AN INTERNSHIP REPORT AND COMPARATIVE STUDY OF SUBSTANCE USE BY HIGH SCHOOL STUDENTS IN NEWFOUNDLAND

By

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Abstract

This Internship Report documents an internship at a high school in rural Newfoundland during Spring 1997. The report is divided into two sections, a placement component and a research component. The placement component consists of a description of the internship setting, the goals and objectives of the internship, and an evaluation of the experience. The research component is a comparative study that compares substance use/abuse at a rural Newfoundland high school with the Provincial 1996 Student Drug Use Survey. A modified version of the 1996 Student Drug Use Survey was administered to all high school students at the internship setting. The findings revealed important differences in substance use/abuse patterns.

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Acknowledgement

I would like to thank the following individuals for their input, patience and support: Dr. Ed Drodge (Internship Supervisor), Ms. Valarie Davis (Field Supervisor), Dr Norm Garlie (Faculty Supervisor), Dr. Tomissa Cleale, Mr. Kevin Coady, Dr. Tim Seifert, and Ms. Dorothy Joy. I would also like to thank my family, especially my wife, Jennifer, for her patience and support.

Introduction to the Internship Report

Completion of the Educational Psychology program at Memorial University of Newfoundland requires that the student complete one of the following options: paper-portfolio, internship, research project or thesis. I chose the internship option because it offered the best opportunity for practical experience in counselling , psycho-educational assessment, and conducting research.

My internship began on April 14, 1997 and continued for a period of ten weeks at a high school in rural Newfoundland (HSRN). Four days a week were spent at the school with Fridays being reserved as an independent research day. My main objective in the internship was to gain practical experience in administering and scoring a variety of psycho-educational tests while obtaining research experience.

My report follows the guidelines established by the Committee on Graduate Internship Programmes, Faculty of Education, Memorial University. It is comprised of a descriptive section and a research component. The descriptive component reflects my goals and objectives, and offers a critical discussion of specific aspects of such an endeavour. The research component examines an issue that is relevant to students and is an area of concern for guidance counsellors and educational psychologists. The descriptive section will state the goals and objectives of the internship including the rationale for taking the internship route

as well as the methods that were be employed to implement and evaluate the internship. A brief description of the internship setting will also be provided. This will serve as a backdrop for the present study. The research component makes up the remainder of the report. It consists of the research question, a related literature review, a description of the research design, a report of research findings, recommendations that might be implemented, and areas for further research.

The Internship Setting

The internship setting was a mid-sized high school on the outskirts of St. John's. The school had approximately 400 students and a staff of about 40 teachers and administrators. The school is less than ten years old and it has a full gym, computer lab, excellent cafeteria and a good library. The rural setting adds to the atmosphere of the school since it is surrounded by trees, meadows and farm land. It is nestled away from the main highway providing a comfortable and safe school environment. The school has the services of a full time Guidance Counsellor who is quite busy in her role at the school. Besides her administrative and other programming duties, she helps conduct other projects such as peer mentoring class, the student council and the school recycling programme. She maintains a counselling caseload of students with the number of weekly sessions averaging fifteen. Much of the counselling sessions center around family issues and relationship problems. The school does not have a full-time school nurse but one visits HSRN about twice a year. Counselling services for students are also provided by several medical doctors in the

community, while close proximity to St. John's provides students with a variety of counselling agencies and resources.

Internship Rationale

I chose the internship route because I felt the practical experience would be invaluable for my professional development. It would help integrate theoretical knowledge from the program's course work into a more complete professional approach that will broaden my assessment and intervention competencies. The internship is a natural extension of the pre-practicum and practicum experiences and will enhance skills in areas explored during earlier field placements. The internship will also assist in exploring career alternatives. The decision to pursue an internship was well-informed, carefully considered, and the best possible route to reach my academic and career goals.

My interest in the area of adolescent substance abuse was a major factor in selecting a high school as the site for the internship. Much of my graduate coursework focused on adolescents and the variety of problems associated with this stressful time of life. Specifically, I was curious whether substance abuse prevention education in schools was successful or not. I approached the Guidance Counsellor and the school Principal about substance abuse problems at the high school and they readily acknowledged that this was an area of concern for the school and they welcomed research on the extent of the problem.

Rationale For the Choice of Internship Setting

The choice of internship setting was made easier because of the positive experience

at the high school during my 12 - week practicum. The field supervisor, Ms. Valarie Davis is a clinical psychologist who provided a wide range of activities and work. Much of my work focussed on the assessment and programming needs of students entering the school from the elementary school in September, 1997. I worked with four elementary students, assessing their needs for the upcoming school year. I administered a variety of tests, scored them, and wrote the reports that included recommendations derived in consultation with my supervisor.

Goals and objectives of Internship

A framework of goals and objectives was necessary to ensure that the internship ran smoothly and maximized my learning opportunities. This sections details the parameters of the internship and gives a synopsis of what was to be achieved. The goals and objectives were designed through consultation with the field supervisor and the internship supervisor.

Goal 1: To demonstrate competence as a school psychologist/guidance counsellor in the consultative process.

Objective: Improve my consultation skills by observing and following the feedback offered by my supervisor and other team members.

Goal 2: To demonstrate competence in the practical aspects of assessment.

Objectives: a) Familiarize myself with a variety of assessment instruments. b) Practice the technical administration of such instruments.

Goal 3: Demonstrate competence in test analysis and formulating recommendations.

Objectives: a) Improve knowledge of learning strategies. b) Enhance skills in interpreting test results and communicating such information.

Goal 4: To demonstrate competence in report writing and documentation.

Objectives: a) To improve report-writing skills with special emphasis on style and content. b) Increase my skill and competence in making interpretations and recommendations. c) Maintain a personal journal of activities, appointments, and anecdotal observations.

Goal 5: To demonstrate competence and effectiveness in my counselling skills.

Objectives: a) To utilize the theoretical knowledge gained in counselling theories.

b) To enhance counselling skills through observation and practice, and through constructive feedback from my supervisors.

Goal 6: To develop competent skills in the design and implementation of a research project.

Objectives: a) Delineate the topic area of interest. b) Devise proper instruments and

strategies for data collection. c) Interpret the results effectively and recommend possible interventions.

Goal 7: To understand the context in which psychoeducational recommendations are carried out.

Objectives: a) To observe the daily activities/routine in the school. b) To become involved in the school environment. c) To be empathic of the pressures and rewards that teachers experience in their work.

Implementation of Goals and Objectives

The goals and objectives were achieved in a systematic fashion. This process can be explained in the following way.

Step 1: The Observer Stage. The early stages of the internship consisted of an observation of the various activities of a Guidance Counsellor. During the first few weeks I paid particular attention to assessment techniques, interview styles, consultation methods, evaluation skills, and other counsellor/educational psychology skills. A myriad of cases, issues and situations were observed. Each new experience was then discussed at length with the Guidance Counsellor.

Step 2: The Participant-Observer Stage. During this stage I assumed a more active role in the daily activities of a Guidance Counsellor, often taking a leading role in case conferences and various counselling sessions. These activities were monitored closely by the field supervisor and discussed thoroughly afterward. This stage began during the second and third weeks of the internship.

Step 3: The Independent Practitioner Stage. During this phase I was provided the opportunity to operate independently in a separate office. The field supervisor monitored me frequently, but was not a part of the counselling and testing sessions. I assumed a proactive role while the field supervisor became a consultant. During this stage I was expected to function independently in a competent and professional manner.

Evaluation of Goals and Objectives

I believe that the negotiated goals and objectives were realized with the sound support of the field supervisor who provided feedback, structure and encouragement. The school's administration, staff, and students also offered support for my efforts. The professional competencies goals listed prior to the start of the internship were also achieved. I became well versed in many facets of psychoeducational testing and report writing. I engaged successfully with both elementary and high school students presenting a range of counselling issues. Formal evaluations were completed by my field supervisor, Dr. Norm Garlie and my

on-site supervisor, Ms. Valerie Davis. During my initial sessions as a counsellor, a supervisor provided direct observation and gave feedback immediately following the session. Later, some sessions were videotaped and reviewed afterward. Ms. Davis submitted a written report to Dr. Garlie at the end of the Internship and I then met with both supervisors to discuss my goals and objectives in detail.

Internship Activities

Counselling Activities

The goals and objectives helped to structure the internship thus making it an important learning experience. The benefits of the internship route were increased confidence in counselling knowledge and ability. Day-to-day exposure to counselling experiences helped to broaden my perspective of counselling. I dealt with many school- related discipline problems as well as family issues and relationship problems. An example of this was a meeting with a troubled young man who would not talk to anyone. After a number of sessions with him he began to talk about the problems he was having at home and at school. Just listening to him seemed to be a great help to him and he commented that it felt good to finally talk with someone. I learned that listening is one of the most important skills that I can improve upon and that taking the time to establish rapport is very important. I felt that some of the best counselling sessions occurred when I said very little. In such sessions I used

my listening skills and was empathetic and understanding to the student. Several students commented that I was helpful and easy to talk to which made me feel good about the counselling experience I was gaining.

Career guidance for graduating students was a daily activity as many students dropped by the guidance office to look at university and college calendars, fill out applications forms, or just chat about their educational plans. This activity became more frequent as the school year came to a close. During the first few weeks of my internship all students completed an interest inventory and all graduating students met with either the Guidance Counsellor or me. Most students had educational plans for the future and wanted to discuss specific programs and courses that they should take. The students seemed well informed and confident in their choices. This can be credited to my supervisor who has excellent rapport with the students as well as an excellent career resource area. Her career planning program begins as soon as a student enters high school. She establishes contact with each student and begins the process of educating them about their educational future and the high school courses they will need to meet their objectives. Students are encouraged to visit the career resource center, to use the career computer software program, attend the career fare or just chat with the guidance counsellor about their future.

Many of the practicum activities that I engaged in were routine in nature, but occasionally dramatic situations presented themselves. Such situations included: a case where a young boy was sexually assaulted by an older authority figure, a date-rape case where a young woman was coerced to have sex by a friend, and various family upheavals.

The most fascinating case of the practicum concerned a student with a closed head injury. A closed head injury means that internal brain damage occurs without the cranium being fractured . In this case the student had been hit by a car and sustained a head injury that affected his behaviour. I sat in on meetings with the guidance counsellor, educational psychologist, neurologist and the parent of the child. The meetings reinforced the notion that a guidance counsellor or educational psychologist must keep up with the latest developments in health and educational advancements. Each case was unique and allowed me to see the procedures and bureaucratic implications such variety has to offer. Seeing the human dynamics of such cases was educational since things are not as straightforward as they appear in text books. These cases forced me to apply theoretical knowledge and often time helped me feel more comfortable and confident in my counselling abilities. Often, my supervisor would discuss how cases fit particular theories and which approaches seemed most appropriate. This approach was an excellent means of helping me integrate my theoretical knowledge with my practical experiences. Such discussions also helped me deal with the emotional involvement I felt during traumatic counselling sessions. At times I was shocked or enraged by things that were disclosed during counselling sessions. My supervisor helped me work through such emotions, helping me understand that such reactions are normal, understandable, and common occurences for new counsellors.

Administrative Duties

Many of a guidance counsellor's activities are regimented and have to be completed daily or according to the school's six day scheduling system. Keeping track of the mail was

a major task since so much educational and health material is received at the office. Mail must be sorted, filed or dispersed to students, teachers or the administration. At the start of the school year the guidance counsellor helped the school administration with course scheduling for students. This duty continues throughout the school year as students drop and add courses. Such administrative duties take up a great deal of time and take away from counselling, testing and other preventative measures.

Teaching Duties

During the lunch breaks, the guidance counsellor at HSRN taught two courses, affective development and peer counselling, for academic credit. The affective development class assisted students who struggled academically. The students were taught effective communication skills as well as other life skills including anger management and conflict resolution. The peer counselling course comprised of grade ten students who applied to be peer counsellors. The guidance counsellors interviewed prospective students and chose students for the course based on their academic progress, interest in the course and their counselling potential. The course was the first stage of a three-year basic counselling course. The first two years were spent learning the basic theories of counselling while their final year of high school was spent doing various basic counselling assignments for their fellow students. At this stage the peer counsellors could help fellow students with course selection, scheduling problems, the administration of oral exams and tests, and helping with various school activities.

Assessment Activities

The internship was an excellent opportunity to gain assessment experience. A variety of educational testing opportunities were available, and in consultation with my field supervisor I completed five comprehensive assessment reports. My assessment reports reflected my experience with the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Intelligence Scale for Children (WISC III), and the Kaufman Test of Educational Achievement (K-TEA). The Burns Depression Inventory, Brown Attention - Activation Disorder Scale (BAADS) and the Adult Attention Deficit Disorder Checklist were also employed and utilized in some of my report writing. The assessment reports were completed through consultation with my supervisor who helped me decide which assessment tests to administer. I felt this to be the most interesting part of the internship. Examining individual cases was stimulating and educational because it provided the practical experience of using the diagnostic instruments while critically examining their power and usefulness. The experience convinced me that the assessment process does have merit, but further entrenched my belief that such procedures should be conducted with caution. In my opinion a major problem with the assessment process is the lack of time that can be devoted to individual cases. I always felt that the process was rushed and that I did not really get to know the student. It would be beneficial if more time could be spent with the student, including more classroom observation and more contact with the student's teachers and parents.

Overall Impression

I thoroughly enjoyed my internship. Time spent at the school was educational and rewarding. It felt good to be a part of the school team and I was grateful to have such an opportunity. I got to know and help a large number of students and I took part in many activities at the school that made me feel a part of HSRN. I was invited to attend the prom and the staff barbeque at the end of the school year. I got to know my supervisor really well and I have continued to stay in touch with her. The peer counselling class even went so far as to order a peer counselling sweat shirt for me at the end of the course. Such things made me really feel a part of HSRN and appreciate the experience that much more.

In addition to the personal benefits of my time spent at HSRN, I participated in a comprehensive guidance program. I observed how valuable guidance services can be for a high school and how beneficial it can be to students. I now know how Guidance Counsellors and Educational Psychologists operate within the education system, and that I have the ability and competence to fulfill their duties.

Research Component

Student Drug Use Survey

Research Component

Context:

The Newfoundland and Labrador 1996 Drug Use Survey - NLDUS (Spurrell, 1996) revealed some startling information about substance abuse by adolescents in this province. The report detailed the high levels of substance abuse that prevails in this province despite major efforts by schools, communities and government agencies to promote abstinence and prevention. The NLDUS showed that many young people continue to use alcohol, tobacco, cannabis and other drugs in spite of the education and awareness campaigns provided to them (Spurrell, 1996).

Alcohol is the most commonly used drug among adolescents. The NLDUS showed that approximately 60% of high school students surveyed consume alcohol. Many of these students reported that they have consumed enough alcohol to be considered drunk. Drinking and driving is also a problem, with nearly one third of adolescents saying they had been a passenger with a driver who was under the influence of alcohol (Spurrell,1996). Tobacco is the second most popular drug used by Newfoundland and Labrador students with approximately 40% of students stating that they smoke. Students note two reasons why they continued to smoke: it is enjoyable and it is difficult to quit. The third drug of choice was cannabis which is used either regularly or experimentally by about 24% of the students surveyed (Spurrell. 1996).

The results from the NLDUS also showed gender differences in drug use and choice. Males tended to report more frequent drug use and they appeared to have heavier patterns of drug use. However, female smokers outnumber male smokers and it appears that the number of females using other drugs is increasing (Spurrell, 1996).

I conducted an informal survey of a rural Newfoundland High School, the local police and concerned parents who believed the problem of adolescent substance abuse was more severe in their area than in other areas of the province. Over the past few years there have been significant increases in the number of alcohol and drug- related incidents in that school. A dramatic example is an alcohol-related death in which a local youth was subsequently convicted of drinking and driving and involuntary manslaughter. In another incident, several years ago, a prom weekend party resulted in several students being charged with possession of alcohol and other related offences. This past year a large quantity of drugs was seized during a police raid at the school resulting in criminal charges against a student. This resulted in a student being charged. A string of break-and-enters by several students has been linked to sustaining a costly drug habit. These students have also been charged by police. Finally, there are numerous arrests for under-age drinking and drinking in public in the area. Such incidents of adolescent substance abuse have had a negative effect on the high school and the community in general. Police surveillance of the area has increased as vandalism and drinking in public becomes more rampant. Parents fear for their children's safety around various community hang-outs where adolescents openly smoke drugs and often become belligerent and rowdy.

Preventing such problems has always been difficult for society. The most prevalent strategy employed to combat adolescent substance abuse is prevention. Prevention programs are strategies implemented to eradicate the use of illicit drugs. Prevention strategies include:

1) Social learning - learning proper social skills and coping strategies from parents, significant others and the environment so that attitudes about substance use/abuse do not become dysfunctional.

2) Education - formal learning about the nature of and the negative effects of substance use/abuse. Preparing students to cope with peer pressure and the temptation to experiment with substance use.

3) Family focus - a concentration on family values and activities as a means of decreasing students substance use/abuse. Families are encouraged to spend more time together participating in activities that are substance free.

4) Community focus - a deliberate attempt by communities to reduce student substance use/abuse by organizing and financing activities that promote healthy lifestyles for community members. Such efforts include recreation facilities and programs.

5) Public policy and legal efforts - evolution of societal rules, regulations and laws so they address pertinent substance use/abuse issues of the day. Such measures include age restrictions for the purchasing of alcohol and cigarettes and making public buildings smoke free (Callison, 1995).

Prevention strategies in the area where I conducted my internship have emphasized both the educational approach and public policy and legal efforts. Adolescents receive drug

education from classes in Health and Family Life, and from drug awareness presentations by the Royal Newfoundland Constabulary that emphasize the potential legal ramifications of drug and alcohol use.

Statement of Purpose

The purpose of this study was to collect data to compare drug and alcohol use among students at this rural Newfoundland high school with the results from the provincial 1996 Student Drug Use Survey. This information will help the school administration and counselling office determine whether additional preventive measures need to be employed to combat drug and alcohol abuse by students. Conversely, the results may help to dispel the myth that the youth of the area have a significantly higher rate of substance abuse.

Literature Review

Adolescence is probably the most stressful time of our lives. It is a time of transition. A time when we prepare to let go of our childhood and enter the adult world. Part of this transition entails experimenting with aspects of the adult world. Adolescents begin to question the world and their parents. They begin to assume more responsibility, to spend more time away from their family to be with friends. For the most part adolescents do well when they assume more mature roles. They do, however, experience some areas of difficulty.

One major area of concern is when adolescents begin experimenting with cigarettes, alcohol and drugs. In our culture such substances are generally thought to be for adult consumption only. Their use is reserved for adults, but invariably adolescents find themselves trying such substances. Experimentation may lead to frequent use and problems begin to arise. Adolescents may cross the line from substance use to substance abuse.

Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress (DSM-IV, 1994). According to one classification, in the DSM-IV, in the span of twelve months, one or more of the following must occur: 1) the substance use impinges on major role obligations at work, school, or home. This generally means that repeated absences or decreased work performance related to substance use. Also, this may result in substance related absences, suspensions, or expulsion from school. 2) Using automobiles or other machinery (ie., snow mobiles, atv's)

while under the influence. 3) Legal trouble because of behaviour due to the use of substances. 4) Continued use of substance in spite of all the negative consequences (DSM - IV. 1994).

A less clinical view of adolescent substance use/abuse is used by Addiction Services in Newfoundland and Labrador. According to this model, the first stage of adolescent substance use is experimental use. This is the stage where curiosity gets the better of most adolescents and they experiment with alcohol and other available soft drugs. It is difficult to assess dependancy at this stage and often students may be inappropriately labelled. The next stage entails more regular use of illegal substances or alcohol and is marked by a more consistent pattern of drug usage combined with adverse behavioral changes. This stage gives clear indication that the adolescent is headed toward a drug dependency. The concern here is not drug use, but more importantly, the reasons for the drug usage. Students may lose interest in school and other activities and may begin to experience guilt which may lead to an increase in drug use.

The next stage is daily preoccupation with drugs. Preoccupation with drugs is a definitive sign that a substance abuse problem exists. Most of the adolescents activities are centered around the use or the procurement of drugs. Drugs become a part of a daily routine. Problems with school, the law, and parents become more numerous during this stage. In spite of this the user may deny that they have a drug problem.

The final stage is known as dependency. This is the stage where substance use reaches a chronic level. Drugs are now a daily necessity and the person cannot function

without them. The user will still deny that their behavior is out of control, and that he or she can quit at any time,

There is a commonly held view in the current literature that the adolescent's family plays an integral role in the development of substance abuse (Powell, Zehm, and Jeffrey, 1995). Research has shown that a myriad of family characteristic intertwine to influence adolescence views about substance abuse. Probably the most noted statistical inference is that children of alcoholic parents are more prone to substance abuse than children of non-alcoholic parents (Powell, Zehm, and Jeffery, 1995).

One of the most important characteristics is the parent-adolescent communication that occurs within the family. Open, honest communication tends to decrease the likelihood of substance abuse by adolescents. Responsive, flexible parents seem to provide the best environment for adolescents to navigate their way through these turbulent times (Anderson and Henry, 1994). Parents that provide unconditional positive regard in a sound, but not overly structured family environment, appear to have the best chances of having adolescents who deal effectively with substance use (Anderson and Henry, 1994). Another good indicator of the likelihood of adolescent substance use/abuse is the parents' attitudes toward substance use and their own pattern of usage (Anderson and Henry, 1994).

Maladaptive parenting patterns that increase the likelihood of adolescents being substance abusers are as follows. The parents are authoritarian, attempting to control their adolescent's behaviour. They induce guilt by withdrawing love, attention or other privileges. Such parents attempt to manipulate their adolescents by coercion, often imposing measures

without reasons. They attempt to use punitive measures such as grounding their adolescents, imposing rigid rules and regulations and ignoring the opinions of the adolescent. Such parents have difficulty raising the level of their relationship with their adolescent. They refuse to consult and respect the opinions of their emerging adult children (Anderson and Henry, 1994).

Risk Factors for Adolescent Substance Use/Abuse

Other research in the area of substance abuse provides information on the risk factors that lead to adolescent substance abuse. For the most part, such adolescents come from a troubled family background. One or both parents may be abusers themselves. They often come from low socio-economic backgrounds, or may be on social assistance or have a low family income. The adolescents in question are unemployed, do not do well in school, or have possibly dropped out. Many have legal problems or are in and out of trouble with the law. Many abusers have psychological problems of their own. Often they are depressed and have a low sense of self-esteem and self-worth, and lack of purpose. Other problems like conduct disorder, hyperactivity and obsessive/compulsive behaviours also contribute to the likelihood that they will be substance abusers (Smart and Ogbore, 1994).

Other factors impact on the risks associated with substance abuse. Age is a major consideration. Adolescents between the ages of 16 and 18 run the greatest risk of becoming substance abusers. The high risk period for initiation to the use of alcohol and marijuana tends to be during this age. The most vulnerable time frame for starting cigarette smoking

is from 12 to 18 years of age (Smart and Ogbore, 1994).

Some evidence shows that adolescents may use/abuse drugs as a means of intentionally trying to decrease the amount of responsibility and personal control (Thompson et al. 1993). It is often this sense of recklessness that poses the most risk for harm and injury (Thompson et al. 1993). In a sense some adolescents rebel against the power they are given by rejecting responsibility for themselves and acting irrationally. Like many adults, young people often use drugs as a means of coping. They seek to avoid psychological pain or to escape persistent problems, frustrations, and realities (Olson, Huran, & Polansky, 1991). Examples of such problems are family troubles, school difficulties or coping with boredom.

Peer pressure also has a large impact on the likelihood of drug usage. It appears that relations in intimate, small groups increases the likelihood to use/abuse drugs. Peer pressure may be more intense in small groups because individuals have more influence over each other as a result of the proximity and close contact with each other. Larger groups may provide more room for individuals to manoeuver or dissent. Teens often feel there is nowhere to hide in a small group. This perception may be accurate because direct peer pressure results in smaller groups (Beman, 1995).

Reasons for Substance Abuse

A study completed by Health and Welfare Canada in 1995, looked at alcohol and other drugs used by Canadian youth. One question was "why do adolescents use drugs?" The

most common reasons cited were: to feel sociable (69%), to feel good (42%), to relax (39%), to enjoy meals (32%), to feel less inhibited or less shy (23%), and to forget worries (16%). Drinking for sociability or relaxation increases with age, while drinking to forget worries and to feel less inhibited or shy, decreases with age. This may be related to self-concept and self-confidence which generally becomes more stable and entrenched with age.

It also appears that the reasons for drinking affect the amounts consumed. Adolescents who report that they drink to escape life's difficulties tend to drink more -- an average of 6.5 drinks per week. Those who drink socially are reported to drink 3.8 drinks per week. Clearly, reasons for drinking greatly influences consumption (Donovon, Jessor, and Jessor, 1983).

For the most part, adolescents who drink make it a social activity. It appears that the majority of adolescent drinkers (84%) report never drinking alone. Drinking tends to happen mostly on weekends and special occasions. Regardless of age, adolescents are most likely to drink when they engage in such social activities such as weddings, parties, and outdoor activities (e.g. camping). The major companions for such activities are close friends (67%), family members (24%), and co-workers or students peers (19%) (Donovon, Jessor, and Jessor, 1983).

Attitudes Toward Substance Use

Adolescent's attitudes toward drug use sometimes follow similar patterns as those demonstrated by their parents. For the most part, parents who are moderate drug users have adolescent children who follow this pattern. However, there are instances where the opposite is true. Sometimes, parents who are severe drug abusers may have adolescents who totally abstain because they have had first hand experience of the abhorrent ramifications of substance abuse. Abstaining adolescents may fear that they have the genetic potential to be abusers themselves. The opposite also occurs when abstainers have adolescent children who become severe abusers. This may be a reaction against the values imposed on them by their teetotalling parents (Gullotta, Adams, and Montemeyor, 1995).

Definitions

For most surveys and research, the definition of drug use is important for classifying and interpreting information. I focus on the two most problematic drugs that adolescents use/abuse: alcohol and cigarettes.

Alcohol

A current drinker is the term used to describe a person who has consumed at least one drink in the past 12 month period. This criterion has been used in many surveys and research throughout the world.

A *drink* is defined as:

* one bottle of beer or glass of draught; or
* one glass of wine or a wine cooler; or
* one straight or mixed drink with 44 ml (1.5 oz.) of hard liquor.

People who have consumed alcohol in their lifetime, but not in the past 12 months, are referred to as former drinkers. Individuals who report they have "never" consumed an alcoholic beverage are referred to as lifetime abstainers (Health and Welfare Canada, 1992).

Heavy drinking activity is most often defined as the intake of five or more drinks on a single occasion (Johnston et al. 1989). Bouts of heavy drinking are the number of such "binge" sessions that have occurred in the past 12 months.

Cigarette Smoking

The criterion for *current smoker* is denoted by the response to the question, "at the present time do you smoke cigarettes?" If the respondent answers yes, he/she is considered a current smoker. The term *former smoker* refers to someone who did smoke, but at the time of the survey is not smoking. This criterion appears to be a little suspect, given the very addictive nature of cigarettes, and the likelihood that those who stop smoking are likely to start again (Health and Welfare Canada, 1992).

Prevention

Prevention is the major method of combating adolescent drug use/abuse. Prevention

concerns itself with stopping drug use altogether. The major goal of prevention is to eradicate the overall use of drugs. Our society is most concerned with preventing use and abuse of substances by intercepting the onset of substance use/abuse by adolescents (Callsion, 1995).

The most common prevention strategy employed is the educational approach. Commercials on TV, in newspapers and on radio try to inform people about the negative consequences of substance abuse. Generally, topics like drinking and driving, and family violence are often connected with such educational advertising campaigns. Schools educate students by showing educational movies, having guest speakers, and classes on the negative consequences of substance use/abuse. Generally, prevention topics are covered in courses like Family Life and Health (Rotgers, 1996).

Another approach to prevention is through educating adolescents about the legal consequences of drug use. Often, local police give presentations and answer questions. It is thought that knowing the facts about the law will be an effective means of prevention. The law prohibits the sale of alcohol and cigarettes to minors and also makes possession illegal. Furthermore, Canadian law restricts the sale of alcohol and cigarettes to minors and regulates were alcohol can be served (Callison, 1995).

Family and community education is another prevention strategy. Family focus is when families interact without the presence of alcohol or cigarettes, modelling healthy responsible behaviour to their children. A community focus to education provides events and facilities that promote healthy lifestyles without alcohol and cigarettes. Examples of this are

family-oriented concerts where alcohol and cigarettes are not allowed, and designating facilities such as swimming pools and skating rinks as smoke- and alcohol-free. Generally, responsible communities provide community centres where adolescents can "hang-out" without cigarettes and alcohol being present. Responsible communities are often sensitive to zoning regulations for liquor establishments near schools or areas where there are high concentrations of young people (Callison, 1995).

Finally, prevention of substance use relies heavily on the social learning adolescents receive from their significant others. The list of significant others includes parents, teachers, peers, coaches and any other persons who may have a significant influence on their lives. Children learn good habits and behaviours vicariously; therefore, good role models play an important role in substance use prevention (Callison, 1995).

The Harm Reduction Approach to Drug Control

A variety of initiatives have been introduced by governments in Europe and Australia in response to drug problems. They are based on the evolving notion of *harm reduction*, reducing the adverse consequences of both psychoactive drug use and drug control policies without eliminating drug consumption.

Harm reduction views abstinence as the most effective way of avoiding drug-related problems, though it is not the only solution for drug users. Those who believe in harm reduction refuse to believe in the unachievable objective of creating "a drug free society."

Instead, they emphasize the need to design policies that acknowledge the ubiquity of drug use in virtually all societies and seek to minimize the harm that results. Clear distinctions are drawn between drug misuse and controlled use of drugs (Zinberg, 1984). The notion of "zero tolerance" is regarded as unethical to public health, civil liberties and human rights as well as unnecessarily burdensome to the criminal justice system. Drug users should not be demonized for using and sometimes misusing drugs (Zinberg, 1984).

The interventions used in harm reduction approaches focus not on isolating drug users, but on integrating or reintegrating them into the community. Maximizing the proportion of drug users in contact with drug treatment, outreach, and public health services is the priority. Drug laws are regarded as part of a broader public health and social welfare policies which emphasize pragmatism and inclusiveness, not moral absolutes to be enforced indiscriminately (Zinberg, 1984).

Harm reduction for the purposes of adolescents.

Harm reduction focuses on the following questions:

1. How can we reduce the risks that drug users will take?

2. How can we reduce the likelihood that drug users will engage in criminal and other undesirable activities that harm others?

3. How can we increase the chances that drug users will act responsibly toward others, care for their families, complete their education or training and engage in legal employment?

4. How can we increase the likelihood of rehabilitation for drug users and society at

large when drug use itself is so prevalent in our society?

The term harm reduction may be new, but the concept is not. During the nineteenth and early twentieth centuries, when new potent drugs became available, drug control efforts focused less on prohibiting opiates and other drugs and more on ensuring quality, purity and safe dose levels (Berridge and Edwards, 1987). In the UK, the influential Rolleston Report of 1926, formalized the policy of allowing mainly middle class, opiate users to obtain their drugs from their physicians. As well, early in this century, Americans promoted harm reduction regulations and efforts to persuade drug abusers to switch to safer drugs (Waldorf, Orlick and Reinerman, 1977). In the 1970s , the movement to decriminalize marijuana was driven by the realization that criminal sanctions created greater harm than marijuana use itself.

The 1970s and early 1980s saw contemporary harm reduction notions first emerge in the formulation of the Dutch drug policy. From that point on, the term harm reduction was a popular topic at international health conferences. Many of these conferences stated that the link between injection drug use and the AIDS epidemic was the singular event that catapulted harm reduction thinking into official drug policy. The UK, Australia, and Switzerland embraced it wholeheartedly when it was decided that AIDS prevention efforts would take precedence over anti-drug efforts because the AIDS epidemic presents such a great threat to public health (Staples, 1988).

The philosophical and practical development of prevention strategies is needed so

that the outcomes of drug use are as safe as possible. It involves the provision of factual information, resources, education, skills and the development of attitude change, in order to insure that the consequences of drug use for the users, the community and the culture have minimal impact. The harm reduction strategy recognizes that people always have, and always will, use drugs. The main concern of harm reduction is to minimize the potential hazards associated with drug use.

People in our culture accept harm reduction initiatives when it comes to legal drugs. Although, outright prohibition of the production, sale and consumption of cigarettes, despite the dangers, is not favoured by government. They rely on high taxes, warning labels, restrictions on times and places of sale and consumption, public information campaigns, and numerous other measures to regulate and deter tobacco consumption. Countries such as Canada have aggressively used these tactics which have been proven successful in encouraging smokers to quit and discourage many young people from starting to smoke (Russell, 1988).

For those who are unable or unwilling to quit, efforts have also been devoted to reducing the harm associated with tobacco consumption. These efforts focus on satisfying the craving for nicotine, while reducing or eliminating associated tars and other harmful substances. Subsequent efforts to reduce health risks by encouraging smokers to smoke less and marketing low-tar, low-nicotine cigarettes proved relatively unsuccessful because smokers responded by puffing harder, inhaling more deeply, and smoking to a shorter butt (Russell, 1986). It is believed the same is true of adolescent smokers. This study will help

break down existing barriers between adults and adolescents so adolescents are able to seek help and both parties can actively reduce all associated risks.

Local Implications

The preceding literature review offers reasons why adolescents are prone to substance abuse. Many of these reasons are applicable to students in the rural area I studied. Research suggests that economic hardship may exacerbate adolescent substance abuse and this may be the case in the rural town studied (Gullotta, Adams, & Montemeyor, 1995). Unemployment is rampant and many families rely on social assistance. Regrettably, it is common knowledge in the area that many families struggle to make ends meet. The community is closely tied to the land with several farms in the area that struggle to survive. The community has also been adversely affected by the cod moratorium that has resulted in several fishplant closures in the immediate vicinity.

The literature review delineates several areas that guidance counsellors can address in the lives of adolescents in the rural area studied. Building communication skills, furthering interpersonal relationships, developing relationships with parents, assertiveness training, and learning ways to deal with peer pressure are areas that can be beneficial to students. New approaches like harm reduction can be explored further so that if adolescents experiment with drugs the risk will be minimized and they will avoid serious accidents.

The main reason for this study is to legitimize the need for more educational programs to combat the substance abuse problem in HSRN where I completed my internship.

More education may result in better drug awareness for students, and may trigger adults to examine the realities of adolescent substance abuse by adding harm reduction measures to the prevention measures they already employ.

Local Options

Local adolescents have several options available if they develop substance abuse problems. The most obvious, if they attend school, is their Guidance Counsellor . The Guidance Counsellor can provide counselling, support, and direct the individual to other available resources. Other resources include family doctors, public health nurses, social workera or addictions counsellors. This rural community is in close proximity to the many services available in St. John's. However, many adolescents have little knowledge of such supports and services available. The Guidance Counsellor is often the first professional to deal with such problems.

Methodology

Instrument

For the purposes of this study, a modified version of the provincial 1996 Newfoundland and Labrador Student Drug Use Survey will be used (Appendix A). The survey is comprised of a computer-scannable questionnaire on drug use, consumption, and attitudes toward drug use. Initial ethics approval for use of the survey was granted by the Dalhousie University Faculty of Medicine Ethics Committee. Items were derived from instruments used in other provincial surveys and from the Canadian guidelines for survey development (Adlaf, Smart & Walsh, 1993; Smart 1985). The questionnaire consists of 99 items and one open-ended question. For the purposes of this study, a modified version of the provincial 1996 Student Drug Use Survey will be used. The questions that pertain exclusively to tobacco, alcohol and illicit drugs will be used for this study.

Administration Procedure

All questionnaires were administered at nine o'clock on Wednesday, March 5th during home room period. This took approximately twenty minutes. Eight teachers assisted with the distribution and collection. The procedures were explained to the teachers prior to home room and they were given an administration guideline booklet.

Sample

The questionnaire was distributed to all of the approximately 400 students in grade 9 through Level III at the high school. Student's ages range from fourteen to twenty years. Participation was voluntary and both parental and student consent were obtained before the questionnaire was administered (See Appendices E to F).

Definitions of Use

The 1996 NLDUS uses specific criteria to define substance use. In the survey, tobacco refers to cigarettes, cigars, snuff, and chewing tobacco. "Any" use of cigarettes refers to smoking more than one cigarette in the 12 months prior to the survey, and "frequent" use refers to smoking more than 10 cigarettes a day. For alcohol, "any" use refers to alcohol use in the 12 months prior to the survey, ranging from less often than once a month. For all other drugs, "any" use refers to use on one or more occasions during the 12 months prior to the survey, and "frequent" use refers to use more frequently than once a month (Spurrell,1996). The same definitions will be used for this study. Validity and reliability information is reported in The Student Drug Use Surveys in the Atlantic Provinces : A Standardized Approach. (Poulin, Clarke, Balram, Wilbur & Bryant 1996).

Data Analysis

The data from this exploratory study were summarized using descriptive statistics including frequencies, percentages and means. My survey yielded the same type of data that

were provided by the 1996 NLDUS. For comparative analysis, the means of both studies, were compared so that important differences between both studies could be determined. For the purposes of this comparative study, a difference of ten was deemed to be an important difference. The benchmark of ten indicated a serious increase of substance use/abuse for that particular drug. However, it could be argued that any increase in behaviour that is illegal and bad for one's health is not good.

Results

The main focus of this study was to establish if reported drug use at HSRN was higher than that indicated in the 1996 Newfoundland and Labrador Student Drug Use Survey. "Hard drugs" such as cocaine or heroin and "soft drugs" such as marijuana or hashish were examined and the rates were described separately. Results were also presented collectively by grade and gender.

Means were used to determine if differences between the HSRN survey and the 1996 NLDUS existed. For the purpose of this exploratory study a difference of ten was considered an important change in drug habits for the students at HSRN. Results from the HSRN survey, the 1996 NLDUS survey, and the differences in drug use between the two surveys can be found in Table 1.

Table 1

Differences found in Drug Use between the 1996 NLDUS results and 1997 HSRN results.

DRUG	97 HSRN SURVEY (%)	96 NLDUS (%)	DIFFERENCES IN DRUG USE (%)
Alcohol	75.2	56.1	*19.1
Tobacco	58.4	36.7	*21.7
Cannabis	31.2	23.9	7.1
Psilocybin/ Mescaline	15.3	10.6	4.7
LSD	17.7	7.4	*10.3
Tranquillizers (Non-prescribed)	5.1	4.3	0.8
Stimulants (Non-prescribed)	5.5	5.1	0.4
Barbituates (Non-prescribed)	3.5	1.7	1.8
Cocaine	6.6	3.1	3.5
PCP	2.3	1.3	1

*Important difference is > than 10.

Differences were found in the use of tobacco with 58.4 percent of the students in the current study reporting that they were smokers, while the 1996 NLDUS reported that 36.7 percent of students surveyed were smokers, a difference of 21.7 percent.

The HSRN current survey reports that 75.2 percent of students can be deemed regular

drinkers, while the 1996 NLDUS reported that 36.7 percent of students surveyed were smokers. This amounts to a noticeable difference of 21.7 percent.

There are also marked differences in the use of cannabis. The HSRN study reports that 31.4 percent of students surveyed use cannabis, while the 1996 NLDUS reports that 23.9 percent use this illegal substance. This is a difference of 7.4.

Differences are also apparent in the use of psilocybin/mescaline with 15.3 percent of students being considered regular users, while the 1996 NLDUS reports that 10.6 percent are regular users, a 7.4 percent difference.

The current survey reports that 17.65 percent of students are users of LSD while only 7.4 percent of students in the 1996 Student Drug Use Survey have used LSD. This is a difference of 10.25 and can be considered a noteable difference.

All other substances measured showed no important differences (see drug use comparison table), although use of tranquillizers (non-prescribed), stimulants (non-prescribed), and cocaine in the current survey are marginally higher than the 1996 Student Drug Use Survey.

Discussion

The results of the HSRN study can be interpreted in several ways. The percentages reported can be seen as a true indicator of student drug use in the rural area and a reflection of the students' openness in reporting their drug use. It is apparent that the students have considerable knowledge of drugs because they generally did not erroneously indicate taking the fake drug quabaline that was included in the survey. Less than one percent of all students reported using the fictitious substance quabaline. This adds some credence to their reporting since it indicates that they were not faking bad. Although one could argue that they were merely knowledgeable fakers and were having fun by sabotaging the data.

This study clearly indicates that there are important differences between reported drug use in the NLDUS and the present study. The bench mark of ten indicates higher drug use for particular drugs at HSRN. All of the HSRN rates of drug use are higher than the values recognized just one year earlier in the NLDUS. Societal emphasis on prevention of substance abuse suggests that any increases in harmful and illegal behavior should be taken seriously. This data cited here suggests the argument that significant drug use occurs at HSRN and needs to be examined further.

The most dramatic differences between the NLDUS and HSRN survey are seen in the rates of alcohol and tobacco usage. HSRN survey data, show rates twenty percent higher than rates indicated in the NLSDUS. This indicates a serious problem at HSRN and one that

needs to be examined futher. These high rates seem to indicate that prevention strategies to decrease such usage are not working. Alcohol use at HSRN also indicates a strong need for harm reduction measures to decrease the likelihood of alcohol related tragedies.

More startling differences between HSRN and NLDUS occur in the use of 'hard drugs.' Many of the HSRN students are using drugs that are not only illegal but highly addictive and damaging to their health. The use of LSD is an alarming ten percent higher than the rates reported in the NLDUS. The use of 'hard drugs' also carries stiffer legal consequences as poccession or trafficking of such substances are indictable criminal offences carrying stiffer penalties that include jail sentences.

The results of significantly higher drug use could indicate the economically-depressed social climate in the rural area. Unemployment is rampant as is a reliance on social assistance. The literature shows that areas with depressed economies and low standards of living are more likely to have people engaging in the use of drugs as a means of escapism (Single, 1996). When people garner little enjoyment or passion from their lives, they often turn to drugs as a means of coping. High unemployment means that individuals are not only struggling to survive but question their own self worth. Such self- rumination often leads people to seek out means of escaping their troubles through drug use (Rotgers, 1996). This may be the case for students in rural Newfoundland who experience financial deprivation in their own households as well as the difficulties in the local and national economies. Provincial unemployment is the highest in the country, and job prospects are terrible. Today, a good education does not guarantee a good job as there are thousands of well educated

unemployed young people in the province. Surely, such conditions make the developmental hurdles of adolescents that much more difficult to cope with.

Another reason for the high rates of drug use may be the proximity of the school to the adjacent urban areas where illicit drugs are readily available. The prevalence of illegal drugs in St. John's area is at an all-time high with a wide variety of drugs easily accessible. It should also be noted that the 1996 NLDUS was completed province-wide and takes into account many isolated areas of the province that rarely have problems with illicit drug use. The majority of substance abuse problems in rural Newfoundland focuses on tobacco and alcohol. Geographic isolation may affect the percentages reported in the 1996 NLDUS, making it appear that illicit drug use is not a problem in rural parts of the province.

Summary

Adolescence is difficult. It is important that educational psychologists and guidance counsellors educate themselves in the area of substance abuse in order to offer assistance and guidance when it is required. Also, they should educate students, their parents and teachers about substance abuse and the problems it can create. Their approach should be realistic, down to earth and cover the most common drugs and their effects. It is not good enough to preach abstinence and turn a blind eye to the reality that some students will experiment with drugs. They need guidance counsellors, parents and teachers to work with them to reduce risks, offer safe options, and make informed decisions so they can avoid the debilitating ramifications of substance abuse.

Recommendations

The following recommendations are based on the information garnered from the literature review and the drug use surveys included in this report. The recommendations were formulated in consultation with the guidance counsellor at the rural area high school. Hopefully, the recommendations will result in a more comprehensive prevention education program for the students and provide a better understanding of the adolescent substance use/abuse in this province.

1. Repeat the drug use survey on a regular basis so patterns of substance abuse can be monitored and compared to previous years. It would be good if the survey were a yearly activity for the guidance department at the school. The survey is brief and easily administered and could become a regular counsellor activity duty for future visiting interns.

2. Review and evaluate other prevention programs in an effort to keep up with the latest research and substance abuse information available. This could lead to the development and implementation of a pilot prevention program for students. The effectiveness of such a program could be measured using the student drug use survey.

3. Raise awareness about adolescent substance abuse. Hopefully, a report such as this will encourage further research and discussion to deal with adolescent substance abuse problems in rural areas of Newfoundland and Labrador.

4. Promote partnerships between adolescents and their teachers and parents. It would be beneficial if the students' participation, openness and honesty in completing the student drug use survey was acknowledged and respected by teachers and parents. This survey could be

a catalyst for building a positive relationship between the adolescents and adults of the rural area to tackle the problems of adolescent substance abuse.

5. Review the current health and substance abuse curriculum at the high school to ensure that the prevention education program meets the needs of the students.

6. Promote the concept of harm reduction by educating students, teachers and parents on the risks associated with adolescent substance abuse and the methods that can be implemented to minimize such risks.

7. Review substance abuse treatment options. It is important to educate students, teachers and parents on the processes and resources available for adolescents.

References

Anderson, A. & Henry, C. (1994). Family System characteristics and parental behaviours as predictors of adolescent substance use. Adolescence, 29 (114), 405-420.

Beman, D.S. (1995). Risk Factors Leading to Adolescent Substance Abuse. Adolescence, Vol. 30, No. 117, Spring 1995.

Berridge, V. & Griffith, E. (1987). Opium and the People. New York: Oxford University Press.

Callison, W. (1995). Prevention Handbook.

Gullotta, T., Adams, G., & Montemeyor, R. (1995). Substance Misuse in Adolescence.

Harbach, R. & Jones, P. (1995). Family Beliefs Among Adolescents at Risk for Substance Abuse. Journal of Drug Education, Vol.25, 1-9, 1995.

Health and Welfare Canada. (1992). Alcohol and other drug use by Canadian youth. Minister of Supplies and Services Canada.

Johnston, L., & O'Malley, P. (1986). Why do the nation's students use drugs and alcohol? Self-reported reasons from nine national surveys. The Journal of Drug Issues. 16, 28-66.

Powell, R., Zehm, S., & Jeffery, A. (1995). Classroom under the influence: addicted families, addicted students. Newbury Park, Calif.: Corwin Press.

Rapoport, J. & Ismond, D. (1996). DSM-IV Training Guide for Diagnosis of Childhood Disorders. New York: Brunner/Mazel, Publishers.

Russell, A.H. (1998). Reduction of smoking-related harm: the scope for nicotine replacement. In N. Heather et al. (Eds.) Psychoactive Drugs and Harm Reduction. London: HMSO.

Smart, R. & Ogbore, A. (1994). Street Youth in Substance Abuse Treatment. Adolescence. 29(115), 733-745.

Spurrell, D.C. (1996). Newfoundland and Labrador Student Drug Use Survey: Summary Report. Government of Newfoundland and Labrador, Department of Health and

Addictions Services.

Staples, P. (1988). Reduction of Alcohol - and Drug Related Harm in Australia: A Goverment Minister's Perspective. In N. Heather et al. (Eds.), Psychoactive Drugs and Harm Reduction. London: HMSO.

Thompson, J. (1992). A two year study of substance use among secondary students: analysis of employment as variable. Paper presented at the annual meeting of the Midwestern Educational research association. Chicago, IL.

Waldorf, D., Orlick, M., & Reinarman. (1977). Morphine Maintenance the Shrevport Clinic, 1919-1923. Washington, D.C. : Drug Abuse Council.

Zinberg, N. (1984). Drug Set and Setting. New Haven: Yale University Press.

Appendix A
Student Drug Use Survey

1. Are you male or female?

2. In the past 12 months how many cigarettes did you usually smoke per day?
A) I have never smoked.
B) I did not smoke cigarettes in the last 12 months.
C) I tried one cigarette in the past twelve months.
D) I had less than one cigarette a day.
E) I had 1 or 2 cigarettes a day.
F) 3 to 5 cigarettes a day.
G) 6 to 10 cigarettes a day.
H) 11 to 15 cigarettes a day.
I) 16 to 20 cigarettes a day.
J) more than 20 cigarettes a day.

3. In the last 4 weeks, how often did you use CANNABIS (marijuana, weed, pot, hash oil).
A) I do not know what cannabis is.
B) I did not use cannabis at all in the last 4 weeks.
C) I used cannabis once or twice in the last 4 weeks.
D) I used cannabis once or twice each week in the last 4 weeks.
E) Three or 4 times each week in the last 4 weeks.
F) Five or 6 times each week in the last 4 weeks.
G) Once each day in the last 4 weeks.
H) More than once each day in the last 4 weeks.

4. In the past 12 months, have you used PSILOCYBIN (magic mushrooms, shrooms) or MESCALINE (mesc).
A) I do not know what psilocybin and mescaline are.
B) Not at all.
C) One time.
D) Two times.
E) Three or four times.
F) Five to eight times.
G) Nine to 12 times (about once a month)
H) Thirteen to 26 times (about twice a month).
I) Twenty-seven or more times (more than twice a month).

5. In the past 12 months, have you taken LSD
(acid, cid)?
A) I do not know what LSD is.
B) Not at all.
C) One times.
D) Two times.
E) Three or four times.
F) Five to eight times.
G) Nine to 12 times (about once a month).
H) Thirteen to 26 times (about twice a month).

I) Twenty-seven or more times (more than once a week).

6. During the past 12 months, have you taken Quabaline (quabs, zippers)?
A) I do not know what Quabaline is.
B) Not at all.
C) One time.
D) Two times
E) Three to four times.
F) Five to eight times.
G) Nine to 12 times (about once a month).
H) Thirteen to 26 times (about twice a month).
I) Twenty-seven or more times (more than twice a month).

7. In the past 12 months, have you taken TRANQUILLIZERS (Valium, librium, serax, trangs, 5s, 10s) without a prescription from a doctor or without a doctor telling you to take them?
A) I do not know what tranquillizers are
B) Not at all.
C) I did not use cannabis in the past 12 months.
D) One time.
E) Two times.
F) Three to five times.
G) Five to eight times
H) Nine to 12 times (about once a month).
I) Twenty-seven or more times (more than once twice a month).

8. In the past 12 months, have you taken Stimulants (Benzedrine, Dexedrine, speed, uppers, bennies, pep pills) without a prescription or without a doctor telling you to do so?
A) I do not know what stimulants are.
B) Not at all.
C) One time.
D) Two times.
E) Three or four times.
F) Five to eight times.
G) Nine to 12 times (about once a month).
H) Thirteen to 26 times (about twice a month).
I) Twenty-seven or more times (more than twice a month).

9. In the past 12 months, have you taken BARBITURATE (Seconal, Amytal, downers, bombers) without a prescription or without a doctor telling you to do so?
A) I do not know what barbiturate are.
B) Not at all.
C) One time.
D) Two times.
E) Three to four times.
F) Five to eight times.
G) Nine to 12 times (about once a month).
H) Thirteen to 26 times (about twice a month).
I) twenty-seven or more times (more than twice a month).

10. In the past 12 months, have you used COCAINE or CRACKED COCAINE (snow, coke, rock)?
A) I do not know what cocaine is.
B) Not at all.
C) One time.
D) Two times.
E) Three to four times.
G) Nine to 12 times (about once a month).
H) Thirteen to 26 times (about twice a month).
I) Twenty-seven or more times (more than twice a week).

Memorial
University of Newfoundland

Faculty of Education

May 20, 1997

Dear John,

After reviewing your submission, the Ethics Review Committee finds that your proposal meets the guidelines of the University and Faculty, with some minor modifications. Specifically, your letter to parents is well done, but the letters to the superindentent, principal, and teachers need to be modified by making them similar to the letter to parents. After these changes, everything should be in order.

We wish you all the best in your work.

Sincerely,

T. Seifert
Ethics Review Committee

cc: Dr. E. Drodge

St. John's, NF, Canada A1B 3X8 • Tel.: (709) 737-3404 • Fax: (709) 737-8637

Appendix C

John J. Phillips
170 Penneywell Rd.
St. John's
Nfld.

April 29, 1997

Mr. David Streifling
Avalon East School Board
Suite 601, Atlantic Place
215 Water Street
St. John's, Nfld.
A1C 6C9

Dear Mr. Streifling:

In order to complete the requirements for the Masters Degree in Educational Psychology at Memorial University of Newfoundland I will be completing an internship at St. Kevin's High School in the Goulds. The internship requires that a research component be completed. I will research the prevelance of student drug use at St. Kevin's High School by administering a survey. This data will be compared to the results of the 1996 Provincial Student Drug Use Survey. A modified version of the instrument will be used. Written consent will be required from the parent(s) or guardian(s) and as well the students participating in the study.

Please find enclosed a copy of my research proposal, the parental consent form, the student consent form, the survey instrument used, and other required documentation.

Thank you for considering my request.

Sincerely,

John J. Phillips

Appendix D

John J. Phillips
170 Penneywell Rd.
St. John's
Nfld.

April 29, 1997

Mr. Kevin Coady
Principal
St. Kevin's High School
Goulds, Nfld.

Dear Mr. Coady:

In order to complete the requirements for the Masters Degree in Educational Psychology at Memorial University of Newfoundland I will be completing an internship at St. Kevin's High School in the Goulds. The internship requires that a research component be completed. I will research the prevelance of student drug use at St. Kevin's High School by administering a survey. This data will be compared to the results of the 1996 Provincial Student Drug Use Survey. A modified version of the instrument will be used. Written consent will be required from the parent(s) or guardian(s) and as well the students participating in the study.

Please find enclosed a copy of my research proposal, the parental consent form, the student consent form, the survey instrument used, and other required documentation.

Thank you for considering my request.

Sincerely,

John J. Phillips

Appendix E

Parental/Guardian Consent Form

I, _____, give permission for my son/daughter to take part in the St. Kevin's High School Student Drug Use Survey. I understand that the survey is to assess the patterns of substance use/abuse of adolescents in the area. No students will be identified and the results will be used to improve the prevention education program at St. Kevin's High School.

Signed: _____ Date: _____

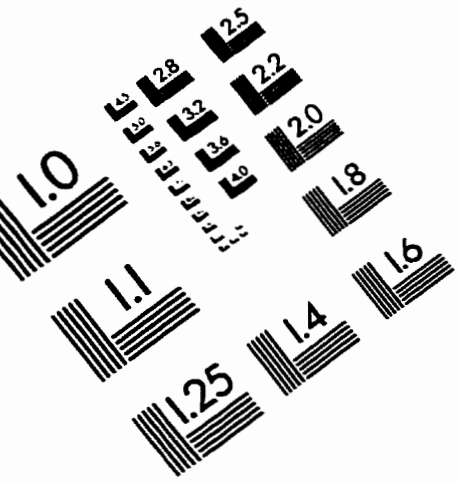
Appendix F

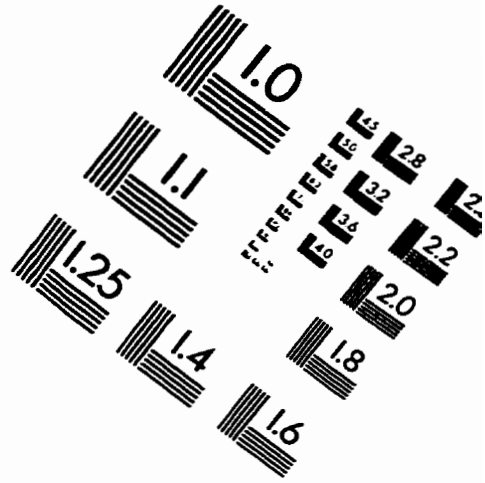
Student Consent Form

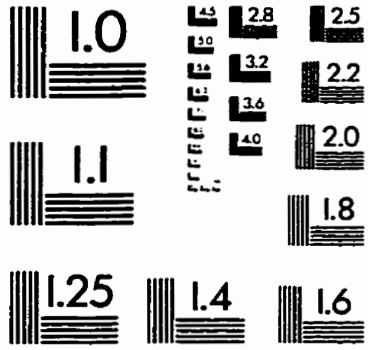
I, _____, agree to take part in the St. Kevin's High School Student Drug Use Survey. I understand that the survey is to assess the patterns of substance use/abuse of adolescents in the area. No students will be identified and the results will be used to improve the prevention education program at St. Kevin's High School.

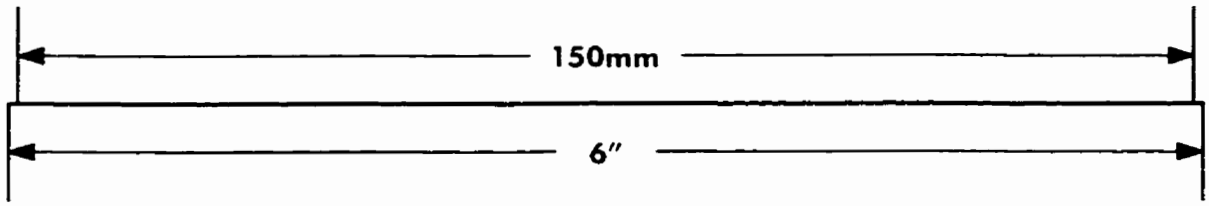
Signed: _____ Date: _____

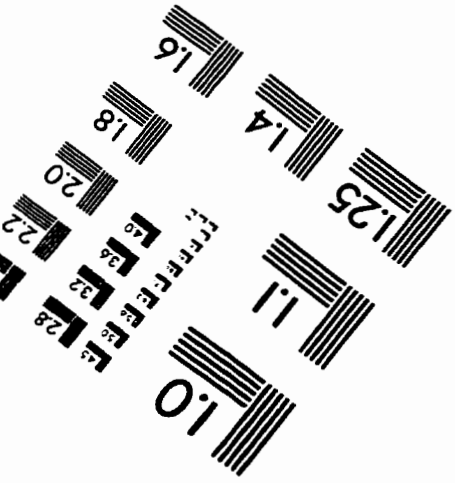
IMAGE EVALUATION
TEST TARGET (QA-3)

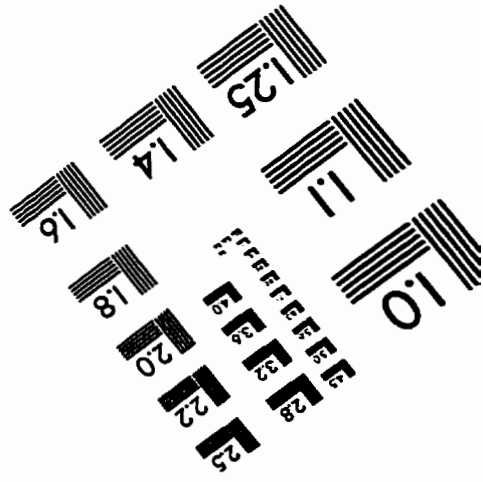












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