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# An outcome evaluation of the youth drug program delivered by the John Howard Society of Windsor and Essex County.

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**LA THÈSE A ÉTÉ  
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AN OUTCOME EVALUATION OF THE YOUTH DRUG PROGRAM  
DELIVERED BY THE JOHN HOWARD SOCIETY OF WINDSOR  
AND ESSEX COUNTY

by

Gilles Simon Hamel

A Thesis  
submitted to the  
Faculty of Graduate Studies and Research  
through the School of Social Work  
in Partial Fulfillment of the  
requirements for the Degree of  
Master of Social Work  
at the  
University of Windsor

Windsor, Ontario, Canada

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## ABSTRACT

This research is an outcome evaluation of a juvenile drug program, delivered by the John Howard Society of Windsor and Essex County, between 1981 and 1984. The effectiveness of the drug program is determined by the outcomes or behavioural changes, demonstrated by the youths after their participation in the drug program, as reported by three sources, which are (a) the John Howard Society's files, (b) the perception of the youths' referring agents, and (c) the police records.

A descriptive-quantitative design is used to analyse the information provided from the three previously cited sources.

This retrospective research provides the characteristics of the youths who participated in the drug program, and discusses some variables, reflecting these youths' behavioural changes, after participation in this program. The youths' family involvement, as well as the relationship of the referring agents with the youths, are taken into consideration for this study. A statistical analysis of the findings shows a degree of dependence and association between a number of variables studied.

The findings suggest that the program positively affects the referred youths. This positive change is perceived in terms of the youths' subsequent drug use, their attendance at school, their behaviours and attitudes toward authority figures, and in their families' involvement with the referring agents.

The research concludes that the program is effective even though some results appear contradictory. For instance, the findings show that, when comparing the involvement of the youths with the police, before and after their participation in the drug program, it respectively decreases, for the Windsor area, although such involvement increases for the Leamington area (see pp. 137-140). One of thirty-eight youths became involved with the police after referral to the drug program in the Windsor area, and one of five became so involved in the Leamington area. Recommendations are made for "fine-tuning" the program and it is recommended that the program be further evaluated in the future. These evaluations may consist of studying future years of the drug program or looking more closely at the correlations found in the variables studied in this research.

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CONTENTS

ABSTRACT . . . . . iii

ACKNOWLEDGEMENTS . . . . . v

Chapter . . . . . Page

I. INTRODUCTION . . . . . 1

II. REVIEW OF THE RELEVANT LITERATURE . . . . . 4

    Program Evaluation . . . . . 5  
    Adolescent Drug Use . . . . . 12  
        Nature of adolescence . . . . . 12  
        Meaning of drug use for adolescents . . . . . 26  
    Crisis Intervention Model . . . . . 36

III. NEED FOR EVALUATING DRUG PROGRAM . . . . . 42

    The Problem to Be Investigated . . . . . 42  
    Relevance to Social Work . . . . . 45  
    Issues for Social Work in Relation to Drug Abuse . . . . . 47  
    Implications of the Major Issues . . . . . 50

IV. THE PROGRAM . . . . . 56

    Philosophy and Goals . . . . . 56  
    The Process . . . . . 62

V. METHODOLOGY OF THE STUDY . . . . . 66

    Purpose of Research . . . . . 67  
    Research Design . . . . . 68  
    Research Questions . . . . . 69  
    Operational Definitions . . . . . 70  
    Data Sources . . . . . 73  
    Sample selection . . . . . 75  
    Data Collection Instrument . . . . . 76  
    Limitations of the Research . . . . . 77

VI. FINDINGS . . . . . 79

    General Demographic Data . . . . . 79  
        Gender . . . . . 79



Age . . . . .	80
Residential Addresses of the youths . . . . .	81
Grade . . . . .	84
Source of referral . . . . .	85
Reasons for Referral . . . . .	88
Substances used . . . . .	89
Number of Sessions Attended . . . . .	90
Participants in the Program . . . . .	90
Findings from the Questionnaire . . . . .	92
Police Records . . . . .	103
The Windsor Police Department . . . . .	103
The Leamington Police Department . . . . .	106
The Belle River OPP Detachment . . . . .	107

**VII. ANALYSIS OF FINDINGS . . . . . 111**

General Demographic Data . . . . .	112
Gender . . . . .	112
Age . . . . .	113
Residential addresses of the youths . . . . .	114
Grade . . . . .	116
Source of referral . . . . .	117
Reasons for referral . . . . .	118
Substance used . . . . .	120
Number of sessions attended . . . . .	120
Participants in the program . . . . .	121
Findings from the Questionnaire . . . . .	122
Police Records . . . . .	137
The Windsor Police Department . . . . .	137
The Leamington Police Department . . . . .	140
The Belle River OPP Detachment . . . . .	141
Statistical Interpretation of Findings . . . . .	142
Chi-square coefficient analysis . . . . .	144
Variable gender . . . . .	147
Variable member . . . . .	148
Correlation test . . . . .	151

**VIII. CONCLUSIONS AND RECOMMENDATIONS . . . . . 157**

Link between Literature Review and Conclusions . . . . .	157
Conclusions and Recommendations Based upon Demographic Data . . . . .	161
Gender . . . . .	161
Age . . . . .	162
Residential addresses of youths . . . . .	162
Grade . . . . .	163
Source of referral . . . . .	164
Reason for referral . . . . .	165
Substance used . . . . .	165
Number of sessions attended . . . . .	166
Participants in the program . . . . .	167

Conclusions and Recommendations from the Questionnaire . . . . .	167
Conclusions and Recommendations from the Police Records . . . . .	174
The Windsor Police Department . . . . .	174
The Leamington Police Department . . . . .	175
The Belle River OPP Detachment . . . . .	176
Conclusions and Recommendations from the Statistical Analysis . . . . .	176
Chi-square test . . . . .	177
Correlation test . . . . .	178
Profile of the Drug Program Participants . . . . .	179
General Conclusion . . . . .	182
Future Research . . . . .	182

<u>Appendix</u>	<u>Page</u>
A. FACT SHEET . . . . .	184
B. MAP OF THE DISTRICTS OF WINDSOR . . . . .	185
C. DIRECTORY OF LOCATION AND REFERRING AGENTS . . . . .	186
D. INTAKE SHEET . . . . .	189
E. LETTER OF REQUEST SENT TO THE WINDSOR SCHOOL BOARD . . . . .	190
F. LETTER OF REQUEST SENT TO THE ESSEX SCHOOL BOARD . . . . .	191
G. LETTER OF THANKS . . . . .	192
H. LETTER OF THANKS . . . . .	193
I. LETTERS OF REQUEST SENT TO POLICE DEPARTMENTS . . . . .	194
J. LETTER OF THANKS . . . . .	197
K. LETTER ACCOMPANYING THE QUESTIONNAIRE . . . . .	198
L. QUESTIONNAIRE SENT TO SCHOOLS . . . . .	199
M. QUESTIONNAIRE SENT TO SERVICE PROGRAMS . . . . .	202
BIBLIOGRAPHY . . . . .	205
VITA AUCTORIS . . . . .	212

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Description of Sample by Gender . . . . .	80
2. Description of Sample by Age . . . . .	81
3. Description of Sample by Location in Windsor and Essex County . . . . .	82
4. Description of Sample by Geographic Location in Windsor . . . . .	83
5. Description of Sample by Location in Essex County . . . . .	84
6. Description of Sample by Grade Level . . . . .	85
7. Referring Schools by Location in Windsor, and youths Referred by Frequency and Percentage . . .	87
8. Service Programs by Location in Windsor, and Youths Referred by Frequency and Percentage . . .	87
9. Number and Percentage of Referrals by Schools Located in the County . . . . .	88
10. Drugs used by Frequency and Percentage . . . . .	90
11. Non Sample Members Participating in the Drug Program by Frequency and Percentage . . . . .	91
12. Use of Drugs After Referral, by Situation and Drug Used . . . . .	92
13. Suspension of Youths by Reason, Frequency and Number . . . . .	94
14. Reasons for Reccurrent Suspensicns by Frequency of Recurrences and Frequency of Youths . . . . .	95
15. Frequency and Percentage of Youths who Terminated their Involvement at Schocls or Service Programs by Reasons . . . . .	96

16.	Job Classification of Respondents by Frequency and Percentage . . . . .	99
17.	Reasons for the Change of Situation of the Youths and the Number and Percentage of Respondents Affected . . . . .	101
18.	Convictions, Preceding and Following Referral by year of Referral and Youths referred . . . . .	105
19.	Frequency and Percentage of Charges by Type of Offenses . . . . .	107
20.	Offenses Recorded Before and After Referral . . . . .	108
21.	Number of Charges Before and After Program Participation by Type of Offense . . . . .	109
22.	Overall Association Based on Chi-square Test . . . . .	146
23.	Overall Association Based on Chi-square Test . . . . .	146
24.	Association of Dependent Variables with Gender . . . . .	147
25.	Association of Dependent Variables with Members . . . . .	149
26.	Variables which Present a Possible Statistical Interpretation through Chi-Square Test . . . . .	150
27.	Correlations Between Dependent Variables . . . . .	152

## Chapter I

### INTRODUCTION

The purpose of this thesis is to evaluate the outcomes of the drug and alcohol crisis intervention program delivered by the John Howard Society of Windsor and Essex County. This research identifies those characteristics of clients which are significantly related to the desired treatment outcomes and evaluates the impact of the program experience upon substance abuse clients. This leads to the objective of the study, which is to develop a clear and accurate statement about the current effectiveness of the program (Weiss, 1972, p. 4). In turn, this statement may provide direction for the delivery of service and for determining future policy in regard to this program.

Attempts to identify the problems of drug abuse in our society have proved to be frustrating (Wilson, 1980). Therefore, evaluation of programs dealing with these problems is complex. Studies have demonstrated that different factors are essential in order to define drug abuse. Such factors might include the different classes and types of drugs, their pharmacological properties, the purposes for which they are intended to be used, the consequences of use and the psychological makeup of the user. Drug abuse is also

a dynamic phenomenon which is subject to fads, shifting patterns, and changing values (Marden, Zylman, Fillmore and Bacon, 1976). One particular aspect of the drug abuse issue, abuse among youths, has generated a continuing debate. Many planners and policy makers at the local, provincial and national levels have been concerned with the problems, issues, and treatment of youths who use drugs.

The selection of this topic is based on the writer's past and present involvement with the John Howard Society of Windsor and Essex County. This Social Agency, a member of the United Way of Windsor and Essex County, has been providing a youth drug intervention program for juveniles aged twelve to eighteen years, since January 1981.

The fact that, according to the John Howard Society's Facts Sheet (see Appendix A), a high percentage of criminals commit their offenses while they are under the influence of drugs, suggests that drug use by adolescents may be related to criminal involvement. However, the literature and research, in general, do not show causal relationships between adolescent drug use and delinquent behaviour (Kandel, 1978). The need to understand the phenomenon of adolescence and the significance of drug use also suggests the importance of researching this topic. Assessing the effectiveness of such a program is the task of this research. Another major interest, motivating the choice of this topic, is the consequence of adolescent drug use on the community, families and peers.

Research evidences much controversy about the effectiveness of programs which aim to prevent youths from using drugs (Jalali, Schaps, Dibartolo, Maskovitz, Pally and Churgin, 1981). Several authors also point to the lack of conclusive evidence supporting the success of such programs (Goodstadt, Sheppard and Chan, 1982). For this reason it is important to review current programs.

Chapter one presents the introduction of this research. Chapter two outlines a review of the relevant literature on program evaluation, adolescent drug use, and the crisis intervention model of treatment. The third chapter outlines the problem being investigated, the relevancy of this research to the social work profession, the issues for social work, and the implications of the major issues. Chapter four outlines the John Howard Society's goals and the Society's youth drug program. Chapter five clarifies the methodology used for this research. Chapter six describes the findings. Chapter seven provides a data analysis or discussion of the findings, along with a statistical interpretation of the findings. Finally, conclusions and recommendations for the future delivery of the drug program can be found in chapter eight.

## Chapter II

### REVIEW OF THE RELEVANT LITERATURE

This part of the research reviews the literature related to program evaluation; it also outlines the nature of adolescence and discusses what the use of drugs may mean for individuals during adolescence. This part also presents a brief review of the literature, related to the crisis intervention model of treatment.

The literature on program evaluation is reviewed because of the very nature of the research undertaken, which is to evaluate the drug program delivered by the John Howard Society. As the population participating in the youth drug program consists of adolescents, it appears relevant to also review the literature on adolescence. More specifically, the use of drugs by adolescents represents a phenomenon which needs to be understood, in order to "make sense" of this research. Such matters as peer and parental influence on the adolescent are also mentioned, but not explored extensively since this concept is well known. Finally, as the drug program utilizes a crisis intervention model of treatment, a brief review of this model is included.



## 2.1 PROGRAM EVALUATION

The review of literature on program evaluation covers the nature, the purpose, the definition, and the impact of program evaluation. The theories of program evaluation are those presented by the following authors: Guttentag and Struening (1975), Weiss (1972), Tripodi (1983), Grinnell (1981), Etzioni (1960), and Rossi (1983). While the literature identifies various limitations to evaluative research, as well as some of the obstacles which might be encountered in undertaking such projects, this research does not focus upon these, but instead deals with the merits and benefits which might be derived from them. The limitations and obstacles were considered before the research was undertaken. Once the research was underway it was deemed more important to focus upon the merits and benefits.

Guttentag and Struening (1975) discuss two broad traditions that influence theory building in social science. Two major schools of thought, as observed in evaluation research, underline these traditions. One is concerned with the assumptions that scholars make about human nature and social reality and how these lead to different interpretations of the social order. These assumptions deal with the question of whether the individual or the collectivity should be the basic unit of analysis in social work.

The second tradition, in theory building, emphasizes the logical form of inquiry, as stressed by the natural sci-

ences. Scholars oriented towards this perspective are interested in the testing of hypotheses. But this "logico-deductive" model is only one form of the logical system employed by social scientists. The logic of analogy and that of dialectic are also part of the logico-deductive model: (a) the logic of analogy, used in legal reasoning, with its emphasis upon precedent, and (b) the logic of dialectic, oriented toward building new categories and thus associated with a more critical, though optimistic, view of human nature and social reality (Guttentag and Struening, 1975, p. 32).

Theory building is, at least to some extent, subjective as it is based upon research and researchers' assumptions about human nature and social reality.

Guttentag and Struening (1975) state that "Social scientists evaluate activities or programs that have been under way for years in order to assess the impact of certain variables (such as size and morale of personnel) upon different organizations' abilities to attain a stated goal or goals" (p. 34).

This research is concerned with one particular kind of phenomenon: social programs, designed to improve the lot of people, more specifically, youths who use drugs.

According to C. Weiss (1972), a common characteristic of program evaluation is the goal of making life better and more rewarding for the people the program serves. Further-

more, program evaluation is a specific method of evaluation which establishes clear and specific criteria for success. In her opinion, the purpose of program evaluation is to provide data that reduce uncertainties and clarify the gains and losses that different decisions produce.

In addition, evaluation as applied research is committed to the principle of utility. In that sense the evaluation of program effectiveness is the object of program evaluation. Through the evaluation process one can find out whether the program is achieving its goals.

Weiss (1972) mentioned a useful distinction, inherent in the purpose of program evaluation. She distinguished between formative and summative evaluation. Formative evaluation is concerned with producing information that is fed back during the development of a program, to help improve it. It serves the need of developers. Summative evaluation is done after the program is finished. It provides information about effectiveness, to program decision-makers who are considering adopting or developing such a program. This research may be categorized as both formative and summative, in the above senses. On one hand, the drug program under study might be further improved and developed, which indicates that the program is in a formative phase of development. On the other hand, this program has operated long enough to be evaluated in a retrospective way and so the evaluation of this program can also be seen as being summative.

Tripodi (1983) defines program evaluation as the feedback of information, related to the achievement of the program or practice objectives. He defines four criteria which apply to formative and summative evaluations. They are efforts, effectiveness, unanticipated consequences and efficiency. "Efforts" refers to the amounts and kinds of program or practice activity necessary for the achievement of planned objectives. "Effectiveness" is the extent to which program and practice objectives have been achieved, with one or more clients. "Unanticipated consequences" refers to unexpected changes that were not planned but result from program or practice efforts. "Efficiency" is the relationship of effectiveness to efforts and basically reflects the cost of the program relative to the extent of achieved change (Tripodi, 1983, pp. 29-38). This research primarily addresses the evaluation of effectiveness of a program, which is in a developmental stage of implementation, as defined by Tripodi (1983). In this stage a "program is operational" (p. 20). In his opinion, at this stage, programs in social work services must attain the broad goal of enhancing individual and social change by providing services that meet individual and community needs.

Grinnell (1981) defines program evaluation as applied research, which utilizes various methods and types of analysis. Program evaluation is different from pure research, "which has, as its main objective, the accumulation and

analysis of data, in order to formulate hypotheses and theories for the sake of the knowledge itself" (p. 420). Program evaluation may also be considered as research when its process aims to determine how successful a program is in fulfilling its mission, and to discover the effects of the program under study.

Grinnell (1981) suggests six primary purposes of program evaluation:

1. To discover whether and how well objectives are being fulfilled.
2. To determine the reason for specific successes and failures.
3. To uncover the principles underlying a successful program.
4. To direct the course of experiments with techniques for increasing effectiveness.
5. To lay the basis for further research or to determine the reasons for the relative success of alternative techniques.
6. To redefine the means to be used for attaining objectives, and even to redefine subgoals, in the light of research findings. (p. 420)

Grinnell (1981) also enumerates five steps used in the process of program evaluation. These steps are (a) determining program objectives, (b) establishing outcome measures

(dependent variables), (c) identifying independent and intervening variables, (d) utilizing research designs, and (e) assessing program efficiency (p. 421).

This research on the drug program, delivered by the John Howard Society, is concerned only with the first three steps.

Instead of using an objective attainment model, as previously described by Weiss (1972), Tripodi (1983), and Grinnell (1981), Etzioni (1960) suggests a system model for program evaluation. In this model, emphasis is given to establishing the degree to which an agency realizes its objectives, under a given set of conditions, rather than the degree of success in reaching specific, formal objectives. In this sense, attention is given to optimal distribution of resources, among all objectives, both formal and informal. In the process of evaluating a social program, one must, according to this model, be aware that factors, additional to formal organizational objectives which are specifically described in the program, may lack clarity and measurability. In addition, agencies may also have informal objectives, which they seek to meet. Any organization has maintenance and survival objectives, to which much of its energy has to be directed, in meeting its informal standards. To illustrate an example of informal standards, one may think of an agency's need for prestige in the community, met through informal social contacts of staff personnel, within the agency and with other agencies' members.

Rossi (1982) provides a brief but comprehensive history of evaluation research, reaching back to 1930. He also emphasizes the role of program evaluation in the development of programs and decision-making related to their existence. He concludes that:

it is clear that evaluation research is more than the application of methods. It is also a political and managerial activity, an input into the complex mosaic from which emerge policy decisions and allocation for the planning, design, implementation, and continuance of programs to better the human condition. (p. 27)

As reflected by this section of the research, the literature review suggests at least two major dimensions of program evaluation. One is oriented toward the assessment of goals achieved by the program. The other is interpreted as a system model which determines the impact of program evaluation on further managerial decision-making.

As one of the goals of the drug program, evaluated through this research, is to assist youths who are involved in using drugs, the next chapter will present a review of literature on adolescent drug use.

## 2.2 ADOLESCENT DRUG USE

This section deals with two major aspects of the youths' drug program, which are (a) the nature of adolescence, and (b) the meaning of drug use for adolescents. In the following text, the nature of adolescence is discussed in regard to the biological, psychoanalytical, intellectual, developmental, and social theories, as presented by Hall (1901), Freud (1946), Piaget (1969), Piikunas (1969), Erickson (1959), Duvall (1967), and Berzonsky (1981).

### 2.2.1 Nature of adolescence

Adolescence is described, in the literature, as an "in between" phase, following childhood and preceding adulthood. The concept of adolescence, if described as a developmental period all its own, with unique tasks, stresses, and solutions, appears as a rather modern phenomenon. The concept of adolescence can be traced back to Rousseau's Emile, written in the eighteenth century, where the innocence and educational potential of youths were glorified and romanticized. David Bakan (1971) attributes the development of the concept of adolescence to the economic, social, and political needs of post-civil war America. This point of view is supported by the behaviorist Berzonsky (1981), who states that:

the transitional stage in life that we call adolescence, was invented in order to serve the needs of an industrialized society. At the least, the



prolonged marginal status of contemporary adolescents being physically mature (not children) but economically and socially dependent has been influenced by the social and economic character of our society. (p. 98)

Prolonged adolescence, as a social phenomenon, is described by some authors as an innovation and even a social invention.

Many authors refer to the "storm and stress" of the years between childhood and nominal adulthood both in popular discussion and in the writings of novelists, dramatists, and poets. Behavioural scientists have also tended to agree that adolescence represents a period of particular stress in our society. Berzonsky says that:

Some, particularly the more biologically oriented, have emphasized the adjustments required by the physiological changes associated with puberty, including increases in sex hormones and changes in body structure and functions. Others have tended to hold the culture primarily responsible for the adolescent's difficulties, emphasizing the numerous, highly concentrated demands which our society has traditionally made upon youth at this time - demands for independence, for heterosexual and peer adjustments, for vocational preparation, for the development of a basic guiding philosophy of life. (p. 605)

Stanley Hall (1904) is one of the authors who describes adolescence as a period of "storm and stress", which is one segment of the life-long development of each individual. He constructed a recapitulation view of human development. In essence, his theory suggested that the life-span development of a single person (ontogenetic) was a brief reenactment of the evolutionary changes that the species itself has experienced (phylogenetic development). According to him, the four stages of ontogenetic development are infancy (0-4 years), childhood (4-9 years), youth or preadolescence (8-12 years), and adolescence (12-24 years). This research is concerned only with a population which is 13 to 18 years of age. For this reason, Hall's delineation of stages of human development is useful for the purpose of this research.

With pubertal changes, the hierarchy of physical, emotional and social needs, along with their derivatives, is revised, if not wholly modified. On first sight, adolescent needs appear to be the same needs as those of the adult. However, closer observation indicates noticeable differences. Motivational development, in terms of needs, involves many subtle shifts of emphasis throughout infancy, childhood, and adolescence. During the early phase of adolescence, the zenith of these changes occurs and there is a gradual stabilization of the adult pattern.

Needs, interests and desires are most complex during adolescence. According to Pikunas (1969), gratification of

somatogenic needs - such as needs for oxygen, nutrients, and fluids - is necessary for the maintenance of organismic functioning. He also adds that besides these primary requisites for physical survival, there are the locomotive and sensory drives that affect behaviour and evoke new traits. Children are curious to see and touch; even more so are adolescents. They are eager to approach and learn about new objects and subjects. In this respect, drugs may be revealed as one means to further experience and learning.

The psychological dimension of human existence generates a need for affection, security, independence, and moral integrity. Adolescents have to deal with sociogenic needs, including group acceptance, identification, participation, and recognition, usually experienced in their family, with their peers, and at school. They also have to deal with cultural enrichment, intellectual understanding, and moral commitment, which are part of the total structure of human needs. Pikunas (1969) states that what many adolescents view most positively is their growth (or need) in sexual maturity. Pikunas refers to this need in order to illustrate Lewin's principle of valence. According to this principle, the individuals meet their need to approach or avoid certain objects or individuals. In his opinion, this principle is constantly in action, in the process of peer relationships (Pikunas, 1969, p. 250).

Pikunas (1969) illustrates some of the emotional and social needs that influence the adolescent, particularly his need for novel experiences, for security and for status extended to family, peers, schools, and community. Related to the need for physical adequacy, is the need for self-identity. In the search for identity and standards, many adolescents show contempt for the values of their parents and adult society.

Along with the needs, desires and interests of the adolescent, Pikunas (1969) mentions the developmental tasks of adolescence. He refers to Luella Cole's developmental goals of the adolescent, expressed in nine maturational steps. These steps are (a) general emotional maturity, (b) establishment of heterosexual interests, (c) general social maturity, (d) emancipation from home control, (e) intellectual maturity, (f) selection of an occupation, (g) suitable use of leisure, (h) a philosophy of life, and (i) identification of self (pp. 249-268). Pikunas presents a sociological concept of adolescence, based on the adolescent social needs. His concept of adolescence differs from the definition of authors who emphasize mostly the biological and psychological needs of adolescents.

While, as previously mentioned, Stanley Hall (1904) presented a biological view of the development of adolescent psychology, Sigmund Freud explained adolescence from a structural point of view. Indeed, the structure of an indi-

vidual's personality, according to Freud, consists of three components: the id, ego and superego. The id is the source of instinctual drives. The ego is the conscious part of the personality that derives from the id through contacts with reality and that mediates the demands of the id, the superego, and the external reality. The superego is what we sometimes refers to as conscience and is concerned with determining what is right and wrong. Adolescent identity is directly related to the developmental adjustment of these three elements of personality. From a psychoanalytical perspective the generational conflict at adolescence is the result of the unresolved oedipal conflict which has been repressed into the youths' unconscious during latency. The oedipal complex consists of intense affectional feelings toward the opposite-sex parent, and the expression of pronounced anger and hostility toward the same-sex parent. Hostility toward the same-sex parent results from the revival of these feelings during the genital stage. This is the basis for the conflict between adolescent and parent. Several studies on adolescent drug use support Freud's theory. Interpersonal conflicts are seen as an attempt to establish autonomy and withdrawal from the dependency ties of childhood; adolescence is seen as a phase, in which the oedipal feelings are reactivated (Berzonsky, 1981, pp. 45-47).

In terms of cognitive growth, two defensive maneuvers are said to be characteristic of adolescence: intellectual-

zation and asceticism. Intellectualization is the defense mechanism which is related to both emotional insulation and rationalization. Through this mechanism, the emotional reaction that would normally accompany a painful event is avoided by a rational explanation that divests the event of personal significance and painful feeling. An ascetic is someone who practices austere and rigorous self-denial. As a way of dealing with strange and unfamiliar sexual feelings, the youths may deny what they are experiencing by being completely abstinent. Results from studies on adolescent suicide and drug use may be explained by this theory (Streit, 1980). According to the Freudian theory, asceticism, like intellectualization, is seen in the development of abstract formal reasoning and is consequently viewed as a defensive maneuver of the adolescent.

Berzonski (1981) refers to Freud's theory to illustrate the process by which adolescents experience infatuations. He states that:

In adolescence love objects must change. The opposite-sexed parent has been, unconsciously at least, the object of oedipal love. The initial "crushes" of youthful love, thus, should tend to be mother or father substitutes. In early love-alliances one seeks an image, real or imagined, of his or her opposite-sexed parent. Gradually as the youth comes to understand himself or herself and

resolve vestigial oedipal hang-ups, more individualized, self-determined choices will be made. (p. 49).

Erik H. Erikson (1968), in his eight-staged model of development, goes beyond the Freudian theory and addresses the pubertal and adolescent phases of development. Stage five, called "identity versus confusion", covers this period from the age of twelve to twenty, approximately. Corsini (1977), illustrates this when he reports that:

The youth begins to separate from his family and at the end of the period should be an adult, having established his own values, associates, and way of life. Changes in the body, development of sexuality, and demands of peers lead to the crucial problems of deciding his identity. Successfully meeting this crisis leads to the development of loyalty, the ability to remain faithfully in love; failure leads to uncertainty. (p. 414)

Erikson's (1968) concern regarding the identity crisis of adolescence, has been particularly helpful in recent years as the problems of teenagers have increased. Erikson's theory has been favoured by many working in the area of adolescence. His theory is based on psychosocial rather than on psychosexual concepts and is, therefore, useful to eclectic counsellors, to whom this theory offers an additional source of understanding of adolescence.

The adolescent stage is the pivotal one in Erikson's scheme and it parallels Piaget's (1969) formal-operational stage, and Freud's genital period. In this formal-operational stage, adolescents attempt to synthesize their previous experiences in an effort to construct a stable sense of "who they are" and "where they are headed with their lives". A sense of personal identity is being formed. To achieve a sense of identity, according to Erikson (1968), most individuals assess their unique abilities and needs, and attempt to meet them with the social roles available in their particular environment. To accomplish this, the individuals must have succeeded in actively mastering their environment, show a certain unity of personality, and be able to perceive the world and themselves correctly. To complete such a process, a person must work through four basic conflicts:

-- Know the self: be able to co-ordinate one's biological, social, and personal needs, interests and expectations and to construct an identity capable of accommodating them satisfactorily. This is the crux of identity achievement.

-- Benefit from social reflections: social reflections not only provide information about adolescent performances, but also about values, aspirations, and interests of the social order. Eriksonian identity formation is based upon information obtained via social reflections. We attempt to assess how others see us and we seek social feedback on the roles that we play.



--- Be capable of perceiving an integrative continuity: The word identity implies something constant or continuous throughout development. A sense of purpose, direction or destiny is needed. Erikson contends that one must make peace with the past, not try to escape it. Identity is geared toward the future; one sees one's self as "becoming" rather than "being". To achieve a sense of identity, one must develop a sense of "wholeness" across the person's entire life-span.

--- Recognize that earlier achievements influenced identity struggles: the adolescents, struggling with identity questions, are not free of the past. Their achievement during these first four conflicts is said to be "part and parcel" of the struggle for identity. To demonstrate the importance of family history, Berzonsky (1981) states:

Each early conflict leaves a residue that is carried into adolescence: for instance, from the trust conflict of stage one comes temporal perspective versus temporal diffusion; from the autonomy conflict of stage two, comes self-certainty versus self-consciousness; from the initiative conflict of stage three comes role experimentation versus role fixation and from the industry conflict of stage four, comes apprenticeship versus work paralysis. (p. 98)

The youths will handle the adolescent identity crisis in a way similar to the way in which they have negotiated these early conflicts. This is corroborated by Stanton's and Todd's (1982) perspectives on crisis' cycles, observed in drug abusers' families. In the literature, (Stanton and Todd, 1982), the compulsive use of drugs by adolescents is associated with their family's history. In many cases this compulsive behaviour can be interpreted as a result of Erickson's first stage of "identity". It is important for youths to have achieved a sense of trust in order to have a realistic time perspective (i.e. a sense of where they fit into the world). The "trust versus mistrust" crisis of stage one will determine how successfully the youths will identify with the adult models. The youths who are so distrustful that they will not seriously consider and examine the aspirations, values, and lifestyles of the adults to whom they are exposed, will not identify with those models. "In this phase, parents have lost their roles as support and sources of values and are replaced by the individual's peer group" (Lewis, C. and Lewis M.A. 1984, p. 580). In stage two, the youths negotiate the conflict over "autonomy versus shame or doubt". Feeling self-conscious impedes any attempt to establish an identity. The youths, who have low self-esteem, cannot expect to accomplish their future goals if they perceive them as being unattainable. In stage three, the willingness of the adolescents to take risks will reflect their conflict

over initiative. The adolescents must experiment with many roles and face the risk of failure. In the fourth stage, the adolescents' willingness to work for primary status (through such social avenues as duties, jobs, roles, etcetera) will reflect their crisis resolution over "industry versus inferiority".

— Achieve identity formation and self-theory revision: this is what Erikson calls "ego-identity". A good self-theory contains realistic (verified) postulates about the youths' effectiveness (autonomy and initiative), social role playing (industry), and moral self (in the sense of what one values and considers to be principled behaviour). Having achieved this, the youths see continuity between their real (present) and ideal (future) selves, thereby ensuring reasonable self-acceptance (Pikunas, 1969, pp. 249-289).

Furthermore, Duvall (1967) divides the developmental tasks of teenagers into eight categories: (a) accepting one's changing body, and learning to use it effectively; (b) achieving a satisfying and socially accepted masculine or feminine role; (c) finding oneself, as a member of one's own generation, in more mature relations with one's age-mates; (d) achieving emotional independence, from parents and other adults; (e) selecting, and preparing for an occupation, and economic independence; (f) preparing for marriage, and family life; (g) developing intellectual skills, and social sensitivities, necessary for civic competence; (h) developing a

workable philosophy of life that makes sense in today's world (pp. 294-297).

In Duvall's (1967) opinion, adolescents in America are so frequently seen as scapegoats that public opinion pictures them as a generation of troublemakers, who will become juvenile delinquents unless somebody gets "tough" with them. However, she mentioned that only a small percentage of teenagers ever become delinquent. Estimates of incidences of adolescent norm-violations indicate that on a national scale:

between two and five percent of all teenagers are brought to the attention of police for violations ranging from trespassing or breaking curfew, to murder and manslaughter. Granted that teenage gang rumbles and vicious vandalism are not to be discounted, the plain fact is that the vast majority (95 to 98 percent) of America's teenagers are law-abiding citizens. (p. 289)

It is assumed that similar conditions would have existed in Canada at the time of Duvall's work.

In Duvall's opinion, adolescents appear more vulnerable to delinquent behaviour than other children, and delinquency research indicates that most violators tend to be from a lower class, which finding is also supported by Dembo (1978). When delinquents are from other social classes, they tend to be emotionally disturbed. Duvall (1967) adds that in America, thirty percent of the boys and twenty per-

cent of the girls demonstrated great difficulty in reaching responsible adulthood. She refers to youngsters who drop out of school at fifteen and sixteen, with a history of failure, frustration, and maladjustment at school, home, and work (pp. 288-292).

This part of the first chapter reviewed the relevant literature and theories of adolescence (psychoanalytic, developmental, and psychosocial theories). The dynamics of adolescent behaviours, needs, developmental tasks and motivational tendencies, along with some of their leading issues, are mentioned. Personality development and adjustment, aspirations and abilities, values, attitudes, and ideals, along with heterosexual relationships, adolescent conflict and problems (ambivalences), self-defenses, neurotic tendencies and delinquent trends, all need to be considered in order to understand the search for one's self at the adolescent stage.

Streit (1980) presented a fairly complete research review (1966-1980) concerning adolescent problems, in which he discussed the factors associated with adolescent deviancy as related to parent behaviours, perceptions and expectations. In his study (Streit, 1980), the first factor associated with adolescent deviancy concerns drug use, which is the topic discussed in the next section of this chapter.

### 2.2.2 Meaning of drug use for adolescents

This second part of the literature review discusses the use of drugs by adolescents and some of the characteristics of the youths who use drugs. These characteristics refer to various perspectives on the classification of drug abuse in the literature; however these classifications were not necessarily used in this research. In this text the word "drugs" means all drugs, both licit and illicit, when not otherwise specified. The term "drugs" includes alcohol, marijuana, hashish, barbiturates, nonmedical psychotherapeutic drugs, "LSD" (Lysergic Acid Diethylamide), inhalants and solvent substances, "PCP" (Phencyclidine Hydrochloride), opiates, heroin, and their derivatives. This chapter also presents information concerning the extent and patterns of drug use, along with some factors which influence the use of drugs by youths.

In his article, entitled "Social Research/Substance Abuse", Haddon (1983) specifies that substance abuse is a theoretical construct, which attempts to promote wider discussion on the concepts of drug addiction, drug abuse, alcoholism, solvent abuse, and so on. In his attempts to define substance abuse, he refers to three categories: (a) involuntary substance abuse, (b) socialized substance abuse, and (c) deviant substance abuse. In the involuntary substance abuse, the abuser is the victim of another's action, such as a medically prescribed drug with side-effects that have not

been made clear to the user. The category of socialized substance abuse covers (a) medically prescribed drugs that are in dispute in terms of benefit, (b) leisure drugs, including tobacco, alcohol, cannabis, and (c) all other ingested substances, which are accepted by a significantly large sector of society. Abuse of these substances is socially tolerated, despite some dispute over their usefulness and effects. The category of deviant substance abuse covers both the social act of taking substances, in a way that is socially disapproved, and the state of physical and psychological dependence which negates the social component of deviant substance abuse.

In his abstract, Haddon (1983) suggests that "substance abuse" has never been satisfactorily defined and that any assumptions resulting from such existing definitions have damaged the research that has been done (p. 23).

According to Beschner and Friedman (1979), in recent years, increasing numbers of adolescents have become involved in experimentation with psychoactive agents and in the regular and often multiple use of these substances. Moreover, average age, at first use, has declined. Extensive involvement with drugs during the critical years of adolescence is not only a symptom of distress but may adversely affect psychosocial or even physical development. The effects of early use, without intervention, may contribute to long-range, as well as immediate, problems for the individual and the community. Beschner and Friedman state:

Experimentation with drugs by adolescents in the United States has been shown to be extensive. There is clear evidence of increase in the prevalence of use of most psychotropic agents. Whereas only a fifth of adults twenty-six years of age or older have reported ever using an illicit drug, nearly one-third of youths aged twelve to seventeen and well over half of the young adults aged eighteen to twenty-five have reported illicit drug experience. (p. 17-18)

Also according to Beschner and Friedman (1979), it is clear that the age at which drug use begins, has become lower, resulting in increasing proportions of adolescent drug users. Although most adolescent drug use is experimental, occasional or only intermittently regular, the proportion of young people, involved in persistent and multiple drug use, is sufficient to justify concern.

The Sixth Annual Report to the United States Congress (1976), on Marijuana and Health, states that:

The rise in drug use among adolescents has generated concern about possible consequences of use in this group, especially when such use becomes an escape from the demands of preparing for later life.... a better understanding of the motivations for heavy use permit the development of means for early intervention to avert possible lifelong patterns of drug dependency. (p.22)



This statement refers to the concept of prevention which will be defined later in this text (see pp. 50-51).

The factors influencing drug abuse behaviours are related to the large numbers of school dropouts, youngsters "running around loose", or run-aways from home, or the unemployed, aimless individuals, who do not get adequate supervision and guidance, and who have no adequate interests, goals or meaning in their lives. Their central interest, too often, becomes their drug use. As they get more involved in a drug culture they often become involved in illegal activities and come into contact with the criminal justice system. However, Beschner and Friedman (1979) report that most adolescents admit that their reasons for using specific drugs are directly related to the particular effects of a substance. Alcohol and marijuana are known to produce pleasure, as opposed to barbiturates and amphetamines which may be used to help cope with moods or feelings, which the individual wishes to alter or escape, such as depression, tension and anxiety. Psychedelic drugs are usually taken in attempts to expand awareness (pp. 17-31).

Studies have demonstrated that youths are more likely to use drugs during the week and alcohol during the weekends. It is easier, while at school, to conceal and to use intoxicants and drugs other than alcohol. It is more difficult for school teachers to detect whether the student is under the influence of drugs other than alcohol (Beschner and Friedman, 1979, pp. 80-82).

Eschner and Friedman (1979) describe four categories of youth drug patterns: 1) occasional use, 2) experimental use, 3) regular use, and 4) compulsive use. They add that the parental relationship, the youth's attitudes toward the quality of society and the establishment, peers who are involved in drug use, as well as the stormy nature of adolescence, are seen as the factors that influence adolescent drug abuse. Also, they note the effect of emerging new cultural values and lifestyles of the "new generation" and current fads on adolescent drug use (pp. 79-81). While the questionnaire used for this research was intended to obtain information which would have permitted the researcher to classify users according to these categories, responses were such that it became impossible to do so.

Mayer and Filstead (1980) suggest that adolescent alcohol problems are multidimensional. Multiple causes, circumstances, and conditions have to be considered in understanding the use of drugs by youths. No one factor, such as pursuit of pleasure, relief from boredom or psychic distress, peer influence, or family problems, can adequately explain the youngsters' drug involvement. How available is the substance to them? In which area (rural, urban) do the youths live? To what subculture does the person belong? Dembo (1978) reports that the specific features which the youths select, orient toward, and affiliate themselves with, from the sociocultural and community environment in which

they live, are among the most critical elements in determining involvement in drug use.

At least two literature sources, Seldin (1972) and Stanton (1979), indicate that peer and family behaviors and standards are, for most youths, the sources of greatest influence. Relationships between "students' and their parents' use of drugs" and between "students' and their closest friends' use of drugs", have been demonstrated. These studies remain inconclusive in determining whether delinquency tends to precede drug use, or if given personality patterns actually precede the addiction, or whether it emerges afterwards.

When parent-child relations are explored by Seldin and Stanton, in order to determine the influence of the parent-child relationship on the youths' drug use, four areas are related to youthful drinking: (1) The youths' perception of their parents is highly associated with drinking, (2) children who feel accepted by their parents drink less than those who feel rejected, (3) children who report firm control by parents, drink less than children who report lax control, and (4) children who report less tension in relationship with their parents, report less drinking than children who sense a great deal of tension.

In his research review, from 1966-1980, concerning adolescent problems, Streit discusses alcohol and drug abuse as a factor associated with adolescent deviancy. He con-

cludes, from his review, that the behaviours and attitudes of the parents do not appear to explain the drinking patterns of the youths. It is found that parent-child relations do not relate directly to drug use, but it is also reported by Streit (1980) that drinking patterns are consistent with the use of marijuana.

To the contrary, Beschner and Friedman (1979) report that studies have shown that "parents greatly influence the drug use behavior of their children through the quality of parent-adolescent relationship, the behavioral models parents provide, parental expectations and the degree to which deviance is tolerated in the household" (p. 40). Other studies conclude that the majority of the youths who drink, do so moderately and responsibly. Among the best predictors of drinking by youths, are the attitudes and the behaviours of their parents in regard to alcohol. A youth is not deterred by having a problem drinking parent. In such cases, according to Stanton and Todd (1982), the drinking is not the problem as much as is the social maladjustment due to the gross instability of the family.

Furthermore, Barnes' study (1977) indicates that adolescents learn how to drink from their peer group. The excessive drinkers do not feel close to their families; rather they feel loosely controlled by their mothers and rejected by their fathers. Drinking does not cause antisocial acts by adolescents. The adolescents who drink heavily commit a

high proportion of antisocial acts when they are "cold sober". In fact their behaviour is reported to be worse when sober than when drinking.

Streit (1980) reports studies, within delinquent populations of youths, which revealed that heavy drinking is present far more often in previously institutionalized boys as compared to nondelinquents and that it is not related to socio-economic class. More abstainers are black and fewer blacks are problem drinkers. More drinking girls, among adolescents, use a car without authority, have fights involving guns, destroy public or private property, etcetera, than nondrinking girls. Among delinquent girls who drink heavily there is clear evidence of poor relationships within the family (pp. 4-6).

Streit (1980) states that, within alcoholic populations, antisocial behaviour in childhood is related to later adult drinking. Youths whose fathers show antisocial behaviour tend more to become alcoholic than youths whose fathers have few problems in self-concept development. Such youths have difficulty in learning socially acceptable roles for their own behaviour, and in establishing meaningful interpersonal relationships.

Studies by Kandel (1978) are referred to by Feschner and Friedman (1979), by Streit (1980), and by Stanton and Todd (1982). The purpose of Kandel's studies is to learn the influence of parents and peers combined with personal quali-

ties of the adolescents, on involvement with the various stages of substance use. Streit (1980) states that:

Among researchers in the field of alcohol abuse and alcoholism, there is disagreement as to whether there has been an actual increase in the use of alcohol among college students or whether there has just been better reporting and increased awareness of the problem. However, there is agreement for a need to learn more about the pattern of factors which predict or explain excessive drinking. (p. 13)

Kandel's study (1975) on youth drug use proposes that there are three stages in drug use, and that each has different concomitants. The first stage, characterized by the use of licit drugs, such as alcohol, is seen mainly as a social phenomenon. The second stage involves use of marijuana and is also primarily peer-influenced. In the third stage, frequent use of the illegal drugs appears contingent upon the quality of the parent-adolescent relationship.

Some studies illustrate the parents' and siblings' characteristics seen in families of youths using drugs. Stanton and Todd (1982) state that, in the family of male addicts, "the mother is involved in an indulgent, enmeshed, overprotective, overly permissive relationship with the addict, who is put in the position of a favored child. Fathers are reported to be detached, uninvolved, weak and absent"

(p. 9). In this stereotype of family, the addict describes the father-son relationship as being quite negative, with harsh and inconsistent discipline.

According to Stanton and Todd, peer groups have little or no influence on youth drug use, as long as the family remains strong. They add that female addicts are reported as being in overcompetition with their mothers, while their fathers are described as inept, indulgent of them, sexually aggressive, and often alcoholic. They noted that, for families of both male or female youths, parental deprivation is frequent and, furthermore, separation or death of a parent, most often the father, is common before age sixteen (p. 4).

Streit (1980) reports that studies show that the children of drinking parents are only a little more likely to drink than the children of nondrinkers. The difference is so small that the behaviours and attitudes of the parents do not appear to be able to explain the drinking pattern of the youths. In general, though, research data supports the influence of the family in the youths' subsequent alcohol behaviour.

In their report for the Addiction Research Foundation, Smart, Goodstadt and Sone (1977) find, in their study on alcohol and drug use among Ontario students, that a) most students use drugs other than alcohol, tobacco, and cannabis very infrequently (i.e. one or two times in the preceding year, b) more drug use occurs in older than in younger stu-

dents and the peak is at age 16 or 17, and in grade 11, c) males more often than females report the use of alcohol, cannabis, and other drugs, and d) most types of drug use are more common among students with lower grades in schools. This study indicates that there is also a significant relationship between gender and the frequency of cannabis use and alcohol consumption; more males use these drugs more often than females.

The review of literature concerning adolescent drug use, has illustrated, to some extent, the influence of factors which characterize the use of drugs by youths. The next section of the literature review will describe the crisis intervention model of treatment, which constitutes the theoretical framework utilized for the delivery of the drug program.

### 2.3 CRISIS INTERVENTION MODEL

The literature search includes a review of the theoretical framework, used in the drug program at the John Howard Society of Windsor and Essex County. Crisis intervention theory offers the main theoretical framework for this program and is therefore briefly reviewed here. While there are contrasting opinions about the effectiveness of crisis intervention, as compared to long-term intervention, it is assumed for the purpose of this research that such intervention is effective. The positive aspects of this intervention



technique constitute the rationale for using this intervention model in the John Howard Society's drug program. For these reasons, too, this research will therefore focus primarily on the positive aspects of this intervention model.

In the literature, it is apparent that the crisis intervention theory evolves through the work of Eric Lindemann's classic study of grief reaction and is developed further by Caplan (1964) and Rapaport (1974). These authors define a crisis as "an upset in a steady state". In this formulation, crisis refers to the state of the reacting individual, who finds himself in a hazardous situation. The problem can be perceived as either a threat, a loss, or a challenge.

C.P. Ewing (1978) describes seven aspects of crisis intervention in psychotherapy. They are:

-- Crisis intervention must be readily available and brief.

-- Crisis intervention deals not simply with individual clients but with families and social networks.

-- Crisis intervention addresses itself to no singular definition of crisis but rather to a wide range of human problems.

-- Crisis intervention is focused on the client's present problem, and it seeks not only to resolve the presenting problem, or "crisis", and to relieve symptoms, but to help clients develop more adaptive mechanisms for coping with future problems and crises.

-- Crisis intervention is reality oriented.

-- Crisis intervention requires therapists to take non-traditional roles in dealing with their clients.

The intervention applied by the staff of the John Howard Society's drug program, is also characterized by the above seven aspects of the crisis intervention.

During a crisis situation, in order to understand what is often a highly volatile and emotionally charged picture, and to take advantage of the client's high motivation for relief of discomfort, the worker seeks answers to the following questions:

1. Does a crisis situation exist?
2. At what point in the process are the workers entering?
3. Why is the client asking for help now?
4. What should be the goal of the interview?
5. What tasks have to be carried out in order to achieve these goals?

In its period of implementation, the drug program was conceived in order to implicitly answer each of these questions. Consequently, these questions reflect the complexity and the reality-oriented dimension of the crisis intervention approach.

In order to facilitate the execution of this type of intervention, Fwalt (1973) reports three tasks for the crisis therapists. These tasks are:

— First, the workers attempt to collaborate with the family to attain a cognitive grasp of the family's salient problems.

— The workers then attempt to foster an awareness in each family member of their own and others' affective responses, causing and resulting from the problem.

— Finally, they attempt to mobilize the resources of the individual family members, the resources of the family as a whole, and the resources of the community, including further services of the clinic, or other resources.

One of the widest surveys of utilization of crisis intervention, as psychotherapy with youths and families, is the Parad and Parad study of 1968. The data, based exclusively upon the therapist's rating at termination, indicates that, in 68.3% of 1,165 cases, the presenting problem is improved; in 63.1% of these cases, the clients' ability to cope with stress is improved; in 36.1% of these cases, the clients' underlying personality problems are improved. It is apparent that, in this survey, the factors studied are overlapping and therefore do not represent discrete values.

In addition, the results of Straton's (1975) pilot project show that juvenile offenders, who receive family crisis intervention upon their initial involvement with law enforcement agencies, are found upon a six month follow-up to have committed fewer offenses.

For the delivery of the drug program offered at the John Howard Society, the counselling learning model of intervention, developed by Charles A. Curran (1972), is utilized. In this new model, the role of the counsellors corresponds ideally with the three phases of intervention as follows:

— During the first phase, the workers show warm acceptance, listen and give understanding responses. They share knowledge of the issues discussed.

— In the second phase, called the role reversal phase, the learning clients have acquired some ability and recognize some errors and inadequacies about themselves, concerning the problem presented. The clients may then manifest some resistance. The clients, as informed persons, may become anxious but not threatened.

— In the third phase, the resistance has disappeared and the contact between the clients and the workers should tend to be characterized by serenity. The workers ask the members of the family to accept, to understand and to respond with their understanding of the messages provided during the program.

This model is comparable to the Rogerian's response "at the feeling and cognitive levels". A concrete application of this model is illustrated further in the discussion of the "three sessions program process", based on Curran's three phases of treatment (see pp. 62-64).

This chapter presented a brief review of the literature on program evaluation, on adolescent drug use, (as it relates to the nature of adolescence and to the meaning of drug use for teens), and on the crisis intervention model of treatment. The next chapter will emphasize the need for evaluating programs at large, but more specifically drug programs for youths.

## Chapter III

### NEED FOR EVALUATING DRUG PROGRAM

The literature supports the need for drug program evaluation (Schaps, DiBartolo, Moskowitz, Palley, & Churgin, 1981, pp. 40-41). This need is better understood when one examines the problems caused by adolescents who use drugs, the relevance of these problems to Social Work, and the issues and implications which these problems evoke.

#### 3.1 THE PROBLEM TO BE INVESTIGATED

From the John Howard Society's perspective, the major purpose of the drug program is the prevention of drug related-crime. The target population of this program includes the juveniles who are identified as drug users, their families, their schools, and the Police or other Social Agency personnel who deal with the juveniles and their families. It is believed that a drug program will affect youths' decisions about their use of drugs.

The problem that animates the present research is the negative effect of continued drug use on the lives of the youths, their families, their friends, and their community.

Ontario Justice Statistics 1984 indicates that in Essex County only seven youths were drug offenders, known to po-

lice for the year 1983 (p. 179). Of this total, four juveniles were from Windsor (p.181). One might wonder why so few youths are officially known as drug offenders while use of drugs by youths appears to be much more extensive, based upon information from other community sources.

The first issue, raised in this research, is the question of the effectiveness of the drug program, when measured in terms of the Agency's intended goal of crime prevention. Evaluating treatment outcomes, in terms of the program's objectives, is essential.

The objectives of the treatment program for youthful substance abusers might be summarized as follows:

-- To bring about a resolution of the drug related problems (e.g. at school, at home, with the law).

-- To bring about behavioural changes in stopping or reducing drug use, returning to school and respecting school discipline, improving peer associations, and stopping or reducing conflict with the law.

-- To increase client knowledge about drug use (e.g. the medical, legal, and social consequences).

-- To develop an awareness in the youths of the consequences of substance abuse and of the availability of counselling resources.

-- To improve communication about drug use with parents.

This research addresses three of these objectives: (1) the relationship of the youths with the schools and the law enforcers, as stated in the first objective, (2) the behavioural changes, expected from the program, as expressed in the second objective, (3) the communication between youths and parents, as stated in the fifth objective.

The second question, addressed by this research, relates to the effectiveness of this program in terms of outcome evaluation. "Outcome Evaluation", according to Grinnell (1981), is "the process of determining the actual results achieved by having implemented the selected course or courses of action. The results may include both those related to the primary policy objective and results related to secondary objectives held by the policymaker" (p. 296). Establishing outcome measures, or dependent variables, determines the effectiveness of the program. The outcome measures are the youths' recurrences of drug use and recurrence of school suspension, their school performance, their behavioural changes toward authority figures, family members and friends, and their own and their families' relationship with the referring agents. Dependent variables should reflect the situation that exists and be indicative of the problem investigated and evaluated. Does the independent variable, which is the drug program itself offered by the John Howard Society of Windsor and Essex County, alter the problem situation in a favourable manner? How do we determine whether



the effects of the program are the particular effects we are interested in producing?

It is assumed that a crisis (e.g. suspension from school) precipitated the entry of the youths into the program. The therapeutic approach used in the John Howard Society's drug program is based on a "crisis intervention model" and so a review of the relevant literature included material on "crisis intervention". The present research is result-oriented, focusing on the treatment outcomes reported by the John Howard Society's own files, school and service program reports, as well as police records. In conclusion, the primary purpose of this research is to determine the effectiveness of the John Howard Society's drug program in terms of that program's own stated goals. The next section clarifies the relevance of evaluating drug programs, for social workers.

### 3.2 RELEVANCE TO SOCIAL WORK

The relevance of evaluating a drug treatment program to social work as a whole lies in the relationship between young drug users and their family members. As the family is a basic unit of the community, so substance abuse has repercussions in the individuals, their families and the wider community.

The preceding literature review, on adolescence and youths' drug use, identifies some of the characteristics and

factors that influence youths' substance abuse. This literature review also provides a better appreciation of substance abuse and its consequences, and provides a starting point for social workers in constructing a substance abuse program.

The emotional and economic cost, for individuals, families, communities, and governmental bodies, is one of the consequences of youths' drug use that must be addressed. Social workers carry part of the responsibility for ensuring the best delivery of service to the population at all levels (e.g. to the individual, family, community, and government).

This research intends to provide a direct feedback to the John Howard Society and its staff about the effectiveness of their drug program. Evaluation research may be used not only to measure outcome results, as stated at the beginning of this paper, but it may also be used by the Agency's administration to make decisions regarding the need to alter, to maintain, or to increase the delivery potential of this program. Thus the aim of this research is to demonstrate whether the John Howard Society's program helps to alleviate the social problem of substance abuse by youths, and further, to provide useful data to other local professionals intervening in drug related problems.

The personal interest of the researcher, in evaluating this program, evolves from his partial involvement in providing this service and from his belief that more accurate

feedback to the Agency, about this program, will be beneficial to clients, staff and administration. It is also anticipated that the benefits of a research-oriented evaluation process for the Society's programs will become apparent.

This section of the research emphasizes that the use of drugs by adolescents affects the individual, family, and community in society. This is why the use of drugs by youths is a major element of concern to social work. Evaluation of services, which addresses this concern, is, therefore, relevant to social work. The next section of this research further explains the issues, which relate to drug use, for social work.

### 3.3 ISSUES FOR SOCIAL WORK IN RELATION TO DRUG ABUSE

The major consequences for social work with the troubled youths and their families relate to the psychological, developmental and familial phases of adolescence. They particularly pertain to drug issues as briefly presented below.

In the late 1960's and through the 1970's, drug consumption presented a national crisis on many levels - individual, familial, social, economic, etcetera. According to Beschner and Friedman (1979), there were three specific drug issues which surfaced and received considerable attention from the media in these years. They were (a) the movement to decriminalize marijuana, (b) changing patterns of psycho-

therapeutic drug use, and (c) the increase in multiple-substance abuse patterns.

Stanton and Todd (1982) offer a comparison between adolescent abusers and adult addicts in order to demonstrate that their respective families have to deal with similar main issues, namely:

\_\_ The chronicity and severity of use: common to both groups.

\_\_ The peer group: the influence of the peers' subculture of adolescent abusers is less important relative to the influence of their families.

\_\_ Criminal activity: again common to both groups.

\_\_ Extra-familial systems: youths are less likely than adults to have multiple extrafamilial systems but those existing must usually be considered in therapy.

\_\_ Recruitment: the application of family therapy for adolescent drug use is much more widespread than it is in treating adult addicts.

\_\_ Leverage: the family therapist usually has more control in treating families of adolescents than families of adult addicts. This leverage, due to the youths' dependence on their parents, implies that the result of a family intervention is more likely to be beneficial than for adult addicts.

\_\_ Life-cycle stage and development crises: where the family is in a state of crisis, and the problem manifested

by one member is an attempt by the system to resolve the crisis.

Stanton and Todd (1982) define crisis as a breakdown of the rules that had previously governed the family interaction satisfactorily. Prior to the youngster's adolescence, the family's way of interacting and its structural composition were adequate. With adolescence however, the youngster incurs new developmental needs that require the family to change its habitual patterns of interaction. The crisis occurs when a rule that previously functioned adequately stops working. A period of uncertainty ensues in which the family consensus has broken down. At this point, symptoms of family dysfunction due to youths' drug use, emerge. The symptom emergence is a way of reestablishing homeostasis. It thus provides a kind of "solution" to the family's transitional dilemma (pp. 336-340).

In brief, the major issues for social work in relation to drug abuse are related to the legal domain, the individual and family dynamics, the societal norms and expectations, as well as the psychological components and the individual's and the family's social network. The implications of these issues are detailed in the next section.

### 3.4 IMPLICATIONS OF THE MAJOR ISSUES

For social work services, implications of the major issues, raised by the youth drug program, concern the education, prevention, and treatment for youth drug users. Beshner's and Friedman's (1979) definition of prevention is all inclusive in that it addresses education, prevention and treatment. They delineate three levels of prevention as follows:

1. Primary prevention: the prevention of drug abuse in a previously uninvolved population.
2. Secondary prevention: the prevention of the progression of drug abuse in an involved population which does not as yet have residual disability from its drug usage.
3. Tertiary prevention: rehabilitation of the drug-abusing population which has significant residual disability as a consequence of its drug involvement (p. 113).

Physical and psychological dependency on drugs generally develops over time (Mills, 1984) and becomes more problematic to the user at a later age. Intervention or treatment may however, be indicated before physical addiction or psychological dependency develops. As it is recognized (Barresi and Giglietti, 1975) that the drug abuse treatment system has not been responsive to the special needs of youths, cur-

rent treatment modalities do not employ the kind of services required to meet these special needs (Amini, 1982). Further, there has not been enough attention paid to the task of creating treatment and rehabilitative environments that attract youngsters. Many drug clinics tend to be bureaucratic in structure and are viewed by youths as an extension of parental authority. Parents are also reluctant to refer their youths to drug abuse centres for fear of stigmatization. The development of treatment programs employing former drug users would probably appear more acceptable and attractive to the young drug user (Beschner and Friedman, 1979).

In recognition of the complexities involved in dealing with the problems of youth drug use, there is a need to develop a realistic, even though limited, treatment approach, which addresses as many facets of youth drug use as possible. First, it must be made clear that the problems associated with youthful drug abuse cannot be addressed by the drug field alone. Mayer and Filstead (1980) suggest that adolescent alcohol problems are multidimensional and that the pattern of alcohol use may have greatly differing meanings at different stages of adolescent development.

Drug agencies need to develop better working relationships with other health delivery services and social service organizations. It must be understood that in attempting to address the problem of youthful drug abuse, one must take a holistic approach. There is also a need to identify, develop

and test early intervention and treatment models which offer alternatives that are of interest to youngsters.

Social workers are the specialists in case management, with service representatives dealing with youth drug users and their families. The development and provision of crisis intervention centres and hotline services along with professional counselling, group therapy and family therapy are necessary for these youths. Social workers are experts in these areas. The adolescent drug user needs peer counselling or mediation programs, and vocational training groups along with educational and referral services. Social workers must encourage and facilitate the development and the operation of 'run-aways' houses, group homes, alternative agencies, therapeutic communities, half-way houses, out-patient clinics, school programs and youth centers (Beschner and Friedman, 1979, pp. 538-564).

More specifically, from the literature (e.g. Stanton and Todd, 1982), the implications for social work with the youths and families appear evident in the area of family therapy (p. 341). The fact that most adolescents still live emotionally, socially and economically as part of their families has led to the development and use of various types of family intervention in treating adolescent drug users. A common approach for drug programs is to combine family therapy with individual and peer group therapy. Beschner and Friedman (1979) state that:



Some of the principles of the family therapy techniques discussed in the literature include the following: the therapist should (1) be aware of the essential reciprocal nature of human relationships, (2) be keenly aware of and alert to the current "here and now" interactions, transactions and covert feelings between the family members occurring during the session and help clarify them and intervene to make constructive use of them, (3) work to clarify communication and understanding between family members, (4) work for spontaneous, open, pleasant, and affectionate communication and expression of emotions and reduce tendencies for rigid suppressions, denials, and facades, (5) by his or her own empathy increase gradually the empathy, caring and concern of family members for each other and (6) be a "real person" to the family and make constructive use in the therapy of himself or herself, his or her personal feelings towards and about family members, his or her knowledge, experience and technical knowhow. (p. 566)

Some approaches in family therapy involve a combination of enhancing and clarifying communication and individual psychodynamics wherein the restructuring of communication processes naturally leads to the exploration of individual

psychodynamics within the family system. These approaches make possible the working through of individual conflicts and concerns within the ready-made communication structure of the family system.

Stanton and Todd (1982) suggest, for example, ways to deal with the youth's resistance to family involvement, by reframing and enactment techniques, by the use of boundary making, by diminishing overcontrol and by establishing parental control. They also emphasize the need to use an intensity technique by which the therapist controls the degree of impact so that the message goes above the family's homeostatic threshold. Finally, Stanton and Todd (1982) use unbalancing techniques, in which the therapist upsets the homeostasis by siding with one individual or subsystem. In this technique, the therapist is in constant search for strengths in the individual. They also utilize role complementarity in the family (pp. 355-357). Finally, they summarize the impact of their approach as follows: •

Within this therapeutic framework the therapist has many options for bringing about organizational and transformational change in the family....our experience indicates that the approach described can be very effective in attaining desired goals and in producing change in families with an adolescent drug abuser. (p. 357)

Many more implications for social work with youths and families exist on the individual, familial and community levels. The literature review has only partly covered some facets of the implications related to the major issues of adolescent drug use, and concludes the present section.

In order to clarify the need for evaluating the John Howard Society's drug program, this chapter has examined the problem and studied the process of evaluating the drug program from the several perspectives as noted.

The following chapter describes the youth drug program, delivered by the John Howard Society of Windsor, and Essex County.

Chapter IV  
THE PROGRAM

4.1 PHILOSOPHY AND GOALS

This chapter describes the John Howard Society, its philosophy, and its goals. It also appears pertinent to describe both the Society and the drug program as the relationship between the Society and the drug program may be a factor which influences the effectiveness of the drug program under study. In addition, this chapter describes the process of the drug program.

As described in the Society's manual of "Policies and Practices", the John Howard Society of Ontario was founded in 1929 and was incorporated in 1950. It is a chartered, non-profit, community-based organization. The John Howard Society of Windsor and Essex County, a Branch of the John Howard Society of Ontario, was formed in 1949. It operates under the provincial charter of the Society. The John Howard Society of Canada, a federation of provincial societies, was created in 1961 in response to the federal government's desire to relate to one national organization, rather than a series of independent provincial societies (Manual of policies and practices, pp. 58-61).

The general philosophy of the John Howard Society is that prison, except for its essential function of detaining the dangerous criminal and providing an element of deterrence, is not an effective way of reforming most offenders. The Society believes that more effective alternatives to prison can be developed with the input of citizens and through local community involvement in the delivery of these initiatives. The Society also believes that the control and prevention of crime must deal not only with the criminal, but the victims and the impact of crime on society.

As a nongovernmental group of citizens, the Society endeavours to develop understanding of the problem of crime and the criminal justice system. The Society believes that its membership represents the diversity of the community and thus has the ability to be more flexible and responsible in the use of the resources to respond to correctional needs.

As described in the "Statement of Minimum Standards for the Administration and Provision of Service", included in the manual "Policies and Practices" of the John Howard Society of Windsor and Essex County, the philosophy of the Agency is based on two fundamental assumptions. They are as follows: (a) crime is a fact of social living, (b) crime threatens the safety, well-being and freedom of the community.

"By-Law #1", included in the above named manual of the John Howard Society of Windsor and Essex County, defines the objectives, purpose and goals of the Society as follows:

3

— To promote the study of crime causes, of crime prevention, and of all phases of the correctional process.

— To assist in the social rehabilitation of discharges from the jails, reformatories and penitentiaries of Canada.

— To co-operate with any other social service agencies, engaged in any aspect of penal discharges, offenders' work and with those departments of the Federal, Provincial and Municipal Governments of Canada, which are likewise concerned.

— To provide casework training for students assigned by the school of social work.

— To engage in programs of education, crime prevention and rehabilitation in the city of Windsor and county of Essex and set up whatever committees are required for this purpose.

The Society's basic aim is to develop programs and activities which involve citizens, through community education and training of volunteers, who will assist in the development and delivery of the Society's programs. The rehabilitation of the criminal, through community involvement and counselling services, is a primary goal of the Society.

The program chart of the John Howard Society of Windsor and Essex County reveals that the Society is mainly supported by community funds, through the United Way of Windsor and Essex County. Other funds come through service contracts

with Correctional Services Canada, and with the provincial Ministry of Correctional Services. The juvenile drug prevention program is funded, on a yearly basis, by the United Way of Windsor and Essex County.

The John Howard Society of Windsor and Essex County is a nongovernmental counselling agency which, since 1949, has provided assistance to individuals involved in the criminal justice system. The Society is involved at three different levels of intervention, namely the primary, secondary and tertiary levels. At the primary level of intervention, the target population has not been involved in the legal system. The secondary level of intervention applies when the target population is involved in the legal process or is incarcerated. Post-incarceration after-care constitutes the tertiary level of intervention.

In 1974, this Society became more active in the pre-charge and secondary prevention level in order to meet its prevention goals. In 1981, through a specific drug program for juveniles, initiated and developed by the Addiction Research Foundation, the John Howard Society started to assist youths involved in the use of drugs. Most of the information describing the development, the implementation, and the regulations of the drug program is contained in the "Alternative source of service delivery for continuation of the short term crisis intervention for youth-alcohol/drug involvement program".

In October 1978, the Windsor Board of Education adopted a policy of suspension for juveniles found to be in "possession" of drugs, "trafficking", or "being under the influence" of drugs, while at school or in extracurricular activities. These youths are suspended from school for a period of ten consecutive days. They are required to attend a three session counselling program, provided by the John Howard Society, before being readmitted to regular classes.

The principal must notify the pupil, the teacher, the parents, the Board of Education and the appropriate school attendance counsellor. The parents have the right to appeal the principal's decision in the next seven days after the suspension.

Should this "offense" be repeated, the student may be suspended for twenty days and the drug program will be required again. A hearing must occur before the fifteenth day following the student's expulsion from school. If there is a third occurrence, the person is subject to a permanent expulsion from school.

In this research, the suspension is assumed to be a precipitating factor which causes a crisis situation for the youths, families and the schools. Precipitating a crisis and then mandating a three session counselling program, is intended to help the youths and the families to grow and make decisions about the use of drugs. Because school suspension is deemed to be a crisis, this is an additional reason for



the drug program to focus on the crisis intervention model of treatment.

The purpose of this policy is to provide (a) a uniform set of procedures for this type of drug concern at school, (b) a form of rehabilitation, (c) a protection for the youths involved in this offense and for other students.

The goal of this policy is twofold:

- \_\_ Punishment, through school suspension.
- \_\_ Rehabilitation, through referral to the drug program.

The intent of the second goal of this policy is to provide a positive learning alternative to juveniles who are involved in drug-related occurrences at school, at home or in the community. For this reason the drug program focuses on the crime prevention approach.

The goals of the rehabilitative counselling program are:

- \_\_ To reduce or stop the youths' substance abuse.
- \_\_ To diffuse the crisis created by the school suspension.
- \_\_ To provide information about the substance used.

This research addresses only the outcomes as they relate to the first two aforementioned goals. From the John Howard Society's perspective, the main goal of the drug program is to prevent the juvenile from committing drug-related crimes. In this sense these program goals are directly re-

lated to the John Howard Society's goal of crime prevention, as previously noted.

This concludes the first section of this chapter, which outlined the philosophy and the goals of the John Howard Society and how they relate to those of the drug program. The following section of this chapter explains the process of the drug program.

#### 4.2 THE PROCESS

The Curran model, previously presented in the review of literature, is applied in the delivery process of the John Howard Society Program. This model includes three specific phases which are described in Chapter two, in the subsection "Crisis intervention model" (see pp. 36-41). The program consists of three sessions of approximately one hour each. It ideally starts when the youths, the family members, or the referring agents, call the John Howard Society in order to set a first appointment. This is called the first contact (Appendix D). On this occasion, all the information of the intake sheet (see Appendix D) is recorded. The worker explains the modality and the purpose of the program. Parents are encouraged to participate in the drug program.

Usually, the youths are referred by their school representatives and their participation is a mandatory condition for readmission to school. These referrals are considered as involuntary clients by the Society. Sometimes the youths

are referred by their family members, their counsellors or their friends. These youths are considered as voluntary clients by the Society.

During the first interview, the worker acts as a listener and focuses on the youths' version of the drug-related occurrence, which resulted in the referral to the drug program. The worker also listens to the family member's reaction. A questionnaire, containing information (medical, legal and social) on the substance used, is completed to facilitate a discussion about the substance used. Literature and pamphlets on the substances are also provided. This constitutes, for the worker, the "listening" part of the three session program process.

In the second session, audio-visual material is used to inform the youths and their families about the effects of the substance used. A discussion, about the information presented, follows between the members participating in the session. This constitutes the "factual information" part of the drug program.

In the third meeting, an "evaluation" on the content and process of the program is completed by the youths and the families who participated in the first two sessions. The youths, the family members, and friends or counsellors (referring counsellors and John Howard Society' staff) present their own assessment of the youths' substance involvement. Subsequent to this assessment, the John Howard Socie-

ty's worker makes recommendations about further treatment. The worker also suggests community resources that might assist the youths or the families. Ongoing counselling, with the John Howard Society, remains an alternative. This is the phase of mutual feedback between the youths, the other participating members (family, friend or referring counsellor), and the drug program worker. This feedback focuses on the assessment of the drug used by the youths and its consequences for the current family functioning.

After the program ends, participating youths are encouraged to report by telephone on their progress in following the recommendations made to all parties during the last session. However, in the majority of instances, the follow-up phone call is made by the worker as the youths may forget or be reluctant to call.

These three contacts and the follow-up contact are independent variables of the drug program, against which other dependent variables, such as those provided in the questionnaire (see Appendix L and M), are examined.

This program is staffed by two social workers, who have received specific training from the Addiction Research Foundation, for this purpose.

The process of this program, namely the number of session(s) attended by the youths and other participating members, is also used in the design of this research, and is clarified in the following chapter.

Chapter four outlined the philosophy and the goals of the John Howard Society and the drug program. The process of the drug program was also explained. The next chapter will detail the research methodology.

## Chapter V

### METHODOLOGY OF THE STUDY

This research is classified as an outcome evaluation which uses a quantitative-descriptive design, as defined by Grinnell (1981). The review of literature on program evaluation previously elaborated on the nature of such research. The logic of this approach comes from the fact that this study is retrospective and based on descriptive data. According to Tripodi (1969), in program evaluation research, the hypotheses are not typically derived from theory. This evaluation research, frequently derived from practical interests, is concerned with some aspects of the effect of a program. When describing program evaluation, as compared to other types of research, Tripodi states that the primary distinction is that of the researcher's purpose and specifies that "In a study which seeks quantitative relations between variables, the investigator attempts to discover correlations among the variables he includes in the survey. These correlations are then used to form the basis of hypothesis for future research investigations" (p. 140).

Contrary to other research methods, program evaluation does not seek necessarily to confirm hypotheses. For this reason, this research, which is a program evaluation, re-

reflects the assessed effectiveness of the John Howard Society's drug program, as determined by the perception of the following: (a) the John Howard Society's reports, (b) the schools' and service programs' responses, and (c) the police departments' records.

This chapter, on the research methodology, includes: (a) the purpose of the research, (b) the research design, (c) the research questions, (d) the operational definitions, (e) the data sources, (f) the sample selection, and (g) the data collection instrument, used for the purpose of the drug program evaluation, as well as (h) the limitations of the research.

### 5.1 PURPOSE OF RESEARCH

This research is an outcome evaluation of the youth drug program, offered by the John Howard Society of Windsor, between 1981 and 1984. For the purpose of this research, it is important to know that the outcome of the drug program relates to two rehabilitative goals of the Windsor Board of Education's policy, discussed earlier in chapter three. They are:

\_\_\_ To reduce or stop the youths' drug related involvement.

\_\_\_ To diffuse the family crisis, created by the school suspension or by the families' awareness of the youths' substance involvement.

The purpose of this research is to determine if the drug program affects positively the population of youths who participated in the program.

This research will identify the characteristics, significantly related to the desired treatment outcomes, of the drug program participants. This research will also evaluate the impact of the program experience upon substance abuse clients. The objective of the research is to develop a clear and accurate statement about the current effectiveness of the program. This statement may in turn provide direction for the delivery of service and for determining future policy in regard to this program.

## 5.2 RESEARCH DESIGN

Program evaluation is a method of research which utilizes one of the techniques for evaluating programs called "outcome evaluation", which can be used at different stages of program development (see p. 9). According to Tripodi's (1983) evaluation stages, this research may be categorized as a survey which intends to evaluate the effectiveness of a program in a stage of implementation (see p. 9). This research, even though it has a quantitative-descriptive character, uses a program evaluation design and utilizes data from the John Howard Society's files, the referring agents' perception of youths' changes, as reflected by the responses to the questionnaires completed by the referring agents (see Appendixes L and M), and the police reports.



### 5.3 RESEARCH QUESTIONS

The research questions, investigated in this research, are:

\_\_ What are the demographic characteristics of the participants?

\_\_ What happens to the youths who were referred to the drug program between 1981 and 1984? At least five subsidiary questions are drawn from this second question, and relate to (a) the youths' subsequent use of drugs, (b) the youths' subsequent suspension from schools or service programs, (c) the youths' subsequent performance at schools or service programs (d) the youths' subsequent behaviour and attitude, and (e) the youths' relationship with the referring persons.

\_\_ Does the drug program affect a change in its participants? Toward whom? Question #7 of the questionnaire (see Appendix I) addresses this issue. In addition, questions #9 and #10 explore the youths' family involvement with the schools and the service programs.

\_\_ Does the program process, in terms of the number of session(s) attended and the nature of the members participating in the drug program, effect the changes in the youths?

\_\_ Is there any degree of dependence and any statistically significant relationship between the variables under study?

#### 5.4 OPERATIONAL DEFINITIONS

The key words for the concepts used in this research are defined as follows:

Drug: For the purpose of this research, it is deemed that alcohol is a drug. This research is concerned with three categories of drugs, (a) alcohol, (b) cannabis, (c) and other drugs (including solvents, hallucinogens, barbiturates, amphetamines, PCP, LSD, cocaine, opium, and heroin). When not specified, this term may mean any drug or all drugs.

Drug program: This phrase refers to the three sessions of the youth crisis intervention drug program, offered by the John Howard Society of Windsor and Essex County.

Prevention: Any or all intervention which will eliminate future drug involvement, avoid school suspension, family discipline problems, and legal problems for youths involved in the John Howard Society's drug program.

Service program: This phrase refers to any agencies or programs, such as group homes, with which the youths are involved or from which the youths have been referred to the drug program.

Use: This word implies use, misuse and abuse of drugs.

Youths: For the purpose of this research, youths are defined as persons between thirteen and eighteen years of age or persons who are in grades eight to twelve, inclusive, at the time of referral.

A number of variables, included in the questionnaires (see Appendix L and M) are also used in this research. Definitions of variable terms, as they are used in the analysis of the data and findings, are provided in the following text. In the following definitions of these variables, references are made to the questionnaires (see Appendix L and M). The following variables are listed according to the order in which they are discussed in the chapters on findings, analysis of the findings, and conclusions and recommendations. These variables are also presented in a similar order in the questionnaires (see Appendix L and M).

Age: This term defines the age of the youths at the time of referral.

Location: Residential address of the youths, at the time of the referral, or locations of the schools or service programs are described in the directory of locations (see Appendix C).

Grade: This term describes the school grade of the youths, referred to the drug program, at the time of the referral.

Substance: When not specified, this term includes respectively (a) alcohol, (b) cannabis, and (c) any or all other drugs (usually hard drugs).

Session: This refers to the meetings with the youths, during the drug program. It excludes the follow-up phone call, between the John Howard Society's workers, the youths,

or their referring agents, which occurs a month after the last meeting.

Member: This term represents the people, or family members, who attend the program with the youths (e.g. father, mother, sister, friend, or counsellor).

Reason for Referral: This is the perceived reason, identified by the referring agents, that causes the youths to be initially referred to the drug program.

Recurrence of use: These words represent the instances of drug use, after the referral of the youths to the drug program. Question #1 provides this information.

School suspension: This refers to the requirement that students not attend school, as a result of action by the school administration, prior to, or subsequent to first referral to the drug program, as provided in the responses to Question #2.

Performance: This term refers to the youth's achievement in the schools, in the service programs or at home, as reported in Question #3.

Behaviour: This refers to the youths' conduct, as reflected in Question #6.

Change: This term indicates the respondents' perceived modification of the youths' conduct with regard to other people, as indicated in Question #7.

Effect: This word refers to the results of the drug program, as perceived by the referring agents and reflected

by Question #8. In this research it is assumed that crisis intervention is an effective model of treatment.

Extent: This term refers to the number of contacts between the families and the referring agents after referral of the youths to the drug program. This is reported in Question #9.

Direction: This term indicates the direction of the family involvement with the referring agents, in terms of cooperation and better rapport, or avoidance and a more distant relationship. This information is reflected in Question #10.

Contact: This term refers to the time of involvement between the youths and the referring agents, as expressed in Question #14.

Relation: This term defines the type of personal involvement (close, uninvolved, or distant) between the referring agents and the youths, as indicated in Question #15.

## 5.5 DATA SOURCES

This research utilizes three sources of information, which are (a) the John Howard Society's files, (b) the schools' and service programs' responses to a questionnaire, (c) and the police departments' records.

The John Howard Society's files provided the demographic information from the intake sheet (see appendix I) completed during the first interview with the youths. In addi-

tion to providing basic demographic data, the intake sheet also notes the source and the reason for the referral, the substance used and the family members who participated in the drug program. The number of sessions attended, along with the date of program involvement, is also available.

For the purpose of this research, twelve schools from the Windsor Board of Education, and four schools from the Essex Board of Education, were given a questionnaire for each youth who had been referred to the drug program. Only one of these schools was not a secondary school from which one referral was received. Nine social agencies were given a questionnaire on each youth referred by them to the drug program.

Three different police departments were approached for this research. One is the Windsor Police Department, and the two others are the Leamington Police Department and the Belle River Ontario Provincial Police Detachment.

For reasons of confidentiality, the Windsor Police Department did not provide individual information, specific to each youth, but provided information about the population of youths who were on their files subsequent to their referral to the drug program. Therefore, it is impossible to conduct a comparison of the individual adolescents. This information was also provided with respect to subsequent "convictions", as opposed to "involvements" of the youths with the police, or "charges" laid against them.

## 5.6 SAMPLE SELECTION

A total of 163 participants were registered in the drug program, between 1981 and 1984. Eleven of these participants were eliminated because major information was not in their files or because they had specifically declined to agree to a release of information even for research purposes. From the remaining 152 juveniles, 30 were eliminated because 19 questionnaires were not returned from the respondents, and a further 12 questionnaires were returned not completed. One youth was a self-referral and was withdrawn from the sample since the perceptions of referring persons were wanted. Two youths, one referred by a friend and the other by a sister, were also discarded for ethical reasons. Four youths, referred by their parents, were also not included as contact with their parents was not possible. Seven youths, referred from 6 different agencies, were not included since either (a) the agency was no longer operating, (b) the staff was not available at the time of the survey, or (c) the agency apparently did not know the person under consideration. A seventh agency was unable to complete the questionnaire, and in eight instances the records were not available.

A total sample of 99 former clients is therefore included in this research. Sixty-four persons, registered in the Society's files between 1981 and 1984, are not included in the research. Of the total sample of 99 youths, 27

youths participated in the drug program in 1981, 27 youths in 1982, 19 youths in 1983, and 26 youths in 1984. In addition, it is noted that 89 of these youths were referred by schools, 7 youths by service programs, and 3 youths by other people (parents).

#### 5.7 DATA COLLECTION INSTRUMENT

This research uses one major data collection instrument, which is a questionnaire, designed for collecting information from schools and service programs. A copy of each questionnaire is provided in Appendix L and M.

At the beginning of June, 1985, questionnaires were sent to all the participating schools through the Windsor Board of Education and through the Essex Board of Education. A letter (see Appendixes E and F), explaining the purpose of the questionnaire, was included. Similarly, questionnaires were sent to the service programs. In addition, the questionnaires were slightly modified to accommodate the uniqueness of the referring settings. A self-addressed and stamped envelope was provided. By the end of September, 1985, all the questionnaires were returned but not necessarily fully completed.

Between June and September 1985, feedback from three police departments was obtained. A letter (see Appendix I) was sent to the police departments in order to obtain the information on the youths' involvement with the police, before and after their referral to the drug program.



The parents of three youths were also interviewed at home and the questionnaires were completed at that time. These youths attended the drug program voluntarily. Because of their small number, these youths were included for the purpose of this research with the youths referred by the service programs.

#### 5.8 LIMITATIONS OF THE RESEARCH

The foremost limitation of this research is that it studies a single drug program; Campbell and Stanley (1963) cautioned about the generalization of results of such a study (p. 17). However, even if the results of this study cannot be generalized, this does not mean that these results cannot be useful.

The fact that the data was obtained from agency records, which occasionally were incomplete, constitutes a second limitation, in that it may reduce the reliability of the data obtained.

A third limitation is created by the fact that this research is retrospective and some information was not available at the time of the research. For example there had been some staff changes in the referring schools or agencies, and records were not always complete.

This research uses an instrument (i.e. the questionnaire) which was not pre-tested; this constitutes a fourth limitation. Some of the questions may not have been understood uniformly by the respondents.

This chapter provided the reader with the main elements of the methodology of this research. These elements are (a) the purpose of the research, (b) the research design, (c) the research questions, (d) the operational definitions, (e) the data sources, (f) the sample selection, (g) the data collection instrument, and (h) the limitations of the research. The following chapter will outline the research findings.

## Chapter VI

### FINDINGS

The data for this research originates from the the John Howard Society's files, the questionnaires completed by the referring schools and service programs, and from the police departments' reports. This chapter outlines the findings based on these data.

#### 6.1 GENERAL DEMOGRAPHIC DATA

The general demographic data provides information on the youths' gender, age, location of residence, and education as well as the particulars concerning the program, including the identity and the geographic location of the referring agents, the reasons for referral, the drugs involved, and the number of session attended by the youths during the drug program. This data also provides information on the people who participated in the drug program with the youths.

##### 6.1.1 Gender

The sample consists of 99 youths, on whom questionnaires were completed by schools' and service programs' representatives.

This sample is composed of 28 females (28.30%) and 71 males (71.70%), for a total of 99 persons. The number of males is two and one half times (2.53) greater than the number of females participating in the drug program.

TABLE 1  
Description of Sample by Gender

Gender	Frequency	Percent
Female	28	28.30
Male	71	71.70
Total	99	100.00

Note: N=99

#### 6.1.2 Age

The age of the youths varies between 13 and 17 years, inclusive, except for one participant, who was 20 years old. Age 15 shows the highest percentage of users (51.00%). This percentage is more than two and one half times (2.68) greater than the percentage of users at age 14 (19.50%). The percentage of participants at age 15 (51.00%), is greater than the combined percentage of participants of all other ages (49.00%). The percentage of youths at age 14, is almost the same as the percentage of youths at age 16. Youths aged 14 to 16, inclusive, account for nearly 90% of the sample. Only 9% of the youths are beyond age 17 years and only 2% are below age 14. The number of drug users at 15 years of

age is more than two and one half times (2.68) the number of users at age 14 and almost three times (2.83) the number of users at 16 years of age. The number of youths of 15 years of age is almost one and one half times (1.37) greater than the combined number of youths of 14 and 16 years of age.

TABLE 2

## Description of Sample by Age

Age	Frequency	Percent
13	2	2.00
14	19	19.50
15	51	51.00
16	18	18.50
17	8	8.00
20	1	1.00
Total	99	100.00

Note. N=99

### 6.1.3 Residential Addresses of the youths

A map (see Appendix B) and a directory of location (see Appendix C), delineating the districts of Windsor is used to identify the location of the youths who participated in the drug program. The John Howard Society's staff compiled all the information for geographic location. A residential address was not available for 21 of the youths, since it had not been recorded on the files of the John Howard Society. The three following tables present the geographic location of the youths' addresses, at the time of their participation

in the drug program. Table 3 gives the frequency and the percentage for geographic location grouped into two categories: the city of Windsor and the county of Essex. The number of referrals from the city of Windsor, 45 youths (57.70%), is not much greater than the number of referrals from the county, 33 youths (42.30%). Only four schools in the county made referrals to the drug program, as compared to 12 schools in the city of Windsor.

TABLE 3

Description of Sample by Location in Windsor and Essex County

Youths Location	Frequency	Percent
Windsor	45	57.70
Essex County	33	42.30
Total	78	100.00

Note: N=78; missing values=21.

In the city of Windsor, the south-west location marked by the number 15 (see Appendix B) shows the highest percentage of referrals (15.70%), accounting for 7 youths. Table 4 indicates that 5 youths (11.10%) are referred to the drug program, from locations numbered 4, 10, 18, and 19, which are mostly situated in the north-east section of Windsor. These four locations, along with location numbered 15, account for some 60% of the referrals. In addition, 4 youths (8.90%)

are referred from location numbered 13, 2 youths (4.40%) are referred from each of locations numbered 12 and 14, respectively, and 1 youth (2.20%) is referred from each of the other locations. No youths were referred from geographic locations numbered 3, 7, 11 and 17.

TABLE 4

## Description of Sample by Geographic Location in Windsor

Youths' Location	Frequency	Percent
1	1	2.20
2	1	2.20
3	0	0.00
4	5	11.10
5	1	2.20
6	1	2.20
7	0	0.00
8	1	2.20
9	3	6.70
10	5	11.10
11	0	0.00
12	2	4.40
13	4	8.90
14	2	4.40
15	7	15.70
16	2	4.40
17	0	0.00
18	5	11.10
19	5	11.10
Total	45	100.00

Note. N=45. See map in Appendix B on which the addresses of the youths are classified by geographic location.

In the county of Essex, 17 youths (51.50%) referred to the program, come from location numbered 23, 12 youths (36.40%) from location numbered 20, 3 youths (9.10%) from

location numbered 24, and 1 youth (3.00%) from location numbered 22.

TABLE 5  
Description of Sample by Location in Essex County

Youths' Location	Frequency	Percent
20	12	36.40
22	1	3.00
23	17	51.50
24	3	9.10
Total	33	100.00

Note. N=33. See map in Appendix B on which the addresses of the youths are classified by geographic location.

6.1.4 Grade

The files from the John Howard Society, as well as the questionnaires returned from the schools and service programs, provided information on the grade standing of only 75 youths. As outlined in Table 6, grade 9 accounts for 34 youths (45.30%), grade 10 accounts for 24 youths (32.10%), and grade 11 accounts for 13 youths (17.30%), referred to the drug program, while grade 12 accounts for 3 youths (4.00%), and grade 8, for 1 youth (1.30%). It appears that the number of drug users is almost nonexistent in grade 8 with one youth only. The number of users in grade 9, 34 youths, is the greatest, and the number decreases, with the same regularity and in the same proportion, by one half in



grades 10, 11, 12. The number of youths in grade 9 is 1.42 times greater than the number of youths in grade 10 and 2.62 times greater than the number of youths in grade 11. Grades 9, 10, and 11 account for 94.67% of the youths who are referred to the program.

TABLE 6  
Description of Sample by Grade Level

Grade	Frequency	Percent
8	1	1.30
9	34	45.30
10	24	32.10
11	13	17.30
12	3	4.00
Total	75	100.00

Note. N=75; missing values=24.

#### 6.1.5 Source of referral

The sources of referral are grouped by location (see Appendixes B and C), and the type of service rendered (schools and service programs). Tables 7, 8, and 9 give the geographic location, the frequency and the percentage of referrals from the referring schools and service programs. A total of 16 schools referred youths to the drug program: 12 of the schools are from the city of Windsor, while 4 of them are from the county of Essex. The number of schools in Windsor is almost three times greater than the number of

schools in the county. Table 7 and Table 8 are concerned with referrals from the Windsor area. Table 9 provides similar information for youths referred from schools in the county of Essex.

A total of three schools, located in geographic location numbered 18, referred 15 youths (28.30%), and 2 schools, located in location numbered 4, referred 14 youths (24.41%). In each of the other locations respectively, only one school referred youths to the drug program. In geographic location numbered 11, 7 youths (13.21%) were referred to the drug program, while in location numbered 15, 6 youths (11.31%) were referred, in locations numbered 16 and 19, 4 youths (7.55%) were referred, in location numbered 9, one school referred 2 youths, and in location numbered 10, only 1 youth (1.89%) was referred.

Table 8 provides similar information related to the service programs. It appears that no service program in the county of Essex referred youths to the drug program. It must be noted that, three referrals from parents were combined with the referrals from service programs, because of their small number. Table 8 shows that 5 youths were referred from 3 service programs, in location numbered 1, while 2 youths were referred from 2 service programs, in locations numbered 18 and 12, respectively, and 1 youth was referred from each service program, in locations numbered 4, 8, and 9, respectively.

TABLE 7

Referring Schools by Location in Windsor, and youths Referred by Frequency and Percentage

Schools' Location	No. of Schools	No. of Youths	Percent
4	2	14	24.41
9	1	2	3.78
10	1	1	1.89
11	1	7	13.21
12	1	0	0.00
15	1	6	11.31
16	1	4	7.55
18	3	15	28.30
19	1	4	7.55
Total	12	53	100.00

Note. See Appendix B.

TABLE 8

Service Programs by Location in Windsor, and Youths Referred by Frequency and Percentage

Service Programs' Location	No. of Service Programs	No. of Youths	Percent
1	3	5	41.67
4	1	1	8.33
8	1	1	8.33
9	1	1	8.33
12	1	2	16.67
18	2	2	16.67
Total	9	12	100.00

Note. See Appendix B.

Locations numbered 1, 12, and 18 are considered east-central Windsor; location numbered 4 is an eastern part of

the city; location numbered 8 is a southern area of Windsor; and location numbered 9 is a western part of the city.

The distribution of the referrals from county schools shows, in general, a greater number of referrals from each school. The 34 referrals from the county come from four schools only; hence more referrals were made from two individual schools, than is the case in Windsor. From location numbered 20, 1 school referred 17 youths, while from location 23, 1 school referred 15 youths, and, from location numbered 22, 2 schools referred 2 youths, only.

TABLE 9

Number and Percentage of Referrals by Schools Located in the County

Schools' Location	No. of Schools	No. of Youths	Percent
20	1	17	50.00
22	2	2	5.88
23	1	15	44.12
Total	4	34	100.00

Note. N=4 schools; N=34 youths. See map in Appendix E.

#### 6.1.6 Reasons for Referral

Some youths were referred for more than one reason, which explains that the total of these reasons is 104. The reasons for referrals, obtained from the intake sheets (see Appendix E), indicate that 76 youths (73.08%) were referred to the drug program for reasons of school discipline, and 9

were referred because of discipline problems in the family. In addition, 4 youths were referred for acute drugs effects, 7 for assistance with drug dependence, and 8 for "other" reasons. The 4 last reasons account for 36.84% of the 104 reasons for referrals. The "other" reasons, given by the referring agents, were either "recommendation by a counselor, parole officer or relative", or "need for the youth to be more informed about the consequences of drug use".

6.1.7 Substances used

Table 10 reflects the number of adolescents who admitted to the use of alcohol, cannabis, or other drugs. It is important to remember that a youth may have admitted to the use of more than one substance. Therefore, these data do not reflect exclusivity. "Other drugs" refers to drugs other than alcohol, or cannabis. The number of youths referred for cannabis involvement (70 youths or 59.83%), is twice as great as the number of youths referred for alcohol involvement (35 youths or 29.92%). The number of youths referred for "other drugs" (12 youths or 10.26%), represents barely a third of the number of youths involved with alcohol. The number of youths who admitted using cannabis (70 youths or 59.83%) is greater than the combined number of youths who admitted using alcohol and "other drugs" (47 youths or 40.17%).

TABLE 10

## Drugs used by Frequency and Percentage

Drugs	Frequency	Percent
Alcohol	35	29.91
Cannabis	70	59.83
Other	12	10.26
Total	117	100.00

Note. A youth might cite more than one drug.

#### 6.1.8 Number of Sessions Attended

As previously described, the drug program is designed as a three-session crisis intervention program. The Society's files indicate that 11 youths participated in the first session only, 9 youths terminated after the second session, 78 youths terminated after the third, and one youth terminated after an additional, though not customary, fourth session. Subsequent to the three-session program, for 49 youths, a follow-up contact was initiated by one of the youths, their parents, their counsellors, or the John Howard Society's worker.

#### 6.1.9 Participants in the Program

Even though the drug program is intended for juveniles and their parents, other people also participated in the drug program, as is indicated in Table 11. The word "other", in this instance, refers to a youth counsellor or a rela-

tive. Again these data are not exclusive, which explains why the total frequency exceeds the sample total. Table 11 reflects the number of participating members who were present during the drug program sessions, for the 99 sample members. A total of 56 youths (52.83%) participated with their mothers, 25 youths (23.59%) participated with their fathers, 15 youths (14.15%) participated with an "other" member, and 10 youths (9.43%) with a sibling or friend.

TABLE 11

Non Sample Members Participating in the Drug Program by  
Frequency and Percentage

Members	Frequency	Percent
Father	25	23.59
Mother	56	52.83
Sister	3	2.83
Friend	7	6.60
Other	15	14.15
Total	106	100.00

Note. N=106

This section of the chapter presented the findings, obtained from the demographic data of the John Howard Society's files. The following section of this research will provide the findings resulting from the questionnaire (see Appendixes L and M).

## 6.2 FINDINGS FROM THE QUESTIONNAIRE

The responses to the questionnaires document the perception of the schools' and service programs' representatives, whose institutions referred the 99 youths under study to the John Howard Society's drug program, between 1981 and 1984. The respondent is not necessarily always the actual person who had made the referral, since there have been personnel changes in various settings.

### Question #1 (Subsequent Drug Use After Participation in the Drug Program : N=35)

The findings indicate that 35 instances of subsequent use of drugs were reported: 10 of these instances were related to alcohol, while 25 instances were related to drugs other than alcohol.

TABLE 12

Use of Drugs After Referral; by Situation and Drug Used

Situation	Alcohol	Drug other than Alcohol
At Schools' or Service Programs' property	6	20
During Schools' or Service Programs' Activity	4	5
Total	10	25



In 6 instances, of 99 questionnaires, alcohol was reportedly used by the youths while on school property, subsequent to the youths' participation in the drug program. In 4 instances, alcohol was reportedly used by the youths during schools' or service programs' activities, subsequent to the youths' participation in the drug program. In 20 instances, drugs other than alcohol, were subsequently used by the youths, on schools' or service programs' property. One male youth, who participated in the drug program in 1984, was involved in two occurrences of this type. A female youth, who participated in 1982, was involved in two occurrences. Finally, the findings report that, in 5 instances, drugs other than alcohol were subsequently used, by the youths, during schools' or service programs' activities. In the total of 35 instances of subsequent alcohol use, only 33 youths were involved with the police, as two were involved twice.

Question #2 (Subsequent Suspension After Participation in the Drug Program : N=30)

The findings indicate that a total of 30 instances of school suspension recurrences were reported for a total of 24 youths: 2 of these instances were due to alcohol involvement by 2 youths, 12 instances were due to the youths' involvement with drugs other than alcohol, and 16 instances were due to other reasons.

TABLE 13

## Suspension of Youths by Reason, Frequency and Number

Reasons	Frequency of Suspensions	Number of Youths
Alcohol	2	2
Drug Other than Alcohol	12	11
Other reasons	16	11
Total	30	24

Two suspensions were due to an incident related to alcohol, and 12 suspensions were due to the use of drugs other than alcohol. In addition, one male youth, who participated in the drug program in 1981, was suspended upon two further occasions. The findings indicate that 16 instances of suspension were due to "other" reasons, apart from drugs and alcohol. A male youth, who attended the drug program in 1982, was suspended four times, subsequent to his involvement in the drug program, for "other" reasons. Another male youth, who attended the same program in 1984, was suspended upon three occasions for "other" reasons.

Of the 16 recurrent suspensions, 4 suspensions were due to truancy, 4 suspensions were due to behavioural conduct, and 8 suspensions were due to tardiness for a total of 5 youths.

Question #3 (Academic Performance and Service Program Involvement After Participation in the Drug Program : N=90)

TABLE 14

## Reasons for Recurrent Suspensions by Frequency of Recurrences and Frequency of Youths

Reasons	Frequency of Instances	Frequency of Youths
Truancy	4	2
Behaviour/attitude	4	2
Tardiness	8	1
Total	16	5

The 90 responses to this question indicate that the performance of 28 youths (31.11%), at school or in the service program, improved. On the other hand, the performance of 22 youths (24.45%) deteriorated. However, 40 youths (44.44%) demonstrated no change in their academic or program performance.

Question #4 (Academic or Program Completion During the Year of the Referral : N=87)

The findings demonstrate that 87 youths completed their academic year or program involvement during the year of the referral.

Question #5 (Reason for Termination : N=45)

Table 15 shows the number of youths who had left or terminated their involvement with the school or the service program, at the time of this research. The reasons for termination are also indicated in the following table.

TABLE 15

Frequency and Percentage of Youths who Terminated their Involvement at Schools or Service Programs by Reasons

Reason	Frequency	Percent
Graduation	17	37.78
Expulsion	1	2.22
Left for employment	4	8.89
Illness	2	4.44
Relocation	3	6.67
Reason unknown	5	11.11
Other	13	28.89
Total	45	100.00

Note. N=45; missing values=54.

The "other" category includes three run-aways (6.67%), two transfers to another school (4.44%), and one disintegration of family, caused by the father's death (2.22%), two lack of parental support (4.44%), two requests to leave home and school (4.44%), and three lack of attendance (6.67%). Among the 99 respondents, 45 of them indicate that 17 youths (37.78%) left the school or the service program because of their graduation, 13 youths (13%) left because of "other" reasons, 5 youths (11.11%) left because of reasons not known to the respondents, 4 youths left because of employment (8.89%), 3 youths (6.67%) left because of relocation, 2 youths (4.44%) terminated because of illness, and 1 youth (2.22%) terminated because of expulsion.

Question #6 (Youths' Behaviour Change after their Referral : N=99)

Of 99 youths, 42 youths (42.43%) are perceived by the respondents as having changed positively, 30 youths (30.30%) have indicated no change, and 23 youths (23.23%) have shown negative change. For 4 youths (4.04%) it was not known whether there had been any change.

Question #7 (Youths' Behaviour and Attitude Change Toward Authority Figures, Families, and Peers after Participation in the Drug Program : N=105)

The results demonstrate that, according to the respondents, 24 youths (22.86%) changed their behaviour and attitude toward their peers, 53 youths (50.47%) changed their behaviour and attitude vis-a-vis authority figures, and 28 youths (26.67%) changed their behaviour and attitude toward their families. This question does not distinguish between positive and negative change.

Question #8 (Effect of the Drug Program on the Youths' Change : N=70)

The findings reveal that 34 respondents (48.57%) believed that participation in the drug program had nothing at all to do with the youths' behavioural changes. Moreover, 26 respondents (37.14%) indicated that the drug program caused a slight change only, while 8 respondents (11.43%) stated that the drug program considerably affected the youths'

change. Finally, 2 respondents (2.86%) asserted that the adolescents' change was due a great deal to the drug program.

Question #9 (Family Involvement with the Schools and Service Programs after Referral to the Drug Program : N=98)

In this instance, the involvement with the schools or service programs is described in terms of frequency of contact. Results indicate that 22 respondents (22.45%) stated that the family became more involved in their relationship with the referring agents. At the same time, 66 respondents (67.35%) indicated that the family involvement remained the same. Only 10 respondents (10.20%) asserted that the family involvement decreased.

Question #10 (Quality of Family Involvement with the Schools or Service Programs after Referral to the Drug Program : N=99)

A negative family involvement is described in the questionnaire as avoidance and distant rapport with the schools' or service programs' representative.

Responses to this question demonstrate that, in 5 instances (5.05%), the family involvement appeared negative after the referral. A total of 55 respondents (55.56%) conveyed that the family involvement remained the same. A positive involvement was reported by 39 respondents (39.39%).

Question #11 (Status of the Respondents at the time of the Referral : N=91)

The following table reflects the job classification of the people who referred the juveniles to the drug program, and the number of youths referred by these individuals. It is noted that there are 8 missing responses on this item.

TABLE 16

Job Classification of Respondents by Frequency and Percentage

Job Classification	Frequency	Percent
Principal	14	15.38
Vice-Principal	60	65.93
Teacher	2	2.20
Director of Service Program	1	1.10
Counsellor	11	12.07
Other (parents)	3	3.30
Total	91	100.00

Note. N=91; missing values=8.

According to the 91 respondents, the referring agents in 60 instances were school vice-principals at the time of referral, in 14 instances the referring agents were school principals, in 11 instances the referring agents were counsellors, in 3 instances the referring agents were parents, in 2 instances the referring agents were teachers, and in 1 instance the referring agent was the director of a service program. In 76 instances (83.52%) the referring agents were employed in schools. It is noted that the drug program derived from a need within the Windsor Board of Education to

control drug use and trafficking on schools' property, and to enforce school discipline (see pp. 60-61).

Question #12 (Extent to which the Job Classification of the Referring Agents Remains the Same as at the Time of Referral than at the time of the research : N=25)

Only 25 responses were obtained on this item. A total of 7 respondents held the same job classification, at the time of the research, as they had at the time of the referral to the drug program. In addition 18 respondents had a different status at the time of completing the questionnaire.

Question #13 (Explanation for the Change of job Classification : N=19)

The changes of job status are related to two major factors:

The referral person's change of function was due to promotion (from vice-principal to principal of same school, from director of one service program to another, from counsellor to director), or to transfer (from one school or service program to another one). The job classification changes of six respondents are explained by these two types of job change.

The change of the youths' situation, which is reflected by the results of the research question #7, is the second factor.



The findings indicate that 19 adolescents leave the schools or service programs, thereby effecting a change of job classification for 19 respondents. Of the 19 youths effecting such change of status, 8 youths graduated or were promoted, 2 youths were expelled from schools or service programs, 3 youths left schools or the service programs for employment, 3 youths relocated, and 3 youths left for unknown reasons.

TABLE 17

Reasons for the Change of Situation of the Youths and the Number and Percentage of Respondents Affected

Reason for Change of Youths' Situation	No. of Respondents' Change of Job Classification	Percent
Graduation & promotion	8	42.10
Expulsion or discharge	2	10.53
Employment	3	15.79
Relocation	3	15.79
Reason unknown	3	15.79
Total	19	100.00

Note. N=19

Question #14 (Time of the Respondents' Involvement with the Youths with Respect to the Referral Dates : N=242)

A respondent may have been in contact with the youths upon more than one occasion. Therefore, this question does not provide exclusive data. A total of 74 youths were in personal contact with their referring agents, prior to the

referral. In addition, 78 respondents were in personal contact with the youths, at the time of the referral, while 79 respondents were in personal contact with the youths, after referral. A total of 11 respondents stated they never had a personal contact with the referred youths.

Question #15 (The Quality of the Respondents' Relationship with the Youths : N=99)

The results show that 21 respondents (21.21%) had a close relationship with the referred juveniles, 33 respondents (33.33%) were rather uninvolved with the youths, and 45 respondents (45.45%) experienced a "distant relationship" with the youths.

This represents the sum of the findings, resulting from the questionnaires distributed to the referring school and service program representatives. This section of the chapter presented the data, obtained from the questionnaire, and constitutes the second part of the research findings. The following section of the research will present the findings reported by the police records.

### 6.3 POLICE RECORDS

This section of the research reports the data, obtained by three police departments namely: the Windsor Police Department, the Leamington Police Department, and the Belle River OPP (Ontario Provincial Police) Detachment. While the same information was requested from each of the police departments, the information was recorded differently by each of them. The Windsor Police Department provided the number of convictions for the total number of youths under study. The Leamington Police Department provided the data in terms of number of youths' involvements or contacts with the department, and in terms of charges rather than convictions, for youths from the Leamington area. The Belle River OPP Detachment provided the information in terms of number of youths' involvements or contacts with the police, and in terms of charges laid against the youths of the Belle River area.

#### 6.3.1 The Windsor Police Department

In July, 1985, the Windsor Police Department provided a report on 152 juveniles. This number of youths represents the whole population, less eleven youths, who participated in the drug program between 1981 and 1984. These eleven youths were eliminated from this research, because of lack of major information or because they had specifically declined permission to release any information for this research.

Of the 36 youths referred to the drug program in 1981, none had a criminal record, before their referral to the drug program. For these 36 youths, 7 convictions (19.44%) were recorded, by the Windsor Police Department, after their referral to the drug program. Of these 7 convictions, 2 convictions (5.55%) were related to drugs. Of the 31 youths who participated in the drug program in 1982, 3 convictions (9.67%) were recorded prior to these youths' referral to the drug program and 6 convictions (19.35%) were recorded after their referral to the drug program. Only 1 (3.22%) of these six convictions was related to drugs. Of the 45 youths referred to the drug program in 1983, 3 convictions (6.66%) were recorded before their referral to the drug program and 5 convictions (11.11%) were recorded by the police after their involvement in the drug program. Only 1 of these 5 convictions (2.22%) was related to drugs. Of the 40 youths referred to the drug program in 1984, two of them (5.00%) had a criminal record before participating in the drug program and 2 further convictions were recorded by the police, after the referral of these youths to the drug program. Those two convictions were both related to drugs.

Table 18 shows that 8 youths, which represents 5.26% of the total population, had a record before their referral. A total of 20 convictions were recorded after referral. Of this total, 6 convictions (4% of the convictions after referral) were related to drugs. It is noted that the 14 other

TABLE 18

Convictions, Preceding and Following Referral by year of Referral and Youths referred

Year of Referral	No. of Referral	Conviction prior to Referral	Convictions after Referral	Drug Convictions
1981	36	0	7	2
1982	31	3	6	1
1983	45	3	5	1
1984	40	2	2	2
Total	152	8	20	6

Note. N=152 potential youths, before reduction of the sample to 99. The convictions after referral include the convictions for drug offenses.

convictions after referral (9.29%), consisted of convictions for theft, break and enter, possession of stolen property, assault and breach of probation.

Table 18 outlines the number of youths having criminal records (both before and after referral) and the number of convictions related to drugs for the total 152 subjects. It is important to consider the interval of time elapsing between the undertaking of this research and the participation of the youths in the drug program. Thus, participants aged 16, at the time of the program in 1981, are now in their twenties and youths, under age 16, in the 1984 program are now 18. It is possible that some youths did not subsequently use drugs as a result of maturation. The Windsor Police Department provided the researcher with a list of convictions as opposed to charges or involvements of the youths with police.

This completes the findings resulting from the Windsor Police Department. The next section will present the findings provided by the Leamington Police Department.

### 6.3.2 The Leamington Police Department

It is noted that 15 youths were living in the area covered by this Police Department. None of the youths of this area was involved with the police before referral to the drug program. This department reported that 8 contacts were made with three youths, after their referral to the drug program. One of these contacts was due to a trespassing offense. However, no charge was laid. The 7 other contacts with this department resulted in charges being laid, as illustrated in Table 19. Of 6 types of offense, 2 types were related to drugs. In addition, 3 actual offenses, of a total of 7 offenses, were related to drugs.

Table 19 outlines the number of contacts between the youths and this police department but does not indicate the number of youths involved, as the information provided to the researcher did not provide this data. None of these youths was involved with the police before their referral to the drug program.

This section of the chapter provided the findings resulting from the report of the Leamington Police Department. The following section will present the findings collected from the records of the Belle River CFP Detachment.

TABLE 19

## Frequency and Percentage of Charges by Type of Offenses

Types of Offense	Charges	
	Frequency	Percent
Trespassing	0	0.00
Theft Under	1	14.28
Possession of Stolen Goods	2	28.58
Break & Enter and Theft	1	14.28
POSSESSION OF NARCOTIC	2	28.58
CONSUMPTION BY MINOR	1	14.28
Total	7	100.00

Note. N=7

### 6.3.3 The Belle River OPP Detachment

The information from the Belle River OPP Detachment is given in terms of number of police contacts, charges laid and convictions recorded for each youth before and after referral. Seven youths, from a total of 17, were never involved with the police before their referral. Only 1 youth was involved with police after referral and was charged with "consumption of alcohol by minor". Another youth, charged with "break and enter" before referral, had no further police involvement. Still another youth, charged with possession of drugs before referral, also had no further police involvement, as did yet another youth actually charged before participation in the program. The overall findings revealed that 7 (41.18%) of the 17 youths, referred to the drug program, were never involved with the police before re-

referral, while 6 (35.29%) of the 17 youths had been so involved. On the one hand, 4 of the 17 youths (23.53%), were charged before referral. On the other hand, 9 (53.00%) of the 17 youths, were never charged or involved after the referral, and 4 were involved with the police after they had concluded the drug program.

Table 20 and Table 21 show the type of offenses in which these youths were involved with this police department by the time of their referral.

TABLE 20

## Offenses Recorded Before and After Referral

Type of Offense	Before	After
Break & Enter	2	2
Theft	8	1
Possession of Fire Arm	1	0
Shoplifting	1	0
Trespassing	1	0
Loitering	0	1
Forgery	0	1
Run Away	2	0
POSSESSION OF DRUG/ALCCHOL	2	1
LIQUOR VICLATION	0	1
DRUG INFOEMATION	0	2
RESPCNSIBLE FOR SELLING DRUGS	0	1
Total	17	10

Table 20 illustrates that the number of offenses related to drugs is higher after referral than before (5 offenses are reported after referral to the drug program, as compared



to 2 offenses before the referral). Interestingly, the number of offenses in the overall totals is clearly smaller after the referral to the drug program (10 offenses) than before the referral (17 offenses).

Table 21 outlines the type of charges laid before, or at the time of the referral, and the type of charges laid after the referral, by the Belle River OPP Detachment. For youths reported on by the Belle River OPP, there is a proportionate decrease in charges after referral to the program, both for drug and nondrug-related offenses.

TABLE 21

Number of Charges Before and After Program Participation by  
Type of Offense

Type of Offense	Before	After
Break & Enter	1	0
Theft	0	1
Willfull Damage	1	0
Trespassing	1	1
POSSESSICN OF NARCCTIC	2	0
LIQUCR OFFENSE	0	1
Total	5	3

This data, obtained from the three police departments, concludes the last section of this chapter.

The chapter on the research findings outlined the information provided by three sources: (a) the John Howard

Society's files, (b) the perceptions of the referring agents, as reported by the questionnaires, and (c) the three police departments' reports. The next chapter will present an analysis of these findings and will provide a statistical interpretation of the compiled data.

## Chapter VII

### ANALYSIS OF FINDINGS

This chapter provides the reader with an analysis of the data presented in the prior chapter. The conclusions drawn from this analysis are discussed with attention given to their relevance to the research questions (see p. 69).

The analysis of the data is concerned with three major categories of information:

-- Demographic data, with respect to the youths' gender, age, location, school grade, and substance used.

-- Data, which describe the process of the drug program such as referring agents, reason for referral, the number of sessions attended, and other participants in the drug program.

-- Data, which reflect the referring agents' perception of the effectiveness of the drug program.

The first section of this chapter outlines the analysis of the general findings from the previous chapter. The next section of this chapter will present the results of the statistical tests administered to the demographic variables obtained from the John Howard Society's files, and to the variables contained in the questionnaire.

## 7.1 GENERAL DEMOGRAPHIC DATA

The demographic data were collected from the John Howard Society's files. They were obtained at the time of the referral of the youths and during the whole process of the drug program.

### 7.1.1 Gender

In the following interpretation of the findings the variable "gender" is related to (a) the use of drugs, (b) the society's attitude toward the gender of the user, and (c) the perceptions of the referring agents.

The number of male youths referred to the drug program is more than twice the number of female youths. This finding may suggest that, in fact, male youths are more involved with drugs than are female youths. This corroborates the research of Smarf, Goodstadt, and Sone (1977), which indicates that there is a significant relationship between gender and the frequency of cannabis use, and the frequency of alcohol consumption (see pp. 35-36). Furthermore, according to their research and the present one, more males use these drugs more frequently than do females.

This finding may also suggest that the male youths are more readily referred to the drug program than are the female youths. It is possible that the use of drugs by males is perceived as part of a negative behaviour pattern of male youths, rather than as individual instances of use, as may

be the case for females. Female youths' drug use may be more readily interpreted as a "first time type of thing". This interpretation does not support the idea that society is more tolerant of drug use by males but rather that drug use by males may be seen as being more pathological or even criminal.

#### 7.1.2 Age

The greater numbers of youths referred to the drug program are 14, 15, and 16 years of age, with a peak at age 15. It is difficult to determine what happens to the youths at this age. It might suggest that at this age the adolescent has a greater need to experiment with drugs (see p.15). It may be that, at 14 years of age, the adolescents are progressively exposed and initiated to drug use, and that, at 16 years of age, they have progressed out of the need to experiment, at least at school.

At age 17, only 8 youths (8.08%) were referred to the drug program. It is possible that, as the youths become older, after age 15, they become more sophisticated in the law and in the clandestine use of drugs. Youngsters of 15 years or less are still adapting to the school setting and are less knowledgeable about concealing drug related activities. It is possible that, as mentioned by Mayer and Filstead, it is simply that the use of drugs has a different meaning at different stages of adolescent development (see p. 51).

This finding differs from that of Smart, Goodstadt, and Sone (1977). They found that the use of drugs by students is most frequent, generally, among the youths of 16 and 17 years of age (p. 10).

### 7.1.3 Residential addresses of the youths

In the interpretation of this finding the variable "residential addresses" is related to the number of youths, referred to the drug program, from the City of Windsor and from Essex County.

The number of youths referred from the city is only 1.37 times greater than the number of youths referred from the county. This finding may indicate that, in fact, more youths use drugs in the county, compared to youths in the city. It may also be that in the county, it is harder for youths to use drugs and remain undetected. It might also be that the schools' representatives in the county more frequently detect drug users than do schools' representatives in the city. Another possibility is that the community tolerance toward the use of drugs is greater in the city than it is in the county.

Except for one southwest location numbered 15, a large number of referred youths came from the northeast area of Windsor. The northeast area includes locations numbered 4, 10, 18, and 19 (see Appendix C). In the county, two major towns, Belle River and Leamington, provided the referrals to

the drug program. Both the number of schools referring youths, and the specific geographical locations of these schools, within the city and county, are taken into account for the youths who participated in the program.

The number of referring schools (12 schools) in the city of Windsor, is 3 times greater than the number of the referring schools (4 schools) in the county. The number of youths, referred from the city, is only 1.37 times greater than the number of youths, referred from the county.

By relating the two factors, residential address of the youths and the schools' location, it appears possible that the number of youths referred to the drug program from all these areas, is due to the greater number of schools existing in these locations within the city of Windsor. This is true for location numbered 18, where there are 3 secondary schools (Walkerville, Monarch and Lowe), and for location numbered 4, where there are 2 secondary schools (Herman and Shawnee). This is not true for location numbered 10, where there is no secondary school, nor for locations numbered 15 and 19, where there is only 1 secondary school in each (Massey and Riverside). This may suggest that the youths referred to the drug program come from different locations than those of their schools or service programs. Therefore, these youths may be adjusting to new friends, a new school setting, and a new style of life.

116

Four major secondary schools in the county (Leakington, Sandwich, Belle River, and Western), referred 33 youths considered in this study. Two major secondary schools, located in Kingsville and Essex, did not make any referrals to the drug program for the four years under study. No explanation for this situation is provided by the findings.

#### 7.1.4 Grade

The findings on school grade show that the number of youths, referred to the drug program, is the greatest for those who are in grade 9. From this grade upward, the number of referrals decreases for each higher grade.

One might assume that 14 year olds would be in grade 9, 15 year olds in grade 10, 16 year olds in grade 11, etcetera. However, for the drug program, the preponderant age is 15 and the grade level is 9. One may conclude that this population of youths, aged 15, is not in the academically expected grade 10 level. This may indicate that the youths referred to the drug program were students who have lost one year and experienced social adjustment problems in their grade level. Since grade 9 is the first year of secondary school, that grade may pose particular adjustment problems.

It is noted that the total number of youths on whom grade level information was provided is 75 compared to 99 youths for the age variable.



These findings support not only those of Smart, Goodstadt, and Sone (1977), in which age and grade are found to be highly correlated, but also particularly link grade 9 and age 15 in drug use problems.

#### 7.1.5 Source of referral

The schools that most frequently referred youths to the drug program are located in the northeast section of Windsor (locations numbered 18 and 14), and also in the southwest area of the city (locations numbered 11 and 15). These findings are influenced by the number of schools' representatives who were willing to complete the questionnaire.

In general, the school location coincides with the address of the youths' residences. For example, schools from locations numbered 4, 11, 15, and 18, are situated in the same locations where the greatest number of youths reside (locations numbered 4, 15, and 18). However no youth resides in location 11, where one school (Centennial) is located. No school is situated in locations numbered 10 and 19, where many youths reside. This last finding may confirm the researcher's suggestion that many youths referred to the drug program may be adjusting to a new environment (see p. 114, 116).

Nine referrals were made by service programs located in the east-central area of Windsor; the 3 other referrals were made by service programs located in different areas of the

city. This finding is expected since many service programs are located in the central area of Windsor.

In the county, three major sources of referrals are situated in locations numbered 20, 22, and 23, which are the locations of the four major secondary schools of Belle River, Sandwich and Western, and Leamington, respectively.

In the county, no referrals were made by service programs.

#### 7.1.6 Reasons for referral

The drug program derives from a need for the schools to control the illegal use of drugs at school, as is outlined in the report "Alternative Source of Service Delivery for Continuation of the Short Term Crisis Intervention for Youth - Alcohol/Drug Involvement Program" (1980). This explains that the reasons for referrals are mostly for school discipline purposes.

The high number of youths referred to the drug program for reasons of school discipline can be explained by the fact that the drug program is designed to serve youths who are caught, or involved with drugs at school. As described in chapter 4, the policy adopted by the Windsor Board of Education has two intents, which are, a) to punish the youths for their inappropriate and illegal action, and b) to provide the youths with appropriate help in regard to their actions (see p. 61).

The high number of referrals from schools may suggest that the referring schools use the drug program for purposes other than the intended ones, or that the use of drugs by youths may be the pretext for referring youths who also demonstrate other behavioural problems.

The fact that the number of youths referred for school discipline is so high, in comparison with the four other reasons, may confirm the previous assertion. However, it is possible that the families, or the rest of the community, do not detect and perceive the youths' drug use as an action requiring referral to a drug program, such as the John Howard Society's. It is also possible that the families are not informed about the existence of the drug program.

The number of youths, referred for school discipline problems, is almost 10 times (8.45) higher than the number of youths referred for family discipline. Is this because families are more tolerant of drug use than the schools? It is noted that 4 youths are referred for suffering acute drug effects so that 1 or 19 youths is perceived as being at particular risk and clearly in need of a remedial program (see pp. 88-89).

The 15 youths (almost 20%), referred for assistance and "other" reasons, may reflect the need for information about drugs, for people who are not directly involved in drug use.

### 7.1.7 Substance used

It appears that cannabis is the drug most used by youths referred to the drug program. Cannabis is used twice as much as alcohol, and almost 6 times more frequently than is the case for "other" drugs. These findings agree with the Addiction Research Foundation's report made by Smart, Goodstadt, and Sone (1977). Their study indicates that in the seven identified regions of Ontario, the western region is second in cannabis use (29.0%), and third in alcohol use (78.0%), (p. 16). This may indicate that, in the last decade, the most frequently used drugs remain the same.

One of the reasons why cannabis is used more frequently than other drugs may be because this substance is easy to use in schools, as compared to alcohol (see p.29), because it can be confused with the use of tobacco, because of its availability, and because youths may be ignorant of cannabis' harmful effects.

### 7.1.8 Number of sessions attended

Of the 99 participants, 79 youths completed the drug program sessions. Almost 1 of 10 youths left the drug program after the second session, and 1 of 11 youths left the drug program after the first session. One of 20 youths did not complete the three sessions of the drug program.

One may think that those who do not complete the drug program are the youths who are not required to complete the

drug program as a mandatory condition for readmission to school. These youths are likely to be referred to the drug program on a voluntary basis by their families or counselors. It is possible that family support is not as definitive in these instances and that the youths are not adequately motivated to complete the drug program. This may mean that the youths need a solid structure to ensure their completion of the drug program.

#### 7.1.9 Participants in the program

This variable indicates that the mothers are most frequently involved in the drug program, when compared to any other group of participants. This holds true even when the numbers of other participants are combined.

The number of youths who participated in the drug program with their mothers is 2.24 times greater than the number of youths who participated with their fathers. This finding may indicate that the mothers are still actively providing education and support to their children, as opposed to the fathers. This finding may also result from the fact that the fathers of these youths are working and not available to participate in the drug program. This finding may also indicate that mothers are more involved with youths and the drug problem than are any other members of the families.

The number of male youths who participated in the program, is twice as great as the number of female youths. The number of fathers who participated in the drug program, is one half of the number of mothers who participated. This indicates that same-sex parent participation in the program is lower for male youths than for female youths (see pp. 17-18).

The fact that the mothers participated more frequently in the program with the youths may indicate overprotectiveness (see p.34).

Even when combining the number of youths whose fathers participated in the drug program, with the number of youths, whose "friends", "sisters" and "other" members participated in the drug program, the resulting number (50) is not as great as the number of youths whose mothers participated in the drug program (52).

This concludes the analysis of the demographic data. The next section will present the analysis of the findings, based on the questionnaire.

## 7.2 FINDINGS FROM THE QUESTIONNAIRE

The findings from the questionnaire reflect only two categories of drugs: a) alcohol, and b) drugs other than alcohol. In order to accommodate these findings the categories of the previous section are reduced to two categories, where cannabis and "other" drugs constitutes one category, and alcohol, the other category.

Question #1 (Subsequent Drug Use After Participation in the Drug Program : N=35)

The questionnaires reveal that 10 instances of use of alcohol and 25 instances of use of drugs other than alcohol recur for a total of 35 instances, after the participation of the youths in the drug program. This indicates that the incidence of use for drugs other than alcohol is 2.50 times greater than the incidence of use for alcohol. As illustrated in Table 10 of the preceding chapter, 35 youths admitted to the use of alcohol, while 82 youths admitted to the use of drugs other than alcohol, at the time of their referral to the drug program. The number of youths admitting to the use of drugs other than alcohol is 2.34 times greater than the number of youths admitting to the use of alcohol, at the time of their referral to the drug program. The number of youths who admitted to the use of drugs other than alcohol, is 2.35 times greater than the number of those who admitted to the use of alcohol, at the time of referral. Similarly, the number of recurrences of drug use, after participation of the youths in the drug program, is 2.50 times greater for the youths involved with drugs other than alcohol, than for those involved with alcohol.

The instances of alcohol use after participation in the drug program, occurred 3.50 times less frequently than at the time of referral. The instances of use of drugs other than alcohol after participation of the youths in the drug

program, occurred 3.28 times less frequently than at the time of the referral. For both categories of substance, a decrease of use is evident after participation of the youths in the drug program, but the decrease of use is greater for the category of alcohol.

One may assume that the risk of recurring use and resulting school suspension for participating youths is slightly higher for those admitting use of drugs other than alcohol at the time of referral. One may explain this by the fact that it is harder to use alcohol at schools or service programs, than it is to use drugs other than alcohol (see p. 29). Also, it is possible that parents are more able to control the use of alcohol at home, than they are able to control the use of drugs other than alcohol. In this regard, parents possibly are more aware of the behavioural effects of alcohol use. Further, is it possible that youths using alcohol, are not as likely to develop a pattern of alcohol use as much as they may develop a pattern for use of drugs other than alcohol (see pp. 29-30)?

The number of 33 youths, who are involved in recurrent use of drugs, represents a third of the number of youths, who are involved with drugs at the time of their referral.

Question #2 (Subsequent Suspension After Participation in the Drug Program : N=30)

As previously cited, 10 recurrences of alcohol use are recorded after the participation of youths in the drug pro-



gram. The findings on recurrence of school suspension show that only 2 youths are suspended again because of alcohol use. This may mean that the instances of suspension recurrences for alcohol use, represent a fifth of the recurrences for the use of the same substance.

As previously cited, 25 recurrences of drug use, other than alcohol, are recorded after participation of the youths in the drug program. The findings on recurrences of school suspension, due to use of drugs other than alcohol, shows that the number of such suspension recurrences (12), is 2.08 times greater than the number of suspension recurrences for the use of drugs other than alcohol (25).

It appears that the instance of recurrences of suspension is 2.40 times higher for the use of drugs other than alcohol, than for the use of alcohol.

One may wonder what happens to youths who are suspended more than once because of their use of drugs. According to the policy established by the Windsor Board of Education (see "Alternative Source of Service Delivery for Continuation of the Short Term Crisis Intervention for Youth - Alcohol/ Drug Involvement Program", 1980), these youths should be referred again to the drug program, as a condition of re-admission to school. It is possible that on these occasions, the referring agents choose to refer the youths directly to an alternative treatment program, or the youths may become "dropout" statistics.

More than half of suspension recurrences, (16 of 30 suspensions), are not related to the use of drugs. Five of 24 youths, which represents more than a fifth of all youths suspended, are suspended for reasons other than drug use, after their participation in the drug program. This may suggest that the use of drugs may be an additional destructive behaviour of the youths, who are identified as having behavioural difficulties at school, at home, and in the community (see pp. 27-29).

Taking into consideration that the use of drugs other than alcohol occurs twice as frequently as the use of alcohol, one can say that the recurrences of suspension are comparable to the recurrences of use of drugs. Furthermore, for most youths who are suspended again, the reason for suspension is behavioural conduct, as well as drug use. This may confirm that the youths, who use drugs and are referred to the drug program, demonstrate multiple behavioural problems (see pp. 27, 30 and 50-51).

Question #3 Academic Performance and Service Program Involvement After Participation in the Drug Program : N=90)

The number of youths who are reportedly showing a change of performance (50 youths or 55.56%), is 1.25 times greater than the number of youths who are reportedly showing no change (40 youths or 44.44%). Of the 50 youths who reportedly show change, 28 youths show a positive change of performance at schools or service programs, and 22 youths

show a negative change of performance or involvement. The number of youths for whom positive change is reported, is 1.27 times greater than the number of those for whom a negative change is reported. One may wonder what happens to those youths who are not reported as showing change. It is possible that those youths, who show no change of performance or involvement, previously had difficulties which related to their adjustment, at school, to authority figures, and to family members or peers. If this is the case, the drug program may be an opportunity for them to solve these difficulties and, thereby, increase their performance at school or in service programs.

Question #4 (Academic or Service Program Completion During the Year of the Referral : N=87)

Many factors may account for the 12 youths who did not complete their school or service program involvement during the year of the referral. This study does not provide ways to identify what those factors are, except for the reason outlined in the following question #5.

Question #5 (Reason for Termination : N=45)

For a number of 45 respondents, it appears that the graduation of the 17 youths (37.78%) is the most frequent reason for termination of involvement with the schools or service programs.

When combining all the reasons together, (expulsion, employment, illness, relocation, reason unknown, and other), except for graduation, 68.89% of the 45 terminations of involvement, are accounted for in the findings.

The youths left school or service programs for diverse reasons relating very often to their behavioural conduct (see pp. 27, 29). The number of youths who terminated their involvement with schools and service programs, is almost twice (1.65 times) as great as for all the "other" reasons, apart from graduation. These youths are also more likely to be in grade 9. All the other reasons reflected difficulties of the youths at home or at school, or a health problem, or a difficult social adjustment (e.g. employment). This finding may indicate that the youths who were referred to the drug program, experienced multiple behavioural, school, family or social adjustment types of problems.

Question #6 (Youths' Behaviour Change After Their Referral : N=99)

The number of youths who demonstrated a positive change is 1.82 times greater than the number of those who demonstrated a negative change after their participation in the drug program. It appears that, within the parameters of success held by the respondents, the drug program effected a positive change in the youths who participated in the drug program.

Question #7 (Youths' Behaviour and Attitude Change Toward Authority Figures, Families, and Peers, After Participation in the Drug Program : N=105)

In order to interpret this finding the youths' change is related to (a) the drug program design, (b) the people who are directly involved with the youths at the time of the referral, and at the time of their participation in the drug program, and (c) the unchanged behaviour of the youths in the presence of their peers.

It is evident that the number of youths who indicated change toward authority figures (53 youths), is higher than the combined number of youths who indicated change toward their peers (52 youths), and the number of youths who indicated change toward their family members as well.

This can be explained by the fact that the policy of the Windsor Board of Education is to support the schools' representatives, in order to control the drug use by youths. This is one of the youths' major behavioural problems with which authority figures in schools deal. It is possible that, when the schools or service programs take the action of referring the youths to the drug program, those youths know better where the authority figures stand on drug use, and behave accordingly.

The number of youths who changed toward their family members is 1.16 times greater than the number of youths who demonstrated change toward their peers.

One may think that the fact that family members do participate with the youths referred to the drug program, may affect the change of the youths toward their family members. It is possible that a higher rate of youth behavioural changes was reported toward authority figures and families because of their direct involvement with the youths, at the time of the referral and participation in the drug program.

The lower number of behavioural changes toward peers, may indicate that youths maintain the same behaviour when they are interacting with their peers, even though they may show changes toward authority figures and their family members. This finding contradicts the study of Starton and Todd (see p. 35), but confirms the study of Barnes (see p. 32).

The drug program appears relatively effective in changing the youths' behaviours and attitudes toward authority figures. After participation in the drug program, the youths showed more frequent changes in their behaviours and attitudes toward the authority figures than toward their family members and their peers. Since they showed more frequent changes toward people from whom they are distant, this may indicate that their changes are superficial.

Question #8 (Effect of the Drug Program on the Youths' Change : N=70)

The number of respondents who indicated that the youths' change was due to the drug program (36 respondents),


is barely greater than the number of respondents who stated that the youths' change was not affected by their participation in the drug program (34 respondents).

This question does not provide data on the direction (positive or negative) of youths' changes, even if the researcher assumes that the question refers to positive changes. Because of the ambiguousness of this question, further analysis is meaningless. A general conclusion may be that the drug program affects the youths' changes toward authority figures, family members, and peers.

One may wonder what is responsible for the youths' change in the opinion of the respondents who did not credit the youths' changes to the drug program. Could it be the effect of school suspension itself or another factor?

Question 19 (Family Involvement with the Schools and Service Programs After Referral to the Drug Program : N=98)

The number of families who did not change the frequency of their involvement with the referring agents (66 of 67.35%), is 2.06 times greater than the number of families who showed a change in frequency of involvement with the referring agents (32 or 32.65%). The families were more likely to show "no change" in the frequency of their contact with the referring agents, than to show "change". One may think that if the family members participated with the youths in the drug program, there was consequently no more need for the families to be more frequently involved with the referring agents.



However, the number of families who showed an increase in involvement with the referring agents (22 or 22.45%), is 2.20 times greater than the number of families who showed a decrease in involvement with the referring agents (10 or 10.20%).

Again, this question does not specify the direction (positive or negative) of the change. In any case, it appears that if families were to show a change of involvement, it was more likely to be in terms of more frequent contact with the referring agents. One explanation for the increase in involvement with the referring agents may be that the families showed more concern about the youths and wanted to ensure follow-up contact with the referring agents regardless of the direction of the families' involvement with the referring agents.

In situations where the youths' family involvement with the referring agents deteriorated, in terms of frequency of contact, it may be important for the worker who provided the drug program to be informed of the family's change of involvement and to remain involved with the family, if necessary.

Question #10 (Quality of Family Involvement with the Schools or Service Programs After Referral to the Drug Program : N=99)

The number of families which showed no change at all in the frequency of contact with the referring agents, is 1.25



greater than the number of families which showed a change of quality involvement. The families were more likely to show no change of quality involvement with the referring agents. This may be due to the fact that, after dealing with the youths on the issue of drug use, the families did not need to be more involved, in terms of rapport quality, with the referring agents. This may also be explained by the fact that, after referral to the drug program, the youths and their families became distant from their referring agents and avoided them. One way for the youths to avoid them may be by exhibiting the desired behaviour. This may also mean that the youths who were referred to the drug program were those who had a closer relationship with the referring agents.

However, the number of families showing a positive involvement with the referring agents (39 or 39.39%), is 7.80 times greater than the number of families showing a negative involvement with the referring agents (5 or 5.05%). This may be due to the fact that, through the participation in the drug program, family members resolved their frustration or discontentment with the referring agents and the institutions that they represent. The families may better understand the referring agents' attitude toward the youths. The families also may better appreciate, through the referring agents' referral, the concern and care reflected by the referring agents.

In general, the youths' families did not show a change in their rapport quality with the referring agents. If the families showed a change, it was likely to be positive, and in this sense, the drug program was effective.

Question #11 (Status of the Respondent at the Time of the Referral : N=91)

The number of referring agents within the school systems (76 or 83.52%), is 5.07 times greater than the combined number of all other referring agents (15 or 16.48%). This may be explained by the fact that the schools are the institutions which contain the greatest number of youths. Therefore, there are likely to be more youths within the schools experimenting with drugs, than within the other referring institutions. It is expected that the schools would refer the highest number of youths to the drug program. Secondly, the nature of the Windsor Board of Education policy on drug use at school encourages and requires school representatives to refer youths to a drug program.

Question #12 (Extent to Which the Job Classification of the Referring Agents Remains the Same as at the Time of the Referral : N=25)

Only 25 respondents provided an answer to this question. The number of youths who graduated, and thereby effected a change in the role of the referring agents cannot be interpreted accurately because of the small number of re-

sponses to this question. Only three other reasons for changes were cited. Further comment on this question does not seem to be valuable because of the small number of responses.

Question #13 (Explanation for the Change of Job Classification : N=19)

Because of the small number of responses to this question, no analysis is made of this finding. For further information on this item the reader may refer to question #7 and #12.

Question #14 (Time of the Respondents' Involvement with the Youths with Respect to the Referral Dates : N=242)

The numbers of referring agents who were in contact with the youths before referral, at the time of referral, and after referral to the drug program, vary little. However, the number of contacts increased from the time before the referral, at the time of the referral, and after the referral to the drug program, respectively.

The above suggests that the youths referred to the drug program, were for some reason, already in frequent contact with the referring agents. This may confirm the fact that these youths already presented a problem to the referring agents, before their referral to the drug program.

Of 99 respondents, only 11 (11.11%) were never involved with the youths. One may wonder how these youths who were

never involved with the referring agents, were referred to the drug program. It is possible that these youths were self-referred and participated in the program on a voluntary basis.

One tenth of the youths never came in contact with the referring agents and, possibly, were self-referred. This may indicate a need for some youths to access the drug program directly without the intermediary of the referring agents (e.g. through peers).

Question #15. (The Quality of the Respondents' Relationship with the Youths : N=99)

The number of respondents who experienced a distant relationship with the youths referred to the drug program (45 or 45.05%), is 2.14 times greater than the number of those who experienced a close relationship with the youths (21 or 21.21%). This finding may indicate that the referred youths were more likely to be those who presented a problem to the referring agents.

The number of respondents who were uninvolved with the youths (33 or 33.33%), is 1.57 times greater than the number of respondents who had a close relationship with the youths, and is 1.36 times greater than the number of respondents who had a distant relationship with the youths.

While this finding indicates that the referring agents were in contact with the youths at all time of the referral; the relationship of the referring agents with the youths was generally qualified as distant or uninvolved.

This concludes the analysis of the findings obtained from the questionnaire. The next section of this chapter will present the analysis of the findings based on the police records.

### 7.3 POLICE RECORDS

The following information is obtained from three sources, which are a) the Windsor Police Department, b) the Leamington Police Department, and c) the Belle River OPP Detachment.

#### 7.3.1 The Windsor Police Department

The youths under discussion include those on which the Windsor Police Department provided data, as well as those on which the Leamington Police Department and the Belle River OPP Detachment provided data.

Table 19 shows that 1981 accounts for the greatest number of convictions entered after the program against the lowest number of youths having a record before the program referral. These convictions include 2 drug convictions. It is possible that the youths were charged at the time of the referral, but were convicted after their referral to the drug program. It is also possible, that since the year 1981 was the first year of the drug program delivered by the John Howard Society, the program requires "fine tuning". After 1981, the number of convictions after referral decreases

significantly, even though the number of referrals for the following years is higher.

The year 1982 represents the year of the lowest number of referrals (31 youths) to the drug program. The year 1983 represents the year of the highest number of referrals (45 youths) to the drug program. These two years show a difference in number of 14 youths. For the year 1982, 3 youths (9.68%) of those referred to the drug program, had a record of conviction before their referral, and 1 youth (3.23%) had a record of drug conviction after the referral. For the year 1983, 3 youths (6.66%) had a record of conviction prior to their referral to the drug program, and 1 youth (2.22%), had a record of drug conviction after referral. The analysis of these two years of referrals, in terms of convictions preceding and following referrals to the drug program, may indicate that, for a larger number of youths referred in 1984, a smaller proportion was involved in drug convictions after referral to the drug program.

However, when the year 1984 is compared to the year 1981, it becomes clear that for a larger group of youths (40 and 36 youths for each year, respectively), referred to the drug program, and for a larger number of convictions (2 and 0 convictions for each year, respectively), the same number of drug convictions, after referral to the drug program, was recorded. This shows an improvement in the outcome of the program over these two years. However, when considering the

total number of convictions after referral, for 1984 and 1982, there is generally a clear decrease in the youths' conviction rate, but the number of drug convictions remains the same. This finding may mean that youths, referred to the drug program, are less likely to be convicted for other offenses than for drug offenses. If this is the case, one may wonder if it is more common for the courts to convict youths for drug offenses, than for other offenses. If this is not so, it is possible that youths presenting multiple delinquent behaviours are able to reduce or arrest all but drug-related delinquent activity.

The percentages of "all convictions", after referral, decreased progressively from 1981 to 1984, while the percentages of "drug convictions", after referral, decreased from 1981 to 1983 only. ~~The~~ percentages of offenses after referral, (2 offenses or 5%), increased in 1984, after having decreased in 1982 and 1983, (1 offense, or 2.22%), for the highest number of referrals. The difference between the number or percentage of "all convictions" and "drug convictions" may confirm that societal control of drugs is more readily enforced than control of other delinquent behaviours.

It may be that the two youths, convicted for drug offenses after their involvement in the drug program in 1984, were the same youths who had been convicted before referral to the drug program, and were also the same youths who had been convicted for drug offenses.

A marked decrease of convictions is noted, both for drug and nondrug-related offenses, after referral, except for the year 1984.

### 7.3.2 The Leamington Police Department

One third of the types of offense recorded by this police department are related to drugs. In addition, more than half of the actual offenses were related to the drug involvement of the youths with this police department, after their referral to the drug program. This may confirm that, after referral to the drug program, the youths decided to continue their drug involvement. It may also indicate that their drug involvement was accompanied by other delinquent behaviours. However, the lack of specific data for each youth, does not allow the writer to draw such a conclusion.

Of 15 youths who were in contact with the Leamington Police Department, before their participation in the drug program, 3 youths were subsequently involved with the police and charged in 7 instances. Three of these instances were related to drugs.

This finding indicates that 1 of 5 youths referred to the drug program, is likely to be involved with the police after being referred to the drug program.

These results are quite different from those obtained through the Windsor Police Department. One may wonder if it is easier for youths in the city of Windsor to remain undetected in their use of drugs.



In regard to the findings obtained from the Leamington Police Department, three points ought to be mentioned; a) no youth is involved with the police, before or at the time of the referral to the drug program, b) most police-youth contacts resulted in charges laid rather than convictions entered at the time of the research, and c) most of the Leamington Police Department's involvement occurred after the youths' referral to the drug program.

### 7.3.3 The Belle River OPP Detachment

The information obtained from the Belle River OPP Detachment is consistent with the information from the Leamington Police Department in that "drug involvement" after referral increased while "all involvement" decreased. In this sense, the drug program may not meet its goal of preventing drug related offenses. There is a clear decrease in involvement, with the police, and in the preferment of charges against youths, after the referral of the youths to the drug program, for every type of offense, but an increase of those related to drugs, after their referral to the drug program.

One may speculate that the youths who participated in the drug program, were more likely to reduce their delinquent behaviours, except for those related to drugs. This may also indicate that the youths do not change their use of drugs in the community, after their participation in the

drug program. It is possible that they do not find in the community, in general, the necessary structures, present in schools or service programs, to control their use of drugs. It is possible too that they receive the message from community and peers that it is acceptable to use drugs in the community, if no strict policy, such as at schools, discourage the use of drugs.

This concludes the analysis of the findings, based on the information obtained from the Windsor Police Department, the Leamington Department, and the Belle River OPP Detachment.

The three first sections of this chapter provided the analysis of (a) the demographic data, (b) the results of the questionnaire and (c) the police records. The next section of this chapter will present a statistical interpretation of these findings.

#### 7.4 STATISTICAL INTERPRETATION OF FINDINGS

This section presents the results obtained from subjecting the data to the chi-square and correlation tests.

Some of the research's data represent alphanumeric values and are unbalanced. Other data represent continuous scaled values. The choice of descriptive statistical tests was based on the characteristics of these data. The chi-square two variable case was employed to determine whether the variables were related or independent.

Each time the chi-square value is statistically significant, it is concluded that the variables studied are interdependent or related. In the one-degree-of-freedom situations, when the expected frequency does not equal or exceed five, the use of chi-square was avoided. In these last instances, a correlation test was applied, particularly in situations of scaled responses reflecting discontinuous values (e.g. Questions #6 to #15, with exception of Questions #7, 11, 12, and #13). The chi-square test was used with the categorical and discrete variables which are characterized by nominal level of measurement. To assess the association between the demographic data and the data describing the drug program, a chi-square test was calculated. A significant result was assumed to be one for which the probability level was .05 or less. The contingency coefficient was used to interpret the chi-square. The coefficient had a minimum value of 0. This test helped to assess the strength of the chi-square. A significant chi-square (or a significant contingency coefficient) does not necessarily mean one variable is "causing" change in the other. It only means that the variables are associated. In order to interpret a significant chi-square, the following tables will present the chi-square value itself, the significance level and the size of the contingency coefficient.

A correlation test was also applied to the data at a level of interval scaling. Correlation refers to the size of

relationship between variables, where one variable can be predicted from the other. The Pearson  $r$  statistic can range from  $-1$  to  $+1$ , which respectively represents a perfectly negative relationship to a perfectly positive relationship. If the correlation coefficient is  $.05$  or less, the variables are correlated significantly but this does not mean that there is a cause and effect relationship.

#### 7.4.1 Chi-square coefficient analysis

All the variables were subjected to a univariate and mean statistical procedure for descriptive purposes. As a result of this, the mean age of  $15.11$  was determined.

The data were secondly subjected to a chi-square test in order to determine their significance. In order to apply this test to the data, all the concerned variables were reduced to an order of 2 items. Six variables at a nominal level of measurement are used: (a) gender, (b) age, (c) location, (d) substance, (e) number of sessions attended, and (f) members participating in the drug program.

The chi-square test administered on these six independent variables indicates the following:

-- On one hand, these variables are associated with the four following variables at a nominal level of measurement: (a) age, (b) grade, (c) session, and (d) members.

-- On the other hand, these first six variables are also associated with five other variables at an interval

level of measurement. These variables are provided by the responses to the questionnaire. These variables are (a) school and service program performance, (b) behavioural change, (c) change with authority figures, family and peers, (d) effect of the program, and (e) relationship between the referring agents and the youths.

As is illustrated in Table 22 and Table 23, three dependent variables show no association at all with the other variables. They are (a) extent of family involvement, (b) direction of family change, and (c) contact between the referring agents and the youths. All the other variables show an association between each other.

Table 24 and Table 25 illustrate the significance of the relationship between these variables by indicating the chi-square value and the degree of freedom, as well as the probability and the contingency coefficient.

In order to meet the purpose of this research, specific attention was given to the variables which most directly reveal the effectiveness of the program. The variables chosen for this purpose are (a) the performance of the youths, (b) their behavioural change, and (c) the change of youths toward authority figures, and other people, and (d) the perceived effect of the program. These variables are analyzed in the following tables, in relation to one descriptive data (gender) and one data (member) reflective of the program process. These variables were chosen for no other reason

TABLE 22

Overall Association Based on Chi-square Test

Variable	Age	Grade	Session	Member	Performance	Behaviour
Gender	*	*	*	*	*	*
Age			*	*		
Location	*	*	*	*	*	*
Substance				*		
Session					*	*
Member					*	*

TABLE 23

Overall Association Based on Chi-square Test

Variable	Change	Effect	Extent	Direction	Contact	Relation
Gender	*	*				*
Age						*
Location	*	*				*
Substance						*
Session	*					*
Member	*	*				*

than to illustrate an example for each following category:  
 (1) the descriptive data, and (2) the program process.

#### 7.4.1.1 Variable gender

According to Table 22 and Table 23, it is apparent that the four chosen variables have no association with the youths' age and the substance used. However, they are statistically related to gender, location, and session.

TABLE 24

Association of Dependent Variables with Gender

Variable	Chi-square	df	Probability	Contingency Coefficient
Performance	0.470	1	0.4930	0.098
Behaviour	0.031	1	0.8600	0.024
Change	0.201	1	0.6536	0.065
Effect	0.703	1	0.4019	0.109

The decision level chosen is the .05 level of confidence. The obtained chi-square values in the preceding table have a high probability (greater than .20) if the null hypothesis is true.

The probability is higher than .05 for each variable studied, which suggests that the null hypothesis is false for all these variables.

The probability of the null hypothesis (0.8600) to be false is the highest for the behavioural and attitudinal change. The probability for association between the gender

of the youths and the perceived effectiveness of the program (0.4019) is the lowest.

The obtained probability is quite high so the results are not statistically significant and the null hypothesis is not rejected.

It is assumed that the closer the coefficient is to the middle of the continuum between +1.0 and -1.0, the weaker is the relationship between the two variables. A correlation coefficient of 0.0 indicates no relationship at all.

It appears, from Table 24, that there is a low association between the school or service program performance of the youths and their gender, as well as between the effectiveness of the program, as perceived by referring agents, and the gender of the youths. There is a negligible association between behaviour change and gender of the youths.

The results of the two tests, chi-square and the contingency coefficient, on the variable "effect" are contradictory. Therefore, the relationship is ambiguous.

#### 7.4.1.2 Variable member .

In order to use the chi-square test, the variable "member" was created from the combination of (a) father and mother, and (b) sister, friend and others in order to form two categories of variables. To obtain two categories for the variable "change", change toward family and change toward peers were combined.



TABLE 25.

## Association of Dependent Variables with Members

Variable	Chi-square	df	Probability	Contingency Coefficient
Performance	1.568	1	0.2105	0.194
Behaviour	1.631	1	0.2015	0.189
Change	4.829	1	0.0280	0.328
Effect	0.334	1	0.5634	0.084

All obtained chi-square values have a high probability (greater than .20) if the null hypotheses are true. All probabilities, except for the variable "change" ( $p=0.0280$ ), are higher than .05 which may suggest that the null hypotheses are false for the variables. The obtained probabilities are quite high which may suggest that the results are non-significant and the null hypotheses are not rejected.

The chi-square value (4.829) of "change" has a low probability (less than .20) if the null hypothesis is true. This suggests that the null hypothesis is false. Therefore, the hypothesis that there is a statistically significant relationship between who participated in the program and the youths "change" is true.

In the Table 25, the contingency coefficient shows a low association (0.328) between who participated in the drug program and the person toward whom the youths changed. A

negligible association, between youths' performance (0.194) and participating members, and between behaviour changes (0.199) and participating members, is noted. No association exists between effect of the program and those who participated in the program.

The results of this statistical analysis indicate that many possibilities of interpretation of the findings through chi-square test are possible for several variables. Table 26 shows the variables concerned.

TABLE 26

Variables which Present a Possible Statistical Interpretation through Chi-Square Test

Variables	Age	Grade	Location	Members	Session
Age			*		*
Grade	*		*		
Reason	*				
Session	*	*	*		
Use				*	
Performance	*	*	*		
Behaviour		*			
Change			*		*
Extent	*		*		
Relation	*		*		*

The interpretation of these findings is not further explored due to the time constraints of this research. However, as stated in the methodology of this research, the correlations found from the statistical analysis may form the basis of hypotheses for future research investigations (see p. 60).

This concludes the interpretation of the findings through the chi-square test, which reveals a degree of dependence between certain variables. The next section provides the interpretation obtained through the use of the correlation test.

#### 7.4.2 Correlation test

The Pearson correlation is used to show the strength of the relationship between six continuous variables namely (a) performance, (b) behaviour and attitude changes, (c) effectiveness of the program, (d) extent of family change, (e) direction of family change, and (f) the relationship between the youth and the referring agent. Correlation coefficients range from -1 to +1. A correlation coefficient close to +1 means that the two variables are closely correlated; a coefficient near zero means there is little correlation between the values of the two variables; and a correlation coefficient close to -1 means that the variables are negatively correlated.

TABLE 27

## Correlations Between Dependent Variables

Variable	P	B	E	X	D	R	(N)
Performance (P)							98
Behaviour (B)	.61						94
Effect (E)	.50	.58					58
Extent (X)	-.05	-.00	-.07		.58	.18	90
Direction (D)	.06	.13		.21		.21	81
Relation (R)	.12	.36		.31			83

Note. Correlation Coefficients/Prob>|R| Under  $H_0: R=0$

In order to apply these correlation tests, the items of the questionnaire are reduced to a three scale order. For the interpretation of the results, Grinnell's (1981) scale was used ( p. 493).

Table 27 shows an inverse relationship between the extent of family change and the performance of the youths (-.05), between family change and behavioural change (-.00), and between family change and perceived effectiveness of the program (-.07).

The correlation tests show that there is no statistically significant relationship between the following variables:

-- The extent of family changes toward the referring agents and the youths' performance ( $r=-.05$ ).

— The extent of family changes and the youths' behaviour changes ( $r=.00$ ).

— The extent of family changes and the perceived effectiveness of the program ( $r=-.07$ ).

— The direction of the family changes toward the referring agents and the perceived effectiveness of the drug program ( $r=.05$ ).

The correlation test indicates that both changes (frequency of contact and rapport quality of families with referring agents) do not show any significant correlation with the effectiveness of the drug program, as perceived by the respondents. This may indicate that the referring agents do not relate the changes in frequency of contact and rapport quality with the families, as being criteria for the effectiveness of the drug program.

The changes of frequency of contact by the families with the referring agents, do not correlate with the changes in the youths' performance or behaviour. This may also be indicative of the fact that, the families' frequency of contact with the referring agents is not held responsible for the youths' changes.

The following variables show a negligible degree of correlation between each other:

— The extent of family changes toward referring agents correlates ( $r=.18$ ) with the relationship between the referring agents and the youths.

— The direction of the family changes toward the referring agents correlates ( $r=.21$ ) with the relationship between these agents and the youths.

— The direction of the family changes toward the referring agents correlates ( $r=.21$ ) with the extent of family changes toward these agents.

— The direction of the family changes toward the referring agents correlates ( $r=.13$ ) with the youths' behaviour changes.

— The relationship between the referring agents and the youths correlates ( $r=.12$ ) with the youths' performance.

The correlation test indicates that the families' involvement (in terms of frequency of contact and rapport quality with the referring agents) correlates at a negligible level with the relationship of the youths and the referring agents. The rapport of the families with the referring agents may determine the frequency of contact between these families and these referring agents, and the changes in youths' performance and behaviour. This may indicate that the degree of harmony in the relationship, between families and referring agents and youths, determines the degree of changes in the youths' behaviour and performance.

The following variables show a moderate degree of relationship between each other:

— The youths' behaviour changes, and the youths' performance ( $r=.61$ ), at schools and service programs.

— The perceived effectiveness of the program and the youths' performance. ( $r=.50$ ), at schools and service programs.

— The perceived effectiveness of the program and the youths' behaviour changes ( $r=.58$ ).

— The extent of family involvement toward the referring agents, and the direction of the family involvement ( $r=.58$ ), toward the referring agents.

The correlation test indicates that the effectiveness of the drug program, in the perception of the respondents, is related moderately to the youths' change in their performance and their behaviour, at schools or service programs. The frequency of contact and the rapport quality, between the families and the referring agents, are also related moderately. This may indicate that, in the perceptions of the respondents, the criteria for the effectiveness of the drug program, are the youths' performance and behaviour, at schools or service programs.

It would be interesting to know the direction (positive or negative) of the families' involvement changes. This research does not provide this information. This completes the statistical interpretation of the research.

— This concludes the chapter on the analysis of findings. This analysis consisted of an examination of all the variables contained in the demographic data, in the questionnaire and in the police records. In addition, the findings

were also subjected to two statistical tests, the chi-square and correlation tests. These tests determined the existence and the degree of significance of the relationship between the variables chosen for the evaluation of the drug program.



## Chapter VIII

### CONCLUSIONS AND RECOMMENDATIONS

This last chapter examines the links between the literature reviewed and the findings from this research, and also presents some recommendations reached through analysing the findings. In this chapter, conclusions and recommendations are drawn, from all the data obtained from the John Howard Society's files, from the questionnaire, from the police records, and from the statistical interpretation of the findings. A generalized profile of the youths, who are studied in this research, is provided. Finally, a general conclusion is given, along with some topics suggested for future research.

#### 8.1 LINK BETWEEN LITERATURE REVIEW AND CONCLUSIONS

The review of literature, included in this research, discusses the issues of program evaluation, adolescent drug use, and the crisis intervention model of treatment.

Different schools of researchers discuss program evaluation in different ways. However, it appears that, in general, program evaluation is a way to determine the effectiveness of programs, based on the fulfillment of the objectives set out in advance.

The dynamics of the use of drugs is studied from many perspectives in the literature: the behavioural theory of Hall, the psychoanalytical theory of Freud, the intellectual theory of Piaget, and the psychosocial theory of Erickson.

The crisis intervention model of treatment is presented as an effective approach to help youths who use drugs. The modality of this approach is discussed in the context of the drug program, offered by the John Howard Society of Windsor and Essex County.

In general, the findings of this research concur with the general findings of the literature as reviewed.

The literature stresses the need for adolescents to identify with the same-sex parent. Also, the significance of peer influence is recognized (see p. 31). In addition, the authority figures play a major role, more so when parents are not involved with the youths in the program. This research addresses the issue of involvement of third parties by analysing data related to the involvement of the family members or the persons participating with the youths in the drug program. Research question #7 provided this information. The results of the analysis show that, following participation in the program, a favourable change toward authority figures definitely characterizes the youths (see pp. 129-130).

Many authors (Stanton and Todd, 1982, and Kandel, 1979) stress the importance of family history in discussing the

crisis cycles observed in drug abusers' families. It is noted that compulsive use of drugs by adolescents is associated with the family history, and also, that it appears as a result of the search for identity (Erickson, 1968), specifically in terms of identification with the same-sex parent (see pp. 17-18, 22-23).

This research indicates that more males than females were referred to the drug program, and that more mothers than fathers participated in the drug program (see pp. 79-80, 90-91, and 121-122). This finding may confirm Freud's theory, with respect to the overall significance of the opposite-sex parent during adolescence (see pp. 17-18).

The youths' subsequent performance, at schools or service programs, can be related to what Erickson calls the industry conflict of stage four from which comes "apprenticeship versus work paralysis" (see p. 21).

From this perspective, this research shows that "no change" in performance, at schools or service programs, is most likely to occur after the participation of the youths in the drug program. However, a positive change is more likely than a negative change, where change does result (pp. 94-95, and 126-127).

It is possible that, in resolution of the identity stage (with the same sex-parent), is attained at the time of the drug program, and participation of the same-sex parent occurs, the result for the performance level might be different.

The literature emphasizes the significance of the correlation between the first use of drugs with the age of the youths, the reason for use (experimental, intermittent, or social use), the multiple and multidimensional aspects of drug use (Mayer and Filstead, 1980), the exposure or availability of drugs to users of drugs, and of the phenomenon of progression in drugs used (Eschner and Friedman, 1979, and Kandel, 1975). The need for early intervention is presented as a requisite for averting possible life-long patterns of drug dependence (see pp. 27-29, and p. 50). Early intervention is a characteristic of the John Howard Society's program (see pp. 59, 61).

This completes the brief link between the literature review and the conclusions and recommendations, formulated from the findings of this research. The next section of this chapter will present the conclusions and the recommendations, formulated from the findings of the demographic data.

In order to facilitate the textual reference process, the same presentation format is used, as that used in the two previous chapters: beginning with the demographic data, then proceeding to the data from the questionnaire, and ending with the data from the police records.

## 8.2 CONCLUSIONS AND RECOMMENDATIONS BASED UPON DEMOGRAPHIC DATA

The demographic data are obtained from the John Howard Society's files.

### 8.2.1 Gender

It is concluded that the gender of the youths influences the nature of their use of drugs, the respondents' interpretation of drug use, and the societal tolerance of youths who use drugs. This conclusion results from the facts that (1) the program accommodates more male youths than female youths, (2) the use of drugs by males is perceived as one aspect only of a global, behavioural, and delinquent conduct, and (3) the respondents refer more male youths than female youths, for a perceived first time incidence of drug use (see pp. 79-80, and 112-113).

It is recommended that the drug program be geared to the gender-specific needs of the youths, and that the referring agents and the community be sensitized to their diverse needs. This recommendation may include the development of program content specifically geared to help male youths, who have problems with authority figures, parental defiance, or peer pressures (see pp. 31-33). It may also include programs that would sensitize the referring agents to the need to help female youths, even if they do not show the same negative behaviours as do the male youths.

### 8.2.2 Age

It is concluded that, at age 15, youths are undergoing many stressful situations [family adjustment (see p. 30), school adjustment (see p. 25), peer pressure (see p. 31), confronting authority figures (see pp. 22-23), and access to drugs (see pp. 27-28)]. The peak of referrals for drug-use coincides with this age of 15 years.

It is recommended that programs be provided for youths, below the age of 15 years, to prevent the onset of the crisis and to forestall drug related crises akin to those which brought the referrals to the treatment program. These programs should be designed to help youths to deal with all the "stressful" situations mentioned above. This might be done by providing more information and by training the youths in assertiveness and progressive responsibility taking.

### 8.2.3 Residential addresses of youths

It is concluded that, in Windsor, the youths referred to the drug program resided primarily in an extended easterly section of the city, with the exception of a compact southwesterly section of Windsor.

It is concluded that, in the county outside the city, the youths referred to the drug program resided primarily in the towns of Leamington and Belle River.

It is recommended that more efforts be expended to reach the youths who attend the schools located in the western regions of Windsor, with the drug program. A similar effort should also be made in the county areas where the drug program is not currently being offered (see pp. 81-84, and 114-115).

It is recommended that special attention be given to drug-prone regions of the city of Windsor and the county of Essex, with preventive programs geared to the specific needs of the region.

#### 8.2.4 Grade

It is concluded that, in grade 9, youths encounter many stressful situations. The youths, referred to the drug program, are more frequently in the first year of secondary school, and the need to adjust to a new environment is apparent (see pp. 84-85, and p. 116). It is in this grade that youths most frequently use drugs and are then referred to the drug program.

It is recommended that, in grade 9, the youths be provided with assistance in adjusting to a new school system and to new peers. Tutorial, as well as peer programs, should be available to these youths to help them to adjust and show better academic performance. Such programs might be developed within the schools to help ease the transition from elementary to secondary school environments [i.e. (a) the cre-

ation of a third level of school, between the elementary and secondary level, may ease the transition for some youths who present difficulties of adjustment, or (b) an intensive involvement of school counsellors with those youths and community resources already in contact with the youths].

#### 8.2.5 Source of referral

It is concluded that, in Windsor, the referring institutions are concentrated in the northeastern area of the city, with the exception of one area in the southwestern section. These areas also have the highest number of secondary schools.

It is concluded that the source of the referral is more determined by the number of youths, attending the respective schools under study, than by the youths' residential addresses.

It is concluded that, in the county, most of the youths are referred primarily by two educational institutions, namely, the Leamington and the Belle River high schools.

It is recommended that the educational institutions located in the western section of Windsor, be made more aware of the drug program.

On the premise that drug use is practiced city-wide, it is recommended that, through public education, the youths be made aware of the drug program, directly along with their community.



It is recommended that, in the other educational institutions located within the county, drug awareness program be undertaken, generally to ensure that all youth of this age are aware of the program.

#### 8.2.6 Reason for referral

It is concluded that the reason given for referral is related to the institutions' policy (i.e. Windsor Board of Education), which is to refer youths who use drugs, on school property, to the drug program.

It is recommended that similar policies for referral be established by other School Boards and other Social Agencies. One reason for the development of these policies is to ensure that the youths who abuse drugs attend the drug program. Awareness of the community members, about the effects and symptoms of drug use, determines who refers the youths to the drug program. Public education should be expanded, as shown by the continuing number of drug related criminal convictions (see pp. 103-109, and 137-142).

#### 8.2.7 Substance used

It is concluded from this research finding that the substances which the youths used most frequently, is the same as that used by youths in Western Ontario around 1977, namely alcohol and cannabis (see pp. 89-90, and p. 120).

It is recommended that the program focus on these two substances. For this purpose, the structure of the three-session drug program may need to be modified and extended. An updating about the effects of cannabis use, and the health and legal consequences of its use, would enhance the John Howard Society's drug program.

#### 8.2.8 Number of sessions attended

It is concluded that the drug program is effective in ensuring completion by the participant, to judge by the number of youths who do fully complete the program: for instance 79% of the participants in the drug program completed it (see pp. 90-91, and 121-122). For the youths who do not complete the drug program, it is suggested that a more structural approach, with incentives and disincentives for attendance or absence, might help ensure program completion.

It is recommended that help be provided to the referring agents through the development of guidelines, and through dynamic encouragement for the youths to complete the drug program. In addition, similar guidelines and encouragement should be available to ensure the follow-through of youths who are referred to other service programs when necessary. This support may be found, or developed within the groups of family members, peers, or professionals involved with these youths.

### 8.2.9 Participants in the program

It is concluded that the effectiveness of the program results in part from the participation of parents in the drug program. It is concluded that the youths' drug problem reflects their need to identification with the same-sex parent. This need should perhaps be addressed as a factor determining the youths' drug use. However the same-sex parent of these youths should attend the drug program to allow this to happen.

It is recommended that further research be undertaken in order to determine the need to involve both parents in the drug program.

This section of the chapter presented the conclusions and the recommendations, with regard to the demographic data. The next section will present the conclusions and recommendations, evolving from the results of the questionnaire.

## 8.3 CONCLUSIONS AND RECOMMENDATIONS FROM THE QUESTIONNAIRE

### Question #1 (Subsequent Drug Use After Participation in the Drug Program : N=35)

It is concluded that the drug program is effective in that two thirds of the youths who completed the drug program are not involved in further use of drugs.

It is recommended that the drug program continue to operate, but that special attention be given to youths, who

are involved with drugs other than alcohol, for which the rate of recurrence of use is slightly higher than for alcohol (see pp. 92-93, and 123-124). This attention might include updating the information on the effects of drugs other than alcohol, provided in the drug program, informing the families and the communities about the effects of these drugs and the ways of identifying symptoms resulting from their use.

Question #2 (Subsequent Suspension After Participation in the Drug Program : N=30)

It is concluded that the drug program is effective in that less than one third of the youths, who are referred to the drug program, are suspended from school a second time. Further, one half of the suspensions that do occur are due to other behavioural problems (see pp. 93-95, and 124-126).

It is recommended that, to be more effective, the drug program might address other behavioural problems presented by the youths. This could be done by either providing systematic counselling, or through referral to appropriate resources.

Question #3 (Academic Performance and Service Program Involvement After Participation in the Drug Program : N=90)

It is concluded that the drug program is effective in that the respondents' perceived change in the youths' performance at schools or in service programs is reported as

being "positive" more frequently than "negative", when a change of performance occurs (see p. 95, and pp. 126-127).

It is recommended that ways be developed to find out what happens to those youths who reportedly show no change.

It is also recommended that measures to determine the youths' change of performance, from the time of referral to a follow-up date, be established with the referring agents, as a control on program success.

Question #4 (Academic or Program Completion During the Year of the Referral : N=97)

Neither conclusions nor recommendations are provided in relation to this question, as explained in the analysis of this finding (see p. 127).

Question #5 (Reason for Termination : N=45)

It is concluded that, for a significant number of youths, the drug program may be addressing only one aspect of their general behavioural and social adjustment problems (see pp. 127-128).

It is recommended that the intervention offered to these youths, through the drug program, address some of the other needs of these youths, and that referral and access to other counselling resources be facilitated.

Question #6 (Youths' Behaviour Change After Their Referral : N=99)

It is concluded that the drug program is effective in terms of the direction of the youths' behavioural change, as reported by this question. However, what the respondents meant by "positive direction" may not have been perceived uniformly. Therefore this research does not provide further information in this regard, which limits further conclusions.

It is recommended that in order to "fine-tune" the drug program, the specific needs of youths who reportedly show negative changes, be identified during or after participation in the drug program. Further, programs to meet these needs must be implemented or developed, if not already in existence.

Question #7 (Youths' Behaviour and Attitude Change After Participation in the Drug Program : N=105)

It is concluded that the youths' reported changes tend to be manipulative in the sense that they are more evident with the persons in authority, and less evident with their families and peers. It is also concluded that they are thereby attempting to show a measure of adjustment to the community's expectations in the wider sense.

It is concluded that the drug program satisfies the intent of the policy of the Windsor Board of Education which is to reduce the use of drugs at school.

It is recommended that the drug program, at this phase of its development, address the needs of the youths beyond the discipline needs of the schools.

Question #8 (Effect of the Drug Program on the Youths' Change : N=70)

It is concluded that the respondents are rather divided in their perception of the drug program's ability to effect changes in youths (see pp. 97-98, and 130-131). This question #8 does not provide information about the direction of these changes (positive or negative).

It is recommended that, if the John Howard Society or another ancilliary body is interested in this aspect of the program, further exploration of this question may be undertaken, in order to determine the direction of the effect that the drug program has on the youths' changes. Other additional sources of data that might be considered to determine the effectiveness of the drug program are the youths' perceptions, their families' and peers' opinions, etcetera.

Question #9 (Family Involvement with the Schools and Service Programs After Referral to the Drug Program : N=98)

It is concluded that the respondents are rather divided about the degree of change of the families' involvement, in terms of frequency of contacts with the referring agents (see p. 98, and pp. 131-132).

It is recommended that a feedback process be developed between the referring agents and the drug program providers, to further address the perceived need for additional information, on the extent of the involvement of the families with the referring agents.

Question #10 (Quality of Family Involvement with the Schools or Service Programs After Referral to the Drug Program : N=99)

It is concluded that the respondents are rather divided about the degree of the change of the families' involvement, in terms of rapport toward the referring agents.

It is recommended that a feedback process be developed between the referring agents and the drug program providers, to further address the perceived need for additional information, on the quality of family involvement and the referring agents.

Question #11 (Status of the Respondents at the Time of the Referral : N=91)

It is concluded that the drug program responds primarily to the need of schools, which is but one segment of the community.

It is recommended that the drug program respond to the needs of a larger segment of the community. This can be done by exploring other referral sources for the drug program and through community education programs, workshops, and public information forums.

Question #12 (Extent to which the Job Classification of the Referring Agents Remains the Same as at the Time of Referral : N=91)



It is concluded that due to staff turnover, follow-up information is difficult to obtain.

It is recommended that more extensive and complete records be kept by the referring agents for long-term future evaluation of the drug program.

Question #13. Explanation for the Change of Job Classification : N=19)

Because of the small number of responses to this question, no conclusions or recommendations are drawn.

Question #14 (Time of the Respondents' Involvement with the Youths with Respect to the Referral Dates : N=242)

It is concluded that the referring agents, and the youths, have personal contact before the referral, at the time of the referral, and after the referral. That is, their personal contacts are ongoing (see pp. 101-102, and 135-136).

It is recommended that the referring agents who have an ongoing contact with the youths, participate directly with the youths in the drug program.

Question #15 (The Quality of the Respondents' Relationship with the Youths : N=99)

It is concluded that the referring agents have a personal contact with most of the youths, referred to the drug program, but the quality of their contact leaves much to be desired (see p. 108, and pp. 136-137).

It is recommended that, in addition to providing the drug program to youths and their families, the provider of this program also involve the referring agents in the drug program process in order to encourage a real behavioural change of the youths toward the authority figures (see p. 136).

This concludes the second section of this chapter, which presented the conclusions and recommendations based on the analysis of the findings from the questionnaire. The following section will present the conclusions and recommendations resulting from the analysis of the data obtained from the police records.

#### 8.4 CONCLUSIONS AND RECOMMENDATIONS FROM THE POLICE RECORDS

##### 8.4.1 The Windsor Police Department

It is concluded that the data provided by the Windsor Police Department does not provide information that makes possible a person-specific type of evaluation.

It is recommended that the John Howard Society of Windsor and Essex County, with the cooperation of the Windsor Police Department, develop a mechanism that will provide relevant person-specific information, about the youths' legal involvement with police, after their participation in the drug program.

#### 8.4.2 The Leamington Police Department

It is concluded that the data obtained from this Police Department does not provide information that makes possible a person specific type of evaluation. It is further concluded that the involvement of the youths with the Leamington Police Department is much more frequent after these youths participated in the drug program than before. There was no reported involvement of any of these youths with the police, before referral, but a large number of involvements after referral to the drug program. This finding is not consistent with the information obtained from the Windsor Police Department.

It is recommended that the Windsor Police Department and the Leamington Police Department discuss the reasons for these differences in results, with a view to understanding the situation in the Leamington area.

It is concluded that the drug program does not prevent the youths, in this area, from further involvement with drugs (see pp. 140-141).

It is recommended that the needs of the youths, from this area, be identified and that programs be developed, if not already in existence, in order to fulfill these needs and to ensure a reduction in police involvement.

It is recommended that person-specific information be made available, as recommended for the Windsor Police Department, for future research.

### 8.4.3 The Belle River OPP Detachment

It is concluded that the drug program may be more effective in reducing the involvement of the youths with the police for other offenses than for drug use.

It is also concluded that more social structures might be necessary in the area in order to assist youth drug users.

It is recommended that a continuity of service be established and enforced, as part of the drug program process (i.e. method of referral to the drug program and ways of ensuring participation in the drug program).

This completes the conclusions and recommendations, derived from the police reports.

This section of the research presented the conclusions and the recommendations resulting from the demographic data, from the John Howard Society's files, from the questionnaire, and from the police records. The next section of this research will provide the conclusions and recommendations from the statistical analysis of the data.

### 8.5 CONCLUSIONS AND RECOMMENDATIONS FROM THE STATISTICAL ANALYSIS

The findings of this research do not result from an attempt to test hypotheses, but to discover the existence, the degree of significance, and the correlation between the variables under study (see p. 69). Two types of statistical

tests were used to indicate the existence of the degree of dependence and association between various variables, under study. These tests are the chi-square and the correlation tests.

#### 8.5.1 Chi-square test

It is concluded that various degrees of dependence, between the variables have been found and that the relationship between these variables can be interpreted statistically.

It is recommended that future research be undertaken, in order to further test the relationship between the variables, which show a degree of dependence or association with each other (see pp. 144-150).

It is concluded that, in the interpretation of the findings through the chi-square test and the contingency coefficient, a degree of dependence between variables exists. Two variables (gender and member) were used to illustrate the degree of association between the variables under study (see p. 146). Even if there is a possibility of an association between the two variables (i.e. "gender" of the youths and "member" who participated in the program) and the other variables used in this research, the null hypothesis (i.e. that there is no association between these variables) is not rejected. It is found that the highest probability of association is between the "gender" of the youths and their behavioural changes. The probability of association between

the "gender" of the youths and the effectiveness of the program is the lowest (see pp. 144-148). It is concluded that there is also an association between the "member" who participated in the drug program and the youths' changes.

It is recommended that, because of this finding, a gender-specific approach of intervention be developed in order to respond to the needs of both genders. It is therefore recommended that, should future research be undertaken to evaluate further this program, the relationship between the participants and the youths' behavioural changes become the focus.

#### 8.5.2 Correlation test

It is concluded that there is a degree of statistical significance between some of the variables studied, based upon the correlation tests which were applied in this research (see pp. 151-155).

It is recommended that future research be undertaken, in order to further test the relationship between the variables, which show a degree of statistical significance between each other. The results of such further research may provide relevant information for "fine-tuning" the drug program.

The correlation test suggests that there are three degrees of association between the variables used: (a) no degree of relationship, (b) a negligible degree of relation-

ship, or (c) a moderate degree of relationship between the variables studied. It is concluded that a moderate degree of relationship is found between the youths' behavioural changes and their performance as well as the effectiveness of the drug program. It is also concluded that there is a moderate degree of relationship between the youths' performance and the effectiveness of the drug program. There is finally a moderate degree of relationship between the "extent" and the "direction" of the families' involvement with the referring agents.

It is recommended that attention be given to those variables in the future, should "fine-tuning" of the drug program be undertaken.

This completes the conclusions and recommendations, resulting from the statistical tests used. The next section of this chapter will present a profile of youths, who are referred to the drug program.

#### 8.6 PROFILE OF THE DRUG PROGRAM PARTICIPANTS

The major results of this research can be summarized in two ways. On one hand, the sampling methods, used for this research, gave a representative sample of the youths who participated in the program, from both the city of Windsor and the surrounding county of Essex. However, youths referred to the drug program may or may not be representative of the drug users in these areas. The former are representa-

tive of those youths who were referred to the drug program, as recorded in the John Howard Society's files, as reported by respondents, and as reported by the Police Departments of Windsor, Leamington and Belle River. On the other hand, a generalized profile of youths can be developed from the findings in order to summarize the results of this research. However, the reader must be aware of the risk of generalization, implied by using a generalized profile in order to summarize the result of the data.

The following characteristics constitute the generalized profile of the youths who participated in the drug program. These characteristics are:

-- The youth is a male (71.70% or 2.53 times more frequently than female).

-- Age is 15 years (38.78%).

-- Residence is Windsor, area 15 (70.79%). If he comes from the county he is more likely to reside in area 23 (51.50%).

-- Grade nine (45.30%).

-- Referred by a school representative for a reason of school discipline. He is referred by a school located in either area 18 or 4 (63.41%).

-- Cannabis is the drug used at the time of the referral (57.05%).

-- Completes the three sessions of the drug program (57.58%).

-- Mother participated in the program (53.25%).



\_\_ Not likely to be found using drug again, after participation in the drug program (88.00%).

\_\_ Not likely to be suspended again, from schools or service programs, after participation to the drug program (92.31%).

\_\_ Performance in schools or service programs is not altered (29.17%).

\_\_ Behaviour and attitude changes are positive [46.43% (1.72 times more frequently than "no change at all", and 2.50 times more than a "negative change")].

\_\_ Behavioural and attitudinal changes toward authority figures are evident (35.42%).

\_\_ Referring agents classify the impact of the drug program as being "slight" (43.10%).

\_\_ Family involvement, in terms of frequency of contact with the referring agents, remains the same (3 times more likely than to increase, and 6 times more likely than to decrease).

\_\_ Family involvement, in term of quality rapport with the referring agents, remains the same (55.56%).

\_\_ Referral is made by a school vice-principal (68.80%).

\_\_ Relationship with the referring agents is classified as "distant" by the respondents (40.96%).

This section of the chapter presented a summated profile of the youths who participated in the drug program, as

portrayed by the research findings. The next section of the research will provide a general conclusion of the global research.

### 8.7 GENERAL CONCLUSION

It is generally concluded that the drug program is proving to be effective, with respect to its goals (such as rehabilitation, see p. 61), and with respect to the research questions which are related to the characteristics of the drug program participants and their changes, the effectiveness of the drug program as perceived by the referring agents, and the relationship between various variables used for this research (see p. 69). The outcomes of the drug program corroborate this conclusion in many instances.

### 8.8 FUTURE RESEARCH

The following are some topics for possible future research on the drug program delivered by the John Howard Society of Windsor and Essex County.

- What is the outcome for those youths, who are referred to other resources, in addition to the John Howard Society, subsequent to their participation in the drug program?

- What is the impact of the drug program on different subsystems other than the schools (i.e. families, and peers)?

- What is the discretionary power of the referring agents? What are the referring agents' criteria for referral?

- How do the youths, who are referred to the John Howard Society's drug program; compare with the youths who are referred to other operating drug programs instead?

Appendix A

FACT SHEET

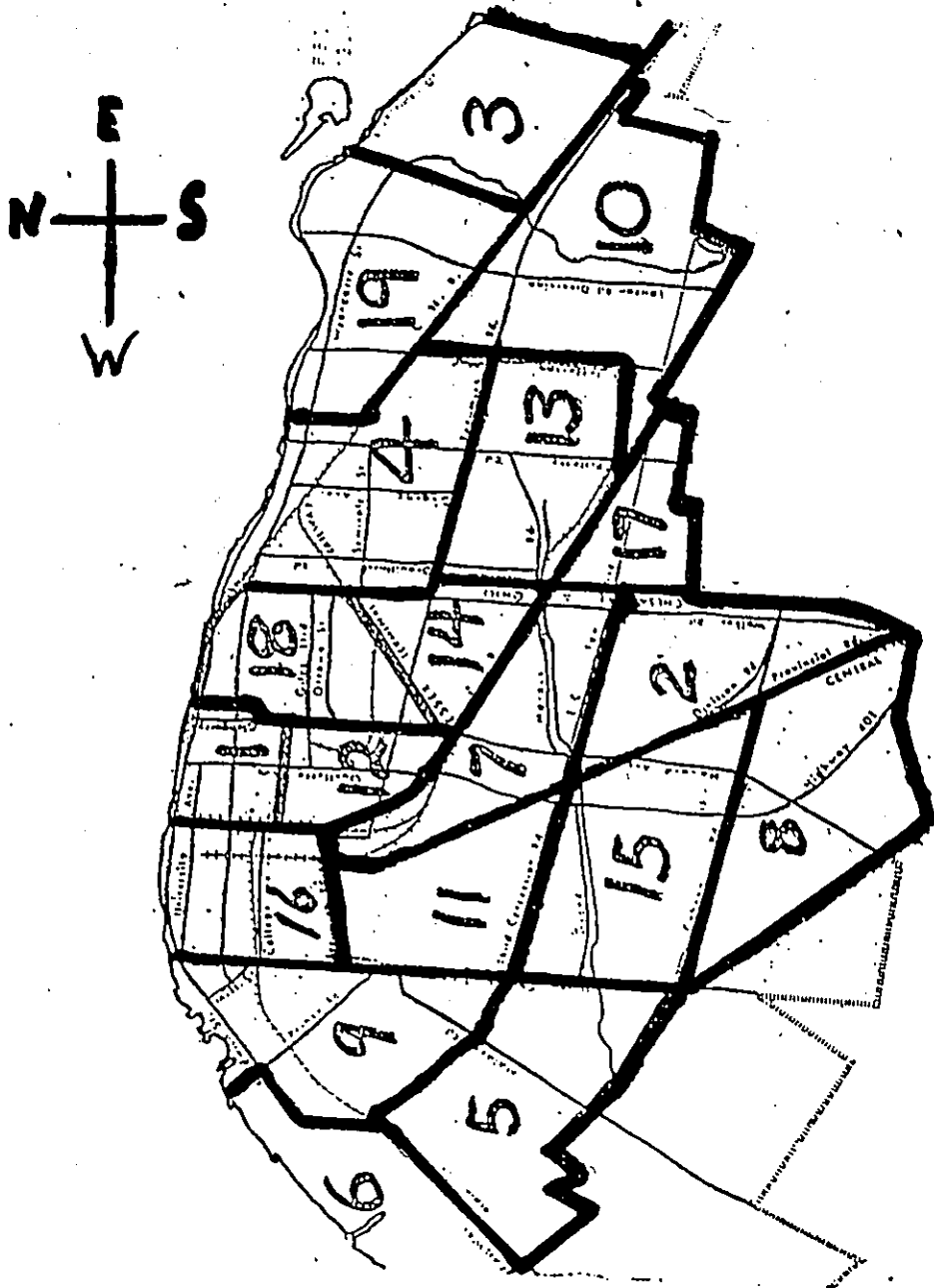
JOHN HOWARD SOCIETY OF WINDSOR & ESSEX COUNTY

252-3461

PUBLIC EDUCATION FACT SHEET

- 90% of people convicted under the criminal code committed non-violent crimes
- more than 2/3 of thefts are under \$200
- over 80% of inmates in prison are there for crimes that involved no violence
- the annual cost of keeping one man in prison is \$40,000 in custodial and hidden costs
- in some provincial institutions, 50% of the people serving time are there because they could not pay fines
- OVER 30% OF PEOPLE ENTERING PRISON HAVE ALCOHOL PROBLEMS
- 80% of people now in penitentiary have previously served time in a penal institution
- Canada has one of the highest rates of incarceration in western industrial world
- at present, one in every 1,000 Canadians is in jail
- Canadian taxpayers now spend in excess of 2.6 billion dollars a year to maintain the criminal justice system

Appendix B  
MAP OF THE DISTRICTS OF WINDSOR



Appendix C

DIRECTORY OF LOCATION AND REFERRING AGENTS

DIRECTORY OF THE LOCATION ACCORDING TO THE MAP OF DISTRICTS OF WINDSOR USED BY THE UNITED WAY and THE JOHN HOWARD SOCIETY BY REFERRING AGENTS

Location 1: areas comprised between Caron St. and Aylmer St. and between Erie St. and the Detroit River.

- \_\_\_ Ontario Ministry of Community and Social Services (Juvenile probation and after care)
- \_\_\_ Parents of two youths.

Location 2: areas triangled by Provincial Rd., Factoria Rd. and the E.C. Row Expressway.

Location 3: areas bounded by Water St. and Lakeview Ave., and the C.N.R. and the Detroit River.

- \_\_\_ Renaissance Home
- \_\_\_ Herman and Shawne high schools.

Location 4: areas bounded by Factoria Rd. and Jefferson Blvd., South National Ave., Buckingham Rd., and Tecumseh Blvd. and the Detroit River.

Location 5: areas bounded by Sandwich St. and Huron Church Rd., and the boundaries of Windsor and the E.C. Row Expressway.

Location 6: areas located between the Detroit River and Sandwich St., and the Windsor boundaries and

Hill Avenue.

Location 7: areas bounded by Provincial Rd. and C.P.E.,  
and the E.C. Row Expressway and Tecumseh Blvd.  
West.

Location 8: area bounded by R.R.3 and Provincial Rd., and  
the boundaries of Windsor and Cabana Rd. East.

Location 9: areas bounded by Sandwich St. and Huron Church  
Rd., and E.C. Row Expressway and the Detroit  
River.

— Parents of one youth, Maryville

— Foster high school.

Location 10: areas bounded by Jefferson Blvd. and Banwell Rd.,  
and Rhodes Dr. and the C.N.R.

— Roseville school

Location 11: areas bounded by Huron Church Rd. and Cameron  
Blvd., and E.C. Row Expressway and Tecumseh  
Blvd..

— Centennial high school.

Location 12: areas circumscribed by Jeannette Ave. and  
Howard Ave., and C.P.R. and Erie Street.

— Kennedy high school.

Location 13: areas located between Walker Rd. and Jefferson,  
and C.N.R. and Tecumseh Boulevard.

Location 14: area forming a triangle between Memorial Dr.,  
Terminal St., and Factoria Road.

Location 15: area between Huron Church Rd. and Cameron Blvd.,  
and Cabana Rd. and the E.C. Row Expressway.

— Massey high school.

Location 16: area between Huron Church Rd. and Caron Ave.,  
and Tecumseh Blvd. and the Detroit River.

— Hands high school.

Location 17: the triangled area circumscribed by the C.N.R.  
Industrial Spur Line, by C.P.R., and by the  
Boundary of Windsor.

Location 18: area between Howard Ave., Walker Rd., and  
Tecumseh Blvd., the C.N.E. and the Detroit River.

— Roman Catholic Children's Aid Society,

— The Inn,

— Lowe, Monarch, and Walkerville high schools.

Location 19: area between Buckingham Rd. and Water St.,  
C.N.E. and the Detroit River.

— Riverside high school,

Location 20: the Belle River and Stoney Point areas.

— Belle River high school.

Location 21: the town of Essex.

Location 22: the areas of Lasalle, McGregor, Sandwich, and  
Amherstburg.

— Western and Sandwich high schools.

Location 23: the areas of Leamington, Wheatly, and Kingsville.

— Leamington high school.

Location 24: the areas of Tecumseh and Puce.



**Appendix D  
INTAKE SHEET**

**FAMILY-YOUTH ALCOHOL/DRUGS PROGRAM**

**FACE SHEET      CLIENT DATA**

Youth's Surname \_\_\_\_\_ File No. \_\_\_\_\_  
 Given Names \_\_\_\_\_ Date of Birth \_\_\_\_\_ Day Month Yr. \_\_\_\_\_  
 \_\_\_\_\_ 1st Contract \_\_\_\_\_

Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Parent(s) Surname \_\_\_\_\_  
 Given Names \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_

Number of Years of Youth's Formal Education \_\_\_\_\_

Referred by:  Parents  Police/Court  
 Physicians  Clergy  
 Hospital  School  
 Friend  Other

Name of Referral Agent \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment Status: Student \_\_\_\_\_ Employed \_\_\_\_\_  
 Yearly Income \_\_\_\_\_ (To nearest \$1,000)

Substance most used:  
 Beer  Barbituates/Sedatives  Narcotics  
 Wine  Tranquillizers  Hallucinogens  
 Liquor  Cannabis  Other

Reasons for coming into program:  
 School Discipline  Assistance with Alcohol/Drug Dependence  
 Family Discipline  Other  
 Acute Alcohol/Drug Effects

Completed by: \_\_\_\_\_ Consent signed: Yes \_\_\_\_\_ No \_\_\_\_\_

Appendix E

LETTER OF REQUEST SENT TO THE WINDSOR SCHOOL  
BOARD

June 7, 1985

Mr. Zoltan Veres  
Administration of Special Services  
451 Park West  
Windsor, Ontario

Dear Sir,

This is an application for the Windsor Board of Education's approval of a research project on the Drug and Alcohol Program offered by the John Howard Society of Windsor and Essex County.

Gilles Hamel, who has been involved in delivering this drug program since 1981, is now prepared to conduct a study in order to determine the effectiveness of this prevention program. He is currently a Master's student in the Graduate Program of the School of Social Work, University of Windsor.

Enclosed is a copy of the letter of introduction and the questionnaire which Mr. Hamel would like to send to the referring school's representatives in order to obtain data on students' changes as observed by the school.

A response as soon as possible would be greatly appreciated.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

Appendix F

LETTER OF REQUEST SENT TO THE ESSEX SCHOOL BOARD

June 7, 1985

Mr. G. Seguin  
Director of the Essex Board  
Essex County Board of Education  
360 Fairview W., Essex  
Ontario

Dear Sir,

This is an application for the Windsor Board of Education's approval of a research project on the Drug and Alcohol Program offered by the John Howard Society of Windsor and Essex County.

Gilles Hamel, who has been involved in delivering this drug program since 1981, is now prepared to conduct a study in order to determine the effectiveness of this prevention program. He is currently a Master's student in the Graduate Program of the School of Social Work, University of Windsor.

Enclosed is a copy of the letter of introduction and the questionnaire which Mr. Hamel would like to send to the referring school's representatives in order to obtain data on students' changes as observed by the school.

A response as soon as possible would be greatly appreciated.

Sincerely,

B. J. Krceker  
Professor  
School of Social Work

Appendix G

LETTER OF THANKS

September 5, 1985

Mr. Zoltan B. Veres  
Superintendent of Special Education  
and Special Services  
Administration Office  
451 Park Street West  
P.O. Box 210  
Windsor, Ontario

Dear Sir,

I would like to take this opportunity to express my appreciation of your approval and assistance in distributing the John Howard Society Follow-up Questionnaire on the Drug/Alcohol Program.

Your encouragement was reflected by the conscientious and high rate of responses from Principals and staff.

I trust that the evaluation of the Drug/Alcohol Program delivered by the John Howard Society will ultimately enhance the effectiveness of this service to the students in the school system.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

Appendix H  
LETTER OF THANKS

September 5, 1985

Mr. G. Seguin  
Director of the Essex Board  
Essex County Board of Education  
360 Fairview W., Essex  
Ontario

Dear Sir,

I would like to take this opportunity to express my appreciation of your approval and assistance in distributing the John Howard Society Follow-up Questionnaire on the Drug/Alcohol Program.

Your encouragement was reflected by the conscientious and perfect rate (100%) of responses from Principals and staff.

I trust that the evaluation of the Drug/Alcohol Program offered by the John Howard Society will ultimately enhance the effectiveness of this service to the youths in the school system.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work  
University of Windsor

Appendix I

LETTERS OF REQUEST SENT TO POLICE DEPARTMENTS

Chief John Hughes,  
Windsor Police Department  
Box 60  
Windsor, Ontario

February 15, 1985

Dear Mr. Hughes:

One of the staff of the John Howard Society of Windsor, Mr. Gilles Hamel, is currently a student in our graduate program. One requirement of this program is that the student undertake a research project which culminates in a thesis. This research is always under the direction of three University faculty. In this instance I will be chairing the committee and another faculty in Social Work will be a "reader", as will Professor Charles James, of the Faculty of Law.

The project involves a follow-up study of the persons who have been on the drug counselling program which the John Howard Society has been operating since 1981: referrals coming primarily from the various schools of the Windsor Board of Education.

Information will be required from the files of the John Howard Society, the respective schools and hopefully from police files.

My request to you therefore is for permission to gain access to your files to determine whether or not these persons have encountered any adult offences.

You might be aware that permission for a similar request has been approved upon several prior occasions. I was also a member of the thesis committee when Staff Sgt. Orville Hughes was working on his Masters degree in Sociology. I mention the above simply by way of reassuring you that I have treated such privilege with respect and responsibility in the past, and wish to assure you that the same standards would apply if permission is granted in this instance.

I will be glad to meet with you to discuss details of this project, upon request.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

Chief Bruce Cowan  
Police of Leamington  
25 Clark West  
Leamington, Ontario

Septembre 5, 1985.

Dear Mr. Cowan:

One of the staff of the John Howard Society of Windsor, Mr. Gilles Hamel, is currently a student in our graduate program. One requirement of this program is that the student undertake a research project which culminates in a thesis. This research is always under the direction of three University faculty. In this instance I will be chairing the committee.

The project involves a follow-up study on the persons who have been on the drug counselling program which the John Howard Society has been operating since 1981.

My request to you is for permission to gain access to your files to determine whether or not these persons have encountered any adult offenses.

You might be aware that permission for a similar request has been approved upon this and several prior occasions by the Windsor Police Department. I was also a member of the thesis committee when Staff Sgt. Orville Hughes, from the Windsor Police Department, was working on his Masters degree in Sociology. I mention the above simply by way of reassuring you that I treated such privilege with respect and responsibility in the past, and I wish to assure you that the same standards would apply if permission is granted in this instance.

I will be glad to meet with you to discuss details of this project, upon your request.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

Chief Robert Erskine  
Ontario Provincial Police  
Belle River  
Ontario, NOR IAO

June 7, 1985

Dear Mr. Erskine:

One of the staff of the John Howard Society of Windsor, Mr. Gilles Hamel, is currently a student in our graduate program. One requirement of this program is that the student undertake a research project which culminates in a thesis. This research is always under the direction of three University faculty. In this instance I will be chairing the committee.

The project involves a follow-up study on the persons who have been on the drug counselling program which the John Howard Society has been operating since 1981.

My request to you is for permission to gain access to your files to determine whether or not these persons have encountered any adult offenses.

You might be aware that permission for a similar request has been approved upon this and several prior occasions by the Windsor Police Department. I was also a member of the thesis committee when Staff Sgt. Orville Hughes, from the Windsor Police Department, was working on his Masters degree in Sociology. I mention the above simply by way of reassuring you that I treated such privilege with respect and responsibility in the past, and I wish to assure you that the same standards would apply if permission is granted in this instance.

I will be glad to meet with you to discuss details of this project, upon your request.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work



Appendix J

LETTER OF THANKS

September 7, 1985

Police Chief  
Address

Dear Chief:

I would like to take this opportunity to express my appreciation of your favorable response regarding the follow-up data on the Drug/Alcohol Program offered by the John Howard Society of Windsor and Essex County.

I trust the evaluation of this Program will ultimately enhance the effectiveness of this service to the youths in the community.

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

Appendix K

LETTER ACCOMPANYING THE QUESTIONNAIRE

June 14, 1985

The attached questionnaire is part of an evaluation project on the Drug/Alcohol Program delivered by the John Howard Society of Windsor and Essex County between 1981 and 1984, to which you have made referrals. Your cooperation in answering the attached questionnaire will be greatly appreciated.

This project has been approved by the Board of Directors of the John Howard Society of Windsor and Essex County. As staff member of the John Howard Society, Gilles Hamel has been involved in delivering this drug program since 1981. He is currently a Master's student in the Graduate Program of the School of Social Work, University of Windsor.

This study is conducted under the auspices of the Faculty of Graduate Studies, University of Windsor, under the direction of three University faculty.

The purpose of this research is to determine the effectiveness of the Drug Program in terms of individual and family changes following the referrals, as observed in part by your service.

The questionnaire contains the name of the student, the date of birth, and the referral date to the Drug Program offered by the John Howard Society. All information will be treated confidentially, as required by the research ethic. Kindly complete the questionnaire and forward it to us in the enclosed, stamped envelope. The return of the questionnaire by July 15, 1985, will be greatly appreciated.

Should you require any further clarification you may contact Mr. Hamel directly at the John Howard Society of Windsor and Essex County (252-3461) or leave a message for him at the School of Social Work, University of Windsor (253-3432, ext. 3066).

Sincerely,

B. J. Kroeker  
Professor  
School of Social Work

**Appendix L**

**QUESTIONNAIRE SENT TO SCHOOLS**

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Referral date: \_\_\_\_\_

**USE OF DRUG BY STUDENT**

If your answer is "YES", please indicate  
a "NUMBER OF OCCURENCES"

YES	NO	No. of occur.
-----	----	------------------

1. To your knowledge, after being referred to the Drug Program, did the indicated student subsequently use:

- |   |       |       |       |
|---|-------|-------|-------|
| a) ALCOHOL on SCHOOL PROPERTY   | _____ | _____ | _____ |
| b) ALCOHOL during SCHOOL ACTIVITIES (not on school property)                  | _____ | _____ | _____ |
| c) DRUGS other than ALCOHOL on SCHOOL PROPERTY                                | _____ | _____ | _____ |
| d) DRUGS other than ALCOHOL during SCHOOL ACTIVITIES (not on school property) | _____ | _____ | _____ |

**SCHOOL SUSPENSION**

2. To your knowledge, after being referred to the Drug Program, was the indicated student subsequently SUSPENDED from school for:

- |   |       |       |       |
|---|-------|-------|-------|
| a) an ALCOHOL related offense                         | _____ | _____ | _____ |
| b) a DRUG other than ALCOHOL related offense          | _____ | _____ | _____ |
| c) reasons other than drug or alcohol related offense | _____ | _____ | _____ |

If your response to 2(c) is "YES", please check all of the reasons for the subsequent suspension(s):

- |                                 |       |       |       |
|---------------------------------|-------|-------|-------|
| 1) truancy                      | _____ | _____ | _____ |
| 2) behavioural conduct/attitude | _____ | _____ | _____ |
| 3) other (please specify)       | _____ | _____ | _____ |

**ACADEMIC PERFORMANCE**

3. After being referred to the Drug Program did the above-mentioned student's graded performance:

- |              |       |
|--------------|-------|
| (1) increase | _____ |
|--------------|-------|

- (2) remain the same
- (3) decrease

\_\_\_\_\_  
 \_\_\_\_\_  
 YES NO  
 \_\_\_\_\_

4. Please indicate if the identified student completed the academic year in which the referral to the Drug Program was made.

5. If the student has left school, please mark the reason for termination:

- 1) graduation
- 2) promotion
- 3) expulsion
- 4) left for employment
- 5) illness (e.g. hospitalization)
- 6) institutionalization (e.g.'s training-school, group home)
- 7) relocation
- 8) the reason is unknown
- 9) other (please specify)

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
 4) \_\_\_\_\_  
 5) \_\_\_\_\_  
 6) \_\_\_\_\_  
 7) \_\_\_\_\_  
 8) \_\_\_\_\_

STUDENT'S BEHAVIOR

YES NO

6. Did the student's behaviour change since referral was made to the Drug Program:

- 1) positively
- 2) no change
- 3) negatively
- 4) unknown

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. After being referred to the Drug Program did the student's behaviour/attitude changed vis-a-vis:

- 1) peers
- 2) school's authority figures
- 3) family members

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. If the student's behaviour changed, to what extent do you believe this is due to the Drug Program:

- 1) not at all
- 2) slightly
- 3) considerably
- 4) a great deal

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FAMILY INVOLVEMENT:

9. To your knowledge, after the referral of this student to the Drug Program, did the family show:

- 1) MORE INVOLVEMENT with the school (e.g. increased frequency of contact)
- 2) THE SAME INVOLVEMENT with the school

\_\_\_\_\_  
 \_\_\_\_\_

3) LESS INVOLVEMENT with the school  
(decreased frequency of contact)

\_\_\_\_\_

YES NO

10. Please indicate the direction of the family's  
involvement with the school following the  
referral to the Drug Program:

1) positive (e.g. cooperation, better  
rapport with the school)

\_\_\_\_\_

2) unchanged

\_\_\_\_\_

3) negative (e.g. avoidance, distant rapport  
with the school)

\_\_\_\_\_

Your comments, if any \_\_\_\_\_

YOUR RELATIONSHIP WITH THIS STUDENT

11. What was your status in regard to this  
student at the time of the referral?

1) Principal

1) \_\_\_\_\_

2) Vice Principal

2) \_\_\_\_\_

3) Teacher

3) \_\_\_\_\_

4) School counsellor

4) \_\_\_\_\_

5) other (please specify)

5) \_\_\_\_\_

12. Do you hold the same status in regard  
to this student at the present time?

YES NO

\_\_\_\_\_

13. If your answer to question (12) is "NO"  
please explain

\_\_\_\_\_

14. Did you have personal contact with this  
student

1) prior to the referral to the Drug Program

\_\_\_\_\_

2) at the time of the referral

\_\_\_\_\_

3) following the referral

\_\_\_\_\_

4) never

\_\_\_\_\_

15. Which of the following best describes your  
relationship with this student?

1) close

\_\_\_\_\_

2) uninvolved

\_\_\_\_\_

3) distant

\_\_\_\_\_

PLEASE INSERT IN THE STAMPED, SELF-ADDRESSED ENVELOPE AND MAIL  
THANK YOU VERY MUCH

Appendix B

QUESTIONNAIRE SENT TO SERVICE PROGRAMS

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Referral date: \_\_\_\_\_

USE OF DRUG BY YOUTH

If your answer is "YES", please indicate a "NUMBER OF OCCURENCES"

	YES	NO	No. of occur.
1. To your knowledge, after being referred to the Drug Program, did the indicated youth subsequently use:			
a) ALCCHOL on the PREMISES where your service is provided	---	---	---
b) ALCCHOL during ACTIVITIES sponsored by your service (not on your service premises)	---	---	---
c) DRUGS other than ALCOHOL on the PREMISES where your service is provided	---	---	---
d) DRUGS other than ALCOHOL during ACTIVITIES sponsored by your service (not on your service premises)	---	---	---

PROGRAM SUSPENSION

2. To your knowledge, after being referred to the Drug Program, was the indicated youth subsequently SUSPENDED from your program for:

a) an ALCOHOL related offense	---	---	---
b) a DRUG other than ALCOHOL related offense	---	---	---
c) reasons other than drug or alcohol related offense	---	---	---

If your response to 2(c) is "YES", please check all of the reasons for the subsequent suspension(s):

1) truancy	---	---	---
2) behavioural conduct/attitude	---	---	---
3) other (please specify)	---	---	---

PROGRAM INVOLVEMENT/PERFORMANCE

- |  | YES      | NO    |
|--|----------|-------|
| 3. After being referred to the Drug Program did the above-mentioned youth's involvement/performance in your program: |          |       |
| (1) increase   | _____    |       |
| (2) remain the same  | _____    |       |
| (3) decrease   | _____    |       |
| 4. Please indicate if the identified youth completed your program the year referral was made to the Drug Program.    | _____    | _____ |
| 5. If the youth has left your program, please mark the reason for termination:                                       |          |       |
| 1) graduation or completion  | 1) _____ |       |
| 2) promotion   | 2) _____ |       |
| 3) expulsion   | 3) _____ |       |
| 4) left for employment   | 4) _____ |       |
| 5) illness (e.g. hospitalization)  | 5) _____ |       |
| 6) institutionalization (e.g.'s training-school, group home)   | 6) _____ |       |
| 7) relocation  | 7) _____ |       |
| 8) the reason is unknown   | 8) _____ |       |
| 9) other (please specify)  | _____    |       |

YOUTH'S BEHAVIOR

- |   | YES   | NO    |
|---|-------|-------|
| 6. Did the youth's behaviour change since referral was made to the Drug Program:                    |       |       |
| 1) positively   | _____ |       |
| 2) no change  | _____ |       |
| 3) negatively   | _____ |       |
| 4) unknown  | _____ |       |
| 7. After being referred to the Drug Program did the youth's behaviour/attitude changed vis-a-vis:   |       |       |
| 1) peers  | _____ | _____ |
| 2) authority figures  | _____ | _____ |
| 3) family members   | _____ | _____ |
| 8. If the youth's behaviour changed, to what extent do you believe this is due to the Drug Program: |       |       |
| 1) not at all   | _____ |       |
| 2) slightly   | _____ |       |
| 3) considerably   | _____ |       |
| 4) a great deal   | _____ |       |

YES NO

FAMILY INVOLVEMENT:

9. To your knowledge, after the referral of this youth to the Drug Program, did the family show:
- 1) MORE INVOLVEMENT with your program (e.g. increased frequency of contact) \_\_\_\_\_
  - 2) THE SAME INVOLVEMENT with your program \_\_\_\_\_
  - 3) LESS INVOLVEMENT with your program (e.g. decreased frequency of contact) \_\_\_\_\_
10. Please indicate the direction of the family's involvement with your program following the referral to the Drug Program:
- 1) positive (e.g. cooperation, better rapport with your service) \_\_\_\_\_
  - 2) unchanged \_\_\_\_\_
  - 3) negative (e.g. avoidance, distast rapport with your service) \_\_\_\_\_
- Your comments, if any \_\_\_\_\_

YOUR RELATIONSHIP WITH THIS YOUTH

11. What was your status in regard to this youth at the time of the referral?
- 1) Director of the service 1) \_\_\_\_\_
  - 2) Probation Officer 2) \_\_\_\_\_
  - 3) Teacher 3) \_\_\_\_\_
  - 4) Counsellor 4) \_\_\_\_\_
  - 5) other (please specify) 5) \_\_\_\_\_
- 
12. Do you hold the same status in regard to this youth at the present time? \_\_\_\_\_
13. If your answer to question (12) is "NC" please explain \_\_\_\_\_
- 
14. Did you have personal contact with this youth?
- 1) prior to the referral to the Drug Program \_\_\_\_\_
  - 2) at the time of the referral \_\_\_\_\_
  - 3) following the referral \_\_\_\_\_
  - 4) never \_\_\_\_\_
15. Which of the following best describes your relationship with this youth?
- 1) close \_\_\_\_\_
  - 2) uninvolved \_\_\_\_\_
  - 3) distant \_\_\_\_\_

PLEASE INSERT IN THE STAMPED, SELF-ADDRESSED ENVELOPE AND MAIL  
THANK YOU VERY MUCH



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- 1947 - Born in Arthabaska, Quebec, to Elphege and Clemence Hamel.
- 1953 - 1959 - Primary education at Masson and Ferland Schcols in Danville, Quebec.
- 1959 - 1965 - Secondary education at College St.-Alexandre, Limbour via Hull, Quebec, and at the Externat Classique Mgr. Racine, Asbestos, Quebec.
- 1965 - 1968 - College education at College Sacre-Coeur of Victoriaville, Quebec.
- 1968 - 1971 - Social Sciences, specialization in Social Work from the University of Montreal, Quebec. Baccalaureat in Social Work (B.S.W.).
- 1971 - 1978 - Employed as a psychiatric social worker by Hotel-Dieu d'Arthabaska, and by Centre des Services Sociaux du Centre du Quebec, Quebec.
- 1973 - 1974 - Studies of Family Therapy at the Centre Hospitalier Universitaire de Sherbrooke, Sherbrooke, Quebec.
- 1981 - 1986 - Employed at the John Howard Society of Windsor and Essex County, Windsor, Ontario.
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