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w! rpsinc.ca

e! info@rpsinc.ca

p! 604-730-9596

f! 604-730-9586

a! 2825 W18th Ave
Vancouver, BC
V6L 1B7

School-Aged Children and Youth (SACY) Alcohol and Other Drugs (AOD) Prevention Initiative

Evaluation Report – Executive Summary

December 2007

Lee-Anne Ragan

Comedy Creations

corporate entertainment

e! cc@rpsinc.ca

a! 2825 W18th Ave.
Vancouver, BC V6L 1B7

p! 604-730-9596

f! 604-730-9586

Laughing Matters

corporate training

e! lm@rpsinc.ca

a! 9018 Lyra Place
Burnaby, BC V3J 1B1

p! 604-420-7703

f! 604-420-7704

Community Works

community-based training

e! cw@rpsinc.ca

a! 9018 Lyra Place
Burnaby, BC V3J 1B1

p! 604-420-7703

f! 604-420-7704

SACY Prevention Initiative Evaluation Report – Executive Summary

BACKGROUND

The School Aged Children and Youth Substance Use Prevention project (SACY) is a school-based prevention and health promotion initiative designed to engage parents, teachers, students, administrators and the wider community in a process to improve secondary-school based alcohol and drug prevention programs and policies.

The SACY program's mission is to:

Enhance the prevention and brief intervention infrastructure in Vancouver School Board schools and surrounding communities to prevent and delay alcohol and other drug use and to reduce alcohol and other drug related problems.

The SACY initiative is a partnership between Vancouver School Board (VSB) and Vancouver Coastal Health (VCH), in collaboration with Vancouver Police Department, Centre for Addiction Research B.C., City of Vancouver and the University of B.C.

SACY Program Goals

The following goals reflect VSB's *Social Responsibility* initiative and VCH's *Capable Kids* youth health promotion strategy. Specific SACY programs goals are to:

- Engage the school and broader community in prevention activities and to enhance connection between: students, school staff and professionals, youth and families and the wider community.
- Enhance schools' capacity to prevent and reduce substance use problems using progressive approaches.
- Increase young people's awareness, knowledge and skills through consistent, age appropriate education that reflect young people's lived experience.
- Strengthen parent/family awareness, knowledge and skills to prevent and/or delay youth alcohol and other drug use, with a focus on enhancing parent-teen relationships and communication skills.
- Support initiatives that facilitate young people's transition from elementary to secondary school.

Piloting the SACY Initiative 2006/07

The SACY initiative was piloted in two Vancouver high schools during the 2006-2007 school year: Kitsilano Secondary and Tupper High School. These two school communities were selected following wide consultation with the VSB, local high school principals, community groups and other key stakeholders.

Once the two pilot schools were selected SACY staff began working with staff at each site on the development of a detailed implementation strategy including key activities, timelines, environmental scans and so on. Pilot activities in each site were organized consistent with the four SACY streams:

1. *School Environment and Staff Education* including comprehensive, evidence-based school drug policy that focuses on preventing, reducing and/or effectively handling substance use incidents within the school by:
 - consulting with staff, parents, young people and school staff
 - piloting innovative approaches for dealing with the use of alcohol and other drugs on school property

2. *Youth Engagement and Leadership* in which young people were engaged in key elements of project development including the development of peer-delivered health promotion programs targeting 12-15 year olds
3. *Teacher Resource Development and Training* in partnership with the Centre for Addiction Research BC. This involved SACY staff working with key pilot school staff to develop and field test innovative learning resources, teacher training modules and other curriculum materials that address the use of alcohol and other drugs by youth and meet Ministry of Education requirements.
4. *Parent Education and Engagement*. SACY staff worked to increase parent awareness and knowledge of substance use issues by reaching parents through a variety of interactive workshops, events and forums.

SACY2006/07 Pilot Project Goals

Short-term pilot goals include to:

- Ensure the school community (students, parents and school staff) is actively engaged in all alcohol and drug prevention activities;
- Ensure the school responds more effectively to youth AOD use;
- Build relationships between parents, youth, staff and community workers;
- Ensure students in grades 7-10 receive peer-led substance use education that relates to their personal experiences;
- Enhance students' knowledge and skills about AOD prevention;
- Ensure planning/health and career education teachers gain the necessary skills and knowledge to educate young people about alcohol and drug use;
- Increase the number of teachers delivering substance use education;
- Ensure parents have skills, knowledge about AOD use, relationship-building and communication skills.

Long-term pilot goals include:

- Fostering a greater connection between elementary and secondary students, parents, school staff and the broader community and alcohol and drug prevention and health agencies;
- Improving knowledge and skills among students, parents and school staff about substance use-related issues;
- Improving the school community's ability to use promising, progressive methods to more effectively respond to youth alcohol and drug use;
- Preventing or delaying youth alcohol and drug use;
- Reducing alcohol- and drug-related harms within the school community.

SACY PILOT EVALUATION - METHODOLOGY and AIMS

This evaluation report examines SACY 2006-07 pilot year activities. Data collection tasks were conducted throughout the 2006/07 school year, including the gathering of program participation and output information as well as focus groups and survey data with students/youth, parents, teachers, counselors, administrators and others.

It is important to note that only students, parents and teachers who participated in a *regular and consistent basis in SACY activities* were recruited for evaluation research, rather than selecting a random sample of staff, youth and parents from the school community. It was decided to focus evaluation efforts among students, staff and parents who participated in SACY on a regular basis in order to generate more useful

data concerning the *process* of implementing SACY in each pilot site, and the early *impact* of SACY related activities. Evaluation methods and procedures are summarised in the table below.

Exhibit 1 Data Collection Methodologies Used by the Evaluation

Name of data collection tool or technique.	When and over what period of time was data gathered	Who completed the form or participate in technique	Number of completed forms or people involved in data gathering technique
Surveys	Responses were due June 2007 (for program period Sept 2006 to May 2007)	Student/Youth (Tupper, Kitsilano, Vinery, Kick Ash event)	Tupper = 16 Kitsilano = 9
	Responses were due June 2007 (for program period Sept 2006 to June 2007)	Parents (Tupper and Kitsilano)	Tupper = 4 Kitsilano = 13
	Responses were due June 2007 (for program period Sept 2006 to June 2007)	School Community (Tupper and Kitsilano)	Tupper = 10 Kitsilano = 10
Focus groups	May 31: Kits June 8: Tupper	Students/Youth (1 for Tupper and 1 for Kitsilano)	Tupper = 11 Kitsilano = 10
	June 4: Tupper June 6: Kits	Parents (1 for Tupper and 1 for Kitsilano)	Tupper = 7 Kitsilano = 6
	May 31: Kits June 8: Tupper	School Community (1 for Tupper and 1 for Kitsilano)	Tupper = 7 Kitsilano = 9
T-shirt Creative	May 31: Kits June 8: Tupper	Students/Youth (1 for Tupper and 1 for Kitsilano)	Tupper = 10 Kitsilano = 9
Online Output Survey	Responses were due July 2007 (for program period Sept 2006 to June 2007)	Evaluation working group	6 members of the working group

This executive summary reports **select evaluation findings** as follows; the first section describes key evaluation findings "at a glance". The next two sections describe these evaluation findings in more detail: the first explores evaluation findings regarding connectivity and relationships among those who participated; whilst the next section presents findings on improved knowledge and skills related to AOD use and prevention. Please see the Final Evaluation report for a full account of all program findings and recommendations.

KEY EVALUATION FINDINGS AT A GLANCE

The following key evaluation findings were reported following the completion of all research and evaluation tasks:

- More than 300 students participated in SACY during the 2006/07 school year at either Tupper or Kitsilano high; over 100 parents/caregivers participated, along with 64 teachers and administrators.
- 84% of surveyed students (N=25) reported they are “communicating more” with at least one adult as a result of their participation in SACY.
- 72% of surveyed youth reported that they are more aware of the “advantages of delaying AOD use” as a result of their participation in SACY.
- 68% of surveyed youth reported that they are “more knowledgeable” about AOD use as a result of their participation in SACY.
- 64% of surveyed youth reported being “better at discussing AOD use with friends” as a result of their participation in SACY.
- 60% of surveyed youth reported learning “practical skills for handling the pressure to use drugs” as a result of their participation in SACY.
- Approximately half of surveyed students reported feeling “more involved in their school community” as a result of their participation in SACY.
- 28% of surveyed youth reported that they no longer use AOD at school as a result of their participation in SACY.
- Around 25% of surveyed youth reported feeling “more understood and accepted as a result of SACY”.
- Approximately 25% of surveyed youth reported being “better connected to community resources” as a result of their participation in SACY.
- **KEY PROGRAM RECOMMENDATION:** The SACY initiative should be expanded to include other Vancouver secondary schools given promising evaluation findings at the pilot SACY sites.
- **KEY FUNDING RECOMMENDATION:** Both the VSB and VCH should continue to fund the SACY initiative, whilst actively seeking new funding partners to support the further “roll-out” of the SACY initiative into new Vancouver secondary schools.

FINDINGS SUMMARY: ENHANCED CONNECTIVITY, RELATIONSHIPS

Outcome: Enhanced connectivity and relationships between parents, youth, school staff, families and the broader community.

Participation in SACY

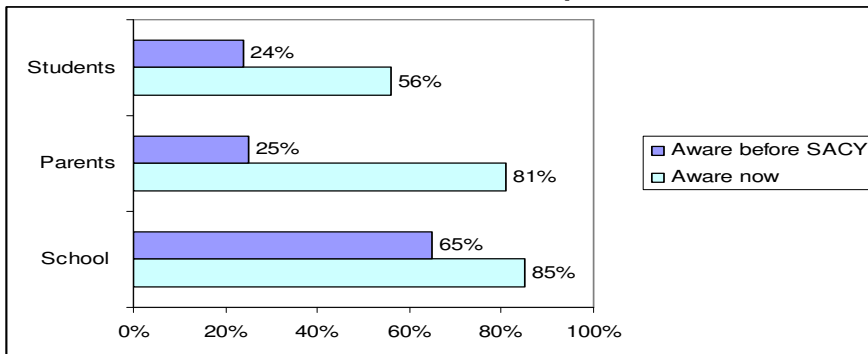
More than 300 individual students actively participated in SACY activities during the program year (from September 2006 to June 2007) at either Tupper or Kitsilano high schools. This number excludes students whose *only* involvement with SACY was through attending classroom based presentations on AOD use or tobacco. Fifty-seven percent of these participating students were Tupper students and 43% participated at Kitsilano. In addition, over 100 individual parents/caregivers participated in SACY this year, along with 64 teachers/administrators.

Sixty-five events were held during the program year. Events include meetings, workshops, committees, tasks and entertainment-related events where students, parents and the school community participated jointly. Thirty-four events were held at Tupper and 31 events at Kitsilano. More events were held during the last three months at both sites than in previous months.

Increased Awareness of Resources

Students, parents and school community members all report being more *aware of where to go for help or to get more information on AOD issues* following participation in SACY. Participating students report a 32% increase in their awareness of where to go for information on AOD issues. Parents report a 56% increase and school respondents a 20% increase in their awareness levels.

Exhibit 2 Awareness of Where To Go For Help



Bases: Students (n = 25), Parents (n = 16), School respondents¹ (n = 20).

In open-ended comments during the evaluation's focus groups, participating students talked about going to SACY individuals at their schools if they were looking for information or needed help on AOD issues. Parents spoke about using a wider range of sources for AOD information – SACY, as well as youth centres/youth clinics and a VCH lecture series.

¹ "School respondents" include primarily teachers, counselors and school administrators.

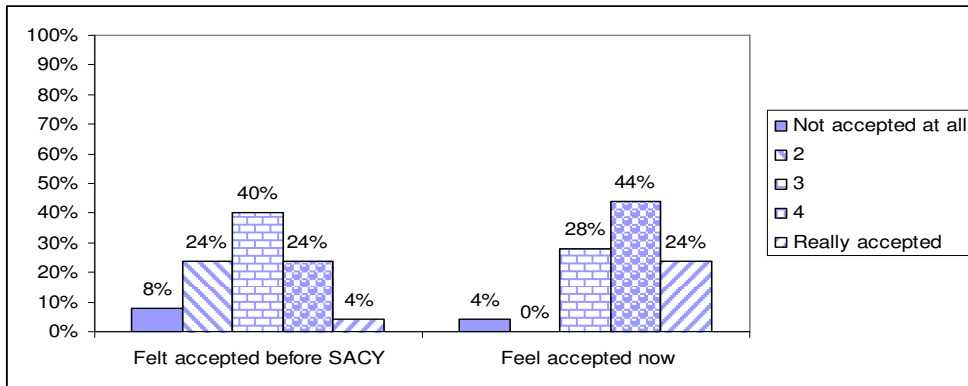
Improved Student Connections and Feelings

Most student participants report they are *communicating more with at least one adult* (84%), as a result of SACY. Approximately one-in-two report they are *participating or connecting more*, they *feel more included* and/or they are *more trusting*. Approximately one-in-four report they *feel more accepted, understood or valued*. Students also reported feeling more accepted after participating in SACY.

Exhibit 3 Student Connections and Feelings

	Students
As a result of SACY...	n = 25
I am communicating more with at least 1 more adult than I did before	84%
I am participating more	52%
I am connecting more	48%
I feel more included	52%
I am more trusting	44%
I am accepted more	28%
I feel more understood	24%
I feel more valued	20%

Exhibit 4 Student Feelings of Acceptance



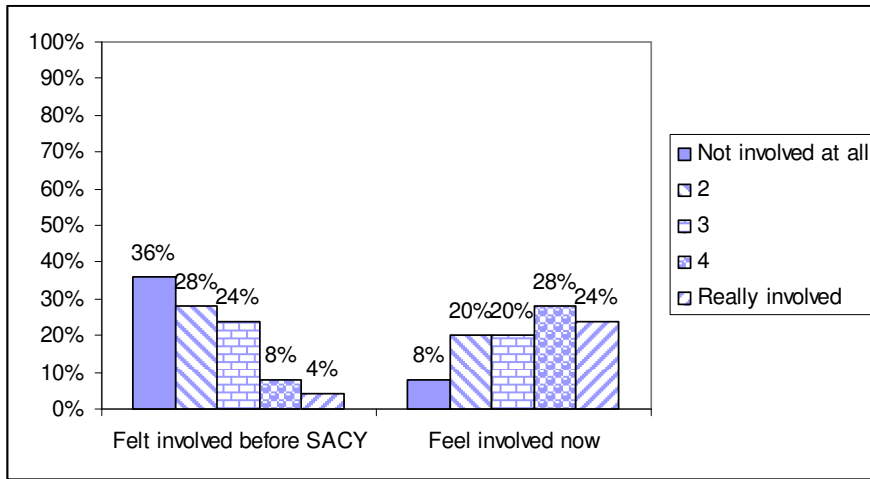
Base: Students (n= 25).

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Enhanced School Community Connections

Students were asked how involved they felt in their school communities before and after SACY. Participating students reported *being more involved in their school communities* after SACY. One-in-two (52%) gave a rating of 4 or 5 to this question on a 5-point scale where 5 indicates they feel “really involved” after SACY. In comparison, 12% of these students gave similar ratings to how involved they felt before SACY. This is a 40% increase in these ratings.

Exhibit 5 Student Involvement in Their School Communities



Bases: Students (n = 25).

FINDINGS SUMMARY: KNOWLEDGE AND SKILLS

Outcome: Improved knowledge, skills among students, parents and teachers about AOD use and prevention.

Student Knowledge and Skills

When students were asked what they had learned as a result of SACY, two-thirds or more reported learning about the *advantages of delaying use*, about the *impact of AOD use* and about *AOD use*. More than one-half also reported learning *skills for handling the pressure to use drugs*.

Exhibit 6 SACY's Effect on Student Knowledge of AOD

	Students n = 25	Parents n = 17	School Staff n = 12
As a result of SACY...			
More knowledgeable when it comes to AOD use	68%	29%	33%
More knowledgeable when it comes to AOD mis-use	44%	41%	67%
More knowledgeable when it comes to AOD prevention	48%	29%	50%
More knowledgeable when it comes to cognitive skills	44%	24%	17%
Know the advantages to delaying AOD use	72%	29%	33%
Know more about the impact of AOD use	68%	35%	50%
Learned practical skills for handling the pressure to use drugs	60%	24%	17%

When students were asked what skills they had acquired as a result of SACY, almost two-thirds reported being better at *knowing how to refuse if they didn't feel like using AOD* and being better able to *discuss AOD use with friends*. One-in-two said

they were better able to *discuss AOD mis-use or prevention with friends*, to *express their feelings* and to *do more things they love to do without using drugs*.

Parents and school respondents also ranked students' being better able to *discuss AOD use, mis-use and prevention with friends* and to *express their feelings* relatively highly. In addition, school respondents ranked improved *social and other life skills* (e.g., decision-making, problem-solving and assertiveness) more highly than did parents or students.

Exhibit 7 SACY's Effect on Student AOD-Related Skills

	Students	Parents	School Staff
As a result of SACY...	n = 25	n = 17	n = 12
Better at being able to discuss AOD use with friends	64%	NA	NA
Better at being able to discuss AOD mis-use with friends	52%	NA	NA
Better at being able to discuss AOD use, mis-use and prevention with friends	NA	29%	50%
Better at being able to discuss AOD prevention with friends	48%	29%	42%
Better at identifying feelings	40%	18%	25%
Better at expressing feelings	52%	29%	50%
Doing more things that I/they love to do (without using drugs)	52%	29%	25%
Keeping busy	40%	24%	25%
Don't feel as bored	24%	18%	25%
Know how to refuse if they don't feel like using AOD	68%	29%	0%
Better social skills	24%	18%	58%
More assertive	40%	18%	42%
Better decision making skills	36%	18%	50%
Better problem solving skills	24%	12%	33%

In open-ended comments during the evaluation's focus groups, some participating students noted that their refusal skills had improved and three commented on their improved presentation and public-speaking skills. Others, however, reported SACY had made no difference to their skills. A few parents commented on their children's improved refusal skills. School respondents at Tupper discussed how some participating students had improved their attendance and commitment to school. New social and leadership skills were also mentioned at Tupper. At Kitsilano, school respondents noted that the core group of participating SACY students had developed a number of healthy living skills.

Planning/Health, Career Education Teachers Skills and Knowledge

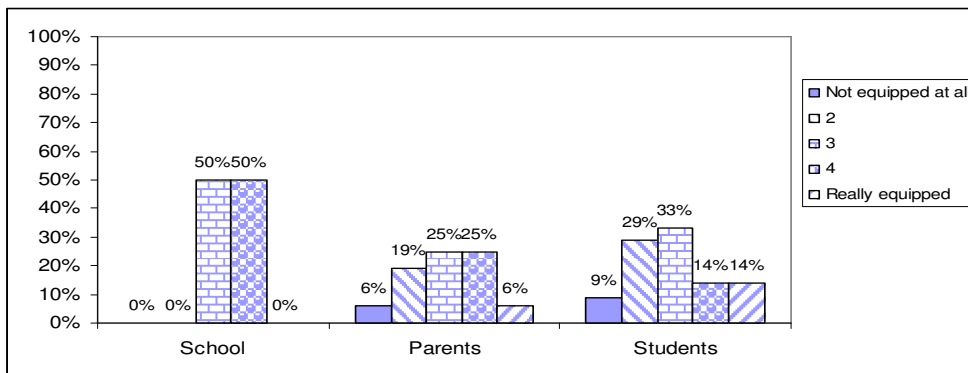
Students were the least positive about how well equipped Planning/Health and Career Education (PHCE) teachers are *to educate students about AOD use and prevention*. Only 28% gave a positive rating of 4 or 5 to this question on a 5-point scale where 5 indicates that PHCE teachers are "really equipped" to do so. One-third (33%) gave a neutral rating. The remaining 38% gave a negative rating. Similarly,

when asked how well equipped PCHE teachers are to *speak with students openly and with confidence* on AOD topics, only 30% of students gave these teachers a positive rating (on a 5-point scale where 5 was "really confident").

Parents were equally pessimistic about PHCE teachers being well equipped to *educate students about AOD use and prevention*. Only 31% gave a positive rating to PHCE teachers' being well equipped to do so.

School respondents were the most optimistic about this topic. One in two (50%) gave PHCE teachers a positive rating on being well equipped to *educate students about AOD use and prevention* and the remainder gave a neutral response.

Exhibit 8 Planning/Health and Career Education Teachers are Well Equipped to Educate Students about AOD Use and Prevention



Bases: Students (n = 21), Parents (n = 16), School respondents (n = 14).

In open-ended comments during the evaluation's focus groups, school respondents noted that how well equipped PHCE teachers are to educate students about AOD use and prevention really varies by teacher, and that teachers on this topic frequently change. Students may receive instruction from a teacher who is interested and knowledgeable about AOD or from one who has "time in their schedule" that semester but who is not as interested. Others noted that the curriculum is outdated and really needs to be improved.

Changes in Student AOD Behaviours

When students were asked whether SACY had changed their behaviour in various ways, one-in-two said they were using skills learned through SACY at school (52%) and working harder at school (48%). At least one-in-three said they were using their SACY skills with friends (40%), at home (36%) or were doing better at school (40%).

When asked about changes in the behaviour of their children, parents were most likely to report that their children were using skills learned through SACY at school (24%) or that they had never been stoned, high and/or drunk at school (24%). School respondents also reported that students were using skills learned through SACY at school (54%) most frequently and that students were no longer getting

stoned, high and/or drunk at school (39%). They also observed that students were using SACY skills with friends (46%), that they were better able to express themselves (39%) and were participating more in events/activities (39%).

Exhibit 9 Students' Changed Behaviours

	Students	Parents	School Staff
	n = 25	n = 17	n = 13
SACY has changed student behaviour in the following ways...			
Using skills learned through SACY at school	52%	24%	54%
Using skills learned through SACY with my friends	40%	18%	46%
Using skills learned through SACY at home	36%	18%	0%
Using skills learned through SACY in my community	20%	12%	31%
No longer come to school stoned/high and/or drunk	28%	0%	23%
No longer get stoned/high and/or drunk at school	28%	0%	39%
Have never been stoned/high and/or drunk at school	28%	24%	0%
Better able to express myself	24%	6%	39%
Better able to listen to other's points of view	20%	6%	15%
Working harder at school	48%	18%	23%
Doing more things I like to do	28%	12%	23%
Participating more in school events/activities	36%	18%	39%
Doing better at school	40%	18%	31%
Attending more classes at school	16%	6%	31%
Talking to my parents/caregivers about AOD	8%	12%	8%
Hasn't changed my behaviour	12%	n/a	n/a

Prevention/Reduction/Delay of Student AOD use

One-in-three students reported that SACY had prevented their use of drugs other than marijuana (32%), reduced their use of alcohol/drugs (28%) or delayed their use of alcohol/drugs (20%). Less than 10% of the parents surveyed reported similar outcomes for their children.

Interestingly, students were more likely to report that SACY had affected the AOD use of someone they know. For example, students reported that SACY had prevented the use of drugs other than marijuana by someone they know (36%), reduced the use of alcohol/drugs by someone they know (28%) or delayed the use of alcohol/drugs by someone they know (32%).

Exhibit 10 SACY's Effects on Student AOD Use

	Students	Parents
	N = 25	n = 17
SACY has...		
Prevented my/child's marijuana use	16%	0%
Prevented my/child's use of drugs other than marijuana	32%	0%
Prevented my/child's alcohol use	12%	6%
Prevented alcohol and/or drug use by someone else I/they know	36%	6%
Reduced my/child's alcohol and drug use	28%	6%
Reduced the alcohol and/or drug use by someone else I/they know	28%	6%
Delayed my/child's alcohol and drug use	20%	6%
Delayed the alcohol and/or drug use by someone else I/they know	32%	0%
I/my child have/has never...		
Used alcohol	24%	41%
Used drugs	28%	47%

In open-ended comments during the evaluation's focus groups, participating students reported mixed SACY effects on their alcohol and drug use. Some reported that SACY had had no impact at all (4), others that they had cut down/quit (3) while others that they did not use AOD (2) to begin with. A key theme among these responses was that SACY had "made me stop and think" (and that this subsequently reduced their AOD use).