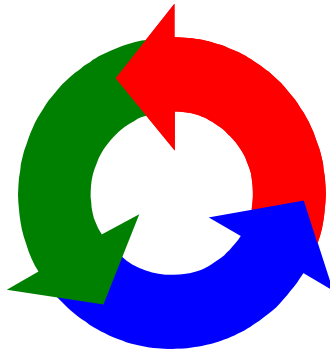


*A Review of Drug Prevention Work and its
Evaluation in Stockport*



Summary Document

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May 2001

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Representatives from each of the agencies featured gave their time and efforts to provide information and to check the accuracy of the report at the draft stage.

Executive Summary

Background: This report was commissioned by Stockport Drug Reference Group to provide a baseline assessment of drug prevention work and its evaluation in Stockport.

Methods:

1. Relevant research literature and published guidelines were reviewed to ascertain good practice in drug prevention work and its evaluation.
2. Contact was made with agencies known to be undertaking or facilitating drug prevention work in Stockport. Representatives of these agencies were informally interviewed to ascertain how drug prevention work was undertaken and evaluated.
3. Identified practice was compared against identified indications of good practice to devise recommendations for the development of drug prevention and its evaluation in Stockport, taking the availability of local resources into account

Results: Recommendations were made for each agency identified and the following recommendations were made for Stockport Drug Action Team:

- Develop a Drug Prevention Strategy for Stockport, in liaison with all the agencies involved or potentially involved in drug prevention work. This strategy should be consistent with the drug prevention/ education strategies already developed by individual agencies and incorporate systems to identify local drug prevention needs, build structures necessary for the development of drug prevention work and co-ordinate drug prevention, ensuring a good coverage and consistent message.
- Undertake an audit of the specific evaluation and assessment tools, for example, questionnaires, used by agencies within Stockport, so as to share good practice and possibly develop standard assessment, evaluation and monitoring tools.
- Develop a resource for the sharing of information and good practice. News of new and innovative drugs prevention projects undertaken in Stockport, and any evaluation results should be sent to the Drugs Research and Development Officer at Stockport Centre for Health Promotion.
- Together with the Drugs Research and Development Officer, provide advice, training or assistance regarding the evaluation and monitoring of drug prevention work and the production of reports to agencies requesting or requiring this input. This may particularly apply to voluntary agencies, which may not have the necessary knowledge, experience or funding to undertake this type of work.
- Undertake or oversee an assessment to ascertain the drug education needs of local young people who are above compulsory school age.

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1. Introduction

1.1 This report was commissioned by Stockport Drug Reference Group to provide a baseline assessment of drug prevention work and its evaluation in this area of Greater Manchester. It will be used as a working document to inform the strategic development of drug prevention in Stockport.

2. Background

2.1 Drug prevention has two aspects, demand reduction and supply reduction¹. This review relates to interventions aimed at reducing the demand for drugs. These interventions can work on three levels²:

- Primary prevention, aiming to prevent the first use of drugs.
- Secondary prevention, encouraging those who have already used drugs to stop using or not escalate their drug use.
- Tertiary prevention, setting up systems for referring problematic users into treatment programmes.

2.2 The impact sought by drugs prevention interventions may include continued abstinence; delayed onset or avoidance of escalation of drug use; reduced misuse of drugs or a return to abstinence.

2.3 There is currently a shortage of research evidence as to what interventions are effective in the prevention of drugs misuse, how they work and why³. This makes the evaluation of innovative drugs prevention projects particularly important.

3. Aims

3.1 To review drug prevention work in Stockport and the methods used to evaluate initiatives.

4. Objectives

4.1 To undertake a literature review to identify the features of drug prevention work and its evaluation which indicate good practice.

4.2 To identify agencies involved in drug prevention in Stockport.

4.3 To identify and describe the drug prevention interventions delivered by the agencies and assess whether the interventions are good practice according to current evidence.

4.4 To identify and describe the methods these agencies use to evaluate their drug prevention work and assess whether evaluation is undertaken in accordance with current evidence of what is good practice.

4.5 To evaluate the overall provision of drug prevention work in Stockport and to highlight examples of local good practice.

4.6 To recommend how agencies can develop and implement ongoing drug prevention evaluation.

5. *Methods*

5.1 Relevant research literature and published guidelines were reviewed to ascertain good practice in drug prevention work and its evaluation. Sources of data included Medline and the web sites of organisations such as Drugscope.

5.2 Contact was made with various agencies that were known to be involved in the delivery of drug prevention interventions in Stockport. Where appropriate, agency representatives were informally interviewed to ascertain the following information:

- Background information about the role and history of the agency.
- A description of the drugs prevention work in which the agency was currently involved or planned to become involved in during the next 12 months.
- How the agency evaluated their drugs prevention work and any plans they had to develop/ implement new evaluation methods during the next 12 months.
- The data collection and recording systems the agency used and any plans they had for the development of systems during the next 12 months.
- The support systems the agency could call upon to assist with the evaluation of their drug prevention work.
- Any mechanisms they had for reporting evaluation results.

5.3 Identified practice was compared against identified indications of good practice in order to devise recommendations for the development of drug prevention and its evaluation in Stockport, taking the availability of local resources into account.

6. ***Best Practice Identified through the Literature Review***

6.1 **Drugs Prevention Interventions**

General

6.1.1 The Drug Prevention Advisory Service (DPAS) recommends that drugs prevention services be integrated within an overall drugs prevention strategy developed by the local Drug Action Team (DAT). With reference to the government white paper 'Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy for Tackling Drugs Misuse'⁴, DPAS recommend that Drug Action Teams support drug prevention work targeting the following groups⁵:

- Young People (under the age of 25)
 - Drug education for young people
 - Work with parents
 - Work with vulnerable groups of young people
- Communities
 - Community involvement
 - Criminal justice system

Summary:

- Drugs prevention work should be integrated and informed by a local drugs prevention strategy.
- Drugs prevention should cover: drug education for young people, work with parents, work with vulnerable young people, community involvement and the criminal justice system.

Drug education for young people

6.1.2 Preventive drug education is most effective for those who have not had experience of drug use (primary prevention)^{6,7}, and is therefore particularly important for children around the end of primary school and the beginning of secondary school, as, by the age of 12 or 13, many will already have experimented⁸. The effect of drug education is short-lived⁹, and so drug education should continue with regular 'booster' sessions throughout the secondary school years^{7,9}.

6.1.3 To be effective as a method of drugs prevention, drugs education should provide information about drugs and aim to increase life and peer resistance skills^{10,11,12}. Programmes that also address values about the acceptability of drug use and perceptions of prevalence have been particularly promising¹³. Teacher confidence and capability is crucial to the success of any drug education programme^{14,15}, and therefore it is important that teachers have access to appropriate training and support.

- 6.1.4 Outside speakers, including youth workers, can successfully complement the input of the class teacher; however, young people of secondary school age do not see uniformed police officers as a credible source of drugs information¹⁶. Specially trained pupils (peer educators or peer leaders) have also been used as educators, as they can have greater credibility than teachers with young people regarding social information about drugs¹⁴. 'Theatre in Education' tends to be well received by young people¹⁶ and can increase the effectiveness of drug resistance skills training.

Summary:

- Preventative drug education should begin towards the end of primary school and continue with regular 'booster' sessions throughout the secondary school years.
- Teachers should have access to appropriate training and support.
- The use of appropriate outside speakers and innovative methods such as Theatre in Education should be considered.

Work with Parents

- 6.1.5 Drug education has been shown to be more effective where parents are actively involved¹⁷. Most young people believe that their parents should talk to them about drugs¹⁸, but many parents feel ill equipped to tackle the issue¹⁹ and are keen to increase their levels of knowledge. Increasing parental knowledge and confidence can improve their communication about drugs with their children²⁰. Interventions that aim to improve parenting skills as well as drug knowledge may be effective in reducing drug use amongst the children of the participants²¹.
- 6.1.6 There are significant barriers to the involvement of parents, particularly fathers, members of ethnic minorities, those under stress or whose attendance is dependent upon the availability of child-care, in drug prevention interventions²². Drug education for parents is usually best organised through schools, as the already established relationship between home and school can facilitate recruitment. Recruitment is usually more successful where the drugs element of the course is combined with general communication and parenting skills, avoiding the suggestion that parents lack these skills, for example, by giving the courses titles such as 'Living with Teenagers'.
- 6.1.7 Interventions should ideally involve parents in the planning process and should use skilled facilitators who are sensitive to local culture and sensibilities. Knowledge about drugs can be significantly improved by a 'one-off' session; the development of confidence, communication and parenting skills requires a longer course, preferably delivered to small groups.

Summary:

- Drug prevention work with parents is usually best arranged through schools.
- 'One-off' drug awareness sessions can be useful for raising parents' knowledge about drugs.
- Preventative work with parents should aim to improve parenting skills as well as drug knowledge, for example as a 'Living with Teenagers' course.
- The development of confidence, communication and parenting skills is best achieved in small groups, using skilled facilitators.

Work with Vulnerable Young People

- 6.1.8 Certain groups of young people are more likely than most to use drugs and to develop drug misuse problems, including: those who are homeless; in the care of or leaving the care of the local authority; sex workers; regularly not attending or excluded from school; abused; in contact with the mental health services; involved in crime; the children of parents who misuse substances; or suffering from conduct, attention deficit or depressive disorders⁵. Drug prevention interventions could therefore be undertaken at venues serving these groups, including pupil referral units, residential homes and Youth Offending Teams.
- 6.1.9 As many of the participants are likely to be already involved in drug use, primary prevention techniques are usually not appropriate and interventions should focus on secondary prevention and harm-minimisation. Available evidence suggests that intervention should start early, be intensive and sustained, use skilled staff and relate to other problems experienced by the group, not just drugs²².

Summary:

- Drug prevention should be undertaken at venues serving groups of vulnerable young people, for example, pupil referral units.
- Interventions should focus mainly on secondary prevention and harm-minimisation and cover other problems experienced by the group, not just drugs.
- Interventions should start early and be intensive and sustained, using skilled staff.

Community Involvement

- 6.1.10 Community involvement in drug prevention can be effective in preventing the spread of drug use because²²:
- Drug misuse affects communities.
 - Communities can inform the development of local drugs prevention work.
 - Potential drugs prevention resources can be found through community involvement.

- The potential for combined work with other agencies can be maximised.

6.1.11 Most drugs prevention work within community development is part of a broader programme and is not necessarily drug-specific. Areas of community development particularly relevant to drugs prevention include informal adult education, youth work, crime prevention and targeted projects, usually of a self-help or support group type. Combining community development with the provision of information on drugs has often been effective. Programmes should be focussed on a particular neighbourhood, and the links between the community group and drug prevention workers should usually be indirect, although time should be taken to gain the trust of the community.

6.1.12 It is important that staff who come into contact with drug users or undertake drugs prevention work in the community receive adequate training²¹.

Summary:

- Programmes should be focussed on a particular neighbourhood.
- Community development work can be effectively combined with the provision of information on drugs.
- Links between community groups and drug prevention workers should usually be indirect.
- Staff who come into contact with drug users or who undertake drugs prevention work in the community should receive adequate training.

Criminal Justice System

6.1.13 Many crimes are drug-related and factors associated with crime are also associated with drug use. Therefore people who commit crimes are more likely than the general population to have drug misuse problems. Drug treatment interventions have been shown to improve the health of drug-misusing offenders and reduce their involvement in crime²³. The criminal justice system provides many opportunities to refer and encourage the engagement of people into drug treatment services (tertiary prevention)²⁴. These include:

- Arrest, through arrest referral schemes.
- Caution or reprimand, where information and advice can be given.
- Caution plus, where a client is expected to seek help for drug problems.
- Deferred caution, where a client is cautioned after seeking help for a drug problem, or charged with the offence if they do not seek help.
- Final warning for young offenders, where a change programme can include drug intervention where appropriate.
- Court, where court based probation or youth justice workers might identify a problem and recommend referral.
- Bail, where drug related interventions might be provided as part of a bail support package.
- Remand.

- Sentence, for example, drug testing and treatment orders or a recommendation to take part in a drug treatment or prevention programme as part of probation, supervision or an action plan.
- Custody (CARATS – Counselling, Assessment, Referral, Advice and Throughcare).

6.1.4 Primary and secondary drug prevention interventions should also be provided, especially for young offenders, who should receive education about the use of drugs, solvents and alcohol, the drugs laws and sources of drug-related help. In the case of young offenders, it is often also beneficial to educate the parents²⁵.

Summary:

- The criminal justice system provides many opportunities for tertiary drugs prevention, for example through arrest referral schemes and CARATS.
- Primary and secondary prevention should also be provided, especially for young offenders.
- In the case of young offenders, it is often also beneficial to educate the parents.

6.2 Evaluation of Drugs Prevention Interventions

How evaluation should be used and applied

- 6.2.1 To evaluate means 'to ascertain the value of'²⁶. The evaluation of a drug prevention intervention should be an integral component of the project and a positive influence on its development²⁷. Good evaluation should show how and why an intervention was effective (or not), and whether or not it was cost-effective. The costs of the intervention, in terms of the resources used, should be weighed against the benefits.
- 6.2.2 There is a need to be realistic in the type of evaluation that is necessary and feasible. It should take into account the institution's capacity for change and not add too much to the staff workload. Ideally, project managers and staff should be involved in planning the evaluation and interpreting the results.
- 6.2.3 Where an external evaluator is employed, terms of reference for the evaluation should be drawn up, after which the results are more likely to be accepted. The terms of reference should include:
- A summary of the intervention's history and the aims of the evaluation.
 - The objectives of the evaluation.
 - The methods to be used for the evaluation.
 - The different responsibilities of those involved in the evaluation.
 - A timetable for the evaluation.
 - How the information will be reported back.

The results of evaluation should always be available in time for relevant decisions to be made.

Summary:

- Evaluation should be integral to the project.
- Evaluation should show how and why the intervention was successful and whether it was cost-effective.
- Evaluation should be realistic and not add greatly to the workload of staff.
- Ideally, project managers and staff should be involved in planning the evaluation.
- Results should be available in time to inform relevant decisions.

The different components of intervention

- 6.2.4 Evaluations should ideally have four components¹:
- Needs analysis, the results of which should be used to plan the intervention.
 - Process evaluation, which relates to the quality of the intervention.
 - Outcomes evaluation, which assesses whether the intervention was successful in its aims with the target group, and also whether there were any unanticipated results.

- Impact evaluation, which assesses how the intervention affected people and places beyond the defined target group.
- 6.2.5 *Needs analysis* could be undertaken by: spending time working with the people for whom the intervention will be provided; interviewing people who will be involved; observations; or more formal surveys, including questionnaires. Evidence should be collected about the needs, strengths and skills of those involved, obstacles and opportunities for work and resources available. It is useful to collect exact figures, for example, the percentage of potential recipients with a certain level of knowledge, so that comparisons can be made before and after the intervention.
- 6.2.6 *Process evaluation* should look at the extent to which the intervention was delivered as intended to the intended recipients, the cost of the intervention, and the reactions of the participants.
- 6.2.7 *Outcomes evaluation* should be based on the objectives of the intervention, for example, if the objective is to increase knowledge about drugs, evaluation should ascertain the intervention's effect on drug knowledge. The evaluation may be undertaken: experimentally, measuring the differences in randomly assigned groups who received and did not received the intervention; quasi-experimentally, where groups are naturally occurring; or measure changes within one group of participants, usually by collecting information before and after the intervention is delivered. Where an intervention aims to reduce drug misuse through a known mediating variable or risk factor, it can be evaluated through its effect on that factor. Because drug misuse is often part of a wider pattern of behaviour, interventions sometimes aim to tackle antisocial behaviour itself, in which case the number of outcomes to be evaluated is greatly increased. Where the project replicates another for which there is clear evidence of effectiveness, outcome evaluation is not essential.
- 6.2.8 *Impact evaluation* may seek to ascertain levels of awareness of the intervention and the impact of the intervention on the work of other agencies. It is not usually necessary or practical to undertake an impact evaluation.

Summary:

Ideally, evaluation should contain the following components:

- Needs analysis
- Process evaluation
- Outcomes evaluation

However, account should be taken in each case of what is feasible and necessary.

7. Overview of drugs prevention work undertaken in Stockport

7.1 Overview by Agency

7.1.1 Table 7.1 provides an overview of the type of drug prevention work undertaken by each of the agencies identified during the project.

Table 7.1 Overview by agency of drug prevention work identified in Stockport

Agency	Main categories of drug prevention (see section 6.1.1)	Main levels of drug prevention (see section 2.1)
Stockport Community Drugs Team (CDT)	<ul style="list-style-type: none"> • Criminal Justice • Community involvement 	<ul style="list-style-type: none"> • Tertiary • Harm-minimisation
Young Peoples' Drug Project	<ul style="list-style-type: none"> • Vulnerable Young People • Parents 	<ul style="list-style-type: none"> • Secondary • Harm-minimisation
ADAS (Alcohol and Drug Abstinence Service)	<ul style="list-style-type: none"> • Criminal Justice • Vulnerable Young People • Other (outreach for adults who use drugs) 	<ul style="list-style-type: none"> • Tertiary
RUSH	<ul style="list-style-type: none"> • Other (outreach for adults who use drugs) 	<ul style="list-style-type: none"> • Tertiary
The Stepping Stone	<ul style="list-style-type: none"> • Other (outreach for adults who use drugs) 	<ul style="list-style-type: none"> • Tertiary
Stockport Employment, Education and Training Drugs Project	<ul style="list-style-type: none"> • Other (relapse prevention) 	
Stockport Education Division	<ul style="list-style-type: none"> • Drug Education • Parents 	<ul style="list-style-type: none"> • Primary • Secondary
Making it Back	<ul style="list-style-type: none"> • Vulnerable Young People • Parents 	<ul style="list-style-type: none"> • Secondary • Tertiary
Stockport Youth Service	<ul style="list-style-type: none"> • Drug Education • Vulnerable Young People 	<ul style="list-style-type: none"> • Primary • Secondary
School Nurses	<ul style="list-style-type: none"> • Drug Education • Vulnerable Young People • Parents 	<ul style="list-style-type: none"> • Primary • Secondary
Stockport College	<ul style="list-style-type: none"> • Drug Education 	<ul style="list-style-type: none"> • Primary • Secondary
Ridge Danyers College	<ul style="list-style-type: none"> • Drug Education • Vulnerable Young People 	<ul style="list-style-type: none"> • Primary • Secondary

Agency	Main categories of drug prevention (see section 6.1.1)	Main levels of drug prevention (see section 2.1)
Aquinas College	<ul style="list-style-type: none"> • Drug Education 	<ul style="list-style-type: none"> • Primary • Secondary
North Area College	<ul style="list-style-type: none"> • Drug Education 	<ul style="list-style-type: none"> • Primary • Secondary
Central Youth	<ul style="list-style-type: none"> • Vulnerable Young People • Parents • Drug Education 	<ul style="list-style-type: none"> • Secondary • Harm-minimisation • Primary
Youthful Minds	<ul style="list-style-type: none"> • Vulnerable Young People 	<ul style="list-style-type: none"> • Secondary • Primary
Probation Service	<ul style="list-style-type: none"> • Criminal Justice 	<ul style="list-style-type: none"> • Secondary • Tertiary
Stockport Youth Offending Team	<ul style="list-style-type: none"> • Criminal Justice • Vulnerable Young People 	<ul style="list-style-type: none"> • Secondary • Tertiary
Ascot House	<ul style="list-style-type: none"> • Criminal Justice 	<ul style="list-style-type: none"> • Tertiary
Hyde and Stockport Housing Project	<ul style="list-style-type: none"> • Criminal Justice 	<ul style="list-style-type: none"> • Tertiary
Stockport Centre for Health Promotion	<ul style="list-style-type: none"> • Community Involvement 	<ul style="list-style-type: none"> • Secondary • Tertiary • Harm-minimisation
Greater Manchester Police	<ul style="list-style-type: none"> • Drug Education • Community Involvement • Parents • Criminal Justice 	<ul style="list-style-type: none"> • Primary • Secondary • Tertiary • Harm-minimisation
Stoneham Housing Association	<ul style="list-style-type: none"> • Other (outreach for adult drug-users) 	<ul style="list-style-type: none"> • Tertiary
Leisure Development Team	<ul style="list-style-type: none"> • Vulnerable Young People 	<ul style="list-style-type: none"> • Secondary • Tertiary

7.1.2 The full report, produced for local use only, contained details of the drug prevention work undertaken by each agency, how that drug prevention work was evaluated, an assessment of the appropriateness of the interventions and evaluation methods and recommendations on improving practice. The Drug Reference Group felt that it was inappropriate to disseminate this information more widely.

7.2 Overview by Area of Work

Drug Education for Young People

- 7.2.1 Support for drug education in schools, including advice to teachers and loan of resources, is provided by Stockport Borough Council Education Division. Anecdotal evidence from sixth form colleges in the area suggests that this support has enabled schools to deliver a comprehensive programme of drug education which has equipped school leavers in Stockport with a good basic knowledge of drugs.
- 7.2.2 Specific drugs education projects, 'Jugs and Herrings' and the 'Theatre Bus', are supported by the Education Division. Both are recognised models of good practice. However, schools must pay for input by the Theatre Bus, so coverage is not universal.
- 7.2.3 School nurses and Greater Manchester Police provide input, as visiting speakers, into drugs education lessons. It has not been possible to assess the level of coverage by either the police or school nurses.
- 7.2.4 Stockport Youth Service provides drug education to all young people attending its projects.
- 7.2.5 Greater Manchester Police provide drugs awareness presentations to groups of young people attending projects and facilities that have invited the input. However, some of the input may not be appropriate, as evidence suggests that the police are not a credible source of information about drugs for young people of secondary school age.
- 7.2.6 Drug education for young people aged 16-19 is undertaken at Stockport College, Ridge Danyers College and, to a more limited extent, Aquinas and North Area Colleges. The lack of drug education at some colleges may represent a gap in provision.

Work with Parents

- 7.2.7 General information on young people and drugs is delivered to parents through schools with the support of the Education Division, school nurses and police. No information was available on the coverage and attendance levels at these inputs, although anecdotal evidence from the police suggests that attendance levels are low.
- 7.2.8 The Young Persons Drug Project provides drugs awareness training for foster parents.
- 7.2.9 Making it Back and the Young Persons Drug Project work with parents whose children have been identified as having difficulties relating to their drug use. Central Youth provide information and advice for parents who request it. Parents are also able to access advice from national sources such as PADA and the National Drugs Helpline.

- 7.2.10 Stockport Youth Offending Team provide drug education to the parents of young offenders who admit to recent use of drugs.

Work with Vulnerable Young People

- 7.2.11 The Young Persons Drug Project provides drug education sessions for groups of young people identified by the Youth Service as vulnerable because of their drug use or other factors. Making it Back provide a similar intervention for groups of young people attending pupil referral units.
- 7.2.12 Youthful Minds provides drug education as part of their general programme for young people with mental health issues.
- 7.2.13 ADAS provides an education and support service for families, including children, of dependent substance misusers.
- 7.2.14 School nurses, Central Youth and college student support services offer information and advice on drugs to young people who present with these issues.
- 7.2.15 Stockport Youth Offending Team provide individual drug education sessions to young offenders who admit to recent drug use, and referral and joint working for young people with problems associated with their drug use.

Community Involvement

- 7.2.16 RUSH, with advice and assistance from the Community Drugs Team, provide a needle exchange and support group for residents of Reddish, and may be extending these services to the rest of Stockport.
- 7.2.17 The police, with advice and assistance from the Community Drugs Team, provide drug information to the public using a mobile Drugs Prevention Caravan.

Criminal Justice System

- 7.2.18 Greater Manchester Probation Service provide a groupwork intervention encouraging clients to review their substance use and make plans for change if necessary. As part of the general service provided, the Probation Service also facilitate clients' referral into drug treatment where appropriate.
- 7.2.19 Stockport Community Drugs Team provides an arrest referral scheme within the police and magistrates court cells in Stockport.
- 7.2.20 The Youth Offending Team provides individual drug assessment, information, advice and referral for young offenders. The service has also collaborated with the police to provide drug information for young people who are reprimanded or warned for a drug offence and their parents.
- 7.2.21 ADAS undertake outreach work with offenders in a range of settings.
- 7.2.22 Ascot House and Hyde and Stockport Housing Project facilitate offenders' referral into treatment.

7.3 Examples of Good Practice Identified

Drug Prevention Work

- 7.3.1 *ADAS* provide tertiary drug prevention work through outreach to adult high-risk groups including residents of bail hostels.
- 7.3.2 *Stockport Youth Service* provides health and lifestyle education, including drug education, for young people attending all its projects, plus innovative drug prevention projects in response to the identified needs of groups.
- 7.3.3 *The Young Persons' Drug Project* and *Making it Back* provide drug education to small groups of young people identified as at risk by youth workers or attending pupil referral units.
- 7.3.4 *Stockport College* provides drug education for young people aged 16-19, using interactive techniques, for example, quizzes, and concentrating on issues of interest to the age group.
- 7.3.5 *Stockport Metropolitan Borough Council Education Division* supports a theatre in education project for all schools and a draw and write project for primary schools, both techniques for which there is considerable evidence of effectiveness.
- 7.3.6 *Greater Manchester Probation Service* in Stockport runs a client education programme aimed at reducing social exclusion, including a session on drugs. The session encourages clients to review their own substance use and make plans for change if necessary.
- 7.3.7 *Greater Manchester Police* use a caravan to provide drugs information to the public. This is useful for raising awareness of drugs within the community.
- 7.3.8 *Stockport Centre for Health Promotion* provides drug awareness training for people who come into contact with drug users during the course of their work.
- 7.3.9 *Stockport Youth Offending Team* provides targeted drug education for young offenders and their parents, supported by referral and joint working where appropriate.

Evaluation

- 7.3.10 *The Young Persons' Drug Project* evaluates drug education sessions using a participant feedback form, asking what participants had learned and what could have been improved, and a self-evaluation protocol for the facilitator of the session.
- 7.3.11 The '*Jugs and Herrings*' drug education project, run by Stockport Metropolitan Borough Council Education Division, incorporates needs assessment, drug education and outcomes evaluation in terms of understanding gained.
- 7.3.12 *Stockport Centre for Health Promotion* provides drug awareness training sessions in response to surveys of needs and evaluate the sessions using

participant feedback forms relating to the objective of the session and asking what other training is needed. The session facilitators also take notes about how the sessions go and meet regularly to discuss any changes needed.

7.3.13 *Stockport Centre for Health Promotion* evaluates the Stockport Healthy Workplace Assessment using information collected as an integral part of the project and stored on an efficient electronic record system.

7.4 Recommendations for the Drug Action Team

7.4.1 Develop a drug prevention strategy for Stockport, in liaison with all the agencies involved or potentially involved in drug prevention work. This strategy should be consistent with the drug prevention/ education strategies already developed by individual agencies and incorporate systems to identify local drug prevention needs, build structures necessary for the development of drug prevention work and co-ordinate drug prevention, ensuring a good coverage and consistent message.

7.4.2 Undertake an audit of the specific evaluation and assessment tools, for example, questionnaires, used by agencies within Stockport, so as to share good practice and possibly develop standard assessment, evaluation and monitoring tools.

7.4.3 Develop a resource for the sharing of information and good practice. News of new and innovative drugs prevention projects undertaken in Stockport and any evaluation results should be sent to the Drugs Research and Development Officer at Stockport Centre for Health Promotion.

7.4.4 Together with the Drugs Research and Development Officer, provide advice, training or assistance regarding the evaluation and monitoring of drug prevention work and the production of reports to agencies requesting or requiring this input. This may particularly apply to voluntary agencies, which may not have the necessary knowledge, experience or funding to undertake this type of work.

7.4.5 Undertake or oversee an assessment to ascertain the drug education needs of local young people who are above compulsory school age.

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