An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

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Teachers' perspectives on their role in school based alcohol and cannabis prevention. This paper presents the quantitative findings on teacher perspectives, attitudes, their role and that of their school in the delivery of school based alcohol and cannabis education-prevention. This paper was accepted for publication by the **International Journal of Health Promotion and Health Education** (see appendices 14- Teachers' perspectives on their role in school based alcohol and cannabis prevention.).

A Question of Shared Responsibility: results for a pilot study. This paper presents results from and exploratory study on Scottish and Irish teachers' perspectives of 'Shared Responsibility', a joint initiative between the Colombian Government and the United Nations Office on Drugs and Crime (UNODC), and which has been implemented by Scottish schools and the Scottish Crime and Drug Enforcement Agency since 2008. This paper was accepted for publication by the **Journal of Alcohol and Drug Education (JADE)** (see appendices 15 - A Question of Shared Responsibility: results for a pilot study).

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Abstract

The use of alcohol and drugs among adolescents is of increasing public health and social concern. The normative relationship between young Irish people and harmful substances must be challenged (United Nations International Children's Emergency Fund (UNICEF) Ireland, Changing the Future, 2011). Schools provide the perfect platform for the implementation of health education-prevention initiatives and must be facilitated with effective prevention programs (Fletcher et al., 2010). Irish school-based drug education-prevention is currently provided within the remit of the Social Personal Health Education (SPHE). However the effectiveness of the SPHE programme is often called into question, highlighting a number of issues which will be discussed in detail at a later stage.

This research aimed to investigate teachers' perspectives in Ireland on their role, and that of the school, in the delivery of school-based alcohol and cannabis education-prevention. The ultimate goal of this research is to make recommendations in order to develop the responsibility of teaching staff within schools to recognize, help and advise pupils who are using or who may be at risk of experimenting with substances such as alcohol and cannabis. This cross-sectional study was conducted in 13 second level schools located in the Southern region of the Republic of Ireland. The questionnaire developed by the research team at the Haute Ecole Pedagogique [HEP], Lausanne, Switzerland, collected a range of data including; demographics, information on the teaching of SPHE and evidence regarding teachers' participation, attitudes and perceptions of school-based alcohol and cannabis education-prevention.

Over half of participating teachers had never partaken in drug education activities despite majorities within the sample recognizing the importance and expressing their interest in alcohol and cannabis prevention. Teachers levels of satisfaction with their school were positively correlated with attitude toward the teacher and school's role in alcohol and cannabis education prevention. The need for the implementation of school drug policies, along with training, support and information for all teachers is highlighted in these findings. The need for continued revision of the SPHE programme and development of *whole school* integrated approaches involving a shared organisation wide approach to pupils substance education-prevention is evident throughout.

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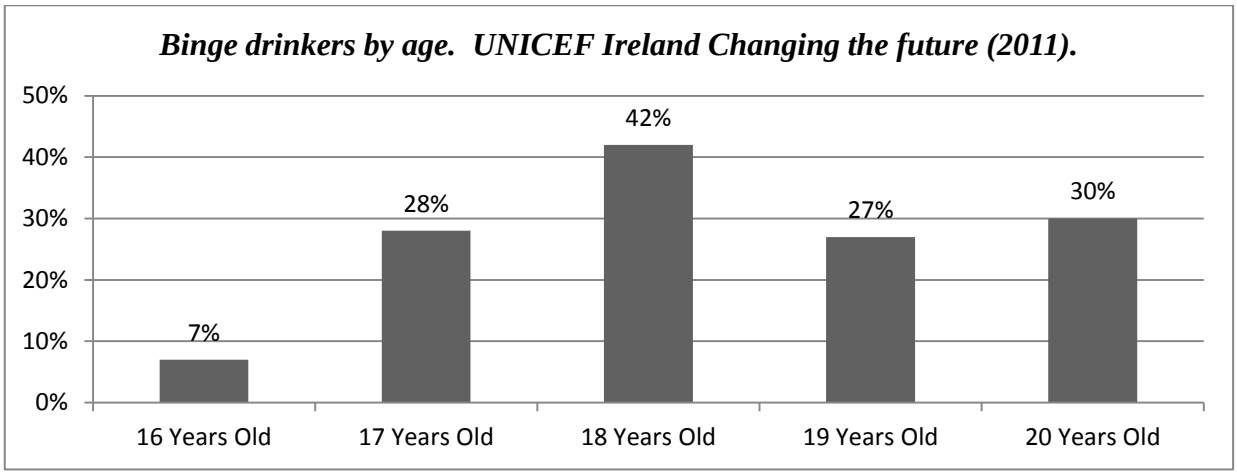
Chapter 1: Introduction

1. Introduction

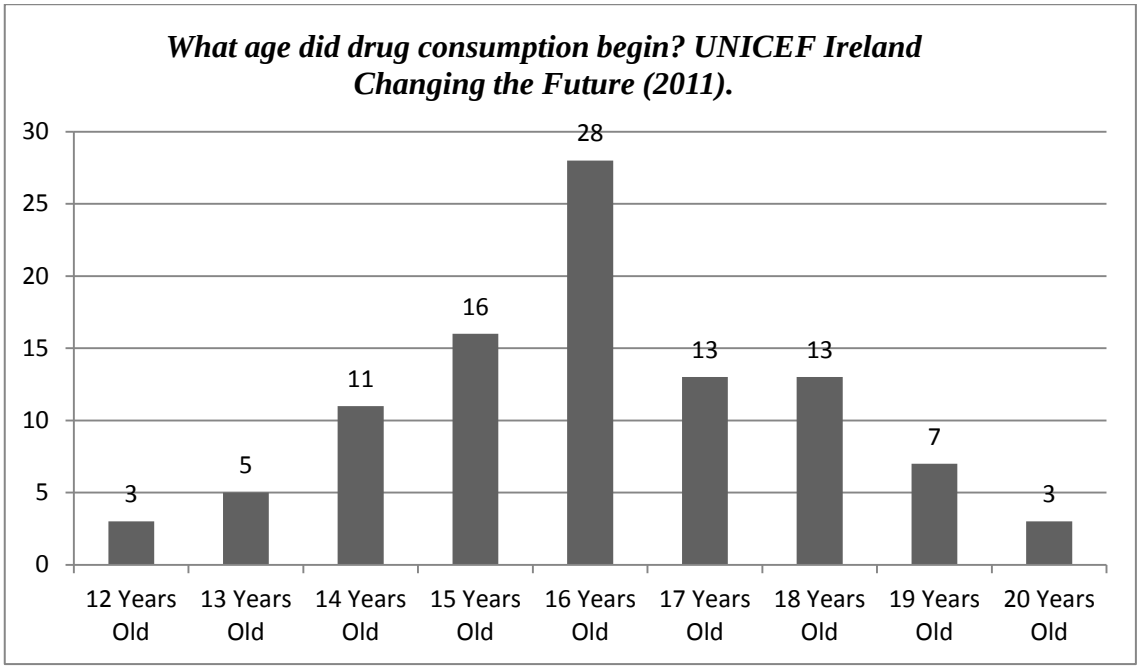
Alcohol plays a role in many aspects of Irish cultural events and lifestyles (Department of Health, 2012). Celebrations from the cradle to the grave are marked with the use of alcohol, and it has become one of the most socially accepted drugs in Ireland (Breen, 2007). Furthermore drunkenness has increasingly become socially acceptable (NDS, 2009). According to the Steering group report on a national substance misuse strategy 2012 the facts are as follows; in 2010 the average Irish adult drank 11.9 litres of pure alcohol. The World Health Organisation (2004) has defined binge drinking as drinking six or more standard drinks (about 3 pints of beer) during one drinking occasion. Over half of Irish drinkers consume alcohol in a harmful pattern and Irish adults binge drink more than any other European country (Department of Health, 2012). Even more concerning is the fact that Irish teenagers are absorbing the binge drinking culture. Children are drinking from a younger age (Department of Health, 2012). Children as young as ten and eleven years of age are experimenting with alcohol. Alcohol consumption levels among young people under eighteen are among the highest in Europe (National Youth Council of Ireland, 2009). UNICEF Ireland, Changing the Future (2011) surveyed a large number of sixteen to twenty year olds. The survey found that an overwhelming 77% of respondents report that they drank alcohol. Participants were asked were they binge drinkers. The results can be seen below;

Figure 1 Binge Drinkers by Age.



Patterns of drug use in Ireland have become increasingly diverse in terms of the type of drug used, the availability of drugs and the demographics of users (Van Hout, 2009a). Service providers believe that illicit drugs and drug use has become a normal feature of society (Van Hout, 2009a). UNICEF Ireland, Changing the Future (2011) surveyed a large number of sixteen to twenty year olds, as well as alcohol consumption respondents also reported on a wide and varied consumption of other substances. The survey found that over a third of participants had taken an illegal drug and that most had done so by the age of sixteen (UNICEF Ireland, Changing the Future, 2011).

Figure 2 What Age did Drug Consumption Begin?



Wide availability and ease of access to illegal substances has contributed to a degree of acceptance in communities and has helped with the normalization of drug use. In recent years cannabis has become so available and cheap its use has increased considerably (Bellerose, 2012). Cannabis is viewed amongst youth as a 'safe drug' (Van Hout, 2010). Likewise users of cocaine and benzodiazepines do not view such substances as a serious problem that requires intervention (Bellerose, 2012).

As the evidence suggests the relationship between young people and alcohol and drugs continues to become a normal feature of society (Van Hout, 2009a). The use of alcohol and drugs can adopt extremely dangerous roles in a young person's life and can lead to a number of health and social consequences (UNICEF Ireland, Changing the

Future, 2011). Alcohol is a psychoactive substance that impairs motor skills and judgment having serious consequences for the consumer. Alcohol has many public health implications causing a considerable burden of health and social harms for the individual, families and the wider community. It can also act as a gateway for the use of illicit drugs for adolescents and young adults (Department of Health, 2012). Drug use undermines the potential of the young person involved, devastating the lives of families and causing problems among communities (NDS, 2009). For these reasons there is a duty to protect and to support young people to understand the full impact of that alcohol and drugs can have on their lives. It is crucial that we all must do more to ensure the protection of young people who are exposed to these substances. Young people must be able to make informed decisions of the risks and implications of the habits and experiences they are being exposed to everyday (UNICEF Ireland, Changing the Future, 2011). For the purpose of this study the findings will relate to alcohol and cannabis education prevention, as these are the most commonly available and used substances in the pupil population aged 9-18 years in Ireland (Kelly et al., 2012).

Understanding adolescent risk and protective factors can be extremely valuable when planning drug prevention programmes in schools. Family structure, academic performance, peer influence, and the community in which the individual lives can generate risk factors but can also act as powerful protectors (Hasse & Pratschke, 2010). As the number and severity of risk factors increase, the likelihood of participating in problematic behaviour increases. Protective factors are factors that reduce the likelihood of problem behaviour and counteract the risk (Elliott-Erickson et al., 2009). The more protective factors are increased and risk factors reduced the more likely unhealthy behavior and its associated problems can be prevented (Alaska Division of Behavioural Health, 2011).

Community planners should assess and monitor risk and increase protective factors when designing substance use prevention programs (Arthur et al., 2002). There is mounting evidence to suggest that the most effective interventions enhance protective factors and do not simply attempt to reduce risk (World Health Organization (WHO), 2004). According to Hasse & Pratschke (2010) although there has been a considerable amount of progress in the last decade there is still a need for development of protective

factors. Policies need to focus on enhancing positive school, parental and peer influences.

According to Medina-Mora (2005) prevention is broadly defined as any activity designed to avoid substance abuse and reduce its health and social consequences. There are three main types of approaches can be distinguished in substance abuse prevention: universal prevention focuses on the general population and aims to delay or deter the early onset of alcohol misuse or drug use, selective prevention targets individuals identified as "at risk" of developing a substance problem before fully developed, and tertiary prevention involves working with problem users and or addicts to provide interventions and support (NACD, 2001; Foxcroft et al., 2003; Joyce et al., 2005; Faggiano et al., 2008; EMCDDA, 2009).

The devastating effects of substance abuse on individuals, families and societies demand effective prevention strategies and programs. However while there is agreement of the importance, there is much controversy as to what is the best way to achieve universal prevention (Medina-Mora, 2005). The school is considered to be the perfect platform for universal health and social education initiatives as it provides access to a large population of school aged children (Evans-Whipp et al., 2004; Fletcher et al., 2008; Audrey et al., 2008; Soole et al., 2008; Diekstra, 2008; Stormont et al., 2011). At present school-based drug prevention in the Republic of Ireland is provided within the remit of the Social Personal and Health Education (SPHE) module. The current SPHE programme is often called into question, highlighting such issues as, lack of support services for teachers in the delivery of SPHE, insufficient engagement with parents in the planning and development of the programme, timetabling constraints and curriculum overload (National Drugs Strategy (NDS), 2009). In the following chapters critiques of school based drug prevention programs will be reviewed closer while also examining the ingredients of a successful prevention program.

This underscores the research aim of this study to investigate teachers' perceptions with regard to pupil alcohol and cannabis use, and teachers' attitudes towards their role in school-based alcohol and cannabis prevention programmes. The study was designed to explore teacher's attitudes, perceptions and experience around school-based drug prevention tactics, in order to make recommendations for the

improved provision of teacher training in Ireland and the potential for whole school approaches. The ultimate goal of this research is to make recommendations in order to develop the responsibility of teaching staff within schools to recognize, help and advise pupils who are using or who may be at risk of experimenting with substances such as alcohol and cannabis. In this study findings will relate to alcohol and cannabis education prevention, as these are the most commonly available and used substances in the pupil population aged 9-18 years in Ireland (HBSC Study – ESPAD, Kelly et al., 2012).

In the following chapter the researcher will firstly contextualize the study by presenting drug consumption trends. Secondly social and health related problems associated with youth problematic drug use will be presented along with examining the concepts of risk and protection factors related to youth substance use. Lastly, the concept of school-based drug prevention and how teachers can play a role in preventing youth substance experimentation, use and abuse will be explored.

Chapter 2: Literature Review

2.1 Alcohol and Drug Trends.

In order to inform the design of school based substance abuse prevention programmes, one must first gain an insight into alcohol and drug trends. The United Nations Office on Drugs and Crime (UNOCD), World Drug Report (2012) identifies changes in the drug market on a global scale, providing a solid foundation of evidence for counternarcotics interventions. Alcohol and drug trends are ever changing and therefore the need to identify trends quickly and put measures in place is vital. Many factors contribute to alcohol and drug use such as population, gender, age and urbanization. There are also many socioeconomic factors which can drive illicit drug use such as levels of disposable income, inequality and un-employment. Their identification is important in order to provide successful alcohol and drug intervention programmes (UNODC, World Drug Report 2011). This chapter will focus on identifying Worldwide, European and Irish alcohol trends and drug trends.

2.1.1 Overview of Alcohol and Drug Use on a Worldwide Scale.

Latest statistics show that worldwide alcohol consumption in 2005 was equal to 6.13 litres of pure alcohol consumed per person aged 15 years or older (WHO, 2011). Despite the high levels of alcohol consumption worldwide, surprisingly half of all men and two-thirds of women did not consume alcohol in 2005. Abstention rates are low in high-income, high consumption countries (WHO, 2011). About 1.5% of drinkers worldwide have weekly heavy episodic drinking (HED) occasions. HED is defined as drinking at least 60 grams or more of pure alcohol on at least one occasion in the past seven days. HED is the most likely contributors of acute consequences associated with alcohol and is more common in developed regions like Europe or the America (WHO, 2011).

The UNODC, World Drug Report (2011) state that despite global efforts to reduce drug demand, drug use continues to take a heavy toll on society. Substance abuse is a problem worldwide, about 230 million people or 5 percent of the world's adult population are reported to have used an illicit drug in 2010 (UNODC, World Drug Report, 2012). The overall number of drug users has risen over the last decade where globally some 210 million people use illicit drugs each year, and almost 200,000 die as

a direct result of drug use (UNODC, World Drug Report, 2011). Globally, cannabis and amphetamines remain to be the most widely used illicit drugs (UNODC, World Drug Report, 2012). Annual prevalence of cocaine and opiates remain unchanged in recent years (UNODC, World Drug Report, 2012), however despite the fact that consumption remains stable it continues to cause serious problems worldwide and cannot be ignored.

According to the UNODC, World Drug Report (2012) cannabis is the world's most widely used substance with between 119 and 224 million users worldwide. Heroin, cocaine and other drugs shatter families and bring misery to thousands of people. All in all illicit drug use has a direct and negative impact on society, contributing to crime and undermining economic and social developments (UNODC, World Drug Report, 2012).

2.1.2 Alcohol and Drug Trends in Europe.

Alcohol, although not an illegal drug it's none the less extremely worrying that binge drinking is an ever increasing problem in Europe. It is proven that Europe has the highest levels of drinking in the world. Over one fifth of all 15 year olds and over report heavy drinking at least once a week. Europe is also reported as having the highest proportion of health problems as a direct result of alcohol misuse (WHO, 2010).

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2011) lifetime prevalance figures for the adult population (15-64 years old) show that 78 million European adults report using cannabis, 14.5 million report using cocaine, and about 11 million report using ecstasy/amphetamines at one point in their lives. Moreover the UNODC, World Drug Report (2012) indicates West Europe as having the highest prevalence rate of cannabis in the world, and also adds that Europe is the second largest cocaine market. Problem opioid users are estimated at between 1.3 – 1.4 million Europeans (EMCDDA, 2011). The following table illustrates the rise in the estimated number of European illicit drug users:

Table 1 Illicit Drug Use

European illicit drug users aged between 15-64 years, in the past year (UNOCD, World Drug Report, 2010)				
	Cannabis	**Opiate**	**Cocaine**	**Ecstasy**
Europe	29,370,000 **Increase** **29,990,000**	3,290,000 **Increase** **3,820,000**	4,570,000 **Increase** **4,970,000**	3,850,000 **Increase** **4,080,000**

Despite the rise in illicit drug users in Europe, on a positive note, the 2010 annual report for the EMCDDA shows a decrease in the use of cannabis among young adults in 2011 in comparison with the previous year. The UNODC, World Drug Report (2012) states that the decline may be influenced by declining trends in tobacco smoking, lifestyle, fashion and unfavorable perceptions about cannabis use. On the other hand the way in which consumers now use a wider set of substances is becoming increasingly worrying across Europe. Polydrug use is a method by which an array of substances such as alcohol, cannabis, prescriptions drugs, psychoactive substances, cocaine, heroin, methadone and other tablets are used together (UNODC, World Drug Report, 2012). Any of the substances used alone can be extremely harmful, but a combination of all at once is potentially lethal, and can cause serious long and short term effects. Hence rocketing to the top of the list as a major concern across Europe.

2.1.3 Alcohol and Tobacco Use in Ireland and Amongst Irish Adolescents.

According to the Survey of Lifestyle Attitudes and Nutrition (SLÁN) international research highlights the fact that alcohol consumption levels are high in Ireland and that there is a particularly high rate of binge drinking when compared with other countries (Morgan et al., 2009). The WHO (2010) state that the quantity of alcohol consumption varies significantly between countries, however Ireland is used as a prime example. The report states that binge drinking amongst Irish males was 43% compared to 2% in Bosnia and Herzegovina. Mongan et al., (2007) note that Ireland has one of the highest levels of alcohol consumption in Europe. In addition the National Advisory Committee on Drugs (NACD) and Public Health Information and Research Branch (PHIRB) 2012 report show that since the 2006/7 survey a sizeable

increase in the prevalence of alcohol use was found in the South East, Western, North West and Southern areas of Ireland (Long & Horgan, 2012). The following table presents key findings from Morgan et al., (2009) SLÁN survey;

Table 2 Key Findings on Alcohol Consumption

Key Findings on Alcohol Consumption. Executive Summary. SLÁN 2007.	
4 in 5 Irish adults report drinking alcohol. More women drink in Ireland in compassion to other European countries.	Half of drinkers reported a harmful drinking pattern, with 10% of drinkers reporting that they felt their drinking habits harmed their health.
One-quarter (24%) of 18-29 year-olds report drinking 9 or more standard drinks on a typical drinking occasion.	Men reported experiencing harm to their home life/marriage due to drinking alcohol. Involvement in accidents, injuries and fights were more frequent for those who exceeded the weekly recommended limit.
Over one-quarter of drinkers report binge drinking (6 or more standard drinks at each sitting) at least once in 2007. Since 2002 binge drinking has increased for those in the 18-23 year old group.	30% of drinkers were also smokers and drinkers were twice as likely to be smokers as non-drinkers.
Binge drinking at least once per week was reported more often among young male drinkers.	52% of drinkers who binge drink at least once a week were obese.

In May 2012, the Health Research Board (HRB), on behalf of the Department of Health, commissioned Ipsos MRBI to conduct a survey on alcohol use in Ireland in order to measure public knowledge, attitudes and behaviour towards the purchasing and consumption of alcohol. The 2012 survey found that 49% of respondents drank weekly or more often, drinking at home was popular amongst all age groups, 86% say that there are high rates of drunkenness on Irish streets at night and that the current level of alcohol consumption is too high. 71% did not agree that alcohol consumption was reducing in Ireland.

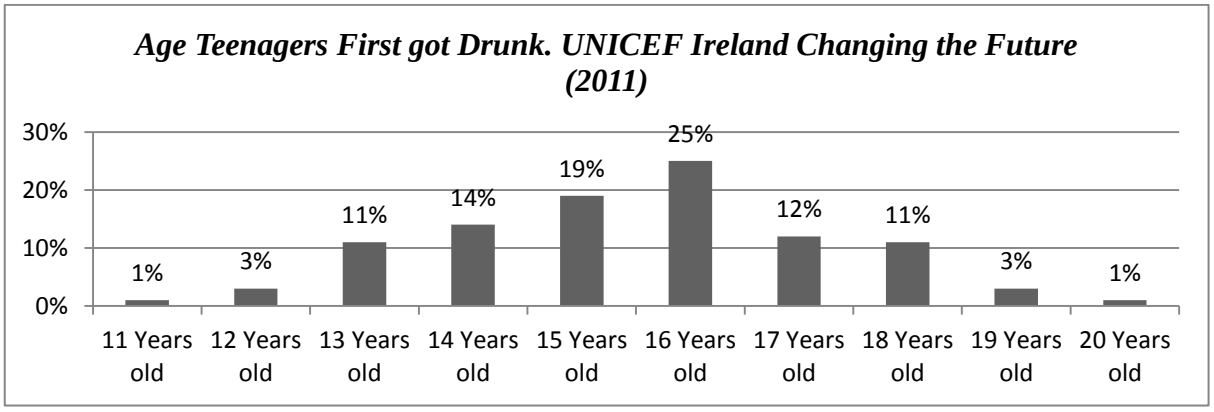
Most concerning is the fact that Irish teenagers are absorbing the binge drinking culture. The most commonly used substance in Irish society is alcohol, with excessive drinking patterns emerging among young adults (Currie et al., 2008). Currie et al., (2008) reported that several studies indicate high rates of binge drinking in adolescents.

Ireland also has one of the highest levels of underage drinking in the developed world and one of the worst records for binge drinking (Byrne, 2010). According to the WHO (2008), harmful drinking among youth is a growing concern. Drinking to intoxication among youth has a negative impact in younger age groups of both sexes. Adolescents' tendencies towards risk-taking, coupled with immaturity, and their relative inexperience with alcohol, place them at particular risk for alcohol-related harm. Heavy drinking in adolescence is related to problem alcohol use in adulthood (Mongan et al., 2007).

The use of alcohol cannot be under-estimated, as not only is it an extremely harmful substance when misused, but it can also act as a potential gateway to drug experimentation (Kandel, 1975; Van Hout and Ryan, 2011). Adolescents are unlikely to experiment with illicit drugs without prior use of alcohol or cigarettes (Kandel, 2002). Drunkenness heightens the risk of drug experimentation and use during childhood and adolescents. Van Hout (2009a) carried out a study with Irish teens aged 15-17 years and found that alcohol was usually consumed alongside illicit drugs. The NACD and PHIRB (2009) found that the majority of cannabis users also report using alcohol (91%) and tobacco (88%).

Cahill and Byrne (2010) examined alcohol and drug use among third level students aged 18 and over attending the student health department of University College Cork in 2008. The results found that 98% of participants drank alcohol at some point in their life, and the average age of first use was 15 years of age. A significant number of students, 44.8% report that they had been binge drinking at least once a week or more. In the Health Behaviour in School Aged Children (HBSC) study 2012 it is shown that 46% of school-aged children report drinking alcohol at one point in their lives, 21% report drinking alcohol in the last month and 18% report being "drunk" in the last month (Kelly et al., 2012). In addition results from a survey carried out by UNICEF Ireland, Changing the Future (2011) show that an overwhelming 77% of respondents report that they drink alcohol. Of those that reported same, 92% admit that they have been drunk. Even more concerning is that 48% percent of those who report they had been drunk stated they first got drunk before the age of 16 years.

Figure 3 Age Teenagers First got Drunk



According to research carried out by Amárach Research, Cawley Nea\TBWA & OMD (2009) the locations for underage drinking for 16-18 year olds tend to be at a friend's house (31%), at home (30%) or outdoors (22%). Ryan (2012) reports that 84% of 15 and 16 year olds in Ireland say they could purchase alcohol without difficulty. In addition 40% have been served in pubs and/or nightclubs and one in four say they had bought alcohol in off-licenses or shops.

Adolescents that smoke are 10-30 times more likely to use illicit drugs than nonsmokers (Torabi et al., 1993). Despite the Irish smoking ban, the enormous price increases and constant Government anti-smoking campaigns, Irish teenagers are increasingly reporting earlier onset of smoking during childhood years (O'Regan, 2009). Over 30% of 18 - 29 year olds smoke (Amárach Research, Cawley Nea\TBWA, & OMD, 2009). The latest edition of the Tobacco Atlas (2009) ranks Irish pupils in the second worst tier (Eirksen, et al, 2009). The statistics are shown on the following table:

Table 3 Prevalence of Cigarette Smoking in Ireland

Prevalence of cigarette smoking in Ireland (Tobacco Atlas, 2009).	
Percentage of male pupils age 13-15 who smoke cigarettes	19 Percent
Percentage of female pupils age 13-15 who smoke cigarettes	20.5 Percent
Percentage of males who smoke cigarettes	26.5 Percent
Percentage of females who smoke cigarettes	26 Percent

Furthermore the HBSC (2012) study shows that an overall 27% of 15-17 year olds surveyed reported that they smoked cigarettes at one point in their lives (Kelly et al., 2012). Those from lower social groups were more likely to report having ever

smoked compared to those from other social groups. 12% of children admitted that they were current smokers.

2.1.4 Drug Use in Ireland and Amongst Irish Adolescents.

The ever-increasing popularity of recreational drug-use among adolescents and young adults is becoming more apparent in Irish society. Statistics show that one in two 18 - 29 year olds have tried illegal drugs and of those four in ten have used in the last six months (Amárach Research, Cawley Nea\TBWA, & OMD, 2009). The normalization of drug use has been made possible by the easy availability, and the changes in social attitudes. The implications of this use must be considered in future preventive work (CityWide, 2012). Van Hout (2009a) explored the views of 78 service providers in the South – East of Ireland. These service providers also believed that illicit drugs and drug use has become a normal feature of society. Furthermore it was reported that prevalent trends and patterns in drug and alcohol use in Ireland have become increasingly diverse in terms of the type of drugs used, the availability of drugs, and the youthful demographics of users (Van Hout, 2009a).

Despite Ireland having a much smaller population to some of the larger countries within Europe, it did not go unnoticed in the UNOCD World Drug Report (2011). In terms of mortality rates, Ireland is accountable for some of the highest rates in Europe, with over 100 drug–related deaths per one million inhabitants. This is a serious public health issue considering that the number of people who die from drug and alcohol related deaths each year is now more than twice that of deaths on Irish roads (CityWide, 2012). Furthermore Ireland, Denmark, Spain and the UK were named as the countries with the highest prevalence of cocaine within Central and Western Europe. Rates show that consumption of the drug is particularly high between 15-34 year old males.

Recent research unveils the fact that illegal drugs are becoming increasingly easy to buy. One in three 18 - 29 year olds surveyed had a contact in their mobile phone who they felt confident they could buy drugs from (Amárach Research, Cawley Nea\TBWA, & OMD, 2009). According to the Alcohol and Drug Research Unit (2009) 62% of recent cannabis users considered it “very easy” to obtain the drug within a 24

hour period, and reported obtaining the drug, in streets, parks, discos, clubs, pubs or indeed at a friend's house. Drawing on a qualitative study with 15-17 year olds in the south east, almost all young people reported that they had been offered drugs. They state that drugs were easily available in urban areas, with the majority of participants feeling that usage was increasing in their area (Van Hout, 2009b). The majority reported that drugs could be obtained by making a phone call and collecting delivery in the school yard (Van Hout, 2009b).

In line with the aforementioned Global and European statistics, it was noted that cannabis is the most widely available and frequently used drug in Ireland (Long & Horgan, 2012). Within the Irish drug scene, accessibility is most commonly highest for cannabis (National Advisory Committee on Drugs (NACD), 2008a; National Advisory Committee on Drugs (NACD), 2008b). The social accommodation of recreational cannabis use is becoming more widely accepted in Irish society (Van Hout, 2010). An Agency worker commented that "*Hash or cannabis is no longer special and is socially acceptable. This may be due to this being widely available and often smoked by parents or older siblings"; "Cannabis is as safe as cigarettes and sure everyone smokes a joint."* (Van Hout, 2012). In terms of emerging lifetime and last month prevalence of this drug among the general population throughout the past decade in Ireland (National Advisory Committee on Drugs (NACD) and Drug and Alcohol Information and Research Unit (DAIRU), 2008), the proportion of adults who report using cannabis at some point in their life increased from 17% in 2003 to 22% in 2006 (NACD and DAIRU, 2008). The results are shown on the following table:

Table 4 Lifetime, Last Year and Last Month Prevalence of Cannabis Use in Ireland, 2002/3 and 2006/7

Lifetime, last year and last month prevalence of cannabis use in Ireland, 2002/3 and 2006/7 (NACD, 2008).								
Cannabis Use	**Adults 15-64 years (%)**		**Males 15-64 years (%)**		**Females 15-64 years (%)**		**Young Adults 15-64 years (%)**	
Year	2002/3	2006/7	2002/3	2006/7	2002/3	2006/7	2002/3	2006/7
Lifetime	17.4	21.9	22.4	27.0	12.3	16.6	24.0	28.6
Last Year	5.0	6.3	7.2	8.5	2.9	3.9	8.6	10.4
Last Month	2.6	2.6	3.4	4.0	1.7	1.1	4.3	4.2

The following information emerged from a series of interviews carried out by Van Hout (2012), with regards to availability and ease of access cannabis was the most commonly used drug in Ireland. In most cases cannabis was the first illicit drug used and was perceived as a "safe drug". The most frequent combinations of substance reported in interviews were alcohol and cannabis (Van Hout, 2012).

In terms of youth drug use, prevalence surveys highlight cannabis as the most frequently used drug in past week, month and year for those aged 15-17 years old (NACD and DAIRU, 2008). Most young people deemed cannabis to be as safe as smoking cigarettes, and were not concerned with any future health impact (Van Hout, 2012). The majority of young people use cannabis during teenage years (NACD, 2008a). Van Hout (2012) states that the average age for ***'first time drug use'*** was 13 years of age, and experimentation depended on a number of factors such as opportunity, curiosity and availability. The HBSC (2012) study found that 8% of children (aged 10–17) reported having used cannabis in the 12 months prior to the survey with more boys than girls reporting such use (HBSC Study – ESPAD, Kelly et al., 2012). On a positive note these figures show a decline in use from the previous HBSC study in 2006.

According to Poel et al., (2009) in recreational scenes cocaine use is no longer an extraordinary thing to do in trendy and mainstream clubs, but now is often consumed in lounges, bars and home settings too. The fact that cocaine has become normalized is reflected in the consumption of the drug in Ireland, with use reported to be higher than the European average. Indeed, Ireland is one of four European countries reporting the highest prevalence of ecstasy and cocaine use between 15-34 year olds (EMCDDA,

2010). Similar to the prevalence of cannabis, cocaine use [last week, last month and lifetime] increased in 2006/7 compared to 2002/3 (NACD and DAIRU, 2008). The report also found that one in thirty people had used cocaine at least once in their lifetime, and of those who reported using the drug, one in five were regular users.

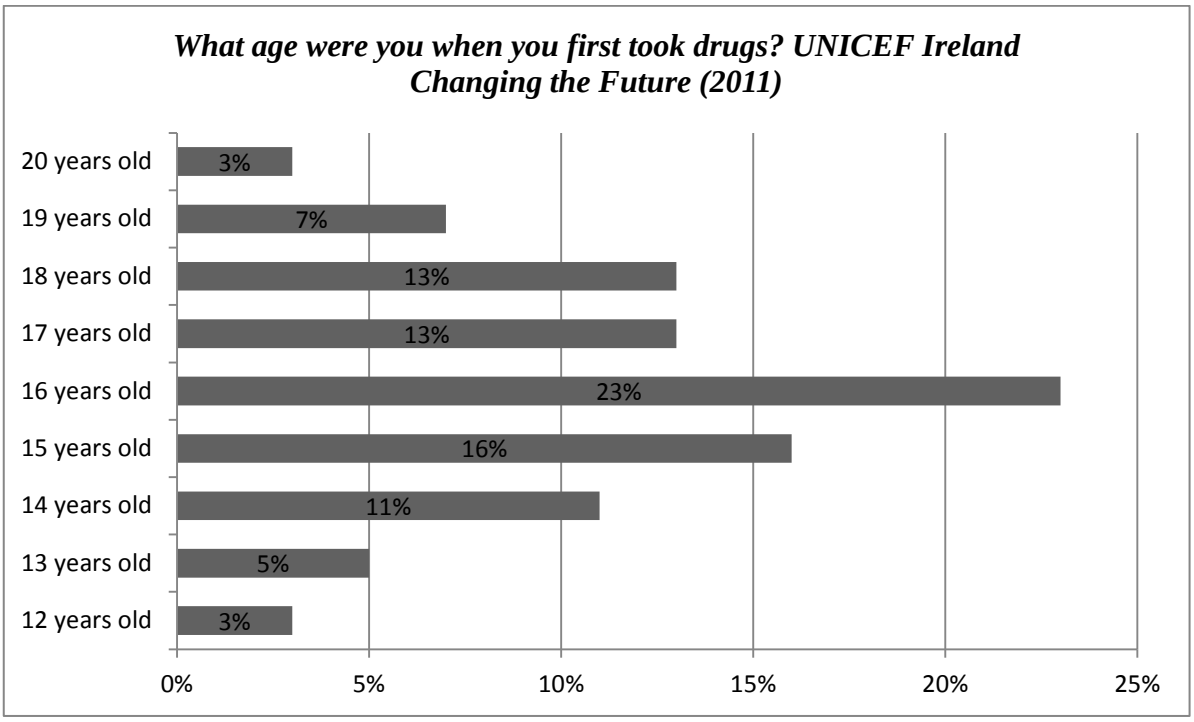
Cocaine use is becoming increasingly prevalent among Irish people over the age of 16 years, with the drug increasingly viewed as a safe and clean drug of choice, replacing previous trends in ecstasy and amphetamine usage (Van Hout, 2007; Carew et al, 2009). Further evidence shows that Ireland is one of eight countries where the most recent prevalence surveys show that cocaine use is becoming more popular, and has now exceeded the use of amphetamines and ecstasy among young adults (EMCDDA, 2012). As mentioned previously Cahill and Byrne (2010) investigated alcohol and drug use among third level students. The results show that the drugs most commonly used were cannabis, cocaine and ecstasy respectively.

In regard to heroin or opiate use, the highest estimates of problem opioid use are Ireland, Malta, Italy and Luxembourg (EMCDDA, 2010). Previously the use of heroin was mainly confined to the Dublin region, however this is no longer the case, as use is prevalent and increasing in rural areas throughout the country (Carew, Bellerose, Lyons, Long, 2009). The national prevalence estimate of opiate users in 2006 was between 18,136 and 23,576, (Kelly, Teljeur, Carvalho, 2009). Opiates (mainly heroin) are the most common drug for which people seek treatment in Ireland (NACD and DAIRU, 2008).

Polydrug use as mentioned previously in relation to European trends, is a growing concern and a major health issue in Ireland also. The cocktail of extremely harmful substances taken together has replaced heroin as one of the key concerns within communities according to CityWide (2012). The report addresses issues surrounding the consumption of a mixture of substances while simultaneously stating that two thirds of drug dependents entering treatment have problems with more than one drug, most commonly cannabis, alcohol, cocaine and benzo-diazepines (CityWide, 2012). Furthermore UNICEF Ireland, Changing the Future (2011) show that 35% of the 12 – 19 year olds surveyed had taken an illegal drug at one point in their lives. 28% of respondents reported ongoing drug use. Of the young people that reported taking drugs

on an ongoing basis, 80% use grass or weed, 46% used hash, 34% reported the use of drug's sourced from head shops, 20% reported using ecstasy or pills and 15% reported cocaine use. In line with previous statistics shown in this report regarding the use of alcohol and being drunk before the age of 16, most of correspondents who reported taking drugs, had done so before the age of 16. The following bar chart provides details of age and percentage of first time drug use.

Figure 4 What Age were you when you First Took Drugs?



2.1.5 Overview on Irish Adolescents - Alcohol and Drug Use.

Holt (2005) states that a greater number of young people are using illicit drugs. It is also argued that perceptions of young people on drug use are changing. The recreational use of illicit drugs is increasingly seen as a normal part of leisure and "going out" rather than a deviant practice experienced by a few (Parker, Williams, Aldridge, 2002). A number of recent studies indicate high incidence rates of binge drinking coupled with increased rates of lifetime use of illicit drugs among Irish youth (Currie et al, 2008). The NACD (2007) indicate that the use of licit and illicit substances are increasingly becoming a common part of school youth culture in Ireland.

According to Currie et al., (2008) prevalence surveys indicate an increase in youth drug use in rural areas showing comparable prevalence and availability to that of urban areas in Ireland. Drug activity both using and dealing, was considered to be common in communities, schools and within groups of young people (Van Hout, 2009a). With regards to treatment services, half of all new cases entering treatment between 2005 and 2010 report starting drug use before the age of 15 (Bellerose et al., 2011). Knowing the potential devastating role that drugs and alcohol can play in young people's lives it is vital that we address the prevalence of alcohol and drugs and bring it into crucial discussions that will shape the future experiences of young people in Ireland today (UNICEF Ireland, Changing the Future, 2011).

This section has provided background information on alcohol, cigarettes, cannabis and a number of illicit drugs. These finding highlight the need for prevention measures and service initiatives specially targeted at young teenagers, in an attempt to delay their initiation to drug use (Bellerose et al., 2011).

The next section will present details on youth substance use and public health concerns.

2.2 Public Health Concerns and Social Consequences of Alcohol Misuse and Drug Use.

The harmful use of alcohol is a worldwide problem resulting in thousands of deaths every year. It is not only a casual factor in many diseases but also a precursor to injury and violence (WHO, 2011). Mongan et al., (2007) note that Ireland has one of the highest levels of alcohol consumption in Europe. Furthermore, the harmful use of alcohol not only affects the user themselves, but also has a serious detrimental impact on families, communities and society. According to Alcohol Action Ireland (2011) cheap alcohol is adding to alcohol related health and crime costs in Ireland. In this reported it is estimated that the state pay €3.7 billion a year towards alcohol related health and social consequences. The figure below was abstracted from the Alcohol Action Ireland Report (2011).

Figure 5 Real Price of Cheap Alcohol – Your Bill

Drug use is a leading contributer to death among Europeans. To put the severity of this problem into perspective between 6500 and 8500 deaths caused by drug use are reported each year in Europe (EMCDDA, 2011). As mentioned previously, despite Ireland having a much smaller population compared to some of our European counterparts, we have not failed to be noticied in these shocking statistics. In terms of mortality rates, Ireland is accountable for some of the highest rates in Europe, with over 100 drug–related deaths per one million inhabitants. According to CityWide (2012) many Irish communities are besieged by gang violence and intimidation. This chapter will highlight the health concerns and social consequences of alcohol and drug use.

2.2.1 Health Concerns Associated with Alcohol.

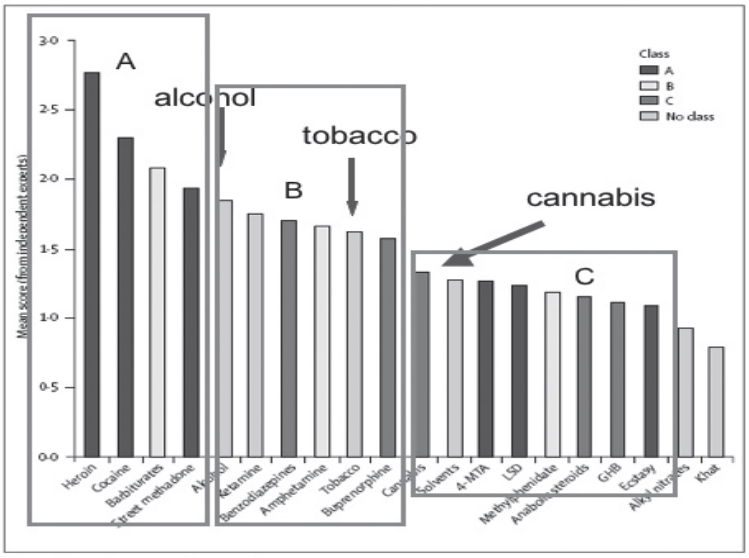
Alcohol is one of the world's top priority public health issues (Anderson et al., 2012). It is a dangerous substance and can contribute to disease, accidents, suicides and homicides. Alcohol is responsible for a huge number of deaths worldwide. However modern lifestyle promotes the use of alcohol. As it is not an illegal drug, the negative effects of misuse are often underestimated causing serious consequences for public health.

According to the WHO (2010) alcohol can be an extremely harmful substance, and is responsible for 2.5 million deaths every year, of which a considerable proportion are young adults and teenagers. Alcohol use is the third leading risk factor for poor health globally (WHO, 2010). Mongan et al., (2007) state that alcohol consumption alone can be linked to over 60 different medical conditions, and accounts for a number of accidents and injuries. Alcohol causes premature death and disability (Rehm et al., 2009) and is responsible for a large number of accidents, suicides and homicides (WHO, 2004). Alcohol related harm is widespread in Ireland. It not only affects the drinker but extends to the wider community also. Evidence of this burden can be seen in Irish hospitals, streets, roads and in families (Hope, 2008).

Hope et al., (2005) carried out a national study involving 2,500 patients in six major hospitals in Ireland. The study found that 28% of all accidents/injuries presented at emergency departments were alcohol related. The majority of patients were males in the 18-29 age categories. A number of studies in Ireland have reported a clear link

between alcohol use and unprotected sexual behaviour, which is particularly prevalent among younger adults (Hope, 2008; Davis et al., 2009). According to Lee & Forsythe (2011) although alcohol is a widely available legal substance, it is not any less dangerous than other illegal drugs. Nutt (2009) ranked alcohol as the fifth most harmful substance; the results are shown in the chart below:

Figure 6 Most Harmful Substances.



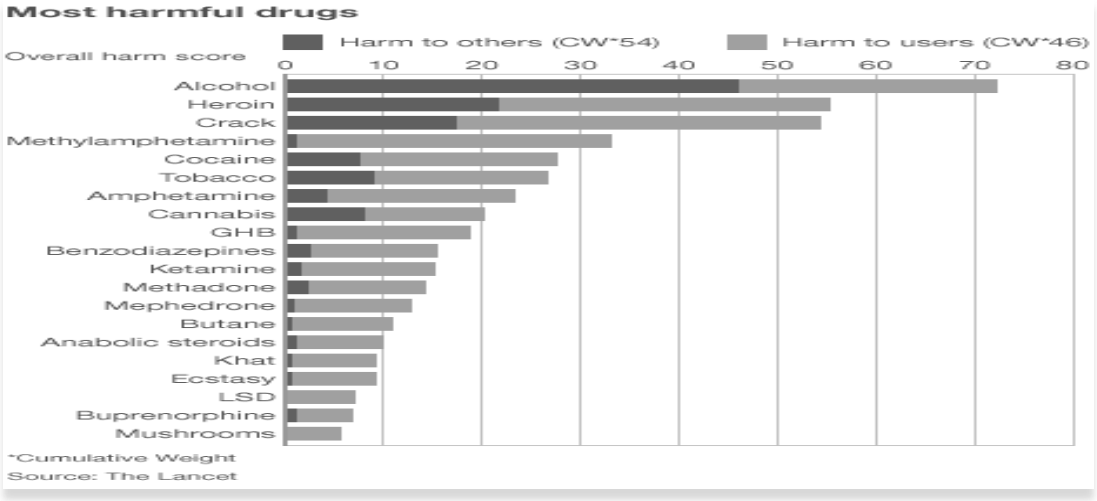
Drink driving is a leading criminal cause of death and a huge burden on health care (Rehm et al., 2009). Drawing from the Annual Report of An Garda Siochana (2009), a vast number of roadside breath tests were carried out in which a total of 2,472 tested positive for driving under the influence of alcohol. Between 1990 and 2006 there were a total of 7,078 people killed on the roads of which 2,462 were alcohol related (Hope, 2008). According to Hope (2008) alcohol related crashes were more likely among male drivers.

2.2.2 Social Consequences Associated with Alcohol.

Alcohol use is not only associated with a large number of health issues but also a variety of social consequences. According to Sussman et al., (2008) youth substance mis-users experience numerous social, economic, physical, and legal consequences. Mongan et al., (2009) conducted research on the social consequences of alcohol for the HRB 2009. The negative social consequences of alcohol included, criminal offences, public disturbances, violence, reduced work performance, marital problems, and

neglect. According to statistics from Alcohol Action Ireland (2011) alcohol was found to be a factor in almost half of all cases of sexual assaults on adults. Mongan et al., (2009) analyzed Garda data for the years 2003–2007 to examine the relationship between alcohol and crime. This report noted that the age categories of 18–24 years were found to be responsible for two-fifths of alcohol related crimes, with 17% of offenders aged 18 years. Offences by minors increased from 6,531 in 2003 to 10,037 in 2007, an increase of 54%. The majority of all offences occurred at weekends. Furthermore according to the Irish Youth Justice Service (2009) alcohol is a key factor in up to 50% of recorded youth offences. Reducing youth alcohol use is therefore a key component in decreasing anti-social and criminal behaviour in communities. Nutt et al., (2010) suggest that the detrimental social effects of alcohol are as harmful as heroin and crack cocaine. In the graph below, Nutt et al., (2009) scored the harmful effect of each drug, including mental and physical damage, addiction, crime and costs to the economy and communities:

Figure 7 Most Harmful Drugs.



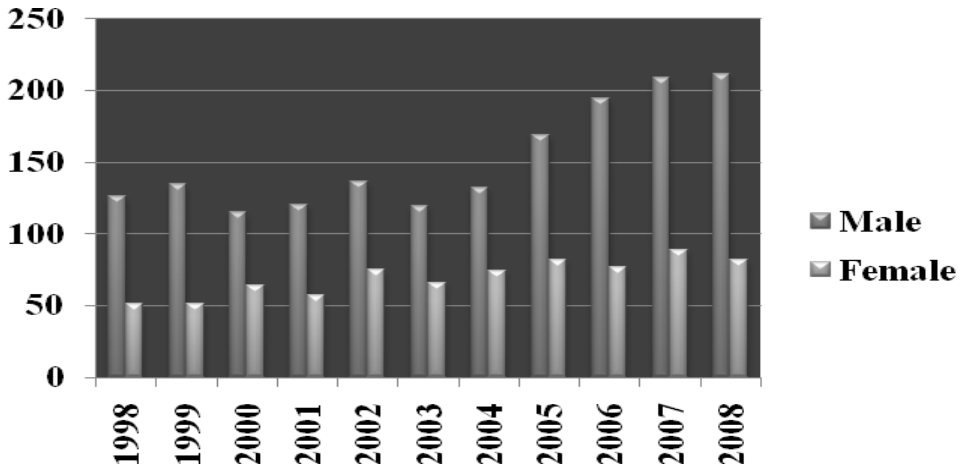
Alcohol related harm will not be reduced unless action is taken. Delaying the necessary action increases the growing burden of harm for everyone in society (Hope, 2008).

2.2.3 Health Concerns Associated with Drug Use.

Substance use, misuse and dependence are among the most prevalent causes of adolescent mortality (Brannigan et al, 2004). According to Ross (2007) health

problems associated with the use of cannabis include psychosis, depression, anxiety, and respiratory problems. There are also a number of detrimental psychological effects caused by cocaine use. Platt (1997) states that although cocaine can often produce feelings of pleasure or euphoria, it can also produce psychological symptoms such as anxiety, panic, depression and paranoia. Furthermore cocaine has the potential to cause a wide range of health problems including fatal/non-fatal overdose, strokes, seizures, respiratory problems, nasal congestion, nasal bleeding and ulceration (Ross, 2007). Drugs such as ecstasy, heroin, LSD and amphetamines also come with a large variety of health problems including fatal/non-fatal overdoses, HIV, depressed immune system, psychosis, seizures, lung disease, liver failure, heart disease, kidney failure, hallucinations, insomnia, depression, nausea and paranoia, (Macleod et al., 2004). The HRB (2011) presented an overview on drug related deaths and deaths among drug users in 2006 and 2007. The report found that in the eleven year period between 1998 and 2008, there were a total of 4,064 drug-related deaths and deaths among drug users. Of these deaths 2434 were as a result of drug poisoning. The results of poising deaths by gender and year are presented in the chart below (HRB, 2011):

Figure 8 Poising Deaths



2.2.4 Social Consequences Associated with Drug Use.

Problem drug use continues to be one of the most challenging issues facing our country. It undermines the potential of the young person involved, devastating the lives of families and causing problems among communities (NDS, 2009). Youth drug use

can often contribute to other problem behaviours in which the emotional cost is borne by the individual themselves, or indeed their family and friends (Mongan et al., 2009). Examples of such problem behaviour include, losing self-control, violent and criminal offences, absenteeism from school, poor academic performance and risky sexual behaviour (Ellickson, Tucker, Klein, 2003). Likewise Sussman et al., (2008) states that crimes such as stealing, vandalism, and violence are associated with "heavy drug use" in adolescence. Social problems like these not only affect the user, but also family and friends and the wider community.

This section has provided a brief overview on health concerns and consequences associated with alcohol and drug use. As detailed throughout the findings here problem alcohol and or drug use is not just confined to the user themselves, but can also have a huge negative impact which permeates out to the families and communities as a whole, further highlighting the need for early intervention measures in order to eliminate such problems.

The next section shall investigate the meaning of risk and protective factors and explore their importance in relation to planning drug prevention interventions within schools.

2.3 Risk and Protective Factors.

Risk and preventive factors play a vital role in the implementation of prevention programmes. Prevention works on the basis of reducing perceived factors of risk and enhancing protective factors (UNOCD, 2006). Each relationship in a young person's life can act as a risk or protective factor, therefore encouraging or deterring engagement in risky behaviour such as substance misuse and illicit drug use. In order to provide effective substance use intervention and prevention strategies Hong (2010) notes that it is essential for policy makers, health educators, schools administrators and practitioners alike to understand potential harms. The increased likelihood of early substance misuse is strongly associated with exposure to risk factors.

2.3.1 Identifying Risk and Protective Factors.

Various social settings can affect adolescents' risk and protective factors such as, community, school, family and peer interactions (Hong, 2010). An adolescent community can play a huge role in his or her decision to abstain or to engage in risky behaviour. Risk factors in communities have been identified as extreme economic deprivation, low attachment to one's neighbourhood and general disorganization of the community (Murphy, 2000). In addition, greater availability and community norms favorable to drug use predict higher levels of adolescent substance abuse (Beyers et al., 2004). Association with drug abusing peers can be seen as the most immediate risk for exposing adolescents to substance misuse and illicit drug use (National Institute on Drug Abuse (NIDA), 2001). Benard (1991) states that alienation and the lack of bonding within a community has consistently been identified as a major risk factor young people exposed to alcohol and drugs. With regard to the school setting, lack of commitment is seen as a major risk factor (Arthur et al., 2002). Hawkins, Pollard, Catalano, and Baglioni (2002) suggest that pupils who fail academically are more likely to drop out and fall victim to alcohol, cannabis and other drugs. Wilson and Kolander (2010) list the risk factors associated within the family domain as including, family disorganization, poor child supervision and discipline, patterns of high family conflict, domestic violence, sibling antisocial behaviour and social isolation. The National Crime and Prevention Centre (2009) provide an example of an adolescent who has a number

of risk factors – such as an adolescent living in a disadvantage community, where prevalence of drug-use and crime is high, where there may also be insufficient support in school, lack of parental supervision, and negative peer influences. Rudasill et al., (2010) carried out a study where a number of important risk and reassurance findings emerged. Firstly, pupil's background characteristics such as gender and family income can influence risky behaviour. Secondly, background characteristics and difficult temperaments also affected pupil–teacher relationship quality. For example, pupils from lower income families with more difficult temperaments were more likely to have conflict with teachers, however pupils from higher income families were more likely to have close relationships with teachers. In addition it was shown that male pupils had more conflict in relationships with teachers than female pupils (Rudasill et al., 2010).

Protective factors operate as opposite forces to risk, which are associated with a higher likelihood of positive outcomes and lower likelihood of negative consequences (Aguilar-Vafaie et al., 2011). According to the UNOCD (2006), protective factors include; providing information about health and social effects of substances. This can be provided through teachers, peers, parents and youth workers. They also recommend strengthening social and personal skills, promoting positive personal attachments to parents and providing education. Other protective factors include providing opportunities to spend free time in a fun safe environment, limiting the availability of substances and shaping the community culture that promotes a healthy happy lifestyle. Morrison et al., (2000) advised that protective factors such as early intervention and academic support along with pro-social development can significantly reduce risk. It is also noted that protective factors within the family domain can be extremely important, as parental influence is often cited as the primary reason why some adolescents do not use drugs. Many substance prevention programmes utilise the following protective factors as part of their social learning approach; encouraging bonding within the school and family, building pro-social skills, enforcing anti-drug norms, providing opportunities to succeed and recognizing success and effort (Morrison, 2000). The following table illustrates the type of risk and protection factors associated with four domains, community, school, family and individual/peer (NCPC, 2009):

Table 5 Key Risk and Protective Factors.

Key Risk and Protective Factors for Drug Use, NCPC, (2009).		
Domain	**Risk Factors**	**Protective Factors**
Community	Community disorganization Norms of drug use (supportive) Availability of drugs	Community cohesion Norms of drug use (not supportive)
School	Academic failure Lack of commitment	Participation in school activities School Bonding
Family	Parental attitudes favorable to drug use Poor family management Family history of antisocial behaviour	Family sanctions against use Positive parent relations
Peer/Individual	Early intention of antisocial behaviour Attitudes favorable to drug use Peer drug use	Positive peer relationships Network of non-drug using peers

2.3.2 The Importance of Identifying Risk and Protective Factors in Order to Implement Prevention Programmes.

Understanding adolescent risk and protective factors can be extremely valuable when planning drug-prevention programmes in schools. According to Haase and Pratschke (2010) substance use among early school leavers was considerably higher than regular school-attending pupils. They also found that a positive school experience had an impact in terms of reducing the risk of early alcohol, cannabis and other drug use (Hasse & Pratschke, 2010). These findings highlight the need to identify the risks and provide early and effective intervention. The prevention of alcohol, tobacco and other drug use and misuse efforts must begin early and rely on reducing risk and promoting protection (Ruch-Ross, 1992). In addition there is mounting evidence to

suggest that the most effective interventions enhance protective factors and do not simply attempt to reduce risk (WHO, 2004). The NIDA (2001), underline the elements that should be addressed in a prevention programme at primary and secondary school level. They believe that prevention programmes for primary school children should target improving academic and social-emotional learning, and intervention for secondary school pupils should increase academic and social competence (NIDA, 2001). The following table presents the issues that they feel should be addressed in a primary and secondary prevention strategy (NIDA, 2001);

Table 6 School Programmes

School Programmes NIDA (2001)	
Primary School	**Secondary School**
Self-Control **Emotional Awareness** **Communication** **Social Problem Solving** **Academic Support – especially in Reading**	Study Habits and Academic Support Communication Peer Relationships Self-efficacy and assertiveness Drug Resistance Skills Enforcement of Anti-Drug Norms

Risk factors can vary depending on the community. The first step in planning a drug abuse prevention programme is to assess the type of drug problem within the community, and determine the level of risk factors affecting the problem (NIDA, 2001). When planning prevention programmes within schools in Ireland, risk and protective factors may vary in terms of the surrounding community, whether the school is participating in delivering equality of opportunity in schools (DEIS) action plan for educational inclusion, and if the school is situated within a rural or an urban setting. It is important that community based prevention programmes identify risks associated within the community but mainly focuses on eliminating those risks by using and enhancing the available protective factors in the area.

The next section will present details with regard to youth drug prevention tactics and in particular that of school-based programming.

2.4 Prevention.

Figures presented previously on drug trends have shown that alcohol and cannabis use is common amongst teenagers, worldwide, in Europe and amongst the youth of Ireland. The research has also presented the findings in relation to health risks associated with drug use. Drug use is associated with accidental injury, self-harm, suicide, and other "problem" behaviours, such as alcohol misuse, unprotected sex, and antisocial behaviour. It is because of these health and social problems that reducing teenage drug use is a priority (Fletcher et al., 2008). School drug education offers the potential to prevent problems, by equipping young people with the knowledge and skills to make responsible decisions about alcohol and drug use (Midford et al., 2012). Schools provide the perfect platform for the implementation of health education-prevention initiatives and must be facilitated with effective prevention programs (Fletcher et al., 2010).

2.4.1 Types of Prevention and School-Based Prevention Programmes.

According to Loxley et al., (2005), the prevention of substance abuse requires a well-coordinated series of programmes ranging from early family interventions, to programmes for young school-aged children in addition to supporting adults. Three main types of approaches can be distinguished in substance abuse prevention, universal, selective and tertiary prevention. Universal prevention focuses on the general population and aims to delay or deter the early onset of alcohol misuse or drug use. Selective prevention targets individuals identified as "at risk" of developing a substance problem before fully developed. Finally tertiary prevention involves working with problem users and/or addicts to provide interventions and support (NACD, 2001; Foxcroft et al., 2003; Faggiano et al., 2008; Connolly et al., 2009; EMCDDA, 2009). Schools have an important role to play in the delivery of universal drug prevention initiatives (Jones et al., 2006), for this reason this study will focus on universal prevention.

The prevalence of youth substance use and its relationship with violence, crime and other youth problems creates a need to identify and implement effective prevention programmes (Nation et al., 2003). Levels of substance use tend to rise during

adolescent years and an individual's drug use can often continue into adulthood (Loxley et al., 2005). Therefore it is crucial that effective drug prevention programmes are targeted at young people. Likewise, The World Drug Report (2009) identified the following key trends in relation to the use of drugs amongst adolescents. Most individuals start to experiment with drugs from a young age, therefore drug prevention interventions are best targeted at the younger population. In addition, the World Drug Report (2009) highlighted that drug prevention intervention programmes may be best targeted at adolescents ranging from 13-15 years old, because the majority of this age group are less likely to have experimented with illegal drugs. Prevention programmes are identified as optimum prior to pupil experimentation with risky behaviour (Greenberg, 2003). In particular, early school-based interventions along with academic support have the potential to reduce the onset of drinking and drug use, and incur short term changes in substance use behaviours (Botvin, and Ruchlin, 2009). Botvin & Griffin (2003) state that schools are a popular facility for the delivery of many social education and prevention efforts, addressing a variety of youth issues such as under-age drinking, smoking, drug use and crime. Schools offer a convenient platform for drug education programmes providing access to a large number of young people in a well – resourced environment (Fletcher et al., 2010). According to Cuijpers (2002) drug-prevention in schools is a top priority in most Western countries, and several well-designed studies have shown that prevention programmes have the potential of reducing drug use in adolescents.

2.4.2 The Ingredients of a Successful School-Based Intervention Programme.

Catalano et al., (2004) reviewed 161 positive youth development programmes, and found that only 25 were effective, with 22 of these programmes being school-based. Catalano et al., (2004) concluded that programmes which addressed positive youth development constructs made a positive difference in terms of behaviour and attitudinal changes, however short term. Caria, Faggiano, Bellocco, and Galanti, (2010), report on the findings from the European Drug education trial "Unplugged". Teachers attended specific training before implementing the module in their school. The programme informed pupils about the harmful effects of the substances, how to resist peer pressure, and focused on enhancing decision-making, social and life skills.

The findings show that the programmeme was successful in reducing problem drinking among adolescents (Caria et al., 2010).

Mohammad et al., (2010) reviewed the programme "Project Towards No Drug Abuse" (TND). The programme aimed to reduce behaviours associated with substance abuse and aggression. A total number of 1180 pupils from 8 schools participated in this programme. The participants ranged from 15-18 years of age. The results found were positive showing a reduction in smoking, substance use, absence from school, and physical and verbal violence. There were strong indications showing that pupils had improved in a range of skills, general communication, being open minded, and the importance of self-control. Mohammad et al., (2010) drew on the work of Dusenbury and Falco (1995) and believed that the success of the TND programme included most of the key components listed in their study such as, theoretical and research background, presenting information appropriate to developmental stage of participants, instructing resistance skills, normative training and attention to the cultural conditions of the target population.

School ethos, teacher and pupil relationships and pupil participation in health and social education and prevention interventions are associated with delayed onset of alcohol and drug use (Evans-Whipp et al., 2004; West, 2006; Fletcher et al., 2008; Faggiano et al., 2008). Existing literature highlights the potential of early school-based alcohol and drug education-prevention interventions incorporating interactive, social norms, knowledge based and life-skills approaches. Programme impact can be enhanced by higher intensity, longer duration multi-year and multi-component initiatives (Morrison et al., 2000; Tobler et al., 2000; Osher et al., 2002; Foxcroft et al., 2003; Perkins, 2003; Faggiano et al., 2008).

A study carried out by Wills et al (2011) tested levels of adolescent substance abuse (alcohol, tobacco and cannabis) and substance related control and behavior problems. 1,116 pupils participated. The results found substance use levels were lower among adolescents that displayed good behavioral self – control and higher among those who had shown poor behavioral regulation. Faggiano et al., (2008) undertook a systematic review three groups of school-based prevention programmes, skills, affective and knowledge focused. Skills focused programmes appeared to have a

positive effect on drug knowledge, decision making, self-esteem and peer pressure resistance. The pooled estimates showed a statistical significant 20% reduction of marijuana use and a 55% reduction in the use of hard drugs. Affective focused programmes were shown to improve decision making skills and drug knowledge. However, no evidence of reduction of student drug use prevailed. Knowledge based programmes were shown to have improved drug knowledge, but were not found to be more effective than skills or affective focused programmes. Tobler et al., (2000) suggested that non interactive programmes have minimal influence, however on the other hand interactive programmes that enhance the development of interpersonal skills have a greater impact. Comprehensive life skills programmes that include training in refusal skills, goal setting, assertiveness, communication, and coping are also more effective (Tobler et al., 2000). Faggiano et al., (2008) stated that programmes which develop individual social skills are the most effective form of school-level intervention for the prevention of the early drug use, and should be selected when planning interventions against same.

Furthermore, the effectiveness of the programme also depends on the extent and length of the intervention. According to Osher et al., (2002), brief preventive interventions produce short-lived results. Impact is optimized by higher intensity and longer duration interventions, with multi year and multi-component programmes offering enduring benefits (Tobler et al., 2000). Higher intensity interactive programmes with 16 or more hours of lessons have greater impact than lower intensity efforts (Tobler et al., 2000). Conversely, multi-year, multi-component programmes are more likely to foster enduring benefits (Osher et al., 2002).

Identifying risk and protective factors can also play a vital role in the provision of drug education programmes as mentioned previously. School-based drug interventions programmes should first identify risk factors in their schools community, and then aim to reduce and eliminate, while at the same time increase protective factors (Branstrom et al., 2008). In a study carried out by Branstrom et al., (2008) a strong association was found between risk and protective factors and alcohol and cannabis use. Increased alcohol and cannabis use is evident among pupils in the higher the risk factors. According to Caria et al., (2011) where alcohol consumption is part of society in many countries within Europe, school-based prevention may need to use a

combination of approaches including extracurricular, family, and community strategies to produce sustained decreases in alcohol consumption among youth.

Notwithstanding pupil profile and receptiveness, programme outcomes are additionally facilitated or compromised by the commitment, individual values, roles and approaches undertaken by the teacher involved (Tobler et al., 2000; Deed, 2007). Teachers are valuable partners in the integration of health and social material within classrooms, and thereby offer the potential for sustaining long-term effects in targeting health behaviours (Adi et al., 2007; Feinstein et al., 2009; Ringwalt et al., 2010; Smolak et al., 2001; Stormont et al., 2008; Wolmer et al., 2011; Franklin et al., 2012). It remains evident that teachers also play a significant role in the implementation of health related material and the subsequent translation of the curriculum into classroom activities (Trigwell et al., 1999). Research on teachers' perspectives has described the potential impact of school-based health education as context for delivering theoretical knowledge.

Milford et al., (2002) emphasize the importance of the following principals in effective drug education. Milford et al., (2002) believe that drug education should be evidence based. Programmes should commence before the initiation of substance misuse. Drug education should be goal orientated, incorporating harm minimization. Teaching should be interactive and peer led. Social skills are important. Drug education should incorporate community values and address the harm of drug use. Finally it is vital that there is support and follow up within the intervention. The belief is that these principals will provide a baseline for policy makers and drug educators in the implementation, planning and evaluation of drug prevention programmes (Milford et al., 2002).

2.4.3 School-Based Prevention in Ireland - Social Personal and Health Education (SPHE).

At present school-based drug prevention in the Republic of Ireland is provided within the remit of the Social Personal and Health Education (SPHE) module. This is a compulsory element of the curriculum within secondary schools. It is delivered by teachers who are specifically qualified in the area of SPHE, with the module aiming to

support school children's personal development, their health and wellbeing, and their maintenance of supportive relationships. Specific objectives are as follows; to enable pupils to develop a framework of responsible decision making, opportunities for reflection and discussion, and overall to promote physical, mental and emotional health and wellbeing (Department of Education and Science, 2001). According to the Department of Education (2001), the recommended time allocation is one class period per week, with content distributed over ten modules, each of which appears in each year on the three year cycle. Substance use is one of these modules and is primarily knowledge based in provision of information on alcohol and drug effects. It is usual for schools to also utilize speakers (usually a member of law enforcement) and after school alcohol and drug prevention programme provided by the local community drug and alcohol teams. However such 'top-ups' are dependent on the proactive approach of the principal, opportunity within the curriculum delivery and teacher support.

2.4.4 Critiques of School-Based Drug Prevention Programmes.

Research has found that there is a need for teachers to move away from simple information transmission, and toward that of a holistic and integrated classroom experience in order to achieve conceptual change, and to impart cultural, philosophical, life style and methodological knowledge (Prosser et al., 2005). Research on teachers' experiences of health education underscore the need for teachers to consider how their pupils experience the target phenomenon (for example drugs and alcohol use) in order to create expansion of the common ground in health related learning (Tsui, 2004). Difficulties arise in the case of teachers ignoring the potential contribution of pupil experiences (Tsui, 2004), or simply not having the knowledge and training for the successful implementation of behavioural interventions (Frey et al., 2011).

School-based prevention often exists in competition with academic agendas. Research commentaries have observed that health promotion and education agendas often exist in competition with each other (Reid, 1999; St Leger, 2004; Audrey et al., 2008). Efforts to evaluate school-based health promotion – education are additionally compromised by the existing variety of approaches, ranging from health education within a 'whole school' integrated approach, to health education as a standalone

subject, targeting health related issues, to health promotion – education, restricted to extra-curricular school activities (Paakari et al., 2010).

Research carried out by Fletcher et al., (2010) suggests that it appears schools in the UK are only providing minimal drug education despite the emphasis on promoting young people's health. Pupils at the four schools studied appeared to have little or no adequate drug education. Pupil accounts highlighted the lack of drug education in their school; *"We've had a tiny bit and that's it, but you don't really learn anything, just talking about classes of drugs and that's it. But I didn't really learn anything 'cause we just flicked through it and we didn't finish it 'cause we only had one lesson".* Fletcher et al., (2010) highlight teacher views in the delivery of drug education. Similar to pupil views teachers also recognized that drug education rarely took place and simply was not a priority, as there was greater institutional importance of maximizing pupil attainment. While drug policies existed it appeared they were only in place to satisfy school requirements relating to school audits. Fletcher et al., (2010) conclude the study by suggesting that the schools examined ignored the need for drug education once again, cementing the argument that school-based prevention often exists in competition with academic agendas.

Most recent criticisms of the SPHE are reported by the NDS (2009) calling in to question the effectiveness of SPHE in relation to the prevention of pupil drug initiation, drug-taking behaviour and the development of problematic youth drug use. The NDS (2009) highlight such issues as, lack of support services for teachers in the delivery of SPHE, insufficient engagement with parents in the planning and development of the programme, timetabling constraints and curriculum overload, affecting the provision of SPHE in schools (NDS, 2009). According to the NDS (2009), a key issue has been the commitment given to SPHE by individual schools, and the support that teachers receive in order to deliver the programme. Nic Gabhainn et al., (2010) carried out a study on the perceived value and quality of SPHE. Similar to the findings of the NDS the studies showed that although generally the level of SPHE was viewed highly by staff, concerns arose mainly in relation to the time allocated for the delivery of the subject, and the difficulty of curriculum overload. It also came to light that some schools within this study found that SPHE was not well accepted by members of staff who were not teaching the subject. One teacher made the following comment; *" it is important that*

there is a whole school approach to SPHE. It's really vital, that it's not just the SPHE teacher trying to bring forward these ideas". In addition research carried out by Van Hout and Connor (2008) in Ireland, found that teachers not teaching SPHE felt that there was a need for specific training in order to recognize the warning signs of adolescent problematic substance use. Many felt this was a social problem within their schools. In this regional study, teachers reported feeling uncomfortable with the delivery of drug educational material, due to lack of appropriate training, timetabling constraints, and role ambiguity. Tobler et al., (2000) found that programmes implemented by mental health clinicians and peers had more positive effects than those provided by teachers, although all produced significant benefits. This study helped to reinforce the need for considerable training and support for implementing high-quality interactive programming for teachers.

2.4.5 Teachers Perceptions and Attitudes towards Prevention.

Given the dearth of research on actual teacher involvement in drug prevention programme delivery, with the majority of programms outsourced and the lack of whole school approach to drug and alcohol education, it remains necessary to determine teachers' attitudes with regard to such school-preventative approaches. Specific questions include whether Irish teachers are concerned with the topic of prevention; do Irish teachers feel comfortable with the delivery of alcohol and drug education; do Irish teachers have the support and training needed; what are Irish teachers reactions to situations where a pupil is drunk / stoned; what are Irish teachers personal observations of a pupil who engages in alcohol and cannabis use. Tobler et al., (2000) highlight the possible risks incurred by the staff dealing with the role of prevention worker. The risk of ineffective prevention may lead to serious consequences in a fragile pupil, which is affixed to a "label". Tobler et al., (2000) note that the exact role played by the teacher, his or her actions, attitudes, motivation, programme compliance and finally training need to be addressed and clarified, in order that school-based drug prevention strategies are successful. For example, Tobler et al., (2000) state that the effectiveness of some interactive programmes can be reduced because a teacher removes elements, or if he or she is uneasy with certain interactive strategies. It is evident that the majority of research on school-based drug prevention is pupil-centered (e.g.: examining the effect

of a programme on its consumption, identification of risk factors and protective substance abuse, etc). Furthermore, few studies have focused on attitudes and the role of the teacher in the school-based prevention.

This forms the basis for the proposed research and the next section shall present details with regard to research design and proposed methodologies.

Chapter 3: Methodology

3.1 Research Aims and Objectives.

The aim of the research was to explore Irish teachers perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

3.1.1 The Research Objectives.

- Investigate Irish teachers' perceptions on the consumption of alcohol and cannabis amongst their pupils as well as their ability to identify potential alcohol misuse and cannabis use.
- Describe teachers' experiences of and perceptions on their role in the prevention of pupil alcohol use and misuse, and cannabis use.
- Measure teachers' perceptions of school satisfaction.
- Investigate teachers' attitudes toward their role and that of their school in the prevention of pupil alcohol use and misuse, and cannabis use.
- Explore **t**eachers' perceptions of emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

3.1.2 The Study's Hypothesis.

- Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.
- Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol and cannabis.
- Younger teachers will have received more school based focus on the prevention of alcohol and cannabis use when they were pupils.

3.2 Study Context and Development of Research Instrument.

The study was undertaken as part of a cross country comparative study with Dr. Eric Tardif of Haute Ecole Pédagogique (HEP), Lausanne, Switzerland *(see appendices*

3 – letter on publication agreement). Research instruments and methodologies were developed by both research teams, and the researcher received permission to use these tools for this Irish study *(see appendices 4 – letter of support* . Ethical approval was sought at the Haute Ecole Pédagogique, Lausanne, Switzerland, and at Waterford Institute of Technology, Waterford, Republic of Ireland in 2011 (*see appendices 2 – Letter on Ethical Approval).*The questionnaire developed by the research team at the HEP, Lausanne, Switzerland, was received in French and the researcher translated to English *(see appendices 8 - Original (French) Questionnaire Received by Haute Ecole Pedagogique).* English translation was validated by an academic lecturer in the department of languages at the researchers' place of study. Originally there was one questionnaire however the researcher sub-divided the questionnaire into four types to suit the Irish schools structure and also re-arranged the formatting to make the distribution more efficient and not to over burden teachers as to improve response rate. These were sub-divided into male alcohol, female alcohol, male cannabis and female cannabis *(see appendices 9 – 12 for all four questionnaires).* Each of the participating teachers was asked to fill out one of the questionnaires. Teachers who taught in a mixed school were instructed by the researcher to fill any of the four questionnaire types. However teachers who taught in a single sex school were only given the option to complete either the male alcohol or cannabis questionnaire or the female alcohol or cannabis questionnaire. The layout of the questionnaire is separated in to six sections different sections as follows;

1. Demographics.
2. Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.
3. Experiences and Perceptions of the Teacher on the Prevention of Alcohol Misuse and Cannabis Use among Pupils.
4. Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse and Cannabis Use.
5. Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

The questionnaire contained 3 questions relating to teachers experiences of pupil alcohol and cannabis during their period at the school. For each of the 3 items, teachers were asked to rate their agreement *'never', 'rarely', 'often'* and *'very often'* to their experiences of pupils presenting with the effects of alcohol or cannabis in their class, on the school grounds or during a school organised extracurricular activities. Two sub-scales were used to measure teachers' perception on school satisfaction (i.e Teachers perceptions of pupils satisfaction with the school in which they worked) (11 items) and teachers' attitudes toward the role of schools and teachers in the education and prevention of pupil alcohol and cannabis use (25 items). The scores on a scale of 1*('strongly disagree'*) to 6('*strongly agree'*) were summed and divided by the number of items in order to obtain an overall satisfaction rating for school satisfaction (cronbachs alpha=0.912). In addition, an attitude scale on the role of the school and that of the teacher in alcohol and cannabis education-prevention (cronbachs alpha = 0.80) was included. Where appropriate, item scores were reversed and used in the calculation of the final alpha value. Higher scores indicated higher levels of school satisfaction and a more positive attitude toward school and teacher involvement in alcohol and cannabis education-prevention. Cronbachs alpha was used to measure internal reliability, with scores above 0.7 indicating satisfactory reliability. Independent sample t-test and one-way analysis of variance (ANOVA) were used to investigate statistically significant differences in scores between groups where appropriate. Data was analysed using Predictive Analytics Software (PASW) version 17.

3.3 Participants and Sampling

A convenience sample of teachers was used to complete this study. Selection criteria included teachers' in second level schools who were willing to participate. Teachers not yet fully qualified were allowed to participate in the study if they were in the last year of their studies, and were placed in the school as part of an internship. Principals or teachers' assistants were not asked to participate in the questionnaire. Particpants were recruited from three counties within the South East of Ireland, Waterford, Kilkenny and Wexford. The researcher was confined by cost and access therefore these counties were chosen due to their close location to Waterford Institute of Technology. The closer location meant that distribution of questionnaires were easier

and feasible. Letters inviting schools to participate in the study were sent to 55 schools in Waterford, Kilkenny and Wexford *(see appendices 5 – example letter to the principal).*

Once letters were distributed the researcher then made follow up phone calls to all schools. 13 schools agreed to participate in the study. Once the principal agreed that the school would take part in the study, questionnaires along with information leaflets were distributed and collected two weeks later. Some schools requested an extension of time which was granted in order to improve the response rate.

The researcher had aimed to gain access to more schools however of the 55 schools contacted only 13 agreed to participate. This was an unavoidable limitation due to timetabling constraints within secondary schools *(see 5.2 Limitations).*

3.4 Seeking Ethical Approval

Prior to commencing this research project, permission to carry out this study was sought from the Waterford Institute of Technology Ethics Committee. A detailed research proposal was submitted to the committee outlining the safeguards in place that would protect participants. The researcher and research supervisor attended the ethics meeting on April 14th 2011 to discuss the proposal for the study. The ethics committee advised the researcher that it was of the up-most importance to follow the Children's First Guidelines (2011) should any concerns of a child protection nature come to the attention of the researcher. This was implemented in the information sheet and participants were made aware that should concerns arise with regards the protection of a child that reporting procedures would take place.

Subsequently the ethics committee agreed that the correct procedures were in place to protect both the schools and the individuals' anonymity and confidentiality and ethical approval was granted (*see appendices 2 – Letter on Ethical Approval).*

3.4.1 Protecting Individual Participants

The researcher provided subjects with sufficient information to make an informed decision about participating *(see appendices 6 – information sheet and*

appendices 7 – consent form)). Informed consent was provided prior to the collection of the questionnaire. Each subject was given an information sheet regarding the nature of the study, duration, methods and the reassurance that their confidentiality and anonymity would be protected throughout. Participants were made aware that their involvement was entirely voluntary and they were free to withdraw from the study at any time. Study participants were asked to read the information sheet and then tick a checkbox at the beginning of the survey indicating that consent was granted.

3.4.2 Confidentiality and Anonymity

In line with the Data Protection Act 1998 and 2003 all data collected was kept confidential by coding all questionnaires. Schools or individuals would not be identifiable, in order ensure this anonymity after collection questionnaires were coded. All hard data collected was stored in a locked filing cabinet. Access was limited to the researcher and academic supervisor.

The research has taken the ethical considerations of Waterford Institute of Technology into account and at any stage throughout the research should any concerns of a child protection nature (as defined by Children's First Guidelines) come to the attention of the researcher, reporting procedures as outlined in Children First National Guidelines for the Protection and Welfare of Children (2011) will be followed *(see appendices 1 – Letter on Considerations before Ethical approval & appendices 6 – information sheet)*.

3.5 Data Analysis

Once questionnaires were collected from participating schools and colleges the author coded all questionnaires to protect the anonymity of both the schools and the participants. The researcher analysed the data by using Predictive Analytics Software (PASW) version 17 (SPSS).The data was analyzed firstly by using descriptive analyses showing frequencies, percentages, measures of central tendency and measures of variability to summarize the data collected. To accompany descriptive statistics inferential tests were conducted in order to determine statistical differences between a variety of variables such as gender, age, whether a participant taught SPHE, if a

participant was a parent, and attitudes towards prevention and school satisfaction. The study hypotheses were analysed as follows;

Table 7 Hypothesis

Hypothesis	*Test*	*Independent Variable*	*Dependent Variable*
Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.	Chi-square	Teachers' years of experience.	Participation in alcohol and cannabis prevention efforts.
Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol and cannabis.	Bivariate Correlation	Teachers who are satisfied within their school.	Positive attitude toward the prevention of alcohol and cannabis.
Younger teachers will have received more school based focus on the prevention of alcohol and cannabis use when they were pupils.	Kruskal Wallis	Age	Attention on the prevention of alcohol.

3.5.1 Hypothesis 1

Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.

Chi-square tests were performed to test for statistical significant difference between participation in the prevention of alcohol and cannabis based on the number of years in the teaching profession. Statistical significance was set at $p<0.05$.

3.5.2 Hypothesis 2

Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol.

Two sub-scales were used to measure teachers' perception on school satisfaction (i.e Teachers and teacher perception of pupils satisfaction with the school in which they worked) (11 items) and teachers' attitudes toward the role of schools and teachers in the education and prevention of student alcohol and cannabis use (25 items). The scores on a scale of 1*('strongly disagree'*) to 6('*strongly agree'*) were summed and divided by the number of items to obtain an overall satisfaction rating for school satisfaction (cronbachs alpha=0.912) and an attitude scale to the role of the school and that of the teacher in alcohol and cannabis education-prevention (cronbachs alpha = 0.80). Where appropriate, item scores were reversed and used in the calculation of the final alpha value. Higher scores indicated higher levels of school satisfaction and a more positive attitude to school and teacher involvement in alcohol and cannabis education-prevention. Cronbachs alpha was used to measure internal reliability, with scores above 0.7 indicating satisfactory reliability.A *bivariate correlation* was used to test for a statistical significant relationship between school satisfaction scores and teachers' attitudes toward school based alcohol and cannabis education-prevention. Statistical significance was set at $p<0.05$.

3.5.3 Hypothesis 3

Younger teachers will have received more school based focus on the prevention of alcohol misuse and cannabis use when they were pupils.

The Kruskal Wallis test was conducted to test for statistical significant difference between overall attention that teachers gave towards prevention of alcohol based on scores for age. Statistical significance was set at $p<0.05$.

This chapter has provided details on the methods used and information on data collection. The next chapter will present the results.

Chapter 4: Results

4.1 Introduction to Results.

This chapter will present and analyse the data generated for this study. A total number of 260 questionnaires were distributed to teachers around the Southern region of the Republic of Ireland. 55 questionnaires were completed by teachers around schools in the south east of Ireland and used for this study. In addition, 76 questionnaires were completed by teachers in their final year and working in a secondary school as part of an internship. In total 131 questionnaires were completed and used for this study, of each questionnaire type, male alcohol n = 41, female alcohol n = 30, male cannabis n = 28, female cannabis n=32. The overall response rate was 50.4%.

The results are presented by using descriptive analyses showing frequencies, percentages, measures of central tendency and measures of variability to summarise the data collected. Inferential tests were also used in order to determine statistical differences between a variety of variables such as gender, age, whether a participant taught SPHE, if a participant was a parent, and attitudes towards prevention and school satisfaction. The results to follow will present the findings of this study under the following headings;

4.2 Demographics.

4.3 Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.

4.4 Experiences and Perceptions of the Teacher toward the Prevention of Alcohol Misuse and Cannabis Use among Pupils.

4.5 Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse or Cannabis Use.

4.6 Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

4.7 Summary of Main Findings.

4.2 Demographics.

Questionnaires were completed by 131 participants. Gender was evenly split within the recruited sample, 49.6% (male) and 50.4% (female). The majority of the participating teachers were aged 20-30 years (68.7%). 79.4% of the participants were not parents and taught at both leaving and junior cert level. A minority of teachers (7.6) were involved Social Personal and Health Education and over half of all teachers surveyed worked part time.

Table 8 Total Population – Demographics

Demographics		**Frequency (f)**	**Percent (%)**
Q1. Gender	Male	65	49.6
	Female	66	50.4
	Total Population	131	100
Q2. Age group	20-30 Years	90	68.7
	31-40 Years	19	14.5
	41-50 Years	7	5.3
	51-60 Years	13	9.9
	+ 60 Years	2	1.5
Q3. Are you a parent?	Yes	27	20.6
	No	104	79.4
Q4. To which age group do your children belong?	0-12 Years	12	9.2
	12-18 Years	2	1.5
	18+ Years	13	9.9
	Not applicable	104	79.4
Q5. What level do you teach?	Leaving Cert Only	6	4.6
	Junior Cert Only	24	18.3
	Leaving Cert and Junior Cert	101	77.1
Q6. How long are you working in the teaching profession?	1-5 Years	96	73.3
	6-15 years	13	9.9
	+ 15 Years	21	16.0
	Missing value	1	0.8
Q7. Do you teach Social Personal and Health Education (SPHE)?	Yes	10	7.6
	No	121	92.4
Q8. Are your hours of work full time or part time?	Full time	53	40.5
	Part time	78	59.5

4.3 Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.

4.3.1 Reasons for the Consumption of Alcohol or Cannabis among Pupils.

Participants were asked to give their opinion on the reasons as to why a pupil may consume alcohol or cannabis; results are presented in tables 9 and 10. There were nine reasons given, *personality, search for excitement, thrill-seeking, impulsivity, genetic factors, conflict with friends, conflict with a teacher, school performance* and *family conflict.* Participants were asked to state whether they thought the reasons given were very unlikely, unlikely, somewhat likely, or likely to lead to consumption of alcohol or cannabis.

Teachers perceived that thrill-seeking (62.7%), search for excitement (55.9%) and family conflict (52.9%) were the highest likely reasons to lead to the consumption of alcohol amongst male and female pupils. For both male and female alcohol consumption, conflict with a teacher (13.2%) was reported as the highest frequency in the category ' very unlikely'. In relation to the reasons as to why pupils use cannabis search for excitement (65.5%), thrill-seeking (54.4%) and family conflict (45.8%) were the top likely reasons to lead to consumption. Teachers believed that a personality trait (15.3%) was the highest very unlikely reason to lead to consumption of cannabis among both genders. Results are shown on the following tables 9 and 10.

Table 9 Reasons that Pupil's Consume Alcohol

A Personality Trait	***Very unlikely f (%)***	***Unlikely f (%)***	***Somewhat likely f (%)***	***Likely f (%)***
Total Alcohol	2 (2.9)	6 (8.8)	35 (51.5)	25 (36.8)
Male Alcohol	1 (2.5)	3 (7.5)	25 (62.5)	11 (27.5)
Female Alcohol	1 (3.6)	3 (10.7)	10 (35.7)	14 (50.0)
The Search for Excitement	***Very unlikely f (%)***	***Unlikely f (%)***	***Somewhat likely f (%)***	***Likely f (%)***
Total Alcohol	2 (2.9)	6 (8.8)	22 (32.4)	38 (55.9)
Male Alcohol	1 (2.5)	2 (5.0)	14 (35.0)	23 (57.5)
Female Alcohol	1 (3.6)	4 (14.3)	8 (28.6)	15 (53.6)
Thrill-Seeking	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	2 (3.0)	3 (4.5)	20 (29.9)	42 (62.7)
Male Alcohol	1 (2.5)	2 (5.0)	10 (25.0)	27 (67.5)
Female Alcohol	1 (3.7)	1 (3.7)	10 (37.0)	15 (55.6)
Impulsivity	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	3 (4.5)	11 (16.4)	23 (34.3)	30 (44.8)
Male Alcohol	2 (5.1)	7 (17.9)	12 (30.8)	18 (46.2)
Female Alcohol	1 (3.6)	4 (14.3)	11 (39.3)	12 (42.9)
Genetic Factors	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	8 (11.8)	21 (30.9)	26 (38.2)	13 (19.1)
Male Alcohol	5 (12.5)	8 (20.0)	19 (47.5)	8 (20.0)
Female Alcohol	3 (10.7)	13 (46.4)	7 (25.0)	5 (17.9)
Conflict with Friends	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	5 (7.4)	18 (26.5)	29 (42.6)	16 (23.5)
Male Alcohol	2 (5.0)	8 (20.0)	20 (50.0	10 (25.0)
Female Alcohol	3 (10.7)	10 (35.7)	9 (32.1)	6 (21.4)
Conflict with a Teacher	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	9 (13.2)	31 (45.6)	16 (23.5)	12 (17.6)
Male Alcohol	6 (15.0)	17 (42.5)	9 (22.5)	8 (20.0)
Female Alcohol	3 (10.7)	14 (50.0)	7 (25.0)	4 (14.3)
School Performance	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	5 (7.4)	25 (36.8)	23 (33.8)	15 (22.1)
Male Alcohol	3 (7.5)	15 (37.5)	13 (32.5)	9 (22.5)
Female Alcohol	2 (7.1)	10 (35.7)	10 (35.7)	6 (21.4)
Family Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	2 (2.9)	4 (5.6)	26 (38.2)	36 (52.9)
Male Alcohol	1 (2.5)	2 (5.0)	16 (40.0)	21 (52.5)
Female Alcohol	1 (3.6)	2 (7.1)	10 (35.7)	15 (53.6)

Table 10 Reasons that Pupil's Smoke Cannabis

A Personality Trait	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	9 (15.3)	11 (18.6)	15 (25.4)	24 (40.7)
Male Cannabis	3 (11.1)	4 (14.8)	10 (37.0)	10 (37.0)
Female Cannabis	6 (18.8)	7 (21.9)	5 (15.6)	14 (43.8)
The Search for Excitement	***Very unlikely f (%)***	***Unlikely f (%)***	***Somewhat likely f (%)***	***Likely f (%)***
Total Cannabis	3 (5.2)	2 (3.4)	15 (25.9)	38 (65.5)
Male Cannabis	0 (0)	1 (3.7)	9 (33.3)	17 (63.0)
Female Cannabis	3 (9.7)	1 (3.2)	6 (19.4)	21 (67.7)
Thrill-Seeking	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	4 (7.0)	3 (5.3)	19 (33.3)	31 (54.4)
Male Cannabis	1 (3.8)	3 (11.5)	7 (26.9)	15 (57.7)
Female Cannabis	3 (9.7)	0 (0)	12 (38.7)	16 (51.6)
Impulsivity	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	5 (8.5)	8 (13.6)	23 (39.0)	23 (39.0)
Male Cannabis	1 (3.7)	3 (11.1)	9 (33.3)	14 (51.9)
Female Cannabis	4 (12.5)	5 (15.6)	14 (43.8)	9 (28.1)
Genetic Factors	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	8 (13.6)	25 (42.4)	13 (22.0)	13 (22.0)
Male Cannabis	2 (7.4)	12 (44.4)	9 (33.3)	4 (14.8)
Female Cannabis	6 (18.8)	13 (40.6)	4 (12.5)	9 (28.1)
Conflict with Friends	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	3 (5.3)	19 (33.3)	19 (33.3)	16 (28.1)
Male Cannabis	1 (3.8)	8 (30.8)	9 (34.6)	8 (30.8)
Female Cannabis	2 (6.5)	11 (35.5)	10 (32.3)	8 (25.8)
Conflict with a Teacher	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	7 (12.1)	31 (53.4)	10 (17.2)	10 (17.2)
Male Cannabis	3 (11.1)	13 (48.1)	5 (18.5)	6 (22.5)
Female Cannabis	4 (12.9)	18 (58.1)	5 (16.1)	4 (12.9)
School Performance	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	5 (8.5)	23 (39.0)	16 (27.1)	15 (25.4)
Male Cannabis	3 (11.1)	10 (37.0)	7 (25.9)	7 (25.9)
Female Cannabis	2 (6.3)	13 (40.6)	9 (28.1)	8 (25.0)
Family Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	4 (6.8)	13 (22.0)	15 (25.4)	27 (45.8)
Male Cannabis	2 (7.4)	2 (7.4)	9 (33.3)	14 (51.9)
Female Cannabis	2 (6.3)	11 (34.4)	6 (18.8)	13 (40.6)

4.3.2 Teachers and their peer group at school.

Teachers were asked to indicate if they were aware of pupils in their own peer group misusing alcohol or using cannabis when they were at school, the results are shown in table 11. In relation to alcohol misuse 62% of teachers revealed that they were aware of pupils in their class misusing alcohol. In terms of cannabis use, the majority of teachers 60% reported that when they were pupil's themselves their classmates did not use cannabis, however 31.7% of teachers were aware of pupils in their class using cannabis.

Table 11 Alcohol Misuse/Cannabis Use among Teachers Peer Group at School

When you were a pupil attending second level education did your peer group misuse alcohol or use cannabis?							
	N	**Not in my class**		**Yes in my class**		**Yes in my school**	
		F	**%**	**F**	**%**	**F**	**%**
Alcohol	71	18	25.4	44	62.0	9	12.7
Cannabis	60	36	60.0	19	31.7	5	8.3

A chi-squared analysis was conducted to test for statistical significant difference between the consumption of alcohol and cannabis among teachers and their peer group at school based on the age of the teachers. There was no statistical significant difference found between groups, $p>0.05$. Results are shown in the following table, table 12.

Table 12 Alcohol Misuse/Cannabis Use among Teachers Peer Group at School, Based on Age.

When you were a student attending second level education, did your peer group misuse alcohol?					
Alcohol or Cannabis	**Age Group**	**No not in my class**	**Yes, in my class**	**Yes, in my school**	**P-value**
Alcohol	20-30 years	11	31	7	0.075
	31-40 years	1	10	0	
	41-50 years	2	2	0	
	51-60 years	3	1	2	
	60 + years	1	0	0	
Cannabis	20-30 years	22	14	5	0.431
	31-40 years	5	3	0	
	41-50 years	3	0	0	
	51-60 years	6	1	0	
	60 + years	0	1	0	

4.3.3 Consumption of alcohol/cannabis within school hours.

Teachers were asked to report if they have ever seen a pupil intoxicated or stoned in their class. Table 13 shows the results categorised by questionnaire type, (i.e male and female version of the alcohol and cannabis questionnaires). The majority of teachers 73.2% report that they have never seen a pupil drunk in class. The results were similar for cannabis with 65.5% of teachers advising that they have never seen a pupil stoned in class. 22.5% of respondents note they have rarely seen a pupil drunk in class and 27.6% of teachers advise that they have rarely seen a pupil stoned in class.

Table 13 Pupil Intoxicated or Stoned in Class

Have you ever noticed a pupil intoxicated or stoned in your class?									
	N	**Never**		**Rarely**		**Often**		**Very Often**	
		F	**%**	**F**	**%**	**F**	**%**	**F**	**%**
Alcohol	71	52	73.2	16	22.5	2	2.8	1	1.4
Cannabis	60	38	65.5	16	27.6	3	5.2	1	1.7

Teachers were asked to report if they have ever seen a pupil drinking or smoking cannabis on the school grounds, table 14 shows the results categorised by questionnaire type, alcohol and cannabis. The majority of teachers 88.7% report that they have never seen a pupil drinking alcohol on the school premises. Likewise the majority of teachers report that they have never witnessed pupils smoking cannabis on the school grounds. Just 1.4% of participants noted that they had very often witnessed pupils drinking on school grounds, and 1.7% reported that they had witnessed pupils 'smoking cannabis 'very often' on school premises.

Table 14 Drinking Alcohol/Smoking Cannabis on School Premises

Have you ever witnessed pupil's drinking alcohol on the school premises?									
	N	**Never**		**Rarely**		**Often**		**Very Often**	
		F	**%**	**F**	**%**	**F**	**%**	**F**	**%**
Alcohol	71	63	88.7	5	7.0	2	2.8	1	1.4
Cannabis	60	56	9.6	1	1.7	0	0	1	1.7

Teachers were asked to report if they have ever seen a pupil drinking alcohol or smoking cannabis on an extracurricular activity or a school trip. Table 15 shows the results categorised by questionnaire type. The results show that there was a strong indication that teachers had never witnessed a pupil drinking or smoking cannabis on an extracurricular activity. 71.8% of teachers report never witnessing a pupil drinking alcohol and 93.1% of teachers never witnessed a pupil smoking cannabis on an extracurricular activity or a school trip. 19.7% of teachers advise that they have rarely witnessed a pupil drinking alcohol on an extracurricular activity or school trip.

Table 15 Pupil Drinking Alcohol/Smoking Cannabis on an Extracurricular Activity

Have you ever witnessed pupil's drinking alcohol on an extracurricular activity or school trip?									
	N	**Never**		**Rarely**		**Often**		**Very Often**	
		F	%	F	%	F	%	F	%
Alcohol	71	51	71.8	14	19.7	6	8.5	0	0
Cannabis	60	54	93.1	3	5.2	0	0	1	1.7

4.3.4 Consumption of alcohol/cannabis at a party and problematic alcohol/cannabis use.

Teachers were asked to give their opinion on the number of alcoholic drinks or joints that would be considered acceptable for a 15 year old pupil to drink or smoke while attending a party. Table 16 outlines the results. The median was used due to a non-normal distribution and to eliminate the outliers. In relation to alcohol the median number of drinks was equal to 0 and the interquartile range was found to be 2. With regards cannabis the median number of joints was equal to 0 and the interquartile range was also 0. The results are presented on the following table.

Table 16 Consumption of Alcohol/Cannabis at a Party

Consumption of Alcohol at a Party	**Median (Interquartile Range)**
If a pupil was to attend a party or a social event what number of drinks would you consider reasonable to consume for this 15 year old pupil?	0 (2)
Consumption of Cannabis at a Party	**Median (Interquartile Range)**
If a pupil was to attend a party or a social event what number of joints would you consider reasonable to smoke for this 15 year old pupil?	0 (0)

Teachers were asked to give their opinion on the number of alcoholic drinks or joints that respondents would consider problematic for a 15 year old pupil to drink or smoke per week. The results are shown in table 17. The median was used due to a non-normal distribution and to eliminate the outliers. For both alcohol and cannabis the median was equal to 1 and the interquartile range was 2.

Table 17 Problematic Alcohol Misuse/Cannabis Use

Problematic Alcohol Use	**Median (Interquartile Range)**
What number of drinks per week would you consider problematic for a 15 year old pupil?	1 (2)
Problematic Cannabis Use	**Median (Interquartile Range)**
What number of joints per week would you consider problematic for a 15 year old pupil to smoke?	1 (2)

4.3.5 Adverse Reactions while Consuming Alcohol.

Participants were asked 'what is the probability that a female or male pupil would suffer the following types of adverse reactions listed after consuming alcohol or cannabis'. There were 8 types of adverse reactions, *injury or accident, verbal conflict, physical conflict, risky sexual behaviour, panic attack, fit of despair, isolation and depression.* Participants were asked to state whether they thought it was *very unlikely, unlikely, somewhat likely or likely* that the consumption of alcohol or cannabis would lead to one of the adverse reactions listed. All in all the majority of participant's report that the likely hood of pupil's suffering from any of the adverse reactions while under the influence of alcohol or cannabis was in fact either somewhat likely or likely (see tables 18 and 19).

The highest likely adverse reactions that teachers perceive pupils would suffer from while under the influence of alcohol were as follows; verbal conflict (66.7%), injury or accident (55.7%) and risky sexual behavior (51.4%). The highest unlikely adverse reactions that pupil's would suffer from while under the influence of alcohol was reported to be panic attack (47.8%). With regards male alcohol the highest likely adverse reactions were verbal (72.5%) and physical (58.5%) conflict and the highest unlikely adverse reactions were thought to be panic attack (9.8%) and fit of despair (9.8%). Teachers perceived that the top likely adverse reactions for females to suffer while drinking alcohol were verbal conflict (58.6%) and injury or accident (58.6%) and the highest unlikely adverse reactions were isolation (10.3%) and depression (10.3%). The highest likely adverse reactions that pupil's would suffer from while smoking cannabis were as follows; panic attack (49.1%), risky sexual behavior (49.1%) and depression (47.4%). The highest unlikely adverse reactions that pupil's would suffer while smoking cannabis was reported to be verbal conflict (35.1%). With regards male cannabis the top likely adverse reaction was panic attack (56%) and the highest unlikely adverse reaction was injury or accident (20.0%). Whereas the highest likely adverse reaction for females to suffer while smoking cannabis was reported to risky sexual behaviour (53.1%) and the highest unlikely was verbal conflict (21.9%). The results are shown on the following table.

Table 18 Adverse Reactions while Consuming Alcohol

Injury or Accident	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	4 (5.7)	6 (8.6)	21 (30.0)	39 (55.7)
Male Alcohol	3 (7.3)	5 (12.2)	11 (26.8)	22 (53.7)
Female Alcohol	1 (3.4)	1 (3.4)	10 (34.5)	17 (58.6)
Verbal Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	5 (7.2)	3 (4.3)	15 (21.7)	46 (66.7)
Male Alcohol	3 (7.5)	2 (5.0)	6 (15.0)	29 (72.5)
Female Alcohol	2 (6.7)	1 (3.3)	9 (31.0)	17 (58.6)
Physical Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	1 (1.4)	11 (15.7)	23 (32.9)	35 (50.0)
Male Alcohol	0 (0)	6(14.6)	11 (26.8)	24 (58.5)
Female Alcohol	1 (3.4)	5 (17.2)	12 (41.4)	11 (37.9)
Risky Sexual Behaviour	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	3 (4.3)	6 (8.6)	25 (35.7)	36 (51.4)
Male Alcohol	1 (2.4)	5 (12.2)	14 (34.1)	21 (51.2)
Female Alcohol	2 (6.9)	1 (3.4)	11 (37.9)	15 (51.7)
Panic Attack	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	4 (5.8)	29 (42.0)	29 (42.0)	7 (10.1)
Male Alcohol	4 (9.8)	12 (29.3)	22 (53.7)	0 (0)
Female Alcohol	0 (0)	17 (60.7)	7 (25.0)	4 (14.3)
Fit of Despair	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	5 (7.1)	19 (27.1)	25 (35.7)	21 (30.0)
Male Alcohol	4 (9.8)	12 (29.3)	13 (31.7)	12 (29.3)
Female Alcohol	1 (3.4)	7 (24.1)	12 (41.4)	9 (31.0)
Isolation	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	6 (8.7)	17 (24.6)	32 (46.4)	14 (20.3)
Male Alcohol	3 (7.5)	9 (22.5)	20 (50.0)	8 (20.0)
Female Alcohol	3 (10.3)	8 (27.6)	12 (41.4)	6 (20.7)
Depression	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Alcohol	5 (7.2)	6 (8.7)	36 (52.2)	22 (31.9)
Male Alcohol	2 (5.0)	2 (5.0)	24 (60.0)	12 (30.0)
Female Alcohol	3 (10.3)	4 (13.8)	12 (41.4)	10 (34.5)

Table 19 Adverse Reactions while Smoking Cannabis

Injury or Accident	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	9 (15.8)	7 (12.3)	17 (29.8)	24 (42.1)
Male Cannabis	5 (20.0)	2 (8.0)	6 (24.0)	12 (48.0)
Female Cannabis	4 (12.5)	5 (15.6)	11 (34.4)	12 (37.5)
Verbal Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	11 (19.3)	9 (15.8)	14 (24.6)	23 (40.4)
Male Cannabis	4 (16.0)	3 (12.0)	6 (24.0)	12 (48.0)
Female Cannabis	7 (21.9)	6 (18.8)	8 (25.0)	11 (34.4)
Physical Conflict	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	7 (12.3)	10 (17.5)	18 (31.6)	22 (38.6)
Male Cannabis	3 (12.0)	4 (16.0)	6 (24.0)	12 (48.0)
Female Cannabis	4 (12.5)	6 (18.8)	12 (37.5)	10 (31.3)
Risky Sexual Behaviour	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	5 (8.8)	5 (8.8)	19 (33.3)	28 (49.1)
Male Cannabis	1 (4.0)	3 (12.0)	10 (40.0)	11 (44.0)
Female Cannabis	4 (12.5)	2 (6.3)	9 (28.1)	17 (53.1)
Panic Attack	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	4 (7.0)	8 (14.0)	17 (29.8)	28 (49.1)
Male Cannabis	1 (4.0)	4 (16.0)	6 (24.0)	14 (56.0)
Female Cannabis	3 (9.4)	4 (12.5)	11 (34.4)	14 (43.8)
Fit of Despair	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	4 (7.0)	8 (14.0)	20 (35.1)	25 (43.9)
Male Cannabis	2 (8.0)	3 (12.0)	10 (40.0)	10 (40.0)
Female Cannabis	2 (6.3)	5 (15.6)	10 (31.3)	15 (46.9)
Isolation	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	4 (7.0)	7 (12.3)	21 (36.8)	25 (43.9)
Male Cannabis	1 (4.0)	3 (12.0)	9 (36.0)	12 (48.0)
Female Cannabis	3 (9.4)	4 (12.5)	12 (37.5)	13 (40.6)
Depression	**Very unlikely f (%)**	**Unlikely f (%)**	**Somewhat likely f (%)**	**Likely f (%)**
Total Cannabis	2 (3.5)	5 (8.8)	23 (40.4)	27 (47.4)
Male Cannabis	1 (4.0)	2 (8.0)	10 (40.0)	12 (48.0)
Female Cannabis	1 (3.1)	3 (9.4)	13 (40.6)	15 (46.9)

4.4 Experiences and Perceptions of the Teacher toward the Prevention of Alcohol Misuse and Cannabis Use among Pupils.

4.4.1 Overall Attention that Teachers' received in alcohol or cannabis prevention at school.

Teachers were asked to rate the overall attention given to them as pupils on the prevention of alcohol or cannabis on a scale of 1 -8 where 1 = low importance and 8 = high importance. Table 20 shows the results in relation to prevention on both alcohol misuse and cannabis use. Participants scored below the midpoint (>4) indicating that education on alcohol misuse or cannabis use was given low importance to them as pupils.

Table 20 Attention given Towards Alcohol Use/Cannabis Misuse when you were a Pupil

When you were a pupil how did you feel about the overall attention that your teachers gave towards the prevention of alcohol misuse or cannabis use during second level education?	
Alcohol	**Cannabis**
Mean **(SD)**	**Mean** **(SD)**
3.0 **(1.5)**	2.5 (1.7)

Hypothesis - Younger teachers will have received more school based focus on the prevention of alcohol and cannabis use when they were pupils.

A non-parametric Kruskal Wallis test was conducted to test for statistical significant difference between overall attention that your teachers gave towards prevention based on teacher age for both alcohol and cannabis. As shown in the following table, table 21 there was borderline statistical significant difference found between overall attention that your teachers gave towards alcohol prevention and age, $p=0.05$. There was no statistical significant difference found between overall attention that your teachers gave towards cannabis prevention and age, $p>0.05$.

Table 21 Attention given Towards Alcohol Use/Cannabis Misuse when you were a Pupil, Based on Age

Attention given towards prevention	20-30 years	31-40 years	41-50 years	51- years	+ 60 years	P-value
Alcohol	3.27	2.73	3.25	1.50	3.00	0.050
Cannabis	2.80	1.38	1.33	2.29	1.00	0.109

4.4.2 Overall Teacher's participation in prevention.

Participants were asked if the prevention of alcohol misuse or cannabis use was a topic that concerned them as teachers. The results are shown below in table 22. The majority of teachers answered yes the prevention of alcohol misuse or cannabis use among pupils was a topic of concern.

Table 22 Prevention a Topic of Concern

The prevention of alcohol misuse or cannabis use among pupils in schools is a topic that concerns you?	Percentage % (f)			
	Yes	**No**	**Sometimes**	**Not at all**
Alcohol	50 (35)	4.3 (3)	42.9 (30)	2.9 (2)
Cannabis	37.9 (22)	20.7 (12)	31.0 (18)	10.3 (6)

A chi-squared analysis was conducted to test for statistical significant difference between prevention as a topic of concern based on the teaching of SPHE for both alcohol and cannabis. There was no statistical significant difference between prevention as a topic of concern based on the teaching of SPHE for both alcohol and cannabis., $p>0.05$ (see table 23).

Table 23 Prevention a Topic of Concern, Based on do you Teach SPHE

The prevention of alcohol/cannabis misuse/use among pupils is a topic that concerns you.						
Alcohol or Cannabis	**Do you teach SPHE?**	**Yes**	**No**	**Sometimes**	**Not at all**	**P-value**
Alcohol	**Yes**	4	0	1	0	0.570
	No	31	3	29	2	
Cannabis	**Yes**	1	1	2	1	0.777
	No	21	11	16	5	

Teachers were asked if they have ever participated in prevention efforts in relation to alcohol use or cannabis misuse. The following table, table 24 shows the results. Overall the majority of teachers reported that they have never participated in an effort to prevent alcohol misuse (47.9%) or cannabis use (70%). In relation to alcohol use 14.1% of teachers state that they have often participated in prevention efforts, and for cannabis 11.7% of teachers advised that they have often participated in a prevention effort.

Table 24 Participation in Prevention

Have you ever participated (as a teacher) in an effort to prevent alcohol misuse or cannabis use among pupil's at school?				
	Alcohol		**Cannabis**	
	Frequency (f)	**Percent %**	**Frequency (f)**	**Percent %**
Never	34	47.9%	42	70%
Rarely	25	35.2%	11	18.3%
Often	10	14.1%	7	11.7%
Very Often	2	2.8%	0	0%

Hypothesis - Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.

A chi-squared analysis was conducted to test for statistical significant difference between participation in prevention based on the number of years in the teaching profession for both alcohol and cannabis. Due to a small sample size categories were combined for the purpose of this analysis in order to test at any significant level. Categories that were combined included, 'never and rarely', 'often and very often', 'under five years and over five years'. The following table, table 25 presents the results, there was a statistical significant difference found between alcohol ($p<0.004$) and cannabis ($p<0.000$) for participation in prevention based on the number of years in the teaching profession, $p<0.05$.

Table 25 Participation in Prevention, Based on Teacher's Years of Experience

Participation in prevention based on teacher's years of experience.				
Alcohol or Cannabis	**Years of Experience**	**Never**	**Often**	**P-value**
Alcohol	**Under 5 years**	51	6	0.004
	Over 5 years	8	6	
Cannabis	**Under 5 years**	42	0	0.000
	Over 5 years	11	6	

Teachers were asked if they had participated in an effort to prevent alcohol misuse or cannabis use among pupils at school to indicate what type of prevention effort they had participated in previously. There were 7 types of prevention efforts as shown in the following table, table 26. The majority of teachers had never participated in any of the prevention efforts listed for either alcohol or cannabis prevention. The main prevention effort was found to be educating pupils on the prevention of alcohol (31%) or cannabis (20%) as part of class. A total of twenty teachers surveyed had participated in training days for teachers on the prevention of alcohol misuse or cannabis use. The prevention effort that had the least participation was the conference for teachers and pupils on the prevention of alcohol misuse or cannabis use. The results are shown on the following table.

Table 26 Types of Prevention Efforts you have participated in as a Teacher

If you participated in an effort to prevent alcohol misuse among pupils at school, please indicate what type of prevention effort you have participated in.		
Alcohol	Percentage % (f)	
	Yes	**No**
Training days for teachers on the prevention of alcohol misuse among young people.	14.1 (10)	85.9 (61)
Educating pupil's on the prevention of alcohol misuse as part of class.	31.0 (22)	69.0 (49.0)
Conference for teachers on the prevention of alcohol misuse among pupils.	5.6 (4)	94.4 (67)
Conference for teachers and pupil's on the prevention of alcohol misuse use among young people.	1.4 (1)	98.6 (70)
Testimony to pupil's from a former alcoholic.	7.0 (5)	93.0 (66)
Testimony to pupil's from an Garda Siochana.	16.9 (12)	83.1 (59)
Prevention program in school on alcohol misuse use among pupils.	12.7 (9)	87.3 (62)
Cannabis	Percentage % (f)	
	Yes	**No**
Training days for teachers on the prevention of cannabis use among young people.	16.7 (10)	83.3 (50)
Educating pupil's on the prevention of cannabis use as part of class.	20.0 (12)	80.0 (48)
Conference for teachers on the prevention of cannabis use among pupils.	6.7 (4)	93.3 (56)
Conference for teachers and pupil's on the prevention of cannabis use among young people.	3.3 (2)	96.7 (58)
Testimony to pupil's from a former addict.	10.0 (6)	90.0 (54)
Testimony to pupil's from an Garda Siochana.	10.0 (6)	90.0 (54)
Prevention program in school on cannabis use among pupils.	6.7 (4)	93.3 (56)

4.5 Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse or Cannabis Use.

4.5.1 School Satisfaction.

To measure school satisfaction satisfaction (i.e. teachers' perceptions of their pupil's satisfaction and also their own satisfaction as a teacher in the school where they currently taught) teachers were asked to rate their level of agreement or disagreement with 11 statements used to measure school satisfaction. A satisfaction score of 6 was highly indicative of satisfaction while a score of 1 was highly indicative of dissatisfaction. Table 27 shows the total mean score for all participants. This table also shows the mean score for the two questionnaire types, alcohol and cannabis. All means were above the midpoint (<3), showing levels of satisfaction across the sample.

Table 27 School Satisfaction

School satisfaction		
Total	**Alcohol**	**Cannabis**
Mean (SD)	**Mean (SD)**	**Mean (SD)**
4.65 (0.91)	4.60 (0.99)	4.71 (0.81)

A non-parametric Kruskal Wallis test was conducted to test for statistical significant difference between school satisfaction based on teachers' years of experience for both alcohol and cannabis. As shown in table 28 there was a statistical significant difference found between participants who filled out the cannabis questionnaire and if school satisfaction increased with the number of years in the teaching profession, $p<0.05$.

Table 28 School Satisfaction, Based on Teacher's Years of Experience

School satisfaction	**1-5 years**	**6-15 years**	**+ 15 years**	**P-value**
Alcohol	4.5	5.0	4.6	0.485
Cannabis	4.6	4.5	5.2	0.047

4.5.2 Attitudes in their Role and the Role of their School.

25 items were used to measure participant attitudes toward the role of the school and its teachers in alcohol and cannabis prevention. Table 29 reports on the mean and standard deviations for each of the questionnaire types. The maximum total attitude score was 5.8 and scored by one of the participants, with 3.8% of the sample scoring above 5. 96.4% of the participants scored above the total attitude mid-point (>3).

Table 29 Teachers' Attitudes on the Role of Prevention

Questionnaire Type	N	Mean	Std. Deviation
Male Alcohol roleteacher	22	4.38	0.9
Female Alcohol roleteacher	18	3.88	0.8
Male Cannabis roleteacher	22	4.13	0.8
Female Cannabis roleteacher	21	4.02	0.6
Total roleteacher	83	4.12	0.80

Hypothesis - Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol and cannabis.

A *bivariate correlation* was used to test for a statistical significant relationship between school satisfaction scores and teachers attitudes toward school based alcohol and cannabis education-prevention. As shown in table 30 a strong and statistically significant positive correlation was found between school satisfaction and teachers attitudes for both alcohol ($r = 0.605$, $p<0.000$) and cannabis ($r = 0.731$, $p<0.000$) prevention. That is, the greater the school satisfaction, the more positive the teachers' attitude to the role of the school and teacher in prevention of alcohol and cannabis misuse. This remained statistically significant when controlled for both age and teaching of SPHE.

Table 30 School Satisfaction and Teachers' Attitudes

Alcohol	Pearson Correlation	Sig. (2 – tailed)
Attitudes / School Satisfaction	.605	.000
Cannabis	**Pearson Correlation**	**Sig. (2 – tailed)**
Attitudes / School Satisfaction	.731	.000

4.6 Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

4.6.1 Good Advice on Alcohol Misuse/Cannabis Use.

Teachers were given a list of 13 people as shown in the table 31 and asked to give their opinion on who they were confident could give good advice on alcohol misuse or cannabis use. Participants were asked to rate the level of confidence on a scale of 1- 6, where 6 demonstrated complete confidence, while a score of 1 represented a lack of confidence. For both alcohol and cannabis school friends of the same age in school and outside school scored lowest. In relation to giving good advice on alcohol use teachers scored an expert in toxicology (5.1) and a general practitioner highest (5.1). A general practitioner (4.8) also scored highest in giving good advice against using cannabis.

Table 31 Good Advice on Alcohol Misuse or Cannabis Use at School

In your opinion, how confident are you that pupils can trust the following people to "give good advice" against alcohol misuse or cannabis use.	**Alcohol** **M (SD)**	**Cannabis** **M (SD)**
A school friend of the same age.	2.8 (1.5)	2.7 (1.3)
A friend of the same age outside school.	2.8 (1.6)	3.0 (1.4)
You, as a teacher.	4.5 (1.3)	4.3 (1.3)
A teacher of other classes.	4.4 (1.2)	4.2 (1.1)
A support teacher.	4.7 (1.1)	4.4 (1.2)
A school coordinator/liaison officer.	4.8 (1.2)	4.6 (1.2)
A nurse.	4.9 (1.2)	4.7 (1.3)
A school psychologist.	4.9 (1.3)	4.7 (1.3)
A private psychologist.	4.9 (1.2)	4.7 (1.4)
An expert in toxicology.	5.1 (1.2)	4.6 (1.6)
A pupil's general practitioner / doctor.	5.1 (1.2)	4.8 (1.4)
Parents of the pupil concerned	4.1 (1.4)	3.7 (1.6)
Siblings of the pupil concerned	3.7 (1.5)	3.5 (1.4)

4.6.2 Effective at Preventing Alcohol Misuse/Cannabis Use among Pupils.

Teachers were given a list of 13 people as shown in table 32 and asked to give their opinion on how effective these people were at preventing alcohol misuse or cannabis use amongst pupils. Participants were asked to rate the level of effectiveness on a scale of 1- 6, where 6 demonstrated complete effectiveness, while a score of 1 represented a lack of effectiveness. School friends of the same age in school and outside school scored below the midpoint (>3) showing that teachers did not perceive that they would be effective in the prevention of alcohol misuse or cannabis use among their peers. All others were scored above the midpoint (<3) showing levels of effectiveness for the prevention of alcohol or cannabis. In relation to alcohol prevention parents scored the highest mean (4.33) thus deemed as most effective in the prevention of alcohol. With regards cannabis use the highest scores were recorded for a school psychologist (4.25) and a private psychologist (4.12), showing that teachers believed they were most equipped for effective prevention of cannabis use.

Table 32 Preventing Alcohol Misuse/Cannabis Use at School

In your opinion, how effective are the following persons at "preventing alcohol misuse or cannabis use" in your school.	**Alcohol** **M (SD)**	**Cannabis** **M (SD)**
A school friend of the same age.	2.74 (1.5)	2.77 (1.4)
A friend of the same age outside school.	2.72 (1.4)	2.79 (1.4)
You, as a teacher.	3.47 (1.3)	3.73 (1.2)
A teacher of other classes.	3.45 (1.2)	3.61 (1.3)
A support teacher.	3.68 (1.2)	3.81 (1.3)
A school coordinator/liaison officer.	3.85 (1.2)	3.89 (1.4)
A nurse.	3.72 (1.5)	4.00 (1.5)
A school psychologist.	3.76 (1.5)	4.25 (1.2)
A private psychologist.	3.82 (1.4)	4.12 (1.3)
An expert in toxicology.	3.97 (1.6)	4.02 (1.5)
A pupil's general practitioner / doctor.	4.03 (1.5)	4.02 (1.5)
Parents of the pupil concerned	4.33 (1.3)	3.78 (1.5)
Siblings of the pupil concerned	3.87 (1.3)	3.73 (1.4)

4.6.3 Capable of Providing Assistance to a Pupil on Alcohol Misuse or Cannabis Use.

Teachers were given a list of 13 people as shown in table 33 and asked to give their opinion on who they thought would be capable in providing assistance to a pupil who has an alcohol problem or a cannabis addiction. Participants were asked to rate the level of capability on a scale of 1- 6, where 6 demonstrated complete capability, while a score of 1 represented a lack of capability. For both alcohol and cannabis school friends of the same age in school and outside school scored lowest. A general practitioner (4.7) scored highest showing that teachers perceived them to be very capable at providing assistance to a pupil with an alcohol problem. With regards to cannabis addiction, teachers believed that a private psychologist would be the most capable to provide assistance to a pupil.

Table 33 Providing Assistance to a Pupil Alcohol Misuse or Cannabis Use

In your opinion, how capable are the following people at "providing assistance" to a pupil who has an alcohol problem or cannabis addiction.	**Alcohol** **M (SD)**	**Cannabis** **M (SD)**
A school friend of the same age.	3.1 (1.2)	2.7 (1.5)
A friend of the same age outside school.	3.0 (1.2)	2.9 (1.4)
You, as a teacher.	4.0 (1.1)	3.6 (1.1)
A teacher of other classes.	4.0 (1.1)	3.7 (1.0)
A support teacher.	4.0 (1.2)	3.9 (1.1)
A school coordinator/liaison officer.	4.2 (1.0)	4.2 (1.1)
A nurse.	4.4 (1.1)	4.5 (1.1)
A school psychologist.	4.6 (1.1)	4.5 (1.2)
A private psychologist.	4.5 (1.2)	4.6 (1.3)
An expert in toxicology.	4.5 (1.3)	4.5 (1.5)
A pupil's general practitioner / Doctor.	4.7 (1.2)	4.5 (1.4)
Parents of the pupil concerned	4.5 (1.3)	3.8 (1.4)
Siblings of the pupil concerned	3.8 (1.4)	3.5 (1.5)

4.6.4 Emotions a pupil may feel before drinking alcohol/smoking cannabis.

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on what intensity of emotions do they think this pupil may have felt before drinking alcohol or smoking cannabis. There were 9 different emotions listed, *anger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame*. Teachers were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are presented in table 34 and 35. Overall teachers perceived that the highest (high + very high) emotion felt by a male or female pupil prior the consumption of alcohol or cannabis would be sadness and the lowest (low + very low) emotion felt would be surprise.

Teachers believed that sadness (16.9%), anger (15.4%) and shame (12.3%) would be the top very high emotions felt and surprise (29.7%), happiness (21.9%) and guilt (15.6%) would be the highest very low emotions felt prior to a pupil drinking alcohol. In relation to emotions felt prior to smoking cannabis teachers perceived that sadness (24.0%), fear (13.5%) and shame (11.8%) would be the highest for very high emotions felt and surprise (32.0%), happiness (28.3%) and contempt (21.6%) would be the lowest for the very low group.

A chi-squared analysis was conducted to test for any statistical significant differences between the emotions felt by a male or a female pupil before consuming alcohol or cannabis. The analysis found that there was no statistical significant differences found, $p>0.05$.

Table 34 Emotions – A pupil may feel Before Drinking Alcohol

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	4 (6.2)	22 (33.8)	29 (44.6)	10 (15.4)	
Male Alcohol	4 (10.5)	15 (39.5)	16 (42.1)	3 (7.9)	0.067
Female Alcohol	0 (0)	7 (25.9)	13 (48.1)	7 (25.9)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	4 (6.2)	31 (47.7)	26 (40.0)	4 (6.1)	
Male Alcohol	4 (10.5)	16 (42.1)	15 (39.5)	2 (5.3)	0.374
Female Alcohol	0 (0)	15 (55.6)	11 (40.7)	1 (3.7)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	2 (3.1)	14 (21.5)	38 (58.5)	11 (16.9)	
Male Alcohol	1 (2.6)	10 (26.3)	23 (60.5)	4 (10.5)	0.347
Female Alcohol	1 (3.7)	4 (14.8)	15 (55.6)	7 (25.9)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	8 (12.7)	32 (50.8)	18 (28.6)	5 (7.9)	
Male Alcohol	4 (10.8)	22 (59.5)	9 (24.3)	2 (5.4)	0.413
Female Alcohol	4 (26.7)	10 (38.5)	9 (34.6)	3 (11.5)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	14 (21.9)	20 (31.3)	24 (37.5)	6 (9.4)	
Male Alcohol	7 (18.4)	13 (34.2)	14 (36.8)	4 (10.5)	0.822
Female Alcohol	7 (26.9)	7 (26.9)	10 (38.5)	2 (7.7)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	7 (11.1)	26 (41.3)	27 (42.9)	3 (4.8)	
Male Alcohol	3 (8.1)	17 (45.9)	14 (37.8)	3 (8.1)	0.280
Female Alcohol	4 (15.4)	9 (34.6)	13 (50.0)	0 (0)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	19 (29.7)	34 (53.1)	10 (15.6)	1 (1.6)	
Male Alcohol	10 (27.0)	19 (51.4)	7 (18.9)	1 (2.7)	0.659
Female Alcohol	9 (33.3)	15 (55.6)	3 (11.1)	0 (0)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	10 (15.6)	16 (25.0)	32 (50.0)	6 (9.4)	
Male Alcohol	2 (5.4)	12 (32.4)	20 (54.1)	3 (8.1)	0.41
Female Alcohol	8 (29.6)	4 (14.8)	12 (44.4)	3 (11.1)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	7 (10.8)	22 (33.8)	28 (43.1)	8 (12.3)	
Male Alcohol	3 (7.9)	15 (39.5)	15 (39.5)	5 (13.2)	0.596
Female Alcohol	4 (14.8)	7 (25.9)	13 (48.1)	3 (11.1)	

Table 35 Emotions – A Pupil may feel Before Smoking Cannabis

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	7 (13.7)	11 (21.6)	29 (56.9)	4 (7.8)	
Male Cannabis	1 (4.5)	4 (18.2)	14 (63.6)	3 (13.6)	0.208
Female Cannabis	6 (20.7)	7 (24.1)	15 (51.7)	1 (3.4)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	9 (17.3)	17 (32.7)	19 (36.5)	7 (13.5)	
Male Cannabis	1 (4.5)	8 (36.4)	10 (45.5)	3 (13.6)	0.206
Female Cannabis	8 (26.7)	9 (30.0)	9 (30.0)	4 (13.3)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.0)	8 (16.0)	24 (48.0)	12 (24.0)	
Male Cannabis	2 (9.1)	4 (18.2)	11 (50.0)	5 (22.7)	0.929
Female Cannabis	4 (14.3)	4 (14.3)	13 (46.4)	7 (25.0)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	9 (17.3)	25 (48.1)	14 (26.9)	4 (7.7)	
Male Cannabis	1 (4.5)	11 (50.0)	7 (31.8)	3 (13.6)	0.127
Female Cannabis	8 (26.7)	14 (46.7)	7 (23.3)	1 (3.3)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	15 (28.3)	18 (34.0)	17 (32.1)	3 (5.7)	
Male Cannabis	6 (27.3)	7 (31.8)	7 (31.8)	2 (9.1)	0.838
Female Cannabis	9 (29.0)	11 (35.5)	10 (32.3)	1 (3.2)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	11 (21.6)	19 (37.3)	18 (35.3)	3 (5.9)	
Male Cannabis	4 (19.0)	7 (33.3)	8 (38.1)	2 (9.5)	0.768
Female Cannabis	7 (23.3)	12 (40.0)	10 (33.3)	1 (3.3)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	16 (32.0)	24 (48.0)	7 (14.0)	3 (6.0)	
Male Cannabis	5 (22.7)	12 (54.5)	3 (13.6)	2 (9.1)	0.565
Female Cannabis	11 (39.3)	12 (42.9)	4 (14.3)	1 (3.6)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	7 (13.5)	18 (34.6)	22 (42.3)	5 (9.6)	
Male Cannabis	2 (9.1)	5 (22.7)	12 (54.5)	3 (13.6)	0.252
Female Cannabis	5 (16.7)	13 (43.3)	10 (33.3)	2 (6.7)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	8 (15.7)	18 (35.3)	19 (37.3)	6 (11.8)	
Male Cannabis	4 (18.2)	4 (18.2)	11 (50.0)	3 (13.6)	0.160
Female Cannabis	4 (13.8)	14 (48.3)	8 (27.6)	3 (10.3)	

4.6.5 Emotions a pupil may feel when arriving to class drunk/stoned.

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on what intensity of emotions do they think this pupil may have felt when arriving to class drunk or stoned. There were 9 different emotions listed, *anger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame*. Participants were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are presented in tables 36 and 37. Overall teachers perceived that the highest (high + very high) emotion felt by a male or female pupil when arriving to class drunk or stoned would be happiness. Teachers believed that the lowest (low + very low) emotion felt if a male or female pupil arrived to class drunk would be surprise. However teachers advised that the lowest (low + very low) emotion felt if a male or female pupil arrived to class stoned would be disgust.

Teachers believed that happiness (18.3%), fear (10.3%) and shame (8.3%) would the top very high emotions felt if a pupil arrived to class drunk. Surprise (22.0%), guilt (18.3%) and fear (17.2%) would be the highest very low emotions felt if a pupil arrived to class after consuming alcohol. In relation to cannabis consumption teachers perceived that fear (15.7%) and happiness (15.7%) would the top very high emotions felt if a pupil arrived to class stoned. Disgust (15.7%) and anger (13.7%) would be the highest very low emotions felt if a pupil arrived to class after consuming cannabis.

A chi-squared analysis was conducted to test for any statistical significant differences between the emotions felt by a male or a female pupil when arriving to class drunk or stoned. The analysis found that there was a statistical significant difference found in the cannabis questionnaires between surprise and gender, $p<0.016$.

Table 36 Emotions – A Pupil may Feel When Arriving to Class Drunk

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	9 (15.0)	23 (38.3)	24 (40.0)	4 (6.7)	
Male Alcohol	6 (17.1)	11 (31.4)	14 (40.0)	4 (11.4)	0.245
Female Alcohol	3 (12.0)	12 (48.0)	10 (40.0)	0 (0)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	10 (17.2)	21 (36.2)	21 (36.2)	6 (10.3)	
Male Alcohol	8 (23.5)	10 (29.4)	12 (35.3)	4 (11.7)	0.375
Female Alcohol	2 (8.3)	11 (45.8)	9 (37.5)	2 (8.3)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	7 (11.9)	35 (59.3)	14 (23.7)	3 (5.1)	
Male Alcohol	3 (8.6)	22 (62.9)	7 (20.0)	3 (8.6)	0.317
Female Alcohol	4 (16.7)	13 (54.2)	7 (29.2)	0 (0)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	9 (15.0)	32 (53.3)	15 (25.0)	4 (6.7)	
Male Alcohol	4 (11.4)	18 (51.4)	10 (28.6)	3 (8.6)	0.647
Female Alcohol	5 (20.0)	14 (56.0)	5 (20.0)	1 (4.0)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	8 (13.3)	14 (23.3)	27 (45.0)	11 (18.3)	
Male Alcohol	6 (17.1)	7 (20.0)	16 (45.7)	6 (17.1)	0.708
Female Alcohol	2 (8.0)	7 (28.0)	11 (44.0)	5 (20.0)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	6 (10.0)	28 (46.7)	24 (40.0)	2 (3.3)	
Male Alcohol	2 (5.7)	15 (42.9)	16 (45.7)	2 (5.7)	0.270
Female Alcohol	4 (16.0)	13 (52.0)	8 (32.0)	0 (0)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	13 (22.0)	35 (59.3)	10 (16.9)	1 (1.7)	
Male Alcohol	8 (22.9)	21 (60.0)	6 (17.1)	0 (0)	0.684
Female Alcohol	5 (20.8)	14 (58.3)	4 (16.7)	1 (4.2)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	11 (18.3)	26 (43.3)	19 (31.7)	4 (6.7)	
Male Alcohol	7 (20.0)	13 (37.1)	11 (31.4)	4 (11.4)	0.292
Female Alcohol	4 (16.0)	13 (52.0)	8 (32.0)	0 (0)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	9 (15.0)	27 (45.0)	19 (31.7)	5 (8.3)	
Male Alcohol	5 (14.3)	14 (40.0)	11 (31.4)	5 (14.3)	0.254
Female Alcohol	4 (16.0)	13 (52.0)	8 (32.0)	0 (0)	

Table 37 Emotions – A Pupil may feel when Arriving to Class Stoned

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	7 (13.7)	30 (15.8)	10 (19.6)	4 (7.8)	
Male Cannabis	1 (4.8)	12 (57.1)	5 (23.8)	3 (14.3)	0.229
Female Cannabis	6 (20.0)	18 (60.0)	5 (16.7)	1 (3.3)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	5 (9.8)	24 (47.1)	14 (27.5)	8 (15.7)	
Male Cannabis	1 (4.8)	9 (42.9)	6 (28.6)	5 (23.8)	0.461
Female Cannabis	4 (13.3)	15 (50.0)	8 (26.7)	3 (10.0)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.0)	28 (56.0)	11 (22.0)	5 (10.0)	
Male Cannabis	2 (9.5)	12 (57.1)	5 (23.8)	2 (9.5)	0.968
Female Cannabis	4 (13.8)	16 (55.2)	6 (20.7)	3 (10.3)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	8 (15.7)	31 (60.8)	9 (17.6)	3 (5.9)	
Male Cannabis	2 (9.5)	12 (57.1)	5 (23.8)	2 (9.5)	0.473
Female Cannabis	6 (20.0)	19 (63.3)	4 (13.3)	1 (3.3)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	4 (7.8)	9 (17.6)	30 (58.8)	8 (15.7)	
Male Cannabis	0 (0)	2 (9.5)	15 (71.4)	4 (19.0)	0.147
Female Cannabis	4 (13.3)	7 (23.3)	15 (50.0)	4 (13.3)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	5 (9.8)	20 (39.2)	20 (9.2)	6 (11.8)	
Male Cannabis	0 (0)	7 (33.3)	10 (47.6)	4 (19.0)	0.108
Female Cannabis	5 (16.7)	13 (43.3)	10 (33.3)	2 (6.7)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (11.5)	30 (57.7)	12 (23.1)	4 (7.7)	
Male Cannabis	0 (0)	13 (61.9)	4 (19.0)	4 (19.0)	0.016
Female Cannabis	6 (19.4)	17 (54.8)	8 (25.8)	0 (0)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	4 (7.8)	27 (52.9)	13 (25.5)	7 (13.7)	
Male Cannabis	1 (5.0)	13 (65.0)	3 (15.0)	3 (15.0)	0.440
Female Cannabis	3 (9.7)	14 (45.2)	10 (32.3)	4 (12.9)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.0)	25 (50.0)	12 (24.0)	7 (14.0)	
Male Cannabis	3 (14.3)	10 (47.6)	5 (23.8)	3 (14.3)	0.977
Female Cannabis	3 (10.3)	15 (51.7)	7 (24.1)	4 (13.8)	

4.6.6 Emotions the teacher may feel when a pupil arrives to class drunk/stoned.

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on what intensity of emotions they think they would feel as teachers when a pupil arrives to class drunk or stoned. There were 9 different emotions listed, *anger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame*. Participants were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are shown in tables 38 and 39. Overall teachers perceived that the highest (high + very high) emotion they think that they would feel as teachers if a male or female pupil arrived to class drunk would be surprise. However if a male or female pupil arrived to class stoned the highest (high + very high) emotion teachers believed they would feel was thought to be sadness. If a male or female pupil arrived to class drunk or stoned the lowest (low + very low) emotion that teachers thought they would feel was happiness.

Surprise (40.0%), sadness (30.0%) and anger (26.2%) were reported to be the top very high emotions that a teacher would feel if a pupil arrived to class drunk. Happiness (65.0%), shame (49.2%) and contempt (40.0%) would be the highest very low emotions felt by a teacher if a pupil arrived to class after consuming alcohol. Happiness was reported to be the highest very low emotions that would be felt by a teacher if a male (61.8%) or female (69.2%) pupil arrived to class after consuming alcohol. Surprise (26.5%), sadness (25.5%) and disgust (20.0%) were reported to be the top very high emotions that a teacher would feel if a pupil arrived to class stoned. Happiness (56.9%), shame (38.8%) and contempt (33.3%) would be the highest very low emotions felt by a teacher if a pupil arrived to class after smoking cannabis.

A chi-squared analysis was conducted to test for any statistical significant differences between the emotions felt by a teacher when a male or a female pupil arrived to class drunk or stoned. The analysis found that there was a statistical significant difference found in the cannabis questionnaires between guilt and gender, $p=0.005$.

Table 38 Emotions – A Teacher may feel when a Pupil Arrives to Class Drunk

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	6 (9.8)	12 (19.7)	27 (44.3)	16 (26.2)	
Male Alcohol	4 (11.4)	7 (20.0)	17 (48.6)	7 (20.0)	0.620
Female Alcohol	2 (7.7)	5 (19.2)	10 (38.5)	9 (34.6)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	11 (18.3)	11 (18.3)	27 (45.0)	11 (18.3)	
Male Alcohol	4 (11.8)	5 (14.7)	17 (50.0)	8 (23.5)	0.261
Female Alcohol	7 (26.9)	6 (23.1)	10 (38.5)	3 (11.5)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	1 (1.7)	10 (16.7)	31 (51.7)	18 (30.0)	
Male Alcohol	1 (2.9)	7 (20.6)	15 (44.1)	11 (32.4)	0.475
Female Alcohol	0 (0)	3 (11.5)	16 (61.5)	7 (26.9)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	7 (11.7)	18 (30.0)	23 (38.3)	12 (20.0)	
Male Alcohol	4 (11.8)	9 (26.5)	15 (44.1)	6 (17.6)	0.746
Female Alcohol	3 (11.5)	9 (34.6)	8 (30.8)	6 (23.1)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	39 (65.0)	12 (20.0)	4 (6.7)	5 (8.3)	
Male Alcohol	21 (61.8)	6 (17.6)	4 (11.8)	3 (8.8)	0.331
Female Alcohol	18 (69.2)	6 (23.1)	0 (0)	2 (7.7)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	24 (40.0)	24 (40.0)	10 (16.7)	2 (3.3)	
Male Alcohol	11 (31.4)	14 (40.0)	8 (22.9)	2 (5.7)	0.179
Female Alcohol	13 (52.0)	10 (40.0)	2 (8.0)	0 (0)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	1 (1.7)	9 (15.0)	26 (43.3)	24 (40.0)	
Male Alcohol	1 (2.9)	5 (14.7)	18 (52.9)	10 (29.4)	0.200
Female Alcohol	0 (0)	4 (15.4)	8 (30.8)	14 (53.8)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	23 (38.3)	23 (38.3)	9 (15.0)	5 (8.3)	
Male Alcohol	11 (32.4)	12 (35.3)	7 (20.6)	4 (11.8)	0.300
Female Alcohol	12 (46.2)	11 (42.3)	2 (7.7)	1 (3.8)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	30 (49.2)	16 (26.2)	8 (13.1)	7 (11.5)	
Male Alcohol	16 (45.7)	9 (25.7)	5 (14.3)	5 (14.3)	0.835
Female Alcohol	14 (53.8)	7 (26.9)	3 (11.5)	2 (7.7)	

Table 39 Emotions – A Teacher may feel when a Pupil Arrives to Class Stoned

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	3 (5.9)	16 (31.4)	22 (43.1)	10 (19.6)	
Male Cannabis	1 (4.5)	7 (31.8)	10 (45.5)	4 (18.2)	0.976
Female Cannabis	2 (6.9)	9 (31.0)	12 (41.4)	6 (20.7)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	4 (7.8)	15 (29.4)	25 (49.0)	7 (13.7)	
Male Cannabis	0 (0)	7 (31.8)	11 (50.0)	4 (18.2)	0.298
Female Cannabis	4 (13.8)	8 (27.6)	14 (48.3)	3 (10.3)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	7 (13.7)	10 (19.6)	21 (41.2)	13 (25.5)	
Male Cannabis	2 (9.1)	4 (18.2)	10 (45.5)	6 (27.3)	0.834
Female Cannabis	5 (17.2)	6 (20.7)	11 (37.9)	7 (24.1)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	4 (8.0)	20 (40.0)	16 (32.0)	10 (20.0)	
Male Cannabis	1 (4.8)	10 (47.6)	7 (33.3)	3 (14.3)	0.657
Female Cannabis	3 (10.3)	10 (34.5)	9 (31.0)	7 (24.1)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	29 (56.9)	16 (31.4)	4 (7.8)	2 (3.9)	
Male Cannabis	10 (45.5)	9 (40.9)	1 (4.5)	2 (9.1)	0.159
Female Cannabis	19 (65.5)	7 (24.1)	3 (10.3)	0 (0)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	17 (33.3)	19 (37.3)	12 (23.5)	3 (5.9)	
Male Cannabis	4 (19.0)	11 (52.4)	4 (19.0)	2 (9.5)	0.139
Female Cannabis	13 (43.3)	8 (26.7)	8 (26.7)	1 (3.3)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.2)	13 (26.5)	17 (34.7)	13 (26.5)	
Male Cannabis	2 (9.5)	5 (23.8)	8 (38.1)	6 (28.6)	0.918
Female Cannabis	4 (14.3)	8 (28.6)	9 (32.1)	7 (25.0)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	18 (35.3)	23 (45.1)	7 (13.7)	3 (5.9)	
Male Cannabis	3 (13.6)	14 (63.6)	2 (9.1)	3 (13.6)	0.005
Female Cannabis	15 (51.7)	9 (31.0)	5 (17.2)	0 (0)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	19 (38.8)	15 (30.6)	10 (20.4)	5 (10.2)	
Male Cannabis	6 (28.6)	8 (38.1)	6 (28.6)	1 (4.8)	0.270
Female Cannabis	13 (46.4)	7 (25.0)	4 (14.3)	4 (14.3)	

4.6.7 Emotions the Teacher would show when a Pupil Arrives to Class Drunk/Stoned.

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on what intensity of emotions they would show when a pupil arrives to class drunk or stoned. There were 9 different emotions listed, *anger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame*. Participants were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are presented in tables 40 and 41. Overall teachers perceived that the highest (high + very high) emotion they think that they would show if a male or female pupil arrived to class drunk or stoned would be surprise and disgust, and the lowest (low + very low) emotion that teachers thought they would show was happiness.

Participants believed that surprise (36.7%), anger (13.3%) and disgust (13.3%) would the top very high emotions that a teacher would show if a pupil arrived to class drunk. Happiness (66.1%), guilt (58.3%) and contempt (50.8%) would be the highest very low emotions that a teacher would show if a pupil arrived to class after consuming alcohol. Teachers thought that if a pupil arrived to class having smoked cannabis sadness (17.4%), surprise (16.7%) and disgust (14.6%) would the top very high emotions that a teacher would show. Happiness (51.1%), guilt (38.3%) and shame (34.0%) would be the highest very low emotions that a teacher would show if a pupil arrived to class stoned.

A chi-squared analysis was conducted to test for any statistical significant differences between the emotions shown by a teacher if a male or a female pupil arrived to class drunk or stoned. The analysis found that there was a statistical significant difference found in the cannabis questionnaires between surprise and gender, $p<0.015$.

Table 40 Emotions – A Teacher would show when a Pupil Arrives to Class Drunk

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	13 (21.7)	23 (38.3)	16 (26.7)	8 (13.3)	
Male Alcohol	8 (23.5)	13 (38.2)	10 (29.4)	3 (8.8)	0.672
Female Alcohol	5 (19.2)	10 (38.5)	6 (23.1)	5 (19.2)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	25 (41.7)	25 (41.7)	6 (10.0)	4 (6.7)	
Male Alcohol	13 (38.2)	14 (41.2)	4 (11.8)	3 (8.8)	0.797
Female Alcohol	12 (46.2)	11 (42.3)	2 (7.7)	1 (3.8)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	18 (30.0)	22 (36.7)	15 (25.0)	5 (8.3)	
Male Alcohol	9 (26.5)	12 (35.3)	9 (26.5)	4 (11.8)	0.672
Female Alcohol	9 (34.6)	10 (38.5)	6 (23.1)	1 (3.8)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	17 (28.3)	20 (33.3)	15 (25.0)	8 (13.3)	
Male Alcohol	9 (26.5)	12 (35.3)	8 (23.5)	5 (14.7)	0.947
Female Alcohol	8 (30.8)	8 (30.8)	7 (26.9)	3 (11.5)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	39 (66.1)	15 (25.4)	3 (5.1)	2 (3.4)	
Male Alcohol	20 (60.6)	10 (30.3)	2 (6.1)	1 (3.0)	0.750
Female Alcohol	19 (73.1)	5 (19.2)	1 (3.8)	1 (3.8)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	30 (50.8)	20 (33.9)	7 (11.9)	2 (3.4)	
Male Alcohol	17 (51.5)	11 (33.3)	4 (12.1)	1 (3.0)	0.997
Female Alcohol	13 (50.0)	9 (34.6)	3 (11.5)	1 (3.8)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	8 (13.3)	11 (18.3)	19 (31.7)	22 (36.7)	
Male Alcohol	2 (5.9)	8 (23.5)	10 (29.4)	14 (41.2)	0.173
Female Alcohol	6 (24.1)	3 (13.8)	9 (55.2)	8 (30.8)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	35 (58.3)	19 (31.7)	4 (6.7)	2 (3.3)	
Male Alcohol	18 (52.9)	12 (35.3)	3 (8.8)	1 (2.9)	0.729
Female Alcohol	17 (65.4)	7 (26.9)	1 (3.8)	1 (3.8)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	30 (49.2)	18 (29.5)	8 (13.1)	4 (6.6)	
Male Alcohol	16 (45.7)	10 (28.6)	6 (17.1)	2 (5.7)	0.722
Female Alcohol	14 (53.8)	8 (30.8)	2 (7.7)	2 (7.7)	

Table 41 Emotions – A Teacher would show when a Pupil Arrives to Class Stoned

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	10 (21.3)	16 (34.0)	15 (31.9)	6 (12.8)	
Male Cannabis	2 (10.5)	5 (26.3)	8 (42.1)	4 (21.1)	0.169
Female Cannabis	8 (28.6)	11 (39.3)	7 (25.0)	2 (7.1)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	14 (30.4)	18 (39.1)	9 (19.6)	5 (10.9)	
Male Cannabis	4 (22.2)	5 (27.8)	5 (27.8)	4 (22.2)	0.104
Female Cannabis	10 (35.7)	13 (46.4)	4 (14.3)	1 (3.6)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (13.0)	18 (39.1)	14 (30.4)	8 (17.4)	
Male Cannabis	4 (21.1)	5 (26.3)	6 (31.6)	4 (21.1)	0.360
Female Cannabis	2 (7.4)	13 (48.1)	8 (29.6)	4 (14.8)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.5)	15 (31.3)	20 (41.7)	7 (14.6)	
Male Cannabis	1 (5.3)	8 (42.1)	7 (36.8)	3 (15.8)	0.438
Female Cannabis	5 (17.2)	7 (24.1)	13 (44.8)	4 (13.8)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	24 (51.1)	17 (36.2)	3 (6.4)	3 (6.4)	
Male Cannabis	10 (52.6)	7 (36.8)	0 (0)	2 (10.5)	0.405
Female Cannabis	14 (50.0)	10 (35.7)	3 (10.7)	1 (3.6)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	14 (31.1)	19 (42.2)	10 (22.2)	2 (4.4)	
Male Cannabis	4 (22.0)	9 (50.0)	4 (22.0)	1 (5.0)	0.735
Female Cannabis	10 (37.0)	10 (37.0)	6 (22.2)	1 (3.7)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	11 (22.9)	10 (20.8)	19 (39.6)	8 (16.7)	
Male Cannabis	4 (21.1)	6 (31.6)	3 (15.8)	6 (31.6)	0.015
Female Cannabis	7 (24.1)	4 (13.8)	16 (55.2)	2 (6.9)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	18 (38.3)	21 (44.7)	5 (10.6)	3 (6.4)	
Male Cannabis	6 (31.6)	8 (42.1)	2 (10.5)	3 (15.8)	0.184
Female Cannabis	12 (42.9)	13 (46.4)	3 (10.7)	0 (0)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	16 (34.0)	20 (42.6)	6 (12.8)	5 (10.6)	
Male Cannabis	4 (21.1)	9 (47.4)	3 (15.8)	3 (15.8)	0.427
Female Cannabis	12 (42.9)	11 (39.3)	3 (10.7)	2 (7.1)	

4.6.8 Emotions the Other Pupils may show when a Pupil Arrives to Class Drunk or Stoned.

Teachers were presented with a fictional situation, a male or a female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on what intensity of emotions other pupil's would show when a pupil arrives to class drunk or stoned. There were 9 different emotions listed, a*nger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame*. Participants were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are presented in tables 42 and 43. Overall teachers perceived that the highest (high + very high) emotion they think that other pupils would show would be surprise, and the lowest (low + very low) emotion that teachers thought other pupils would show was guilt if a male or female pupil arrived to class drunk or stoned.

Participants were asked to give their opinion on each emotion and to state whether it was likely to be very low, low, high or very high. Teachers believed that surprise (36.9%), fear (11.9%) and disgust (9.4%) would the top very high emotions that other pupils would show if a pupil arrived to class drunk. Guilt (26.6%), anger (25.4%) and shame (23.8%) would be the highest very low emotions that other pupils would show if a pupil arrived to class after consuming alcohol. Teachers believed that if a pupil arrived to class having smoked cannabis surprise (19.6%) would the top very high emotion that other pupils would show. Shame (34.6%), guilt (30.8%) and happiness (26.9%) would be the highest very low emotions that other pupils would show if a pupil arrived to class stoned.

A chi-squared analysis was conducted to test for any statistical significant differences between the emotions that other pupils would show if a male or a female arrived to class after consuming alcohol or cannabis. The analysis found that there was no statistical significant differences found, $p>0.05$.

Table 42 Emotions – Other Pupils may show when a Peer Arrives to Class Drunk

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	17 (25.4)	26 (38.8)	23 (34.3)	1 (1.5)	
Male Alcohol	9 (22.5)	13 (32.5)	17 (42.5)	1 (2.5)	0.267
Female Alcohol	8 (29.6)	13 (48.1)	6 (22.2)	0 (0)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	7 (10.4)	22 (32.8)	30 (44.8)	8 (11.9)	
Male Alcohol	3 (7.5)	12 (30.0)	18 (45.0)	7 (17.5)	0.303
Female Alcohol	4 (14.8)	10 (37.0)	12 (44.4)	1 (3.7)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	15 (23.1)	26 (40.0)	22 (33.8)	2 (3.1)	
Male Alcohol	8 (20.5)	16 (41.0)	13 (33.3)	2 (5.1)	0.649
Female Alcohol	7 (26.9)	10 (38.5)	9 (34.6)	0 (0)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	3 (4.7)	24 (27.5)	31 (48.4)	6 (9.4)	
Male Alcohol	0 (0)	17 (44.7)	19 (50.0)	2 (5.3)	0.060
Female Alcohol	3 (11.5)	7 (26.9)	12 (46.2)	4 (15.4)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	15 (23.1)	28 (43.1)	20 (30.8)	2 (3.1)	
Male Alcohol	8 (20.0)	17 (42.5)	4 (35.0)	1 (2.5)	0.764
Female Alcohol	7 (28.0)	11 (44.0)	6 (24.0)	1 (4.0)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	6 (9.5)	28 (44.4)	24 (38.1)	5 (7.9)	
Male Alcohol	3 (8.1)	16 (43.2)	17 (45.9)	1 (2.7)	0.190
Female Alcohol	3 (11.5)	12 (46.2)	7 (26.9)	4 (15.4)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	1 (1.5)	12 (18.5)	28 (43.1)	24 (36.9)	
Male Alcohol	0 (0)	8 (20.5)	20 (51.3)	11 (28.2)	0.154
Female Alcohol	1 (3.8)	4 (15.4)	8 (30.8)	13 (50.0)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	17 (26.6)	36 (56.3)	9 (14.1)	2 (3.1)	
Male Alcohol	8 (21.1)	20 (52.6)	9 (23.7)	1 (2.6)	0.057
Female Alcohol	9 (34.6)	16 (61.5)	0 (0)	1 (3.8)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	15 (23.8)	30 (47.6)	15 (23.8)	3 (4.8)	
Male Alcohol	8 (21.6)	17 (45.9)	10 (27.0)	2 (5.4)	0.873
Female Alcohol	7 (26.9)	13 (50.0)	5 (19.2)	1 (3.8)	

Table 43 Emotions – Other Pupils may show when a Peer Arrives to Class Stoned

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	8 (14.8)	28 (51.9)	17 (31.5)	1 (1.9)	
Male Cannabis	4 (16.7)	12 (50.0)	7 (29.2)	1 (4.2)	0.693
Female Cannabis	4 (13.3)	16 (53.3)	10 (33.3)	0 (0)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	5 (9.8)	18 (35.3)	25 (49.0)	3 (5.9)	
Male Cannabis	2 (9.1)	5 (22.7)	13 (59.1)	2 (9.1)	0.358
Female Cannabis	3 (10.3)	13 (44.8)	12 (41.4)	1 (3.4)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	11 (20.4)	25 (46.3)	14 (25.9)	4 (7.4)	
Male Cannabis	4 (16.7)	12 (50.0)	6 (25.0)	2 (8.3)	0.923
Female Cannabis	7 (23.3)	13 (43.3)	8 (26.7)	2 (6.7)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	4 (7.5)	18 (34.0)	25 (47.2)	6 (11.3)	
Male Cannabis	1 (4.2)	7 (29.2)	13 (54.2)	3 (12.5)	0.689
Female Cannabis	3 (10.3)	11 (37.9)	12 (41.4)	3 (10.3)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	14 (26.9)	27 (51.9)	7 (13.5)	4 (7.7)	
Male Cannabis	7 (29.2)	12 (50.0)	3 (12.5)	2 (8.3)	0.982
Female Cannabis	7 (25.0)	15 (53.6)	4 (14.3)	2 (7.1)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	10 (19.6)	27 (52.9)	12 (23.5)	2 (3.9)	
Male Cannabis	6 (26.1)	13 (56.5)	2 (8.7)	2 (8.7)	0.062
Female Cannabis	4 (14.3)	14 (50.0)	10 (35.7)	0 (0)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	3 (5.9)	13 (25.5)	25 (49.0)	10 (19.6)	
Male Cannabis	0 (0)	8 (33.3)	10 (41.7)	6 (25.0)	0.177
Female Cannabis	3 (11.1)	5 (18.5)	15 (55.6)	4 (14.8)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	16 (30.8)	31 (59.6)	3 (58.8)	2 (3.8)	
Male Cannabis	7 (29.2)	13 (54.2)	2 (8.3)	2 (8.3)	0.376
Female Cannabis	9 (32.1)	18 (64.3)	1 (3.6)	0 (0)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	18 (34.6)	23 (44.2)	9 (17.3)	2 (3.8)	
Male Cannabis	8 (33.3)	10 (41.7)	4 (16.7)	2 (8.3)	0.488
Female Cannabis	10 (35.7)	13 (46.4)	5 (17.9)	0 (0)	

4.6.9 Emotions the Pupil would show when Returning to Class the Following Day Sober .

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked to give their opinions on how they think a pupil would feel when returning to school the next day sober. There were 9 different emotions listed, *anger, fear, sadness, disgust, happiness, contempt, surprise, guilt and shame.* Participants were asked to give their opinion on each emotion and to state whether it was likely to be *very low, low, high or very high*. Results are presented in tables 44 and 45. Overall in the event that a male or female pupil had come to class drunk teachers perceived that the highest (high + very high) emotion they think a pupil would feel when returning to school the following day sober would be fear. However if a male or female pupil had come to class stoned teachers perceived that the highest (high + very high) emotion they think a pupil would feel when returning to school the following day sober would be guilt. In the event that a pupil had come to class drunk or stoned the lowest (low + very low) emotion that teachers thought a pupil would feel when returning to school the following day sober was surprise.

In relation to alcohol use teachers believed that shame (34.8%), fear (34.8%) and guilt (34.7%) would be the top very high emotions that a pupil would feel returning to school the following day. Happiness (48.5%), surprise (39.4%) and anger (25.8%) would be the highest very low emotions that a pupil would feel when returning to school the following day sober. In relation to cannabis use teachers believed that guilt (28.3%), shame (20.8%) and disgust (12.0%) would the top very high emotions that a pupil would feel returning to school the following day. Happiness (44.2%), surprise (31.4%) and contempt (24.5%) would be the highest very low emotions that a pupil would feel when returning to school the following day.

A chi-squared analysis was conducted to test for any statistical significant differences between the teachers' perceptions of emotions that a male or a female pupil would feel when arriving to school the following day after consuming alcohol or cannabis. The analysis found that there was no statistical significant differences found, $p>0.05$.

Table 44 Emotions – A Pupil would show when returning to School Sober

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	17 (25.8)	28 (42.4)	17 (25.8)	4 (6.0)	
Male Alcohol	6 (15.0)	18 (45.0)	13 (32.5)	2 (5.0)	0.125
Female Alcohol	11 (42.3)	10 (38.5)	4 (15.4)	1 (3.8)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	4 (6.1)	4 (6.1)	35 (53.0)	23 (34.8)	
Male Alcohol	3 (7.5)	2 (5.0)	24 (60.0)	11 (27.5)	0.386
Female Alcohol	1 (3.8)	2 (7.7)	11 (42.3)	12 (46.2)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	6 (9.1)	14 (21.2)	30 (45.5)	16 (24.2)	
Male Alcohol	2 (5.0)	8 (20.0)	20 (50.0)	10 (25.0)	0.489
Female Alcohol	4 (15.4)	6 (23.1)	10 (38.5)	6 (23.1)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	8 (12.1)	16 (24.2)	26 (39.4)	16 (24.2)	
Male Alcohol	4 (10.0)	9 (22.5)	17 (42.5)	10 (25.0)	0.855
Female Alcohol	4 (15.4)	7 (26.9)	9 (34.6)	6 (23.1)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	32 (48.5)	21 (31.8)	9 (13.6)	4 (6.1)	
Male Alcohol	20 (50.0)	10 (25.0)	7 (17.5)	3 (7.5)	0.393
Female Alcohol	12 (46.2)	11 (42.3)	2 (7.7)	1 (3.8)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	16 (24.6)	26 (40.0)	16 (24.6)	7 (10.8)	
Male Alcohol	10 (25.6)	12 (30.8)	12 (30.8)	5 (12.8)	0.262
Female Alcohol	6 (23.1)	14 (53.8)	4 (15.4)	2 (7.7)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	26 (39.4)	28 (42.4)	9 (13.6)	3 (4.5)	
Male Alcohol	15 (37.5)	15 (37.5)	8 (20.0)	2 (5.0)	0.292
Female Alcohol	11 (42.3)	13 (50.0)	1 (3.8)	1 (3.8)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	4 (6.1)	8 (12.1)	31 (47.0)	23 (34.8)	
Male Alcohol	3 (7.5)	5 (12.5)	19 (47.5)	13 (32.5)	0.913
Female Alcohol	1 (3.8)	3 (11.5)	12 (46.2)	10 (38.5)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Alcohol	4 (6.1)	9 (13.6)	30 (45.5)	23 (34.8)	
Male Alcohol	1 (2.5)	5 (12.5)	21 (52.5)	13 (32.5)	0.322
Female Alcohol	3 (11.5)	4 (15.4)	9 (34.6)	10 (38.5)	

Table 45 Emotions – A Pupil would show when returning to School Sober

Anger	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	10 (19.2)	22 (42.3)	16 (30.8)	4 (7.7)	
Male Cannabis	5 (21.7)	12 (52.2)	4 (17.4)	2 (8.7)	0.316
Female Cannabis	5 (17.2)	10 (34.5)	12 (41.4)	4 (6.9)	
Fear	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	10 (19.2)	10 (19.2)	30 (57.7)	2 (3.8)	
Male Cannabis	4 (17.4)	5 (21.7)	12 (52.2)	2 (8.7)	0.400
Female Cannabis	6 (20.7)	5 (17.2)	18 (62.1)	0 (0)	
Sadness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	5 (9.6)	12 (23.1)	30 (57.7)	5 (9.6)	
Male Cannabis	3 (13.0)	2 (8.7)	14 (60.9)	4 (17.4)	0.076
Female Cannabis	2 (6.9)	10 (34.5)	16 (55.2)	1 (3.4)	
Disgust	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	6 (12.0)	21 (42.0)	17 (34.0)	6 (12.0)	
Male Cannabis	4 (18.2)	6 (27.3)	9 (40.9)	3 (13.6)	0.270
Female Cannabis	2 (7.1)	15 (53.6)	8 (28.6)	3 (10.7)	
Happiness	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	23 (44.2)	22 (42.3)	4 (7.7)	3 (5.8)	
Male Cannabis	10 (45.5)	10 (45.5)	1 (4.5)	1 (4.5)	0.875
Female Cannabis	13 (43.3)	12 (40.0)	3 (10.0)	2 (6.7)	
Contempt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	12 (24.5)	25 (51.0)	10 (20.4)	2 (4.1)	
Male Cannabis	6 (28.6)	9 (42.9)	5 (23.8)	1 (4.8)	0.806
Female Cannabis	6 (21.4)	16 (57.1)	5 (17.9)	1 (3.6)	
Surprise	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	16 (31.4)	30 (58.8)	4 (7.8)	1 (2.0)	
Male Cannabis	6 (26.1)	15 (65.2)	1 (4.3)	1 (4.3)	0.469
Female Cannabis	10 (35.7)	15 (53.6)	3 (10.7)	0 (0)	
Guilt	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	3 (5.7)	11 (20.8)	24 (45.3)	15 (28.3)	
Male Cannabis	1 (4.3)	4 (17.4)	10 (43.5)	8 (34.8)	0.807
Female Cannabis	2 (6.7)	7 (23.3)	14 (46.7)	7 (23.3)	
Shame	**Very low f (%)**	**Low f (%)**	**High f (%)**	**Very high f (%)**	**P-value**
Total Cannabis	5 (9.4)	12 (22.6)	25 (47.2)	11 (20.8)	
Male Cannabis	2 (8.7)	6 (26.1)	10 (43.5)	5 (21.7)	0.946
Female Cannabis	3 (10.0)	6 (20.0)	15 (50.0)	6 (20.0)	

4.6.10 Following this Event.

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked following this event would they ignore that the event occurred. As shown in the following table the majority of participants agreed that it would be unlikely that they would ignore the event occurred. If a male of female pupil had arrived to class after consuming alcohol 90.8% of participants agreed that it was unlikely they would ignore this. Likewise if a male or female pupil arrived to class stoned 73.3% of teachers advised it was unlikely that they would ignore the event had occurred.

Table 46 Following this Event – I Ignore the Event Occurred

Following this event: ***(Please circle one answer for each of the following proposals).***		
I ignore that the event occurred	**Very likely f (%)**	**Unlikely f (%)**
Alcohol	6 (9.2)	59 (90.8)
Cannabis	9 (17.0)	44 (73.3)

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked following this event would they prefer to act alone with the pupil. As shown in table 47 the majority of participants agreed that it would be unlikely that they would act alone with the pupil. If a male or female pupil arrived to class drunk 66.7% of teachers advised it was unlikely they would act alone. With regards cannabis use if a male or female pupil arrived to class stoned 69.8% of respondents believed it was unlikely they would act alone.

Table 47 Following this Event – I Prefer to Act Alone with the Pupil

Following this event: ***(Please circle one answer for each of the following proposals).***		
I prefer to act alone with the pupil	**Very likely f (%)**	**Unlikely f (%)**
Alcohol	21 (33.3)	42 (66.7)
Cannabis	16 (30.2)	37 (69.8)

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking

alcohol or smoking cannabis. Teachers were asked following this event would they get help from their colleagues to handle the situation. Most teachers agreed that in this situation it would be very likely that they would get help from their colleagues. 87.7% of teachers agreed that it was very likely they would receive help from their colleagues if a male or female pupil were to arrive to class drunk. In relation to the consumption of cannabis 71.7% of participants reported that if a male or female pupil arrived to class stoned it was very likely that they would get help from colleagues to handle the situation.

Table 48 Following this Event – I would get Help from my Colleagues

Following this event: ***(Please circle one answer for each of the following proposals).***		
I would get help from my colleagues to handle the situation	**Very likely f (%)**	**Unlikely f (%)**
Alcohol	57 (87.7)	8 (12.3)
Cannabis	38 (71.7)	15 (28.3)

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked following this event if they would ensure that the pupil's parents were contacted. As shown in table 49 the majority of teachers advised that they would contact the pupil's parents if this event occurred in their class. 90.9% of teachers reported that if a male or female pupil arrived to class drunk it was very likely that they would contact their parents. 83.0% of respondents believed that they would contact the pupils parents if they had arrived to class stoned.

Table 49 Following this Event – I would Ensure that the Parents are Contacted

Following this event: ***(Please circle one answer for each of the following proposals).***		
I would ensure that the parents of the child are contacted	**Very likely f (%)**	**Unlikely f (%)**
Alcohol	60 (90.9)	6 (9.1)
Cannabis	44 (83.0)	9 (17.0)

Teachers were presented with a fictional situation, a male or female pupil comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol or smoking cannabis. Teachers were asked following this event to list the people they could count on for help and support. As shown in table 50 the majority of teachers reported that they could count on the principal, vice principal, year head, home school liaison officer / counsellor and the pupil's parents. Only 1.9% of teachers advised that they could count on the SPHE teacher for help and support. The majority of teachers (27.5%) advised they could count on the principal.

Table 50 Following this Event – I could Count on the Following People for Help and Support

Following this event I could count on the following people for help and support.		
	Frequency (F)	**Percent (%)**
Principal	85	27.5
Vice Principal	37	11.82
Year Head/Class Tutor	41	13.1
Chaplin	12	3.8
Home School Liaison Officer/Guidance Counsellor	65	20.8
Other Teachers	21	6.7
Parents	32	10.2
Nurse / Doctors	5	1.6
Peers	7	2.2
Guards	1	0.32
Siblings	1	0.32
SPHE Teacher	6	1.9

4.7 Summary of Main Findings.

The following table provides the reader with a synopsis of the most interesting and significant findings within the results chapter.

Table 51 Summary of Main Findings

Summary of Main Findings within each Section.	
4.2 Demographics	The sample was gender balanced. Majorities of teachers were under 40 years of age and taught both leaving cert and junior cert cycles. 7% of the sample taught SPHE.
4.3 Teachers Perceptions of the Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.	Thrill-seeking, search for excitement and family conflict were found to be the highest likely reasons that would lead to the use of alcohol or cannabis.
4.4 Experiences and Perceptions of the Teacher toward the Prevention of Alcohol Misuse and Cannabis Use among Pupils.	Inferential testing found there to be a statistical significant difference with younger teachers receiving more school based focus on the prevention of alcohol ($p=0.05$). Results found that participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.
4.5 Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse or Cannabis Use.	The findings show a strong positive correlation between levels of school satisfaction and a positive attitude toward the school and teachers' role in alcohol and cannabis education-prevention ($p<0.000$).
4.6 Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.	Teachers gave their opinions on who they thought best equipped to deal with pupils who may be abusing or using cannabis. Across the three variations of questions asked members of the medical profession were scored highest.

Chapter 5: Discussion

5.1 Introduction to Discussion.

To assist the reader the final chapter of this dissertation will provide a brief synopsis of the studies main aims, methodologies and research questions. The researcher will identify the unavoidable limitations that arose during the study. Finally this chapter will discuss the findings of the study and their significance while making recommendations for further improvements in this area for the future. Similar to the results chapter findings will be discussed under the following headings:

5.2 Summary of the Main Aims and Methodologies within the Study.

5.3 Limitations

5.4 Demographics.

5.5 Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.

5.6 Experiences and Perceptions of the Teacher toward the Prevention of Alcohol Misuse and Cannabis Use among Pupils.

5.7 Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse and Cannabis Use.

5.8 Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

5.9 Conclusion and Recommendations.

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5.2 Summary of the Main Aims and Methodologies within the Study.

The research aimed to investigate teacher perspectives in Ireland on their role and that of the school in the delivery of school based alcohol and cannabis education-prevention. Quantitative methods were used for data collection. 13 schools within the Waterford, Kilkenny and Wexford region agreed to partake and questionnaires were distributed. Teachers in UL and UCC in their final year working as part of an internship in secondary schools were also recruited. The data was analyzed and important findings noted along with the intension of proving three main hypotheses as follows:

- Younger teachers will have received more school based focus on the prevention of alcohol and cannabis use when they were pupils.
- Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol and cannabis.
- Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience.

The following chapter will provide in depth detail on the main findings and also the significance of results found.

5.3 Limitations

Although this research was carefully planned and prepared the researcher recognizes the unavoidable limitations and would like to identify these shortcomings before the reader peruses the discussion.

Access to schools in the region and fieldwork was not without difficulties despite introduction, support and *'gatekeeping'* from the Educational committee and the South East Regional Drugs Task Force. It may have been the case that some schools declined to partake for fear of potential labeling as a school with alcohol and drug related issues. Findings may have been affected by the majority of teachers working in schools between 1 and 5 years. Latest statistics show that 70% of teachers are female and 30% male, therefore female teachers are under-represented in this study (National Teaching Council, 2012). Thus, the research findings cannot be deemed to be representative of all teachers in Ireland. A larger more representative sample size may have benefited the results of the study.

Letters inviting schools to participate were sent to a large number of secondary schools in Waterford City and County. Once letters were distributed the researcher then made follow up phone calls to all schools. Although every school showed an interest in the study few agreed to participate due to time constraints and curriculum overload. The researcher and supervisor then made the decision to expand the recruitment area and include Kilkenny and Wexford.

Ideally when questionnaires were delivered to schools the researcher would meet with teachers at staff meeting's or during lunch breaks to inform about the study and ask for consideration on participation. Although the researcher requested this prior to visiting schools the majority of principals advised that this was not possible for various reasons. School principals advised that they already had huge time constraints on staff meetings, others advised that they did not facilitate weekly staff meetings and some principals were not entirely comfortable for the researcher to interrupt a staff lunch break. 55 questionnaires were completed and returned from schools within Waterford, Kilkenny and Wexford. The response rate was low and the researcher believed that more contact with the target group would have increased participation.

In order to maximize participation within the study the researcher and supervisor agreed to include teachers in their final year in University of Limerick (UL) and University College Cork (UCC) working in a secondary school as part of an internship. The researcher made arrangements with course leaders in UCC and UL. The researcher met with teachers in their final year, informed them on the study asked them to consider participating and distributed information sheets, consent forms and questionnaires. The downfall was that teachers within UL and UCC were a younger age and had less teaching experiences therefore demographic data would not be representative of all teachers in Ireland. Although this decision created a limitation the huge benefit of this was that the researcher now had access to a large number of teachers at one time and was granted the time to deliver information on the study and encourage participation. 76 questionnaires were completed and returned from teachers in their final year at UCC and UL. This brought the total number of completed questionnaires to 131.

A greater depth of information may have been obtained by conducting focus groups and or interviewing teachers. The research carefully considered a mixed methods approach however it was decide to use quantitative methods as it was seen most effective way of collecting, analyzing, and interpreting the information needed. In addition due to the sensitive nature of the topic a questionnaire helped to safeguard confidentiality and maximize participation. Methodology may have also included school goers, parents, families and community members however it was decided that

most research on prevention had previously focused on these particular groups but few studies had concentrated on teacher's attitudes and perceptions.

5.4 Demographics.

70% of teachers on the national registry are female, and the majority is within the 31 to 40 years age category (National Teaching Council, 2012). Female teachers are under-represented in this study, however the sample is gender balanced with majority of participants under 40 years of age. A minority of teachers were parents themselves where the most common age of their children were over 18 years of age. Majorities of teachers taught both leaving cert and junior cert and were part time in employment. Few teachers (7.6%) sampled were involved in the delivery of SPHE. Demographic results may be skewed due to the large number of teachers in their final year in UL and UCC working in a secondary school as part of an internship. Majorities of these teachers were not parents, were aged 25 or under, worked in secondary schools on a part time basis for more than 1 year but less than 5 and were not involved in the teaching of SPHE. Therefore the demographic results of this study cannot be deemed representative of all teachers in Ireland, this has been noted as a unavoidable limitation within this dissertation.

5.5 Consumption of Alcohol and Cannabis and Identifying Alcohol Misuse and Cannabis Use among Pupils.

Participants were asked to give their opinion on the reasons as to why a pupil may consume alcohol or cannabis. Teachers perceived that thrill-seeking, search for excitement and family conflict were the highest likely reasons to lead to the consumption of alcohol. According to Spooner (1999), the reasons for use vary among adolescents and across time within adolescents. During adolescence drug use might commence as a result of curiosity or peer pressure, however it could then continue for social or recreation purposes. Following the initial period of use some might then start to drink alcohol or smoke cannabis to help them to cope with problems in life, for example family conflict. Spooner (1999) indicates that it is important to identify the reasons for use as this can often determine the age at which they start to use, allowing planning and implementing drug education programs at the right time. It is interesting

to note that family conflict has been listed as one of the highest reasons for the use of alcohol and cannabis use, this highlights further the need for the involvement of parents in drug education. Supportive families are essential to raising socially, mentally and physically healthy and well-adjusted children and preventing later adolescent problems (UNOCD, 2009). One of the major issues with regards the SPHE program is insufficient engagement with parents in the planning and development (NDS, 2009). Research carried out by O'Higgins et al., (2007) reflects the comments of parents at the lack of information and consultation in regard to the implementation and delivery of SPHE. It was evident that parents wanted to be kept informed about SPHE. Many parents advised that if they knew which issues were being discussed in any week that they would discuss at home to support the learning process. It must be recognised that parents have an important supportive role to play in successful implementation of SPHE.

Teachers were asked if they were aware of pupils in their own peer group misusing alcohol or using cannabis when they were pupils themselves. 62% of teachers advised that when they were pupils they were aware of classmates misusing alcohol and 31.7% advised that classmates had smoked cannabis. There was no significant statistical difference between the consumption of alcohol and cannabis among teachers and their peer group at school and the age of the teachers ($p>0.05$). Substance abuse is a growing problem and as shown in the literature several studies indicate high rates of binge drinking in adolescents (Currie et al., 2008) and the highest consumption of cannabis use was reported to be amongst those aged 15-17 years (HBSC Study – ESPAD, Kelly et al., 2012). However when teachers were asked to report if they have ever seen a pupil intoxicated or stoned in their class, on the school premises or indeed on extracurricular activities or school trips the majority of teachers reported that they have never seen a pupil intoxicated or stoned. These findings are compromised by several factors; student substance use may have simply been ignored, may not occur in the relevant school, or perhaps the participating teachers may have not been equipped to make such a judgment. Research has suggested senior educational staff may actively choose to ignore student substance use and its related behaviours, in order to avoid incurring negative and unwanted attention to the school (Fletcher et al., 2010). Indeed, Van Hout and Connor (2008) have reported that teachers were often too busy with

curriculum delivery and also inadequately trained to recognise the effects of alcohol and drug use in their pupils. Their research was conducted in the same region in 2007, with teachers and other educational staff (i.e. school completion officers, principals and home school liaison) describing regular experiences with students visibly *'hungover', 'dozy' , 'stoned', 'unable to concentrate'* or *'agitated'* during class time (Van Hout and Connor, 2008). Such findings are also very much dependent on student-teacher relationships, with positive teacher and school bonding resulting in reduced rates of substance use and youth conflict, and positive levels of school satisfaction, classroom adjustment and student motivation (Pianta and Stuhlman, 2004; Libbey, 2004; Gest et al., 2005; Baker, 2006; Doll and Cummings, 2008; Davidson et al., 2010; Perra et al., 2012; Markham et al., 2012). The mismatch between children and young people's development needs during transition or situation within second level schooling may account for reduced academic motivation and performance, self-esteem, and potential for engagement in alcohol and drug use (Fenzel, 2000).

According to Bonomo et al (2001), when teens are under the influence of alcohol physical injuries and high-risk sexual behaviour are a common occurrence. Short-term outcomes that are identified consistently with alcohol use amongst teenagers include physical injury, aggression, violent offences and high-risk sexual behaviour (Lynskey et al., 1998). In this study teachers were given a list of 8 types of adverse reactions, injury or accident, verbal conflict, physical conflict, risky sexual behaviour, panic attack, fit of despair, isolation and depression. Participants were asked to state whether they thought it was very unlikely, unlikely, somewhat likely, or likely that a male or female pupil would suffer from any of the adverse reactions following the consumption of alcohol or cannabis. The majority of participant's report that the likely hood of pupil's suffering from any of the adverse reactions while under the influence of alcohol or cannabis was in fact either somewhat likely or likely. In line with the literature the highest likely adverse reactions were found to be verbal conflict, injury or accident and risky sexual behaviour following male or female alcohol consumption. Hall et al (1994) states that the most common unpleasant side effects of cannabis use are panic attacks. The findings in this study show panic attack was indeed perceived to be the highest likely adverse reactions a pupil would suffer after smoking cannabis. Information on the short term adverse reactions that may occur when under the

influence of alcohol and cannabis are vital to include when delivering drug education to adolescents as young people by their nature have difficulty personalizing risks that may occur 30 or 40 years later in life (Paglia & Room, 1999). This is one of the principles for best practice put forward by Roberts (2006). Roberts advises that it is important to focus on short-term effects rather than long term effects when providing drug specific information to adolescents. With this in mind it is also advisable that information given by the educator is balanced, thus providing both the benefits and the short term negative effects of drug use (Roberts, 2006).

5.6 Experiences and Perceptions of the Teacher toward the Prevention of Alcohol Misuse and Cannabis Use among Pupils.

The SPHE program was not a completely new concept. Origins of drug education initiatives date back to the late 70's in Ireland (SPHE Story, undated). Therefore there was a possibility that all teachers may have been exposed to some type of alcohol or cannabis education when they were pupils attending school. The researcher wished to determine the level of education received. The majority of teachers surveyed indicated that when they were pupils themselves alcohol and cannabis education was a low priority within their schools.

The first major drug education program in Ireland was "On My Own Two Feet" and was launched in October 1994 (Department of education, 1994). On My Own Two Feet was integrated with the current drug education-prevention program SPHE which was launched in September 2000. Younger teachers within the sample between the ages of 20-35 years of age would have attended school during the launch of both programs thus received more attention on substance prevention in comparison to older teachers. To prove the hypothesis *'Younger teachers will have received more school based focus on the prevention of alcohol and cannabis use when they were pupils'* inferential testing was carried out, however although there was a statistically significant difference found for alcohol the same did not apply for cannabis education. On review the researcher concluded that teachers may have received more information on alcohol rather than cannabis for a number of reasons; in Ireland between 1989 and 1999 alcohol consumption increased per capita by 41% (WHO, 1999) teachers at the time may have believed that alcohol was a greater risk to pupils, it is also possible that teachers may

have not perceived cannabis as a problem within their school. In addition literature from the department of education may have focused more on alcohol and gave less information on cannabis or other drugs and there is a strong concern that teachers may have felt uncomfortable with the delivery of information on cannabis.

Within the literature it has been noted that schools are the perfect platform for the delivery of drug education programs and that teachers play a central role in the delivery (Evans-Whipp et al., 2004; Fletcher et al., 2008; Audrey et al., 2008; Soole et al., 2008; Diekstra, 2008; Stormont et al., 2011). In this study when teachers were asked if prevention was a topic that concerns them the majority of teachers answered yes however a minority of teachers taught SPHE and over half of all teachers had never participated in an effort to prevent alcohol misuse or cannabis use. It is a notable that although teachers may see a need and also have an interest to participate in prevention efforts they are deterred from doing so due to timetabling issues and curriculum overload (Nic Gabhainn et al., 2010). In contrast out of 12 schools it was found that only 4 teachers choose to teach SPHE and the others were timetabled, *"I wouldn't have been that thrilled with it [being timetabled with SPHE] because I don't know certain areas of it, there would be certain areas I wouldn't feel comfortable teaching..."* (Nic Gabhainn et al., 2010). The most common types of prevention efforts were educating pupils in the classroom and attending training days for teachers on prevention. It is worth noting that a minority of teachers who indicated educating pupils in the classroom had not attended in-service training. Similarly in a study carried out by Nic Gabhainn et al., (2010) on the implementation of SPHE the results found that some teachers had been teaching SPHE without in-service training. One principal commented on this saying *'I suppose if there's an in-service that they can cut out, they'll cut out their SPHE"*. In addition Nic Gabhainn et al., (2010) found that some teachers, parents and pupils believe that SPHE lacks status and is less important than exams subjects *"I would like SPHE to be taken out of schools ... a waste of time"*.

The successful delivery of any program requires a qualified leader. Prevention programs must incorporate a whole school approach. According to Nic Gabhainn et al., (2012) the selection of teachers who are willing and able to teach SPHE is crucial to the quality of SPHE provision. Opting to select the youngest and newest teachers on the staff automatically reflects a lack of value for the subject. Furthermore the quality of

prevention programs are enhanced with a broader knowledge and more life experiences. The findings in this study showed that the majority of younger teachers were employed on a part time basis. Turnover of temporary staff may disrupt the program deliver for this reasons full time long term staff a preferable (Nic Gabhainn et al., 2010). Inferential testing was carried out to determine statistical significance between participation in prevention based on the number of years in the teaching profession for both alcohol and cannabis. The findings support the hypothesis and the literature, *'Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience'.*

5.7 Teachers' Perceptions of School Satisfaction and Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse or Cannabis Use.

The risk of a young person developing substance use problems, involves a complex mix of genetic and environmental factors (Roberts, 2006). The importance of identifying risk factors and enhancing protective factors in a young person's life has previously been outlined within chapter 2 of the dissertation. Adolescents spend a large proportion of their day in the school environment, while the primary purpose of school is the academic development of pupils; its effects on adolescents are far broader (Martin et al, 2008). The school environment is one major example of an environment that can act as a protective factor in a young person's life, therefore deterring engagement in risky behavior such as substance misuse and illicit drug use. A positive school climate is characterized by caring and supportive interpersonal relationships, opportunities to participate in school activities and decision-making and shared positive norms, goals, and values (Battistich & Hom, 1997; Wilson 2004). School ethos, teacher and pupil relationships and pupil participation in health and social education and prevention interventions are associated with delayed onset of alcohol and drug use (Evans-Whipp et al., 2004; West, 2006; Fletcher et al., 2008; Faggiano et al., 2008). In addition, schools that have higher rates of participation in extracurricular activities during or after school tend to have higher levels of school connectedness (Roberts, 2006).

With regards the delivery of drug education programs the quality and strength of teacher – student relationships are paramount to the success and enhance prevention

(Nic Gabhainn et al., 2010). In addition classes on drug education need to emphasize "student-to-student", as opposed to "student-to-teacher" discussions. Teachers need to employing role-plays, simulations, service-learning, projects, brainstorming, co-operative learning, and peer-to-peer discussion. It is also important that teachers create a non-judgmental environment (Roberts, 2006).

Within a school it is clear that more is required than just teaching within the curriculum. Schools require a holistic approach that creates a healthy and safe environment to foster learning. In order to achieve this approach must be multistrategic and focus on every strand of school life (Nic Gabhainn et al., 2010). In this study teachers' were asked to rate their levels of school satisfaction and also to indicate their perceptions of pupils satisfaction within the school that they currently taught. Teachers indicated high levels of school satisfaction and also perceived that the pupils were satisfied in their school. Furthermore teachers indicated a positive attitude towards the role of the school and its teachers in alcohol and cannabis prevention. Hence teachers surveyed believe they have created a positive school environment in return maximizing a healthy school environment and minimizing the risks of adolescent alcohol misuse and cannabis use. All in all there was also a strong positive correlation between levels of school satisfaction and a positive attitude toward the school and teachers' role in alcohol and cannabis education-prevention, hence proving the hypothesis '*Teachers who are satisfied within their school will have a more positive attitude toward the prevention of alcohol and cannabis'*.

5.8 Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

Teachers were given a list of 13 people including teachers themselves, medical professionals, parents and peers. Teachers were asked to give their opinions by means of a rating scale from 1-6 on who they perceived best equipped to give good advice, prevent or provide assistance to a pupil who is abusing alcohol or using cannabis. In all

three questions teachers awarded members of the medical profession highest scores. Teachers gave themselves mediocre scores possibly showing a lack of confidence and under estimating the strong relationships that they may have with pupils (Pianta and Stuhlman, 2004; Libbey, 2004; Gest et al., 2005; Baker, 2006; Doll and Cummings, 2008; Davidson et al., 2010; Perra et al., 2012; Markham et al., 2012). Teachers may have scored themselves lower due to timetabling constraints and an already heavy workload (Nic Gabhainn et al., 2010). In additions teachers who have been trained in interactive instructional methods are best able to deliver a drug education program as intended (Roberts, 2006). Only a minority of teachers in this study had received training on drug education and may not have felt qualified to deal with such issues. What is also interesting to note is that teachers scored peers the scored the lowest. This contradicts the work of Roberts (2006) and 16 principals of best practice for drug education where he emphasizes the need for drug education to be peer led and that teachers should encourage "student-to-student" discussions. It is important for pupils to interact in a safe environment in small groups, to test out and exchange ideas and gain feedback as to how to handle drug use situations (Roberts, 2006).

According to Kassel (2010) there are two common theories with regards the causes of substance use, typically it is perceived that people abuse drugs and alcohol for sheer pleasure – seeking or to escape the depths of anxiety or depression. Kassel (2010) believes that the relationship between drugs, alcohol and emotions is paramount to understanding the abuse of substances. This dissertation investigated teachers' perceptions of emotions and considering the findings it seems fair to suggest that they perceived pupil's substance use was related to negative emotions such as sadness, anger and shame. The majority of teachers also believed that if a pupil arrived to class drunk or stoned they would show happiness whereas in this situation the teacher themselves would feel and display surprise, sadness and anger. Teachers believed that the pupil's classmates would display surprise, fear and disgust. Finally teachers were asked to give their opinions on how they think a pupil would feel when returning to school the next day sober. They perceived the pupil would have feelings of shame, fear and guilt. There was no statistical significant difference between gender and the intensity of emotions teachers perceived pupils to feel before drinking alcohol or smoking cannabis and arriving to class drunk or stoned.

Evans et al (2004) address the issue of drug policy stating that although most schools have a school drug policy, implementation, effectiveness and enforcement often varies between schools and within schools. In this study teachers were presented with a fictional situation where pupils were drunk or stoned within school hours and asked a series of questions as to how they would handle the incident. An overwhelming majority of teachers advised that they would not ignore the event, they wouldn't act alone with the pupil but prefer to seek help from colleagues and they would ensure pupil's parents were contacted. However answers did vary between schools and within schools, minorities of teachers advised the opposite, stating it was likely they would ignore the event occurred, they would act alone with the pupil and prefer not to seek help from colleagues and they would not contact the pupil's parents. Similarly an Irish study carried out by Murphy (2000) investigated school drug policies and concluded that although many schools had a policy that address drug use policies often failed to inform practice. Some teachers were unaware of its existence. In this dissertation teachers were also asked who they could count on for help and support following a substance use incident with a pupil. Opinions again varied however majorities advised that the principal or vice would be the main point of contact.

5.9 Conclusion and Recommendations.

School drug education offers the potential to prevent problems by equipping young people with the knowledge and skills to make responsible decisions about alcohol and drug use (Midford et al., 2012).

This dissertation has shown that alcohol and cannabis use is common amongst Irish adolescents and has highlighted the devastating physical and social consequences that coincide with substance use. However this study also draws attention towards the importance of identifying risk and protection factors, it presents the findings from various studies that have explored and investigated school based drug education programs around the world and has paid particular attention to the practice of school based drug education within the Irish context. Most importantly the researcher has gained an insight on teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

There are a number of recommendations to aid the delivery of school based drug education, to develop the responsibility of teaching staff within schools to recognize and also to help and advise pupils who are using or who may be at risk of experimenting with substances such as alcohol and cannabis. The researcher hopes that recommendations can help to develop and implement drug education and policy on a national and international scale.

Throughout cities and towns worldwide drug trends are ever changing. When implementing initiatives to tackle such large problems, community input is paramount. What may work in one country may not work in another depending on a large variety of factors. Therefore it is important that schools are given the scope to tailor drug education to suit within their communities. According to CityWide (2012) community involvement is a vital partnership in the design and implementation of responses to drug issues. As well as the surrounding community ideally schools should include representation from board of management, teachers, pupils and parents in the planning, implementation and delivery process. Various studies have addressed the need for the inclusion of parents in the delivery of drug education programs (Roberts, 2006; NDS, 2009; UNOCD 2009; Nic Gabhainn et al., 2010). In this study family conflict was listed as one of the highest reasons for the use of alcohol and cannabis use, this highlights further the need for the involvement of parents in drug education. Roberts (2006) emphasizes the need for student involvement in delivery however teachers within this study were not confident that students would deliver. Schools should also develop relationships with local youth groups and addictions centers.

In agreement with the work of Van Hout and O'Connor (2008) the dissertation has suggested that teachers may often be too busy with curriculum delivery or inadequately trained to recognise the effects of alcohol and drug use in their pupils. Schools must carefully select teachers as the quality of prevention programs are enhanced with a broader knowledge and more life experience. This study has shown that *'Participation in alcohol and cannabis prevention efforts coincides with teacher's years of experience'.*

The study also found there to be uncertainty amongst teachers when dealing with a pupil who has consumed alcohol or cannabis. This is not the right approach to

prevention and it is important that schools develop a whole school approach. The research suggests that all schools must develop, implement and enforce a school drug policy where recommendation, processes and procedures are outlined. Both teachers and pupils should be clear on what is expected of them in order to adhere to the policy. This too should include a community approach. In addition findings also show a direct link between school satisfaction and attitude towards prevention. Schools should be encouraged to facilitate an environment that creates satisfaction amongst teaching staff as the benefits will have a positive effect on the school as a whole.

According to findings carried out by Nic Gabhainn et al., 2010 a substantial majority believed that SPHE classes are not long enough and pupils would prefer to have more classes the class period extended or to have more classes. To allow the SPHE program to facilitate peer led drug education and parental involvement classes need to be extended. It is important to remember that SPHE is a broad subject and that drug education is only a module within it. Therefore classes solely on drug education may only amount to few hours.

Both the NDS 2009 and Nic Gabhainn et al., 2010 carried out evaluations of the SPHE program. Since these evaluations little has changed and schools continue to deliver the same content despite the studies addressing major downfalls. In order to develop SPHE the program should allow scope to assist schools in tailoring the program to suit their communities needs, for example if a community has identified a clear issue with regards the use of cannabis amongst pupils the school should focus on addressing this issue, preventing use and providing balanced and accurate information. Despite outlined issues on lack of parental involvement and the minimal class time changes have not yet been made. In order to improve the delivery and maximise impact a revamp or an alternative programme is required. *'Shared Responsibility'* may provide a cost effective alternative or add on to prevention within schools. This is a joint initiative between the Colombian Government and the United Nations Office on Drugs and Crime (UNODC). The substance misuse education initiative enhances citizenship throughout all subjects (Geography, Biology, Art,etc..) by stimulating discussion around the environment, social and individual impact of Class A drug use, drug demand, and drug production within local communities and abroad (Van Hout et al., 2012) *(see appendices 15).*

Drug trends are ever changing and further research is needed both nationally and internationally. There have been few studies carried out on pupils substance use, pupils' perception of alcohol and cannabis use amongst their peers, pupils' experiences of SPHE and the drug education content and the perceptions of parents and community members. The researcher wishes to continue further with this study and is currently collaborating on a cross comparative study with Dr. Eric Tardif of Haute Ecole Pédagogique (HEP), Lausanne, Switzerland.

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Appendices

Appendices 1: Letter on Considerations before Ethical Approval.

Waterford Institute *of* Technology WIT

Institiúid Teicneolaíochta Phort Láirge
Waterford, Ireland.
TEL: +353-51-302000
WEB: www.wit.ie
EMAIL: info@wit.ie

Ref: 11/HSES/04

15th April, 2011.

Ms. Aoife McCormack,
Shanakill,
Kilmacthomas,
Co. Waterford.

Dear Aoife,

Thank you for bringing your project *'The school-basea prevention of substance dependencies: perceptions of teachers' role and that of their school'* to the attention of the WIT Research Ethics Committee.

I am pleased to inform you that we approve WIT's participation in this project subject to minor amendments.

Following on from today's discussion, we would ask you to make some amendments as outlined below:

1. Indicate on application form and consent form that it is only possible to guarantee confidentiality within the limits of the law.
2. Prior to holding any interviews, inform teachers that you have a legal obligation to report any illegal activity they may disclose during the course of the interview.
3. Provide a written publication agreement.
4. Delete/destroy tape recordings once transcribed.

Please submit the amended documentation as outlined above to Suzanne Kiely (skiely@wit.ie) so final approval may be granted.

Yours sincerely,

Dr. John Wells,
Chairperson,
Research Ethics Committee.

cc: Dr. Marie Claire Van Hout

Appendices 2: Letter on Ethical Approval.

Waterford Institute *of* Technology WIT

Institiúid Teicneolaíochta Phort Láirge
Waterford, Ireland.
TEL: +353-51-302000
WEB: www.wit.ie
EMAIL: info@wit.ie

Ref: 11/HSES/04

20th April, 2011.

Ms. Aoife McCormack,
Shanakill,
Kilmacthomas,
Co. Waterford.

Dear Aoife,

Thank you for submitting your amended documentation in relation to your project *'The school-based prevention of substance dependencies: perceptions of teachers' role and that of their school'* to the WIT Research Ethics Committee.

I am pleased to inform you that we approve WIT's participation in this project and we will convey this to Academic Council.

We wish you well in the work ahead.

Yours sincerely,

pp Suzanne Kiely
Dr. John Wells,
Chairperson,
Research Ethics Committee.

cc: Dr. Marie Claire Van Hout

Appendices 3: Letter on Publication Agreement.

Dr Eric Tardif
Professeur formateur
Haute école pédagogique Vaud
Avenue de Cour 33
1007 Lausanne
Suisse

Dr Marie Claire Van Hout
Lecturer
Departement of Health, Sports and Exercise Science
School of Health Science
Waterford Institute of Technology
Waterford
Ireland

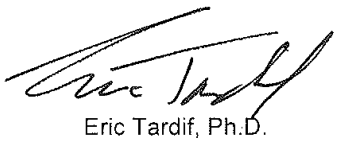
Lausanne, April 20, 2011

Dear Dr Van Hout,

Regarding our common research project « The school-based prevention of substance dependencies: perceptions of teachers' role and that of their school » I would propose the following order for the authors :

Tardif, Eric ; Doudin, Pierre-André ; Van Hout, Marie Claire & McCormack, Aoife

Best Regards,



Eric Tardif, Ph.D.

Appendices 4: Letter of Support.

Eric Tardif
Haute école pédagogique du canton de Vaud
Avenue de Cour 33
1014 Lausanne
Tél. : 41 21 316 3394
e-mail : eric.tardif@hepl.ch

Marie Claire Van Hout
Lecturer
Department of Health, Sport and Exercise Science
School of Health Sciences
Waterford Institute of Technology
Waterford
Ireland

Lausanne, January 31 2011

Concerns : The school based prevention of youth substance use: an investigation of teachers' perceived roles within their institution.

Dear Dr Van Hout,

I'm very happy to conduct the above mentioned cross country study together with your team. We will be able to start the study as soon as our questionnaire is ready so we could use it as a common tool.

We are looking forward to meeting you soon!

Best regards,

Eric Tardif, Ph.D.

Appendices 5: Example of Letter to the Principal.

The Principal.

Presentation Secondary School,

Co. Longford.

Aoife McCormack.

Waterford Institute of Technology,

Cork Road,

Waterford City,

Co. Waterford.

aoifemac123@hotmail.com

0851184662

Dear Ms X,

I am currently undertaking a Masters in Science at Waterford Institute of Technology. My study will investigate teachers' perceptions of and attitudes towards the use of alcohol and cannabis amongst second level pupils. This study is situated in the Waterford region and I would like to invite your school to participate in this study.

In order to obtain the information required, each teacher in your school will be asked to complete a questionnaire which will take approximately ten minutes to complete. All data will be anonymous and will be treated in the strictest of confidence. Your school or teachers will not be identifiable in the resulting dissertation. I have received ethical approval for this study from Waterford Institute of Technology. This project is also supported by the South Eastern Regional Drugs Task Force.

I will contact you shortly to confirm your schools participation in this study, or alternatively you may contact me at the email address or on the phone number listed above.

Kindest Regards,

Aoife McCormack.

Appendices 6: Information sheet.

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

Background:

Substance abuse and health-related problems among young adolescents is becoming a growing problem worldwide. The World Drug report (2009) highlights that drug prevention intervention programmemes are best targeted at adolescents ranging from 13-15 years old, because the majority of this age group are less likely to have experimented with illegal drugs. The purpose of this mixed-method study is to enrich our understanding of attitudes and opinions of teachers in relation to the school-based prevention of substance experimentation, use and abuse among young people. Your participation will help the research team to better understand your position, and thereby help to tailor in house drug preventative measures.

Research Design

This study is the Irish phase of a concurrent comparative study with Switzerland, and is a result of collaboration between Waterford Institute of Technology and the Haute Ecole Pedagogique [HEP], Lausanne, Switzerland. The research also has the support from the SERDTF – South Eastern Regional Drug Task Force, educational committee.

Aim of the Study:

The central aim is to explore the experiences, attitudes and perceptions of teachers about their role in school- based drug prevention. The main objective of this study is to develop guidelines to inform, recommend and develop the responsibility of teaching staff within schools to recognize, consider, help and advise pupils who experiment with, and use drugs and alcohol.

How your school's confidentiality and anonymity will be safeguarded:

Confidentiality of material will be ensured and the anonymities of individual participants will be protected at all stages of the research process.

Researcher: Aoife McCormack, 0851184662 / aoifemac123@hotmail.com

Supervisor: Dr. Marie Claire Van Hout, 0872375979 / mcvanhout@wit.ie

Appendices 7: Consent Form.

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

Consent Form

Information Sheet:

I have received a separate information sheet regarding the background, purpose and aims of this study.

Yes: No:

Confidentiality:

Waterford Institute of Technology will protect all the information about each school and participants of this study. Your identity or personal information will not be revealed, in line with the Data Protection Act 1998 and 2003. All data collected will be kept confidential. However should any concerns of a child protection nature (as defined by Children's First Guidelines) come to the attention of the researcher during the course of the study, reporting procedures as outlined in Children First National Guidelines for the Protection and Welfare of Children (2011) will be followed. Teachers will be advised that it is only possible to guarantee confidentiality within the limits of the law, with the researcher obliged to report any illegal activity they may disclose.

If you do agree to to take part in this study, you may withdraw at any point. There will be no penalty if your school withdraws before you have completed all stages of this questionnaire.

Signature:

I have read and understood the information in this form. I am willing to participate by completing a questionnaire for the purpose of this study. The researcher has answered my questions and concerns, therefore, I consent to take part in this research project entitled: "An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.".

Signed: _____

Name of school: _____

Appendices 8: Original (French) Questionnaire Received by Haute Ecole Pedagogique.

Représentations des enseignant-e-s sur la prévention des abus de substances en milieu scolaire

Si vous avez déjà répondu à ce questionnaire,
merci de le rendre sans le compléter.

Depuis de nombreuses années et dans plusieurs pays, les établissements scolaires sont des lieux de prédilection pour effectuer des interventions visant à prévenir les comportements à risque chez les élèves, notamment la consommation de substances psychotropes. Or, peu d'études ont cherché à connaître le point de vue des enseignants face à une démarche préventive. Par la présente étude, nous souhaitons approfondir notre connaissance des attitudes et des opinions des enseignants par rapport à la prévention des abus de substances à l'école.

Ce questionnaire est confidentiel et nous aidera à mieux connaître votre position en matière de prévention et éventuellement à mieux adapter les démarches préventives à l'école en tenant compte de votre point de vue.

Dr. Eric Tardif
Professeur formateur

UER « Développement de l'enfant à l'adulte

1. Données personnelles

1.1. Vous êtes : ☐$_1$ une femme ☐$_2$ un homme

1.2. Votre âge:

20-30 ans ☐$_1$

31-40 ans ☐$_2$

41-50 ans ☐$_3$

51-60 ans ☐$_4$

plus de 60 ans ☐$_5$

1.3. Avez-vous des enfants ? ☐$_1$ Oui ☐$_2$ Non (si non, passez à la question 1.5)

1.4. Le cas échéant, quel âge a/ont-il(s) (plusieurs réponses possibles)?

0-12 ans ☐$_1$

12-18 ans ☐$_2$

18-25 ans ☐$_3$

plus de 25 ans ☐$_4$

1.5. Dans quel degré enseignez-vous (plusieurs réponses possibles) ?

cin ☐$_1$

cyp 1 ☐$_2$

cyp 2 ☐$_3$

cycle de transition ☐$_4$

VSO ☐$_5$

VSG ☐$_6$

VSB ☐$_7$

mesures spécifiques (appui, MCDI, classe ER, classe D, enseignement spécialisé) ☐$_8$

autre ☐$_9$ (précisez) ……

1.6. Votre nombre d'années dans la profession enseignante :

1-5 ans ☐$_1$

6-15 ans ☐$_2$

plus de 15 ans ☐$_3$

1.7. Avez-vous exercé une autre profession que celle d'enseignant(e) ? oui ☐$_1$ non ☐$_2$

1.8. Avez vous achevé des études universitaires ? oui ☐$_1$ non ☐$_2$

1.9. 6. Avez-vous achevé une formation à l'enseignement ? oui ☐$_1$ non ☐$_2$

1.10. Si oui, quelle formation avez-vous achevée?

Ecole normale ☐1

HEP ☐2

SPES ☐3

autre ☐4 (précisez) ……

1.11. Quel est votre taux d'engagement ?

plein temps☐1

temps partiel supérieur à un mi-temps ☐2

temps partiel inférieur à un mi-temps ☐3

1.12. Exercez-vous une fonction particulière dans votre établissement ? oui☐1 non ☐2

si oui :

médiateur ☐1

doyen ☐2

chef de file ☐3

praticien-formateur ☐4

animateur-santé ☐5

autres ☐6 (précisez) ……

1.13. Lorsque vous étiez élève, comment estimez-vous globalement l'attention que vos enseignant-e-s portaient à l'égard de la prévention des abus de substances durant votre scolarité obligatoire ? (cochez la case la plus proche de votre opinion)

Très faible▪☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 *Très importante*

1.14. Lorsque vous étiez élève, avez-vous côtoyé durant votre scolarité obligatoire un ou des élèves qui consommait **de l'alcool**?

☐1 Non, ni dans ma classe ni dans mon établissement
☐2 Oui, dans ma classe
☐3 Oui, dans mon établissement mais pas dans ma classe

2. Expériences et représentations de l'enseignant-e sur la prévention des abus de substances

2.1. Avez-vous déjà participé (en tant qu'enseignant) à une démarche visant à prévenir les abus de substance à l'école ?

☐1 Jamais
☐2 Rarement
☐3 Souvent
☐4 Très souvent

2.2. La prévention des abus de substance à l'école est un sujet qui vous intéresse :

☐1 Beaucoup
☐2 Assez
☐3 Un peu
☐4 Pas du tout

2.3. Vous considérez la consommation **d'alcool** chez un adolescent de 15 ans comme problématique à partir de combien de consommations (consommation = 1 bière ou 1 verre de vin) par semaine ? (encerclez le nombre de consommations par semaine)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 ou plus (précisez le nombre)
……

2.4. Lors d'une soirée, vous considérez la consommation **d'alcool** chez un adolescent de 15 ans comme problématique à partir de combien de consommations (ex. 1 bière; 1 verre de vin)? (encerclez le nombre de consommations pour une soirée)?

1 2 3 4 5 6 7 8 9 10

2.5. Etes-vous d'accord avec les affirmations suivantes (pour chaque proposition, cochez la case la plus proche de votre opinion) :

1= pas du tout d'accord et 5 = tout à fait d'accord	1	2	3	4	5
2.5.1. Prévenir les abus de substances fait partie du rôle de école.	☐1	☐2	☐3	☐4	☐5
2.5.2. Prévenir les abus de substances fait partie du rôle de l'enseignant-e.	☐1	☐2	☐3	☐4	☐5
2.5.3. L'école devrait entreprendre des démarches d'aide auprès d'un élève qui consomme **une substance** d'une façon que vous jugez problématique..	☐1	☐2	☐3	☐4	☐5
2.5.4. L'école devrait entreprendre des démarches pour prévenir la consommation de substances auprès de tous les élèves.	☐1	☐2	☐3	☐4	☐5
2.5.5. Il serait possible pour moi de trouver du temps pour discuter de la consommation de substances avec mes élèves.	☐1	☐2	☐3	☐4	☐5
2.5.6. Vous seriez à l'aise de vous entretenir avec un élève qui a consommé **une substance** sur le site de l'établissement.	☐1	☐2	☐3	☐4	☐5
2.5.7. Une formation particulière est nécessaire pour un enseignant qui souhaite prévenir la consommation chez les élèves de son	☐1	☐2	☐3	☐4	☐5
2.5.8. Prévenir la consommation de substances auprès des élèves de votre établissement constituerait pour vous une forme d'accomplissement	☐1	☐2	☐3	☐4	☐5
2.5.9. Vous seriez intéressé à suivre une formation liée à la prévention d'abus **de substances** proposée par votre établissement	☐1	☐2	☐3	☐4	☐5
2.5.10. Prévenir la consommation de substances auprès des élèves de votre établissement constituerait pour vous une source d'épuisement professionnel.	☐1	☐2	☐3	☐4	☐5
2.5.11. Votre formation d'enseignant vous permet d'intervenir afin de prévenir la consommation **de substances** chez les élèves de votre établissement.	☐1	☐2	☐3	☐4	☐5
2.5.12. Des brochures destinées aux élèves contenant de l'information sur **les substances** sont disponibles dans votre établissement.	☐1	☐2	☐3	☐4	☐5
2.5.13. Le témoignage d'un **ex-toxicomane** auprès des élèves pourrait être une forme de prévention efficace.	☐1	☐2	☐3	☐4	☐5
2.5.14. Il existe un règlement clair dans votre établissement quant à la consommation de **substances**.	☐1	☐2	☐3	☐4	☐5
2.5.15. Les élèves sont clairement au courant des règles concernant la consommation de **substances** dans votre établissement.	☐1	☐2	☐3	☐4	☐5

2.5.16. Les enseignants sont clairement au courant des règles concernant la consommation de **substances** dans votre établissement.	☐1	☐2	☐3	☐4	☐5
2.5.17. Vous êtes au courant qu'il existe une formation pour les enseignants en prévention des abus de substances chez les jeunes.	☐1	☐2	☐3	☐4	☐5
2.5.18. Vous seriez à l'aise de discuter de la consommation de **substances** avec les élèves de votre classe.	☐1	☐2	☐3	☐4	☐5
2.5.19. Les élèves sont fiers de fréquenter leur établissement.	☐1	☐2	☐3	☐4	☐5
2.5.20. Les élèves parlent en bien de leur établissement scolaire aux personnes de l'extérieur.	☐1	☐2	☐3	☐4	☐5
2.5.21. Les élèves se sentent à l'aise dans leur établissement.	☐1	☐2	☐3	☐4	☐5
2.5.22. Vous êtes fiers de travailler dans votre établissement.	☐1	☐2	☐3	☐4	☐5
2.5.23. Vous parlez en bien de votre établissement aux personnes externes.	☐1	☐2	☐3	☐4	☐5
2.5.24. Vous êtes à l'aise dans votre établissement.	☐1	☐2	☐3	☐4	☐5
2.5.25. Vos élèves ont des opportunités de décider de certaines activités dans votre classe.	☐1	☐2	☐3	☐4	☐5
2.5.26. Vous faîtes remarquer à vos élèves lorsqu'ils font un bon travail.	☐1	☐2	☐3	☐4	☐5
2.5.27. Votre établissement offre aux élèves la possibilité de participer à des activités hors classe.	☐1	☐2	☐3	☐4	☐5
2.5.28. Les élèves de votre établissement ont la possibilité de parler seul à seul avec un enseignant.	☐1	☐2	☐3	☐4	☐5
2.5.29. Vous féliciter vos élèves lorsqu'ils font des efforts dans leur travail.	☐1	☐2	☐3	☐4	☐5
2.5.30. Vous avez déjà été témoin de consommation de substance par des élèves sur le site de l'établissement.	☐1	☐2	☐3	☐4	☐5
2.5.31. Tous vos élèves se sentent en sécurité sur le site de l'établissement.	☐1	☐2	☐3	☐4	☐5
2.5.32. Une démarche à visée préventive pourrait au contraire inciter les élèves à consommer des substances.	☐1	☐2	☐3	☐4	☐5
2.5.33. Améliorer les connaissances des élèves sur les effets néfastes **des substances** sur la santé pourrait diminuer leur intention d'en	☐1	☐2	☐3	☐4	☐5
2.5.34. S'ils consomment déjà des substances, améliorer les connaissances des élèves sur les effets néfastes **des substances** sur la santé pourrait diminuer leur consommation.	☐1	☐2	☐3	☐4	☐5
2.5.35. Un individu développe un problème de consommation de substance. Ce problème aurait pu être évité par des mesures préventives effectuées en milieu scolaire.	☐1	☐2	☐3	☐4	☐5
2.5.36. Prévenir les abus de substances chez l'adolescent fait exclusivement partie du rôle de la famille.	☐1	☐2	☐3	☐4	☐5
2.5.37. Vous seriez capable de repérer un étudiant qui serait **légèrement ivre** dans votre classe?	☐1	☐2	☐3	☐4	☐5
2.5.38. Vous seriez capable d'identifier une odeur de **cannabis**?	☐1	☐2	☐3	☐4	☐5
2.5.39. Un élève qui se trouverait en classe sous l'effet **d'une substance** est un élève qui dérange les autres élèves.	☐1	☐2	☐3	☐4	☐5
2.5.40. Un élève qui se trouverait en classe sous l'effet **d'une substance** est un élève qui vous dérange en tant qu'enseignant.	☐1	☐2	☐3	☐4	☐5

2.5.41. Quel crédit les élèves portent-ils envers les personnes suivantes lorsqu'il est question de consommation de **substances**?

1= pas du tout de crédit et 5 = beaucoup de crédit	1	2	3	4	5
2.5.42. Un copain d'école du même âge	☐	☐	☐	☐	☐
2.5.43. Un copain du même âge en dehors de l'école	☐	☐	☐	☐	☐
2.5.44. Vous-même, en tant qu'enseignant	☐	☐	☐	☐	☐
2.5.45. Enseignant-e d'autres classes	☐	☐	☐	☐	☐
2.5.46. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐	☐	☐	☐	☐
2.5.47. Médiateur-trice scolaire	☐	☐	☐	☐	☐
2.5.48. Infirmier-e scolaire	☐	☐	☐	☐	☐
2.5.49. Psychologue scolaire	☐	☐	☐	☐	☐
2.5.50. Psychologue privé-e	☐	☐	☐	☐	☐
2.5.51. Expert en toxicologie	☐	☐	☐	☐	☐
2.5.52. Médecin de l'élève concerné	☐	☐	☐	☐	☐
2.5.53. Parents de l'élève concerné	☐	☐	☐	☐	☐
2.5.54. Frères ou sœurs de l'élève concerné	☐	☐	☐	☐	☐

2.5.55. Selon vous, parmi les personnes suivantes, qui est le plus en mesure d'effectuer la prévention **de substances** ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= pas du tout en mesure et 5 = très en mesure	1	2	3	4	5
2.5.56. Un copain d'école du même âge	☐	☐	☐	☐	☐
2.5.57. Un copain du même âge en dehors de l'école	☐	☐	☐	☐	☐
2.5.58. Vous-même, en tant qu'enseignant	☐	☐	☐	☐	☐
2.5.59. Enseignant-e d'autres classes	☐	☐	☐	☐	☐
2.5.60. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐	☐	☐	☐	☐
2.5.61. Médiateur-trice scolaire	☐	☐	☐	☐	☐
2.5.62. Infirmier-e scolaire	☐	☐	☐	☐	☐
2.5.63. Psychologue scolaire	☐	☐	☐	☐	☐
2.5.64. Psychologue privé-e	☐	☐	☐	☐	☐
2.5.65. Expert en toxicologie	☐	☐	☐	☐	☐
2.5.66. Médecin de l'élève concerné	☐	☐	☐	☐	☐
2.5.67. Parents de l'élève concerné	☐	☐	☐	☐	☐
2.5.68. Frères ou sœurs de l'élève concerné	☐	☐	☐	☐	☐

2.5.69. Selon vous, parmi les personnes suivantes, qui est le plus en mesure d'apporter de l'aide à un élève qui consomme **des substances** de façon problématique? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= pas du tout en mesure et 5 = très en mesure	1	2	3	4	5
2.5.70. Un copain d'école du même âge	☐	☐	☐	☐	☐
2.5.71. Un copain du même âge en dehors de l'école	☐	☐	☐	☐	☐
2.5.72. Vous-même, en tant qu'enseignant	☐	☐	☐	☐	☐
2.5.73. Enseignant-e d'autres classes	☐	☐	☐	☐	☐
2.5.74. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐	☐	☐	☐	☐
2.5.75. Médiateur-trice scolaire	☐	☐	☐	☐	☐
2.5.76. Infirmier-e scolaire	☐	☐	☐	☐	☐
2.5.77. Psychologue scolaire	☐	☐	☐	☐	☐
2.5.78. Psychologue privé-e	☐	☐	☐	☐	☐
2.5.79. Expert en toxicologie	☐	☐	☐	☐	☐
2.5.80. Médecin de l'élève concerné	☐	☐	☐	☐	☐
2.5.81. Parents de l'élève concerné	☐	☐	☐	☐	☐
2.5.82. Frères ou sœurs de l'élève concerné	☐	☐	☐	☐	☐

3. Représentations de l'enseignant-e sur la consommation des adolescents

3.1. Selon vous, quel pourcentage des adolescents Suisses a une consommation problématique de **substances**

☐$_1$ moins de 5%
☐$_2$ entre 5% et 10%
☐$_3$ entre 10% et 20%
☐$_4$ entre 20% et 30%
☐$_5$ entre 30% et 40%
☐$_6$ plus de 40%

3.2. Selon vous, par rapport aux 5 dernières années, la consommation de **substance** chez les jeunes Suisses de 16 ans est actuellement

☐$_1$ en hausse
☐$_2$ en baisse
☐$_3$ stable

3.3. Selon vous, quel pourcentage des jeunes Suisses de 16 ans ont consommé des **substances** durant les 30 derniers jours?

☐$_1$ Entre 0% et 20%
☐$_2$ entre 20% et 40%
☐$_3$ entre 40% et 60%
☐$_4$ entre 60% et 80%
☐$_5$ plus de 80%

3.4. Selon vous, quel pourcentage des jeunes Suisses de 16 ans ont été ivres au moins une fois durant les 30 derniers jours?

☐$_1$ Entre 0% et 15%
☐$_2$ entre 15% et 30%
☐$_3$ entre 30% et 45%
☐$_4$ entre 45% et 60%
☐$_5$ plus de 60%

3.5. Selon vous, de quelle façon les adolescents perçoivent-ils la consommation de **substances** de leurs pairs (jeunes du même âge) par rapport à la consommation réelle de ceux-ci:

☐$_1$ Ils la sous-estime (ils pensent que leurs pairs consomment moins qu'ils ne consomment en réalité)
☐$_2$ Ils l'estime correctement (ils ont une idée juste de la consommation de leurs pairs)
☐$_3$ Ils la surestime (ils pensent que leur pairs consomment davantage que ce qu'ils consomment en réalité)

3.6. Vous est-il déjà arrivé de remarquer qu'un étudiant était **en état d'ivresse** dans votre classe?

☐$_1$ Jamais
☐$_2$ Rarement
☐$_3$ Souvent
☐$_4$ Très souvent

3.7. Selon vous, quelle est la probabilité qu'un adolescent (garçon) subisse le type d'événement néfaste suivant lorsqu'il est ivre?

Blessure

☐1 Très peu probable
☐2 Peu probable
☐3 Assez probable
☐4 Très probable

Conflit interpersonnel

☐1 Très peu probable
☐2 Peu probable
☐3 Assez probable
☐4 Très probable

Bagarre

☐1 Très peu probable
☐2 Peu probable
☐3 Assez probable
☐4 Très probable

Relation sexuelle regrettée par la suite

☐1 Très peu probable
☐2 Peu probable
☐3 Assez probable
☐4 Très probable

4. Emotions et consommation de substances à l'école

Voici une situation fictive à laquelle vous pourriez être confrontée :

"Robert, un de vos élèves arrive en classe en début d'après-midi et il est visiblement en état d'ébriété".

"Roberta, une de vos élèves arrive en classe en début d'après-midi et elle est visiblement en état d'ébriété"

"Robert, un de vos élèves arrive en classe en début d'après-midi et il vous semble qu'il a consommer du cannabis"

"Roberta, une de vos élève arrive en classe en début d'après midi et il vous semble qu'elle a consommer du cannabis"

4.1. Selon vous, quelle est l'intensité des différentes émotions ressenties par votre élève Robert avant d'avoir consommer de l'alcool ?

Pour chaque émotion, merci de cocher la case correspondante.

	nulle	faible	forte	très forte
1Colère	1	2	3	4
2Peur	1	2	3	4
3Tristesse	1	2	3	4
4Dégoût	1	2	3	4
5Joie	1	2	3	4
6Mépris	1	2	3	4
7Surprise	1	2	3	4
8Culpabilité	1	2	3	4
9Honte	1	2	3	4

4.2. Selon vous, quelle est l'intensité des différentes émotions ressenties par votre élève Robert lorsqu'il arrive en classe en état d'ébriété? Pour chaque émotion, merci de cocher la case correspondante.

	nulle	faible	forte	très forte
1Colère	1	2	3	4
2Peur	1	2	3	4
3Tristesse	1	2	3	4
4Dégoût	1	2	3	4
5Joie	1	2	3	4
6Mépris	1	2	3	4
7Surprise	1	2	3	4
8Culpabilité	1	2	3	4
9Honte	1	2	3	4

4.3. Quelle est l'intensité des émotions que vous ressentiriez lorsque votre élève entre en classe en état d'ébriété. Pour chaque émotion, merci de cocher la case correspondante.

	nulle	faible	forte	très forte
1Colère	1	2	3	4
2Peur	1	2	3	4
3Tristesse	1	2	3	4
4Dégoût	1	2	3	4
5Joie	1	2	3	4
6Mépris	1	2	3	4
7Surprise	1	2	3	4
8Culpabilité	1	2	3	4
9Honte	1	2	3	4

4.4. Quelle émotions est-ce que vous manifesteriez à votre élève Robert lorsqu'il arrive dans votre classe en état d'ébriété ? Pour chaque émotion, merci de cocher la case correspondante.

	nulle	faible	forte	très forte
1Colère	1	2	3	4
2Peur	1	2	3	4
3Tristesse	1	2	3	4
4Dégoût	1	2	3	4
5Joie	1	2	3	4
6Mépris	1	2	3	4
7Surprise	1	2	3	4
8Culpabilité	1	2	3	4
9Honte	1	2	3	4

4.5. Selon vous, quelle est l'intensité des émotions ressenties par votre élève Robert le lendemain quand il revient à l'école, cette fois sans avoir consommé de l'alccol ?

Pour chaque émotion, merci de cocher la case correspondante.

	nulle	faible	forte	très forte
1Colère	1	2	3	4
2Peur	1	2	3	4
3Tristesse	1	2	3	4
4Dégoût	1	2	3	4
5Joie	1	2	3	4
6Mépris	1	2	3	4
7Surprise	1	2	3	4
8Culpabilité	1	2	3	4
9Honte	1	2	3	4

4.6. Vous, face à cette situation, comme réagiriez-vous sur le moment ? (une seule réponse possible, merci de cocher la case qui convient)

1 Pas de réaction dans l'immédiat, je préfère y réfléchir

2 Pas de réaction, je préfère oublier tout cela

3 Une réaction physique (gifle…)

4 Une réaction verbale de conciliation, je discute avec l'élève

5 Une réaction verbale, je réprimande mon élève

6

7Autre. Précisez :

……..

……...……
……..…

4.7. Suite à cet événement : (plusieurs réponses possibles)

1 Vous n'en parlez avec personne

2 Vous allez voir la direction de l'école

3 Vous en parlez à des collègues à la pause-café

4 Vous en parlez à un(e) ami(e) ou à une personne de votre famille

5 Vous en parlez à un spécialiste (médiateur, psychologue,…)

6 Vous ruminez sans cesse ce qui s'est passé

7 Vous essayez de penser à autre chose

8 Vous vous interdisez d'y penser

9 Vous n'essayez pas de trouver une explication, ce sont des choses qui arrivent

10 Vous recherchez des informations sur les comportements des enfants (lecture, internet, articles, …)

11 Vous essayez de comprendre l'attitude de votre élève, ses problèmes, ses difficultés particulières

12 Vous en parlez dans une réunion entre professionnels afin de réfléchir ensemble à ce genre de problème

Vous prenez contact avec les parents de cet élève

13 Autre. Précisez :
…….

5. Consommation de substance chez les élève et soutien social.

Expliquer le soutien social, différences entre instrumental et émotionnel

5.1. Vous soupçonnez qu'un de vos élèves a une consommation d'alcool problématique.

je n'interviens pas

je préfère intervenir seul auprès de l'élève

je souhaiterais obtenir de l'aide pour gérer cette situation mais je ne peux compter sur personne

je souhaite obtenir de l'aide pour gérer cette situation et je peux compter sur les personnes suivantes :

(cochez s'il s'agit davantage d'un soutien de type instrumental, émotionnel ou les deux)

1…… instrumental émotionnel instrumental+émotionnel

2…… instrumental émotionnel instrumental+émotionnel

3…… instrumental émotionnel instrumental+émotionnel

4…… instrumental émotionnel instrumental+émotionnel

5…… instrumental émotionnel instrumental+émotionnel

6…… instrumental émotionnel instrumental+émotionnel

Formation et pratique de stage

5.2. En ce qui concerne l'intégration d'élèves en situation de handicap ou ayant des besoins particuliers, votre formation suivie à la HEP vous a-t-elle apporté des éléments suffisants quant à (pour chaque proposition, cochez la case la plus proche de votre opinion) :

1= pas du tout suffisant et 5 = tout à fait suffisant	1	2	3	4	5
5.2.1. Des connaissances sur l'intégration et l'inclusion scolaires	☐1	☐2	☐3	☐4	☐5
5.2.2. Des connaissances sur les élèves en situation de handicap ou ayant	☐1	☐2	☐3	☐4	☐5
5.2.3. L'adaptation des apprentissages des élèves en situation de handicap	☐1	☐2	☐3	☐4	☐5
5.2.4. La gestion de la relation avec les élèves en situation de handicap ou	☐1	☐2	☐3	☐4	☐5
5.2.5. L'évaluation des apprentissages des élèves en situation de handicap	☐1	☐2	☐3	☐4	☐5
5.2.6. La gestion de la classe dans une situation d'intégration	☐1	☐2	☐3	☐4	☐5
5.2.7. Des outils pédagogiques et didactiques pour les élèves de handicap ou	☐1	☐2	☐3	☐4	☐5
5.2.8. La gestion des émotions relativement aux élèves en situation de handicap	☐1	☐2	☐3	☐4	☐5
5.2.9. L'éthique et la déontologie dans une situation d'intégration	☐1	☐2	☐3	☐4	☐5

5.3. Parmi les thématiques suivantes, le(s)quelle(s) auriez-vous voulu plus approfondir durant votre formation ? (plusieurs choix possibles)

☐1 Connaissances sur l'intégration et l'inclusion scolaires
☐2 Connaissances sur les différents handicaps et besoins particuliers
☐3 Adaptation des apprentissages
☐4 Evaluation des apprentissages
☐5 Outils pédagogiques et didactiques
☐6 Ethique et déontologie
☐7 Gestion de la relation avec les élèves
☐8 Gestion de la classe
☐9 Gestion des émotions

5.4. Durant votre pratique de stage, avez-vous eu l'occasion d'enseigner à des élèves en situation de handicap ou ayant les difficultés suivantes ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= jamais l'occasion et 5 = très souvent l'occasion	1	2	3	4	5
5.4.1. Trouble de l'attention	☐1	☐2	☐3	☐4	☐5
5.4.2. Hyperactivité	☐1	☐2	☐3	☐4	☐5
5.4.3. Surdité	☐1	☐2	☐3	☐4	☐5
5.4.4. Cécité (aveugle)	☐1	☐2	☐3	☐4	☐5
5.4.5. Dyslexie ou dysorthographie	☐1	☐2	☐3	☐4	☐5
5.4.6. Retard scolaire important (d'au moins deux ans)	☐1	☐2	☐3	☐4	☐5
5.4.7. Handicap mental (par ex. trisomie 21)	☐1	☐2	☐3	☐4	☐5
5.4.8. Troubles psychiques (par ex. comportements psychotiques)	☐1	☐2	☐3	☐4	☐5
5.4.9. Handicap moteur (par ex. infirmité motrice cérébral IMC)	☐1	☐2	☐3	☐4	☐5
5.4.10. Problèmes de comportement importants (sans troubles psychiques connus)	☐1	☐2	☐3	☐4	☐5

5.5. Durant votre pratique de stage avez-vous eu l'occasion d'expérimenter l'intégration d'élèves en situation de handicap ou ayant des besoins particuliers ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= jamais l'occasion et 5 = très souvent l'occasion	1	2	3	4	5
5.5.1. A l'échelle d'un établissement	☐1	☐2	☐3	☐4	☐5
5.5.2. A l'échelle d'une classe	☐1	☐2	☐3	☐4	☐5
5.5.3. Vous-même dans le cadre de votre enseignement	☐1	☐2	☐3	☐4	☐5
5.5.4. En observant un-e praticien-ne formateur-trice	☐1	☐2	☐3	☐4	☐5
5.5.5. En observant un-e autre enseignant-e	☐1	☐2	☐3	☐4	☐5

5.6. Comment estimez-vous votre compétence pour accueillir dans votre future classe des élèves en situation de handicap ou ayant des besoins particuliers ?
(cochez la case la plus proche de votre opinion)

Très incompétent-e ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 *Très compétent-e*

5.7. Dans quelle(s) thématique(s) serait-il selon vous important de développer des compétences pour favoriser l'intégration d'élèves en situation de handicap ou ayant des besoins particuliers ?
(plusieurs choix possibles)

☐1 La coopération professionnelle
☐2 L'analyse de sa pratique
☐3 L'autoévaluation de sa pratique
☐4 L'adaptation des objectifs et de leur évaluation
☐5 La connaissance des handicaps
☐6 La connaissance des besoins particuliers
☐7 La différenciation pédagogique
☐8 L'analyse des difficultés des élèves
☐9 L'adaptation des moyens pédagogiques
☐7 Autre (précisez) : .....

5.8. Comment vous sentez-vous dans la perspective d'accueillir des élèves d'élèves en situation de handicap ou ayant des besoins particuliers ?
(cochez la case la plus proche de votre opinion)

Très inquiet-e ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 *Très rassuré-e*

5.9. Selon vous, les propositions suivantes sont-elles susceptibles de rassurer les enseignant-e-s qui intégreraient des élèves en situation de handicap ou ayant des besoins particuliers ?

6.8.1. Pouvoir s'appuyer sur une équipe pluridisciplinaire. ☐1 Oui ☐2 Non
6.8.2. Pouvoir échanger sur sa pratique avec des collègues. ☐1 Oui ☐2 Non
6.8.3. Pouvoir collaborer avec un enseignant spécialisé. ☐1 Oui ☐2 Non
6.8.4. Pouvoir adapter les objectifs pédagogiques et l'évaluation de ceux-ci. ☐1 Oui ☐2 Non
6.8.5. Pouvoir suivre une formation spécialisée. ☐1 Oui ☐2 Non
6.8.6. Pouvoir développer des outils didactiques adaptés. ☐1 Oui ☐2 Non

6. Collaboration

6.1. Durant votre formation à la HEP, à quelle fréquence collaboriez-vous avec vos collègues étudiant-e-s ?

☐1 Jamais ☐2 Rarement ☐3 Quelquefois ☐4 Souvent ☐5 Très souvent

6.2. Durant vos stages d'enseignement, à quelle fréquence collaboriez-vous avec vos collègues enseignant-e-s ?

☐1 Jamais ☐2 Rarement ☐3 Quelquefois ☐4 Souvent ☐5 Très souvent

6.3. Selon vous, la collaboration, au sujet d'élèves en situation de handicap ou ayant des besoins particuliers, avec les personnes suivantes est-elle nécessaire ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= jamais nécessaire et 5 = très souvent nécessaire	1	2	3	4	5
6.3.1. Autre enseignant-e intervenant dans la classe	☐	☐	☐	☐	☐
6.3.2. Enseignant-e d'autres classes	☐	☐	☐	☐	☐
6.3.3. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐	☐	☐	☐	☐
6.3.4. Enseignant-e spécialisé-e (dans le domaine du handicap)	☐	☐	☐	☐	☐
6.3.5. Médiateur-trice scolaire	☐	☐	☐	☐	☐
6.3.6. Infirmier-e scolaire	☐	☐	☐	☐	☐
6.3.7. Psychologue scolaire ou privé-e	☐	☐	☐	☐	☐
6.3.8. Logopédiste scolaire ou privé-e	☐	☐	☐	☐	☐
6.3.9. Médecin de l'élève concerné	☐	☐	☐	☐	☐
6.3.10. Parents de l'élève concerné	☐	☐	☐	☐	☐

6.4. Dans le cadre de vos stages d'enseignement, avez-vous eu l'occasion de collaborer avec les personnes suivantes ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= jamais et 5 = très souvent	1	2	3	4	5
6.4.1. Autre enseignant-e intervenant dans la classe	☐1	☐	☐	☐4	☐5
6.4.2. Enseignant-e d'autres classes	☐1	☐	☐	☐4	☐5
6.4.3. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐1	☐	☐	☐4	☐5
6.4.4. Enseignant-e spécialisé-e (dans le domaine du handicap)	☐1	☐	☐	☐4	☐5
6.4.5. Médiateur-trice scolaire	☐1	☐	☐	☐4	☐5
6.4.6. Infirmier-e scolaire	☐1	☐	☐	☐4	☐5
6.4.7. Psychologue scolaire ou privé-e	☐1	☐	☐	☐4	☐5
6.4.8. Logopédiste scolaire ou privé-e	☐1	☐	☐	☐4	☐5
6.4.9. Médecin de l'élève concerné	☐1	☐	☐	☐4	☐5
6.4.10. Parents de l'élève concerné	☐1	☐	☐	☐4	☐5

6.5. Le cas échéant, la collaboration avec les personnes suivantes a-t-elle été aidante ? (pour chaque proposition, cochez la case la plus proche de votre opinion)

1= pas du tout aidante et 5 = tout à fait aidante	Pas expérimenté	1	2	3	4	5
6.5.1. Autre enseignant-e intervenant dans la classe	☐0	☐	☐	☐	☐	☐
6.5.2. Enseignant-e d'autres classes	☐0	☐	☐	☐	☐	☐
6.5.3. Enseignant-e d'appui (pour les élèves en difficulté scolaire)	☐0	☐	☐	☐	☐	☐
6.5.4. Enseignant-e spécialisé-e (dans le domaine du handicap)	☐0	☐	☐	☐	☐	☐
6.5.5. Médiateur-trice scolaire	☐0	☐	☐	☐	☐	☐
6.5.6. Infirmier-e scolaire	☐0	☐	☐	☐	☐	☐
6.5.7. Psychologue scolaire ou privé-e	☐0	☐	☐	☐	☐	☐
6.5.8. Logopédiste scolaire ou privé-e	☐0	☐	☐	☐	☐	☐
6.5.9. Médecin de l'élève concerné	☐0	☐	☐	☐	☐	☐
6.5.10. Parents de l'élève concerné	☐0	☐	☐	☐	☐	☐

Appendices 9: Male Alcohol Questionnaire.

Questionnaire

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

The school is a perfect place to carry out studies and to develop interventions to prevent risky behaviour among pupils, including alcohol misuse and cannabis use. However, few studies have sought to ascertain the views of teachers with a preventative approach. This study aims to deepen our understanding of attitudes and opinions of teachers in relation to the prevention of substance abuse in secondary schools.

Please tick the box if you are satisfied with the below statement before completing the questionnaire:

I have received a separate information sheet regarding the background, purpose and aims of this study. Therefore, I am fully aware of what is expected of me and I agree to participate by completing this questionnaire. ☐ **Date: / /2011**

Section 1 - Demographic information

1. **What is your gender?**

   Male ☐ Female ☐

2. **Age Group:**
   20-30 Years ☐ 31-40 Years ☐ 41-50 Years ☐ 51 – 60 Years ☐ Over 60 Years ☐

3. **Are you a parent?**
   Yes ☐ No ☐

4. **If you answered yes to the above question and you are a parent to which age group do your children belong?**
   (You may tick more than one box to answer this question.)
   0-12 years ☐ 12-18 years ☐ 18+ years ☐ N/A ☐

5. **What level do you teach?**
   Leaving certificate only ☐ Junior certificate only ☐ Leaving Cert and Junior Certificate ☐

6. **How long are you working in the teaching profession?**
   1-5 Years ☐ 6-15 Years ☐ Over 15 Years ☐

7. **Do you teach Social Personal and Health Education (SPHE)?**
   Yes ☐ No ☐

8. **Are your hours of work full time or part time?**
   Full time ☐ Part time (less than 10 hours per week)

Section 2 - Consumption of Alcohol and Identifying Alcohol Misuse among Pupils.

9. **In your opinion, if a Male pupil regularly consumes alcohol what are the reasons that cause this? *(Please circle one answer for each of the following proposals).***

A Personality Trait *(i.e. lack of confidence)*		**The Search for Excitement**		**Thrill-Seeking**		**Impulsivity**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Genetic Factors		**Conflict with Friends**		**Conflict with Teacher**		**School Performance**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Family Conflict							
Very Unlikely	Unlikely						
Somewhat likely	Likely						

10. **When you were a pupil attending second level education, did your peer group misuse alcohol?**

No, not in my class or in my school ☐ Yes, in my class ☐ Yes, in my school but not my class ☐

11. **Have you ever noticed a pupil intoxicated in your class?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

12. **Have you ever witnessed pupils drinking alcohol on the school premises?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

13. **Have you ever witnessed pupils drinking alcohol on an extracurricular activity/school trip?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

14. **What number of drinks per week would you consider problematic for a 15 year old pupil? (1 drink = 1 beer or glass of wine).**

(Circle the number of drinks per week.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

15. **If a pupil was to attend a party or a social event what number of drinks would you consider reasonable to consume for this 15 year old pupil? (1 drink = 1 beer or glass of wine).**

(Circle the number of drinks per week.)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

16. **In your opinion, what is the probability that a Male pupil would suffer the following types of adverse reaction listed below when under the influence of alcohol? *(Please circle one answer for each of the following proposals).***

Injury/Accident		**Conflict/Verbal**		**Conflict/Physical**		**Risky Sexual Behaviour**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely
Panic Attack		**Fit of Despair**		**Isolation**		**Depression**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely

Section 3 - Experiences and Perceptions of the Teacher on the Prevention of Alcohol Misuse among Pupils.

17. **When you were a pupil, how did you feel about the overall attention that your teachers gave towards the prevention of alcohol misuse during second level education? *(Tick the box closest to your opinion.)***

Low Importance 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ High Importance

18. **The prevention of alcohol misuse among pupils in schools is a topic that concerns you.**

Yes ☐ No ☐ Sometimes ☐ Not at all ☐

19. **Have you ever participated (as a teacher) in an effort to prevent alcohol misuse among pupils at school?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

20. **If you participated in an effort to prevent alcohol misuse among pupils at school, please indicate what type of preventive effort you have participated in by ticking the box/boxes below:**	
Training days for teachers on the prevention of alcohol misuse in young people.	
Educating pupils on the prevention of alcohol misuse as part of class.	
Conference for teachers on the prevention of alcohol misuse among pupils.	
Conference for teachers and pupils on the prevention of alcohol misuse among young people.	
Testimony to pupils from a former alcoholic.	
Testimony to pupils from An Garda Siochana.	
Prevention programme in school on alcohol misuse among pupils.	
Other please specify: _____	

Section 4 - Teachers' Perceptions of School Satisfaction.

21. **Do you agree with the following statements: (For each proposal check the box closest to your opinion.) 1=strongly disagree and 6=strongly agree.**	***strongly disagree*** → ***strongly agree***					
	1	***2***	***3***	***4***	***5***	***6***
Pupils are proud of their school.						
Pupils speak highly of their school to outsiders.						
Pupils feel comfortable in their school.						
I am proud to work in my school.						
I speak highly of this school to outsiders.						
I feel comfortable in this school.						
My pupils have opportunities to decide on activities in my classroom.						
I praise my pupils when they make a good effort in their work.						
My pupils have the opportunity to participate in extra-curricular activities. (Hurling, football, hockey).						
Pupils in this school have the opportunity to speak with a teacher on a one to one basis.						
Pupils feel safe in this school.						

Section 5 - Teachers' Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse.

22. Do you agree with the following statements: (For each proposal check the box closest to your opinion) 1=strongly disagree and 6=strongly agree.	*strongly disagree* → *strongly agree*					
	1	*2*	*3*	*4*	*5*	*6*
Preventing alcohol misuse is part of the role of school.						
Preventing alcohol misuse is part of the role of a teacher.						
The school should take steps to aid a pupil who misuses alcohol.						
The school should take steps to prevent alcohol misuse amongst pupils at school.						
I would find the time to discuss alcohol misuse with my pupils.						
I would be comfortable to talk with a pupil who has consumed alcohol on the school grounds.						
Teachers need training for preventing alcohol misuse.						
Preventing alcohol consumption among pupils in my school provides extra meaning to my profession as a teacher.						
I have an interest in training related to the misuse of alcohol.						
I fear that becoming involved in preventing alcohol misuse among my pupils could lead to a source of burnout.						
My teacher training allows me to intervene to prevent alcohol use amongst my pupils.						
Brochures/Leaflets contacting information on alcohol are available at my school.						
The testimony of a former alcoholic to pupils could be an effective form of prevention.						
The rules are clear about the consumption of alcohol in this school.						
Pupils are fully aware of the school rules regarding alcohol consumption.						
Teachers are fully aware of the school rules regarding alcohol consumption.						
In the event that pupils are found consuming alcohol on the school grounds the steps forward are clear.						
I would be comfortable discussing alcohol misuse with my class.						
Trying to prevent the misuse of alcohol may actually encourage pupils to consume alcohol.						
Improving pupils knowledge about the harmful effects of alcohol may decrease their intention to consume alcohol.						
If they are already consuming alcohol improving pupils knowledge about the harmful effects may help reduce consumption.						
Problems with alcohol could be avoided through prevention measures carried out in school.						
Preventing alcohol misuse in adolescents is exclusively part of the role of the family.						
I would be able to spot a pupil who is slightly drunk in the classroom.						
I would be able to identify a smell of alcohol from a pupil who has consumed it.						

Section 6 - Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

23. In your opinion, how confident are you that pupils can trust the following people to "give good advice" against the misuse of alcohol. (For each proposal check the box closest to your opinion). 1=not at all confident and 6=completely confident.	*not at all confident* → *completely confident*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner/Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

24. In your opinion, how capable are the following people at preventing alcohol misuse among pupils at your school. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

25. **In your opinion, how capable are the following people at "<u>providing assistance</u>" to a pupil who has an alcohol related problem. For each proposal check the box closest to your opinion). 1=<u>not at all capable</u> and 6= <u>completely capable.</u>**	***not at all capable*** → ***completely capable***					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

Here is a fictional situation you may be facing;

A <u>Male pupil</u> comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol.

26. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> may have felt before drinking alcohol? (*<u>Please circle one answer for each of the following proposals</u>*.)**					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
27. **In your opinion, what intensity of the following emotions were felt by this <u>pupil</u> when arriving into class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High

28. **What intensity of the following emotions <u>do you feel</u> when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
29. **What intensity of the following emotions <u>do you show</u> when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
30. **In your opinion, what intensity of the following emotions do the <u>other pupils</u> feel when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
31. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> would feel when returning to school the following day sober? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

32. **Following this event:** ***(Please circle one answer for each of the following proposals).***	***Very Likely***	***Unlikely***
I ignore that the event occurred.		
I prefer to act alone with the pupil .		
I would get help from my colleagues to handle the situation.		
I would ensure that the child's parents are contacted		
Following this event I could count on the following people for help and support. ***(Please do not list names, i.e. principle).*** **1._____ 4._____ 2._____ 5._____ 3._____ 6._____**		

Thank You for Completing this Questionnaire!

Appendices 10: Female Alcohol Questionnaire.

Questionnaire

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

The school is a perfect place to carry out studies and to develop interventions to prevent risky behaviour among pupils, including alcohol misuse and cannabis use. However, few studies have sought to ascertain the views of teachers with a preventative approach. This study aims to deepen our understanding of attitudes and opinions of teachers in relation to the prevention of substance abuse in secondary schools.

Please tick the box if you are satisfied with the below statement before completing the questionnaire:

I have received a separate information sheet regarding the background, purpose and aims of this study. Therefore, I am fully aware of what is expected of me and I agree to participate by completing this questionnaire. ☐ **Date: / /2011**

Section 1 - Demographic information

1. **What is your gender?**

   Male ☐ Female ☐

2. **Age Group:**
   20-30 Years ☐ 31-40 Years ☐ 41-50 Years ☐ 51 – 60 Years ☐ Over 60 Years ☐

3. **Are you a parent?**
   Yes ☐ No ☐

4. **If you answered yes to the above question and you are a parent to which age group do your children belong?**
   (You may tick more than one box to answer this question.)
   0-12 years ☐ 12-18 years ☐ 18+ years ☐ N/A ☐

5. **What level do you teach?**
   Leaving certificate only ☐ Junior certificate only ☐ Leaving Cert and Junior Certificate ☐

6. **How long are you working in the teaching profession?**
   1-5 Years ☐ 6-15 Years ☐ Over 15 Years ☐

7. **Do you teach Social Personal and Health Education (SPHE)?**
   Yes ☐ No ☐

8. **Are your hours of work full time or part time?**
   Full time ☐ Part time (less than 10 hours per week)

Section 2 - Consumption of Alcohol and Identifying Alcohol Misuse among Pupils.

9. **In your opinion, if a Female pupil regularly consumes alcohol what are the reasons that cause this? *(Please circle one answer for each of the following proposals).***

A Personality Trait *(i.e. lack of confidence)*		**The Search for Excitement**		**Thrill-Seeking**		**Impulsivity**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Genetic Factors		**Conflict with Friends**		**Conflict with Teacher**		**School Performance**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Family Conflict							
Very Unlikely	Unlikely						
Somewhat likely	Likely						

10. **When you were a pupil attending second level education, did your peer group misuse alcohol?**

No, not in my class or in my school ☐ Yes, in my class ☐ Yes, in my school but not my class ☐

11. **Have you ever noticed a pupil intoxicated in your class?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

12. **Have you ever witnessed pupils drinking alcohol on the school premises?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

13. **Have you ever witnessed pupils drinking alcohol on an extracurricular activity/school trip?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

14. **What number of drinks per week would you consider problematic for a 15 year old pupil? (1 drink = 1 beer or glass of wine).**

(Circle the number of drinks per week.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

15. **If a pupil was to attend a party or a social event what number of drinks would you consider reasonable to consume for this 15 year old pupil? (1 drink = 1 beer or glass of wine).**

(Circle the number of drinks per week.)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

16. **In your opinion, what is the probability that a Female pupil would suffer the following types of adverse reaction listed below when under the influence of alcohol? *(Please circle one answer for each of the following proposals).***

Injury/Accident		**Conflict/Verbal**		**Conflict/Physical**		**Risky Sexual Behaviour**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely
Panic Attack		**Fit of Despair**		**Isolation**		**Depression**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely

Section 3 - Experiences and Perceptions of the Teacher on the Prevention of Alcohol Misuse among Pupils.

17. **When you were a pupil, how did you feel about the overall attention that your teachers gave towards the prevention of alcohol misuse during second level education? *(Tick the box closest to your opinion.)***

Low Importance 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ High Importance

18. **The prevention of alcohol misuse among pupils in schools is a topic that concerns you.**

Yes ☐ No ☐ Sometimes ☐ Not at all ☐

19. **Have you ever participated (as a teacher) in an effort to prevent alcohol misuse among pupils at school?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

20.	**If you participated in an effort to prevent alcohol misuse among pupils at school, please indicate what type of preventive effort you have participated in by ticking the box/boxes below:**	
	Training days for teachers on the prevention of alcohol misuse in young people.	
	Educating pupils on the prevention of alcohol misuse as part of class.	
	Conference for teachers on the prevention of alcohol misuse among pupils.	
	Conference for teachers and pupils on the prevention of alcohol misuse among young people.	
	Testimony to pupils from a former alcoholic.	
	Testimony to pupils from An Garda Siochana.	
	Prevention programme in school on alcohol misuse among pupils.	
	Other please specify: _____	

Section 4 - Teachers' Perceptions of School Satisfaction.

21. **Do you agree with the following statements: (For each proposal check the box closest to your opinion.) 1=strongly disagree and 6=strongly agree.**	***strongly disagree*** → ***strongly agree***					
	1	***2***	***3***	***4***	***5***	***6***
Pupils are proud of their school.						
Pupils speak highly of their school to outsiders.						
Pupils feel comfortable in their school.						
I am proud to work in my school.						
I speak highly of this school to outsiders.						
I feel comfortable in this school.						
My pupils have opportunities to decide on activities in my classroom.						
I praise my pupils when they make a good effort in their work.						
My pupils have the opportunity to participate in extra-curricular activities. (Hurling, football, hockey).						
Pupils in this school have the opportunity to speak with a teacher on a one to one basis.						
Pupils feel safe in this school.						

Section 5 - Teachers' Attitudes in their Role and the Role of their School in the Prevention of Alcohol Misuse or Cannabis Use.

22. Do you agree with the following statements: (For each proposal check the box closest to your opinion) 1=strongly disagree and 6=strongly agree.	*strongly disagree* → *strongly agree*					
	1	*2*	*3*	*4*	*5*	*6*
Preventing alcohol misuse is part of the role of school.						
Preventing alcohol misuse is part of the role of a teacher.						
The school should take steps to aid a pupil who misuses alcohol.						
The school should take steps to prevent alcohol misuse amongst pupils at school.						
I would find the time to discuss alcohol misuse with my pupils.						
I would be comfortable to talk with a pupil who has consumed alcohol on the school grounds.						
Teachers need training for preventing alcohol misuse.						
Preventing alcohol consumption among pupils in my school provides extra meaning to my profession as a teacher.						
I have an interest in training related to the misuse of alcohol.						
I fear that becoming involved in preventing alcohol misuse among my pupils could lead to a source of burnout.						
My teacher training allows me to intervene to prevent alcohol use amongst my pupils.						
Brochures/Leaflets contacting information on alcohol are available at my school.						
The testimony of a former alcoholic to pupils could be an effective form of prevention.						
The rules are clear about the consumption of alcohol in this school.						
Pupils are fully aware of the school rules regarding alcohol consumption.						
Teachers are fully aware of the school rules regarding alcohol consumption.						
In the event that pupils are found consuming alcohol on the school grounds the steps forward are clear.						
I would be comfortable discussing alcohol misuse with my class.						
Trying to prevent the misuse of alcohol may actually encourage pupils to consume alcohol.						
Improving pupils knowledge about the harmful effects of alcohol may decrease their intention to consume alcohol.						
If they are already consuming alcohol improving pupils knowledge about the harmful effects may help reduce consumption.						
Problems with alcohol could be avoided through prevention measures carried out in school.						
Preventing alcohol misuse in adolescents is exclusively part of the role of the family.						
I would be able to spot a pupil who is slightly drunk in the classroom.						
I would be able to identify a smell of alcohol from a pupil who has consumed it.						

Section 6 - Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

23. In your opinion, how confident are you that pupils can trust the following people to "give good advice" against the misuse of alcohol. (For each proposal check the box closest to your opinion). 1=not at all confident and 6=completely confident.	*not at all confident* → *completely confident*					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner/Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

24. In your opinion, how capable are the following people at preventing alcohol misuse among pupils at your school. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

25. **In your opinion, how capable are the following people at "<u>providing assistance</u>" to a pupil who has an alcohol related problem. For each proposal check the box closest to your opinion). 1=<u>not at all capable</u> and 6= <u>completely capable.</u>**	***not at all capable*** → ***completely capable***					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

Here is a fictional situation you may be facing;

A <u>Female pupil</u> comes into your class early in the afternoon and it is clear that this pupil has been drinking alcohol.

26. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> may have felt before drinking alcohol? (*<u>Please circle one answer for each of the following proposals</u>*.)**					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

27. **In your opinion, what intensity of the following emotions were felt by this <u>pupil</u> when arriving into class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High

28. **What intensity of the following emotions <u>do you feel</u> when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
29. **What intensity of the following emotions <u>do you show</u> when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
30. **In your opinion, what intensity of the following emotions do the <u>other pupils</u> feel when this pupil arrives to class drunk? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
31. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> would feel when returning to school the following day sober? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

32. **Following this event:** ***(Please circle one answer for each of the following proposals).***	***Very Likely***	***Unlikely***
I ignore that the event occurred.		
I prefer to act alone with the pupil .		
I would get help from my colleagues to handle the situation.		
I would ensure that the child's parents are contacted		
Following this event I could count on the following people for help and support. ***(Please do not list names, i.e. principle).*** **1._____ 4._____ 2._____ 5._____ 3._____ 6._____**		

Thank You for Completing this Questionnaire!

Appendices 11: Male Cannabis Questionnaire.

Questionnaire

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

The school is a perfect place to carry out studies and to develop interventions to prevent risky behaviour among pupils, including alcohol misuse and cannabis use. However, few studies have sought to ascertain the views of teachers with a preventative approach. This study aims to deepen our understanding of attitudes and opinions of teachers in relation to the prevention of substance abuse in secondary schools.

Please tick the box if you are satisfied with the below statement before completing the questionnaire:

I have received a separate information sheet regarding the background, purpose and aims of this study. Therefore, I am fully aware of what is expected of me and I agree to participate by completing this questionnaire. ☐ **Date: / /2011**

Section 1 - Demographic information

1. **What is your gender?**

   Male ☐ Female ☐

2. **Age Group:**
   20-30 Years ☐ 31-40 Years ☐ 41-50 Years ☐ 51 – 60 Years ☐ Over 60 Years ☐

3. **Are you a parent?**
   Yes ☐ No ☐

4. **If you answered yes to the above question and you are a parent to which age group do your children belong?**
   (You may tick more than one box to answer this question.)
   0-12 years ☐ 12-18 years ☐ 18+ years ☐ N/A ☐

5. **What level do you teach?**
   Leaving certificate only ☐ Junior certificate only ☐ Leaving Cert and Junior Certificate ☐

6. **How long are you working in the teaching profession?**
   1-5 Years ☐ 6-15 Years ☐ Over 15 Years ☐

7. **Do you teach Social Personal and Health Education (SPHE)?**
   Yes ☐ No ☐

8. **Are your hours of work full time or part time?**
   Full time ☐ Part time (less than 10 hours per week)

Section 2 - Consumption of Cannabis and Identifying Cannabis Use among Pupils.

9. **In your opinion, if a Male pupil regularly smokes cannabis what are the reasons that cause this? *(Please circle one answer for each of the following proposals).***

A Personality Trait *(i.e. lack of confidence)*		**The Search for Excitement**		**Thrill-Seeking**		**Impulsivity**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Genetic Factors		**Conflict with Friends**		**Conflict with Teacher**		**School Performance**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Family Conflict							
Very Unlikely	Unlikely						
Somewhat likely	Likely						

10. **When you were a pupil attending second level education, did your peer group use cannabis?**

No, not in my class or in my school ☐ Yes, in my class ☐ Yes, in my school but not my class ☐

11. **Have you ever noticed a pupil stoned in your class?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

12. **Have you ever witnessed a pupils smoking cannabis on the school premises?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

13. **Have you ever witnessed a pupil smoking cannabis on an extracurricular activity/school trip?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

14. **What number of joints per week would you consider problematic for a 15 year old pupil?**

(Circle the number of drinks per week.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

15. **If a pupil was to attend a party or a social event what number of joints would you consider reasonable to smoke for this 15 year old pupil?**

(Circle the number of drinks per week.)
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

16. **In your opinion, what is the probability that a Male pupil would suffer the following types of adverse reaction listed below after smoking cannabis? *(Please circle one answer for each of the following proposals).***

Injury/Accident		**Conflict/Verbal**		**Conflict/Physical**		**Risky Sexual Behaviour**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely
Panic Attack		**Fit of Despair**		**Isolation**		**Depression**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely

Section 3 - Experiences and Perceptions of the Teacher on the Prevention of Cannabis Use among Pupils.

17. **When you were a pupil, how did you feel about the overall attention that your teachers gave towards the prevention of cannabis use during second level education? *(Tick the box closest to your opinion.)***
Low Importance 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ High Importance

18. **The prevention of cannabis use among pupils in schools is a topic that concerns you.**
Yes ☐ No ☐ Sometimes ☐ Not at all ☐

19. **Have you ever participated (as a teacher) in an effort to prevent cannabis use among pupils at school?**
Never ☐ Rarely ☐ Often ☐ Very Often ☐

20. **If you participated in an effort to prevent cannabis use among pupils at school, please indicate what type of preventive effort you have participated in by ticking the box/boxes below:**	
Training days for teachers on the prevention of cannabis use in young people.	
Educating pupils on the prevention of cannabis use as part of class.	
Conference for teachers on the prevention of cannabis use among pupils.	
Conference for teachers and pupils on the prevention of cannabis use among young people.	
Testimony to pupils from a former drug addict.	
Testimony to pupils from An Garda Siochana.	
Prevention programme in school on cannabis use among pupils.	
Other please specify: _____	

Section 4 - Teachers' Perceptions of School Satisfaction.

21. **Do you agree with the following statements: (For each proposal check the box closest to your opinion.) 1=strongly disagree and 6=strongly agree.**	***strongly disagree*** → ***strongly agree***					
	1	***2***	***3***	***4***	***5***	***6***
Pupils are proud of their school.						
Pupils speak highly of their school to outsiders.						
Pupils feel comfortable in their school.						
I am proud to work in my school.						
I speak highly of this school to outsiders.						
I feel comfortable in this school.						
My pupils have opportunities to decide on activities in my classroom.						
I praise my pupils when they make a good effort in their work.						
My pupils have the opportunity to participate in extra-curricular activities. (Hurling, football, hockey).						
Pupils in this school have the opportunity to speak with a teacher on a one to one basis.						
Pupils feel safe in this school.						

Section 5 - Teachers' Attitudes in their Role and the Role of their School in the Prevention of Cannabis Use.

22. Do you agree with the following statements: (For each proposal check the box closest to your opinion) 1=strongly disagree and 6=strongly agree.	*strongly disagree → strongly agree*					
	1	*2*	*3*	*4*	*5*	*6*
Preventing cannabis use is part of the role of school.						
Preventing cannabis use is part of the role of a teacher.						
The school should take steps to aid a pupil who uses cannabis.						
The school should take steps to prevent cannabis use amongst pupils at school.						
I would find the time to discuss cannabis use with my pupils.						
I would be comfortable to talk with a pupil who has consumed cannabis on the school grounds.						
Teachers need training for preventing cannabis use.						
Preventing cannabis consumption among pupils in my school provides extra meaning to my profession as a teacher.						
I have an interest in training related to the use of cannabis.						
I fear that becoming involved in preventing cannabis use among my pupils could lead to a source of burnout.						
My teacher training allows me to intervene to prevent cannabis use amongst my pupils.						
Brochures/Leaflets contacting information on cannabis are available at my school.						
The testimony of a former addict to pupils could be an effective form of prevention.						
The rules are clear about the consumption of cannabis in this school.						
Pupils are fully aware of the school rules regarding cannabis consumption.						
Teachers are fully aware of the school rules regarding cannabis consumption.						
In the event that pupils are found consuming cannabis on the school grounds the steps forward are clear.						
I would be comfortable discussing cannabis use with my class.						
Trying to prevent the use of cannabis may actually encourage pupils to consume cannabis.						
Improving pupils knowledge about the harmful effects of cannabis may decrease their intention to consume cannabis.						
If they are already consuming cannabis improving pupils knowledge about the harmful effects may help reduce consumption.						
Problems with cannabis could be avoided through prevention measures carried out in school.						
Preventing cannabis use in adolescents is exclusively part of the role of the family.						
I would be able to spot a pupil who is slightly stoned in the classroom.						
I would be able to identify a smell of cannabis from a pupil who has consumed it.						

Section 6 - Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

23. In your opinion, how confident are you that pupils can trust the following people to "give good advice" against the use of cannabis. (For each proposal check the box closest to your opinion). 1=not at all confident and 6=completely confident.	*not at all confident* → *completely confident*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner/Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

24. In your opinion, how capable are the following people at preventing cannabis use among pupils at your school. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

25. In your opinion, how capable are the following people at "providing assistance" to a pupil who has an cannabis related problem. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

Here is a fictional situation you may be facing;

A Male pupil comes into your class early in the afternoon and it is clear that this pupil has been smoking cannabis.

26. In your opinion, what intensity of the following emotions do you think this pupil may have felt before smoking cannabis? (*Please circle one answer for each of the following proposals*.)					
Anger		***Fear***		***Sad***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
Disgust		***Happy***		***Contempt***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
Surprise		***Guilt***		***Shame***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

27. In your opinion, what intensity of the following emotions were felt by this pupil when arriving into class stoned? *(Please circle one answer for each of the following proposals).*					
Anger		***Fear***		***Sad***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
Disgust		***Happy***		***Contempt***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
Surprise		***Guilt***		***Shame***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High

28. **What intensity of the following emotions <u>do you feel</u> when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
29. **What intensity of the following emotions <u>do you show</u> when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
30. **In your opinion, what intensity of the following emotions do the <u>other pupils</u> feel when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
31. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> would feel when returning to school the following day sober? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

32. **Following this event:** *(Please circle one answer for each of the following proposals).*	***Very Likely***	***Unlikely***
I ignore that the event occurred.		
I prefer to act alone with the pupil .		
I would get help from my colleagues to handle the situation.		
I would ensure that the child's parents are contacted		
Following this event I could count on the following people for help and support. ***(Please do not list names, i.e. principle).*** **1._____ 4._____ 2._____ 5._____ 3._____ 6._____**		

Thank You for Completing this Questionnaire!!!

Appendices 12: Female Cannabis Questionnaire.

Questionnaire

An investigation of teachers' perceptions of and attitudes towards alcohol and cannabis use among second level pupils and school based prevention.

The school is a perfect place to carry out studies and to develop interventions to prevent risky behaviour among pupils, including alcohol misuse and cannabis use. However, few studies have sought to ascertain the views of teachers with a preventative approach. This study aims to deepen our understanding of attitudes and opinions of teachers in relation to the prevention of substance abuse in secondary schools.

Please tick the box if you are satisfied with the below statement before completing the questionnaire:

I have received a separate information sheet regarding the background, purpose and aims of this study. Therefore, I am fully aware of what is expected of me and I agree to participate by completing this questionnaire. ☐ **Date: / /2011**

Section 1 - Demographic information

1. **What is your gender?**

   Female ☐ Male ☐

2. **Age Group:**
   20-30 Years ☐ 31-40 Years ☐ 41-50 Years ☐ 51 – 60 Years ☐ Over 60 Years ☐

3. **Are you a parent?**
   Yes ☐ No ☐

4. **If you answered yes to the above question and you are a parent to which age group do your children belong?**
   (You may tick more than one box to answer this question.)
   0-12 years ☐ 12-18 years ☐ 18+ years ☐ N/A ☐

5. **What level do you teach?**
   Leaving certificate only ☐ Junior certificate only ☐ Leaving Cert and Junior Certificate ☐

6. **How long are you working in the teaching profession?**
   1-5 Years ☐ 6-15 Years ☐ Over 15 Years ☐

7. **Do you teach Social Personal and Health Education (SPHE)?**
   Yes ☐ No ☐

8. **Are your hours of work full time or part time?**
   Full time ☐ Part time (less than 10 hours per week)

Section 2 - Consumption of Cannabis and Identifying Cannabis Use among Pupils.

9. **In your opinion, if a Female pupil regularly smokes cannabis what are the reasons that cause this? *(Please circle one answer for each of the following proposals).***

A Personality Trait *(i.e. lack of confidence)*		**The Search for Excitement**		**Thrill-Seeking**		**Impulsivity**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Genetic Factors		**Conflict with Friends**		**Conflict with Teacher**		**School Performance**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewha t likely	Likely	Somewhat likely	Likely
Family Conflict							
Very Unlikely	Unlikely						
Somewhat likely	Likely						

10. **When you were a pupil attending second level education, did your peer group use cannabis?**

No, not in my class or in my school ☐ Yes, in my class ☐ Yes, in my school but not my class ☐

11. **Have you ever noticed a pupil stoned in your class?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

12. **Have you ever witnessed a pupils smoking cannabis on the school premises?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

13. **Have you ever witnessed a pupil smoking cannabis on an extracurricular activity/school trip?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

14. **What number of joints per week would you consider problematic for a 15 year old pupil?**

(Circle the number of drinks per week.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

15. **If a pupil was to attend a party or a social event what number of joints would you consider reasonable to smoke for this 15 year old pupil?**

(Circle the number of drinks per week.)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

16. **In your opinion, what is the probability that a Female pupil would suffer the following types of adverse reaction listed below after smoking cannabis? *(Please circle one answer for each of the following proposals).***

Injury/Accident		**Conflict/Verbal**		**Conflict/Physical**		**Risky Sexual Behaviour**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely
Panic Attack		**Fit of Despair**		**Isolation**		**Depression**	
Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely	Very Unlikely	Unlikely
Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely	Somewhat likely	Likely

Section 3 - Experiences and Perceptions of the Teacher on the Prevention of Cannabis Use among Pupils.

17. **When you were a pupil, how did you feel about the overall attention that your teachers gave towards the prevention of cannabis use during second level education? *(Tick the box closest to your opinion.)***

Low Importance 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ High Importance

18. **The prevention of alcohol misuse among pupils in schools is a topic that concerns you.**

Yes ☐ No ☐ Sometimes ☐ Not at all ☐

19. **Have you ever participated (as a teacher) in an effort to prevent cannabis use among pupils at school?**

Never ☐ Rarely ☐ Often ☐ Very Often ☐

20.	**If you participated in an effort to prevent cannabis use among pupils at school, please indicate what type of preventive effort you have participated in by ticking the box/boxes below:**	
	Training days for teachers on the prevention of cannabis use in young people.	
	Educating pupils on the prevention of cannabis use as part of class.	
	Conference for teachers on the prevention of cannabis use among pupils.	
	Conference for teachers and pupils on the prevention of cannabis use among young people.	
	Testimony to pupils from a former drug addict.	
	Testimony to pupils from An Garda Siochana.	
	Prevention programme in school on cannabis use among pupils.	
	Other please specify: _____	

Section 4 - Teachers' Perceptions of School Satisfaction.

21. **Do you agree with the following statements: (For each proposal check the box closest to your opinion.) 1=strongly disagree and 6=strongly agree.**	***strongly disagree*** → ***strongly agree***					
	1	***2***	***3***	***4***	***5***	***6***
Pupils are proud of their school.						
Pupils speak highly of their school to outsiders.						
Pupils feel comfortable in their school.						
I am proud to work in my school.						
I speak highly of this school to outsiders.						
I feel comfortable in this school.						
My pupils have opportunities to decide on activities in my classroom.						
I praise my pupils when they make a good effort in their work.						
My pupils have the opportunity to participate in extra-curricular activities. (Hurling, football, hockey).						
Pupils in this school have the opportunity to speak with a teacher on a one to one basis.						
Pupils feel safe in this school.						

Section 5 - Teachers' Attitudes in their Role and the Role of their School in the Prevention of Cannabis Use.

22. Do you agree with the following statements: (For each proposal check the box closest to your opinion) 1=strongly disagree and 6=strongly agree.	*strongly disagree → strongly agree*					
	1	*2*	*3*	*4*	*5*	*6*
Preventing cannabis use is part of the role of school.						
Preventing cannabis use is part of the role of a teacher.						
The school should take steps to aid a pupil who uses cannabis.						
The school should take steps to prevent cannabis use amongst pupils at school.						
I would find the time to discuss cannabis use with my pupils.						
I would be comfortable to talk with a pupil who has consumed cannabis on the school grounds.						
Teachers need training for preventing cannabis use.						
Preventing cannabis consumption among pupils in my school provides extra meaning to my profession as a teacher.						
I have an interest in training related to the use of cannabis.						
I fear that becoming involved in preventing cannabis use among my pupils could lead to a source of burnout.						
My teacher training allows me to intervene to prevent cannabis use amongst my pupils.						
Brochures/Leaflets contacting information on cannabis are available at my school.						
The testimony of a former addict to pupils could be an effective form of prevention.						
The rules are clear about the consumption of cannabis in this school.						
Pupils are fully aware of the school rules regarding cannabis consumption.						
Teachers are fully aware of the school rules regarding cannabis consumption.						
In the event that pupils are found consuming cannabis on the school grounds the steps forward are clear.						
I would be comfortable discussing cannabis use with my class.						
Trying to prevent the use of cannabis may actually encourage pupils to consume cannabis.						
Improving pupils knowledge about the harmful effects of cannabis may decrease their intention to consume cannabis.						
If they are already consuming cannabis improving pupils knowledge about the harmful effects may help reduce consumption.						
Problems with cannabis could be avoided through prevention measures carried out in school.						
Preventing cannabis use in adolescents is exclusively part of the role of the family.						
I would be able to spot a pupil who is slightly stoned in the classroom.						
I would be able to identify a smell of cannabis from a pupil who has consumed it.						

Section 6 - Teachers' Perceptions of Emotions associated with alcohol use and cannabis misuse and their attitudes towards the assistance and support of the school.

23. In your opinion, how confident are you that pupils can trust the following people to "give good advice" against the use of cannabis. (For each proposal check the box closest to your opinion). 1=not at all confident and 6=completely confident.	*not at all confident* → *completely confident*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner/Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

24. In your opinion, how capable are the following people at preventing cannabis use among pupils at your school. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	*2*	*3*	*4*	*5*	*6*
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

25. In your opinion, how capable are the following people at "providing assistance" to a pupil who has an cannabis related problem. For each proposal check the box closest to your opinion). 1=not at all capable and 6= completely capable.	*not at all capable* → *completely capable*					
	1	***2***	***3***	***4***	***5***	***6***
A school friend of the same age.						
A friend of the same age outside school.						
You, as a teacher.						
A teacher of other classes.						
A support teacher.						
A school co-ordinator/liaison officer.						
A nurse.						
A school psychologist.						
A private psychologist.						
An expert in toxicology.						
A pupil's General Practitioner /Doctor.						
Parents of the pupil concerned						
Siblings of the pupil concerned						

Here is a fictional situation you may be facing;

A Female pupil comes into your class early in the afternoon and it is clear that this pupil has been smoking cannabis.

26. In your opinion, what intensity of the following emotions do you think this pupil may have felt before smoking cannabis? (*Please circle one answer for each of the following proposals*.)					
Anger		***Fear***		***Sad***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
Disgust		***Happy***		***Contempt***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
Surprise		***Guilt***		***Shame***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

27. In your opinion, what intensity of the following emotions were felt by this pupil when arriving into class stoned? *(Please circle one answer for each of the following proposals).*					
Anger		***Fear***		***Sad***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
Disgust		***Happy***		***Contempt***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High
Surprise		***Guilt***		***Shame***	
Very Low	Low	**Very Low**	Low	**Very Low**	Low
High	Very High	**High**	Very High	**High**	Very High

28. **What intensity of the following emotions <u>do you feel</u> when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
29. **What intensity of the following emotions <u>do you show</u> when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
30. **In your opinion, what intensity of the following emotions do the <u>other pupils</u> feel when this pupil arrives to class stoned? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
31. **In your opinion, what intensity of the following emotions do you think this <u>pupil</u> would feel when returning to school the following day sober? *<u>(Please circle one answer for each of the following proposals).</u>***					
<u>Anger</u>		***<u>Fear</u>***		***<u>Sad</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Disgust</u>		***<u>Happy</u>***		***<u>Contempt</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High
<u>Surprise</u>		***<u>Guilt</u>***		***<u>Shame</u>***	
Very Low	Low	Very Low	Low	Very Low	Low
High	Very High	High	Very High	High	Very High

32. **Following this event:** ***(Please circle one answer for each of the following proposals).***	***Very Likely***	***Unlikely***
I ignore that the event occurred.		
I prefer to act alone with the pupil .		
I would get help from my colleagues to handle the situation.		
I would ensure that the child's parents are contacted		
Following this event I could count on the following people for help and support. ***(Please do not list names, i.e. principle).*** **1._____ 4._____ 2._____ 5._____ 3._____ 6._____**		

Thank You for Completing this Questionnaire!!!

Appendices 13: Training Log.

Topic	Skill	Duration	Date
Youth Group with Waterford Regional Youth Services (WRYS) – Volunteering.	Career Management, Networking, Teamwork and Communication Skills.	20 hours – over ten weeks	2.02.11 – 13.04.11
Child Awareness Program	Career Management.	8	09.06.2011
Library Recourses for your Literature Review.	Research Skills and Techniques.	1	20.10.11
Drugs Conference: Bigger Picture – The Global Impact of Drug Use and idea's on Developing a Local Response.	Networking, Teamwork and Communication Skills.	7	7.11.2011
Social Media Conference.	Career Management and Communication Skills.	4	16.11.2011
Research Ethics – Getting Approval for your Research.	Research Skills and Techniques.	2	16.11.2011
Introduction to End Note.	Research Skills and Techniques.	2	7.12.2011
Effective Time Management	Research Management and Personal Effectiveness.	1	12.01.12
Stress Management	Research Management and Personal Effectiveness.	1	19.01.12
Preparing a good CV and Preparing for Job Interviews.	Career Management.	1	26.01.12
Scottish Crime and Drug Enforcement Agency (SCDEA) – meeting with Inspector Alan Dron, PC Elaine Maclennan & Dougie McClounie.	Networking, Teamwork and Communication Skills.	2	27.02.12
Lothian + Borders Police FHQ	Networking, Teamwork and Communication Skills.	2	28.02.12
Royal Botanic Garden Edinburgh	Networking, Teamwork and Communication Skills.	1	28.02.12
Blackburn Local Employment Scheme (BLES)	Networking, Teamwork and Communication Skills.	3	28.02.12
Strathclyde Police FHQ	Networking, Teamwork and Communication Skills.	3	28.02.12
Glasgow Science Centre	Networking, Teamwork and Communication Skills.	1	29.02.12
Yvonne Sherry - Curriculum for Excellence: Health and Wellbeing	Networking, Teamwork and Communication Skills.	3	29.02.12
Glasgow Addiction Services	Networking, Teamwork and Communication Skills.	3	29.02.12
Communication Skills	Communication Skills.	4	20.03.12
Presentation Skills	Communication Skills.	1	29.03.12
Dissertation the Examiners View	Research Skills and Techniques.	2	02.05.12
Manual Handling and Patient Handling	Career Management.	8	17.10.12
Getting Started with SPSS	Research Skills and Techniques.	2.5	13.02.13

Appendices 14: Paper 1 - Teachers' perspectives on their role in school based alcohol and cannabis prevention.

Abstract

Schools are an important setting for the implementation of health education-prevention initiatives. Teachers are valuable partners in the delivery of health and social material, including that relating to alcohol and drugs. However, school based substance education-prevention often exists in competition with academic agendas. The research aimed to investigate teacher perspectives in Ireland on their role and that of the school in the delivery of school based alcohol and cannabis education-prevention. Irish school based drug education-prevention is currently provided within the remit of the Social Personal Health Education (SPHE) module, which is a compulsory element of the curriculum within secondary schools. 13 second level schools partook in the research. A teacher questionnaire collected information around teacher experiences of student alcohol and cannabis use, attitudes toward teacher and school prevention roles and levels of school satisfaction (n=131). The results indicated that teacher experiences of effects of student alcohol and cannabis use in school were rare. Over half of teachers had never partaken in education-prevention activities, with those delivering SPHE teachers more likely to partake and report a positive attitude toward school based alcohol and cannabis education-prevention. Teacher levels of satisfaction with their school were positively correlated with attitude toward the teacher and school's role in alcohol and cannabis education prevention. High awareness of school drug and alcohol policies was recorded, along with the need for training, support and information for all teachers. The findings underscore the need for '*whole school'* integrated approaches involving a shared organisation wide approach to student substance education-prevention.

Key Words

Teachers, school, alcohol, drugs, cannabis, substances

Introduction

Research has underscored the usefulness of the school as setting for health and social education initiatives, due to its convenient access to a large captive audience of school aged children with potential impact over several years and a variety of groups (Evans-Whipp et al., 2004; Audrey et al., 2008; Soole et al., 2008; Diekstra, 2008; Stormont et al., 2011). Although schools have a key role to play in optimizing the health of their students, emphasis on curriculum delivery can impede teacher opportunity for

engagement in meaningful health education and promotion activities with their students (Fagan and Mahilic, 2003; Simpson and Freeman, 2004). Research commentaries have observed that health promotion and education agendas often exist in competition (Reid, 1999; St Leger 2004; Audrey et al., 2008). Efforts to evaluate school based health promotion-education are additionally compromised by the existing variety of approaches ranging from health education within a *'whole school'* integrated approach, to health education as a standalone subject targeting health related issues, to health promotion-education restricted to extra curricular school activities (Paakari et al., 2010). Despite such competing agendas and levels of integration within the school curriculum and ethos, successful health education in schools is conducive to the schools capacity, planning and support of the initiative, the degree to which the initiative is viewed as useful and relevant within the school ethos, and levels of teacher and management promotion of the initiative within the school (Peterson et al., 2000; MacDonald and Green, 2001; Buston et al., 2002; Fagan and Mahilic, 2003; Dusenbery et al., 2003; Healy, 2004).

Teachers are valuable partners in the integration of health and social material within classrooms, and thereby offer the potential for sustaining longer term effects in targeting health behaviours (Adi et al., 2007; Feinstein et al., 2009; Ringwalt et al., 2010; Smolak et al., 2001; Stormont et al., 2008; Wolmer et al., 2011; Franklin et al., 2012). It remains evident that teachers also play a significant role in the interpretation of health related material and the subsequent translation of curriculum into classroom activities (Trigwell and Prosser, 1996; Trigwell et al., 1999). Research on teachers perspectives has described the potential impact of school based health education as context for delivering theoretical knowledge, provision of practical skills relating to health decision making, promotion of student self regulation, independent thinking, positive growth and the development of positive responsible health related behaviours (Paakari et al., 2010). However, there is a need for teachers to move away from simple information transmission, and toward that of a holistic and integrated classroom experience in order to achieve conceptual change, and to impart cultural, philosophical, life style and methodological knowledge (Prosser et al., 2005). Research on teachers experiences of health education underscore the need for teachers to consider how their students experience the target phenomenon (for example drugs and alcohol use) in order to create expansion of the common ground in health related learning (Tsui, 2004). Difficulties arise in the case of teachers ignoring the potential contribution of student experiences (Tsui, 2004) or simply not having the knowledge and training for successful implementation of behavioural interventions (Frey et al., 2011). Student-teacher relationships remain of paramount importance in school based health promotion-education initiatives (Helker et al., 2007; Frey et al., 2011; Franklin et al., 2012; Perra et al., 2012).

Research has shown that positive changes in the school social environment relating to school ethos, teacher and student relationships and student participation in health and

social education and prevention interventions are associated with delayed onset of alcohol and drug use, reduced prevalence rates and associated problematic behaviours (Evans-Whipp et al., 2004; West, 2006; Fletcher et al., 2008; Faggiano et al., 2008). Existing literature highlights the potential of early school based alcohol and drug education-prevention interventions incorporating interactive, social norms, knowledge based and life-skills approaches, with programme impact enhanced by higher intensity, longer duration multi-year and multi-component initiatives (Morrison et al., 2000; Tobler et al., 2000; Osher et al., 2002; Foxcroft et al., 2003; Perkins, 2003; Berkowitz, 2004; Faggiano et al., 2008). However, research has observed that teachers may call into question the role of the school in alcohol and drug education-prevention tactics (Deed, 2007). Teacher delivered programmes can become compromised by the teachers' role, commitment, values and approach to the topic of alcohol and drugs (Tobler et al., 2000; Deed, 2007). Alcohol and drug education-prevention interventions are generally found to be short lived with limited sustainable impact, calling into question the need for broader environmental type approaches (Spooner and Hall, 2002; Faggiano et al., 2005; Fletcher et al., 2010), and continued teacher training on this topic (Tobler *et al.*, 2000; Deed, 2007; Van Hout and Connor, 2008). This is of particular concern, given that alcohol and drug exposure, experimentation and use permeates contemporary youth culture, with alcohol and drug use often commencing during the formative years of student *'health careers'* (Measham et al., 1996; Duff, 2003; Evans-Whipp et al., 2004; Shildrick, 2008; Fletcher et al., 2010; Van Hout, 2010). Research also observes that children and young people may draw on substance use as potential resource in active identity construction (Henderson et al., 2008), with schools conceptualized as *'risk environments'* for negotiation (Fletcher et al., 2009).

The research aimed to investigate teacher perspectives on their role and that of the school in the delivery of school based alcohol and drug education-prevention in the Republic of Ireland. This article reports on findings as they relate to alcohol and cannabis education-prevention, as these are the most commonly available and used substances in the student population aged 9 to 18 years in Ireland (Health Behaviour in School Aged Children (HBSC) Study- The European School Survey Project on Alcohol and Other Drugs ESPAD, Kelly et al., 2012). However, it is encouraging (at the time of the research) to report that national trends indicate a decrease from 2006 in alcohol consumption, current drinking patterns, rates of drunkenness and cannabis use among Irish school children, with boys and older children more likely to report drinking, drunkenness and cannabis use (Health Behaviour in School Aged Children (HBSC) Study-ESPAD, Kelly et al., 2012). Of interest is that Irish children from lower social classes are more likely to report experience of being drunk, with no social class differences evident for cannabis. Indeed, recent Irish research has underscored the need to address both alcohol availability to minors and widespread cannabis exposure to school children (Van Hout, 2010).

Content for the Study

At present, school based drug education prevention in the Republic of Ireland is provided within the remit of the Social Personal Health Education (SPHE) module which is a compulsory element of the curriculum within secondary schools. It is delivered by teachers who are specifically qualified in the area of SPHE, with the module aiming to support school children's personal development, their health and well being, and their maintenance of supportive relationships. Specific objectives are as follows; to enable students to develop skills for self fulfillment, promote self esteem, develop a framework of responsible decision-making, opportunities for reflection and discussion, and overall promote physical, mental and emotional health and well being (www.sphe.ie). The recommended time allocation is one class period per week or equivalent, with content distributed over ten modules, each of which appears in each year on the three year cycle. Substance use is one of these modules and is primarily knowledge based in provision of information on alcohol and drug effects. It is usual for Irish schools to also utilize *'one off speakers'* (usually a member of law enforcement) and after school alcohol and drug prevention programme provided by local community drugs and alcohol teams. However, such *'topups'* are dependent on the proactive approach of the principal, opportunity within the curriculum delivery and teacher support. Most recent criticisms of SPHE are reported in the current National Drugs Strategy (2009-2016) consultative process which has questioned the appropriateness and effectiveness of the module in targeting student onset of alcohol and drug use, potential trajectories toward problematic use, and associated risk behaviours. Its impact is reportedly constrained by the lack of specific support services for SPHE teachers, insufficient engagement from parents, timetabling constraints and curriculum overload (Van Hout and Connor, 2008; NDS, 2009; Van Hout et al., 2012 in press).

Methodology

The study was undertaken as part of a cross country comparative study with Switzerland, with research instruments and methodologies developed by both research teams, and ethically approved at the Haute Ecole Pédagogique, Lausanne, Switzerland, and at Waterford Institute of Technology, Waterford, Republic of Ireland in 2011.

This cross-sectional study was conducted in 13 second level schools located in the Southern region of the Republic of Ireland. The South Eastern Regional Drug Task Force Educational committee facilitated introduction and access to the schools. A convenience sample of teachers was used, and during a period of four months in 2011, the questionnaire was distributed to schools that agreed to participate in the study. Each school agreed to administer the questionnaires to teachers and return completed questionnaires to the researchers. Teachers were provided with a brief introduction on the reason for the study and informed consent was gained by marking a dedicated tick box located at the beginning of the questionnaire. Teachers not yet fully qualified were allowed to participate in the study if they were in the last year of their studies and were placed in the school as part of an internship. 131 teachers completed the questionnaire.

Demographic information was collected in relation to the teachers, gender, age, years of practice as a teacher, and if the teacher taught SPHE on the school curriculum. Information was also collected in relation to the teachers' participation in school based alcohol and cannabis education-prevention. The questionnaire contained 3 questions relating to teachers experiences with alcohol and cannabis in their working with pupils at the school. For each of the 3 items, teachers were asked to rate their agreement *'never', 'rarely', 'often'* and *'very often'* to their experiences of pupils presenting with the effects of alcohol or cannabis in their class, on the school grounds or during a school organised extracurricular activities. Two sub-scales were used to measure teachers' perception on school satisfaction (i.e Teachers and teacher perception of pupils satisfaction with the school in which they worked) (11 items) and teachers' attitudes toward the role of schools and teachers in the education and prevention of student alcohol and cannabis use (25 items). The scores on a scale of 1*('strongly disagree'*) to 6('*strongly agree'*) were summed and divided by the number of items to obtain an overall satisfaction rating for school satisfaction (cronbachs alpha=0.912) and an attitude scale to the role of the school and that of the teacher in alcohol and cannabis education-prevention (cronbachs alpha = 0.80). Where appropriate, item scores were reversed and used in the calculation of the final alpha value. Higher scores indicated higher levels of school satisfaction and a more positive attitude to school and teacher involvement in alcohol and cannabis education-prevention. Cronbachs alpha was used to measure internal reliability, with scores above 0.7 indicating satisfactory reliability. Independent sample t-test and one-way analysis were used to investigate differences in scores between groups where appropriate. Data was analysed using Predictive Analytics Software (PASW) version 17.

Results

Demographics

The demographics of the participating teachers are presented in Table 1. Of the 131 participants, male and female were evenly split at 49.6% and 50.4% respectively. The majority of participants were under 40 years (83.2%) and were working in the school for less than 5 years. Just over 7% of participants represented in the sample were formally engaged in the teaching of SPHE.

Table 1 'Demographics'		(f)	%
Gender	**Male**	65	49.6
	Female	66	50.4
Age group	**20-30 Years**	90	68.7
	31-40 Years	19	14.5
	41-50 Years	7	5.3
	51-60 Years	13	9.9
	Over 60 Years	2	1.5
How long are you working in the teaching profession?	**1-5 Years**	96	73.3
	6-15 years	13	9.9
	Over 15 Years	21	16.0
Do you teach Social Personal and Health Education (SPHE)	**Yes**	10	7.6
	No	121	92.4

Teachers' experiences of student alcohol/cannabis use whilst at school

68% of participants reported that they had never witnessed a pupil presenting with the effects of alcohol/cannabis use whilst in their classroom, with 28% reporting that this was as a *'rare'* experience. 3.8% of participants reported that they had experienced this *'often'*, with 1.5% reporting *'very often'*. When participants were asked to indicate if they had ever witnessed a pupil drinking alcohol/smoking cannabis on the school ground, 92% reported that they had *'never'* witnessed this, while 4.7% reported it was a *'rare'* occasion. 1.6% of participants reported that this occurred *'often'* with 1.6% reported it happened *'very often'* on school grounds. 81.4% of participants reported that they had never witnessed a pupil drinking or smoking cannabis on an extracurricular activity, while 13.2% reported it happened on a *'rare'* occasion. The remainder of participants (5.4%) reported it happened *'often'*

Teachers' experiences of school based alcohol and cannabis education-prevention

Participants were asked to indicate if they had taken part in any alcohol/cannabis education-prevention activities. 58% of participants indicated that they had *'never'* taken part in education-prevention activities, 36% indicated that it was *'rare'*

occurrence, while 14.5% *'often'* took part. SPHE teachers were six times more likely to partake in prevention initiative than non SPHE teachers. Table 2 illustrates the type and frequency of education-prevention initiatives indicated by the participants.

Table 2* '*Education-prevention initiatives completed by Teachers'	(f)	%
Educating pupil's on the prevention of alcohol/cannabis misuse/use as part of class.	20	15.3
Conference for teachers on the prevention of alcohol/cannabis misuse/use among pupils.	8	6.1
Conference for teachers and pupil's on the prevention of alcohol/cannabis misuse/use among young people.	3	2.3
Testimony to pupil's from a former alcoholic/addict.	11	8.4
Testimony to pupil's from An Garda Siochana.	18	13.7
Prevention programme in school on alcohol/cannabis misuse/use among pupils	13	9.9

Mean scores were used to indicate the teachers' highest preference for those they deemed best placed to give advice to student on prevention of alcohol/cannabis ('*agree strongly'* (6) – '*disagree strongly'* (1)). *'Parents'* were indicated as those best placed to educate and prevent student alcohol and cannabis use (mean 4.09), followed by the pupils *'General Practitioner'* (mean 4.02), *'School Psychologist'* (mean 3.89), or *'Nurse'* (mean 3.85). *'Teachers'* scored slight lower (mean 3.59), with '*Peers*' scoring the lowest overall (mean 2.91 and 2.99). Table 3 illustrates teachers views on the person best placed to provide alcohol and cannabis education-prevention.

Table 3 'Teachers views on the person best placed to provide alcohol and cannabis prevention'	N	Mean	Std. Deviation
You, as a teacher.	124	3.59	1.262
A teacher of other classes.	126	3.52	1.231
A support teacher.	125	3.74	1.226
A school coordinator/liaison officer.	124	3.87	1.325
A nurse.	123	3.85	1.493
A school psychologist.	124	3.98	1.397
A private psychologist.	125	3.96	1.364
An expert in toxicology.	125	3.99	1.537
A pupil's General Practitioner /Doctor.	125	4.02	1.473
Parents of the pupil concerned	124	4.09	1.420
Siblings of the pupil concerned	125	3.81	1.318
A school friend of the same age.	128	2.91	1.334
A friend of the same age outside school.	129	2.99	1.308

Teachers' attitudes toward the role of schools and teachers in school based alcohol /cannabis education- prevention.

25 items were used to measure participant attitudes toward the role of the school and its teachers in alcohol and cannabis prevention. Table 4 reports on the mean and standard deviations for each of the single items in the scale. Lowest mean scores were observed for the statement *'My teacher training allows me to intervene to prevent alcohol/cannabis misuse/use amongst my pupils'* (mean 2.67, SD 1.426) and the highest mean scores was reported for statement *'Teachers are fully aware of the school rules regarding alcohol/cannabis consumption/use'*(mean 4.83, SD1.368). The maximum total attitude score was 5.8 and scored by one of the participants, with 3.8% of the

sample scoring above 5. 96.4% of the participants scored above the total attitude mid point (>3).

Table 4 'Mean scores for school and teacher role in alcohol and cannabis education-prevention'	N	Mean	Std. Dev
Preventing alcohol/cannabis misuse/use is part of the role of school.	130	4.22	1.405
Preventing alcohol/cannabis misuse/use is part of the role of a teacher.	129	3.95	1.410
The school should take steps to aid a pupil who misuses/uses alcohol/cannabis.	123	4.59	1.240
The school should take steps to prevent alcohol/cannabis misuse/use amongst pupils at school.	130	4.69	1.257
I would find the time to discuss alcohol/cannabis misuse/use with my pupil's.	123	4.02	1.507
I would be comfortable to talk with a pupil who has consumed alcohol/cannabis on the school grounds.	129	3.87	1.497
Teachers need training for preventing alcohol/cannabis misuse/use.	127	4.67	1.403
Preventing alcohol/cannabis use among pupils in my school provides extra meaning to my profession as a teacher.	128	3.80	1.292
I have an interest in training related to the misuse of alcohol and cannabis use.	126	3.67	1.390
I fear that becoming involved in preventing alcohol/cannabis misuse/use among my pupil's could lead to a source of burnout.	128	3.20	1.322
My teacher training allows me to intervene to prevent alcohol/cannabis misuse/use amongst my pupils.	127	2.67	1.426
Brochures/Leaflets contacting information on alcohol/cannabis use/misuse are available at my school.	117	2.82	1.448
The testimony of a former alcoholic/addict to pupils could be an effective form of prevention.	126	4.24	1.417
The rules are clear about the consumption/use of alcohol/cannabis in this school.	121	4.60	1.486
Pupils are fully aware of the school rules regarding alcohol/cannabis	127	4.65	1.467

consumption/use.			
Teachers are fully aware of the school rules regarding alcohol/cannabis consumption/use.	120	4.83	1.368
In the event that pupil's are found consuming/smoking alcohol/cannabis on the school grounds the steps forward are clear.	125	4.38	1.605
I would be comfortable discussing alcohol/cannabis misuse/use with my class.	123	4.20	1.482
Trying to prevent the misuse/ise of alcohol/cannabis may actually encourage pupils to consume alcohol.	127	3.50	5.487
Improving pupil's knowledge about the harmful effects of alcohol/cannabis may decrease their intention to consume alcohol/use cannabis.	126	4.25	1.332
If they are already consuming/smoking alcohol/cannabis improving pupil's knowledge about the harmful effects may help reduce consumption/use.	128	4.17	1.243
Problems with alcohol/cannabis could be avoided through prevention measures carried out in school.	128	3.84	1.385
Preventing alcohol/cannabis misuse in adolescents is exclusively part of the role of the family.	127	3.37	1.441
I would be able to spot a pupil who is slightly drunk/stoned in the classroom.	128	4.25	1.328
I would be able to identify a smell of alcohol/cannabis from a student who has consumed it/smoked it.	128	4.23	1.534

Difference in teachers' attitudes toward the role of schools and teachers in school based alcohol and cannabis education-prevention across demographic variables.

A statistically significant difference was found between participants who taught on the SPHE programme (mean 4.62, SD 0.35) and those who did not teach SPHE (mean 4.02, SD 0.75). The magnitude between differences in means (mean difference =0.60, 95% CI: 0.102-1.095) indicated a moderate effect size (eta squared 0.07). There was no significant differences in means between male (mean 4.08, SD 0.69) and females (4.10, SD 0.79); p=0.890. Results from the one-way ANOVA also showed no significant difference between attitude scores and age, p>0.05.

School satisfaction

11 items were used to measure total school satisfaction. Table 5 reports on the mean and standard deviations for each of the single statements for the sample. Lowest mean scores were recorded for statements *'Pupils speak highly of their school to outsiders'* (mean 3.67, SD 1.248) followed by *'My pupils have opportunities to pick certain activities in my classroom'* (mean 3.94, SD 1.240). The highest mean score was recorded for the statement *'My pupils have the opportunity to participate in extra curricular activities'* (mean 5.38, SD1.267). 1 participant achieved a maximum total satisfaction score of 6, while 37.5% of the sample scored above 5. 94.6% of the participants had a total satisfaction score above the total school satisfaction mid point (>3).

Table 5 'Mean scores for school satisfaction statements	N	Mean	Std. Dev
Pupils are proud of their school	128	4.00	1.236
Pupils speak highly of their school to outsiders	129	3.68	1.231
Pupils feel comfortable in their school	127	4.46	1.132
I am proud to work in my school	123	4.81	1.244
I speak highly of this school to outsiders	129	4.77	1.272
I feel comfortable in this school	121	4.87	1.258
My pupils have opportunities to pick certain activities in my classroom	125	3.98	1.221
I praise my students when they make a good effort in their work	126	5.17	1.201
My pupils have the opportunity to participate in extra curricular activities	127	5.36	1.270
Pupils in this school have the opportunity to speak alone with a teacher	126	5.09	1.29
Pupils feel safe in this school	126	4.98	1.113

Difference in total satisfaction school scores across demographic variables

An independent t-test was conducted to compare the school satisfaction scores by gender. There was no significant difference in scores for males (mean 4.57, SD 0.85) and females, (mean 4.69, SD 0.98); p=0.863. A statistically significant difference was found between satisfaction scores for participants teaching on the SPHE programme (mean 5.32, SD 0.42) and those who did not teach on the SPHE programmeme (mean 4.58, SD 0.92); p=0.025. The magnitude of the difference in means (mean difference =0.75, 95% CI: 0.94-1.41) indicated a moderate effect size (eta squared =0.06).

A one-way between group analyses (ANOVA) was conducted to explore the impact of age on total school satisfaction scores. The older group (greater than 60 years) was eliminated from the analysis as it only contained 2 participants. There was a statistically significant difference at the $p<0.05$ level for the four age groups. The difference in mean score produced a moderate effect (eta squared 0.09). Post hoc comparison using Tukey HSD test indicated that group 1 (mean 4.48, SD 0.92) was significantly different from group 2 (mean 5.08, SD 0.46) and group 4 (mean 5.12, SD 0.69).

Relationship between satisfaction scores and teachers attitudes toward school based alcohol and cannabis education-prevention

A strong and statistically significant positive correlation was found between school satisfaction and teachers attitudes ($r=0.619$, $p<0.001$). That is, the greater the school satisfaction, the more positive the teachers' attitude to the role of the school and teacher in prevention of alcohol and cannabis misuse. This remained statistically significant when controlled for both age and teaching of SPHE

Discussion

This research reports on Irish teachers perspectives on their involvement and that of their school in school based alcohol/cannabis education-prevention. The prevention of children and young people's alcohol and drug use has become an important public health priority (Donaldson, 2008) and within the classroom continues to be fraught with difficulties and poor impact relating to school engagement, ethos, delivery by educational staff and student-teacher relationships (Foxcroft et al., 2003; Thomas and Perera, 2006; Fletcher et al., 2008; Stormont et al., 2011). It is notable that a minority of teachers sampled were involved in the delivery of SPHE. The sample whilst gender balanced and with majority of participants under 40 years of age, is somewhat reflective of national data on teachers[1] (National Teaching Council, 2012), which has indicated (at the time of writing) that 70% of teachers on the national registry are female, and a

[1] The National Teaching Council provided a representational snapshot on request from the research team on August 14th 2012.

majority are within the 31 to 40 years age category. Findings may have been affected by the majority of teachers working in schools between 1 and 5 years. Access to schools in the region and fieldwork was not without difficulties despite introduction, support and *'gatekeeping'* from the Educational committee of the South East Regional Drugs Task Force. It may have been the case that some schools declined to partake for fear of potential labeling as a school with alcohol and drug related issues. Therefore, the research findings cannot be deemed to be representative of all teachers in Ireland.

On a positive note, teacher's experiences of visible student use of alcohol/cannabis whilst at school were reportedly rare. However, such findings are compromised by several factors; student substance use may have simply been ignored, may not occur in the relevant school, or perhaps the participating teachers may have not been equipped to make such a judgement. Research has suggested senior educational staff may actively choose to ignore student substance use and its related behaviours, in order to avoid incurring negative and unwanted attention to the school (Fletcher et al., 2010). Indeed, Van Hout and Connor (2008) have reported that teachers were often too busy with curriculum delivery and also inadequately trained to recognise the effects of alcohol and drug use in their pupils. Their research was conducted in the same region in 2007, with teachers and other educational staff (i.e. school completion officers, principals and home school liaison) describing regular experiences with students visibly *'hungover', 'dozy' , 'stoned', 'unable to concentrate'* or *'agitated'* during classtime (Van Hout and Connor, 2008). Such findings are also very much dependent on student-teacher relationships, with positive teacher and school bonding resulting in reduced rates of substance use and youth conflict, and positive levels of school satisfaction, classroom adjustment and student motivation (Pianta and Stuhlman, 2004; Libbey, 2004; Gest et al., 2005; Baker, 2006; Doll and Cummings, 2008; Davidson et al., 2010; Perra et al., 2012; Markham et al., 2012). The mismatch between children and young people's development needs during transition or situation within second level schooling may account for reduced academic motivation and performance, self esteem, and potential for engagement in alcohol and drug use (Fenzel, 2000).

When questioned with regard to participation in alcohol and cannabis education-prevention initiatives, it is concerning that over half of teachers had never partaken in any activities, with a third reporting such participation as *'rare'*. It is evident that although a minority of teachers sampled were involved in the delivery of SPHE, these teachers were significantly more likely to partake in specific alcohol and drug education-prevention initiatives, and overall recorded a more positive attitude to the topic. It is notable that teachers and peers scored lowest in being best placed to assist in student alcohol and cannabis education and prevention, with preference recorded for their *'parents'* and '*general practitioners'*. Recent literature has suggested the need for ecological collaborative health education in schools involving educational staff, medical practitioners and parents (West, 2006; Hoagwood et al. 2007).

However, teachers did indicate a positive attitude to the role of the school, and that of both SPHE and non SPHE teachers in the involvement in alcohol and cannabis education-prevention activity. Of interest is the strong positive correlation between levels of school satisfaction and a positive attitude toward the school and teachers' role in alcohol and cannabis education-prevention. The findings are reflective of all teacher's commitment not just to teaching their designated subject, but also toward the welfare of their students and is indicative of the potential to broaden the reach and involvement of all teachers in school based substance use programmes. Similar to existing literature (Tobler *et al.,* 2000; Deed, 2007; Fletcher et al., 2008; Jourdan et al., 2008; Marks, 2009; Frey et al., 2011)., teachers in this research reported high awareness of school policies around student substance use, but need for continued and improved information, training and support for all teachers in schools. Indeed, research has commented on the limited effect and prioritization of stand alone subjects delivering alcohol and drug related material in schools, and have emphasized role of the school environment as key factor in successful substance education-prevention (Van Hout and Connor, 2008; Fletcher et al., 2010). The potential consideration of the school environment where all educational staff are involved, reduce the potential biases incurred when teaching is restricted to one or two teachers delivering alcohol and drug related material and dependent on subjective translation of content (Markham and Aveyard, 2003; Fletcher et al.,2008; 2009; Bonell et al., 2010; Paakkari *et al.,* 2010; Franklin et al., 2012). In conjunction with this universal type approach, teachers would also be advised to dedicate focus toward more vulnerable or '*at risk'* students presenting with low school and teacher bonding, potential problematic substance use and poor commitment to academic studies (Markham et al., 2012).

Conclusion

The research offers some insight into teachers perspectives on their role and that of their school in alcohol and cannabis prevention in Ireland, and are indicative of the need for a shift in focus in Ireland from that of standalone delivery of alcohol and drug related information with the SPHE module (with some sporadic guest speakers) and toward that of *'Shared Responsibility'* (Van Hout et al., 2012). Drug and alcohol education-prevention needs to be fully integrated within the national curriculum and addressed in other subjects such as Science, Art and Geography (Fletcher et al., 2010). *Shared Responsibility'* operates as health promotion initiative with strong focus on alcohol and drug use within an '*organisation-wide'* approach (National Institute for Health and Clinical Excellance, 2009:6; Franklin et al., 2012) where all teaching and support educational staff are trained and involved in delivery of alcohol and drug related material, social norms activities, and lifeskills interventions. This approach has the potential to enhance the school ethos, positive student-teacher relations, perceptions of school safety, and underpines the filtering of designated materials throughout the entire school curriculum (Perra et al., 2012). This type of environmental approach is increasingly advocated across the globe and recognises that children and youth

substance use is (at the very least partly) determined by the wider school and cultural context (Bond et al., 2004; Patton et al., 2006; Bond et al., 2007; Bonell, et al., 2007). It remains evident that a good fit between teacher values and norms around substance use, and that of their students is needed, so as to reinforce positive social norms around substance use (Battistich et al., 2004; Davidson et al., 2010).

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Appendices 15: Paper 2 – A Question of Shared Responsibility: results for a pilot study.

Dear Editor,

Research has underscored the usefulness of school based drug prevention and education initiatives, due to the convenient access to large audiences of school aged children, and the opportunity for a variety of knowledge, attitudinal, life skills, social norms and peer led tactics (Soole, Mazerolle, and Rombouts, 2008). In particular, early school based interventions along with academic support have the potential to reduce onset of drinking and drug use, and incur short term changes in substance use behaviours (Botvin, Botvin, and Ruchlin, 2009). Interactive programmes enhance the development of drug related knowledge, pro social attitudes and norms, social and resilience skills (Faggiano et al., 2008). Impact is optimized by higher intensity and longer duration interventions, with multi year and multi-component programmes offering enduring benefits (Tobler, Roon, and Ochshorn, 2000).

Notwithstanding student profile and receptiveness, programme outcomes are additionally facilitated or compromised by the commitment, individual values, roles and approaches undertaken by the teacher involved (Tobler et al., 2000; Deed, 2007). Research suggests that teachers tend to call into question the role of the school in providing drug prevention programmes (Deed, 2007). Studies have emphasized the need for continued and interactive training for teachers involved in delivery of such programmes (Tobler et al., 2000; Deed, 2007; Van Hout and Connor, 2008). This research builds on earlier research on Irish teachers perspectives on school based drug education provided within the remit of Social Personal Health Education (SPHE) module in the Irish school curriculum (Van Hout and Connor, 2008).

The aim of this small pilot study was to explore Scottish and Irish teachers perspectives on *'Shared Responsibility'* which is a joint initiative between the Colombian Government and the United Nations Office on Drugs and Crime (UNODC), and which has been implemented by Scottish schools and the Scottish Crime and Drug Enforcement Agency since 2008. The authors wished to explore the process of delivery of this programme from the Scottish teacher perspectives, and investigate whether this type of approach could be implemented in Ireland. Of note is that to date, there has not been any evaluation of this programme.

The *'Shared Responsibility'* programme in Scotland incorporates a school based interdisciplinary programme of activities within the Scottish Curriculum of Excellence and is used to promote substance misuse education and enhanced citizenship throughout all subjects, by stimulating discussion around the environmental, social and individual impact of Class A drug use, drug demand, and drug production within local communities and abroad. Its aim is to generate attitudinal and behavioural changes in

an innovative manner by equipping students with knowledge and tools needed to lead a healthy lifestyle, and make healthy choices for themselves and their communities. Here follows a brief outline of how this inter disciplinary and interactive form of substance misuse education is woven into daily school activities in Scotland.

Table1: *'Shared Responsibility' examples of Subject Content*

Subject	Shared Responsibility Content
Interdisciplinary-Colombia Month	Involving departments of Social subjects; History, Geography, Modern Studies and Religious and Moral Education. Each class learnt about the social, economical and political issues within Colombia, as they relate to drug trade.
Geography	Environmental aspects such as destruction of rainforests for coca production. water contamination, followed by discussion
Biology	Fauna and Flora in Danger , alternative crop development followed by discussion
Science	Use of chemicals to process coca production and identify cocaine waste (i.e. pesticides, cement, ammonia, sulphuric acid and petrol), followed by discussion.
Modern Languages	Spanish language tourism clips of South America followed by discussion
Art	Painting and photography of various themes as they relate to environmental impact followed by discussion
Home Economics	Tropical Fruits and Recipes followed by discussion
Religious and Moral Education	Critical thinking around ethical consequences of drug manufacture, drug related crime, drug trading and vulnerable communities (ie land mines, snipers, dogs, indigenous people, street children). Discussion around individual responsibility; drug consumption is dangerous and can kill, environmental destruction in Colombia has a global impact.
Music	Samba Music followed by discussion
Physical Education	Zumba Dance followed by discussion

Ethical approval for the study was granted by Waterford Institute of Technology, Ireland, and the pilot study formed part of a large scale post graduate research project on Irish teachers' perspectives on student substance use, misuse and their roles in providing school based education. The fieldwork was undertaken in early 2012, following invitation to Scotland, and consisted of one focus group with Scottish teachers, and followed by one focus group with teachers in Ireland. Participants provided written informed consent, and were audio recorded. Transcripts were read by all members of the research team, and analysed collectively using a content and thematic approach assisted by NVivo 8 qualitative software.

The results indicated varying perspectives of both Scottish and Irish teachers in relation to the delivery of drug and alcohol education when restricted to an identifiable module in schools, as was the case in Scotland prior to *'Shared Responsibility'* and is the case in Ireland today in the SPHE curriculum.

'Well, like we have the SPHE programme in the school which teaches about drug and alcohol abuse, and I suppose other than that then, it is part of the school rules, they can't come in to school under the influence or can't use drugs and alcohol in school, that's all. Other than that they are about the only two things that are used.' Irish Participant

In the case of the Irish SPHE, participants observed that drugs and alcohol formed part of the module, with delivery restricted to non interactive sessions (maximum 2-3 sessions in the academic year). All Irish participants observed the need for more training in the delivery of drug related material as part of SPHE.

'I could probably do with a bit more training on substance abuse. When you do SPHE in-service, they do cover all the modules and it is only for a few hours a day so you are packing a lot in, and there is nothing specific on drug and alcohol.' Irish Participant.

Irish participants observed how the delivery of drug and alcohol education during SPHE sessions was restricted to the dissemination of drug educational information, with little time or scope for interaction, and neglected to stimulate positive decision making in young people.

'Well, they do get a lot of information and they cover all the different effects of different drugs, but when it comes to making their own decision, it's hard to call. They are still going to suffer from peer pressure and all that. It's hard to say what a 13 year old is going to do with all their friends, it's very easy in class to turn around and say ya, oh god I'd never do that, but when they are actually stuck in the situation you don't know what they are going to do.' Irish Participant

Similar observations were made by Scottish teachers prior to the roll out of '*Shared Responsibility'*, with drug and alcohol education confined to teacher directed knowledge based material (for example drug classifications, physical and mental effects

of drug and alcohol, and law enforcement impacts for possession) and restricted to several talks per academic year.

'The talks we gave at school showed the students the effects of illegal drugs, alcohol and smoking. I think the more intelligent students saw the harm, and may have avoided drugs, but those students who still think it's good to take drugs definitely needed further education on this issue. They weren't told not to smoke or drink, but only of the effects'. Scottish Participant

When questioned with regard to '*Shared Responsibility'* and how it encourages students to reflect on the impact of drug misuse, drug demand and drug production in other countries such as Colombia, Scottish participants described the holistic and inter disciplinary affect of the programme on several different levels, namely the individual, their family, their community and elsewhere.

'Shared Responsibility allows the child to see that it is not just an individual's problem, it's a whole family, a whole community, a whole country, a worldwide problem, it's not just something that an individual has to deal with. After learning about Shared Responsibility, a pupil will know that their decision to take a drug will not just have an impact on them as an individual but can also affect others and have serious implications on the wider community.' Scottish Participant

Scottish participants also held very positive opinions about the process and how it filtered into daily school activities and most modules, and consisted of an overarching community approach to discussing drugs.

'I think it is not seen as a one off the way it used to be now, it is across the curriculum now and involved in various subjects rather than a one off talk. You know it goes lots of different ways which would involve parents, or you know a few different curriculums, it could be social studies, it could be maths, anything you know lots of different things.' Scottish Participant

However, some Scottish participants not from a health related background observed the following in relation to student questioning, parent sensitivity to the approach and vulnerable at risk students. The need for parental and local community involvement was underscored.

'We felt we had a good level of information to give the students, and referral leaflets for those seeking help and advice , but some of us worried about what the pupils might ask and how that we would answer questions. We were also concerned about family situations and of pupils being sensitive to the information.' Scottish Participant

When provided with information on '*Shared Responsibility'*, Irish participants were unanimous that this type of approach would be feasible in Irish schools, but required the

commitment of all teachers to include discussion and class drug related topics within their yearly session plans.

'Yes I do think it would work just looking at the information there and you are saying how you would incorporate into schools, you know research has always shown that kids will learn by doing, so if you have them all doing zumba dance in P.E. or experiments in science, or samba in Music, you would pick up the topic a lot quicker than you would if you were just sitting listening to a teacher talk at the top of the classroom. If it's more fun they will learn quickly as well. Even from a personal point of view there in terms of teaching, I am interested already because you have mentioned about the damage cocaine has caused to the Amazon rainforest which is a topic in the leaving cert Geography, so ya I think it would work.' Irish Participant

Some Irish participants observed that it would be easier to fit *'Shared Responsibility'* into certain subjects than others, given the workload and time constraints for exam years, and said;

'I teach Science so first of all, I don't think I would be comfortable with it just from the point of view that the curriculum workload is just too much to take on new things, unless it slotted in to the curriculum, like it would with Geography as a topic in the Leaving Cert curriculum you could incorporate as a discussion. Teaching Science if I am on the topic of health, or dangers of smoking you could maybe at this point discuss the impact of cocaine on the heart or you could discuss something like that, but like I said before it wouldn't be something that would be on my radar of importance, purely because, like I'm sure it is important, and I am sure you got a different response from Glasgow where it is a bigger issue in society. But it would be great to see some element of drug awareness come in to Science, as long as it was something that was part of the curriculum workload, and I would do it no problem and I would feel confident and comfortable delivering it.

In short, the findings are indicative of the potential impact of the '*Shared Responsibility'* approach to drug education in schools, given its inter disciplinary approach with targeted messages and opportunity for debate throughout the school curriculum. It may offer an innovative way to weave drug education into all facets of curriculum delivery, and thereby optimise on potential impact without overburdening teachers. This form of *'whole school'* or '*organisation-wide'* approach in schools incurs some success in promoting youth social and emotional well being (Franklin, Kim, Ryan, Kelly, and Montgomery, 2012). In addition all educational staff are involved, thus reducing the potential biases incurred when teaching is restricted to one or two teachers delivering drug related material and thereby dependent on their understanding of and translation of content (Paakkari, Tynjala, and Kannas, 2010). Equally this method has the ability to enhance the ethos of the school, promote positive student-teacher relations within the wider school environment and thereby reduce student rates of drug use (Fletcher, Bonell, and Hargreaves, 2008; Markham, Young,

Sweeting, West, and Aveyard, 2012). Design and delivery of '*Shared Responsibility'* could also be optimised by inclusion of targeted small group social norms initiatives, and life skills based sessions. Such skills are often criticized as being under developed in second level students. Although this appears to be a universal *'blanketing'* approach to drug education, teachers could be advised to dedicate special focus to involving those students most at risk of potential drug use and problematic pathways, who have low bonding and commitment to academic studies (Markham et al., 2012). The role of the school in the delivery of drug education can not be underestimated and is a crucial element in the provision of information to students on the potential harm of drug misuse (Deed, 2007; Fletcher et al., 2008). Equally it is important for teachers as educators and mentors to understand the extent and cultural nature of drug related problems in their country.

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