IMPLICATIONS of ADOPTING

a

THIRD GENERATION

DRUG EDUCATION STRATEGY

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ABSTRACT

The history of drug education has been characterised by two generations of strategic thought. First generation drug education programs assumed that knowledge of the adverse health effects of drug taking would be sufficient to deter young people from such behaviour. Second generation drug education programs assumed that if young people acquired certain intellectual and social skills they would be able to resist the temptation to take drugs. Unfortunately the history of both these generations of drug education has not been one of spectacular success.

Third generation drug education is a response to this lack of success and is based on new assumptions and methodologies. Rather than basing educational strategies on the presumed antecedents of drug taking, third generation drug education examines the existing attitudes and motivations of the target audience. In this way a direct assessment of the needs as expressed by the target audience is made. One result of this new methodology has been the design and development by the New South Wales Department of Technical and Further Education of an alcohol education program called "Alcohol Without Tears". An evaluation has demonstrated a short term reduction in the alcohol consumption of the target population.
THE HISTORY OF DRUG EDUCATION

The history of drug education has been rather disappointing (Bangert-Drowns, 1988; De Haes, 1987; Durell and Bukoski, 1984; Moskowitz, 1983; Rundall and Bruvold, 1988; Wragg, 1986; Wragg, 1987; Palin, 1987a; Palin, 1987b; Palin and Wilkinson, 1987a; Sheppard, Goodstadt and Williamson, 1985). Even in the area of smoking prevention, where most drug education efforts have been concentrated, there are only a handful of possibly successful programs. Given this poor strike rate, the proven efficacy of drug education has not been demonstrated. Until a sustained record of success can be achieved, those implementing drug education cannot with any certainty know the outcome of their endeavours. However some researchers are less despairing, and while calling for further research to be done, are willing to conclude that there is cause for optimism in drug education in general (Botvin, 1986) and smoking prevention in particular (Flay, 1985). Others, while maintaining that school-based programs have been capable of preventing and delaying smoking onset, assert that such programs have not established their effectiveness with other drugs (Hawkins, Lisher and Catalano, 1985). Unfortunately this lack of consensus and direction provided by researchers is causing drug educators to capriciously choose from a multitude of approaches.

This history of failure and confusion can be traced to two historical assumptions which led to the first two generations of drug education.

The first generation of drug education assumed that if people understood the dangers they would not take drugs. So it was assumed to be sufficient to arm people with knowledge of the adverse effects of drug taking to inoculate them against future drug taking. Unfortunately programs based on this simple notion have been unable to demonstrate any downturn in drug taking behaviour.

The second generation of drug education assumed that people had inadequate personal and social development. It assumed that if these deficits could be corrected then people would not take drugs. Such shortcomings include low self esteem, poor communication, poor decision-making skills, a lack of assertiveness to overcome peer pressure and an inability in the case of legal drugs to resist advertising. These assumed shortcomings are based on various etiological theories of drug use. These theories in turn were based on theories of human nature and include problem behaviour theory (Jess or and Jessor, 1977), social learning theory (Bandura, 1977) and social inoculation theory (McGuire, 1964). Second generation programs often included the first generation strategy of giving information about the adverse effects of drug taking.

Unfortunately the history of both these generations of drug education has been one of frustration and disenchantment. Consequently what drug educators are faced with today is a history of drug education efforts rather than a working science of drug education. In spite of this history, a recurring observation of researchers is that drug education programs will continue to be developed and implemented regardless of their effectiveness (Bangert-Drowns, 1988; Goodstadt, 1986; Weisheit, 1983).

A THIRD GENERATION OF DRUG EDUCATION

Faced with this confusion, the New South Wales Department of Technical and Further Education (TAFE) has been more persuaded by the failures of the first and second generations of drug education than the infrequent experimental successes. More importantly for TAFE these “successes” have not been capable of replication in Australia (Wheller, Thompson and Wells, 1987; Thompson, 1988).

In view of the failure of the first and second generation drug education TAFE produced a third generation of programs. Third generation drug education bases its needs assessment procedure on a rather common sense approach that the target population’s views on drug taking are important and should be sought. Third generation drug education as it applies to alcohol education is based on methodologies that directly ascertain whether the target population

(i) is currently motivated to change existing alcohol consumption practices,

(ii) needs skills and strategies to change existing alcohol consumption practices.

If it is the case that the target population is both motivated to change its drinking behaviour and expresses a need for strategies and skills to achieve this, then the next step is to determine the

(i) strategies and skills required,
(ii) nature of the environment in which the strategies and skills will operate,

(iii) obstacles that could possibly inhibit the use of such strategies and skills.

By scrutinising its target audience, third generation drug education guarantees that its programs match their motivations and aspirations. This client-centred approach ensures that the strategies and skills that are taught have the imprimatur of the target audience and teaches them in a simulated classroom environment, the parameters of which are determined by the students.

From its investigations, third generation drug education is able to test its educational hypotheses about the most effective strategies at the needs assessment stage (McPherson and Palin, 1989). This allows drug education strategies which the needs assessment shows to have no hope of succeeding to be jettisoned at that stage. Thus potential strategies undergo a pre-emptive screening and are not implemented with the target population unless there is a reasonable hope for their success. First and second generation drug education is only tested by evaluation of the program after it has been delivered to the target audience. Thus third generation drug education programs, because of their client-centred approach, are able to gain some indication of their probable success at the needs assessment stage, whereas first and second generation programs are only able to guess at their success at this stage.

Such information is able to be gathered from the TAFE student population because many have already embarked on their drug taking careers. The needs assessment for TAFE's alcohol education program was conducted with a sample of 16 to 25 year old students. Thus the information that is gleaned from this examination is behaviour to which younger populations will inevitably graduate. The TAFE population is extremely heterogeneous and is representative of their similar aged counterparts in the wider community. Thus the needs of the older TAFE drug taking population are precisely those that will be needed in the future by non drug taking younger populations. That is, preventive drug education can draw heavily on the findings of third generation assessments done on the needs of older populations.

A THIRD GENERATION NEEDS ASSESSMENT

What follows is the modus operandi of third generation drug education's direct examination of the target audience. This needs assessment procedure produced the alcohol education program "Alcohol Without Tears" (McPherson, Palin and Wheller, 1988).

The needs assessment consisted of a self report questionnaire administered to a representative sample of the target population (Palin and Wilkinson, 1987b), a less formal market research process carried out with smaller samples of the population (Reark Research, 1987) and the production of a curriculum implications document drawing on the two research processes (Palin, 1988).

From this needs assessment it was found that 25% of the population was in a "hazardous" health risk category for its drinking behaviour (as defined by Pols and Hawks, 1987). Of these, 20% were concerned about their level of drinking. Seventeen percent of the population reported drinking on four or more days per week. Of these, 65% drank on more days than they stated were "too many days a week to drink". Again, of this 17%, 85% said they wouldn't be "bothered" if they had to drink less. These figures pinpoint simultaneously those who drug educators say need to change their drinking habits, and those drinkers who concede that they drink "too much".

The needs assessment procedure was also concerned to determine:

(i) the environments in which excessive drinking took place,

(ii) what strategies drinkers would be prepared to use in these environments to cut down their drinking,

(iii) what obstacles there might be to using these strategies.
It was found that 64% of the population had been involved in a "shout" system of buying drinks in the last month. The average frequency was twice weekly. Of these, 32% had drunk more than they wanted to because of their involvement in a "shout". Thus inherent in the "shout" system of drinking is an increased consumption by a sizeable proportion of those involved. The market research confirmed this tendency. "Shout" members drink more because everyone has an obligation to buy and, once having bought, "shout" members stay to get their money's worth. "Shout" members also drank faster because the fastest drinker in the "shout" sets the pace for all. These findings are supported by research from elsewhere (Barbara, Usher and Barnes, 1978).

Drinkers were asked which strategies they would use to cut down in a "shout". Table 1 shows that some strategies are more popular than others. In particular, ordering a low alcohol beer was the least popular.

Interestingly, 24% who in a "shout" said they would do "nothing, it is too much trouble" are also a potential target. They may reduce their drinking if it can be demonstrated that the acquisition of strategies and skills can effect a reduction in drinking without "too much trouble".

Table 1: Percentage of students who reported that they would use certain strategies to avoid drinking alcohol

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<tr>
<th>STRATEGY</th>
<th>Percentage of students who indicated they would use this strategy</th>
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<tr>
<td>&quot;Sometimes order a non-alcoholic drink&quot; (e.g. orange juice).</td>
<td>75%</td>
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<tr>
<td>&quot;Miss a turn and sit on the drink you already have&quot;.</td>
<td>74%</td>
</tr>
<tr>
<td>&quot;Leave before the shout is over (but make sure you have had your shout)&quot;.</td>
<td>75%</td>
</tr>
<tr>
<td>&quot;Sometimes order a low alcohol beer&quot;</td>
<td>33%</td>
</tr>
<tr>
<td>&quot;Nothing, it is too much trouble&quot;</td>
<td>24%</td>
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</tbody>
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† A "shout" is group drinking during which each member of the group takes turns getting the drinks for the others.
The needs assessment examined any impediments to cutting down in a "shout". Of those who had drunk more than they had wanted to, 38% either felt it was "easier to go along with the group" or "didn't want to make a fuss".

Therefore the needs assessment was able to measure the involvement of the target population in a form of social drinking that was increasing their alcohol consumption, often against their will. As well, the needs assessment was able to establish a hierarchy of strategies preferred by the target population to decrease their drinking. And to some extent it determined the reasoning behind and reluctance to use these strategies.

Thus third generation needs assessment techniques are capable of generating alcohol education programs that are tailored to the aspirations and alcohol consumption patterns of the target audience.

DESCRIPTION OF THE PROGRAM

The aim of the teaching package "Alcohol Without Tears" is to reduce the number of participants, who because of their level of alcohol consumption, are in a "hazardous" health risk category (as defined by Pols and Hawks, 1987). The target audience for the lessons are 15-25 year old students within the 105 colleges of the New South Wales Department of Technical and Further Education. These students tend to be a cross section of the general population and it is anticipated that the lessons would be suitable for 15-25 year olds in the wider community.

The lessons give information regarding the levels of alcohol consumption that are considered to be associated with various levels of health risk, and incorporate an activity to allow students the opportunity to determine their own health risk category.

The lessons particularly focus on reducing alcohol consumption in a "shout" in which members of a group take turns to buy the drinks. An innovative role-play technique, "Pooling Your Wisdom" (McPherson, 1988), has been specifically designed for this teaching package. This technique avoids the pitfalls of traditional role-plays where responses are often scripted or mimicked rather than being spontaneous on the part of the target audience. As well some participants assume and inadvertently rehearse the role of someone engaged in undesirable behaviour. The technique creates an atmosphere and an expectancy about what is considered normal and appropriate behaviour in the participants' peer culture. This is important because for some students it may not be sufficient to be motivated and to possess the appropriate skills to ensure that they reduce their drinking. It may also be necessary that the behaviours they are about to exhibit are sanctioned by their peers.

From classroom experience with "Alcohol Without Tears", some of the norms that are established are that it's "okay" to keep to a planned alcohol limit, it's "okay" to sometimes order a non-alcoholic drink and it's "okay" sometimes not to order a drink. Thus the "Pooling Your Wisdom" technique is capable of establishing subjective norms which can become determinants of future drinking behaviour.

In this technique students devise, refine and rehearse desired responses when being pressured to drink more than they want. The rehearsal phase is considered essential if skills are to become ingrained and capable of use outside the classroom.

Previous drug education programs have adopted a paternalistic and moralistic approach which has the potential to alienate their target audience. "Alcohol Without Tears" avoids these pitfalls by addressing the self-expressed needs of the target audience. Fortunately a substantial percentage of the TAFE student population already has an established desire to reduce their alcohol consumption. Thus in teaching the package no pronouncements are made on what students should do about their drinking or how they should feel about it. The teachers role is one of expediting the development of personal solutions to students' self-stated wishes to reduce their drinking.

"Alcohol Without Tears" has been designed as a totally self instructional and self contained curriculum. The teacher does not need to refer to any other material to deliver the lessons. The package contains the aims, rationale and reasons for using particular educational strategies. The lessons are presented in a "ready to use" format. The step by step teaching directions are supported by teaching notes. Overhead transparencies are supplied with the package.
"Alcohol Without Tears" has already undergone a short term evaluation (Palin and McPherson, in press). Compared with the control group the program effected an eight standard drinks per week reduction in the drinking of 15-25 year old students whose drinking level had previously been classified as at least "hazardous" (Pols and Hawks, 1987).

Naturally caution should be exercised in interpreting this outcome. Further evaluation is needed to establish its potential for

(i) achieving long term reductions in alcohol consumption.
(ii) generalisation to target audiences other than TAFE students

before its real worth can be determined. Most importantly the program outcome needs to be replicated in order to be more confident that the result obtained is not due to random error in drawing the treatment and control samples.

CONCLUSION

The development of the alcohol education program "Alcohol Without Tears" using third generation drug education methodology is a response to the dearth of successful drug education programs from which Australian drug educators are currently able to draw. This methodology, rather than investigating possible antecedents of drug taking behaviour, simply concentrates on directly finding solutions to drug taking by developing education programs that are sensitive to the expressed needs of the target audience.

Whether or not third generation drug education is simply adding another chapter in the history of drug education, or is laying the foundations of a working science of drug education, remains to be seen. However third generation drug education is a reality in Australia and has clear behavioural aims capable of evaluation. Inevitably, like the generations of drug education that preceded it, it will be judged by the trackwork of the programs it produces and whether or not they are able to reduce drug taking behaviour.
REFERENCES


