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KNOWLEDGE AND ATTITUDES CONCERNING DRUG MISUSE AND PREVENTION. THE ROLE OF EDUCATION IN GREEK SCHOOLS.

PREVENTION

Prevention is a permanent issue and is recognised to be the only solution to the problem of drug use. Prevention aims to reduce the substance misuse. The above statement is very general.

The major goal of prevention should be to help people to form complete and responsible personality, and acquire these dynamic skills to deny drugs and face every threat in life (Hourdaki, 1995).

Another definition is given by the US National Institute on Drug Abuse (NIDA) which views prevention as the process designed to “inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances” (Office of Substance Abuse Prevention, cited in Montagne and Scott, 1993, p.1179).

Prevention is divided in three kinds (levels):

Primary prevention is targeting in non-users or high-risk people. It acts prior the appearance of the problem. Secondary prevention is targeting in people who experiment with substances or people who display behaviour which may lead to drug addiction. The aim of secondary prevention is to prohibit this risky behaviour to occur. Tertiary prevention is targeting former drug users. Its goal mainly is to prevent

relapse and also the integration in the society and the professional development of former drug users (Halkia, 1995).

The statement “prevention instead of treat” encompass all the important meaning of prevention. However, this importance it does not seem to be perceived by governments, schools authorities and the wider community. They insist to invest money and valuable time in treatment or suppression rather than prevention. However, substances spread all around the world, increasing the number of deaths. It is impossible to suppress or even control the availability of drugs, thus people have to learn to live with them (Hourdaki, 1995).

The past two decades has been an attempt to develop a new preventive approach. According to this, someone would identify potential problem-type drug taking behaviours early enough to limit or even prevent their actual occurrence (Montagne and Scott, 1993). However, there is a tense to substance use interventions to focus on strengthening the resiliency factors rather than reducing risk factors (Norman, 1995).

Prevention of substance use has been attempted through different ways. Most strategies take place through education. This can be in school settings, which includes drug education programmes, seminars for teachers, information for parents or families (Hourdaki, 1995). Additionally, it includes peer education programmes where educators are young people who had an experience with drugs (Shiner and Newburn, 1996). Other preventive programmes are mass-media based, such as the media based information resource by Baker and Caraher (1995) or media campaigns from T.V. (Power, 1989). Finally, there are some community based programmes developed usually by local authorities or associations.

3.1. Goals of primary prevention and drug education

The present study will deal mainly with primary prevention implemented in school settings. The goals of primary prevention of substance use in educational settings should be (a) determine high-risk for substance misuse pupils; (b) reduce the number of pupils who misuse substances; (c) promote behaviours that help to resist to drug taking and (d) foster healthy behaviour in life that is inconsistent with substance misuse (Meyer, 1995).

Drug education operates in the sense of prevent pupils from harming themselves by drug use through education. However, the above statement has two different outcomes. The first is education designed to prevent people from drug-use harms by never starting to use drugs (primary prevention). The second outcome is education designed to prevent people from harming themselves by using their preferred drugs in a safe and hygienic manner (harm reduction) (Davies and Coggans, 1991). The latest method is related with the extent of AIDS, especially among heroin users, the last years.

3.2. Prevention through education

Schools, apart from their role to provide academic knowledge, are recognised as the appropriate institution for education in a variety of social and health problems, including substance misuse. There is a trend to recognise the school's role as a caring community and the importance of guidance as a whole school responsibility (Botvin, 1995; Coggans et al., 1991). The big advantage of educational settings is the fact that they offer efficiently access to large numbers of young people in a small period. However, it is argued whether schools should incorporate in their curriculum programmes about health problems. This maybe prohibit them from academic goals.

The recognition by many educators that drug problems constitute an obstacle to pupils' academic performance makes immediate the need for action in the preventive level (Botvin, 1995). Since young people are influenced by so many environments and sources, education can play a key role in forming attitudes and behaviour towards drugs. Drug misuse is an educational issue (DFE, 1995).

3.2.1. Drug education and school programme

Teachers appeared to be uncertain about the curriculum location for the delivery of drug education (Blackman, 1996). Regarding the place of drug education in school programme there are two options. It could be incorporated in the school programme as a separate subject or it could be applied in an integrated approach.

The first option is to be part of Health Education. However, Personal and Social Health Education (PSHE) appeared not to be a popular part of school's curriculum among either teachers or pupils. Thus, low status of PSHE reduces automatically the effectiveness of every drug education programme located in this area (Blackman, 1996).

The second option is to be applied in any subject of school's curriculum. Project have developed resources and documents for maths, English and science units (Allison et al., 1990). However, it was observed a reluctance among science and maths teachers to undertake social education. The delivery of drug education appeared to be more successful within subjects such as English, drama and art. The majority of teachers considers the relationship between statutory subjects and cross-curriculum themes as a contentious issue that limits the effectiveness of drug packages in particular subjects (Blackman, 1996).

Author's belief is that a cross-curriculum work of delivering anti-drug messages is more efficient. As Craft, cited in Blackman (1996) stated: "Cross-curriculum work offers potential for enhancing real links, where the flow of curriculum and of learning is directly related to questions and issues arising from the focus of study, rather than being artificially created" (p.43).

3.3. Strategies for substance misuse prevention

3.3.1. Drug information and education programmes

Education programmes were the first programmes implemented to prevent substances misuse. The assumption was that people use drugs because they lack accurate knowledge about the bad effects of drug upon health and life. Thus, accurate information will form negative attitudes and finally decrease the substances use.

Prevention tactics that have failed and belong to informational approach are:

a) Fear arousal messages, scare tactics and fear as part of punishment (Goodstadt, cited in Montagne and Scott, 1993).

b) Informative lecture , poster or slogans (Frances et al.; Olivenstein, cited in Halkia, 1995).

c) Emphasising to the context rather to the content (Sherchan, cited in Halkia, 1995).

d) Prevention as a result of fears expression by adults (Sachs, cited in Halkia, 1995).

e) Campaigns in favour of prevention (Health European Council, cited in Halkia, 1995).

f) Confusion between information, education, prevention, intervention and treatment (Bergeret, cited in Halkia, 1995).

g) Condemnation of substance (Dorn and Thomson, cited in Halkia, 1995).

The evaluation drug information programmes, documented that they were not effective. The methods of evaluation however, were not precise. In some cases the programmes had even negative effects; they increased drug use by erecting curiosity. Drug information as single component programmes can change the knowledge upon drugs but they fail to change the substances use behaviour (Goodstadt; Tobler, cited in Montagne and Scott, 1993). The above statement may explain the failure of mass-media public awareness campaigns which even today focus on this model. However, multicomponent prevention programmes should include drug information. It is underlined that inadequate evaluation did not allow the extraction of conclusion regarding the effectiveness of the informational component of more comprehensive programmes (Montagne and Scott, 1993).

3.3.2. Influencing attitudes toward drug use

The aim of influencing attitudes toward drug use prevention strategy is to change the attitudes (of young people) about drugs. It assumes the close association between attitudes and behaviour. However, many studies have shown that the above assumption is false. Even in cases where there was attitudinal change, the desirable behavioural change did not always follow.

Evaluation of these programmes reported by Goodstadt, cited in Montagne and Scott (1993) revealed mixed results: little or no effect, negative, positive and mixed effects. However, the evaluation of these programmes is problematic. The first problem consists on how an attitude can be measured. The second is that attitudes and beliefs can not ensure predictions about future behaviour. The third is that they do not take in account social and situational factors which influence attitudes and also behaviours about drug use. Tobler, cited in Montagne and Scott (1993), analysing drug prevention programmes, suggests that attitudinal outcome measures which determine

changes in drug use behaviours “are the bottom line for measuring the success of any programme” (p.1187).

3.3.3. Life skills training programmes

The philosophy of these programmes is based on Bandura’s Social Learning Theory and on Jessors’ Problem Behaviour Theory. According to them, the initiation of substance misuse is a socially learned, functional behaviour which results from the interaction of a diversity of social, environmental, and personal factors. Thus, individuals with low autonomy, low self-confidence, and an external locus of control are more likely to fall into the influences of taking soft drugs for various reasons.

The main intention of LST programme is to facilitate the development of general, personal and social skills, emphasising on the development of skills for coping with pro-substance use social influences. The techniques used by LST programme are behavioural and include: cognitive strategies to enhance self-esteem, (e.g. behavioural change techniques or replacing negative self-statements with positive ones), techniques for resisting persuasive advertising appeals, self-management techniques for coping with anxiety (e.g. relaxation training), verbal and non-verbal communication skills, and social skills (e.g. initiating social interactions, conversational skills). The teaching strategies used a combination of instruction, modelling , rehearsal, feedback, reinforcement and extended practice through homework assignments (Botvin and Wills, cited in Montagne and Scott, 1993).

The evaluation of a comprehensive programme with boosters that incorporated three behavioural change models was made by Botvin, cited in Montagne and Scott (1993). The programme was delivered to seventh graders, consequently in the eight grade and finally in the ninth grade. At the end of seventh grade positive effects were found on

marijuana, alcohol, and cigarette use. The same effects held up throughout the eight grade; but by the end of the ninth grade, only cigarette smoking effects were sustained. It is also mentioned that while peer-led programme delivered with boosters were reported to have systematic positive effects, the teacher-led programme with boosters were reported to have negative effects.

However, further evaluation is necessary in order to reveal the potential effectiveness of LST programmes, beyond the implementation of booster sessions (Botvin and Tortu, cited in Meyer, 1995). It is noted that they demand more intensive ways, longer duration approaches, and implementation by well-trained leaders. This evaluation procedure appears to be impractical, because of the additional time or too expensive for most schools (US Department of Education, cited in Montagne and Scott, 1993).

Another applied LST programme is Project ALERT. This is a multisite longitudinal test of a school-based prevention programme for seventh and eighth graders. It was based on Janz and Baker's health belief model and Bandura's self-efficacy theory of behaviour change. The goal was to help pupils understand how substances can affect them in their daily lives and social relationships, and also to teach peer pressure refusal skills. The evaluation of ALERT Project indicated positive results for both low and high-risk pupils. However, it had only short-life effects on adolescent drinking and current users of marijuana and cigarettes (Ellickson and Bell, cited in Montagne and Scott, 1993).

3.3.4. Alternatives to drug use

This strategy is mainly implemented outside school settings. The idea is to provide young people alternative non-drug use activities. These could be: opening a youth centre, experience the natural beauty, participation in spiritual activities,

transcendental meditation, sensitivity groups, athletics, dance, hiking. All these activities feature a form of getting high without drugs (Swisher and Hu, cited in Montagne and Scott, 1993).

Evaluation of these programmes had two outcomes: (a) school-based alternative programmes have failed in reducing alcohol and other drug use (Moskowitz et al., cited in Montagne and Scott, 1993) (b) they were appeared to be successful more in "at risk" adolescents than in lower risk teenagers (Tobler, cited in Montagne and Scott, 1993).

3.3.5. Skills for resisting peer pressure

These programmes are build upon the assumption that young persons use drugs because they are either directly or indirectly pressured to do so by their peers (Calder and Ross; US Department of Education, cited in Montagne and Scott, 1993). Programmes which aim to enhance skills in order to face peer pressure vary from those simply "Just Say No" to substances (Adams, cited in Montagne and Scott, 1993), to more complex interventions based on the socio-psychological theories of communication and persuasion (McAlister, cited in Montagne and Scott, 1993).

Many studies have indicated that adolescents using drugs have friends that use drugs too, and also that perceived behaviour and attitudes of peers are important predictors of substance use (Jessors; Kandel et al., cited in Montagne and Scott, 1993).

Tobler, cited in Montagne and Scott (1993), evaluating the effectiveness of adolescent prevention programmes, found that peer programmes appear to be definitely superior over the combined results of the remaining programmes on alcohol, tobacco, and marijuana use.

Another evaluation made by Resnick, cited in Montagne and Scott (1993), concentrated on smoking programme and found that peer programmes are effective for all drug use. Peer refusal skills appear to influence behaviour and give pupils the ability to refuse substance use without being influenced by their peers.

Other programmes addressed beliefs on substance use. They tried to pass the message to the pupils that substance use is an unacceptable, incorrect behaviour. However, these programmes lack of adequate evaluation (US Department of Education, cited in Montagne and Scott, 1993).

The big advantage of peer pressure resisting programmes is the low cost for general school-based programmes. However, further research is necessary in order to assess their effectiveness in long-term and in high-risk populations (Tobler, cited in Montagne and Scott, 1993).

3.3.6. Systems approach to drug use prevention (comprehensive programming)

Drug prevention programmes which adopt systems approach were implemented in the USA and teach through a strategy using residential team training. Examples are the state of Kansas Drug Prevention Programme and the Nebraska Drug Free Schools/Community Team Training Project.

The first focuses on schools. It trains teams of teachers, administrators, and parents in developing programmes for their schools. They learn how to implement effective action plans at their schools which address alcohol and other drug-related issues (Office of Substance Abuse Prevention , cited in Montagne and Scott, 1993).

The second programme provides residential training and the development of strategic drug abuse prevention plans. The objectives of Nebraska Project’s residential training are:

- to facilitate team building
- to examine problem-solving approaches
- to develop strategic planning skills
- to promote community programme development
- to highlight prevention education programmes available to schools (Scott, cited in Montagne and Scott, 1993, p.1194).

The composition of a typical team is one administrator, two teachers, a counsellor and two parents. Each team developed an action plan based on the team's analysis of its school and community needs and available resources. Then the teams return to their schools and communities to apply the individualised action plan, which the team has designed. After training, the project offers to the participating teams aftercare or that ongoing support, networking and technical assistance.

Two points must be highlighted about the Nebraska Project. First that the programme is not a pre-packaged one but a highly individualised process. Second the team work. Team members are encouraged to work together into a well-thought-out action plan. The shared experience and commitment are maybe more important than the end product. Team cohesiveness is of primary importance during the implementation of the plan (Scott, cited in Montagne and Scott, 1993).

The evaluation of the project has the form of three surveys assessing the project each year and it was conducted for over a 3 year longitudinal period. "The elementary and secondary surveys include questions dealing with knowledge, attitudes and drug use behaviour (i.e., alcohol, cigarette smoking, marijuana use, and cocaine use). The third survey based on the team activity report includes questions concerning demographics of the school and how active the team was during the past year (e.g., number of team

meetings, number of completed team projects, drug and alcohol curriculum, and life skills curriculum)" (Montagne and Scott, 1993, p.1194).

Although results of the evaluation of the effectiveness of the Nebraska Project are not mentioned, multicomponent drug prevention programmes which use systems approach are thought to be more likely to have success than a single component programme. The evaluation of comprehensive programmes is complicated because of the complexity in their implementation. They are difficult to be sustained over a long period of time because of the large number of groups and the co-operation and support that is needed (Montagne and Scott, 1993).

3.4. Planing a prevention programme in school

The plan of an effective prevention programme demands the consideration of many factors by the programme planner.

Initially, he/she has to identify the target and the problem. The target population has some characteristics which are very important for the later determination of the goals, the strategy and the teaching methods. These characteristics may be the age and the social context.

Numerous studies have indicated that the ideal timing of drug prevention programmes is the elementary school years. Teachers report that children of elementary school grades have increased knowledge on drugs. It is generally accepted that early elementary school years are a critical point in the development of attitudes about substance use and some have reported experimentation with soft drugs (Berdiansky et al., cited in McLaughlin and Vacha, 1993; Quine et al., 1992; Abbey et al., 1990; Clapper et al., 1995).

Furthermore, the planner has to consider social factors and personal value foundations which are influenced by general society. Socio-economic class, rural or urban area culture, racial/ethnic minority and generally tailoring preventive action according to distinct characteristics of particular communities can increased its effectiveness (Veatch; Shiffman and Wills, cited in Montagne and Scott, 1993; McLaughlin and Vacha, 1993; Botvin, 1995).

The planner has to investigate the nature and extent of substance use problems, and thus to determine possible individual or group “at risk”. Using a method which may be questionnaire, he/she would try to recognise the level of knowledge about substances, their attitudes and beliefs (Montagne and Scott, 1993).

Continuously, the designer has to set the goals and the objectives of the programme which reflect the needs, the interests and the expectations of the target population. The goals must be based upon the philosophy of a preventive approach or model. The philosophical base determines also the learning objectives, and the teaching and communication approach. Furthermore, he/she has to determine the desirable outcomes of the programme.

The next step is the preparation of the material and the training of the staff. The planner could come in contact with related agencies or services which can provide materials and resources. After gathering and evaluating the material, he/she is ready to adjust it in the philosophy of the programme and begin the staff training (teachers or other contributors).

The philosophy, the goals and the resource materials influence the educational techniques. The teaching strategy plays an important role in the transference of the programme’s messages and thus in programme’s success. The educational technique

should be adjusted into the school setting, time-frame, equipment and other practical concerns.

After the design of the comprehensive programme, the programme has to be applied experimentally in order to improve its weak points. After the implementation the most important action comes: the evaluation of its effectiveness. Is the programme working? With whom and in what settings? What are the evidence for the improvement of prevention efforts in the future? (Montagne and Scott, 1993; Meyer, 1995).

In order to evaluate a substance use preventive programme many researchers argued the use of a feedback process that connects programme realities to programme theories. Weissberg et al., cited in Meyer (1995) called this process the “Five Phases of Programme Development”. Programme designers can improve their overall work by utilising results (from their own evaluations and others’ research).

Following the five phases the planner can a) inform the operating theory of change, b) redesign the programme c) rethink programme implementation d) increase the probability of establishing a programme within a school and e) improve the maintenance of positive outcomes within youth over time.

Montagne and Scott (1993) stated that school-based substance use prevention programmes usually fail to document programme process and implementation. Cook et al., cited in Meyer (1995) argued that many health promotion programmes did not manage to improve because their planners have omitted the above phase (middle) in the evaluation. The focus on programme implementation gives insight into such things as the type of programme the average person received. Continuously, the examination of causal mediating processes assisted in understanding the ways in

which changes in important relationships affect substance use. With the term ‘implementation’ is meant a description of programme activities which is compared with the original programme design in order to check its right application while the term mediating processes refers to the factors which are responsible for the demonstrated link between an intervention and an outcome (Cook et al., cited in Meyer, 1995). A positive substance use prevention programme should be replicated, but without the detailed evaluation of the process implementation this is not possible (Montagne and Scott, 1993).

Evaluations of drug use prevention programme usually lack of a complete research design. The validity of self-reported data is rather limited. An experimental research design with random assignment is necessary. Small sample sizes, losing pupils due to dropout from the study, and inappropriate statistical analysis may be restrained factors in programme’s evaluation, and lead the research to weak invalid conclusions (Montagne and Scott, 1993).

“Our knowledge of substance “abuse” prevention activities is partially limited by the weakness of the research methodologies used to date. Often, programmes with the best research design do not evaluate the good programmes, and in turn, good programmes tend to have weak research designs” (Bell and Battjes; Bry; Goodstadt, cited in Montagne and Scott, 1993, p.1198).

3.4.1. The effectiveness of drug education

Levanthal and Keeshan, cited in Meyer (1995) argued that current prevention programme ignore the adolescent and drug interaction. The rewards of substance use exceed the punishments. Any substance misuse programme, that do not provide pupils with more fun, good feelings, and better friendships will not be effective.

Gullotta, cited in Meyer (1995) stated that “substance use prevention programmes must promote social competence: (a) a sense that the youth belongs; (b) a sense that the youth is valued; and (c) opportunities for the youth to contribute meaningfully” (p.226).

Dryfoos (1993) argued that the results of follow-up studies indicated that schools alone cannot produce lasting prevention effects. She limited teacher’s role in teaching cognitive skills rather than enhancing pupils’ social skills and self-competency. She argued for the use of other agencies better equipped to do this work, pointing to multicomponent prevention approaches, which target to the family and the larger community. However, at the end she approves comprehensive health education at early ages.

Montagne and Scott (1993) stressed the importance of the three domains of learning in prevention: knowledge, attitudes, and behaviour. The best approach for achieving a particular type of effect or outcome is to target on the domains of learning where the desired change should occur. For a substance misuse prevention programme the emphasis should be more on enhancing skills and in directing behaviour away from use, and less on enriching the knowledge or on developing attitudes against drugs. Furthermore, they suggest that prevention programmes should focus on more than one domain of learning.

There is a confusion in the substance use prevention field. This is likely to occur because of non efficient coherence between social and educational policies, lack of well structured programming, competently trained personnel, and clear judgement regarding to the issues that surround the use of substances. However, some of the existing prevention strategies are well developed and can be improved even more in the future. This could be done in two ways: first if the rational of prevention

programmes concentrates on the notion that any pharmacologically-active substance carries a certain potential for the development of effects for the user, according the reasons and the way that is used. Second, if prevention carers become more conscious of relative meanings, values, attitudes, and motivations in people's substance abuse. This may be more important in recognising and characterising the nature and the extent of substance use problems (Edwards and Arif; Einstein, cited in Montagne and Scott, 1993).

After reviewing data from a large scale prevention trial, Botvin and his colleagues found that prevention programmes implemented in schools can reduce drug use in the long-term (Botvin, Baker et al., cited in Botvin, 1995).

3.5. Teacher's role in prevention

The responsibility of every member in the community on drug issue and the protection of youth is increased relatively to the extent of the problem in 90's and the big cost in human lives and resources for the society.

The teacher is an adult that is in daily contact with young person. Sometimes he/she spends more time close to children than parents do. Thus, teacher's responsibility is bigger than every other adult's. Teacher acts as a model to pupils and influences them in various aspects of their life. These are big advantages of teaching profession and should be used in combating drugs. Only the teacher or parent can form positive behaviour about substances and enhance the appropriate skills to resist and encounter problems in life. But parents usually lack of appropriate skills and information. These can be achieved only through occasional expert's visits or scheduled monthly preventive programmes. An aware and vigilant teacher can substantially contribute in substance use prevention.

However, teachers in order to respond successfully in the needs of a drug education programme should possess appropriate teaching skills and adopt teaching methods which may appear innovative. Drug education requires sensitive teaching. Teachers should always consider the local cultural and social context (e.g. pupils from ethnic minorities or religious communities). Negative judgement about drug users at presence of pupils who come from environments in which either illegal drug use is considered 'normal' or their parents use substances, may be seen as offending. Pupils may think that the teacher is being against their friends or family and thus, this situation will lead to negative effects (DFE, 1995; Davies and Coggans, 1991).

Undesirable effects may occur in cases such as in a 'decision-making' drug education package, an insensitive teacher tells to pupils not to do something which is attractive or the teacher gives false or misleading information about drugs, especially to pupils who have already experience with drugs. Teacher should be a credible source of information, avoiding at the same time opinionating or moralising input (Coggans et al., 1991; Blackman, 1996).

The above cases are examples of inappropriate educational practice. On the contrary, certain teacher qualities appear to be more important to successful application of the Life Skills Training programmes than the teacher's training upon health education or science in which feature LST is usually implemented. These qualities include student rapport, commitment to the programme, and motivation to teach LST (Meyer, 1995).

Regarding teaching methods in drug education, DFE (1995) proposed alongside direct teaching, a more interactive approach to learning, including the use of audio-visual materials, role-playing and group discussions. However, teachers may encounter different problems with innovative teaching methods. Especially senior teachers feel anxious and uncomfortable when they have to implement drug education programmes

in the classroom, not only because they lack knowledge about drugs, but furthermore lack experience in applying active and participative teaching and learning skills. Others who possess the skills appeared reluctant to use them in a sensitive area such as drug education (Blackman, 1996).

Although teachers' unfamiliarity and inconfidence with the new methods introduced in drug education, they had positive views about the effectiveness of drug education. Coggans et al. (1991) reported high percentages of teachers' positive perceptions regarding the effectiveness of drug education in increasing pupils' knowledge upon drugs, developing pupils' anti-drugs attitudes and decreasing the likelihood to take drugs. The second and the third statements, however, come in contrary with the actual effects of drug education which resulted by the outcome evaluation.

There is also application for intensive training of teachers for effective delivery of drug education packages. Appropriate seminars or courses will enhance teachers' knowledge about substance use and drugs, make them more aware and promote their confidence. Teachers' training is made necessary since humanities subjects teachers found to be much more skilfully in developing participative teaching methods and only teachers familiar with the field or previously involved in delivering Personal and Social Health Education (PSHE) were found to be supportive of the resources and the teaching methods (Blackman, 1996). Allison et al. (1990) reported that although pupil's learning is not significantly affected by differential teacher training, teacher's attitudes towards implementation of the curriculum, and actual implementation it is affected.

3.6. The role of school counsellor and other staff in prevention

Apart from the crucial role of teacher in substance use prevention in schools, it is also argued the role of different co-ordinators. Montagne and Scott (1993) argued the training of gatekeepers. These are individuals who are trained to identify potential or actual risky behaviours, being empathic in understanding the different attitudes or motivations that might have put the person at risk and help the him/her to find a solution to their problem.

McLaughlin and Vacha (1993) argued the multiple role of school counsellor in substance misuse prevention in schools. School counsellor's advantage is the fact that they are released from scheduled programme. Thus, they could come in contact with families, agencies and relative services in the community, gathering resources, data and preparing the field for community-based preventive actions, which would begin at school. Apart from his/her linking role, school counsellor can be useful in enhancing peer and cross-age educational programmes, tutoring and modelling different programmes, working with high-risk pupils and fostering parental involvement in school. Furthermore, because school counsellors are familiar with school's social context could contribute in programmes' evaluation in their schools. Finally, it is underlined school counsellor's role as a teacher trainer. He/she could be a continuous resource for teachers as well as a familiar trainer prior the implementation of drug prevention programmes in the classroom.

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CHAPTER 6 - CONCLUSION

The study of the relevant literature led to the understanding that the deeper causes of substance misuse among young people lie in the interaction of different factors. It is a

multisided social phenomenon and it is risky to make absolute associations between possible causal factors. For example that risk factor A leads to misuse of B substance in X years time after the first use. Considering the above remark, primary prevention emerges as the most efficient intervention scheme for reducing the extent of substance use and its effects among youth. Different strategies and models of primary prevention have been developed. However, the most effective has not revealed itself yet, mainly because of inefficient evaluation. Despite the problematic methodology of evaluation, community-wide multicomponent prevention programmes that begin in, or involve school, appeared possibly to be the most effective in long-term reducing of substance misuse.

The present study indicated that Greek secondary school teachers of the sample are relatively well informed about which substances are harmful. The same was found about their knowledge regarding adolescent psychology and possible reasons that might turn young people to substance misuse. On the contrary, there is a tendency to be biased towards some aspects of the phenomenon. The two last statements were found to be related in a statistically significant way. This is likely to have occurred because both categories involve them emotionally as individuals and touch upon sensitive matters of personal and family life. The sample's attitude towards prevention through education was found to be highly positive. They perceive their role as professionals as important in drug prevention. Despite the fact that these findings can not be generalised because of the small and convenience sample, they are very encouraging if drug education is going to be introduced in the Greek school's curriculum in the future. They appeared to be eager to work towards prevention but they need appropriate skills and support. These can be achieved by appropriate training.

Teachers' training is extremely important for successful prevention in schools. Drug education should be included in teachers' professional training. Additionally, teachers already employed should receive in-service training on prevention and drugs in order to raise their awareness.

The problem is not yet extended as it is in other developed Western countries. However, there is an evident trend that this problem will increase within the next few years. Prevention in Greece is in a primary stage. Action is urgent before it is too late. However, this must be done systematically, not superficially. Because of the primary stage, prevention could be organised and developed into a well structured model. This demands research, experimentation, availability of resources, and organised, planned steps. Survey is necessary in order to design any drug education programme. It should be directed to pupils, teachers and possibly to parents, aiming to examine the degree and quality of their knowledge and attitudes towards substances and drug education in schools. Research is also needed for the designing of a valid and methodologically efficient evaluation tool for prevention programmes. Longitudinal evaluation is a crucial factor of a programme's success, and it must be ensured.

Schools alone are not efficient enough. Thus, activities outside school, should be considered since it is evidenced that positive long-term effects are based on community-wide continuous programmes.

Prevention design should include appropriate programmes for the two key stages of education. This means that programmes must be designed according to the cognitive ability of pupils. Furthermore, there must be provision for minorities. The designers should consider the social context of each individual school and adjust the prevention programme accordingly. Drug education should begin in elementary schools in order to prevent the abuse of hard drugs in early adolescence by school drop-outs.

Ideally, young people should have formed attitudes against drugs and have acquired skills to resist them on leaving school. This is because it was found that they mainly misuse substances the period following school leaving (18-24 years of age).

Schools in evidenced high-risk areas, particularly urban areas, should have priority in possible implementation of a prevention programme. Initially it should be applied experimentally, and then transferred to other areas, always examining the special circumstances.

Psychologists and other professionals could be employed in order to study the area. Moreover, their main task would involve the training of teachers and other school staff regarding the specific programme. They can serve as continuous resource of information for teachers, supporting them throughout the prevention programme's implementation. Finally, they have a key role in the programme's evaluation.

The overall process should be characterised by seriousness and responsibility. Drug education should not be seen as a "light" break from the school's rigid timetable. This message has to be transferred to teachers and pupils but particularly to parents. Prevention of substance misuse is an issue of primary concern and this is how it should be encountered by the entire community.

REFERENCES

Abbey, A., Oliansky, D., Stilianos, K., Holstein, L., Kaczynski, R. (1990). Substance Abuse Prevention for Second Graders: Are They Too Young to Benefit? Journal of Applied Developmental Psychology, 11 (2), 149-162.

Allison, K., Silverman, G., Digman, C., (1990). Effects on Students of Teacher Training in Use of A Drug Education Curriculum. Journal of Drug Education, 20 (1), 31-46.

Baker, H. and Caraher, M. (1995). Do It Yourself: the process of developing a drugs information resource for children. [UK]: Home Office - Drugs Prevention Initiative Paper.

Bell, J. (1993). Doing your Research Project (2nd ed.). Buckingham: Open University Press.

Blackman, S. (1996). Drugs Education and the National Curriculum: an evaluation of 'Drug studies: a resource for the National Curriculum'. [UK]: Home Office - Drugs Prevention Initiative Paper.

Botvin, G., (1995). Drug Abuse Prevention in School Settings. In Botvin, G., Schinke, S. and Orlandi, M. (Eds.), Drug Prevention With Multiethnic Youth. Thousand Oaks: Sage.

Church, P., Forehand, R., Brown, C. and Holmes, T. (1990). Prevention of Drug Abuse: Examination of the Effectiveness of a Program with Elementary School Children. Behavior Therapy, 21 (3), 339-347.

Clapper, R., Buka, S., Goldfield, E., Lipsitt, L., Tsuang, M. (1995). Adolescent Problem Behaviours as Predictors of Adult Alcohol Diagnoses. International Journal of the Addictions, 30 (5), 507-523.

Coggans, N., Shewan, D., Henderson, M., Davies, J. B., (1991). The Impact of School-based Drug Education. British Journal of Addiction, 86, 1099-1109.

Cohen, L. and Manion, L. (1980). Research Methods in Education. London: Routledge.

Conger, J. and Peterson, A. (1984). Adolescence and Youth: Psychological Development in A Changing World. New York: Harper & Row.

Davies, J. and Coggans, N. (1991). The Facts about Adolescent Drug Abuse. London: Cassel.

Department of Health. (1993). Drug and Solvent Misuse. A Basic Briefing. Central Office of Information [UK].

DFE. (1995). Drug Prevention and Schools, Circular 4/95. London.

Dryfoos, J. (1991). Adolescents at Risk: Prevalence and Prevention. New York: Oxford University Press.

Dryfoos, J. G. (1993). Preventing Substance Use: Rethinking Strategies. American Journal of Public Health, 83 (6), 793-795.

Glassner, B. and Loughlin, J. (1987). Drugs in Adolescent Worlds. Burnouts to Straights. London: Macmillan.

Halkia, G. (1995). Main Theoretical Meanings and Historical Evolution of the Meaning of Prevention. In E.E.T.A.A. (Eds.), The Meeting Triangle Substance - Environment - Personality. Athens: E.E.T.A.A. publishers.

Heilari, E. (1995). Adolescent, Parent, Peer, Use, Abuse, Addiction. In E.E.T.A.A. (Eds.), The Meeting Triangle Substance - Environment - Personality. Athens: E.E.T.A.A. publishers.

Hourdaki, M. (1990). Society's Powerful Weapons. In National Federation Against drugs. (Eds.), Drugs - Social Reasons - Prevention - Treatment. Athens: Sychroni Epohi Publishers.

Hourdaki, M. (1995). Drugs - Prevention. Athens: Sychroni Epohi Publishers.

Kokkevi, A. (1988). The Use of Legal and Illegal Toxic Substances in Adolescence. In Tsiantis, G. and Manolopoulos, S. (Eds.), Contemporary Issues of Child Psychiatry II. Athens: Kastaniotis.

Leitner, M., Shapland, J. And Wiles, P. (1993). Drug Usage and Drugs Prevention: the Views and Habits of the General Public. London: HMSO.

Lewis, D. (1971). Statistical Methods in Education. Edinburgh: University of London Press Limited.

McGurk, H. and Hurry, J. (1995). Project Charlie: an evaluation of a life skills drug education programme for primary schools. [UK]: Home Office - Drugs Prevention Initiative Paper.

McLaughlin, T. and Vacha, E. (1993). Substance Abuse Prevention in the Schools: Roles for the School-Counsellor. Elementary School Guidance and Counselling, 28(2), 124-132.

Meyer, A. (1995). Minimization of Substance Use: What Can Be Said at This Point? In Gullotta, T., Adams, G. and Montemayor, R.. (Eds.), Substance Misuse in Adolescence. Thousand Oaks: Sage.

Montagne, M. and Scott, D. (1993). Prevention of Substance Use Problems: Models, Factors, and Processes. International Journal of the Addictions, 28 (12), 1177-1208.

Muisener, P. (1994). Understanding and Treating Adolescent Substance Abuse. Thousand Oaks: Sage.

Norman, E. (1995). Personal Factors Related to Substance Misuse: Risk Abatement and/or Resiliency Enhancement? In Gullotta, T., Adams, G. and Montemayor, R.. (Eds.), Substance Misuse in Adolescence. Thousand Oaks: Sage.

O' Bryan, L. (1989). Young people and drugs. In MacGregor, S. (Eds.), Drugs and British society: responses to a social problem in the eighties. London: Routledge.

O' Connor, D. (1983). Glue Sniffing and Volatile Substance Abuse. Case Studies of Children and Young Adults. Hampshire: Gower.

O.KA.NA. (Greek Organisation for Combating Drugs). (1995). Main Principles and Objectives.

O.KA.NA. (Greek Organisation for Combating Drugs). (1996). National Report on Drug Policy.

Panagiotopoulou, M. (1990). Drugs: Prevention - Contemporary Reality - Suggestions. In National Federation Against drugs. (Eds.), Drugs - Social Reasons - Prevention - Treatment. Athens: Sychroni Epohi Publishers.

Power, R. (1989). Drugs and the Media: prevention campaigns and television. In MacGregor, S. (Eds.), Drugs and British Society: responses to a social problem in the eighties. London: Routledge.

Ouine, S., Stephenson, J., Macaskill, P., Pierce, J. (1992). A Role for Drug Awareness and Prevention Programs External to the School? Health Education Research, 7 (2), 259-267.

Rickel, A. and Becker-Lausen, E. (1995). Treating the Adolescent Drug Misuser. In Gullotta, T., Adams, G. and Montemayor, R.. (Eds.), Substance Misuse in Adolescence. Thousand Oaks: Sage.

Robson, C. (1993). Real World Research. Oxford: Blackwell.

Shiner, M. and Newburn, T. (1996).Young People, Drugs And Peer Education: an evaluation of the Youth Awareness Programme (YAP). [UK]: Home Office - Drugs Prevention Initiative Paper.

Siegel, R. and Ehrlich, A. (1989). A Comparison of Personality Characteristics, Family Relationships, and Drug Taking Behaviour in Low and High Socio-economic Status Adolescents Who are Drug Abusers. Adolescence, 24 (96), 925-936.

Swadi, H. (1988). Drug and Substance Use Among 3333 London Adolescents. British Journal of Addiction, 83, 935-942.

Turner, S. (1995). Family Variables Related to Adolescent Substance Misuse: Risk and Resiliency Factors. In Gullotta, T. et al. (Eds.), Substance Misuse in Adolescence. Thousand Oaks: Sage.

Zafeiridis, F. (1990). Policy in Issues of Prevention - Treatment. In National Federation Against drugs. (Eds.), Drugs - Social Reasons - Prevention - Treatment. Athens: Sychroni Epohi Publishers.