N/A
2. Aims to prevent and to reduce drug-related harm	✓	✓	N/A	✓	✓	✓
3. Has clear, realistic objectives.	✓	✓	✓	✓	✓	✓
4. Is relevant to the needs of young people	✓	✓	✓	?	✓	✓
5. Is responsive to different cultural views and realities	✓	✓	?	X	X	?
6. Is associated with family-based training	✓	✓	?	X	✓	X
7. Is co-ordinated with other community initiatives	✓	✓	✓	X	✓	X
Process						
8. Uses interactive teaching styles	✓	✓	✓	✓	✓	✓
9. Teaches young people social skills	?	✓	✓	✓	✓	✓
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drugs	✓	✓	✓	✓	✓	✓
11. Critically analyses mass media	X	✓	✓	X	X	✓
Context						
12. Follows classroom safety guidelines about the discussion of drugs and drug issues	✓	✓	✓	✓	✓	✓
13. Is supported by a comprehensive school-wide approach	✓	✓	✓	✓	✓	✓
14. Is long term and delivered over several years	✓	✓	✓	N/A	X	?
15. Adequate training and ongoing support for programme deliverers	✓	✓	N/A	X	?	?
16. Includes ongoing review and regular evaluation e.g. self-review, external evaluation	✓	✓	✓	X	X	?

This study did not address the merit or otherwise of using PEOs in delivering *Choice*, since it centred on evaluating the current mode of delivery, in which PEOs are integral. However, both the case studies and the schools survey showed that *Choice* is popular with schools, partly because it upgrades their capacities and resources for delivering drug education. From an MYD perspective, this underscores the importance of ensuring that PEOs develop competencies in quality teaching and have ongoing training in drug education. At the same time, due recognition should be given to the fact that teachers should be contributing to programme delivery in a substantial way and that they are highly trained and skilled in teaching.

The case studies indicated that the presence of PEOs had a positive impact on student behaviour and they were highly regarded by staff and students. Teachers who responded to the school survey also welcomed their collaboration with PEOs and felt their presence in the classroom was helpful in enhancing police-student relationships. To some extent, the perceived success of *Choice* in meeting its learning objectives may reflect non-programmatic elements, such as the PEOs' credibility, personality and rapport with students.

The ongoing popularity of *Choice*, coupled with the new DARE programme for secondary schools, suggests that PEOs may face increased demands on their time if they continue to be responsible for delivering most of or the entire *Choice* curriculum. The question arises as to whether it is preferable to spread existing resources more thinly, by increasing the number of schools / programmes allocated to each PEO, or whether to co-opt more PEOs.

1 Introduction

In June 2006 New Zealand Police contracted the Crime and Justice Research Centre (CJRC) to conduct an evaluation of the *DARE to make a Choice (Choice)* drug education programme. The evaluation was based on the 'best practice' approach outlined in the CJRC scoping study commissioned by NZ Police in 2005 to consider the most efficient evaluation approach. This report presents the results of the subsequent evaluation.

1.1 The development of *Choice* in New Zealand

Choice was developed by the New Zealand DARE Foundation and New Zealand Police. The programme was named *DARE to make a Choice* (*Choice)* to differentiate it from the American DARE programme. While *Choice* was inspired by the American DARE, the programmes have little in common, as *Choice* was developed to address the local cultural context and to tie in with the New Zealand Curriculum Framework (Hallmark, 2004; Sanders, 1995). Although the *DARE to make a Choice* programme is commonly referred to as DARE within schools, we have chosen to call it *Choice* so as to differentiate the NZ drug education programme from the DARE programme in the United States, and the other DARE programmes which run in New Zealand.

Choice was originally launched in 1991. Different aspects were evaluated over the next six years (see below). It was rewritten in 1998 to bring it in line with best practice principles identified in a report commissioned by the New Zealand DARE Foundation (Pickens, 1998). The current study is the first evaluation of the revised version of *Choice.*

Choice is a school-based programme delivered by teachers and police education officers (PEOs). The curriculum comprises two separate programmes – one for children in Years 5-6; the other for those in Years 7-8. The current study looks at the programme delivered to the older group (aged around 12 to 13).

1.2 Aims of *Choice*

Programmes for both Years 5-6 and Years 7-8 have a common aim and a sequence of clusters which are laid out in the *Teaching Guides* for the two age groups (developed by the NZ DARE Foundation and New Zealand Police). They are in Box 1.

Choice is a widely used programme. It was taught to 34,160 Years 5-6 and Years 7-8 school students in New Zealand during the 2003/2004 police corporate year.

Choice is taught by teachers and PEOs. The curriculum has a flexible structure that allows teachers to plan programmes and choose activities within each cluster which meet the levels at

which students are working. The *Teaching Guide* recommends that, for behaviour change to occur, children require a minimum of 15 sessions of approximately one and a half hours duration (i.e., about 22 to 23 hours). Both the Years 5-6 and Years 7-8 programmes have activities designed to meet these guidelines. It also states that PEOs should be present for no less than 10 and no more than 15 hours of actual teaching over the course. Ideally children will undertake *Choice* twice during Years 5-8, without repetition of any clusters. This requires careful record-keeping by teachers and PEOs.

Box 1 Aims and achievement objectives of *DARE to make a Choice*

Aims

DARE to make a Choice aims to prepare young people to make responsible choices and decisions about the use of drugs and to give them the skills and confidence to implement these choices and decisions.

Responsible decision making will help young people develop healthy lifestyles and fulfil their potential as individuals, taking an active role in the community and behaving in ways that do not compromise the safety of others.

Achievement objectives

As a result of working through the activities in *DARE to make a Choice*, students will:

- identify personal qualities in themselves and others that contribute to a feeling of self-worth;
- convey feelings, ideas and opinions to others in positive ways;
- make responsible decisions for themselves, including those concerned with drug use;
- use a range of strategies to resist pressures to misuse drugs;
- describe what safe and sensible use of drugs means;
- use drug and violence free alternatives to cope in a range of situations such as handling stress;
- identify and access people in their community who can help with drug related problems; and develop skills to have fun with friends in rewarding, interesting and positive ways.

Source: DARE Foundation of New Zealand and New Zealand Police (1998b: 5) – the *Teaching Guide*.

The composition of the programme should be decided in a planning session between the teacher and the PEO and be recorded in the Activity Selection Chart in the *Teaching Guide*. The *Teaching Guide* also includes suggestions for evaluating the extent to which children have achieved the learning objectives for each cluster, as well as aspects related to the implementation and conduct of the programme.

Schools decide at what stage of the year they will teach *Choice*. Many prefer to schedule it later in the year when the class has established effective working habits. Some prefer to teach it early in the year, as a way of establishing group rapport.

The programme materials include *DARE to make a Choice in your School - a Working Booklet* (DARE Foundation of New Zealand and New Zealand Police, 1998a). The *Working Booklet* sets out the underpinnings of *Choice*, introduces it to schools, and describes how it fits with the *NZ Curriculum Framework*. It also provides an overview of steps to implementing the programme, a sample school policy on drug use and misuse, principles for handling information about drug use, and information on parent / caregiver and community involvement in the programme.

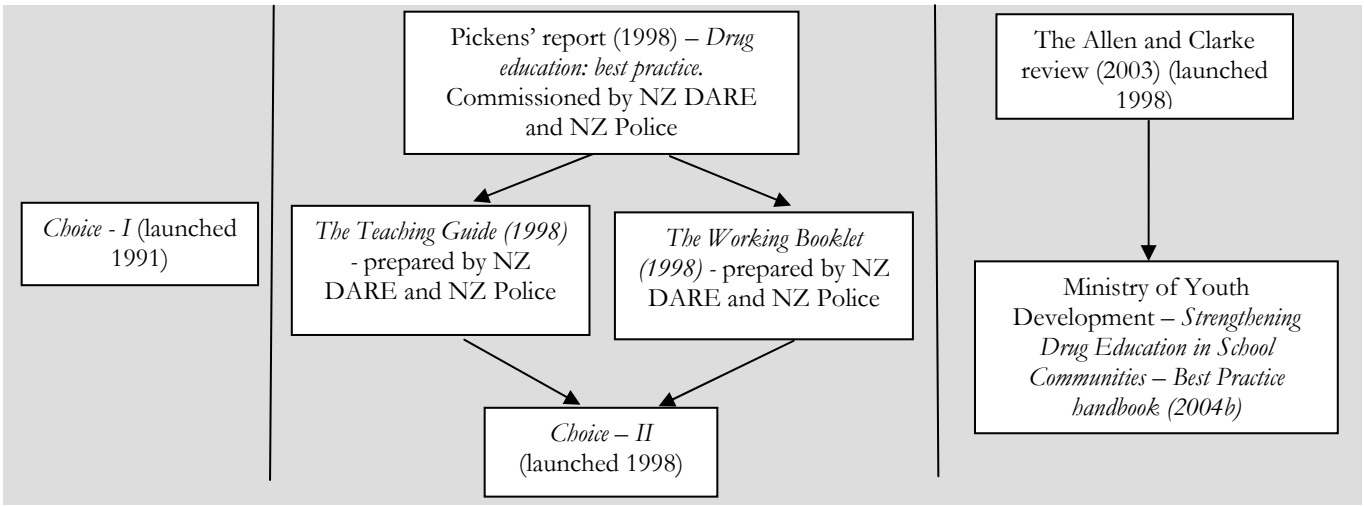
1.3 The Ministry of Youth Development work

The re-launch of *Choice* in 1998 was underpinned by the Pickens (1998) report and the *Teaching Guide* for *Choice* which followed directly from it. Since then, however, the Ministry of Youth Development (MYD) has done considerable work in relation to school-based drug education programmes (see Figure 1). The first phase of this work comprised a comprehensive review of the international literature (Allen and Clarke, 2003). Some main conclusions were that:

- Effective drug education requires coordination of messages across varying levels of government and the community.
- School-based drug education programmes are likely to be more effective:
  a. in schools that have consistent policies on drug issues;
  b. when they meet best practice guidelines; and
  c. when they are relevant to local needs.
- Programmes can be effective in different ways. For example, a programme may be delivered effectively in the classroom because the teacher uses quality teaching methods; at the same time, it may be ineffective in producing behavioural changes if the content is not relevant to young people's needs.

The literature review by Allen and Clarke led onto a handbook that sets out best practice principles for the design, delivery and evaluation of school-based drug education programmes (Ministry of Youth Development, 2004b). This handbook is considered again in the next section, which discusses the scoping study that CJRC did for NZ Police to consider an evaluation of the new version of *Choice*.

Figure 1 The development of *Choice*-II in the context of best practice



2 CJRC's Scoping Study

CJRC's scoping study was to advise on an evaluation of *Choice* for school children in Years 7-8. There were three requests:

- To discuss a proposal, prepared by the New Zealand Police Youth Education Service (YES) for a 'scientific evaluation' of *Choice* as recommended by the Ministry of Justice (MOJ) in 2002. We were to advise on what a 'full blown' study of the type proposed (and might not) deliver, and what – in rough terms – the costs and timeframe would be.
- To consider the type of research that could be undertaken with more limited resources of $50,000.
- To examine the cost and value to NZ Police of evaluating whether *Choice* is meeting the best practice principles recommended by MYD (2004b).

The scoping study was underpinned by:

- an examination of the structure and content of the *Choice* programme;
- consideration of previous evaluations of drug education programmes; and
- input from informants at MYD, which produced drug education evaluation guidelines, and from MOJ personnel who had assessed and made recommendations about the NZ Police YES programmes.

There have been both American evaluations of the American DARE programme, and a number of New Zealand evaluations of the first version of *Choice*. Consideration of both sets of evaluations led into the rationale for the current evaluation approach. We start with a brief overview of the American evaluations, and then look in a little more detail at the NZ evaluations.

2.1 United States evaluations of DARE

Evaluations of the effectiveness of the American DARE programme cannot be fully generalised to New Zealand *Choice*. While there are similarities in the programmes' intent and underpinnings, there are major differences in their pedagogic approach, design, development, the role of police officers in the classroom, their relationship with the teacher, and the resources available to support the programme (Hallmark, 2004; Sanders, 1995). There are lessons to be learned from United States evaluations nonetheless.

The United States research reviewed for the scoping study included longitudinal studies, meta-analyses, and evaluations that were more rigorous and methodologically sophisticated than the New Zealand studies, with larger samples from diverse regions (Ennett *et al*., 1994; Lynam *et al*., 1999; Rosenbaum and Hanson, 1998; West and O'Neal, 2004).

United States research has consistently showed minimal, if any, short or long term effects on knowledge, attitudes or actual drug use. The programme appears to have the greatest effect on a few aspects of knowledge, and on social skills. Nevertheless, DARE is still a popular and widely used programme in the United States and is regarded by the police there as part of good community policing (Carter, 1995).

2.2 Previous New Zealand evaluations of *Choice*

Various aspects of the original *Choice* programme have been evaluated. The main reports are in Box 2.

Box 2 Previous evaluations of *Choice*

Researcher(s) / date	Focus of evaluation
McQueen, 1990	Implementation evaluation
Massey evaluations	
Phase 1, Ashcroft, 1989	Curriculum evaluation
Phase 2, Harper *et al.*, 1990	Pre-post analysis of knowledge and attitudes of children in programme and control schools Interviews with teachers Parental postal questionnaires
Phase 3, Harper, 1991	Pre-post analysis of knowledge and attitudes of children in programme and control schools Interviews with teachers and parents Assessment of community involvement in programme implementation Evaluation of teacher / police education officer relationships
Phase 4, Harper and Ashcroft, 1992a	Parental postal survey Parental telephone interviews
Phase 5, Harper and Ashcroft, 1992b	Parental postal survey Parental telephone interviews
Laven, 1997	Pre-post analysis of knowledge, attitudes and self-esteem among children completing the *Choice* programme
Perniskie, 1998	*DARE* anecdote phone line and postcards

There were a number of methodological limitations of the New Zealand evaluations, which included:

- **Validity and reliability of the measures.** Little or no information was provided on the validity or reliability of the measures used in pre- and post-testing. Laven (1997), for instance, used a standardised self-esteem scale developed in the United States, but noted that a New Zealand equivalent would have been preferable.
- **Sample representativeness**. The representativeness of the samples (and thus the generalisability of the findings) was not clear. The reports accessed did not specify the sampling method or the inclusion criteria used to select participating schools.

- **Sample size.** Despite the researchers' best intentions, the studies may have had insufficient statistical power to detect differences between programme and control groups. In the Massey evaluations, for instance, there were relatively small sample sizes, and high attrition rates in some samples.

These limitations aside, there are a number of inherent difficulties in clearly assessing the value of *Choice* in terms of whether it changes knowledge and attitude, even in the shorter term. These problems are difficult to overcome with any approach. The scoping study identified these problems as:

- **Other influences on attitudes and knowledge**. Children do not learn social and personal lessons entirely within the educational vacuum of *Choice*. Thus while some studies detected positive effects of the programme in terms of improved knowledge and attitudes, it was difficult to be sure that these were definitely attributable to *Choice*, as opposed to natural maturation or other factors, such as exposure to influential warning messages from peers, family, or the media.
- **Real controls?** Control groups are assumed to differ from programme groups in not having been exposed to programme conditions. However, in the case of drug education, this is unlikely to be the case. New Zealand schools are required to include drug education in the curriculum. While *Choice* is one drug education delivery programme, many children are exposed to alternative programmes in schools and perhaps other settings. All children are also exposed to non-programmatic information about the harms of drug use from media sources, community groups, perhaps their families, or even their peers. The feasibility, then, of being able to select 'unexposed' groups of children is doubtful.
- **Contamination (or diffusion) effects**. Because of the widespread delivery of *Choice* and the close social interaction between children attending different schools, *Choice* 'messages' may spread. Thus, in Phase 3 of the Massey evaluations, similarities in post-test results between experimental and control schools were attributed to 'contamination' as a result of the schools' geographical and socio-economic closeness (Harper, 1991). This phenomenon is also known as 'diffusion or imitation of treatments', and may invalidate research findings.
- **The 'Hawthorne effect'.** Post-test changes in both the programme and control groups may be a function of the Hawthorne effect, whereby improvements in performance could be due to participants' knowledge that they are under observation.

Opinions on the effectiveness and usefulness of *Choice*

An MYD publication notes that many evaluations of drug education programmes in New Zealand have focused on their acceptability or popularity, at the expense of more rigorous attention to programme effects (Allen and Clarke, 2003). Evaluations have shown that children, teachers and parents hold overwhelmingly positive opinions. In some studies these have been accompanied by reports of behavioural improvements among children undertaking *Choice;* flow-on effects to the home, including behaviour change among parents; and ripple effects from programme schools to control schools and the community.

However, while feedback from community stakeholders offers important pointers about *Choice*, some caveats are merited. These are:

- **Social desirability.** Expressing negative opinions about drug education is hardly 'responsible'. Few respondents may be prepared to be critical.
- **Small, self-selected samples.** Parental and teacher anecdotes of attitude and behaviour changes have typically been drawn from relatively small numbers of participants, who were often self-selected (e.g., Harper, 1991; Perniskie, 1998). Parental questionnaires in particular often had low response rates, although attempts were made to address this in Phases 4 and 5 of the Massey evaluations (Harper and Ashcroft 1992a; 1992b). Self-selected participants do not necessarily represent the views of those who do not participate.
- **Are teachers dispassionate?** The basis for selecting teachers (and thus the representativeness of their responses) has often been unclear. It appears that sampling tended to be among teachers currently involved with *Choice*, rather than those who had been involved at other times. It would not be overly cynical to suggest that those currently involved in teaching *Choice* would be inclined to justify their involvement in positive terms. Moreover, there could be self-presentation biases whereby saying *Choice* is not effective could seem an admission of poor delivery.

In sum, the findings from these NZ evaluations were inconsistent and inconclusive. At best they demonstrated small, short-term changes in children's knowledge, attitudes and self-esteem (e.g., Harper et al., 1990; Laven, 1997). In some instances, the patterns of results were confused and difficult to interpret (e.g., Harper, 1991). Small sample sizes and possibly non-representative samples were a particular difficulty in these early studies. This means, in particular, that a cautious interpretation of favourable stakeholders' responses to *Choice* is warranted. There are also inherent problems in attributing change to *Choice*. None of the early evaluations looked at changes in drug use itself.

Investment in *Choice* has been extensive and well-intentioned, and it is a popular programme. In the scoping study, we concurred with the view that even if research could not surmount problems of attributing desired changes to *Choice*, this would not justify abandoning it. New Zealand schools are required to include drug education in the curriculum. This is offered by other external providers or through subjects within the health curriculum. Nonetheless, *Choice* on the face of it offers a more consolidated mode of delivery, with strong developmental underpinnings.

Rather, then, we concurred with the view that expectations of single programmes should be more realistic (cf. Rosenbaum and Hanson, 1998). Moreover, as Allen and Clarke (2003) argue from an MYD perspective, school-based drug education programmes are best seen as only one component of a holistic approach to reducing drug use. To be effective, drug resistance messages delivered in schools must be conveyed over several years and reinforced in other environments, including children's families, peers, and the wider community.

2.3 Best practice principles

As explained in Section 1, when NZ Police requested a scoping study, MYD had published a practical guide and handbook – based on the Allen and Clarke (2003) literature review – setting out best practice principles for the design, delivery and evaluation of school-based drug education programmes (MYD, 2004a, 2004b). The handbook itself took up the issue of evaluating drug education programmes, and their recommendations were carefully inspected as part of the scoping study.

The *MYD Handbook* recommended a three-tier framework for evaluation. One of these looks at programme outcomes, although MYD concedes that, given the complexity and cost of outcome evaluations, it is not realistic to expect all providers of drug education programmes in New Zealand to conduct them (cf. Allen and Clarke, 2003). The other two tiers focus on programme design and programme implementation, including self-evaluation and external evaluation. The evaluation framework is in Box 3.

Box 3 MYD's proposed three-tier framework for evaluating drug education

What is evaluated	Where evaluation takes place	What the evaluation shows
The outcome of programme elements	In experimental test sites (formative, process and outcome evaluations)	Whether elements of drug education achieve changes in knowledge, attitudes or behaviour
Programme design	During programme development, in test sites and through evaluation of materials (formative, process and impact evaluations)	Whether the programme is consistent with best practice and likely to achieve harm minimisation
Programme implementation	Classrooms, communities and other settings (process and impact evaluations)	Whether the drug education programme is being implemented properly as designed

Source: Allen and Clarke, 2003:51.

2.4 The choice of approach for the current evaluation

The scoping study considered three evaluation approaches.

a. The first was a quasi-experimental design using systematic sampling methods.
b. The second was a time series design, in which programme schools would act as their own controls.
c. The third option was for an evaluation of *Choice* design and implementation against the most up-to-date best practice principles published by MYD (2004b).

We did not recommend either (a) or (b) as meeting NZ Police requirements. In particular, neither was likely to offer conclusive evidence of the effectiveness of *Choice*, either in respect of knowledge and attitude changes or future drug use.

The best practice approach

We felt the third option was the most suitable. It could be conducted within the available police budget, and the findings were likely to assist police and schools by highlighting the strengths of the programme as well as areas for improvement. It would not provide information on the effect of *Choice* on children's knowledge or attitudes. However, it would provide indirect information on *Choice's* likely effectiveness. Provided that the best practice guidelines are themselves are evidence based (and we had no reason to think otherwise), confirmation that *Choice* meets best practice would allow NZ Police to have reasonable confidence that it has some impact on children's knowledge, attitudes and behaviour.[2]

A representative of MOJ argued that what was needed is conclusive evidence that *Choice* has a positive effect on future drug use, although he acknowledged the difficulties. Another issue discussed was the premise that it could be inferred that *Choice* has an effect on behaviour because it meets best practice principles. Whether this is so is contingent on how best practice principles have been derived – and, specifically, on whether they are underpinned by research results or simply by practitioners' opinions.

In our view, the literature review and analysis informing MYD best practice principles (Allen and Clarke, 2003) provided a comprehensive and thorough overview of current drug education and evaluation literature. There did not appear to be any basis for questioning the soundness of the theoretical and empirical underpinnings of the best practice principles.

Thus, the evaluation which we recommended was to be limited to an assessment of factors that have been shown to achieve or likely to achieve desired programme outcomes. It would not provide any direct information on the effect of *Choice* in terms of knowledge, attitude or self-esteem changes, nor changes in drug use.

2 A representative of MYD was consulted about the value of conducting an alternative type of evaluation, as suggested by the three-tier framework above. A point raised was that *Choice* could potentially support schools' health and physical education curriculum and that police education officers could potentially assist in upgrading schools' capabilities in delivering drug education. At that point, it was not clear whether this potential was being met. For MYD, the key question is the extent to which *Choice* changes students' behaviour, although they recognise that evaluations of this sort are costly and difficult to conduct, often producing inconclusive findings. MYD argued that, as an initial step, it is important to establish whether the programme design and implementation meet best practice principles. Evidence that it does would merit the assumption that *Choice* has some impact on children's behaviour.

3 Aims and Methods of the Evaluation

3.1 Aims of the current evaluation

The primary aim of the current evaluation – the 'best practice' approach considered in the scoping study – was to examine the extent to which *Choice* meets the MYD (2004b) best practice principles. These are reproduced in Box 4. The premise was that if the best practice principles are met, it is reasonable to suppose this is good indirect information of *Choice's* likely effectiveness.

Box 4 Sixteen principles of best practice

MYD's literature review shows that student outcomes are greater when drug education has the right ingredients as regards Content, Process and Context.

CONTENT

1. Is evidence-based
2. Aims to prevent and to reduce drug-related harm
3. Has clear, realistic objectives
4. Is relevant to the needs of young people
5. Is responsive to different cultural views and realities
6. Is associated with family-based training
7. Is co-ordinated with other community initiatives

PROCESS

8. Uses interactive teaching styles
9. Teaches young people social skills
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use
11. Critically analyses mass media messages

CONTEXT

12. Follows classroom safety guidelines about the discussion of drugs and drug issues
13. Is supported by a comprehensive school-wide approach
14. Is long term and delivered over several years
15. Provides adequate training and ongoing support for programme deliverers
16. Includes ongoing review and regular evaluation

Source: Ministry of Youth Development, 2004b: 10.

The evaluation thus addressed the following broad research questions:

i. Are the stated objectives of *Choice* in line with those recommended by MYD as best practice?

ii. To what extent does the content of *Choice* meet identified principles of best practice? For example:

   - To what extent is *Choice* relevant to children's needs as they perceive them?

- To what extent is *Choice* responsive to different cultural views and realities?

iii. To what extent is *Choice* being implemented in accordance with the pedagogic approach that informed it as regards process and context?

The evaluation aimed to provide evidence of the match between pedagogic approaches to drug education, *Choice* programme assumptions, and actual programme delivery. This entailed an analysis of how well *Choice* foundation documents, MYD best practice principles, and actual practice map onto each other.

Evaluation of *Choice's* design and implementation was achieved by using the 16 elements subsumed under the categories of content, process and context as criteria for comparison. The elements were examined with a three-pronged approach comprising:[3]

- Document analysis, to establish the extent to which the underpinnings and intended delivery of *Choice* meet MYD best practice principles and the *NZ Curriculum Framework* – in theory, at least.
- A web survey of PEOs and teachers.
- Case studies of two schools, to observe the delivery of *Choice*.

These methods were supplemented by consultations with *Choice* programme designers.

3.2 Document analysis

The document analysis, which is considered in more detail in Section 4, examined the fit between the MYD best practice principles and the foundations of *Choice*. This aspect of the evaluation had four elements:

- Establishing whether *Choice* meets the requirements of the New Zealand Curriculum Framework.
- Reviewing NZ Police / NZ DARE Foundation documents that informed the revised version of *Choice*.
- Reviewing *Choice in Your School – a working booklet* to elucidate *Choice's* pedagogical underpinnings.
- Reviewing the *Choice Teaching Guide* to determine whether it makes provision for the programme to be implemented in accordance with MYD principles.

3.3 The web survey

We undertook a web-based survey of teachers and PEOs who have delivered *Choice* to Years 7 and 8. The survey comprised one way of assessing the extent to which those delivering *Choice* say that they comply with the *Teaching Guide*, which was then related back to MYD's best practice principles. To encourage a high response rate, we developed a survey that could be

3 The research was approved by the Victoria University of Wellington Human Ethics Committee.

completed relatively quickly and that provided respondents with opportunities to comment on *Choice*. We estimated that the survey would take between 20 and 30 minutes to complete.[4]

We aimed to survey approximately 100 teachers and 50 PEOs from 50 schools across the country. To achieve these numbers we asked YES to provide a list of 100 schools nominated by 50 PEOs who were willing to take part in the study.[5] This resulted in 49 PEOs identifying 98 schools.[6] Two of the PEOs and schools were excluded from the survey as they were nominated for the case studies.

We randomly selected 50 schools from the 96 remaining schools. We phoned the Principals to inform them about the evaluation and received a positive response to our invitation to name two teachers to participate in the survey. We then contacted the teachers to ensure they were willing to take part. During this process it became clear that our final sample would fall short of our target if we limited the survey to 50 schools. This was for two main reasons. First, some schools had only one teacher involved in teaching the programme. Secondly, a number of schools teach *Choice* in Years 5 and 6 only, whereas we were focusing on Years 7 and 8. Ultimately we contacted all of the schools on the list.

We emailed the survey web link to each teacher and PEO. At regular intervals we followed up those who had not responded, with at least one phone call and one email. We received responses from 64 of the 113 teachers who were emailed the link to the questionnaire (a response rate of 57%). The response rate from PEOs was higher, with 35 of the 47 PEOs who indicated they were willing to take part completing the questionnaire (74%).

To preserve confidentiality, we have presented the results in aggregate form and illustrate with anonymous quotes where relevant (Section 5).

3.4 Case study schools

We conducted case studies in two schools, each with a different PEO, to observe the implementation of *Choice* (Section 6). The work here aimed to highlight actual practice in relation to elements of content (e.g. clear, realistic objectives, relevance to young people, responsiveness to different cultural views), process (e.g. interactive teaching styles, critical analysis of mass media messages) and context (e.g. following classroom safety guidelines) outlined in the 16 principles in Box 4 above.

Both schools were located within the greater Wellington area. Only two schools were taken as case studies because of budgetary considerations. These also influenced the choice of Wellington as the location. The decisions were taken in consultation with NZ Police.

CJRC considered it desirable to observe PEOs who had some experience in delivering *Choice,* since they might reasonably be expected to be in a better position to comment on the elements under evaluation. With this in mind, two PEOs working in the Wellington area were selected by the Manager of YES.

4 The questionnaire may be viewed at http://www.vuw.ac.nz/cjrc/survey/dareIndex.aspx.
5 We asked for a list of 100 schools in anticipation of refusals from some school Principals and / or non-responses from some teachers.
6 The initial list comprised 51 PEOs. Two had left their positions as PEOS.

The case study schools were nominated by the PEOs, who usually teach at a number of schools. The schools' deciles (7 and 8) indicate that they are in more advantaged communities. The Principals' agreement to allow the evaluators into their schools points to their support for the programme and a good working relationship with the PEOs.

School A was a decile 8 co-educational intermediate state school. It caters for students in Years 7 and 8, between the ages of 10 and 13. It has just over 500 students, from a range of cultural groups. The PEO had around 14 years' experience teaching *Choice* and was involved in other DARE programmes in the community.

School B was a decile 7 co-educational Catholic integrated school. It is a full primary school that caters for around 250 students from Years 1 to 8. The students come from a socio-economically and ethnically diverse community. The PEO was in her sixth year of teaching *Choice*.

In the case studies, we did the following:[7]

- We observed one *Choice* lesson, to monitor its delivery. In both schools, the lesson was 90 minutes long.
- We conducted semi-structured interviews with the teacher and PEO, to determine whether they were adhering to elements of best practice and to ask about their views on programme delivery. In School A, the teacher and PEO were interviewed jointly, in person. The teacher and PEO in School B were interviewed separately, by phone, as this was most convenient for them.
- We asked Principals at the two schools to complete a brief questionnaire to assess whether *Choice* is supported by a comprehensive school-wide approach, is associated with family-based training, and is co-ordinated with other community initiatives.
- We undertook group interviews with students to determine whether the *Choice* content is relevant to their needs. In School A, this involved 20 Years 7-8 students chosen by the PEO, who was present during the interview, but did not participate. The interview in School B involved six Years 7-8 students chosen by the teacher, with neither the teacher nor the PEO present.

Fieldwork for the case studies took place in September 2006, in the later part of the third school term. The timing of fieldwork was arranged by the PEOs and teachers to suit their schedules. It also meant that students were familiar with each other, the teacher, the PEO, and the format and content of *Choice*. This maximised the likelihood that students in the group interviews would have had an opportunity to reflect on the lessons and would be comfortable speaking in a group context.

7 We initially planned to examine teachers' records and evaluations from a previous Years 7-8 class. We believed that this would indicate whether self-evaluation and review are consistent practices, in line with MYD guidelines. However, we revised this aspect of the methodology following advice from the PEOs at the case study schools that the Years 5-6 and Years 7-8 programmes are taught in alternate years. One of the PEOs spoke to a teacher about record-keeping and was informed that most teachers dispose of their records after one year. As a result, we simply asked the teachers and PEOs about their record-keeping and evaluation practices.

4 Comparison of *Choice* and Best Practice Principles

The focus of the evaluation was to assess the extent to which *Choice* meets MYD best practice principles. As part of this, we took into account MYD's position on the delivery of drug education, outlined in its handbook for designing, delivering and evaluating drug education in schools (Box 5). We also looked at how the foundations of *Choice* overlap with the first of the MYD recommendations in Box 5 – that good drug education should link in with the New Zealand Curriculum.

Box 5 MYD statement on delivery of drug education

The Ministry of Youth Development recommends that schools use a curriculum-based approach to drug education, which is delivered by qualified teachers, and only use external providers or programmes if those providers or programmes can provide evidence that:
1. demonstrates how their drug education session plans are linked to the *Health and Physical Education in the New Zealand Curriculum*; and
2. the programmes have had an acceptable independent, external evaluation according to the evaluation guidelines in this handbook; and
3. the 16 principles of best practice have been fully implemented in the design, delivery and evaluation of the drug education programme by the provider; and
4. the enhancement of students' social skills, knowledge and safe attitudes towards preventing and reducing drug-related harm has taken place as a result of these programmes.

Source: Ministry of Youth Development, 2004b: 02.

This section, then, covers four comparisons, as below.

a. **Comparison 1.** *Choice* and the New Zealand Curriculum Framework.

b. **Comparison 2.** How Pickens' (1998) literature review of drug education principles (mentioned earlier) 'fits' with the MYD 16 principles. This formed the basis for the revised version of *Choice* that is currently being evaluated.

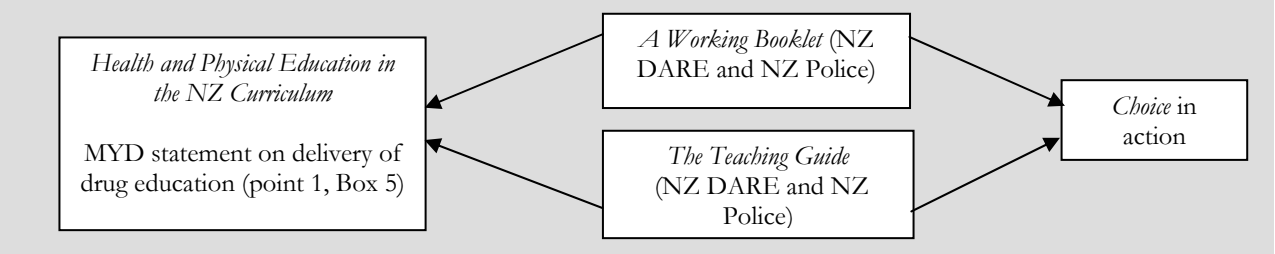
c. **Comparison 3.** How *Choice in Your School – a Working Booklet* (DARE Foundation of NZ and New Zealand Police, 1998a) – which built on Pickens' review – 'fits' with the MYD principles.

d. **Comparison 4**. How the guidelines for implementing *Choice* in the *DARE to make a Choice Years 7 8 Teaching Guide* (DARE Foundation of NZ and New Zealand Police, 1998b) map onto the MYD principles. The *Teaching Guide* was also meant to build on Pickens' review.

4.1 The NZ Curriculum and *Choice*

The approach here was to see how well the *Choice* foundation documents (DARE Foundation of NZ and New Zealand Police, 1998a; 1988b) linked with the Heath and Physical well-being component of the New Zealand Curriculum. The schema is in Figure 2.

Figure 2 *Choice* and the NZ Curriculum



The New Zealand Curriculum defines the learning principles and achievement aims and objectives followed by all New Zealand schools. It is the foundation policy document that identifies the principles underlying all teaching and learning programmes (http://www.tki.org.nz/r/governance/nzcf/index_e.php). It details seven interrelated essential areas of learning, and eight groups of essential skills that students should develop across the curriculum while they are at school. All of these elements are interrelated, as shown in Box 6 below.

Box 6 Elements of the NZ Curriculum Framework

The principles ***Nga Matapono***						
Health and physical well being	**The Arts**	**Social Sciences**	**Technology**	**Science**	**Mathematics**	**Language and Languages**
Hauora	Nga Toi	Tikanga a iwi	Hangarua	Putaiao	Pangarau	Te Korero me Nga Reo
The Essential Skills Nga Tino Pukega Communication Skills – Numeracy Skills Information Skills – Problem solving skills Self Management and Competitive Skills Social and Co-operative Skills Physical Skills – Work and Study Skills						
Attitudes and Values ***Nga Waiaro me nga Uara***						

Source: Ministry of Education, http://www.tki.org.nz/r/governance/nzcf/index_e.php.

The achievement aims and objectives for each learning area are set out in national curriculum statements (e.g., Ministry of Education, 1997, 1999). *Choice* documents show that it integrates most closely with the essential learning area of Health and Physical Well-being (*Hauora*) – as

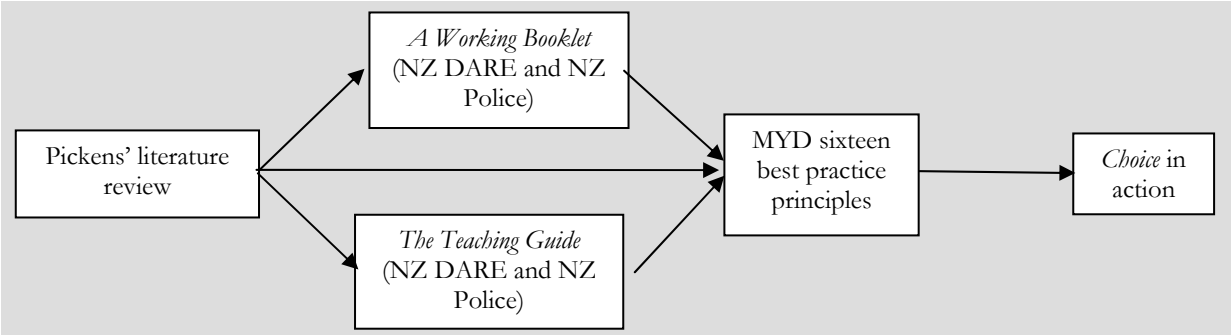
MYD advises. It has minor links to other curriculum areas, such as the Social Sciences. Its major achievement objectives include developing social skills and knowledge about drug use and minimising drug-related harm. This relates to the fourth element of MYD's statement on delivery of drug education.

In summary, the *Choice* documents showed that the programme satisfactorily meets curriculum requirements.

4.2 Best practice principles identified by MYD and Pickens

The next analysis, which focused on Pickens' (1998) literature review, is related to the subsequent two analyses. The thrust of all three was to see how well *Choice* incorporates MYD's 16 principles of best practice. The schema is in Figure 3.

Figure 3 *Choice* and MYD's sixteen best practice principles



The 20 best practice principles of drug education identified by Pickens had a high degree of overlap with the 16 MYD principles. In our view, some points outlined by Pickens can be subsumed under somewhat broader MYD principles. The 'fit' between principles identified by MYD and Pickens is in Appendix A.

Pickens did not specifically identify teaching young people social skills (MYD principle 9) or critical analysis of mass media messages (MYD principle 11) as best practice principles. However, in an appendix which described various drug education programmes, he made the point that the most promising prevention approaches focus on developing life skills. These include general social skills and self-management skills, such as 'critical skills for resisting peer and media influences' (Pickens, 1998: 31). The *Choice Working Booklet* and *Teaching Guide* (see below) showed that these points were incorporated into the programme's foundations and activities.

This comparison suggested that, theoretically at least, the revised edition of *Choice* represents a well-researched, evidenced-based programme.

4.3 *DARE to make a Choice* in Your School – a Working Booklet

The next comparison looked at the *Choice* W*orking Booklet* vis-à-vis MYD's *Handbook*. The *Working Booklet* sets out the DARE philosophy and the criteria on which *Choice* is based. It describes how it fits with the *NZ Curriculum Framework* and provides an overview of steps to implementing the programme. The MYD handbook, as said, outlines best practice principles, guidelines for evaluators, and examples of learning opportunities linked to appropriate levels, strands and achievement objectives of the health and physical education curriculum. The aim of this comparison was to see whether the pedagogical underpinnings of the *Choice Working Booklet* reflect MYD's guidelines.

Our analysis pointed to a high level of correspondence between the *Working Booklet* and MYD principles. Examples are in Appendix B. From an academic perspective this is a well-designed programme. Whether it is always implemented as intended is a separate issue.

4.4 *DARE to make a Choice* Years 7-8 Teaching Guide

Finally, we looked at whether the *DARE to make a Choice years 7 - 8 Teaching Guide Choice* makes provision for *Choice* to be implemented in accordance with MYD principles.

The Teaching *Guide* sets out the aims and achievement objectives of *Choice* (see Box 1 in the Introduction to this report) and provides teaching materials appropriate to the learning objectives. The analysis indicates that *Choice* aims and achievement objectives are consistent with the holistic youth development approach advocated by MYD (2004b). The learning clusters and activities designed to meet the learning objectives map well onto the relevant MYD principles. Examples of activities related to the best practice principles are presented in Appendix C.

Choice may fall short of meeting two MYD principles:

- **Responsiveness to different cultural views and realities (MYD principle 5).** The Te Reo Māori version of *Choice* (*Tēnā Kōwhiria*) is the Māori component of the programme. It is not widely used, as there are few PEOs and teachers proficient in the language. The *Teaching Guide* for the general programme does not include learning clusters or activities dealing with cultural issues.
- **Association with family-based training (MYD principle 6).** The *Teaching Guide* does not include learning clusters or activities that specifically provide information for families / whānau or encourage their participation, although family members could be invited to the *Choice Day*, at the end of the programme. The DARE Foundation offers a community-based programme for parents / caregivers, but we had no information on how often it is run in conjunction with *Choice*, or the rate of take-up by parents / caregivers of students in the programme.

4.5 Overview

According to our document analysis, *Choice* represents a fairly well-designed drug education programme.

- The programme materials clearly demonstrate how the lessons link into the *Health and Physical Education Curriculum*, as well as other areas of the *NZ Curriculum Framework*.
- The best practice principles underpinning the current version and identified by Pickens (1998) are consistent with MYD's guidelines. *Choice* is an evidence-based programme, which meets MYD principle 1.
- Consistent with the previous point, the programme's foundations, as outlined in the *Working Booklet*, are pedagogically sound.
- The *Teaching Guide* provides a range of activities that map onto most of the MYD best practice principles.

The following sections, dealing with the survey and case study results, examine the programme's actual implementation.

5 The Schools Survey

This section reports on the results of a web-based survey of teachers and PEOs in schools across New Zealand. The survey aimed to see how far those delivering *Choice* felt that it met the principles of best practice for drug education set out by the Ministry of Youth Development (see Box 4 earlier). They were asked a series of questions to do with 14 of the 16 principles (two being inappropriate for the survey).[8] They were also asked some questions about the degree to which they complied with the *Teaching Guide*.

As said in Section 3, 64 teachers and 35 PEOs took part. They came from 46 schools across New Zealand. These had reasonable coverage in that 25% of teachers were in decile 8, 9 or 10 schools; 45% were in decile 5, 6 or 7 schools; and 30% were in decile 1 to 4 schools. The PEOs were associated with the same schools, but often also taught in other schools. They were likely to have offered views on *Choice* from this wider experience. Most teachers and PEOs had more than two years' involvement with *Choice* (61% of teachers and 63% of PEOs). Over a fifth (22%) of the teachers and a nearly a third of PEOs have been involved for ten years or more. The overall average length of involvement with *Choice* was just over 5 years for teachers and just over 6 years for the PEOs.

Division of labour

The respondents were asked how much of the *Choice* teaching load was taken up by the teacher, and how much by the PEO. Each group tended to emphasise their own involvement, so that 63% of the PEOs said they carried all or most of the teaching load, although only 38% of teachers were of the same view. Of the PEOs, 14% felt the teachers did most of the *Choice* teaching, as against 22% of the teachers (Figure 1). The *Choice* materials do not specify how the delivery of the programme should be shared between teacher and PEO, and although it gives a recommended duration of *Choice* teaching at between 22 to 23 hours at which the PEO should be present for 10-15 hours. It does not specify whether or not this is in tandem with a teacher.[9]

Presentation of results

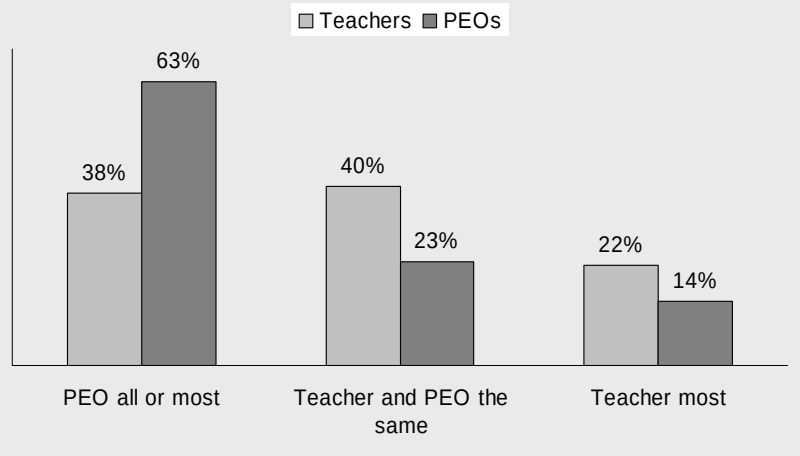
The results from the survey are dealt with as follows:

- The results relating to the content area of best practice principles (six of seven principles here);
- The results relating to the process area (four principles);
- The results relating to the context area (four of the five principles); and
- Suggestions made by the teachers and PEOs for improving *Choice*.

8 The first – whether the drug education is evidenced-based – is addressed in Section 4. It was not possible to address principle 14 (that drug education needs to be long term and delivered over several years), since teachers and PEOs would not necessarily have contact with the same children over extended time.

9 Ten hours PEO presence would be 44% of 22.5 teaching hours; 15 hours presence would be 67%. The midpoint of 10-15 hours (12.5 hours) would mean PEOs should be present for 56% of the time.

Figure 4 Division of the *Choice* teaching load



We elaborate somewhat on each of the principles, by drawing on the MYD best practice handbook (2004b). Some responses are relevant to different principles, because some issues cut across multiple principles. One of these centres on the importance of developing students' social skills – particularly skills to make safe decisions about drugs – and giving them opportunities to practice refusal skills. Another is the requirement for drug education to address students' needs through a programme's learning objectives and delivery, as well as on input from young people. A third concerns the need to develop students' knowledge about drugs and impart safe attitudes towards drug use.

Many of the questions were scored on a scale of 1 to 5, where 1 indicated strong disagreement (or a similar strong negative sentiment), and 5 indicated strong agreement (or a similar very favourable sentiment). Some respondents said they did not know. A very small number did not answer some questions at all – i.e., they left the question blank. We included 'don't knows' in the base (since for some questions they were quite high). We usually also included the smaller number of missing answers, assuming these to equate to 'don't know'.

To get an easier sense of the findings, we combined scores of 1 and 2 from questions which used a scale to indicate disagreement, and scores of 4 and 5 to indicate agreement. Scores of 3 were seen as 'neutral' (i.e., respondents did not disagree or agree). Full results from each question are in Appendix D.

A number of questions cover each of the content, process, and context areas of best practice. In drawing these together we used a weighted average of the responses of teachers and PEOs. This takes into account the fact that more teachers than PEOs completed the survey. The teachers' responses were down weighted so that they equal those of the PEOs. It is sensible to do this so that the greater number of teacher responses do not dominate those of the PEOs, especially as the PEOs are likely to have been answering many questions on the basis of broader experience in a number of schools.

5.1 Content (principles 2 – 7)

Principle 2: Aims to prevent and reduce drug-related harm through indirect means

The harm-prevention and harm-reduction approach to drug education does not endorse or normalise drug use. Rather, it promotes the safety and wellbeing of young people, by supporting those who choose to abstain and providing options to reduce harm among those who use drugs. This objective is achieved through the development of knowledge, and safe attitudes towards drug use. Also important is providing students with the proper social and personal skills to recognise and resist peer pressure (MYD, 2004b).

The teachers and PEOs were asked whether they felt *Choice* was successful in meeting its objectives. Just over three-quarters (78%) of the teachers agreed (scores of 4 or 5). Slightly more PEOs did so (83%).

Principle 3: Has clear, realistic objectives

To prevent or reduce drug-related harm, drug education must have clearly identified learning objectives and outcomes, which realistically match the needs of the age group to which *Choice* is directed. These objectives must also address students' needs (also covered by principle 4), preferably identified with input from students, families and communities (also covered by principle 6) (MYD, 2004b).

Both teachers (88%) and PEOs (83%) overwhelmingly agreed that the programme had clear, realistic objectives, with very few disagreeing (2% and 3%, respectively).

Principle 4: Is relevant to the needs of young people

To be relevant to young peoples' needs, drug education should:

- be delivered by a person who is a credible source of information and to whom students relate;
- engage young people and respond to their diversity (directly covered by principle 5);
- be delivered in youth-friendly ways (e.g. music, real-life scenarios);
- reflect students' reality and specific drug-related issues of the community; and
- allow students to have input into design and delivery of the units, ensuring the programme is relevant to their needs (MYD, 2004b).

We asked teachers and PEOs two questions in relation to principle 4. One was whether students were allowed to have input into the content of the programme – on the premise that direct student input would ensure that *Choice* was better geared to their needs. More or less the same proportion of teachers (61%) and PEOs (63%) agreed on this, although rather more PEOs disagreed than were neutral, compared to teachers.

The other question relevant to principle 4 was a direct one, asking teachers and PEOs whether they felt that *Choice* was relevant to the needs of young people. Just over four in five teachers

felt it was, but only three in five PEOs did so. By and large comments were strongly in support of the programme, with one teacher calling *Choice:*

> *The only programme in the education sector that teaches positive, assertive behaviours as well as making choices in life drugs being part of those choices.*

However, a common refrain among PEOs and teachers was that the course badly needs updating, especially the videos.

> *The programme is old fashioned / out of date. We do not want it again until it is updated and appropriate for the students of today. Update the videos. (PEO)*
>
> *The videos need updating. They are so old that when played, the students all laugh. (Teacher)*

While the dated content of the videos was a common complaint, a sizeable number of comments went further and recommended that the number and type of drugs covered in the programme should be expanded to reflect changes in drug misuse.

> *I feel that the Years 7/8 Choice programme has not kept up with the changes in society in the last decade around illegal drugs. There is so much more out there that can harm our youth in this area. Our content needs to keep up with the times. It's not a good look if the students know more than we do – often the case if you haven't spent hours on the internet at home researching so that you can answer some of those sticky questions. (PEO)*
>
> *Drugs info can be a bit too soft in delivery in my opinion. (Teacher)*

Two PEOs wanted to see *Choice* cover other problems facing young people, such as party pills, steroid abuse, and text bullying. Some respondents noted, though, that the needs of the pupils depended much on their community, and social background. There seemed a general awareness that children's different backgrounds called for a flexible approach to the selection of *Choice* content.

> *Too many of our students have had a range of experiences with drugs and alcohol. Others wouldn't know what drugs were. We need to offer alternative programmes. (Teacher)*
>
> *I was involved at a girls' preparatory school and found the content relevant for this group of students because they lived sheltered and protected lives. It would be too soft for the local Intermediate where many students have already experimented with many substances. It needs to be a little harder hitting overall. (PEO)*

Principle 5: Is responsive to different cultural views and realities

This principle is underpinned by the use of different drugs, and different attitudes towards them, among varying cultural groups (MYD, 2004b). While there is a Te Reo Māori version of *Choice* (*Tēnā Kōwhiria*) it is not widely used.

We asked about the responsiveness of *Choice* to the needs of other cultures. A bare majority of teachers (52%) and even fewer PEOs (40%) felt that it was culturally responsive. About one in four of each group was neutral, but nearly one in five (17%) of PEOs disagreed.

A small number of teachers commented that it was important that there was at least some multicultural component in the programme. Some respondents felt that the needs of individual classes changed from year to year and from school to school, so that meeting cultural needs was difficult.

> *It is best left up the individual constable to add or subtract to the lessons, taking into account the cultural backgrounds.*

Principle 6: Is associated with family-based training

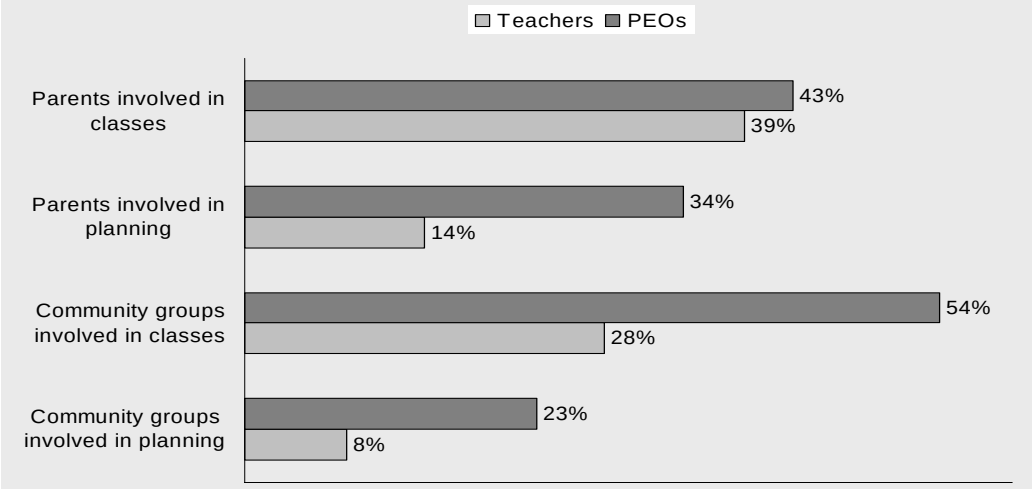
The likely effectiveness of drug education is enhanced when it provides information for parents and promotes communication skills for discussing drug-related topics and reinforcing classroom messages (MYD, 2004b). The DARE Foundation offers a community programme for parents, but we had no information on the extent to which it is taken up by parents of children receiving *Choice*. Aside from this, some schools offer other programmes for families that complement *Choice* messages. In addition, the activities were written so that classroom discussion would spill over into homework and conversations in the children's homes. Section 6 reports on some flow-on effects from this, which emerged in the two case study schools.

Principle 6 was addressed through two questions in the survey:

- Are parents / caregivers given opportunities to participate in classroom sessions?
- Are parents / caregivers involved in planning the programme?

Both teachers and PEOs said that parents and caregivers were less likely to have been involved in planning the programme than in taking part in classroom sessions – although this seemed not to happen with great regularity. At the same time, more PEOs than teachers felt parents played a part in planning. This may reflect the fact that PEOs had more direct classroom experience. Figure 5 shows the results, along with those from similar questions as regards the involvement of community groups, which are discussed under principle 7.

Figure 5 Parental and community involvement, as judged by the teachers and PEOs



The questions on parental involvement generated a fair amount of comment from teachers and PEOs, although the reaction was mixed. Many respondents (n=26 teachers, n=14 PEOs) indicated that they informed parents and caregivers that *Choice* was to be delivered before the course started, either through letters or through the school newsletter. In some cases, this appeared to be merely to keep parents and caregivers 'in the loop' rather than to ask them for input on programme content:

> *Parents are advised when the programme will be in the school and are welcome to classroom sessions but not generally consulted about content. (PEO)*

Some respondents spoke of growing difficulty in engaging parents and caregivers in school events in general, with one teacher saying that parents are invited to review or discuss *Choice*, but *'they don't come'*. A few *Choice* deliverers, however, would have welcomed the chance to make additions to the curriculum at the request of parents and caregivers:

> *They attend a parent evening, where the programme is discussed, and any issues they want added are considered. (Teacher)*

At the same time, there was a bigger group of respondents who felt that involving parents and caregivers in planning or in classroom sessions was a bad idea – for one because it risked giving too much weight to the opinions of a few vocal parents.

> *Choice is quite structured and the way it is structured is part of its success. Dabbling with this and putting other people's perspectives on it would lessen the success of the programme. (Teacher)*
>
> *I would like to see this happen but there would need to be some creative solutions so that a range of parents were involved, rather than the same few. (Teacher)*

A common refrain regarding inviting parents into classroom sessions was that it risked upsetting the relationship between the students and the *Choice* deliverer ("important confidentiality" in the words of one teacher).

> *I don't close the door on parents. I offer them the chance to come and watch anytime. And I do make this point at the parent evening. If they come to a session, then all well and good. If they don't, I think it is more beneficial for the students. (PEO)*
>
> *Because the students trust each other they speak freely in the sessions. If parents were present this would have the opposite effect. (Teacher)*
>
> *The classroom is not an appropriate setting for certain parents to recount stories of their own drug experiences or air their political views as to why certain drugs should be legalized. And this is what can invariably happen when you open up a forum like this to interested parents, etc. (PEO)*

Principle 7: Is co-ordinated with other community initiatives (Q25, Q26)

The effectiveness of drug education is enhanced when its messages are reinforced by other community initiatives (MYD, 2004b). Community organisations that support the aims of drug education include youth organisations, public health services and public education campaigns about safe drinking or drink-driving. Some schools run other community-based programmes

that are consistent with *Choice*. Community members may also be invited to participate in lessons.

We asked about the extent to which community groups were involving in planning *Choice,* and attending classroom sessions. The results were similar to the related questions about parents and caregivers insofar as (a) both teachers and PEOs felt there was less involvement in planning than in classroom sessions, and (b) PEOs reported more community involvement than teachers (Figure 5). Just over half (54%) of the PEOs, for instance, said community groups had a presence in the classroom.

The programme designers noted that there is extensive community involvement in *Choice*, although much takes place outside of the classroom.

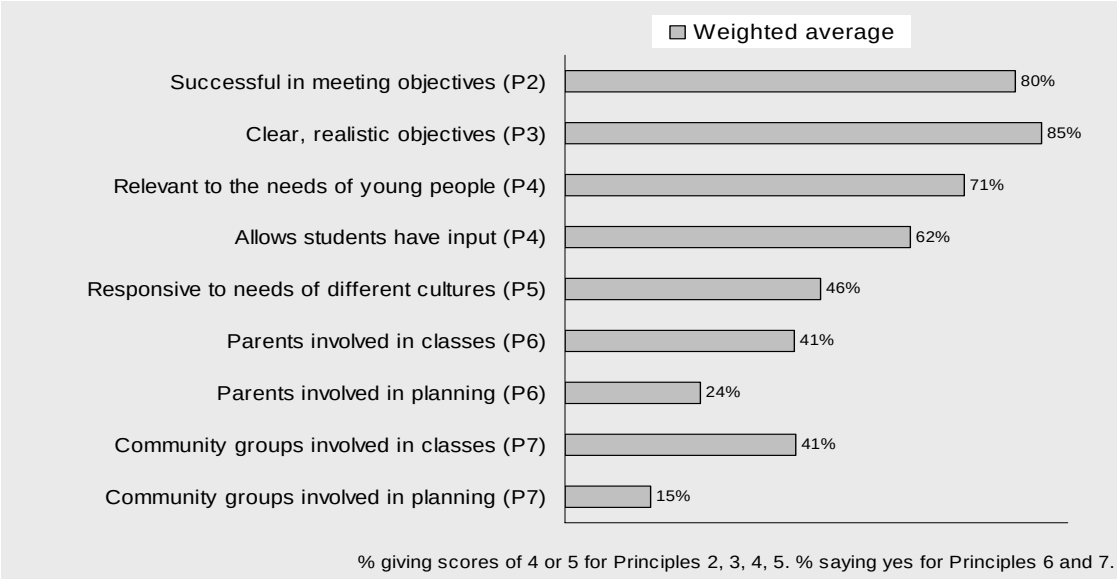
- *Choice* is jointly supported by a national community foundation, the DARE Foundation, and its local societies and committees.
- Community members are actively involved in panels during classroom sessions about drug information.
- Community members help organise and fund the *Choice* activity day.
- The PEOs' involvement is from the community (i.e., from outside the school).

5.2 Summary of how well the content of Choice accorded with best practice principles

Figure 6 draws together the survey responses as regards what teachers and PEOs felt about various elements of the best practice principles as regards the content of *Choice*. Here, we use the weighted average of responses from teachers and PEOs (see above). A few points stand out:

- *Choice* was seen by 80% (on the weighted average) as successful in meeting its objectives to prevent and reduce drug-related harm through indirect means (principle 2). Rather more (85%) felt it had clear realistic objectives by 85% (principle 3).
- It was also felt to be reasonably successful in meeting the needs of young people (71%) – though the endorsement from teachers was greater than from PEOs (principle 4).
- On the less positive side, less than half felt that *Choice* met needs of different cultural groups well (principle 5). Again PEOs were more critical than teachers.
- Only four in ten felt that *Choice* involved parents in classroom sessions (though there was not wholehearted support for this anyway), and even fewer respondents felt parents were involved in planning (principle 6). There were much the same figures for the involvement of community groups in the classroom and in planning (principle 7).

Figure 6 Best practice principles and the Content of *Choice* (the schools survey)



5.3 Process (principles 8 –11)

Principle 8: Uses interactive teaching styles

Interactive teaching styles encourage children to interact safely and positively. They are student-focused and involve a range of activities, from work in small groups to structured debates (MYD, 2004b). When asked to say whether the *Teaching Guide* encouraged them to use an interactive teaching style, nearly four out of five teachers (78%) and PEOs (77%) agreed it did. Of the rest, most were neutral.

Principle 9: Teaches young people social skills

A number of social skills are regarded as essential to helping students to avoid drug-related harm. They include communication, social and co-operative skills, problem-solving, competitive skills and self-management. Drug education should also provide opportunities to practice refusal skills (MYD, 2004b). *Choice* provides a range of situations for students to develop social skills and – to anticipate results from the case study schools – teachers and PEOs regard this principle as a key element of the programme.

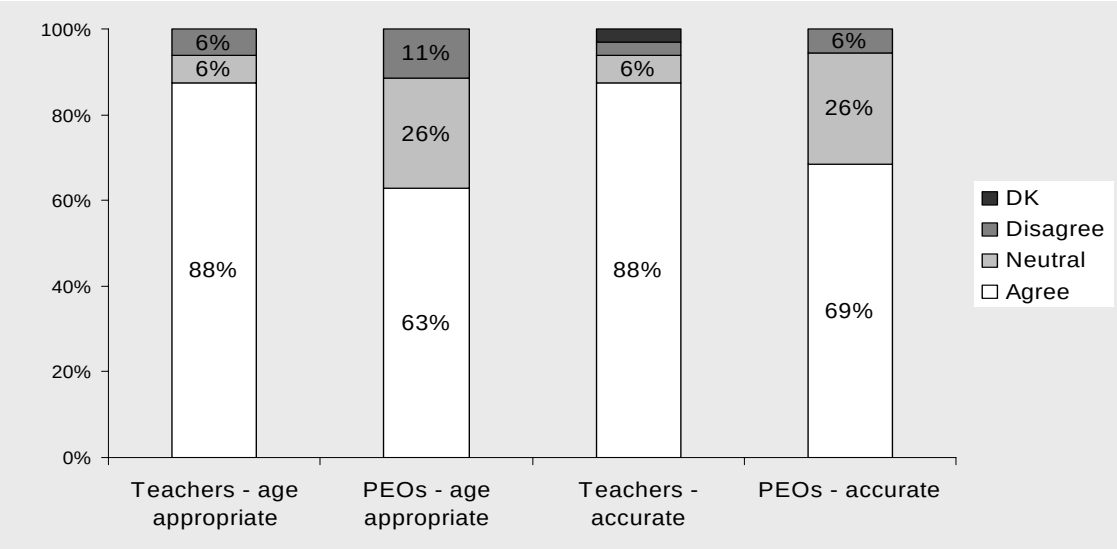
In the survey, the question on whether *Choice* helped students to develop social skills scored fairly highly with teachers (72% said that *Choice* taught social skills very or well), and even more so with PEOs (80%).

Principle 10: Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use

Factual information must be of direct use to students, dealing with drugs that are most likely to be used among their age groups. It must clarify what they know, address what they need to know, and take into account their experience of and beliefs about drugs (MYD, 2004b). Principle 10 also links into principle 4 (that *Choice* should be relevant to the needs of young people).

One question on principle 10 asked whether the *Choice* material was appropriate to the age group it was geared towards. The other question was whether the information provided was accurate. On both, the teachers gave higher ratings than PEOs, with 88% agreeing the material was age-appropriate, and 88% that it was accurate. The figures for PEOs were 63% and 69% respectively (Figure 7).

Figure 7 Material age-appropriate and accurate



Note: 'Agree' combines scores of 5 and 4, 'Neutral is score 4; 'Disagree combines scores and 1 and 2.

The difference in scoring between the teachers and PEOs showed through in their comments. One teacher, for instance, said:

> *The students do need to think about the effects of drugs and how to make good decisions. I feel the information was great.*

Some PEOs, on the other hand, were more equivocal and offered suggestions for improving the content of the programme in this regard.

> *This programme was definitely NOT age appropriate. There needs to be more information for students as most of these students know more about drugs than we do.*
>
> *I would like to see more up- to-date videos and broader topics covering P (and) steroids, as well as goal setting, with an emphasis on peer pressure, etc.*
>
> *There should possibly be a section on the chemicals in cigarettes or the long term effects, including how it affects your looks etc. Large numbers of girls smoke and I think we need to address this. Also, we should maybe [address] the accumulated cost of smoking (how much per year, week, etc).*

In other comments on principle 10, the need for updating the material (which some PEOs described as urgent) was again a theme.

> *I feel that the Years 7/8 Choice programme has not kept up with the changes in society in the last decade around illegal drugs. There is so much more out there that can harm our youth in this area, our content needs to keep up with the times. (PEO)*

Principle 11 - Critically analyses mass media messages

Critical analysis of mass media messages can help students to recognise inconsistencies with best practice principles (MYD, 2004b). While the mass media can promote health – through anti-drug or responsible drinking campaigns, for example – advertising also encourages practices such as alcohol use.

The teachers were only moderately in agreement with the premise that *Choice* was good at analysing mass media messages (58% said it did). PEOs were even more sceptical: only 20% agreed, half were neutral, and nearly a third disagreed.

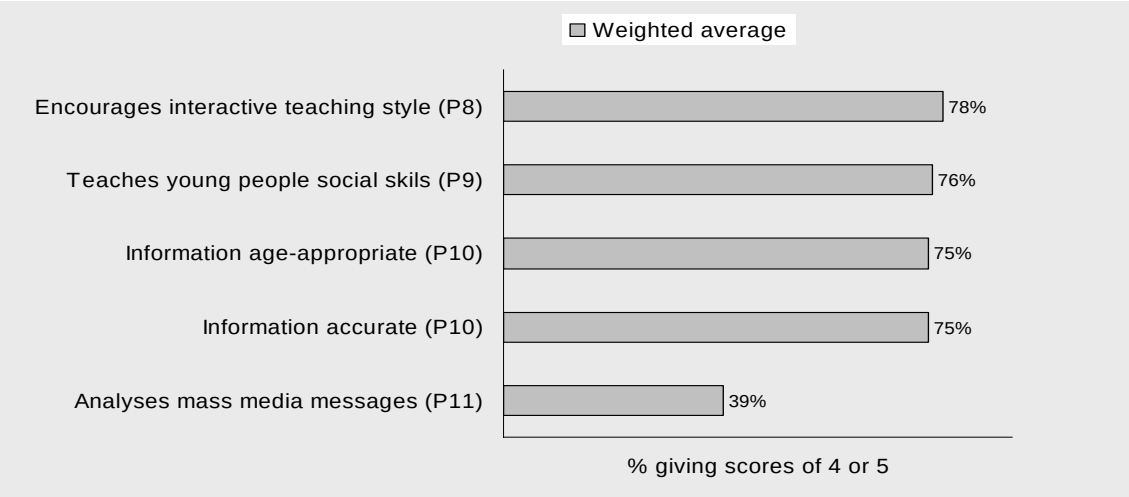
Some commented on the analysis of mass media messages.

> *I haven't noticed analysing of media messages very much. (Teacher)*
>
> *We didn't cover the media side of the programme and I feel that there would not have been time to do this well. Next time I think I would possibly follow up with a visual language unit. (PEO)*
>
> *The older version of DARE covered the media message better. (The Video on 'tobacco or not tobacco' etc). (PEO)*

5.4 Summary of how well the process of *Choice* accorded with best practice principles

Figure 8 draws together the survey responses on the process of *Choice* (again using weighted averages). The main point is that at least three-quarters were favourable about the process principles, with the exception of analysing mass media messages.

Figure 8 Best practice principles and the process of *Choice* (the schools survey)



5.5 Context (principles 12, 13, 15, 16)

Principle 12: Follows safety guidelines about discussion of drugs and drug issues

Discussions of drugs or drug use must be addressed in a supportive and positive environment. MYD (2004b) guidelines state that students' disclosure of personal drug use or that of others should be avoided to prevent legal and other consequences. School policies and practices should support the aims of drug education and may extend to cover issues such as the mental health of the whole school community, or ways of dealing with illegal and legal drug use by students and staff.

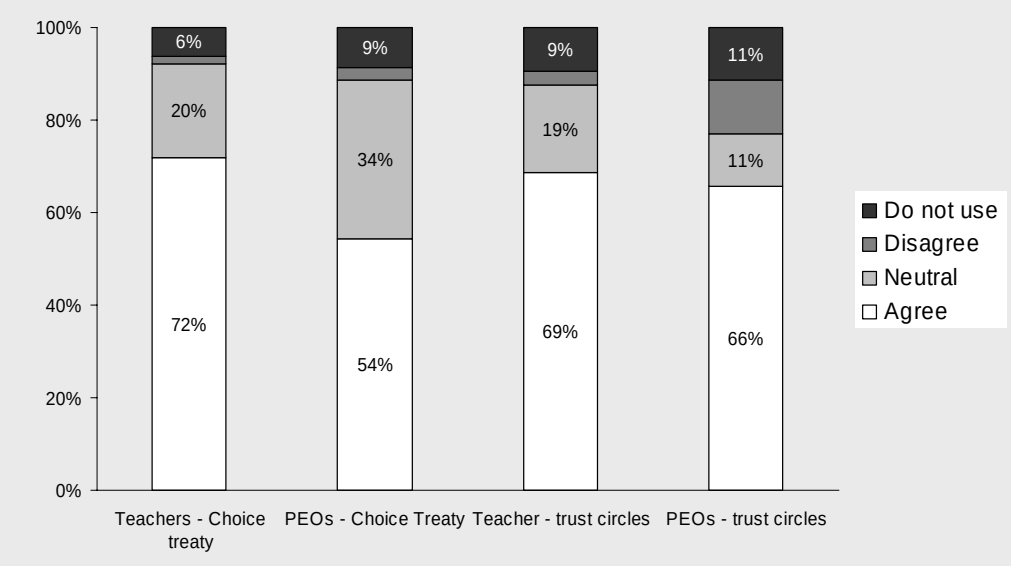
The *Choice* material emphasises the need for the teacher and students to decide on a set of safety guidelines at the beginning of the programme. It offers a sample policy on drug use and misuse, as well as ways of handling information about drug use. The *Choice* treaty and the trust circle are potential ways of promoting sharing, respect and confidentiality.

There were two questions about safety guidelines in the survey. One was whether an agreement had been reached between the teacher and PEO on how to handle drug-related information that might be disclosed during a *Choice* lesson. The other was whether there had been discussion with students about classroom safety guidelines for talking about their feelings, ideas and experiences. Most teachers (84%) and virtually all PEOs (94%) said that safety guidelines had been both discussed between themselves. All but one teacher said they had been discussed with students.

<u>The *Choice* treaty and the trust circle</u>

There were also questions on the *Choice* treaty and the trust circle. Figure 9 shows the results. More of the teachers (72%) felt the treaty was useful than the PEOs. The level of agreement that the trust circle was effective was similar. A few teachers and PEOs said they did not use either the treaty or the trust circle.

Figure 9 Usefulness of the *Choice* treaty and effectiveness of the trust circle



Note: 'Agree' combines scores of 5 and 4, 'Neutral is score 4; 'Disagree combines scores and 1 and 2

Principle 13: Is supported by comprehensive school-wide approach

Choice should be delivered as part of a clearly defined, enforced and publicised school policy concerning drugs (cf. Pickens, 1998). We asked the teachers and PEOs whether there was a school drugs policy, and how well *Choice* meshed into this.

About four in five of the teachers and PEOs said the school where *Choice* was being taught had a drugs policy, although some did not know (particularly the PEOs). On the question of whether *Choice* was integrated into the schools' overall drug policy, four out of five teachers said it was, but only two-thirds of PEOs felt able to say the same.

Principle 15: Adequate training and ongoing support for programme deliverers

MYD (2004b) recommends that people delivering drug education should develop competencies in teaching and in knowledge about drugs and drug use. This training could involve professional development in the mental health area of the health curriculum, or participating in mentoring, support networks and email discussion groups.

One of the survey questions asked whether the teachers and PEOs met regularly to provide and seek advice and support about *Choice* from each other. The programme designers noted that PEOs and teachers are supposed to set aside time to talk about the class and plan which activities would be most appropriate. Three-quarters of each group said they did meet, although some qualified this in their comments, saying that it was not on a regular basis. Others commented that time pressure was a problem.

> *Even though we had the best intentions in the world, police and teachers are both incredibly busy. Money for release time would be useful so that the meetings could take place when police are not so busy. (Teacher)*
>
> *We talk and discuss about various support agencies but we don't on a regular basis. (Teacher)*

The teachers and PEOs were asked whether they had been given opportunities for ongoing training in the area of drug education in general. Less than a third (28%) of teachers said they had, though the figure was rather higher for PEOs (40%). Many of the teachers said they have received general training from the PEOs, but some were rather despondent.

> *None. Who provides this? What money is available to support this!*
>
> *There was no training whatsoever in the build up to my first time implementing the programme. I was given the material and told to work from that.*

As regards *Choice* specifically, even fewer teachers (17%) said they had opportunities for ongoing training. In comments, several teachers who said they had not been trained in *Choice* nonetheless said they had been given an introduction to it by the PEO, and had got training 'on the job' through working alongside the PEO or by being mentored by another teacher. Also, several teachers stressed that their part in the delivery of *Choice* was relatively limited.

> *I received no official training - it's just what I picked up by having the 'provider' in my room.*

There was a session delivered by the PEO before we introduced the programme at our school.

Only training I had was that provided in the manual from PEOs.

No training as such but I have become very familiar with the programme.

Only direction from the PEO at a compulsory staff meeting where they went over all aspects of the programme and then spoke individually to teachers as a follow up and to clarify needs in their classroom.

Not a lot of training, but find out as we go. It was mostly conducted by the Police officer.

Haven't had any training as the PEO delivers most of the programme. I have however observed him deliver this programme three times and I am very familiar with it as a result

The proportion of PEOs who said they had opportunities for ongoing training in *Choice* was higher (41%). This is probably because they are better linked into available training courses in the drug education field – although two PEOs said they would appreciate the chance to extend their training. Many PEOs acknowledged that their initial training at Auckland University helped prepare them for delivering *Choice*. Others highlighted their extensive policing experience and gathering 'tricks of the trade' over the years. Several pointed out that they kept themselves up to date.

Most of the PEO's knowledge base and perception of how to get the message across effectively is empirical, self taught and gained through wide practical experience in life, including much first hand experience with people with drug problems.

I take trips to the DARE Foundation conferences in Wellington, to the police college, and do my own study through books and Internet.

The programme designers noted that all PEOs complete a specific module on drug education as part of their training at Auckland University. They are also required to undertake ongoing in-service training.

- PEOs have District in-service training several times a year. It is common for this to include workshops about DARE programmes and other aspects of drug education.
- All PEOS attend Police in-service training to keep up to date with the nature of drug crime.
- The DARE Foundation conducts a three-day national conference about DARE and drug education every few years. Most PEOs attend.
- In 2006, all PEOs attended a workshop on the MYD best practice elements.

Principle 16: Includes ongoing review and regular evaluation

The final MYD principle concerns review and evaluation of *Choice*. MYD proposes that "External drug education should be evaluated against the school's overall programme plan after the first year, and then at least once every three years after that". There are two components to this: (i) external evaluation; and (ii) self review and evaluation.

External evaluation

The *Best Practice Handbook* recommends that external evaluation should be done by external, independent evaluators where appropriate, measuring effectiveness of drug education sessions by young people's increased drug-related social skill levels, knowledge and safe attitudes. External evaluations should use a mix of methods: observations of the school based programme, qualitative information from interviews and both quantitative and qualitative information from documentation (MYD, 2004: 38-39).

Our survey did not address whether this component of principle 16 was met in the schools, although in a sense the survey itself could be seen as meeting this requirement at least in part.

Self review and evaluation

MYD also recommends self-review and evaluation to ensure that drug education provides optimal learning opportunities for students, meets the Health and Physical Education curriculum, and the 16 best practice principles. This encompasses evaluations of session planning and the effectiveness of sessions, and should include assessment of students' social skills and feedback from students, teachers, parents and Boards of Trustees. In truth, this sets onerous standards.[10]

The *Choice Teaching Guide* provides the following evaluation forms:

a. Assessment of students (by PEO / teacher).
b. An evaluation form for students (to evaluate the programme and learning).
c. A teacher evaluation form (to evaluate programme content, delivery and outcomes).
d. An evaluation form for parents / caregivers (to comment on the programme, their involvement in it, and changes in their own or their child's behaviour).

The questions we put to the schools concentrated on a., b., and c. above. Teachers and PEOs were asked to score, on a scale from 1 to 5, whether they agreed (or not) that these forms were filled out.

10 For instance, the Guidelines call for:
(i) **Pre- and post-questionnaires** to assess students' prior knowledge and attitudes, and then changes in these, with the questions relating to the drug education objectives, achievement objectives and learning outcomes.
(ii) **Assessment and observation** of students' social skill levels, through written and/or oral responses to scenarios about drugs and drug use at the beginning and at the end of the unit of learning.
(iii) **Feedback from students and teachers** collected at the end of sessions, as well as additional feedback from other school and community members, including family and whānau.
(iv) **A record of students' participation and response during sessions**, including how many students participated, how many didn't participate and what percentage of students provided feedback.
(v) An implementation **review** of sessions against the session plans.
(vi) A **report** setting out the results of the evaluation, for communication to school management, Board members, parents, students and funding organisations.

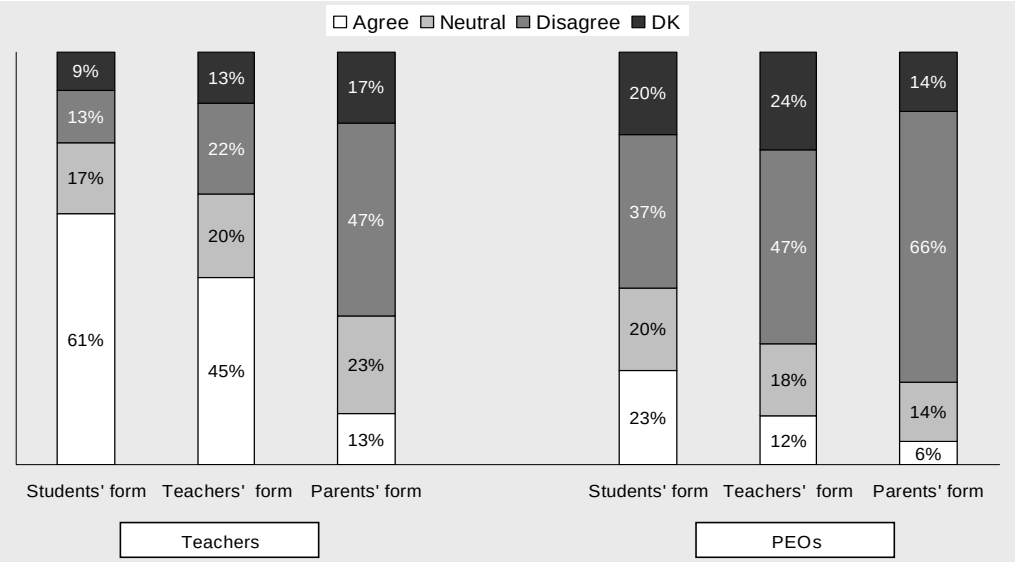
The evaluation forms

There did not seem a great deal of agreement that the evaluation forms were filled in. The students' form seems to be completed most often, and the parents' form least often (Figure 10). The teachers more often said the forms were used than the PEOs did, particularly the students' forms and the teachers' form. It cannot be discounted that some teachers were more inclined to give a 'desirable' answer. Fairly large proportions said they did not know whether the forms were used. A quarter of PEOs, for instance, did not know about the teachers' form.

Should be used but hardly ever seem to. (PEO)

A bit lax here obviously but this is something that I don't do. (PEO)

Figure 10 Use of the evaluation forms



Note: 'Agree 'combines scores of 5 and 4, 'Neutral' is score 3; and 'Disagree' combines scores of 1 and 2.

The teachers and the PEOs were also asked about the usefulness of the forms. More teachers agreed that they were useful (41%) than said they were not (21%). However, the figures were in the opposite direction for the PEOs: only 24% found them useful, while 32% did not. Some teachers (14%) and PEOs (22%) admitted they did not use the forms.

Some PEOs mentioned benefits of using the evaluation forms.

The positive comments that come from evaluation forms are always good for performance appraisal meetings. Other comments are good so we can make any necessary alterations so that the programme is even better next time around. (PEO)

We modify the evaluation forms to each class. I find them very useful for feedback on positives and how to improve or do better next time. (PEO)

I don't use these always but they are useful when working in a new teacher relationship, or to give oneself a self assessment check. (PEO)

More common, though, was a tendency for the teachers and PEOs to move away from the evaluation forms as they gained experience in *Choice.*

> *When I started teaching DARE I always used evaluation forms but I no longer use them. (PEO)*
>
> *If a new school takes DARE on board, I use the evaluation forms. Otherwise, I tend to rely on parent / teacher feedback as the programme evolves! (PEO)*
>
> *For an experienced PEO, discussing the program with students in the classroom and encouraging their verbal feedback is more beneficial and allows you to better evaluate that which is genuine and valid. Evaluation forms can tend to shift the focus onto negative items that can't be easily rectified, such as embarrassingly outdated videos. (PEO)*

A few respondents mentioned difficulties in collecting the forms:

> *It is difficult at times to get them back from students and particularly parents after the programme has been taught. (PEO)*
>
> *Once I have completed the programme I find it hard to find time to return to the school to carry out the evaluation. I tend to rely on teacher/ parent feed back on other visits. It would be good if evaluations etc., could be free posted by the teachers after the programme. (PEO)*

In response to another question, 60% of the teachers and the 63% of the PEOs said they used "other evaluations of the *Choice* programme (e.g. self-review, evaluating success of the programme, evaluating teacher / PEO relationship". Many teachers and PEOs mentioned verbal evaluation with students, or using specially devised evaluation sheets.

> *Most of the feedback I receive is verbal by both students and teachers. (PEO)*
>
> *PEO and I have a verbal review of the success of our roles and the programme. (Teacher)*
>
> *Since doing DARE I have formulated my own evaluation forms which I find more specific to the needs of students' learning outcomes. (PEO)*
>
> *As mentioned above, self review on my own plan. Students self assess much of their work and we discuss their progress. Informal discussions often held with other teacher in syndicate on success of the programme. (Teacher)*
>
> *We would do a self and syndicate review on how things have gone, evaluating our own teaching and giving feedback to the PEO. (Teacher)*
>
> *A discussion at management level goes over pros and cons of programme - from content to timing and relevance. If changes need to be made or alterations, we record for next time. (Teacher)*

Comments from PEOs were along similar lines:

> *I usually have discussions with the teacher about how effective programme has been and whether particular students may have benefited or not. (PEO)*
>
> *Qualitative type interviews are often carried out in our community by our DARE committee, media and PEOs. (PEO)*

Sometimes we will do a "What did you enjoy the most? What do you want more of? What do you think we don't need?" (PEO)

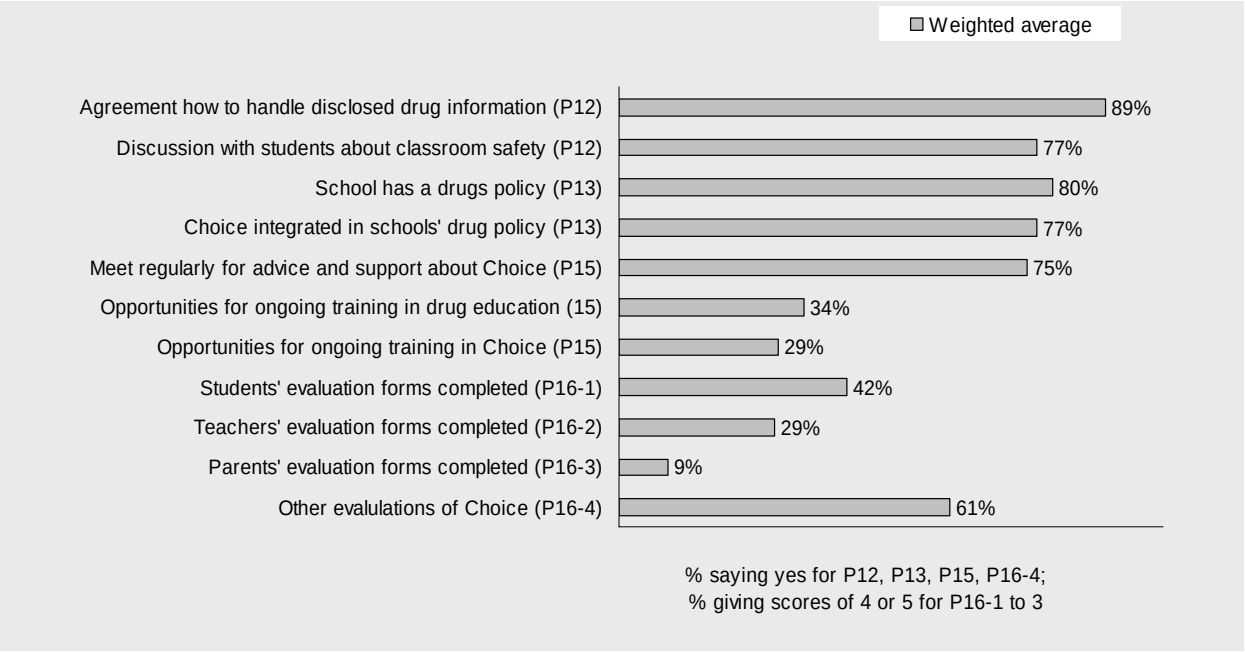
Initially I used to complete self-review and teacher / PEO relationship evaluation. On occasions I will still do this with first time teachers that I run the programme with. (PEO)

I go through the content of each lesson at the end of the programme to see if the students' needs were met and if we can identify any changes needed for next year. (PEO)

5.6 Summary of how well the context of Choice accorded with best practice principles

Figure 11 shows the survey responses on the context element of *Choice* in terms of best practice principles. The figures are based on the weighted averages.

Figure 11 Best practice principles and the context of *Choice* (the schools survey)



The main points are:

- There was strong agreement that procedures were well followed for discussing drugs in a confidential and safe manner in the classroom (principle 12).
- In most schools, *Choice* is well supported by a comprehensive school-wide approach drugs (principle 13)
- While teachers and PEOs said they provided each other mutual support and advice, there was much less agreement that they had good opportunities for ongoing training in drug education in general, or *Choice* specifically (principle 15).

- The use of evaluations forms was fairly low, although the Teaching Guide provides ample opportunities for this. There was more activity as regards carrying out other evaluations of *Choice* (principle 16).

5.7 Suggestions for improving Choice

The questionnaire ended by allowing respondents to offer suggestions for improving the programme, and to add any other general comments. Many took the opportunity. Their remarks at this stage often repeated points they had made in comment boxes earlier in the questionnaire (for instance as regards the rather out-of-date material used in *Choice).* Table 1 shows how many teachers and PEOs made suggestions for improvements. Suggestions made by only one teacher or PEO are not shown.

Table 1 Suggestions for improving *Choice* (the schools survey)

	Number of comments
Bring up to date	19
Update videos (more IT aware and IT interaction)	19
Shorten the programme	11
Change role plays	6
Add a research component	4
More distinctive programme material	3
Less desk work	2
Repetition of the 'unfolding' story	2
More flexibility	2
More on communicating parents	2
More training	5
Increase no. of PEOs	4
Follow-up visits	2

One of the most frequent types of comment concerned bringing *Choice* more up-to-date by improving the content of the programme and bringing it more into line with contemporary issues. These comments overlapped in large part with those that recommended a better IT infrastructure, so that *Choice* could take advantage of media advances likely to engage students better. Some examples of the comments are below.

> *Intermediate aged choice (Years 7-8) is too basic for the age group. This needs to be re-evaluated and the language upgraded. (PEO)*
>
> *Some of the contents I find outdated as far as knowledge of the students in today's time - this is especially noticed in some Years 7/8 classes. (PEO)*
>
> *A number of the activities needed to be adapted for our students. Many of the students had already experienced the drug culture and so they needed something harder hitting. (Teacher)*
>
> *A session on addictions - i.e. alcoholism in families - generation to generation. Breaking cycles of addictions and where to go to get help… what helping agencies can do. A section on responding to crisis or major changes i.e. parents splitting would be helpful. (Teacher)*

Must get it onto DVD's and CDs. PEOs should be as well equipped as teachers, especially with laptops, phones that photograph, etc. (PEO)

There were also a number of comments about shortening the programme. One element here was that, with current levels of resourcing, delivery of *Choice* could be too rushed, which meant the coverage of schools was less than it might be. The other element was that certain parts of the programme were rather 'long-winded'. Some of the comments were:

I have a number of schools that would love to have it, but they want it reduced in time and lessons. (PEO)

Shorten it - isn't this being done? It's too long at the moment. (PEO)

The students seem to enjoy the Years 5 - 6 programme more, possibly because it has more hands on activities, role playing, etc. The Story, 'A Decision for Alex' is great, but the students find it too long. They start to switch off and get fidgety. (PEO)

The programme was huge and relevant to the needs of students of this age, but the time is not enough to do everything. (Teacher)

5.8 Overview

The view of teachers and PEOs in 46 schools were canvassed about *Choice,* although the PEOs were likely to have drawn on their experience across a wider range of schools. While the schools gave reasonable New Zealand coverage, it is nonetheless hard to know for certain how representative the teachers and PEOs who responded to the survey were. Forty-eight PEOs initially responded to an invitation from YES to take part in the study. They comprised about a third of all the PEOs in New Zealand who deliver *Choice.* The possibility needs to be acknowledged that they had rather more commitment to *Choice* than others. The teachers came from the 96 schools nominated by the PEOs, so here too there may have been some selection bias if the PEOs chose schools where they thought teachers were more positively engaged with *Choice.*

Another point is that not all of those selected responded to the survey. The 35 PEOs who completed questionnaires may have differed from the 13 who did not. Of the 113 teachers approached, 64 responded, and again we do not know how they differed from those who did not take part. On the one hand, it may be that those who did respond saw the survey as an opportunity to 'let off steam' – about under-resourcing, for instance, or misgivings about what *Choice* was achieving. On the other hand, those who responded may have been more engaged with *Choice*, and more committed to it. On balance, the evidence on who is most likely to respond to surveys would suggest a bias towards the latter (the more engaged) rather than the former group (the less engaged) (Groves et al., 2001).

There were a number of comments supporting *Choice,* applauding its aims as well as its content. A few respondents were of the view that the programme was "fine as it is". However, a much stronger sentiment was that there was need for a rethink – and a fairly radical one in the view of some respondents.

The comments that were offered by PEOs and teachers in particular as regards their collaboration were in large part very positive, although inevitably some in each group had criticisms of some in the other. A sentiment that emerged quite strongly from the teachers was that the involvement of PEOs was beneficial. For one, it greatly lessened the burden on the teacher. For another, it was seen as a way of bringing the police into schools in a supportive role, and in a manner likely to enhance police-student relationships.

> *It is wonderful having the presence of the PEO both so the students can see the police in a positive way and as support to the teacher for the programme. (Teacher)*
>
> *The students found having a police officer in the classroom was good as she became more approachable to them both in school and when they met her in the community. (Teacher)*
>
> *I think the personal contact with a member of the uniformed police is very important at this age. (Teacher)*

6 The Case Study Schools

This section presents the results of case studies conducted in two schools. We aimed to observe the implementation of *Choice*, and highlight actual practice in relation to varying elements of the best practice principles. The case studies involved:

- observation of a *Choice* lesson;
- an interview with the PEO and teacher delivering the programme;
- a brief questionnaire completed by the Principal; and
- a group interview with students doing the programme.

Two researchers observed a lesson in each school. They did not interact with students or participate in the lesson. They took notes on the format of the lesson; the roles of the PEO and teacher; the children's demeanour, engagement in the activities, and interactions with each other and programme deliverers; and any other relevant details about the class or the classroom.

PEOs and teachers were asked questions bearing on 15 best practice principles (excluding principle 1, which relates to the programme's evidence base).

School principals were asked about how the programme links into the curriculum, other community initiatives and family based training; whether it is directed at the most appropriate age group for drug education; and the advantages and disadvantages of having PEOs participating in the curriculum.

Group interviews with students covered: what they found interesting about *Choice*; what they had learned (e.g., social skills, information about drugs, whether the information was new and relevant to their age group and whether they had learned about it elsewhere); their input into the programme; whether they felt comfortable asking the PEO or teacher about things they wanted to know; and whether there were any parts of the programme that they did not find useful.

Presentation of results

The results are dealt with by examining:

- the content elements of the best practice principles (six of seven principles);
- the process elements (four principles);
- the context elements (five principles); and
- drawing the data together to provide a general overview of the findings.

We have used quotes from interviewees, or observations from the researchers' field notes, to illustrate how the delivery of *Choice* in the case study schools met each principle – or not, as the case may be.

6.1 Content (principles 2 – 7)

Principle 2: Aims to prevent and reduce drug-related harm

We asked students what they learned from *Choice*. Their responses indicated that the programme promotes knowledge, skills and attitudes associated with the harm-reduction principle:

> *We learned where drugs come from and why people want to take them. (Student, School A)*
>
> *It helps you to say no. You feel like it's your own decision to say no. (Student, School A)*
>
> *How to approach problems. Like, if someone offers you a cigarette, you could just turn around and walk away. But that's a dangerous way of dealing with it if they're your friends, so you just change the topic. (Student, School B)*
>
> *It taught me about types of drugs and what they can do to you. (Student, School B).*

Principle 3: Has clear, realistic objectives

To assess whether the objectives of *Choice* are perceived as realistic and achievable, we asked the PEOs and teachers for their views on this. The responses were generally positive, although the interviewees admitted that they could not always assess the longer-term impacts of the lessons:

> *The objectives are very realistic. It meets the objectives set out in the beginning [of the Teaching Guide]. Whether the kids remember is another thing. (PEO, School B)*
>
> *The programme meets its objectives very well because that's the type of question that kids always want to ask, because these are high profile issues. (Teacher, School A)*

Principle 4: Is relevant to the needs of young people

The interviews showed that, on the whole, *Choice* was relevant to students' needs. This largely came down to factors related to the PEOs, including their personal characteristics, teaching styles and relationship with students. The main area for improvement related to outdated teaching materials. As seen in Section 5, this also emerged strongly from the web survey.

Credibility and responsiveness of PEOS

Both PEOs were highly regarded and perceived as credible and approachable by students:

> *The kids listen to us differently because of who we are. (PEO, School B)*
>
> *You hear about other people's stories in life and that's really good. (Student, School A)*
>
> *When we talk to the PEO, he makes eye contact with us. It just feels like he gets you. (Student, School A).*

When there are things we want to know, we usually ask the PEO… She's fun and she's open. (Student, School B)

The Principals valued the PEOs' contribution to the school's capacity to deliver drug education and to the general school environment:

It is a lot more real having a PEO taking it. I notice the levels of unacceptable behaviour drop when we have a PEO in the school. The main advantage of the Choice programme is the excellent exposure for the children, excellent availability of resources, and having a different presenter adds more impact. (Principal, School A)

The PEO does a brilliant job and works alongside the teacher. There's good communication between them. I think it's good to have somebody outside the school, but also known to them, as the PEO is – someone in a position of authority, who has that kind of credibility. (Principal, School B)

Youth-friendly delivery / engaging young people

The classroom observations showed that most students participated in activities and discussions willingly and enthusiastically. The PEOs chose activities that engaged students' interest:

The lesson we did the other day was not in the book. It's important to tailor the activities to the kids. (PEO, School A)

Some classes say they'll miss the trust circle the most. They didn't know people thought this about them. Others find it hard to say nice things about people. (PEO, School B)

The PEOs disagreed on the value of the *Choice Activity Book*, which contains structured exercises and blank pages for students to record what they have learned. The PEO at School A preferred to use health diaries, which the schools provide free to students:

At the end of the day, [the diaries] are only a building block. The Activity Book: I hate them. This 'fill in the gap' thing is American. We're always trying to impress upon kids that they're individuals, and filling in the gap doesn't work at all. [Using diaries] gives them an opportunity to be themselves. I encourage the kids to personalize their own book. They feel more attached to the books if they're personalized. I use [the activity books] for special needs kids only. (PEO, School A)

By contrast, the PEO at School B felt that the activity books were practical and allowed for individual creativity. The fact that the schools had to pay for the books was a disadvantage:

I use the Choice workbooks, rather than the diaries and I prefer them. It's a very intense programme. The kids love their Choice book. They can doodle in them, colour in and decorate them. Eighty per cent of the work's done. The kids can see ahead of time what they'll be doing and parents are aware of what's happening. The workbooks are informative and a lot easier for the children … They're expensive and the money has to be fund-raised… Some subsidy would be welcome. (PEO, School B)

The PEO and teacher from School B commented that aspects of the programme are outdated, especially the videos. However, both regard the content as relevant to contemporary students:

> *The videos are outdated. The themes are great, but the kids giggle at the clothes and hair. It's embarrassing and it takes away credence. (PEO, School B)*
>
> *The material is fine; it could be better, but it does the job I think. It's not the most up-to-date. It's a bit of a laugh with the videos sometimes. But for these kids, it's pretty relevant. (Teacher, School B)*

The PEO from School A recognised the need to rewrite the syllabus, but also noted that the *Choice* programme is a guideline only: 'You *need to adapt it and add to it'*. He regularly uses activities that are not in the *Choice Teaching Guid*e. In his view, it is the PEO's responsibility to stay informed about trends in drug use, seek out new knowledge, and adapt strategies that engage students.

Student input / reality

The rapport between PEOs / teachers and students provided opportunities for students to have input into the direction and content of the lessons. From the perspective of PEOs and teachers, this ensured that the lessons reflected issues relevant to contemporary realities:

> *The children have lots of opinions and ask lots of questions, like 'What if?', 'What about?' So I digress in response to their questions… They ask if they want to know something… The kids are comfortable with me... A hand will go up and we'll hear horrific stories about abuse. I ask them who would feel uncomfortable asking me questions. I invite them to come to me at any time. I let them know they're doing someone else a favour if they ask a question, because if they're wondering about something, then someone else will be too. (PEO, School B)*
>
> *The kids can often dictate the direction of the discussion. I think they have a large amount of input. It's hardly your chalk and talk class. I've had kids come up to me randomly, and to the PEO, and ask questions. There's a rapport. They all feel comfortable asking questions. (Teacher, School A)*

Students' comments also indicated that they were interested in and contributed to the content of lessons:

> *If you didn't know what to do, you can always ask the PEO. It's like teaching you that you can turn to him for help. (Student, School A)*
>
> *The talks that we have [are the most interesting part]. If you talk about something random, you get really bored, but in DARE you get really interested. (Student, School A)*
>
> *I bring things into class quite a bit. My friend rang the phone number on the back of the cigarette pack and they sent a lot of posters and stuff. (Student, School B)*

Principle 5: Is responsive to different cultural views and realities

We asked the PEOs and teachers about their views on cultural differences. They felt that there were likely to be more commonalities than differences in drug-related attitudes and drug use across cultures:

I don't think the drugs issues are different [between cultures]. The only thing that's different is the way the families work… Here the school is very multicultural and you have to adapt the programme to your own ends. (PEO, School A)

I teach like we're all the same. The main aim of the DARE programme is to empower kids to make their own decisions and sometimes cultural differences come into that. We talk about how responsibility for making decisions changes by age. I talk about how you can get a tattoo at 18 unless your parents give you permission to get one earlier. They ask why your parents would let you do it earlier. Tattoos are a part of Samoan culture. The same with marriage, you need permission if you're underage. Some cultures have arranged marriages at young ages. It [the issue of cultural differences] doesn't really come up. The messages are relevant to the needs of children of any background. (PEO, School B)

Principle 6: Is associated with family-based training

The Principal of School A said that there were links between *Choice* and the GAIN programme, which brings parents and children together in a learning environment and is occasionally run in the school. Parents were advised by letter that their children would be doing *Choice*. In general, parents were not involved in the programme, although those with relevant skills might be invited to address the class. Beyond this, information from the programme often flowed on to parents, some of whom approached PEOs to discuss drug-related issues:

I get involved with the parents, who come to me for advice. What's important about this programme is that the kids take it home. Parents often say they've never talked to their kids so much... I get the parents doing homework for the kids. I always encourage kids to talk to their parents when they go home at the end of the day. Often the parents will chat to you when they're here. Obviously, some parents have things they can add to the programme. For example, one parent was a police dog handler and we had him in to show the kids the dog. (PEO, School A)

School B was not offering other family-oriented programmes. Parents were not involved in planning the programme, although they were asked to review students' classroom work and were invited to discuss drug issues with the PEO:

Parents are given the option through the school newsletter to speak to me about the programme, but they're not involved in it… Parents are welcome to come along at the end of the programme, on the final day. We go to the pool. I get the kids to have their parents sign their workbooks so they're involved through that. The kids bring in things from home, like medicine packets. (PEO, School B)

Parents see the workbooks and the kids really like working on the books. (Teacher, School B)

In some cases the programme improved students' communication with or understanding of their parents:

> *We were told to send [expired] medicines back to the pharmacy. And my parents did that. (Student, School A)*
>
> *It makes you realise that when parents say not to go out at night because people might beat you up and rape you, you understand why they tell you that more. (Student, School A)*
>
> *I learned some things that I need to know about drugs from Choice, some from my parents. (Student, School B)*

Principle 7: Is co-ordinated with other community initiatives

The Principal of School A said that the school has run *Choice* for 'many' years and is committed to continuing. *Choice* is amenable to integration with other programmes and links into Life Education, a health resource programme which the school offers in alternate years:

> *At the moment we're trying to get kids to do a more integrated approach, so DARE is being integrated into another programme that's about living life. (PEO, School A)*

The principal of School B said that *Choice* does not link into any community initiatives that they were currently offering. The PEO at this school involves community members in the lessons when possible:

> *I've had a chemist, a police drug expert and a Māori person who makes their own alternative medicines, come and address the class. (PEO, School B)*

6.2 Process (principles 8 – 11)

Principle 8 - Uses interactive teaching styles

Both lessons we observed involved a range of activities and interactive teaching styles, although the PEOs had very different approaches to teaching.

The lesson in School A dealt with the importance of communication in solving problems. The PEO used activities beyond those in the *Choice Teaching Guide* to achieve the learning outcomes. The 29 students participated in three activities. The main features of the lesson are summarised in Box 7.

Box 7 Observations from a *Choice* lesson – School A

School A

The PEO was seated on a chair in front of the students, who were sitting on the floor. The teacher was seated behind a desk at the side. The students were responsive when the PEO called for their attention. He established the objective of the lesson at the beginning of the session: *Today's lesson deals with solving problems in life… You'll be faced with problems in life that you can't deal with alone.*

The students broke into seven groups for the first activity, which involved finding a way to balance 12 nails on the top of one nail that was upright in a block of wood. The activity encouraged teamwork, and there was an obvious sense of achievement as groups that found the solution called out: *We did it!* The PEO later told the students that there was a shortcut to solving the problem: he would have told them the solution had anyone had asked, but no-one did.

The second activity had pairs of students linked with rope handcuffs. They were to find a way to separate the ropes without destroying them or removing the handcuffs. The first group to find the solution went into a huddle to hide it from others. The PEO encouraged cooperation, saying: *Guys, solving problems isn't about being secretive.*

The PEO and teacher moved among the groups during these activities, encouraging persistence and ensuring that all students were participating. The PEO summed up the point of the tasks concisely and related it back to drug use: *Sometimes we give up when we're faced with problems. We might become frustrated and distressed, which leads us to do silly things like taking drugs.*

In the third task, small groups were given three scenarios relating to problems experienced by children their age. They had to find three ways of dealing with each problem. Students in the groups had different responsibilities: one read out the scenarios, another recorded the answers, and a third kept an eye on the time. The class reconvened to discuss potential solutions to the problems and how they relate to real life.

At the end of the lesson the PEO asked the students to think about the point of the day's lesson, taking answers from students who volunteered them, but also encouraging quieter students to participate:

> *PEO: What's the main answer to the problems we looked at today? You need to talk to someone else, share your problems; don't let your problems get on top of you. In the activities we did today, what was the easiest place to get answers?*
>
> *Student [answer]: From you.*
>
> *PEO: It's the same in life. You need to ask other people like your parents... or other adults… It's about communicating and taking advice.*

The lesson in School B centred on recognising and resisting peer pressure. The PEO used *Choice* activities and materials, and followed the lesson plan in the *Teaching Guide* fairly closely (DARE Foundation of NZ and NZ Police, 1998b: 57-60). The 20 students took part in four activities, outlined in Box 8.

Box 8 Observations from a *Choice* lesson – School B

School B

The students sat in a circle on the floor with the PEO. The teacher was seated to the side. The students were relaxed and chatting, but were attentive when the PEO called the class to order.

The first activity - the trust circle - involved the whole class. Beginning with the PEO, each person thought of one good thing to say about the person to their left and repeated something that was said about someone else. The children enjoyed the trust circle. In the group interview, one student said: *I like it because we usually sit next to different people and we can hear what different people say about you.*

The PEO explained the focus of the day's lesson: *Today we're going to watch a video and then I'll ask you questions about it. We'll look at who's good at persuading others to do things. It's about pressure.*

The video centred on two girls dealing with pressure to smoke for the sake of being accepted into a friendship group. After watching it students broke into small discussion groups. The PEO then engaged the whole class in further talk. She used open-ended questions to make the situation in the video relevant to the students and encourage contributions: *Could you have done what Pania did? What's the danger of being passive? Why might you go with the flow?*

The next activity was a lively game. One student in each of four groups was given a lollipop; the others used verbal strategies to try to persuade the student to give it up. The groups then reported back to the class on their strategies of persuasion and resistance.

Students' observations also directed the talk. One student said that *'a lot of people think smoking is cool'*. This led to a discussion of why people think this, the difference between opinion and fact, particularly in advertising, and how to find out the truth about an issue.

The PEO summarised the main points at the end of the lesson, beginning with a question that directed students' thoughts: *'Sometimes the majority means all the fools are on the same side.' What does this mean?*

Following a final whole-group discussion on drugs, the students engaged in solitary work, writing four strategies for resisting drugs in their *Choice* Workbooks. The teacher and PEO checked that parents had signed homework from a previous lesson and offered help where needed.

Principle 9 - Teaches young people social skills

Choice provides a range of situations for students to develop social skills (also see observations for principle 8, above). Teachers and PEOs regarded this principle as a key element of the programme:

> *The drug message is important, but I think that the strongest message is how to be good listeners. I work a lot on trying to teach the kids to be good listeners and understand their parents' point of view. (PEO, School A)*
>
> *We're trying to teach them to be assertive rather than passive. We talk about the issues they're going to face. (Teacher, School A)*
>
> *The programme achieves this objective well. You get some children with low self-esteem and think they could end up doing wrong things for the wrong reasons. They might pick up on*

some of the things we're trying to teach. You're there for such a short time, so it's hard to tell. (PEO, School B)

We asked the students what sorts of social skills they had learned from *Choice*. They identified communication, refusal, self-management, co-operative and decision-making skills (also see responses to principles 2 and 6):

Don't feel afraid to say your own opinion. (Student, School A)

You learn about assertive, passive and aggressive people and how to deal with them. (Student, School A)

He taught us working together skills. (Student, School A)

We learnt about peer pressure and how to resist it: Be strong, walk away. (Student, School B)

We learned how to be assertive. (Student, School B)

How to deal with your problems and with stress. (Student, School B)

Principle 10 - Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use

We are not able to comment on the accuracy of the information provided by PEOs. Aside from that, this principle seems to be relatively well implemented in the case study schools.

One Principal regarded the timing of the lessons as age-appropriate:

It's taught at an appropriate age. It gets the children before they hit the drug problem full-on at college. (Principal, School A)

The other was more equivocal:

It depends on your children. I think Years 7-8 in many cases is too late, but children in Years 5-6 may be too early. In this school it's a good introduction for children in Years 5-6, but I feel that some children also need it again at Years 7-8, when they're more aware. (Principal, School B)

Students indicated that factual information on the consequences of drug use was relevant and useful:

The PEO is always answering to your ability and so you don't feel like you have got half an answer. (Student, School A)

It definitely taught us things we need to know at our age. (Student, School B)

We asked the students if there was anything about the programme that was not useful for people of their age. There were no responses at the time, in either school. At the end of the group interview in School A, one student returned to this issue:

> *Before, when you asked us if there wasn't anything useful and no-one said anything, it's really because there really wasn't [anything about the programme that wasn't useful]. (Student, School A)*

The programme deliverers ensured that their knowledge about trends in drug use was current. They were aware of the importance of providing factual information about drugs that students were likely to hear about or encounter:

> *The manual is like a guide. I do more talk about party pills. I couldn't get over how easy they were to buy over the Net. You just have to be sure that whatever happens over the years can be written into the programme. (PEO, School A)*

The PEOs also ensured that students' acquisition of knowledge about the health and social consequences of drug use was accompanied by increased research and critical thinking skills:

> *We had to do a DARE project and that makes you see what's in the drugs and you find out what can happen to you. It makes you look at things differently. (Student, School A)*

The lesson in School B involved a discussion about how to distinguish factual from non-factual information, especially on the internet, and how to find evidence-based information. This may be particularly important for students who are exposed to drug use within the family:

> *Yes, the information is appropriate and relevant. Sometimes things we talk about are not discussed at home. It's relevant in that someone answers their question and gives advice on where to find out what they want to know. The information is professional and factual; it comes from brochures and books. Some parents grow cannabis, so kids get a different message from their family. They need to know that drugs are illegal and that there are consequences of using drugs that could ruin their lives. (PEO, School B)*

Principle 11 - Critically analyses mass media messages

We did not observe analysis of mass media messages in School A, although the teacher drew on a media report to back up a point made by the PEO. Interviews with the teacher and students in School A suggest that analysis of media materials may take place in other areas of the curriculum:

> *I'll cut out articles from the newspaper and will discuss that with the kids… Nothing's too controversial. If the kids want to talk about it, I'll talk about it…It's quite scary the amount of drugs and drinking that's on the TV. In Shortland Street, they're always drinking. (Teacher, School A)*
>
> *We do current events every morning and discuss what we've seen on TV in class. (Student, School A)*

The lesson in School B dealt with resisting pressure. As noted in Box 8, the discussion briefly turned to advertising and how to distinguish factual information from opinion. At one point the PEO used humour to convey her message:

> *Some people advertise to try to pressure you into buying things. Don't get sucked in. The Tim Tams ad works really well! (PEO, School B)*

In a later interview, the PEO noted that the *Choice* Teaching Guide factors in some discussion of mass media messages:

> *There is one lesson about advertising products. We go through it and talk about fantasy in advertising. We talk about how opinions can influence decisions and facts can change that. We talk about relevant ads like drink-drive and smoking ads. Also about mixed messages in car ads. There's not a lot of discussion about mass media, but we go through ones that are factual. (PEO, School B)*

6.3 Context (principles 12 – 16)

Principle 12 - Follows classroom safety guidelines about the discussion of drugs and drug issues

Principle 13 – Supported by a comprehensive school-wide approach

Responses to these guidelines overlap to some extent and are combined here.

School policy

School A has a school-wide policy on smoking and alcohol. Consumption of alcohol, involvement with drugs, or solvent abuse by students is prohibited at school, in uniform (in and out of school), or when involved in any school activity. The school has a set of classroom principles and rules, similar to *Choice* principles, which were on display in the classroom.

School B has a policy on carrying drugs, but not on talking about drug use by students or others. The teacher said that *Choice* supports the school drug policy, which he discusses with the PEO at the beginning of the year.

Discussion of drug-related issues

It may not be possible to stop students from speaking about drug use in class, as MYD recommends, in which case, disclosures can be used to promote learning. During the lesson we observed in School B, a student asked to see inside a suitcase containing drugs.[11] The PEO refused the request, but took the opportunity to raise the issue of making independent decisions:

11 The suitcase is provided by the drug squad, and is not part of the Choice teaching materials. The programme designers do not condone exposing children to drugs that are beyond their current experience.

> *Who's seen cannabis? [Students raise their hands]. Thanks for being honest. Even if people in your family are doing it, does it mean you have to copy them? No. You've got a right to be who you are. You still love them, even if you don't agree with what they're doing. (PEO, School B)*

The PEO later told us her reason for refusing the student's request:

> *We have a suitcase full of drugs, but I don't usually take them along as it's frowned on in some quarters. Some people say it's okay to bring it; some say the kids don't need to know. The kids want to know though, and they ask to see them, so it's hard. I ask the Principal for permission to bring it in. The kids are curious. (PEO, School B)*

Safety guidelines

Teachers and PEOs in both schools emphasised the importance of establishing a safe and trusting environment in which confidentiality is respected:

> *Confidentiality is introduced at the beginning of the programme. It's important to set up a safe environment for the kids… I would only use the Choice treaty if the school didn't already have a policy. Mostly this sort of thing is already done in other programmes. (PEO School A)*

The teacher and PEO in School B have found that the trust circle is a good way of establishing a safe environment. Although there may be some tension between the need for confidentiality and the PEO's role as a police officer, students' welfare and trust are key components in decisions about how to handle sensitive disclosures:

> *The school drug policy covers drugs in the school, not information that comes out in class. We use the trust circle to establish the rule that what we talk about in class stays there. That is, unless it's detrimental to the children. The kids wouldn't be open if they thought I'd lock up their parents. This is part of me being trusted and the kids feeling comfortable, especially with me in uniform. I don't want to sting those kids and have them not trust me. They feel comfortable enough to talk about things they know aren't right. If anything hairy comes up the teacher and I would discuss with the school what to do about it. (PEO, School B)*

> *Choice is good for [talking about drugs]. The PEO uses the trust circle and that seems to work well. It helps the kids to feel safe about talking about it. If information came up that was important, I'd talk with the PEO about it and maybe the Principal and we'd sort it out between ourselves. (Teacher, School B)*

Students' comments indicated that they regard the *Choice* classroom as a safe environment for asking about and discussing drug-related issues:

> *Since people are open to you, you feel that you can be open to them. Everyone doesn't laugh at you because you said something stupid. (Student, School A)*

> *Everything that you say stays in the class. (Student, School A)*

> *When there are things we want to know, we usually ask the PEO when she's around. We ask her in front of the class. (Student, School B)*

Principle 14 - Is long term and delivered over several years

Drug education is more effective when it is delivered over several years in multi-levelled units that build on previous learning. MYD (2004b) recommends that young people should have access to drug education during the compulsory years for health education (Years 1-10), as well as Years 11-13. There should be six to 10 sessions each year.

The *Choice Teaching Guide* recommends that children undertake the programme twice during Years 5-8. In each programme, students should do a minimum of 15 sessions of approximately one and a half hours duration. Both programmes have activities designed to meet these guidelines.

Multi-levelled units

Choice is not designed to be run every year. Moreover, not all students in the case study schools were guaranteed to receive the programme twice between Years 5-6 and Years 7-8 (see below). In both schools, students take the programme for one term (approximately eight lessons), with each lesson lasting 90 minutes.

Choice is taught every second year in School A (an intermediate school that offers Years 7 and 8 only). The PEO thought that most students should receive the programme once in the two years they attend the school.

Prior to 2006, only the Years 7-8 programme had been taught in School B and only every second year:

> *Most schools will repeat the DARE programme every two years as it covers a two-year age gap. So they can't run it each year, because if the child was in Year 5 or Year 7 they would repeat the same programme the next year as a Year 6 or Year 8 student. (PEO, School B)*

The Years 5-6 programme had just begun in School B:

> *It's a different programme, all the lessons are different, so there's no double-up. From now on, all kids in this school will get both programmes. [2006] was my first time of teaching Years 5-6 at this school. As the school found this a positive programme also, I have been booked in to run both Years 5-6 and 7-8 DARE programmes in Term 3, 2008. I can only assume that the school will continue to run the DARE programme for both year groups at the school every two years now. (PEO, School B)*

Teaching load

Both PEOs said that they take on the majority of the teaching load.

The PEO in School A delivered all of the lessons, although the teacher is present and helps with activities. The PEO believed that involvement in every lesson is central to the programme's success:

> *I have found the most effective way is to be part of every lesson. Having PEOs delivering fewer lessons allows them to have more schools, but it isn't as effective. For me it should be intensive to be really effective. It needs to build a rapport with the kids. (PEO, School A)*

The PEO in School B delivered most of the *Choice* lessons. The teacher augmented the learning objectives in other parts of the curriculum:

> *I do 80% of the teaching. The teacher reinforces the points for the rest of the day and gives the kids 20 minutes to go back over the main lessons. (PEO, School B)*
>
> *I see myself as reinforcing the lesson. The PEO gives them. So we're team-teaching in that sense. (Teacher, School B)*

Principle 15 - Adequate training and ongoing support for programme deliverers

For both teachers and PEOs, there appeared to be little opportunity for ongoing professional development and support in delivering drug education and / or knowledge about drugs. By and large, they did not seem to consider this a problem.

The PEOs seemed to suggest that self-education was the main form of ongoing training, although, as previously noted, all PEOs are required to complete in-service training:

> *I go to the DARE conference every two years. For myself, it's always pretty repetitive but it's always good to meet other PEOs. (PEO, School A)*
>
> *Now and then I go to talks given to parents by drug experts. I find out information when the kids ask. A teacher from the Auckland College of Education gives us tips on good practice. I get support from her. There is a teacher working for Police who shows us new resources and lessons. (PEO, School B)*

The teacher in School A had some training in drug education, but the teacher in School B had none. The training and expertise of the PEOs therefore becomes crucial:

> *The only training is what I've done through school. I used to be in charge of Health and Physical Education (PE) in the school. Now I only teach PE. I've known the PEO for 10 years and I've always just called on him [for advice and information]… [For ongoing training] there is the Resource Teacher: Learning and Behaviour Service (RTLB). It's not as good as before… Now the most they will do is observe a class and give you some advice… Honestly, the best support is the PEO. He's part of the class. (Teacher, School A)*
>
> *The lessons are mostly done by the PEO, so she might get some training. (Teacher, School B)*

Principle 16 - Includes ongoing review and regular evaluation

MYD (2004b) recommends that self-review and evaluation is necessary for schools and external providers to ensure that drug education provides optimal learning opportunities for students and meets the Health and Physical Education curriculum and the 16 best practice principles. This encompasses evaluations of session planning and the effectiveness of sessions, and should include assessment of students' social skills and feedback from students, teachers, parents and Boards of Trustees.

The *Choice Teaching Guide* provides the following evaluation forms:

- Assessment of Students (by PEO / teacher).
- Teacher Evaluation form (to evaluate programme content, delivery and outcomes).
- Evaluation form for students (to evaluate the programme and learning).
- Evaluation form for parents / caregivers (to comment on the programme, their involvement in it, and changes in their own or their child's behaviour).

There appeared to be little assessment, in either school, of students' learning by programme deliverers, or of programme content, delivery and outcomes by students, teachers and parents / caregivers.

The *Choice* forms were not used in School A. The PEO and teacher saw evaluation as an ongoing, if informal process:

> *PEO: I did that for the first four years I taught Choice and all the evaluation forms came back the same. They were just repeating what they heard me say.*
>
> *Teacher: The fact that they're still asking questions and are engaged is the best guide of all.*
>
> *PEO: Also, I'm always adapting to avoid boring exercises. I'm constantly evaluating myself.*
>
> *Teacher: I've seen you deliver it many times and it's always been different. The stuff that works stays in.*

The PEO in School B said that her performance is evaluated twice a year by a consultant, paid by NZ Police, who comments on best practice. Comments from the PEO and teacher in School B indicated that the evaluation forms completed by students can be biased, or even reflect perceptions of the PEO, rather than a real assessment of the programme:

> *I have had the children do a programme evaluation for me, but they just love me and it's not a true evaluation. The comments are lovely, but how honest are they? It's embarrassing to ask a teacher to evaluate me. (PEO, School B)*
>
> *The evaluation forms are alright, I suppose, but kids mostly write nice things; that's just the way they are. They really like the PEO, so I reckon she gets pretty good evaluations. (Teacher, School B)*

6.4 Overview

The case studies examined the delivery of *Choice* in two schools. In particular they underscored ways in which actual practice did or did not adhere to MYD best practice principles. Where there were deviations from best practice, the results indicated that some matters were programmatic; others may have been associated with individual differences among those delivering the programme, and some were matters for schools, rather than those who designed or delivered *Choice*.

Most of the results cannot be generalised to other schools. However, there was a degree of convergence between the survey and case study findings, which suggested that the results from these two schools may not be atypical. We note four points that could impact on generalisability.

- **Was the standard of programme delivery better than usual?** The two schools were nominated by the PEOs, who in turn volunteered to participate. The PEOs were selected because they have a history of competently delivering *Choice*. This means that the standard of programme delivery in the case study schools was likely to represent at least average, if not higher than average performance.
- **Selection bias.** PEOs who volunteered for the case studies may be more motivated to deliver high quality drug education than those who did not offer to participate. They may also have nominated teachers and schools that are more supportive of drug education.
- **Self-presentation bias.** Participants were likely to have presented the programme in as favourable a light as possible.
- **School decile.** The case study schools were from relatively advantaged socio-economic areas, where there may be more parental support for drug education and less community tolerance for drug use than in lower decile schools. Research has shown that decile 1 to 3 schools have higher rates of youth smoking than decile 7 to 10 schools (The Quit Group, 2005) and the use of drugs may be more condoned by some families in lower decile areas (Education Review Office, 1998). While this increases the need for high quality drug education, lower decile schools may place more priority on issues such as absenteeism or students' poor health.
- **Police region.** Varying priorities across the police regions may result in differential allocation of resources, organisation and supervision of *Choice* (Education Review Office, 2002; Ministry of Justice, 2002).

Key findings

The case studies provided a generally but not unanimously favourable view of the extent to which the delivery of *Choice* reflects MYD best practice principles.

- Eight of the 15 best practice elements assessed in the case studies were incorporated into actual practice in both schools. They comprised three of six principles relating to content, three of four principles relating to process, and two of five principles relating to context.
- Delivery was inconsistent in relation to the other seven principles. For three of them, one of the schools met the best practice principle; the other did not. For the other four, neither of the schools did, or else it was unclear whether they did.

Box 9 provides an overview of the findings from both schools. A tick indicates that delivery of *Choice* met the best practice principle. A cross indicates that actual practice did not meet best practice. A question mark means that there was a lack of clarity as to how actual practice measured up against this element.

Box 9 Actual practice in delivery of *Choice* – case study schools

MYD Best practice elements	Actual practice Case study schools	
	School A	School B
Content		
1. Is evidence-based	N/A	N/A
2. Aims to prevent and to reduce drug-related harm	✓	✓
3. Has clear, realistic objectives.	✓	✓
4. Is relevant to the needs of young people	✓	✓
5. Is responsive to different cultural views and realities	X	?
6. Is associated with family-based training	✓	X
7. I s co-ordinated with other community initiatives	✓	X
Process		
8. Uses interactive teaching styles	✓	✓
9. Teaches young people social skills	✓	✓
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drugs	✓	✓
11. Critically analyses mass media	X	✓
Context		
12. Follows classroom safety guidelines about the discussion of drugs and drug issues	✓	✓
13. Is supported by a comprehensive school-wide approach	✓	✓
14. Is long term and delivered over several years	X	?
15. Adequate training and ongoing support for programme deliverers	?	?
16. Includes ongoing review and regular evaluation e.g. self-review, external evaluation	X	?

Summary of key findings relating to the content elements of best practice

A few points stand out as regards best practice principles relating to the content of *Choice*.

- The aims of the programme appeared to be realistic and the content relevant to students. Principles relating to these elements were reflected in the delivery of *Choice* in both schools.
- The PEOs in the case study schools were highly regarded by staff and students. To some extent, the perceived success of *Choice* in meeting its learning objectives may reflect non-programmatic elements, such as the PEOs' credibility, personality and rapport with students.
- The PEOs provided valuable assistance in upgrading the schools' capacity to deliver drug education.
- Teachers and PEOs believed that the programme's general content remains relevant to today's students, although they acknowledge the need to update teaching materials. One PEO advanced a view that puts rather more onus on those delivering the

programme. He regarded the programme materials as a guideline only. He believed that PEOs should adapt strategies that have been shown to work, even if they are not part of the teaching guide.

- *Choice* was not delivered with any particular attention to different cultural views and realities. This reflected the PEOs' and teachers' view that many drug-related issues cut across cultural boundaries.
- On the face of it, there is room for strengthening links between *Choice* and family-based training in drug education. This may be a job for schools, which could link into broader community initiatives, rather than the responsibility solely of PEOs or NZ Police / NZ DARE Foundation.

Summary of key findings relating to the process elements of best practice

The delivery of *Choice* in the case study schools measured up well against the four principles relating to process.

- The classroom observations showcased the interactive nature of the lessons and the numerous opportunities for young people to develop social skills.
- In both schools, students' responses to the programme were overwhelmingly positive. There can be little doubt that they genuinely enjoyed the lessons and their interactions with the PEO, teacher and other students. Allen and Clarke (2004) make the point that a programme's popularity does not necessarily speak to how well it meets its learning objectives. The interviews with students suggested that *Choice* was popular in part because the information provided was relevant and useful to students in this age group. It is reasonable to assume that students' endorsement of the informative aspects of the programme reflected its success in achieving its goals.
- The case studies raised a question about whether programme deliverers specifically plan lessons that include critical analysis of mass media messages.

Summary of key findings relating to the context elements of best practice

There were two main areas in which actual practice deviated from best practice principles relating to the context of *Choice*.

- The first area relates to the long-term delivery of drug education, which might be more a planning issue for schools. *Choice* is targeted at students in Years 5-8. Students may undertake the programme twice in this time, depending on whether a school offers both programmes – and not all do. A new programme, introduced in late 2006, will extend DARE programmes to senior secondary school students.[12] Students in other years may receive some drug education through the Health and Physical Education Curriculum or through other external programmes. If this is the case, *Choice* will build on these sessions.
- Secondly, there seemed to be a deficit in respect of regular, structured self-review and evaluation of whether the programme is meeting its learning objectives.

12 http://www.DAREorg.nz/

There is a question around training and ongoing support for programme deliverers. For the teachers and PEOs in both schools there seemed to be little in the way of opportunities for professional development in delivering drug education. As the PEOs delivered most, if not all, of the lessons, it is important, from an MYD perspective, that they demonstrate competencies in quality teaching. However, as previously noted, all PEOs complete a module on drug education as part of their training. Furthermore, the programme designers told us that PEOs receive in-service training several times a year, which often includes workshops on DARE programmes and the nature of drug crime. It would also be reasonable to expect that teachers would be contributing their expertise in quality teaching methods to programme delivery.

7 Conclusions

This evaluation of the revised version of *Choice* considered how well it is delivered according to the best practice principles for drug education developed by MYD. The premise of the evaluation was that if best practice principles were being met, this would provide good indirect information of *Choice's* likely effectiveness. The evaluation has not provided any direct information on the effect of *Choice* in terms of knowledge, attitude or self-esteem changes, nor changes in drug use.

Drawing the results together

For easy reference, the findings from each component of the methodology are mapped against MYD's 16 best practice principles in Box 10.

- In respect of the qualitative results (i.e. document analysis and case studies) a tick indicates that we found evidence in a given source that *Choice* met the best practice principle. This evidence is set out more fully either in the preceding sections or in the Appendices.
- With respect to the schools survey a tick indicates that three-quarters or more either answered affirmatively to a particular question which focused on a best practice principle, or that three-quarters or more answered 4 or 5 on a five-point scale.[13]
- For the qualitative results, a cross indicates that we did not find evidence in a particular source that *Choice* met the best practice principle.
- For the schools survey, a cross indicates that less than 50% answered affirmatively or gave an answer of 4 or 5 on the five point scales.
- For the qualitative results, a question mark means that there were some questions as to how *Choice* measured up against this criterion. This was usually because something was not specified, was unclear, or was implemented inconsistently. Again, the evidence is set out in the main body of the report or the Appendices. One example pertains to MYD principle 9: *Drug education teaches young people social skills.* In his 1991 literature review, Pickens did not include teaching social skills as one of 20 best practice principles for drug education. However, he did note that life skills training was the most promising approach and this formed the foundation of the revised version of *Choice.*
- For the schools survey, a question mark indicates that between 51% and 74% answered affirmatively or gave an answer of 4 or 5 on the five point scales.

Triangulation of the different methods showed a convergence of results on many of the principles of best practice. This suggested that some findings – particularly those that relate to the key elements of the programme, rather than particular ways in which it is delivered – may be generalisable.

13 These percentages are based on all answers in which 'Don't know' and missing information was included in the base. The justification here is that those who did not express an opinion were unlikely to be firmly in support of the point in question.

Box 10 Drawing the results together – comparison of findings across methods

MYD Best practice elements	Pedagogical underpinnings		Intended delivery (*Teaching Guide*)	Actual delivery (Survey)	Actual delivery (Case study schools)	
	Pickens' best practice principles	Working Booklet			School A	School B
Content						
1. Is evidence-based	✓	✓	N/A	N/A	N/A	N/A
2. Aims to prevent and to reduce drug-related harm	✓	✓	N/A	✓	✓	✓
3. Has clear, realistic objectives.	✓	✓	✓	✓	✓	✓
4. Is relevant to the needs of young people	✓	✓	✓	?	✓	✓
5. Is responsive to different cultural views and realities	✓	✓	?	X	X	?
6. Is associated with family-based training	✓	✓	?	X	✓	X
7. Is co-ordinated with other community initiatives	✓	✓	✓	X	✓	X
Process						
8. Uses interactive teaching styles	✓	✓	✓	✓	✓	✓
9. Teaches young people social skills	?	✓	✓	✓	✓	✓
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drugs	✓	✓	✓	✓	✓	✓
11. Critically analyses mass media	X	✓	✓	X	X	✓
Context						
12. Follows classroom safety guidelines about the discussion of drugs and drug issues	✓	✓	✓	✓	✓	✓
13. Is supported by a comprehensive school-wide approach	✓	✓	✓	✓	✓	✓
14. Is long term and delivered over several years	✓	✓	✓	N/A	X	?
15. Adequate training and ongoing support for programme deliverers	✓	✓	N/A	X	?	?
16. Includes ongoing review and regular evaluation e.g. self-review, external evaluation	✓	✓	✓	X	X	?

There were two main areas where there was evidence from the sources of a deficiency in *Choice* delivery. One of these concerned its lack of responsiveness to different cultural views and realities. The other was the rather inadequate way in which *Choice* was geared to critically analysing mass media messages. After this, there was some question mark over how well *Choice* is associated with family-based training, which might enhance the impact of drug education

messages on children. This may be more a matter for schools than for those who design or deliver the programme. Consultation with the programme designers indicated that there was a fair degree of community involvement in *Choice*, although this was not always in classrooms. There was another question mark over the rigour with which teachers and PEOs engage in thorough and regular, ongoing review and evaluation, even though the *Teaching Guide* provides mechanisms for this. Finally, there is an issue as to whether *Choice* meets the best principle of long term delivery. *Choice* is targeted at Years 5-8 and a new programme will extend the DARE programme to senior secondary school students. *Choice* would reinforce the messages of any other drug education offered to students, but cannot fully meet principle 14: this is more a matter for schools.

Other issues

We are aware that there is a debate as to whether *Choice* should be delivered by PEOs. One argument for this is that *Choice* has clear positive value as a community policing exercise. Another is that it exposes students to the police in relatively non-threatening situations. On the other hand, there is a view that drug education is best delivered by those specifically trained in teaching methods; that there might be a tension between the PEO's role as an educator and an agent of law enforcement; and that given pressures on resourcing in modern policing, officers' time is better directed at conventional detection and apprehension of offenders.

The current study did not address the merit or otherwise of using PEOs in delivering *Choice*, since it centred on evaluating the current mode of delivery, in which PEOs are integral. However, both the case studies and the schools survey showed that *Choice* is popular with schools, partly because it upgrades their capacities and resources for delivering drug education. From an MYD perspective, this underscores the importance of ensuring that PEOs develop competencies in quality teaching and have ongoing training in drug education. At the same time, due recognition should be given to the fact that teachers should be contributing to programme delivery in a substantial way and that they are highly trained and skilled in quality teaching methods.

The case studies indicated that the presence of PEOs also has a positive impact on student behaviour. Teachers who responded to the school survey also welcomed their collaboration with PEOs and felt their presence in the classroom was helpful in enhancing police-student relationships. They were sometimes also mindful of the PEOs' greater experience of and knowledge about drugs.

The ongoing popularity of *Choice*, coupled with the new DARE programme for secondary schools, suggests that PEOs may face increased demands on their time if they continue to be responsible for delivering most of or the entire *Choice* curriculum. The question arises as to whether it is preferable to spread existing resources more thinly, by increasing the number of schools / programmes allocated to each PEO, or whether to co-opt more PEOs.

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Appendix A: Comparison of best practice principles — MYD (2004) and Pickens (1998)

MYD (2004)		Pickens (1998)
Drug education:		**Best practice drug education will:**
1.	Is evidence-based	Be research-based
2.	Aims to prevent and reduce drug-related harm	Endeavour to reduce harm Target a range of risk and protective factors Target high-risk populations
3.	Has clear, realistic objectives	Have realistic goals
4.	Is relevant to the needs of young people	Focus on all commonly used drugs Cater for both girls and boys
5.	Is responsive to different cultural views and realities	Be culturally sensitive Be adaptable to the needs of specific schools and communities
6.	Is associated with family-based training	Involve parents and families
7.	Is co-ordinated with other community initiatives	Be part (at minimum) of a comprehensive community programme Be part (ideally) of a coordinated national prevention programme
8.	Uses interactive teaching styles	Employ effective learning strategies and teaching methods (i.e., interactive teaching techniques with a wide variety of activities)
9.	Teaches young people social skills	— — —
10.	Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use	Be timely (i.e., implemented just before experimental use of alcohol and tobacco begins)
11.	Critically analyses mass media messages	
12.	Follows classroom safety guidelines about the discussion of drugs and drug issues (e.g., young people who are experiencing drug-related problems need an intervention approach with a clinical focus)	Identify atypical users for referral
13.	Is supported by a comprehensive school-wide approach	Be integrated into (at least) the health curriculum (i.e., be delivered in the context of a clearly defined, enforced, and publicised school policy concerning drugs)
14.	Is long term and delivered over several years	Build on earlier programmes and form the basis for later programmes Have sufficient follow-up (booster component)
15.	Adequate training and ongoing support for programme deliverers	Provide prior training and on-going support for teachers
16.	Includes ongoing review and regular evaluation.	Contain a strong evaluation component

Appendix B: Pedagogical underpinnings — *DARE to make a Choice Working Booklet*

MYD Best practice elements	Provision in programme documents Examples from ***DARE to make a Choice in Your School – a Working Booklet***
Content	
1. Is evidence-based	Social competency approach focuses on social interactions of young people and empowers them to manage interactions in positive ways Based on best practice guidelines (Pickens, 1998)
2. Aims to prevent and to reduce drug-related harm	Aims to minimise harm from misuse of legal drugs (excluding tobacco)[1] and to promote non-use of illegal drugs
3. Has clear, realistic objectives	Achievement objectives and learning outcomes described more fully in the Teaching Guide
4. Is relevant to the needs of young people	Needs based programme written by NZ teachers and PEOs for NZ students. Trialled and evaluated in NZ schools Structured for maximum flexibility to meet students' needs Planned, taught and evaluated by classroom teacher, supported by PEO, who is a credible information source
5. Is responsive to different cultural views and realities	Tēnā Kōwhiria (Te Reo Māori course)
6. Is associated with family-based training	Parents/caregivers and community consulted prior to programme and take part in classroom sessions and evaluation Sample letters for parents/caregivers in English, Māori and Samoan Programme for parents – *DARE to Support Your Kids*
7. Is co-ordinated with other community initiatives	Part of a co-ordinated national DARE approach January 2006, new programme for young people experiencing difficulties - *DARE to be You* – delivered by community facilitators[2] Links with programmes developed by other groups and agencies
Process	
8. Uses interactive teaching styles.	Teacher/PEO Checklist requires agreement on interactive teaching approach
9. Teaches young people social skills	Social competency approach (as in point 1 above)
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug use	Needs based programme, aims to give information appropriate to students' age, situation and experience Aims to give information appropriate to age, situation, experience.
11. Critically analyses mass media messages	Analysing advertisements contributes to communication skills

Appendix B (continued) Pedagogical underpinnings of *Choice*	
MYD **Best practice elements**	**Provision in programme documents** **Examples from *DARE to make a Choice in Your School – a Working Booklet***
Context	
12. Follows classroom safety guidelines about the discussion of drugs and drug issues	PEO and school need to come to an agreement as to how any drug related information that comes to notice as a result of teaching *DARE to make a Choice* will be handled
13. Is supported by a comprehensive school-wide approach	School and Board of Trustees should review drug policy. All staff should be involved in policy making. School policy should canvas opinion from, and be available to, parents/caregivers and students
14. Is long term and delivered over several years	Two programmes for Years 5-6 and 7-8 Operates over a sufficiently long period to allow behaviour change Part of an ongoing strategy, builds on earlier social competency programmes and forms a basis for later drug abuse resistance education Programme for senior secondary school students - *DARE to Drive To Survive*[2] December 2006, new programme for secondary school students – *DARE* Reducing *the Harm*[2]
15. Adequate training and ongoing support for programme deliverers	Teacher and PEO meet prior to teaching to plan the programme. PEOs receive ongoing training in programme delivery
16. Includes ongoing review and regular evaluation	Provision for constant monitoring and evaluation of the effectiveness and outcomes of the programme. Teacher, PEO, students and community involved in this process Independent evaluations in 1990s Curriculum materials reviewed and programme revised in 1998

1 Research shows that the harm minimisation approach should not apply to tobacco, as nicotine is a highly addictive substance.

2 http://www.DAREorg.nz/

Appendix C: Implementing *Choice* – Years 7-8 Teaching Guide

MYD Best practice elements	Examples of activities from ***DARE to make a Choice in Your School Years 7-8 Teaching Guide***
Content	
1. Is evidence-based.	See Appendix B
2. Aims to prevent and to reduce drug-related harm.	See Appendix B
3. Has clear, realistic objectives.	Programme aims and achievement objectives, as well as learning outcomes and skills for each activity, are clearly set out.
4. Is relevant to the needs of young people.	The *Choice* Box allows students to post questions they would like answered by the PEO. Maintains privacy. Students hear a definite response from someone they see as credible in the area of drugs. The Class DARE Treaty provides an opportunity for children to say what they want to get out of the programme.
5. Is responsive to different cultural views and realities.	Not specifically, aside from Tēnā Kōwhiria
6. Is associated with family-based training.	Potentially. See Appendix B
7. Is co-ordinated with other community initiatives.	Cluster 7 *Managing Hassles: Activity 3: Community Support.* Teacher explains that some problems or hassles need specialist help. Students find out about people and groups in the community who can help with drug related problems and how to approach these people. They decide on information they need to find out and then contact an agency to gather the information. They might invite a spokesperson from the agency to class, meet and interview the spokesperson, or arrange a tele-conference. Information about agencies can be recorded on a leaf and hung on the Community Help Tree, which remains in the classroom for a time so that students can refer to it.
Process	
8. Uses interactive teaching styles	Provides many opportunities for children to listen to and question the teacher and PEO, to work individually, in pairs and in small and large groups. Cluster 4, *Steps to Decision Making.* After the teacher describes decision steps, the class brainstorms about typical difficult decisions young people face. Students form into groups to make a decision about a situation involving drugs or alcohol. Completed copysheets are displayed for sharing.
9. Teaches young people social skills	*Cluster 3 Communicating Positively.* Teacher explains about verbal and non-verbal communication and that effective communication increases the likelihood of being listened to. Teacher and PEO do three skits to demonstrate passive, assertive and aggressive behaviour. Students describe the behaviours in their own words and comment on most effective way of communicating. Groups of students sort pieces of paper describing types of behaviour under headings that they think fit best. Findings are made into a group chart. Students are presented with a scenario involving a difficult situation and decide ways of dealing with it. They discuss their plan with teacher / PEO before practising assertive behaviour through role play.
10. Provides age-appropriate, accurate and relevant factual information on the health effects and social consequences of drug	*Cluster 5 Drugs – What are they? Students identify what they want to know about drugs. Question*s form the basis for research assignments. Working individually, in groups, or as a team, they gather information relevant to their needs from a range of sources. Presentation of the information may take diverse formats, e.g., written reports, videoed interviews, visual display, group verbal report.

Appendix C (continued) Implementing *Choice*

MYD Best practice elements	Examples of activities from ***DARE to make a Choice in Your School Years 7-8 Teaching Guide***
11. Critically analyses mass media	*Cluster 6 Pressure Power: Activity 2: How Ads get to me.* Students bring along a range of advertisements. Groups share out advertisements, place the most persuasive advertisement on the floor and say why they think it is so effective. A volunteer orders the advertisements from most to least persuasive. Other students can change the order if they justify their reasons for doing so. The class works towards a consensus then discusses how they can use what they have learned in everyday life.
Context	
12. Follows classroom safety guidelines about the discussion of drugs and drug issues	In the first lesson, teacher and students decide on safety guidelines so students can safely express ideas and feelings, talk about experiences and ask questions. These should be revisited at specific intervals. PEO needs to be aware of and respect safety guidelines. Suggestions for safety guidelines are included, e.g., respecting individual differences, taking responsibility for others, confidentiality. The trust circle for sharing ideas, listening to a resource person. Students and PEO/teacher seated in a large circle, all facing inwards. Things said inside the trust circle are respected and confidential.
13. Is supported by a comprehensive school-wide approach.	Integrates with Health and Physical Education Curriculum. *Cluster 5 Drugs - What are they? Activity 3: Sharing my new knowledge.* Students research what they want to know about drugs and present the information in class. Parents or members of other classes could be invited for the presentations.
14. Is long term and delivered over several years.	Suggested minimum of 15 sessions, approximately one and a half hours duration each. Ideally students undertake programme twice in years 5-8, without repeating activities. Activity selection Chart assists with record-keeping.
15. Adequate training and ongoing support for programme deliverers.	N/A
16. Includes ongoing review and regular evaluation e.g. self-review, external evaluation.	Suggestion for assessment included for each activity. Results may contribute to student profile or help evaluate extent to which learning objectives have been achieved. Students keep records of personal responses to activities in the *Choice* Diary or the *Choice* Activity Book. Enables assessment of specifics or evaluation of effects of programme. Teacher and PEO should constantly evaluate their partnership and success of the programme. Evaluation forms for use of teachers, students and parents provided. Assessment of Students (by teacher). Teacher Evaluation Form (evaluation of a range of aspects of the programme). Evaluation form for students (evaluation of the programme and learning outcomes). Evaluation form for Parents/Caregivers (evaluation of involvement, outcomes).

Appendix D: Results from schools survey

Table D.A Results on *Choice* and best practice principles as regards Content

D.A.1 Does *Choice* meet its objectives? (P2)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Strongly disagree	0	0%	1	3%	1	1%
2	0	0%	1	3%	1	1%
3 [Neutral]	11	17%	3	9%	9	13%
4	27	42%	23	66%	38	54%
5 Strongly agree	23	36%	6	17%	19	27%
Don't know	3	5%	1	3%	3	4%
Total	64	100%	35	100%	70	100%

D.A.2 Are the objectives clear and realistic? (P3)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Strongly disagree	0	0%	0	0%	0	0%
2	1	2%	1	3%	2	2%
3 [Neutral]	7	11%	5	14%	9	13%
4	23	36%	19	54%	32	45%
5 Strongly agree	33	52%	10	29%	28	40%
Don't know						
Total	64	100%	35	100%	70	100%

D.A.3 Relevant to the needs of young people? (P4)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Strongly disagree	0	0%	2	6%	0	0%
2	3	5%	5	14%	2	2%
3 [Neutral]	8	13%	7	20%	9	13%
4	17	27%	9	26%	32	45%
5 Strongly agree	36	56%	12	34%	28	40%
Don't know						
Total	64	100%	35	100%	70	100%

D.A.4 Allows students to have input into content of *Choice?* (P4)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Not very well	0	0%	1	3%	1	1%
2	10	16%	7	20%	12	18%
3 [Neutral]	15	23%	5	14%	13	19%
4	28	44%	18	51%	33	48%
5 Very well	11	17%	4	11%	10	14%
Don't know						
Total	64	100%	35	100%	70	100%

D.A.5 Responsive to needs of Māori, Pacific Island and other cultural backgrounds? (P5)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Not very well	0	0%	3	9%	3	4%
2	5	8%	3	9%	6	8%
3 [Neutral]	25	39%	13	37%	27	38%
4	29	45%	9	26%	25	36%
5 Very well	4	6%	5	14%	7	10%
Don't know	1	2%	2	6%	3	4%
Total	64	100%	35	100%	70	100%

D.A.6 Are parents/caregivers involved in classrooms sessions and planning (P6)

	Involved in the classroom						Involved in planning					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	25	39%	15	43%	29	41%	9	14%	12	34%	17	24%
No	34	53%	15	43%	34	48%	48	75%	20	57%	46	66%
Don't know	5	8%	5	14%	8	11%	7	11%	3	9%	7	10%
Total	64	100%	35	100%	70	100%	64	100%	35	100%	70	100%

D.A.7 Are community groups involved in classrooms sessions and in planning (P7)

	Involved in the classroom						Involved in planning					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	18	28%	19	54%	29	41%	5	8%	8	23%	11	15%
No	35	55%	12	34%	31	44%	45	71%	25	71%	50	71%
Don't know	11	17%	4	11%	10	14%	13	21%	2	6%	9	13%
Total	64	100%	35	100%	70	100%	63	100%	35	100%	70	100%

The average is a weighted average, down weighting the responses of the teachers to those of the PEOs.

Table D.B Results on *Choice* and best practice principles as regards Process

D.C.1 Does the Teaching Guide encourage an interactive teaching style (P6)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Strongly disagree	0	0%	0	0%	0	0%
2	1	2%	2	6%	3	4%
3 [Neutral]	13	20%	6	17%	13	19%
4	32	50%	19	54%	37	52%
5 Strongly agree	18	28%	8	23%	18	25%
Don't know						
Total	64	100%	35	100%	70	100%

D.C.2 Does it teach young people social skills? (P9)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Not very well	0	0%	0	0%	0	0%
2	4	6%	0	0%	2	3%
3 [Neutral]	14	22%	7	20%	15	21%
4	30	47%	19	54%	35	51%
5 Very well	16	25%	9	26%	18	25%
Don't know						
Total	64	100%	35	100%	70	100%

D.C.3 If the information age-appropriate and accurate? (P 10)

	Information age-appropriate						Information accurate					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
1 Strongly disagree	0	0%	2	6%	2	3%	0	0%	1	3%	1	1%
2	4	6%	2	6%	4	6%	2	3%	1	3%	2	3%
3 [Neutral]	4	6%	9	26%	11	16%	4	6%	9	26%	11	16%
4	21	33%	12	34%	23	34%	21	33%	12	34%	23	34%
5 Strongly agree	35	55%	10	29%	29	42%	35	55%	12	34%	31	44%
Don't know							2	3%			1	2%
Total	64	100%	35	100%	70	100%	64	100%	35	100%	70	100%

D.C.4 Does it analyse mass media messages? (P11)

	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Not very well	1	2%	2	6%	3	4%
2	7	11%	9	26%	13	18%
3 [Neutral]	19	30%	17	49%	27	39%
4	31	48%	7	20%	24	34%
5 Very well	6	9%	0	0%	3	5%
Don't know						
Total	64	100%	35	100%	70	100%

The average is a weighted average, down weighting the responses of the teachers to those of the PEOs

Table D.C Results on *Choice* and best practice principles as regards Context

D.C.1 Classroom safety guidelines for handling disclosed drug information (P12)

	Agreement on how to handle disclosed drug information						Discussion with students about classroom safety					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	54	84%	33	94%	63	89%	63	98%	34	97%	68	98%
No	4	6%	2	6%	4	6%	1	2%	0	0%	1	1%
Don't know	6	9%			3	5%			1	3%	1	1%
Total	64	100%	35	100%	70	100%	64	100%	35	100%	70	100%

D.C.2 The *Choice* treaty and the trust circle (P12)

	Usefulness of the *Choice* treaty						Effectiveness of trust circle					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
1 Strongly disagree	0	0%	1	3%	1	1%	0	0%	2	6%	2	3%
2	1	2%	0	0%	1	1%	2	3%	2	6%	3	4%
3 [Neutral]	13	20%	12	34%	19	27%	12	19%	4	11%	11	15%
4	21	33%	8	23%	19	28%	20	31%	9	26%	20	28%
5 Strongly agree	25	39%	11	31%	25	35%	24	38%	14	40%	27	39%
Do not use	4	6%	3	9%	5	7%	6	9%	4	11%	7	10%
Total	64	100%	35	100%	70	100%	64	100%	35	100%	70	100%

D.C.3 *Choice* and the school's drug policy (p12)

	School has a drugs policy						*Choice* integrated in schools' drug policy					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	52	81%	25	78%	56	80%	57	89%	22	65%	54	77%
No	9	14%	0	0%	5	7%	7	11%	3	9%	7	10%
Don't know/not answered	3	5%	7	22%	9	13%			9		9	0%
Total	64	100%	32	100%	70	100%	64	100%	34	100%	70	100%

D.C.4 Training and support (P15)

	Meet regularly for advice and support about Choice					
	Teachers		PEOs		Average	
	N	%	N	%	N	%
Yes	47	73%	26	76%	52	75%
No	16	25%	8	24%	17	24%
Don't know	1	2%	0	0%	1	1%
Total	64	100%	34	100%	70	100%

D.C.5 Opportunities for ongoing training (P15)

	Opportunities for ongoing training in drug education						Opportunities for ongoing training in *Choice*					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
Yes	18	28%	14	40%	24	34%	11	17%	14	41%	20	29%
No	41	64%	18	51%	40	58%	50	78%	17	50%	45	64%
Don't know/not answered	5	8%	3	9%	6	8%	3	5%	3	9%	5	7%
Total	64	100%	35	100%	70	100%	64	100%	34	100%	70	100%

The average is a weighted average, down weighting the responses of the teachers to those of the PEOs.

D.C.6 Students' and teachers' evaluations forms (P16)

	Completion of students' forms						Completions of teachers' forms					
	Teachers		PEOs		Average		Teachers		PEOs		Average	
	N	%	N	%	N	%	N	%	N	%	N	%
1 Strongly disagree	4	6%	7	20%	9	13%	8	13%	8	24%	13	18%
2	4	6%	6	17%	8	12%	7	11%	8	24%	12	17%
3 [Neutral]	11	17%	7	20%	13	19%	7	11%	8	24%	12	17%
4	22	34%	5	14%	17	24%	13	20%	6	18%	13	19%
5 Strongly agree	17	27%	3	9%	12	18%	15	23%	1	3%	9	13%
Don't know	6	9%	7	20%	10	15%	14	22%	3	9%	11	15%
Total	64	100%	35	80%	70	100%	64	100%	34	100%	70	100%

D.C.7 Parents' evaluations forms (P16)

	Completion of parents' forms					
	Teachers		PEOs		Average	
	N	%	N	%	N	%
1 Strongly disagree	11	17%	5	14%	11	16%
2	18	28%	16	46%	26	37%
3 [Neutral]	12	19%	7	20%	14	19%
4	15	23%	5	14%	13	19%
5 Strongly agree	4	6%	1	3%	3	5%
Don't know	4	6%	1	3%	3	5%
Total	64	100%	35	100%	70	100%

D.C.8 Other evaluations of *Choice* (P19)

	School has a drugs policy					
	Teachers		PEOs		Average	
	N	%	N	%	N	%
Yes	37	60%	21	62%	43	61%
No	25	40%	13	38%	27	39%
Don't know						
Total	62	100%	34	100%	70	100%

The average is a weighted average, down weighting the responses of the teachers to those of the PEOs.