



Evaluation of the Skits Program

Final Report

by

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1. Executive Summary

The evaluation of the Skits program explored:

- the health messages secondary school students recalled from participation in a drama-based health education program and whether these aligned with the intended messages of the program;
- whether these messages and drama performances built self-confidence to reduce the risks associated with alcohol use and sexual health; and
- the most effective age appropriate interactive medium to educate young people on alcohol and sex.

Audience members (secondary school students in years 9-11), secondary school teachers and staff who delivered and participated in the Skits program in schools were invited to participate in focus group discussions. The focus groups were conducted in a manner that sought to generate discussion about the overall perception of the program, the types of health messages intended by program staff and those actually recalled by students, the impact of skit performances on reducing the risk of harm from alcohol use and sexual health; and how the program was followed-up in schools. In addition to focus group discussions, observations were made by an experienced arts educator who commented on the script, stagecraft, drama elements and student interaction.

Results indicated that the Skits program was well received by students as highlighted by their generally positive comments. It was an effective medium through which to promote some key health messages, given that many of the intended health messages discussed by the Skit Team who had developed the program were reiterated by students. The Skits program worked well with students because the information was relevant and appropriate to the interests of their audience. Students reported that the program helped them to identify ways to manage their risks associated with alcohol use and created awareness of a local community health centre. Many of the student learnings from the program seemed to be enhanced by linked programs that used student work stations to increase knowledge about alcohol and drug misuse. Whilst students recalled many of the intended health messages of the program, their self-confidence to reduce the risks associated with alcohol use and sexual health was low. In particular, they were unlikely to access the services of a local health centre and their ability to implement strategies to reduce their harm from alcohol was dependent upon *“how drunk they were”*. There were no formal strategies to follow-up the program within schools and follow-up was implemented at the discretion of individual school staff. The implementation of formal follow-up strategies within schools may provide opportunities for students to apply their knowledge to specific contexts to generate higher levels of student engagement and learning; particularly to build self-confidence to implement strategies to reduce their risk of harm from alcohol use and sexual activity.

The observation of the Skits program suggested that the characterisation, short script length, informal technology, stage props and costumes were considered strengths of the program. It was also observed that there was a high level of audience engagement and students were attentive during skit performances.

The Skits program was an effective and age appropriate interactive medium to educate young people on alcohol and sex. There were a number of suggestions, however, from all three stakeholder groups (students, teachers, and performers) about how the skit performances could be improved. These included the need for – specific skit performances for boys (eg. aggression/violence) and girls (eg. self respect); engaging students in role play and decision making; the use of information technology (eg. email and the web) to help ensure anonymity whilst accessing health information; further exploring the experiences of

same-sex attracted youth in skit performances; and engaging parents, along with students in drama-based education.

This evaluation report identifies recommendations to further support the development of future drama-based health education programs, such as the Skits program with secondary school students.

2. Significance of Research

Alcohol and drug use is high among secondary school students in Australia (Lynskey et al., 1999; Toumbourou et al., 2005; White and Hayman, 2006). At least 86% of students will have tried alcohol by the age of 14 (White and Hayman, 2006); and almost 40% of 12 – 17 year olds have reported using illicit drugs at least once (Lynskey et al., 1999). The prevalence of drug use and the frequency of alcohol use increases with age; particularly during adolescence (Lynskey et al., 1999; White and Hayman, 2006) and can lead to harmful effects including accidents, injuries, crime, poor health, and social problems (Wechsler et al., 1995; Heale et al., 2000). Further, alcohol use has been related to unwanted sex among Year 10 and 12 secondary school students (Smith et al., 2003).

Schools can play an important role in preparing young people to make decisions about harmful and/or risky behaviours such as decisions about drug and alcohol use and sexual activity. The majority of school-based drug and alcohol programs presented in the literature have tended to be US based and focused upon social resistance skills rather than harm minimisation (McBride, 2003). The goal of social resistance is focused upon non-use and/or delayed onset of use; whereas, harm minimisation approaches attempt to reduce the risk of harm by acknowledging that the abuse of drugs and alcohol is harmful to both the individual and the community (Bonomo and Bowes, 2001). Research has supported the use of harm minimisation approaches in secondary schools (McBride et al., 2004) and may be appropriate considering the high levels of drug and alcohol use among young people (Lynskey et al., 1999; Toumbourou et al., 2005; White and Hayman, 2006).

Harm minimisation approaches that use real life scenarios provide young people with the opportunity to develop skills that they later can apply in real-life situations and this has been suggested to demonstrate behavioural change equal to, or greater than, programmes that have adopted a resistance skills training approach (Williams et al., 1999; Shope et al., 2001). Little evaluation attention, however, has been focused upon drama-based health education programs delivered within schools as a strategy to promote harm minimisation.

Health education through drama is a health communication method commonly used in health promotion to increase knowledge, change attitudes, initiate behaviour changes, and positively impact on peer, social and cultural norms in population groups and communities (McGill and Joseph, 1997; Singhai et al., 2004). Health education through drama has a particularly long history in developing countries, such as Africa, Sri Lanka and India (McGill and Joseph, 1997; Valente and Bharath, 1999; Gallant and Maticka-Tyndale, 2004) and has been used in a variety of health education programs, from community-based HIV/AIDs awareness (Valente and Bharath, 1999; Glik et al., 2002), to smoking (Mitschke et al., 2008), and drug and alcohol prevention (Harding and Safer, 1996; Starkey and Orme, 2001).

Research investigating performing arts or drama-based health education programs and their impact on youth in the developed world, is sparse, particularly amongst secondary school students. Furthermore, few, if any studies have undergone rigorous evaluations and/or grounded their intervention in a clearly articulated theoretical framework (Glik et al., 2002). The majority of drama-based health education program evaluations have tended to focus on the quality of, or satisfaction with the drama performance (Glik et al., 2002). Further, most published research was designed to assess relatively narrow or immediate effects of audiences, with little or no consideration of a broader range of intermediate and long-term social effects (Glik et al., 2002).

An annotated bibliography of published literature on drama-based health education is included in Appendix 1.

3. Research Aim and Questions

The research aimed to determine the effectiveness of a drama-based health education program in delivering messages to adolescents about alcohol use and sexual health.

In order to determine the effectiveness of the drama-based health education program the following research questions were addressed:

- What messages did adolescents recall from participation in a drama-based health education program and did these align with the intended messages of the program?
- Did the drama-based health education program build self-efficacy within young people to reduce their risk of harm from alcohol use and sexual activity?
- What is the most effective age appropriate interactive medium to educate young people on alcohol and sex?

4. Methodology

Two health issues presented within the a drama-based health education program, known as the “Skits program” and delivered by the Ballarat Community Health Centre (BCHC) to secondary school students (12 – 18 years) were evaluated. The BCHC delivers the Skits program across the Central Highlands regions to a number of secondary schools in the catchment area. This evaluation provides a snapshot of how some secondary students respond to the Skits program.

The skit performances were delivered by actors employed by the BCHC and were embedded within a broader health education program which included student work stations and discussion groups that were led by staff from the BCHC. The two health issues that were selected by BCHC for evaluation were alcohol use and sexual health. The skit performances on alcohol use were delivered to Year 9 secondary school students (age 14 – 15 years) as part of another health education program which provided group activities regarding decision making and consequences of alcohol and/or drug use including identifying and understanding what a standard drink is, what do when your drink is spiked, what to do when a young person has taken a substance that puts them at risk, and how drinking results in impaired behaviour (eg. SMART ASSK program). The sexual health skit performances were presented to Year 10 secondary school students (age 15 – 16 years) during a Year 10 ‘Health Day’. The Year 10 ‘Health Day’ provides information sessions and group activities regarding decision making and consequences of sexual activity such as pregnancy and sexual transmitted infections.

4.1 Description of the Skit Performances

The Skit program consisted of three to four short “skit” performances ranging from 2 – 4 minutes in length being presented for each of the health topics. At the end of each of the skit performances, the actors of the BCHC debriefed with their audience to further explain the story lines. Brief descriptions of the story lines are outlined below. It is important to note that the characters’ behaviours during the skit performances were often exaggerated to add humour.

4.1.1 Alcohol-related Skit Performances

Skit Performance 1: Two adolescent girls (Coco and Mary) attend a party where there is underage drinking. Coco accepts a drink from a fellow student, even though she had promised her parents that she would not drink. Coco’s behaviour changes over the course of the evening and she begins to do things that are out of character including: upsetting her friend Mary who then leaves her at the party; attempting to kiss a boy from school whilst vomiting; eating something off the ground; and falling asleep in the middle of the party. The next day at school, Coco is unaware of her behaviour from the party and how it has affected her friends.

Skit Performance 2: Scene 1 - Sarah, an adolescent girl has called her sister Jane to pick her up early from a party. Jane is annoyed for being woken up in the middle of the night after Sarah changed her plans at such short notice. Jane begins to question Sarah about the party and why she decided to leave early. Jane discovers that Sarah has been sexually assaulted at the party and takes Sarah to the police station to report the offence. Scene 2 – The next day, Jim is on his mobile phone talking to a friend about the party the night before. Jim talks about the night to his friend and implies that because Sarah was so drunk he was able to take advantage and have sexual intercourse with her. The scene closes with a police officer arriving at Jim’s door to take Jim to the police station for questioning.

Skit Performance 3: Two friends meet the day after a party and reminisce about the events of the night before. One of the characters looks through photos that were taken on their mobile phone, whilst the other two characters provide freeze frames characterising the photo images and behaviours from the party. The freeze frames show the characters binge drinking, passing out, and the final image was of a young male passed out on the floor. After looking through the photos the mobile phone rings and one of the characters is informed that the young male was taken to hospital and the scene closes.

4.1.2 Sexual Health Skit Performances

Skit Performance 1: Mavis is a health education teacher who attempts to talk to her students about sex. Mavis begins the class by using very technical language to explain sexual intercourse. A student stops her and asks whether she can explain it in another way because she was finding her hard to follow. Mavis then attempts to explain sexual intercourse by putting words into rap lyrics. The student again stops Mavis and informs her that perhaps she needs some advice from the BCHC because their staff know how to talk to young people like adults.

Skit Performance 2: Miss Mary is also a health education teacher who explains the birds and the bees to her class. Miss Mary describes a loving relationship between a man and woman whereby the woman goes to a cabbage patch to pick out her baby.

Skit Performance 3: An adolescent girl attempts to tell her parents about her sexual preference. The adolescent uses words such as gay, girlfriend, and homosexual when attempting to “come out” to her parents. Her parents do not understand what she is trying to say until she uses the word lesbian. The scene closes.

Skit Performance 4: During a school day and in between classes, Jess tells her friend Sam about her date with John at the movies where they shared their first kiss and have another date planned. Jess asks Sam not to tell anybody and heads off to her next class. Sam does not keep Jess’s secret and tells another student, who then in turn tells their friends. As the story spreads through a number of students the story is slowly embellished. Finally, a student confronts Jess to ask whether she is really pregnant and carrying John’s baby. Jess becomes upset and angry with Sam and whilst confronting Sam, John phones to cancel their next date because of the rumours going around the school.

4.2 Procedure and Data Collection

A convenience sample of two government schools that had participated in the Skit program in the previous 12 months were selected from a regional city in Australia and invited to participate. Both schools agreed to participate; however, one school was unable to organise suitable times to conduct focus groups during the evaluation period (School Term 1 and Term 2). Information was collected from a range of key stakeholders who included the audience (secondary school students from Years 9 -11), teachers, and the members of the skit team from the BCHC. A mixed method approach was used and included focus group interviews, observations of skit performances, and a survey designed to collect demographic information from the participants. Ethics approval was obtained from the University Human Research Ethics Committee and the relevant state education department.

Within the secondary school, the teacher who was responsible for liaising with the BCHC was recruited and provided with plain language statements and child and parent consent forms. These teachers handed out the forms to students that had participated in the health education program in the previous 12 months. All students who returned their signed consent forms and were present on the day of the scheduled focus group participated in the study.

Data collection involved gathering information from focus group discussions and skit performance observations. Focus group discussions included a number of key stakeholders, namely, the audience (adolescents ranging from Year 9 -11), teachers and performers from the BCHC. A mixed qualitative and quantitative approach to data collection was used and each data collection method is outlined below.

4.2.1 Observations

An individual with skills and knowledge in adolescent-focused theatre observed both of the alcohol and sexual health skit performances. The alcohol-related skit performances were viewed on 28th of April 2009 at a popular local nightclub as part of a linked drug and alcohol program; whilst the sexual health skit performances were viewed on 26th May 2009 at a Secondary School. The criteria for the observations included the script (eg. length, terminology, language appropriateness, delivery, theme relevance, entertainment value); stagecraft (eg. music, costume, staging); drama elements (eg. characterisation, audience engagement); health messages performed; and student interaction.

4.2.2 Focus Group Interviews

The program deliverers: One focus group was held with members of the skit team from the BCHC. The discussion aimed to understand the intended messages for young people, and the barriers and facilitators to the delivery of the program. These participants were also invited to complete a short survey (5 minutes) about their demographics including their employment history and qualifications.

Teachers: A focus group was held with teachers in one school (approx. 60 minutes in length). Specifically, teachers who were responsible for their students during the delivery of Skit program and/or teachers within student welfare/services were invited to participate. This was important in order to gain overall perceptions of the program (eg. student engagement), as well as, gain insight into the health issues for their cohort of students. During the focus group discussion, three teachers were asked questions about their overall perception of the skit performances and program, and how these were followed-up at the school, if at all. These teachers were also invited to complete a short survey (5 minutes) about their demographics and teaching experience.

Audience Members: A total of four single-sex focus groups were conducted with audience members for each of the two topics (eg., alcohol use and sexual health). Specifically, this included one female and one male focus group discussion on alcohol use with Year 9 students and one female and male focus group discussion on sexual health with Year 11 students. The discussion focused on the types of health messages students recalled, the relevance of the skit scenarios to youth, and the types of skills students learnt that could be applied to reduce the risk of harm from alcohol use and sexual activity. Students were also asked about how the program and/or messages were followed up at their school. The audience focus group discussions were 60 minutes in length and audience members were also invited to complete an anonymous survey (10 minutes) that included questions about their demographics, and their perceptions surrounding drug, alcohol and sexual health behaviours of people their age.

4.3 Data Analysis

All focus groups discussions were audio-taped, transcribed verbatim, and analysed using thematic analysis to allow key themes to be identified and used for theory development (Miles and Huberman, 1994). Thematic analysis involved the first author reading and re-reading the transcripts to formulate a coding tree that contained potential themes and sub-themes relating to each of the research questions. The transcripts were then coded by the

first author using a constant comparison technique whereby previously coded comments were continually referred to during the analysis. To increase the rigor of the analysis and validate themes, a member of the research team also read and reread the transcripts and met with the first author on several occasions to discuss the coding tree and the thematic analysis of the transcripts (Miles and Huberman, 1994). The findings of the evaluation results were then considered in reference to a range of behaviour change frameworks including the Health Belief Model (Nutbeam and Harris, 1998), Protection Motivation Theory (Rogers, 1975), and Theory of Reasoned Action and Planned Behaviour (Ajzen and Fishbein, 1980). The findings were also considered in reference to the Harm Minimisation Approach (Rumbold and Hamilton, 1998). Information from the participant surveys were entered into a statistical analysis package (SPSS Version 17.0) and descriptive statistics such as means, frequencies and percentages were calculated. These results are displayed in text and table format (eg. Table 1 and 2).

5. Results

5.1 The Program Deliverers

Two members from the skit team participated in an interview discussion. The members of the team were aged 19 – 25 and 26 – 34 years, had formal qualifications in drama and arts, and had worked in the youth sector and delivered drama-based health education for four and five years, respectively. Furthermore, one participant had participated in a one week health promotion short course during their employment at BCHC.

The program started in 2004 when the BCHC received funding for the program from Relationships Australia. A member of the team then planned and wrote scripts to be delivered in schools. The team have performed a number of skit performances across a wide range of health topics including gambling, healthy eating, bullying, sexual health, and alcohol use. Currently, the alcohol use and sexual health skit performances are embedded within a broader health education program.

The development of the alcohol and sexual health skit performances were generally influenced by the personal experiences of the skit team to create scenarios within each of the scripts. However, schools tended to influence the types of skit performances delivered as they would often request performances from the BCHC on specific topics. The following passage highlights how the first sexual health skit performance was planned and delivered.

Well the first one that I actually had to do...I had just started..., I think I had been there for a month and we got a call from [a school] and they had said they wondered if we could come and do a play about sexual health and relationships and I'm like 'OK'. I had no actors, no one, so I called a couple of friends that didn't even have acting experience and I just sat down and thought 'OK, sexual health, what can I do' so I picked a teacher that didn't know how to communicate with their students. So basically ... I think that happens a lot, like people don't know how to educate, well back then especially there wasn't a lot of sexual education as there is now ... so I will make a teacher and she would say big words about 'penetration' and that sort of thing...

The program was evaluated during its initial funding period with both audience and teacher evaluation surveys of skit performances (eg. *"back when I first started we had to evaluate it with smiley faces and their reactions, that's when we were doing it with the primary school kids and the teachers would fill one in as well, that was quite good, to get the feedback"*). However, since this period informal evaluation processes have been implemented as the performers of the BCHC commented that they lacked time for evaluation. The informal evaluation processes have included informal and ad-hoc feedback from teachers and assessing the audience reactions during skit performances.

The skit team commented on a number of barriers to the running of the program. These included a lack of succession planning, employment of staff on a casual basis, a lack of health education programs within which the team could embed their skit performances, and limited resources to expand the program.

Firstly, the skit team identified that there was a lack of succession planning in the program and commented that they were unsure of what would happen to the program if any of the current performers were to leave their position at BCHC. The performers commented that there were other Health Promotion staff that could deliver the program; however, they felt that very few of these staff members would feel comfortable in a skit performance role (eg. *"the puberty educator was telling me the other day that she and her colleague are ready to step up and have a go, but we have never really had that from any other staff, everyone else has said 'no, I can't get up there' or 'I can't do anything' and they are not performers by any*

stretch, but they have expertise knowledge that they could try and do it and feel their way through it and then have the good discussion”). The ability of staff to take on a skit performance role was deemed to be crucial as the skit team felt that their acting abilities had been a key to the success of the program. This was particularly since the program relied on the performers exaggerating their character’s personalities and pushing stereotypes to get health promotion messages across to students in short periods of time.

Secondly, the delivery of the program relied heavily on casual employment and this was problematic because it was difficult to employ and maintain qualified staff. The use of casual employment meant that there were few opportunities for the skit team to upskill staff in the coordination and delivery of the program.

Thirdly, there were a lack of health programs within which the team could embed their skit performances for the purposes of health education with young people. This was a barrier for two reasons: the team felt that their skills were not being used to the best of their ability; and there was little diversity in their skit performance roles which affected their job satisfaction.

Finally, resources were mentioned as a barrier in relation to expanding the program particularly with respect to creating opportunities for student interaction such as role play. The performers commented that their ideal Skits program would involve audience members (eg. the students) in scenarios as this would provide an opportunity to engage students in decision making processes. Whilst the team had made attempts to incorporate role play scenarios with students they were limited by staff numbers and the time allocated within schools.

5.2 Case Study: Delivery of the Skits Program within a Secondary School Setting

5.2.1 Participants

The participants attended a Government co-educational secondary college for Year 7 through to Year 12 students (eg. 13 – 18 years of age) in regional Australia. The school was located within an area of socio-economic disadvantage as indicated by the Socio-Economic Indexes for Areas (SEIFA) (Australian Bureau of Statistics, 2008). Health education was embedded within the physical education curriculum at the school for Year 7 through to 10. Within the school curricula one hour of health education is delivered per week for Year 7, 8 and 9; whilst Year 10 students may receive between one and four hours per week, depending upon their choice of elective subjects.

Two female teachers and one male teacher participated in a focus group interview (age: 26 - 54). These teachers had been teaching for between three and nine years, and two had been teaching health education for between five and seven years. Two of the teachers had formal Health Education qualifications and one teacher did not have any Health Education qualifications.

All students that participated in this study were Australian-born. There were two groups of students that participated in the focus group discussions and these included:

- Year 9 students, who were 14 – 15 years of age and had participated in alcohol-related skit performances (n=6 males; 8 females) in the previous week; and
- Year 11 students, who were 16 years of age and had participated in sexual health skit performances (n=7 males; 5 females) in the previous 12 months and who had also seen the alcohol-related skit performances in the previous two years.

The Year 9 students (n=12; 46.2% of students) and Year 11 female students (n=3; 11.5%) tended to report that they considered themselves an 'average' student; whilst Year 11 male students (n=5; 19.2%) mostly considered themselves 'above average' in their school work.

During a normal week, most students reported that they had between \$11 – 20 (n=7; 26.9%) or \$21 – 40 (n=6; 23.1%) to spend on themselves. A few Year 11 students reported that they had \$61 – 80 (n=3; 25.0%) and more than \$80 (n=2; 16.7%); whilst only two Year 9 students reported that they had more than \$80 to spend on themselves during a normal week.

The students' perceptions of alcohol and drug use and sexual behaviours among young people their age are shown in Table 1 (Year 11) and Table 2 (Year 9). In general, the mean scores for Year 11 students were higher than the responses from Year 9 students for all categories – drinking alcohol, binge drinking, experimenting with drugs, being sexually active and using condoms. In particular, Year 11 students were more likely to report that 'most' people their age drink alcohol and 'about half' binge drink. In comparison, Year 9 students reported that 'about half' drink alcohol and only a few engage in binge drinking regularly. Experimenting with, or using illicit/recreational drugs was low for both groups. Year 11 and Year 9 students also reported similar responses for sexual activity ('about half do'), although, Year 11 students were more likely than Year 9 students to report that 'most' people their age use condoms if they have sex. The responses between males and females were also similar across the categories, with the exception of Year 11 females who perceived that 'most' people their age were sexually active.

Table 1: Year 11 student perceptions of alcohol and drug use and sexual behaviours (mean (M) and standard deviation (SD))

Do you think that people about the same age as you....	Year 11 Overall (n=12)		Most frequent response (Year 11) Category	Males (n=7)		Females (n=5)	
	M	SD		M	SD	M	SD
drink alcohol regularly?	3.7	0.7	Most of them do	3.7	0.8	3.6	0.5
binge drink regularly?	2.7	0.7	About half do	2.9	0.7	2.4	0.5
experiment with or use illicit or recreational drugs?	1.9	0.5	A few do	1.7	0.5	2.2	0.4
are sexually active?	3.2	0.8	About half do	2.6	0.5	4.0	0.0
mostly use condoms if they have sex?	3.7	0.8	Most do	3.7	0.8	3.6	0.9

Scale: 1 = I don't think that they do; 2 = a few do; 3 = about half do; 4 = most do; 5 = all of them do

Table 2: Year 9 student perceptions of alcohol and drug use and sexual behaviours (mean (M) and standard deviation (SD))

Do you think that people about the same age as you....?	Year 9 Overall (n=14)		Most frequent response (Year 9) Category	Males (n=6)		Females (n=8)	
	M	SD		M	SD	M	SD
drink alcohol regularly?	3.1	0.7	About half do	2.5	0.5	3.5	0.5
binge drink regularly?	1.8	0.7	A few do	1.5	0.5	2.0	0.8
experiment with or use illicit or recreational drugs?	1.1	0.4	I don't think that they use drugs	1.2	0.4	1.1	0.4
are sexually active?	2.6	1.2	About half do	2.7	1.5	2.6	1.1
mostly use condoms if they have sex?*	3.5	1.0	About half do	3.4	0.9	3.6	1.1

Scale: 1 = I don't think that they do; 2 = a few do; 3 = about half do; 4 = most do; 5 = all of them do

*Two responses were excluded as the participants reported that students their age are not sexual active

The focus group discussions with both teachers and students also indicated that underage drinking and sexual activity was a behaviour among some adolescents, and particularly, amongst the older students (Years 10-11). During discussions with students many felt that underage drinking was common amongst their peers, however, the use of recreational and/or illicit drugs was far less common and in some cases unheard of. When talking about the skit performances, Year 11 students would often refer to their own experiences of underage drinking and/or their friend's sexual experiences. The Year 9 students however were less likely to talk about their own experience or even their peer's experiences of underage drinking; although they did comment that they attended parties most weekends and that Year 10 students were likely to "get trashed".

5.2.2 General Perceptions of the Skits Program

The alcohol and sexual health skit performances were generally well received by students, who commented that the use of humour caught their attention and that they enjoyed the skit performances as they provided students with an alternative way to think about key health messages. Some typical responses from students are listed below.

Year 11 girl: I liked that we could relate to them because they were using humour which caught our attention and we would have a good old laugh about it and they were using normal language and they were talking to us like equals rather than children and not talking down to us and stuff like that.

Year 11 boy a: Seeing it out in front of you, you probably do need a demonstration so that then you know what's going to happen and then they do it right in front of you and you realise that could happen and so you make your own decisions from that.

Year 11 boy b: *I think they did it on purpose to make it funny because if it is boring we might not listen to it and might not take any information in, but if it was funny and serious we would remember it. So you're listening to the serious parts and waiting for the next funny bit.*

Year 9 boy: *All the sound effects they were making, all the silly noises they were making. It was fun.*

Year 9 girl: *They were really enthusiastic and like they actually did it well and they actually told us what they were trying to tell us.*

Teachers also concurred that the skit performances were well received by students and were appropriate in their coverage of relevant scenarios for their students. In particular, the teachers felt that the Skits team of the BCHC were *"hitting the mark right on"* in terms of the types of messages and scenarios delivered in the skit performances. One teacher also commented that the scenarios were so relevant that they had heard some students associate the skit performance to experiences of their friends or to their own experiences, *"which was great because it's getting them talking"*. The following quote describes a teacher's perception of how students relate to the skit performances.

Teacher: *They don't walk away going 'oh that sucks', you might find one or two kids, you are never going to get 100%, the majority will associate it with their own experiences or say 'that was funny' or 'I remember when that happened to me'.*

Whilst the general consensus from students was that they enjoyed the skit performances, a few Year 9 students commented on aspects that they thought could be improved. A number of Year 9 students were particularly focused on the characters' actions in terms of how realistically the scene was portrayed. The following passage demonstrates the confusion of one Year 9 boy in the skit performance relating to sexual assault, suggesting that further clarification may be required.

Interviewer: *What about when you were watching performances and the sexual assault stuff, that incident where he was being charged with sexual assault, do you remember that bit ... were you surprised that that behaviour resulted in a legal case?*

Year 9 boy: *What do they do though, do they come and knock on the door and say come down to the police station with us.*

Interviewer: *If they are investigating a case well ... that is what they do.*

Year 9 boy: *They could at least hand cuff him.*

Similarly a Year 9 girl felt that the skit performances needed *"to have more props"* and when questioned about what sort of props they would like to see included their response reflected their desire to make the skit performance as realistic as possible.

Year 9 girl: *Like they had wigs and different clothes but If they had an actual bottle of alcohol that they use to get the person drunk or something.*

Some Year 9 students also made homophobic comments in relation to one of the actors playing the character of a female. It was also suggested by one teacher that Year 9 students may benefit from receiving skit performances about same-sex attraction, which is usually delivered to Year 10 students *"because that is an issue at year 9... touching on it in Yr.10 is*

a bit late, we probably need to start perhaps breaking down the barriers in Yr.9, because there will be kids that know already (about their sexuality).”

5.2.3 Perceived Key Messages

5.2.3.1 Alcohol-related skit performances

Year 9 students were able to recall many of the key messages intended by the program in the alcohol-related skit performances (see Table 3). Messages about **looking after your friends** was one common theme identified and students talked about looking after their friends in terms of keeping them safe and being able to respond if their friends became unconscious. It appears that this message was particularly strong among students since it was based on a true story which helped to enforce the message. This was supported by a comment from a teacher:

Teacher: And I think the best thing they get out of the performances is the one with the person on the couch and they are taking photos of someone who has passed out, and then next day they are dead ... that works with the kids particularly well because the Team is not saying ‘don’t drink’ they are saying if you are going to, which our kids are, they are talking about looking after each other and I think risk minimisation is the best thing for our kids because they are that are past the point ... like by Year 9 they are well past the point ‘you know if you say ‘don’t do it’ and they will say shut up.

Drink spiking was also a common key message identified by students, although it was not stated as an intended message by the Skits team of the BCHC (Table 3). Students often talked about characters accepting a drink from someone in the scenario and this was then related to a poor outcome for the character (eg. embarrassment, sexual assault, hurting a friend’s feelings). The fact that this message was commonly reported by students from a range of skit performances may indicate the importance of the linked program which includes a work station about drink spiking. Furthermore, students reported that the alcohol-related skit performances were linked very well to another drug and alcohol program as the skit performances helped to reinforce key messages that students learn during the work stations of the linked program. The following passage with Year 9 students highlights this perception.

Interviewer: Something like the performances at the end was that a good way to finish it? Why was it a good way?

Year 9 girl a: Yes, it was funny.

Year 9 girl b: It sort of really teaches you what you have learnt through the stations.

Year 9 girl c: It also shows you the consequences of what can happen too.

There were some students who not able to recall skit performances or messages, however, other students would often start describing what happened in the skit performance and this would trigger their memory. It was also fairly common for students to discuss the intended messages by describing the skit performance. Table 3 shows that there some intended messages that students did not recall and these were related to decision making and safety.

Boxes 1 – 4 provide examples of conversations which conveyed the perceived key messages by Year 9 students.

Box 1: Looking after your friends

Year 9 girl a:	<i>Teaching people about drinking alcohol and not taking drugs and how to look after themselves.</i>
Year 9 girl b:	<i>Things what to do and what not to do.</i>
Interviewer:	<i>What sort of scenes did they have then? When you said they talked about things of what to do and what not to do, what type of things?</i>
Year 9 girl b:	<i>Well there was one like don't leave your friends at a party even if you get annoyed with them, but to stay with them in case they do something really silly.</i>
Interviewer:	<i>Can you describe something really silly which people would think?</i>
Year 9 girl b:	<i>They get drunk and they end up kissing a guy and then...,</i>
Year 9 girl c:	<i>Yeah and kissing someone's boyfriend.</i>

Box 2: Responsible drinking

Interviewer:	<i>What sort of things did the Skits Team tell you about if you go to a party with your friends?</i>
Year 9 boy a:	Drink responsibly.
Interviewer:	<i>So what does that mean, what does drink responsibly mean?</i>
Year 9 boy a:	<i>Don't just get yourself trashed.</i>
Year 9 boy b:	<i>Don't binge drink.</i>
Year 9 boy c:	<i>Don't drink heaps and heaps.</i>
Interviewer:	<i>So what should you do, just have ... ?</i>
Year 9 boy a:	<i>A couple. Drink water in between.</i>
Year 9 boy b:	<i>Yes and have some food as well.</i>

Box 3: Drink spiking

Year 9 girl a:	<i>And there was one, don't accept drinks from other people, unless you go with them.</i>
Year 9 girl b:	<i>Because of the drink spikers and stuff.</i>
Interviewer:	<i>So Coco accepted a drink off somebody that she didn't know very well?</i>
Year 9 girl b:	<i>Well they knew him from school and he was like the hottest guy and they were in love with him, and he offered them a drink and one of the girls said 'no' and the other one said 'yes' and she said she would have a little bit and then she would drink the whole thing and then her friend got mad at her and left and then that's when she was doing silly things.</i>

Box 4: Sexual assault linked with drink spiking

Interviewer:	<i>OK, so let's start with the sexual assault one. Was there someone who was sexually assaulted, is that what you were saying?</i>
Year 9 boy a:	<i>Yes.</i>
Interviewer:	<i>What sort of things were they trying to tell you about there?</i>
Year 9 boy a:	<i>Don't accept drinks from other people, only ones that you got yourself.</i>
Year 9 boy b:	<i>Take your friends, in case like....</i>
Year 9 boy c:	<i>Go with them to make sure that they don't do nothing to your drink. They might buy a heavy and they just get a light and then you get more drunk more easier because you are drinking the heavy beer.....</i>
Year 9 boy b:	<i>You need a friend</i>
Year 9 boy c:	<i>And make sure that people don't put stuff in your drink.</i>

Table 3: Year 9 Student Perceptions of the Intended Messages of the Alcohol-related Skit performances

Theme	Skits Team	Female Students	Male Students
Friends	<ul style="list-style-type: none"> • Looking after your friends 	<ul style="list-style-type: none"> • Looking after your friends 	<ul style="list-style-type: none"> • How alcohol affects your friendships
Sexual Assault	<ul style="list-style-type: none"> • Alcohol-related sexual assault • Alcohol-linked sexual behaviour 	<ul style="list-style-type: none"> • Alcohol-linked sexual behaviour 	<ul style="list-style-type: none"> • Alcohol-related sexual assault
Decision making	<ul style="list-style-type: none"> • How alcohol affects your decisions 		
Underage drinking	<ul style="list-style-type: none"> • Underage drinking • Consequences of binge drinking (eg. Losing consciousness) 	<ul style="list-style-type: none"> • Underage drinking 	<ul style="list-style-type: none"> • Responsible Drinking (eg. Limit intake, drink water, have something to eat) • Effects of underage drinking on young people
Plan your way home	<ul style="list-style-type: none"> • Having someone to call and pick you up in the middle of the night 	<ul style="list-style-type: none"> • Have a way to get home 	
Safety	<ul style="list-style-type: none"> • Making sure you are safe 		
Drink Spiking		<ul style="list-style-type: none"> • Don't accept alcoholic drinks from others 	<ul style="list-style-type: none"> • Don't accept alcoholic drinks from others
Additional responses that were recorded on survey forms*		<ul style="list-style-type: none"> • Responsible drinking • Do not be pressured by peers • Do not take drugs • Do not be afraid to call an ambulance 	<ul style="list-style-type: none"> • Mixing drugs and alcohol could result in death • Look after your friends • Call home for a lift

* denotes responses were not discussed during focus groups, however, some students identified these on the survey form they completed prior to the focus group discussion

5.2.3.2 Sexual health skit performances

Table 4 shows that many of the Year 11 students recalled the programs intended messages from the sexual health skit performances which included messages about **same-sex attraction, gossiping, sexual health communication,** and the **Community Health Centre**. The most frequently recalled and discussed message were related to same-sex attraction and the experience of a young person attempting to “*come out*” to their parents. One teacher suggested, however, that the skit performance could focus on “*dealing with the friends ... a lot of our kids are more worried about what their friends are going to think than what their parents think ... they just think parents are parents they are going to have to like me no matter what, whereas kids can just say ‘bugger off’.*”

The least recalled skit performances relating to sexual health were the first two skit performances that portrayed teachers attempting to conduct a class on sexual health (eg. Miss Mary and Mavis). Whilst some students commented that the intended message of the skit performance was related to sexual health communication such as “*talking to young people about sex like normal people*” and promoting the BCHC, a number of students could not remember any intended messages about these skit performances. The following passage from the focus group with Year 11 boys supports this finding.

Interviewer: That’s all right we are just interested in knowing what you can remember about it. You talked before about the teacher or Miss Mary, can you remember anything about those particular performances, can you remember what she was doing or what she was saying or what the messages were?

Year 11 boy a: Just talking really loudly.

Interviewer: You can’t remember what about though?

Year 11 boy a: No, not really.

Year 11 boy b: I remember the high pitched voice.

Interviewer: But you can’t remember any messages. Meghan has just got a couple of pictures there of some of them. [Interviewer shows a picture of Miss Mary]

Year 11 boy b: Oh yes, but I can’t remember what it was about though.

The Skits team also commented that these skit performances “*don’t really teach you much...they don’t really say a lot about safe sex*”, apart from “*refer to Community Health where you can get free assistance*”. These two skit performances were described by the team as a way to break the ice and talk about sexual health (eg. “*Its kind of a light hearted way to start talking about sex I think*”). The main reason suggested by the team for the limited scope of the first two sexual health skit performances were because “*we don’t really want to be the people up there talking and saying this, this, this (eg. preaching)... unless that’s what we do in between (the performances), so if we had more scope (and time) then we would probably talk a little bit more about that in between, like you can go to Community Health and there you can get condoms or you can talk to someone about going on the pill*”.

Boxes 1 – 4 provide examples of the perceived key messages by Year 11 students.

Box 1: Same Sex Attraction

Interviewer:	<i>So if we pick up on some of the ones you were talking about, you have mentioned a couple of times that notion of coming out, the same sex attraction, can you remember what the main messages were about that that performance was trying to bring out?</i>
Year 11 girl a:	Don't be ashamed of it. Be comfortable.
Interviewer:	<i>Do you think it's as easy as that, someone saying to you be comfortable with it and you would be fine?</i>
Year 11 girl b:	<i>Like there are people who can help you, and if they go out to your parents they could help your parents as well.</i>
Interviewer:	<i>The performance, was that trying to portray that the parents were supportive or not supportive?</i>
Year 11 girl c:	<i>In the performance they weren't, because there was this part where she said 'I'm gay' and they said 'oh yes you're happy'.</i>

Box 2: Gossip

Interviewer:	<i>So with regard to rumours and gossip and stuff and that particular performance what do you think the key messages behind that were?</i>
Year 11 girl a:	Get to know the full story before you go making statements or jumping to conclusions ... not to jump to conclusions.
Interviewer:	<i>Was there anything about what sort of people you tell particular information to?</i>
Year 11 girl b:	<i>Yes to only tell people who you trust, and that they can keep a secret and they won't go and tell someone else, I guess you learn that ... there are people you can tell and there are people you can't.</i>

Box 3 : BCHC

Year 11 boy:	They always somehow got the Community Health Centre into it somewhere, she would tell her Mum she was gay and then she would say she should go here to understand more about it.
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Box 4: Sexual Health Communication

Interviewer: Can you remember what those key messages were, like what she was trying to get across?

Year 11 girl a: **She was trying to get across safe sex**, because the kids wanted her to talk about in like a normal way, like understand **in some way that they could relate to.**

Year 11 girl b: She changed it to like rap and stuff. And they like walked away

Year 11 girl a: Not to talk to them like small children, just to talk to them like normal people.

Table 4: Perceptions of the Intended Messages of the Sexual Health Skit Performances

Theme	Skits Team	Female Students	Male Students
Same sex-attraction	<ul style="list-style-type: none"> • To break down barriers of same sex attraction • Experience of “coming out” to your parents 	<ul style="list-style-type: none"> • Being different is OK • Parent reaction to talking about sexuality 	<ul style="list-style-type: none"> • Being different is OK • Parent reaction to talking about sexuality • Parents should support you
Gossip	<ul style="list-style-type: none"> • Don’t always believe what you hear • Gossip can be linked to bullying • Be careful who you confide in 	<ul style="list-style-type: none"> • Don’t always believe what you hear • Be careful who you confide in 	<ul style="list-style-type: none"> • Don’t always believe what you hear • Be careful who you confide in
Community Health Centre	<ul style="list-style-type: none"> • Where you can seek help 	<ul style="list-style-type: none"> • Where you can seek help 	<ul style="list-style-type: none"> • Where you can seek help
Sexual health communication	<ul style="list-style-type: none"> • How not to talk to young people about sex 	<ul style="list-style-type: none"> • Different use of language across generations • Talk to young about sex like ‘normal’ people • Some people find it uncomfortable to talk about sex 	<ul style="list-style-type: none"> • Different use of language across generations
Safe sex	<ul style="list-style-type: none"> • Promote condom use 	<ul style="list-style-type: none"> • Safe sex 	
Entertainment	<ul style="list-style-type: none"> • Provoke discussion • Ice breaker • Get student attention 		
Additional responses that were recorded on survey forms*		<ul style="list-style-type: none"> • Alcohol-related sexual assault • Be content with yourself • Do not be peer pressured 	

* denotes responses were not discussed during focus groups, however, some students identified these on the survey form they completed prior to the focus group discussion

5.2.4 Impact of Skit performances on Students

5.2.4.1 Knowledge of strategies to reduce the risk of harm

Students reported that the alcohol-related skit performances helped to reduce the risk of harm from alcohol use primarily because students were provided with strategies for managing the risks when drinking alcohol. Furthermore, it was interesting that Year 11 students who had seen the alcohol-related skit performances at least two years ago, and who were not prompted about the alcohol-related skit performances were recalling strategies about how to party safe. For example, the following passage from the Year 11 focus group provides an example of how the alcohol-related skit performances help students to manage the risks associated with alcohol use.

Interviewer: Did you learn things from that that you could take away and if you were in that situation... could help you?

Year 11 girl a: Yes.

Interviewer: What sort of things did you learn do you think, what could you learn that would change your behaviour?

Year 11 girl b: Like when you go out to parties and stuff.

Year 11 girl c: You know the conclusions and stuff.

Year 11 girl d: And knowing what to drink, and to have something preferably with a lid on it.

Year 11 girl a: ...and even if you turn away don't leave it (your drink) always carry it in your hand.

Year 11 girl e: If in the end if something bad happens it opens your eyes up a bit too to what could happen when you are out and stuff like that.

Students also reported that they learnt ways to reduce their risk from alcohol from their parents or by learning from the mistakes of others. This indicates that some student learning has occurred in the social context rather than the Skits program. The following passage with Year 9 girls draws attention to this perception:

Interviewer: How do you think by watching the performances you have learnt anything that if you are in that situation that you could do something differently?

Year 9 girl a: I think it is pretty much common sense like to watch what you drink and don't accept it off strangers.

Year 9 girl b: You don't have common sense when you are drunk!

Year 9 girl a: But still, you are not drunk when you are offered it.

Year 9 girl c: Well you could be!

Interviewer: Where would you learn those sorts of messages, you were just saying that it seems like common sense?

Year 9 girl a: *Your parents would tell you or there might be someone who it might have happened to in your family or someone you know, so you would learn from their mistake.*

There were also some comments from students that highlighted the need for more information and/or clarity on issues relating to alcohol use. For example, the following passage with a Year 9 girl highlighted the need to clarify how to identify when someone is in danger of alcohol-related injuries.

Year 9 girl: *What's the differences between like passing out and being in danger?*

Interviewer: *Is that something you would like to learn more about and see in the performances?*

Year 9 girl: *Yes. Well they say how someone falls over and hits their head and has an aneurism but how does that compare to someone just passing out?*

In terms of the sexual health skit performances, students commonly reported that they made them aware of places that they could seek help in relation to sexual health. For example, the following passage from the Year 11 focus group with girls explains that prior to the program the students were unaware of the types of health services available.

Year 11 girl a: *I had no idea what YHQ (Youth Head Quarters) was until that day?*

Year 11 girl b: *Neither did I actually.*

Year 11 girl a: *I knew it existed but I didn't know anything about it.*

Year 11 girl c: *I had heard it on the radio.*

Interviewer: *Tell me a bit now having been through that, tell me now what do you know about what they do?*

Year 11 girl a: *They help kids that need someone to talk to or if they need help with ... like counselling service.*

Year 11 girl b: *To help you when you are down because other people have gone through the same situation too.*

5.2.4.2 Self-efficacy to reduce risk of harm

In terms of implementing strategies to reduce the risk of harm from alcohol use some students reported that they felt confident that they could implement information that they had reportedly learned from the skit performances (and in some cases the linked program). The following passage with Year 9 boys' highlights that information about how to drink responsibly was a practical strategy they could implement to reduce the risk of harm from alcohol use.

Interviewer *So would the things that you would take away from it, if you were going to a party for example, would you think differently knowing that if you had a few drinks that that might put myself at risk. Are there things that you would do or not do?*

Year 9 boy a: *Drink water and stuff.*

Interviewer: And do you think that is something realistic, do you think that is something you would do.

Year 9 boy a: Yes.

Year 9 boy b: Not skulling (drinks).

Year 9 boy c: And eat food.

Interviewer: What about you guys down the end, is there anything that you would do differently?

Year 9 boy d: Not accept drinks from strangers.

Comments from the Year 9 girls about their ability to implement information that they had learned from the alcohol-related skit performances were a little less convincing. This was because they commented that the responsibility *'to make sure nothing happens'* was their friends responsibility and having friends with you seemed to promote a feeling of safety. Both Year 9 girls and boys also commented that their ability to implement strategies to reduce the risk of harm from alcohol use was dependent upon *'how drunk they were'*. The following excerpts provide examples of these comments.

Example – the friend's responsibility and friends promote feeling of safety

Interviewer: You were saying that you might do silly things when you are drunk or when you are under the influence, but by watching performances if you were under the influence would performances help you to be able to cope with anything differently?

Year 9 girl: Your friends should be there if you're drunk, really drunk. They should be there to make sure nothing happens.

Interviewer: So one person to stay sober, is that what you are saying?

Year 9 girl: or they don't always have to stay sober, they can still get drunk and stuff but you have to make sure you have got someone with you.

Example – depends how drunk I am

Interviewer: Are the messages strong enough, that if you are in a situation next year, at some party, like do you think you will remember how to put someone into a recovery position as a result of that day?

Year 9 girl: It depends how drunk you are. Like I would give it a crack if someone was dying on the floor.

Interviewer: Are some young people too scared to call for help, parents or police?

Year 9 girl: Some because they don't have permission off their parents and they just say that they are going to their friend's house but they go to a party and get trashed.

In relation to the sexual health skit performances, whilst the majority of students identified that the skit performances increased their awareness of BCHC and health services most students stated that they were unlikely to access these services and would only do so if they

had no other alternative (eg. could not talk to friends, parents, or teachers) and/or only in cases where the situation was extreme. The following passage with Year 11 boys highlights the perception that students lack confidence to access BCHC and would perhaps be more likely to talk with friends, family and teachers.

Interviewer: Would people at your age and boys in particular be confident to do that or not really (access the health centre)?

Year 11 boys: No [many agree]

Year 11 boy a: Personally, if I really had to I might but I probably wouldn't, like you have to be in a real dire situation

Year 11 boy b: I would probably need somebody to come with me.

Interviewer: So in terms of someone, would you ask a friend or a family member?

Year 11 boy b: Probably a close friend, somebody you could trust.

Interviewer: What do you think [student name], we were just saying before about going into the Sexual Health Centre to get some information or some help or assistance, how would students your age like to get that information, like if you had to get that information or you needed some help, how would boys in Yr.11 like to be able to access that information.

Year 11 boy c: It would be easier through the school because if you did it by yourself it would be really awkward.

Interviewer: Through the counsellor?

Year 11 boy c: Yes because the counsellor could help because you wouldn't know how to set it up or anything.

Interviewer: So boys in Yr.11 would be pretty happy to go to the school counsellor?

Year 11 boy c: Well most of us ... like [students name a teacher at the school] is the main one we would go to.

5.2.4.3 Student ability to identify risks and strategies to reduce harm

To further explore how the skit performances impacted on students a scenario was given to each of the groups. The scenarios were primarily related to young people in party settings (see Appendix 4). Students were asked to identify the potential risks for each of the characters and then to suggest strategies that they had learnt from the skit performances that could help them in these situations. Students were able to identify a number of risks for the characters including violence or physical assault, sexual assault, leaving friends on their own, and having no way to get home. The strategies students suggested for the characters to help in these situations were to avoid fights, look after friends and make sure that they can get home, stay with your friends, plan ahead about how to get home, drink responsibly by reducing the number of drinks you have, and seek help from a counsellor or other appropriate services (eg. Lifeline, police, doctor). One passage from the Year 9 focus group with girls, however, reflects that students may still be likely to take risks, particularly in circumstances when they are with their friends as it may promote a feeling of safety.

Interviewer: Having seen performances, what things could you say to these girls that you learnt to change it to make sure that aren't exposed to risks?

Year 9 girl a: Tell them to stick together and if Jo wants to go with this guy, then Amy should go with her.

Year 9 girl b: Surely he has a friend.

Interviewer: Does that make it OK then?

Year 9 girl b: Not really, but it makes it even, or Jo could wait until she knows him better and stuck with Amy.

In addition, the following passage from the Year 11 girls' focus group indicates that students may have a "it won't happen to me" mentality because they have had positive experiences whilst under the influence of alcohol.

Interviewer: You mentioned before about the whole thing of looking after each other, is that something that you knew already or did performances definitely help to reinforce.

Year 11 girl a: In general I think its something you think about. You wouldn't leave your friend there just because you want to go home with a guy.

Interviewer: What about if you have had a few drinks and stuff though you might not be thinking as clearly as normal.

Year 11 girl b: Yes sometimes you don't think about those things.

Year 11 girl a: I have been pretty drunk sometimes and I am still me exactly as I am, I just laugh a lot ... I generally look after everybody.

5.2.5 School Follow-up

The BCHC Skits Team reported that there were no formal strategies to ensure the skit performances were followed up at schools or integrated within the curriculum. The team, however, did report that they had planned to run a session with teachers so that teachers could gain an understanding of the content of the alcohol-related skit performance and the linked program in order to incorporate these messages into their lesson plans. In comparison, there were no planned strategies for the sexual health skit performances and the Year 10 Health Day. Furthermore, the team commented that they were not sure what information was covered in the work stations of the Year 10 Health Day.

Teachers and students were asked if skit performances were followed up at the school. The rationale for following up the skit performance at school was to ensure that it was not a "once off thing". A teacher commented:

Teacher: Yes 'one offs' don't work so that's why these three staff and as many people as they can get in there at once to discuss it with the kids, then the kids realise that it is something serious and we have to pay attention to because some kids get abused ... so they can look at that for a fun day and they can go home and talk about it.

Year 11 students commented that after the skit performances they received a pack with brochures and work sheets relating to sexual health and youth services. Year 11 boys,

however, stated that *“I don’t think people would read the information after seeing the performance, unless you have an STI or you are going through something like that...”*

Year 9 students reported that after the skit performances they returned to school where they completed a group activity with their teachers. This involved each member of the group talking about something they learned from the skit performances and/or linked program.

5.2.6 Things that Worked Well

5.2.6.1 The setting

- Delivering the alcohol-related skit performances within a nightclub venue was reported to help reinforce messages and provided a different learning environment for students.
- The sexual health skit performances were also delivered outside of school during a Year 10 Health Day. Students again commented that they liked seeing the Skits program off campus, although it was more because they enjoyed school excursions in general as it was exciting to have a change in their routine.

5.2.6.2 Content

- Stereotypical images helped to get messages across in short periods of time.
- Tailoring the language to specific year levels was important; particularly when using sarcasm and humour.
- The use of humour helped to gain and hold student attention.
- The order of the skit performances was important (eg. Light hearted to serious).
- The skit performances reinforced messages delivered in the linked programs as students *“have learnt all the stuff of little bits and pieces and when they get to the Team its like all that culminates into one event where it can all go wrong or it can all go right”*

5.2.7 Suggested Areas for Improvement

5.2.7.1 Content

- Some students felt that messages needed to be delivered at an earlier age *“before we hit an age where we’d even think about any of this stuff”*.
- Year 9 boys mentioned that they would like to see a skit performance about *“fighting”*.
- Gender specific issues were identified and it was thought that skit performances could be tailored for boys and girls. A teacher commented *“**For boys, aggression** that would be one thing that I would be focusing on and dealing with their emotions, because boys just don’t know how to deal with what is going on in their head, and they tend to ... the first thing that will come out is ‘I want to fight ... I want to be aggressive ... I want to smash things. I would say **with girls, more about self respect**, not just having sex because the boys want it and not just doing things that other people expect them to do ... for example we had a couple of girls in here who said ‘I wanted the boy to go out with me so I did this... well lets talk about some self respect things here and what you could have done’.”*

5.2.7.2 Debrief

- The debriefing session delivered by the BCHC Skits Team was useful to further explain and clarify a skit performance; however it did not provide a forum for in-depth discussion or student questions. The ‘debrief’ did not provide students with anonymity and it was thought that students were unlikely to talk openly with, or in front of people that they did not know (eg. Police officers, community health staff, peers).

- It was thought that the delivery of skit performances to single-sex groups may provide better opportunities to further debrief with students.

5.2.8 What Else Could the BCHC Skits Team do?

There were a number of comments from all three stakeholder groups about how skit performances could be improved.

5.2.8.1 Role play

The BCHC Skits Team suggested expanding the skit performances into longer running performances known as “Forum Theatre”. Forum Theatre uses role play to stimulate audience engagement and the team explained that this type of theatre is a “*real powerful tool*” and “*empowering*” for students because it engaged students in skits and provided students with decision making opportunities. Students were asked during interviews whether they would like to see this type of change to the skit performances. Year 9 students generally, felt that this would not work well because most students would be too embarrassed to perform in front of their peers in role plays; especially if only a few students were singled out for skit performances. On the other hand, the Year 11 students recalled a skit performance that had involved students in the skits and these students commented that they were much more engaged in the skit performance. The following two quotes reflect these comments.

Year 11 boy a: Kids can get involved with it rather than just sit them there and do nothing. Sometimes in the performances you could get bored and I would focus on other stuff, like get the kids involved.

Year 11 boy b: The one that they involved the kids was probably the most entertaining because they had a stupid sound to make when they got touched on the shoulder and it was just funny because it was kids that we knew and they joined in the performance.

The team commented that whilst they had been able to incorporate aspects of Forum Theatre into some skit performances they were generally limited “*because there has really only ever been two of us and to do a 45 minutes performance with two people trying to play 12 different characters ... like we play three characters each in every play, but it’s a lot harder, probably the resources would be part of why we haven’t made it longer yet*”.

5.2.8.2 Involve parents

Teachers suggested that the BCHC Skits Team could involve parents, in addition to students in the Skits program. A teacher described a parent and student night as “*...so the kids do a whole heap of educational things in class, that culminates in a panel, they get the little manual and the kids have to basically come up with their own performances, so they will get tasks for example like one teacher and I might be the demon and the angel and like I will say ‘do it , do it’ whereas the other teacher says the other thing or whatever and the parents have to give feedback on what they suggest and what would happen ... one of them is ‘would you read your daughter’s diary if you thought she was up to something’ ... one parent said ‘yes I would be worried about her safety’ and another parent said ‘no I would respect her privacy and wait for her to come to me’ ... it creates a lot of conversation ... if you combine that night where we put on some slices and drinks and parents come in, and we have had a very good hit rate with that for Yr.9 boys and girls. If you combine that with some education from a BCHC Team that would be huge.*”

5.2.8.3 How to come out to your friends

Teachers commented that the skit performance about same-sex attraction needed to deal with the experiences of same-sex attracted youth talking to their friends about their sexuality. In addition, teachers felt that the topic about same-sex attracted youth is important to deliver to Year 9 students *“because that is an issue at year 9... so introducing that and then maybe by the time you get to Yr.10 it might not be such a debut ... touching it in Yr.10 is a bit late, we probably need to start perhaps breaking down the barriers in Yr.9, because there will be kids that know already”*.

5.2.8.4 Utilise school drama facilities

Teachers identified that the BCHC Skits Team could utilise the school’s drama facilities to deliver performances as this would help schools to eliminate the cost of transporting students to venues.

5.2.8.5 Other ways students could receive health information

Students were asked if there were other ways that they would like to receive information about alcohol and sexual health. The majority of students reported anonymity was important and that if they needed to find information they would *“Google it”* on the Internet. The following passage highlights the perception that information technology can help to provide anonymity.

Interviewer: Tell me about the use of technology and the Internet...if there was a facebook message or page or something like that, would people access that sort of information?

Year 11 boy a: Only people who were stressed out about it if they thought they needed it.

Year 11 boy b: Probably be an easier way to contact instead of going person to person, like e-mail or something.

Interviewer: So maybe having those sorts of facilities where you have got e-mail or something on the Internet and not having to put a face to a name, does that make it easier, you can still access the information but you don’t have to let anyone know that you are going to the Health Centre.

Year 11 boy c: It could help other people too, if it was posted, and they asked a question it could help other people who have the same problem.

Year 11 boy a: Yes if people know you are comfortable asking the question they might think what the hell and do it, if they think they can do it.

5.3 Observation Report

The observation reports are included in Appendix 2 of this report. In general, the observation reports indicated that the skit performances were well received by students who were engaged and attentive throughout the performances. The following summarises the main comments from the observation reports.

5.3.1 The Scripts and their Delivery

The scripts were short, to the point, funny, cleverly written in current terminology and language, and delivered with lots of energy without being condescending or preaching towards students. The material does not shy away from showing the characters making mistakes and saying what they are really thinking. There are lots of little moments that relate

directly to what a student might have done or might be thinking. The short length of each script (approximately 3-4 minutes) most likely helped to maintain student attention.

5.3.2 Stagecraft

In each of the skit performances the BCHC Skits Team used very simple stage props and costuming which were effective for setting the scene and entertaining their audience. For example, the basic costuming of jeans and a T-shirt with silly wigs was funny to students and enough to set the scene. The team, however, should be careful wearing T-shirts with BCHC logos, particularly if the T-shirts are too obviously from an adult organisation, and especially one that could have an unfortunate image of preaching. The costuming would then completely undermine the positive messages of the skit performances. It is essential that the audience takes the BCHC Skits Team in good faith as people putting forward scenarios relevant to young people and that the team are not portrayed as individuals lecturing the audience in a direct manner. Similarly, one of the skit performances suggested that the solution to the problem in the performance was to *“go down to the BCHC”* where there were counsellors and/or staff for young people to talk with and seek help. For similar reasons, as those stated above, this comment completely undermined the message and this information may be better explained either prior to or after the actual skit performance.

The venue, sight lines, audibility, and seating for the alcohol-related skit performances were effective and realistic, particularly since it was delivered in a nightclub/bar. The lights, however, were randomly focussed on stage and the actors were therefore in and out of the light. The lights may need to be deliberately focussed to ensure the audience can see the performers; although full staging lighting is not suggested as too many stage effects could take away from the realism of the skit performances. In terms of the sexual health skit performances the venue appeared difficult to perform in because of its large size and lack of special lighting or microphones. The lack of technology, however, added to the informality which is a strength of this program.

5.3.3 Drama Performance Elements

The characterisation and audience engagement was fantastic. The audience was extremely attentive and laughed with and at the characters because the script did not play down to the audience.

5.3.4 Health Messages Performed

A number of health messages were delivered either through the skit performances or after the performance during a debrief. These included looking after your friends, dangers of binge drinking, calling an ambulance, sexual assault, having someone to call to get home from a party, BCHC, don't gossip or exaggerate the truth, be careful who you confide in, and respect people's sexuality.

5.3.5 Student Interaction

Student interaction was only observed for the alcohol-related skit performances, as there was little opportunity after the sexual health skit performances for further discussion as it appeared that the student's regular timetable commenced. Students who participated in the sexual health skit performances did receive information in the previous week on sexually transmitted infections (STIs); although these messages were not revisited in the skit performances. In comparison, the alcohol-related skit performances were delivered in conjunction with workstations as part of the another linked program. This strategy was effective as the skit performance provided an opportunity to make the workshop information real and believable. The workstations and the skit performances seem dependant on each other for the messages to be seriously taken on board by the students.

6. Discussion

This research study aimed to determine the effectiveness of the Skits program in delivering messages to adolescents about alcohol use and sexual health. The results indicated that:

- The Skits program was well received by students as highlighted by their generally positive comments about the performances.
- The skit performances were an effective medium through which to promote key health messages, given that many of the intended health messages discussed by the BCHC Skits Team were reiterated by students. In particular, the skit performances helped students to identify strategies to manage the risks associated with alcohol use and identify health services for both alcohol use and sexual health issues.
- Student learning was enhanced when skit performances were linked to other programs. For example, the alcohol-related skit performances were linked with another program and students commented that the skit performance helped to contextualise the information they had learnt through the work stations of the linked program.
- The skit performances predominantly adopted a harm minimisation framework and more specifically included demand reduction (eg. consequences of behaviour) and harm reduction strategies (eg. don't accept drinks from others, where to seek help). These strategies resulted in students being able to confidently identify strategies to reduce their risk of harm from alcohol use and identify health services; however, they were less confident about their ability to implement the strategies and/or use health services in perceived or real settings. In order to improve student learning and health outcomes skit performances could apply behaviour change theoretical frameworks such as the Health Belief Model (Nutbeam and Harris, 1998) Theory of Planned Behaviour and Reasoned Action (Ajzen and Fishbein, 1980) or Protection Motivation Theory (Rogers, 1975). The application of these theories will help to focus the skit performances on areas that further encourage students to adopt healthy behaviours such as: overcoming perceived barriers to applying harm reduction strategies (eg. health belief model); developing beliefs that harm reduction strategies will benefit their health, is socially advantageous, and creates social pressures to behave in that way (eg. Theory of Planned Behaviour and Reasoned Action); and individual's self-perceived ability to perform the recommended health alternative (eg. protection motivation theory).
- The short and funny scripts were considered strengths of the program as they were effective in gaining and maintaining student attention, whilst delivering health messages. However, further information and support may required particularly for younger students who need opportunities to ask questions in a safe environment such as small and single-sex groups. In addition, it was apparent that younger students (Year 9) may benefit from being engaged in skit performances about same sex attraction, particularly since some of their comments reflected discriminatory language.
- The main differences between genders were that Year 11 girls commonly perceived that young people their age were having sex, and Year 9 boys wanted to see skit performances that focused on fighting. In light of the teachers comments about both boys and girls there is a need to expand the alcohol-related and sexual health skit performances to include aggression and self-respect. Furthermore, the sexual health skit performances were commonly reported to promote healthy messages (eg. being different is ok, access the BCHC); whereas students frequently identified strategies within the alcohol-related skit performances that could reduce their harm from alcohol use. Considering that both Year 9 and Year 11 students reported that 'about half' of young

people their age are having sex, and 'most' for Year 11 girls, students may benefit from seeing a range strategies that start them thinking about safety in terms of sexual behaviours and/or focus on overcoming perceived barriers to safe sexual behaviour.

7. Recommendations

To further enhance the Skits program the following recommendations are suggested. It is recommended that:

Skit performances are embedded within Health Programs and School Curriculum

It is recommended that performances continue to be embedded within linked programs as it was clear that these programs helped to reinforce health messages. Health education programs are more successful when the programs are intensive and long-term (White and Pitts, 1998). Whilst a strength of the program was that the skit performances were short, informative, and entertaining, the program generally lacked follow-up and there were few opportunities for students to apply their knowledge. It is suggested that the program is expanded to ensure that students not only have the opportunity to increase their knowledge about the harms of alcohol misuse and sexual health, but that students are provided with opportunities to apply their knowledge to specific contexts. Cahill (2006) states that many educators make the assumption that it is knowledge that young people need to keep them safe around drugs (including alcohol); however, an effective drug education program should ask students to apply their knowledge in order to generate higher levels of student engagement and learning. This may include the use of problem-predicting (eg. what might be the harms associated with alcohol use?) and problem-solving activities (eg. how could these harms be minimised?). Engaging students in the decision making process is advantageous as the solutions identified by students can become a form of peer education or peer endorsement which may be more effective than if students received the information from adult and/or authority sources (Cahill, 2006). Role play activities may also provide opportunities for students to problem solve as they can assist students to identify barriers to their proposed solutions (Cahill, 2003). For example, in role-based activities Cahill (2006) suggests that students give voice to the hidden thoughts of characters as the character struggles with a decision (eg. what is she/he afraid of? What would assist him/her? What would it take to stand your ground or to apologise?). These types of activities, however, may be better applied and followed-up in the school context where students can be divided into small groups. It is also, therefore, important that formal strategies are implemented to ensure that the skit performances and their linked programs are followed-up consistently within schools. These strategies should be developed in consultation with local secondary schools and/or the state department of education to ensure that the program compliments and enhances health education curriculum. Formal strategies may include the development and/or provision of teaching materials to initiate classroom-based activities (eg. group discussions, quiz, reflective attitudes, worksheets, role plays). Teaching materials for drug education are currently available from the South Australian Department of Education, Training and Employment (2000). Sexual health education teaching materials are also currently available from the Victorian Department of Education and Early Childhood Development (2004). The development of the program that links with the state health education curriculum would ensure a greater streamlining of health promotion messages and facilitate the development of follow up curriculum material. Furthermore, in an educational climate where curriculum space and time is highly contested, such an alignment may be more likely to be adopted by schools.

Skit performances are based on Behaviour Change Frameworks

It is recommended that the skit performances are based on theoretical frameworks of behaviour change such as the health belief model (Nutbeam and Harris, 1998) and/or protection motivation theory (Rogers, 1975). Frameworks such as the health belief model suggest that the likelihood of an individual taking action concerning any health problem is

based on the interaction between their perceived: susceptibility of the problem, seriousness of the problem, benefits of chosen action, and barriers to taking action (Nutbeam and Harris, 1998). Similarly protection motivation theory suggests that behaviour and attitude changes are based on an individual's perceived: severity of the harmful event; likelihood that the outcome will occur, effectiveness of the promoted 'healthy' alternative to avoid the harmful event; and the individual's self-perceived ability to perform the recommended healthy alternative (Rogers, 1975). Currently the skit performances only focus on harm minimisation strategies that include demand reduction and harm reduction strategies. In general students were able to recall many of these strategies; however, their confidence to implement the strategies was less in comparison. Expanding the skit performances to incorporate elements of the health belief model and/or protection motivation theory may help to build self efficacy to reduce the risk of harm from alcohol use and sexual health.

It is also suggested that the Skits Team consider developing scripts that link multiple health themes. Linking multiple health themes is important from the perspective that many health issues are connected. For example, alcohol use has been related to sexual behaviour among secondary school students (Smith et al., 2003).

The skit performances on the harms of alcohol use could incorporate messages associated with:

- sexual behaviours and/or sexual health issues;
- violence and aggression; and
- recreational and illicit drug use¹.

Sexual health skit performances could incorporate messages on:

- strategies that build self respect and self esteem;
- emotional and social experiences of same sex attracted youth; and
- bullying (eg. sexual discrimination) and the impact young people have on others.

Opportunities for the delivery of Gender Specific Skit performances and Single-Sex Debrief

Students may benefit from skit performances and debriefs that are gender specific and/or single-sex as it may provide opportunities for students to discuss topics in a setting that is less socially threatening, and thereby encourage more open discussion. Mixed-sex groups, however, are also important for sharing ideas between the genders to enable a better understanding of gender issues. Creating opportunities for both single- and mixed-sex groups, particularly in terms of sex education, is supported in the literature (Kreuse, 1992; Evans et al., 1994; Strange et al., 2003). For example, Strange et al., (2003) examined young people's views about sex education in single- and mixed-sex groups. The authors found that both boys and girls reported feelings of embarrassment and/or fear of being ridiculed by the opposite sex, during sex education, and in mixed-sex groups. The authors also found that boys and girls felt that mixed-sex groups provided an opportunity to share their views with the other sex which enabled them to learn about and understand each other better. It is therefore suggested that the program consider providing opportunities for both single- and mixed-sex groups.

¹ In the current delivery of Skit performances recreation and illicit drug use is not covered, even though drug education is delivered as part of the SSMART ASSK program.

Community Health Services are promoted in a way that Young People can relate to

BCHC needs to promote their services in a way that students can relate to and this may include opportunities for students to access and post information online. It also appears that many students feel that they would not access the BCHC unless they had no other alternative support and/or only in cases where the situation was extreme. It is suggested that the BCHC is promoted so that it becomes a normalised reaction for students or that it is restructured to consider that many students would not use the service in its current form.

Resourcing, Succession Planning and Evaluation Support is provided to the BCHC Skits Team

It was clear that the success of the Skits program relied on the personal experiences and the acting abilities of the Skits Team to deliver health messages to secondary school students. A strength of the program was the short, and funny scripts written using current terminology and language, and delivered with lots of energy without being condescending or preaching towards students. In order to support the team continue delivering skits related to alcohol use and sexual health it is suggested that BCHC:

- continue providing opportunities for members of the team to gain qualifications in health promotion and/or health education. This will help to develop a better understanding of health issues relevant to young people, develop program planning and evaluation skills and explore various teaching strategies to engage secondary school students.
- engage secondary school teachers in the delivery of the program to implement follow up material within the school setting. This may be achieved by providing teachers with opportunities for formal training and/or curriculum packages.
- consult with local Secondary Schools, in addition to the staff that work with young people to explore current health behaviour concerns for young people. In particular, it is suggested that teachers within the student welfare department are consulted as these people are best positioned to identify risk-taking behaviours of young people which could help to continually inform relevant and up-to-date storylines.
- engage and provide opportunities for other BCHC staff to develop drama skills.
- continue to evaluate the implementation of the program. Ideally, this would include pre- and post-evaluation measures to determine whether the skit performances build on the student's existing knowledge and self efficacy to implement strategies to reduce the risk of harm from alcohol use and sexual activity. An example template is provided in Appendix 3.

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Appendix 1: Annotated Bibliography of Health Education through Drama

Harding, C. G., & Safer, L. A. (1996). Using live theater combined with role playing and discussion to examine what at-risk adolescents think about substance abuse, its consequences, and prevention. *Adolescence*, 31(124), 783.

The authors used participant observations and questionnaires to explore how adolescent participation in theatre- and discussion-based health education sessions lead to attitudinal changes. Limited information was provided on the methodology and analysis procedures. From the participant observations the authors concluded that live theatre was an effective discussion stimulus with many adolescents willing to talk about their behaviours and relationships with peers and family. Student responses from the questionnaire also supported this finding with students praising the realism of the performance and the opportunity for discussion. The authors noted however, that audience composition was an important factor in motivating participation in the discussion, as more active participants tended to present an opportunity for 'at-risk' students to remain disengaged with the activity and/or discussion. The implementation of the theatre-based program also resulted in one out of every six students requesting individual counselling; suggesting that a number of students needed to share their problems or seek further help from an adult. The authors conclude that adolescents lacked knowledge about the legal consequences of drug abuse and that the family was the primary source of information and support. The authors suggest that live theatre programs could be provided in family settings to maximise the integration of families, community agencies and schools in helping adolescents reduce the risks associated with drug abuse.

Kamo, N., Carlson, M., Brennan, R. T., & Earls, F. (2008). Young citizens as health agents: Use of drama in promoting community efficacy for HIV/AIDS. *American Journal of Public Health*, 98(2), 201-204.

This article presents a community-based cluster randomised control trial of a HIV/AIDS drama-based program for adolescents in Tanzania. The drama-based program aimed to improve knowledge about HIV/AIDS and openly engage community members in public performances and discussion. Adult participants from control and intervention communities were asked to complete a community survey in 2006 about their demographics, social perceptions and health attitudes at baseline and one month post-intervention. Standardised health assessments were also conducted by an interview process with young adolescents and their care givers and covered health status, behavioural strengths and problems, young adolescent knowledge and attitude about sexuality, parental efficacy and HIV/AIDS at baseline and three months post-intervention. Graduated secondary school students facilitated the delivery of the program. Results showed: 17% of control and 57% of intervention group reported seeing young people perform skits about HIV/AIDS; adults who had seen the skits were more likely to respond favourably to young adolescents' capability as health promoters and were more likely to agree that parents should reveal their HIV status. No difference between groups on HIV knowledge was reported. The authors concluded that involving young people in drama-based education can open public channels of communication with adults and increase their sensitivity toward the impact of HIV/AIDS on children (eg. stigma and disclosure of HIV status).

McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction*, 99(3), 278-291.

This paper presents a longitudinal efficacy study with a quasi-experimental intervention research design. The SHAHRP intervention was a curriculum program with an explicit harm minimization goal conducted over a 2-year period and aimed to reduce alcohol-related harm in secondary school students. A total of 14 schools were allocated randomly to intervention and comparison conditions. The intervention included teacher training and manuals, student workbooks, and trigger video (eg. scenarios and discussion prompts). Students completed a self-report questionnaire that measured student knowledge about alcohol, attitudes towards alcohol, patterns of alcohol use, context of alcohol use, harm/risk associated with the students' own alcohol consumptions and harm-risk associated with other people's alcohol consumption. Intervention effects were found for alcohol-related knowledge, attitudes and behaviours, particularly in the first phase (eg. after 8-months). However, many differences between the intervention and comparison schools converged at 32-month follow-up, except for harm associated with their own use of alcohol than the comparison group. The SHAHRP program reported an impact on delaying and/or reverting unsupervised drinkers to supervised drinkers and supervised drinkers to non-drinkers, suggesting that such an impact is not exclusive to abstinence programs. The program also impacted risky consumption with intervention students less likely to consume alcohol in a harmful or hazardous manner. Limitation to these findings, however, is the self-report and socially desirable answers.

McBride, N. (2003). A systematic review of school drug education. *Health Education Research*, 18(6), 729-742.

The aim of this systematic review was to identify components of classroom-based school drug education programs that lead to behaviour change. A well-defined search methodology and selection criteria was adopted to identify articles in the published and grey literature. The review was limited to classroom interventions that included drug-related behavioural measures and had a positive impact on students' drug-related behaviours. The author identified several areas that need to be considered in future programs – timing, content and delivery issues, teacher training and dissemination. The author provide a comprehensive review of school-based drug education that can help to improve the development, implementation and evaluation of drug education. The majority of these conclusions, however, are based on American studies and the implementation of successful programs.

Mitschke, D., Loebel, K., Tatafu Jr., E., Matsunaga, D., & Cassel, K. (2008). Using drama to prevent teen smoking: Development, implementation, and evaluation of Crossroads in Hawai'i. *Health Promotion Practice*, doi:10.1177/1524839907309869, 1-5.

The authors describe the development, implementation and evaluation of a drama-based smoking program delivered to Asian and Pacific-Islander youth. The authors provide detailed explanations of program development and evaluation, however, lacked critical information about what elements of the program worked well and which elements were not successful. Program development involved conducting focus groups with sixth-, seventh-, and eighth-grade youth to understand the beliefs, attitudes and behaviours of youth toward smoking. The drama performance, *Crossroads* was then based on a middle school student whose character is surrounded by various influences of whether or not to smoke such as peers, family, and the media. The central message of the performance was the concept of choices that individuals make and the consequences of these choices in the short- and long-

term. Program evaluation involved pre- and post assessment and was based on the Theory of Planned Behaviour designed to assess tobacco attitudes, behaviours, and knowledge of children. Key features of the program that contributed to its success were the inclusion of multimedia components and the partnership between the federal cancer agency and community health centre.

Oman, R. F., Vesely, S., Aspy, C. B., McLeroy, K. R., Rodine, S., & Marshall, L. (2004). The potential protective effect of youth assets on adolescent alcohol and drug use. *American Journal of Public Health, 94*(8), 1425-1431.

This study used a survey to examine the association between adolescent alcohol and drug use and youth assets in a low-income, inner-city population in the US. Youth assets included non-parental adult role models; peer role models; family communication; use of time in groups or sports; use of time for religion; community involvement; aspirations for the future; responsible choices; and good health practices. Youth aged 13 – 19 years completed the survey and a large sample size was achieved ($n = 1122$ for alcohol use and $n = 1120$ for drug use). Statistical analyses were performed and the authors controlled for possible confounders when calculating the adjusted odds ratio such as age, gender, ethnicity, parental income, parental education, and family structure. *Non-use of alcohol:* Age, ethnicity and family structure were significantly associated with non-use of alcohol (eg. as age increased the proportion of non-use of alcohol decreased significantly; non-Hispanic Black youth reported a higher prevalence of non-use of alcohol; youth from 2-parent households were more likely to report non-use. Non-use of alcohol was also significant for peer role models, family communication, good health practices and aspirations for the future. *Non-use of drugs:* Younger youth and youth from two-parent households were more likely to report non-use of drugs. After controlling for demographic variables and other significant assets peer role models, use of time (religion), and responsible choices assets remained significant. Youth who had any one of the assets were 1.5-3 times more likely to report non-use of drugs than youth who did not have any one asset. Youth living in one-parent households benefited from the presence of specific assets. Socially acceptable responses and the cross sectional nature of the research limit study findings.

Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *The Journal of Primary Prevention, 20*(1), 3-50.

The authors critically review the evaluative literature on programs and interventions designed to prevent substance-use problems among youth. Substances include tobacco, alcohol and illicit drugs. The authors acknowledge that the available research literature is limited to the United States, is mostly from the last 15 years, and program evaluation is constrained by the goals of prevention efforts which primarily had adopted life-long abstinence. The authors do not provide details on the review process or selection criteria. The topics covered within the review include patterns and trends in substance use and abuse (North America); age of onset; developmental context of substance use (eg. adolescence and risk taking behaviour); substance use and harm; and approaches to preventing or reducing substance use (eg. educational persuasion, mass media campaigns, health warning labels, school-, community-, or family-based approaches, multi-level community approaches, legal and regulatory approaches, and harm reduction approaches). The authors conclude by providing commentary and analysis of past program strategies and make recommendations for future prevention strategies.

Rashad, I., & Kaestner, R. (2004). Teenage sex, drugs and alcohol use: problems identifying the cause of risky behaviors. *Journal of Health Economics*, 23(493-503).

The authors critically analyse attempts to determine the causal relationship between substance use and sexual behaviour. The authors argue that the estimation strategy employed by Rees et al., (2001) and Sen (2002) are flawed. Rees et al. (2001) used the first waves of the National Longitudinal Survey of Adolescent Health and Sen (2002) uses the first wave of the 1997 National Longitudinal Survey of Youth. The two studies employed two-related statistical methods – instrumental variables and bivariate probit, however reported divergent findings. Rees et al (2001) concluded that “...the link between substance use and sexual behaviour found by previous researchers may not reflect causation” (p844); whilst Sen (2002) reported “...alcohol-use does have a real, positive effect on the likelihood of sexual intercourse among adolescents” (p1092). The authors critique the statistical methods and conclude that the nature of the relationship between substance use and sexual behaviour remains unknown.

Rew, L., & Horner, S. D. (2003). Youth resilience framework for reducing health-risk behaviors in adolescents. *Journal of Pediatric Nursing*, 18(6), 379-388.

The authors present a youth resilience framework that addresses individual, socio-cultural risk factors and protective resources that can promote or hinder positive and negative health outcomes in adolescence. Information appears to be based on a review of the literature, however, there is no information provided on the review process. Within the socio-cultural context the framework identifies: Individual risk factors (ie., gender, distress, difficult temperament, and poor school performance); Family (ie., family functioning, socio-economic status, and ethnicity); Community (ie., neighbourhood quality, peer relationships, school environment); Individual protective resources (ie., competence, coping skills, humour, connectedness, and knowledge of health behaviours and risks). Authors conclude that public health, community and school nurses are well positioned to develop intervention for adolescents and call for more research to identify the dynamic interactions among risk factors, protective resources present in childhood and those health-risk behaviours that appear in adolescence.

Singhal, A., & Rogers, E. (2002). A theoretical agenda for entertainment-education. *Communication Theory*, 117-135.

The authors provide a historical background of entertainment education and suggest broadening entertainment education research to understand individual, group, and social level changes and to be more receptive to methodological pluralism and measurement ingenuity.

Starkey, F., & Orme, J. (2001). Evaluation of a primary school drug drama project: methodological issues and key findings. *Health Education Research*, 16(5), 609-622.

This paper describes a process and impact evaluation of a primary school drug drama project that targeted 10-11 year olds in 41 schools in England. The main themes of the drama were attitudes (and how they influence behaviour), choices (and how these are influenced and exercised), decisions (their different consequences and how these may affect people), and risks (how to recognise and assess them and decide what action to take). Process evaluation involved consultation with students, teachers, parents, actors and Health Promotion Service staff; whilst impact evaluation

used student 'draw and write' exercises to measure changes in children's knowledge, attitudes, and decision-making skills. Children also completed a pre- and post-exercise on problem solving known as the 'Alternatives and Consequences' test. A total of 253 'draw and write' questionnaires and 285 pre- and post-questionnaires were completed. Children's knowledge of names of specific illegal drugs, and their awareness that alcohol and cigarettes were also drugs increased and encouraged children to think in less stereotypical terms about drugs and drug users. Small but positive trends in decision making were also reported. The authors reported a number of program issues (eg., sampling, teacher involvement in drama days and workshops, evaluation tools, and actor abilities) and methodological issues (eg., draw and write technique which when delivered in a classroom environment may influence children to provide the 'correct' answer rather than to elicit perceptions, problem solving exercise imposes adult interpretations upon children's meanings, and pre- and post-assessment was viewed by children as work they had already completed and therefore uninteresting). The authors highlight that the context within which drug education initiatives are received and developed within schools varies enormously and makes comparability of data difficult across schools.

Stephenson, S. D., & Lannone, R. (2006). A drug education evaluation curriculum with drama as its base: The Target Project. *College Student Journal*, 40(3), 631-640.

The authors present qualitative findings from an evaluation of a tobacco and alcohol health education program in the US. Specifically, the article aimed to identify messages students could recall from watching a play and to explore whether the play was realistic and/or discouraged peers from using alcohol, tobacco and other drugs. The article contained limited information on the methodology and sample size. The recall period was three to eight months and interviews were conducted with grade seven students and their teachers. The program was known as TARGET: "Tobacco and Alcohol Resistance Gets Everyone Together" and was based on a drama-based performance followed by interactive classroom visits. Interviews with students found that most were able to recall key messages from the performance such as consequences of alcohol and drug misuse and the impact of drugs and alcohol use on families. The students also commented that they felt the performance depicted a realistic story; however few stated that it resembled someone they knew. The article failed to present information as to whether and/or how the play discouraged peers from using alcohol, tobacco and other drugs. Feedback from teachers was positive commenting that the performance held students' attention because it was entertaining, engaged students in discussion groups, and created awareness of drug and alcohol issues. Further research needs to examine the longitudinal effect of drama-based health education programs.

Appendix 2: Observation Reports

Skit performance 1: First Party Ever	
Criteria	Comments
Script	
Length	Being in short sections helped maintain audience focus
Terminology & language appropriateness	Terrific. Contemporary use of phrases etc
Delivery: pace & audibility	Really good. Kept it moving
Theme relevance	Extremely
Entertainment value	Very funny. The cross dressing added to this.
Stagecraft	
Music/AV	See comments on Script 3
Costume	See comments on Script 3
Staging: venue, sight lines, audibility, seating	See comments on Script 3
Performance elements	
Characterisation	Very over the top ie caricature. This was fine because the scene was at a party where behaviour is often exaggerated.
Audience engagement	Laughing and really attentive
Health messages performed	Lots that were mentioned in the discussion afterwards too.
Student interaction	Student audience responded to questions and answers at end of performance

Skit performance 2: Sister called to the Rescue

Criteria	Comments
Script	
Length	Good
Terminology & language appropriateness	A tiny bit of swearing ie one character said “bloody” once but it was completely in context and quite appropriate. Generally use of language was terrific, very age appropriate and contemporary not only in the words but in their delivery and timing as well.
Delivery: pace & audibility	One person was a little difficult to hear.
Theme relevance	Absolutely
Entertainment value	Simplicity of the scene in the car was terrific, easy to relate directly to both characters. Close proximity to the audience helped with the high entertainment value.
Stagecraft	
Music/AV	See comments on Script 3
Costume	See comments on Script 3
Staging: venue, sight lines, audibility, seating	See comments on Script 3
Performance elements	
Characterisation	Over the top in caricature but this was appropriate as performing in that mode can help the audience to become engaged. The exaggeration of expressions somehow emphasised the content.
Audience engagement	High.
Health messages performed	Many... others getting you drunk, people picking you up, sexual assault, rape ... I wonder if there were perhaps too many messages in this particular performance. Maybe the discussion after could choose two issues rather than many to discuss unless the kids initiate it. Great performance but covered many areas.
Student interaction	Audience totally focussed on the performance.

Skit performance 3: Binge Drinking

Criteria	Comments
Script	
Length	Really short & to the point
Terminology & language appropriateness	Terrific. Great use of language that is relevant to the student audience. Very clever in avoiding swearing without sounding goodie goodies at all.
Delivery: pace & audibility	Quite fast which worked well. Very audible
Theme relevance	Extremely.
Entertainment value	Change of focus from mobile phone to “photo snapshots” of the scene. This helped maintain interest and focus. Students were very attentive and focussed.
Stagecraft	
Music/AV	Use of music as students were getting seated was great. Gave atmosphere and set the scene.
Costume	In all the performances the use of simple props/costuming was great and effective. The basic costuming of jeans and a T shirt is good with silly wigs at times being funny and just enough to set the scene. *I would be careful of wearing T shirts with Community Health Logos too prominent (see general comment at end)
Staging: venue, sight lines, audibility, seating	Coloured lights on mirror balls. A bit distracting but gave a nightclub/bar feel which was effective and realistic. There were lights focussed on stage but they were rather randomly pointed and the performers were therefore in and out of the light. The performance was during the day so the stage lights weren't the only illumination but, if you use the stage then the lights need to be deliberately focussed I think. Too many stage effects however could take away from the realism of the performances so full on stage lighting would not be good in my opinion.
Performance elements	
Characterisation	There was a new performer. As she becomes more confident and familiar with the material she will discover a little more energy that is needed to keep the show and script moving along. Lorene does this extremely well.
Audience engagement	Very high. Very attentive. That is quite some ask of this age group after an hour's worth of concentrating, listening and being informed.
Health messages performed	Many including look after your mates, call an ambulance, the dangers of binge drinking (ie., passing out or dying).
Student interaction	Students seemed affected by the performer's revelation at the end that the person on whom the performance was based actually did die at the party.

General Comments relating to alcohol-related skit performances

- Overall the performances were absolutely fantastic. The students remained really attentive right the way through. Such engagement from this age group (year 9), especially after listening to talks for an hour preceding the performances, is quite unusual.
- The big plus about the performances is that they put the prior workshops (talkfests really) in to format from the actual student's perspective. The people on stage ARE THEM and their friends. The performances act out the issues and the students can empathise and associate with the stories and scenarios. The performances make the workshop information real and believable.
- The workstations and the performances are dependant on each other for the message to be seriously taken on board by the students. The venue being appropriate to the theme was terrific and added enormously to the delivery of the health message.
- The scripts and their delivery are fantastic. They are short and to the point, funny, cleverly written in current terminology and language, delivered with lots of energy without condescending or preaching. The material does not shy away from showing the characters making mistakes and saying what they are really thinking. There are lots of little moments that relate directly to what a student might have done or might be thinking.
- If the T shirts worn by performers are too obviously from an adult organisation (eg. BCHC), especially one that could have an unfortunate image of preaching, then the costuming would completely undermine the positive points of the performances. It is essential that the audience takes the performers in good faith as people putting forward and exposing their, the audiences', thoughts and they are not wagging the finger at the audience in a direct manner. I saw a performance on the DVD that suggests the solution to whatever the problem was in the performance was to "go down to the BCHC' where someone could talk to you or whatever. For similar reasons as those above, this comment completely undermined the message. I believe the BCHC info needs to be explained either prior to or after the actual performance.

Sexual health skit performances

Skit performance 1: Sexual health class

Criteria	Comments
Script	
Length	Good length to maintain attention. About 3-4 minutes.
Terminology & language appropriateness	Over the top in that it exaggerated teacher styles. The teacher characters were not contemporary but were utilised theatrically to make a point by a contemporary student character. Entertaining use of language and characterisation.
Delivery: pace & audibility	Snappy. Actors were immediately into role even with costume changes. Audibility improved as audience focussed.
Theme relevance	Good introduction to the other performances. Fairly generalised theme which set the other performances into context.
Entertainment value	Great. Good choice having the student character start in the audience.
Stagecraft	
Music/AV	None
Costume	Simple wig changes, glasses etc. Some cross dressing which adds to the entertainment value.
Staging: venue, sight lines, audibility, seating	Difficult performing venue because of its size and the lack of any special lighting or mikes etc but sight lines were wonderful. The lack of tech added to the informality which is strength of this program however the size of the venue and the audience was stacked against the idea and atmosphere of informality.
Performance elements	
Characterisation	Wonderful
Audience engagement	Extremely attentive. Laughing with and at the characters because the script does not play down to the audience.
Health messages performed	Many
Student interaction	No opportunity provided in this particular performing context. Some students were being interviewed later but the atmosphere was one of let's get these performances done with and school can recommence the regular timetable.
Student response to performance	Fantastic introduction because the large audience was eager for the next performance. The language and manners of speaking are familiar to the audience and are not portrayed in a negative, judgmental manner. Difficult themes are presented in a very clever and provocative way. The audience is made to think and reflect without feeling like they are being lectured or belittled.
General Comments	The venue was good for sight lines and everybody actually seeing the performances but it is difficult for such intimate and lay back scripts to have their full benefit when performing to such a large and physically distant audience. Having said that I think the actors actually held the interest and keen attention of those watching all the way through. They are a very talented bunch of performers.

Skit performance 2: The Counsellor

Criteria	Comments
Script	
Length	Short and to the point
Terminology & language appropriateness	Brilliant.
Delivery: pace & audibility	Brilliant for the student character but hard to hear the counsellor character.
Theme relevance	Showed how a normal and rather cool kid can go to a counsellor. You don't have to be a loser to actually see a counsellor.
Entertainment value	Extremely funny and engaged the audience.
Stagecraft	
Music/AV	None
Costume	Silly wigs, simple cross dressing
Staging: venue, sight lines, audibility, seating	See other sheet
Performance elements	
Characterisation	Fantastic
Audience engagement	See above
Health messages performed	Talk to someone, seek advice
Student interaction	
Student response to performance	Laughed a lot.
General comments	I think it was in this performance that BCHC was mentioned within the performance i.e. as a direct part of the script. I wonder about that in terms of endangering the performance to become an advertisement for services or else to be seen as slight preaching. (Once an ad. is revealed the casual and up front approach of seemingly being "with" the students vanishes.) I think it would be better to mention BCHC. in the discussions after the actual performances and in a direct way to the students.

Skit performance 3: Gossip

Criteria	Comments
Script	
Length	Short but a good length
Terminology & language appropriateness	Fantastic. Really contemporary language without swearing. (Quite difficult to do really but they did!)
Delivery: pace & audibility	Kept moving really well. Easy to hear.
Theme relevance	Extremely relevant to school students. Gossip thrives in school communities.
Entertainment value	Very funny
Stagecraft	
Music/AV	None
Costume	Lots of quick wig changes
Staging: venue, sight lines, audibility, seating	See other sheet
Performance elements	
Characterisation	Wonderful range of student types that added to the humour.
Audience engagement	Riveted
Health messages performed	Don't pass on things told in confidence. Don't exaggerate. Consider others. Respect others feelings..... many messages
Student interaction	
Student response to performance	Laughed a lot. Sideways glances at each other throughout.
General comments	Lorenne, one of the performers, said a few words directly to the audience at the end. Short but extremely relevant points. Once again she didn't "preach".

Skit performance 4: Coming out. Same sex relationships

Criteria	Comments
Script	
Length	Good. The scene changes added to maintaining the momentum and interest.
Terminology & language appropriateness	Play on the word "gay". An amusing, if slightly dated, take on the difficulty of informing parents.
Delivery: pace & audibility	Great
Theme relevance	Extremely
Entertainment value	High
Stagecraft	
Music/AV	None
Costume	See other sheet
Staging: venue, sight lines, audibility, seating	See other sheet
Performance elements	
Characterisation	Good. Perhaps a little dated. Could have had some more liberally minded parents too.
Audience engagement	High
Health messages performed	Respecting people's choice to "come out".
Student interaction	
Student response to performance	Possibly a little less comfortable with this performance. Not quite as hilarious. It seemed to me that there are quite a few issues here that students are uncomfortable with.

Appendix 3: Evaluation Template

Pre-performance
Survey ID No. _____

A few details about you....

1. Gender: Male Female
2. Age _____
3. I am currently in: Year 9 Year 10 Year 11

A few details about youth drug and alcohol use

Remember that any information you give us is kept confidential

4. Do you think that people about the same age as you drink alcohol regularly?
- I don't think that they do
 A few do
 About half do
 Most of them do
 All of them do
5. Do you think that people about the same age as you binge drink regularly?
- I don't think that they do
 A few do
 About half do
 Most of them do
 All of them do
6. Do you think that people about the same age as you experiment with or use illicit and/or recreational drugs?
- I don't think that they do
 A few do
 About half do
 Most of them do
 All of them do

A few details about youth sexual behaviour

Remember that any information you give us is kept confidential

7. Do you think that people about the same age as you are sexually active?
- I don't think that they have sex
 A few do
 About half do
 Most of them do
 All of them do
8. Do you think that people about the same age as you mostly use condoms if they have sex?
- I don't think that they have sex
 None use condoms
 A few do
 About half do
 Most of them do
 All of them do

How can you reduce your risk of harm?
--

9. Please list 5 ways you could reduce your harm from....

Alcohol use

-
-
-
-
-

Drug use

-
-
-
-
-

Sex

-
-
-
-
-

10. How confident do you feel your ability is to implement the following strategies to reduce your risk from harm....?

	Very Confident	Somewhat confident	Not confident at all	I am not sure
In a party setting I could limit my alcohol intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a party setting I could drink water in between my alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend collapsed I could provide emergency first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend collapsed I could seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*please note these are just examples and should be modified according to the types of performances

What health messages do you recall from the performances?

11. What health messages do you recall from.....?

Performance	Health messages presented
1	
2	
3	
4	

12. Now that you have seen the Performances, how confident do you feel your ability is to implement the following to reduce your risk from harm....?

	Very Confident	Somewhat confident	Not confident at all	I am not sure
In a party setting I could limit my alcohol intake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a party setting I could drink water in between my alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend collapsed I could provide emergency first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend collapsed I could seek help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*please note these are just examples and should be modified according to the types of performances

13. Overall how would you rate the performances?

Performance	Poor	Fair	Average	Good	Excellent
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In general, what would you tell your friends about the performances?

The best things I liked was

The thing I disliked the most was

Appendix 4: Interview Scenarios

Girls focus groups - Scenario 1

Amy and Jo were getting ready to go to a party, Jo asked Amy if she would like a breeze while they were getting ready and Amy said 'sure'. Amy told her sister they were going to party and she said to give her a call if they couldn't get a taxi home. After about an hour of being at the party Jo said to Amy that one of their friends from netball was going to 21 Arms and suggested that they go and have a look because there wasn't much happening at the party. Amy said 'I haven't been to 21 Arms for ages and I have got my sisters ID so why not'. After being at 21 Arms for a few hours Jo met up with a guy from the footy club who she had been pretty keen on for awhile, an older guy and Amy decided to go to the bar to get some drinks and Jo was busy talking to her bloke, so Amy thought she would go and get some drinks. So she goes to the bar and when she comes back Jo mentioned that she would probably go home with this guy so could she ring her sister to come pick her up. Amy said that's fine just look after yourself and Jo left with the older guy. What potential risks do you think there might be for both characters?

Girls focus groups - Scenario 2

Amy and Jo at 21 Arms and Jo is receiving a lot of attention over the corner from a guy from the football club and she decides she wants to get some drinks from the bar, while she's at the bar a guy approached her and started up a conversation. After about half an hour talking with the guy he could really talk and Amy went to tell Jo that she planned on leaving with this guy, she said this guy is fantastic, he's amazing and then she got to the dance floor. Jo was entertaining the guy from the football club and she thought 'I don't really want to interrupt' so she thought 'oh when Jo is looking for me she will ring me on the phone' ... as she left with the guy he was on his phone and a minute later a car full of boys pulled up out the front of 21 Arms and someone wound down the window and shouted out 'come on get in' and Amy thought they seemed OK so she got in the car. After awhile Jo started getting worried because she couldn't see Amy and she hadn't seen her since she came back from the bar. She called on the phone and it went straight to message bank. Jo asked the bouncers at the front door if they had seen a girl of medium height with blonde hair leaving in the last half hour and one of the bouncers had said that he had seen her get into a car full of boys. The same sort of question what sort of risks might there be with those characters?

Boys focus groups – Scenario 1

Tim went out one night after finishing the football season with the local footy and he was a bit younger than some of the other guys in his team but they looked after him, he wasn't really good at holding his alcohol but given that he had been drinking since 4 p.m. he felt wasn't doing too bad ... swaying on the side of the dance floor and swaying from side to side a bit the Captain of his team came off the dance floor and looked at Tim and said 'mate you look smashed, I think you had better go home'. After a bit Tim realised this made a bit of sense so said goodbye to his team mates and started to head out the door, just as he reached the door Ben came up and grabbed him by the arm and asked him how he was going to get home and Tim said 'I am going to get a taxi' and Tim left and went over to the taxi rank and the line was huge, so after standing there for three or four minutes he decided I think I might walk because I don't live that far away from here and off he walked. After about 800 metres down the road Tim was confronted by a group of guys, one of the boys yelled out 'what about this one he looks like he's up for a bit' and before Tim could get away one of the guys grabbed him by the wrist. So I want you to know what do you think might be some of the potential risks for Tim?