



**Report of the
Evaluation Research on the
Healthy School Programme with
a Drug Testing Component
in the 2015/16 School Year**

*Policy*²¹

政策二十一

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Executive Summary

Background

1. Supported by the Beat Drugs Fund Association (BDFA), the Healthy School Programme with a drug testing component (HSP(DT)) has been promoted throughout the territory since the 2011/12 school year. The HSP(DT) aims to facilitate students to cultivate healthy lifestyles, develop positive attitudes and correct values, reinforce resilience, strengthen the resolve to stay away from drugs, and trigger the motivation of students in need to seek help and drug treatment. The programme comprises two major components, namely preventive anti-drug activities and school drug testing with the principle of voluntary participation.

2. In the 2015/16 school year, there were 92 secondary schools participating in the HSP(DT). With the number of participating schools increasing and schools having accumulated practical experience, the BDFA commissioned Policy 21 Limited (the Research Team) to conduct an independent evaluation research on the HSP(DT) in the 2015/16 school year (the Research), with an aim to assess the effectiveness of the programme and make recommendations on how to further promote and improve the programme.

Responses

3. The Research was conducted from September 2015 to August 2016. Through quantitative and qualitative studies, the Research Team collected views from various stakeholders including the participating schools¹, non-governmental organisations (NGOs), non-participating schools² and the Government Laboratory (stakeholders in respect of schools included principals, teachers-in-charge for executing the HSP(DT) or teachers responsible for moral education, disciplinary matters or health-related education, students and parents; stakeholders in respect of NGOs included frontline social workers and supervisory staff). The Research Team also adopted the pre-post matching design with two questionnaire surveys to measure students' ability to resist drugs and their health-related behaviours and awareness, with a view to assessing the impact of the HSP(DT) on students.

4. The Research Team invited 49 participating schools with a total of 18,338 students, and 51 non-participating schools with a total of 8,389 students to complete the pre-test questionnaires. For the participating schools, the Research Team collected

¹ Referring to secondary schools which had participated in the HSP(DT) before or participated in the HSP(DT) in the 2015/16 school year.

² Referring to secondary schools which have never participated in the HSP(DT) since its launch up to the 2015/16 school year.

15,888 valid student questionnaires and the response rate was 86.6%. For the non-participating schools, the Research Team collected 7,847 valid student questionnaires and the response rate was 93.5%. The Research Team invited 14,326 and 5,565 students of 47 participating schools and 38 non-participating schools respectively which continued to join the study to complete the post-test questionnaires. For the participating schools, the Research Team collected 12,934 valid student questionnaires and the response rate was 90.3%. For the non-participating schools, the Research Team collected 5,378 valid student questionnaires and the response rate was 96.6%.

5. After collecting the pre-test and post-test questionnaires, the Research Team matched the questionnaires according to the personal information provided by the students (including date of birth, grade, class and sex). A total of 9,328 and 4,037 post-test student questionnaires could be matched successfully for the participating and non-participating schools respectively. The successful matching rates were 73.0% and 75.1% respectively.

6. The Research Team distributed 12,860 and 5,565 questionnaires to parents of 42 participating schools and 38 non-participating schools respectively. The Research Team collected 9,055 parent questionnaires from the participating schools and 4,264 parent questionnaires from the non-participating schools. Assuming that the questionnaires not returned were not repeated questionnaires, the response rates were 70.4% and 76.6% respectively.

7. The Research Team invited principals and teachers of 70 participating schools and 51 non-participating schools to complete the questionnaires. The numbers of questionnaires collected from the principals of the participating and non-participating schools were 54 and 32 respectively. The response rates were 77.1% and 62.7% respectively. The number of questionnaires collected from the teachers of the participating and non-participating schools were 55 and 30 respectively. The response rates were 78.6% and 58.8% respectively.

8. The Research Team also invited the responsible staff of 22 NGO service points to complete the questionnaires for NGOs. 16 NGOs completed and returned 50 questionnaires in total.

9. Regarding the qualitative study, the Research Team visited several participating and non-participating schools to conduct interviews or focus group discussions with principals, teachers-in-charge, parents and students. The Research Team also interviewed a number of supervisors and responsible social workers of NGOs who assisted in implementing the HSP(DT), as well as staff of the Government Laboratory responsible for handling drug testing samples.

Research Findings

Promotion of the HSP(DT)

10. Regarding the promotion of the HSP(DT), the Narcotics Division and the participating schools provide different reference materials to stakeholders to facilitate their understanding of the details. 88.9% of the principals of the participating schools presented the details of the HSP(DT) to students. Among the participating schools, over 80% of the students and more than 90% of the parents agreed that they understood the objectives of the HSP(DT). This reflected that the current means of promotion could enable students and parents to understand and accept the HSP(DT).

11. For the non-participating schools, all responding principals and teachers indicated that they were aware of the HSP(DT). Over half had participated in the briefing sessions organised by the Narcotics Division. Comparatively, fewer students and parents were aware of the HSP(DT), and the percentages were 36.7% and 53.3% respectively.

12. Concerning the level of support to the HSP(DT), more than 90% of the principals of the participating schools, according to their observations, believed that the school sponsoring bodies or Incorporated Management Committees, teachers and parents supported the schools' participation in the HSP(DT). Nearly 80% of the principals also considered that their students supported such participation. As for the non-participating schools, less than half of the principals considered that the stakeholders supported the schools' participation in the HSP(DT), while around 30% of the principals indicated having never discussed the relevant issues with parents and students.

13. Nevertheless, the views of other stakeholders of the non-participating schools showed that their attitudes towards the schools' participation in the HSP(DT) were positive. 66.7% of the teachers indicated that they would support such participation, while 60.4% of the students indicated their wish for such participation. Up to 69.7% of the Form One students indicated this wish, and this percentage was higher than those of the Forms Two to Five students (56.1% to 60.0%). The percentage of parents supporting the schools' participation in the HSP(DT) was even higher at 82.3%, which was similar to that of the parents of the participating schools who supported the schools' continued implementation of the HSP(DT) (83.4%). This reflected that the stakeholders of the non-participating schools, especially the parents, were supportive of the HSP(DT).

14. For both the participating and non-participating schools, the schools cared about the views of their stakeholders when deciding whether to join the HSP(DT).

For the participating schools, they were more concerned about how the HSP(DT) would influence students' healthy lifestyles and whether the HSP(DT) could help develop an anti-drug school culture. As for the non-participating schools, they were concerned about the protection of students' personal privacy and the impact on the workload of teachers.

Drug Testing Component

15. On the participation in the drug testing, generally speaking, nearly half of the students of the participating schools indicated that they would participate in the drug testing in the 2015/16 school year. In particular, the participation rate of nearly 60% of the Form One students was the highest. Comparatively, the participation rates of the lower forms were higher than those of the higher forms. The overall participation rate was higher in schools with a longer participation duration than that in schools with a shorter participation duration. Students' willingness to participate in the drug testing was also related to their understanding of the HSP(DT). Students, who indicated that they understood the objectives of the HSP(DT) and agreed that their schools had provided adequate details, the consent form for participating in the drug testing was clear and they had been given sufficient time to consider whether to join the drug testing, were more likely to join the drug testing.

16. On the other hand, students who agreed to participate in the drug testing in a school year were more inclined to participate in the drug testing in the next school year, especially those who had been selected for taking the drug testing (around 60%). However, for participating students claimed to have been selected for taking the drug testing repeatedly in the same school year, the proportion of not agreeing to participate in the drug testing in the next school year was higher than that of other selected students.

17. From the perspectives of parents, over 70% of the parents indicated that they would encourage and consent to their children's participation in the drug testing. Comparing the recent two school years, the parents of Forms Two and Three students were more inclined to consent to their children's participation in the drug testing in the 2015/16 school year than the previous school year.

18. For the non-participating schools, the views of the students and parents on participating in the drug testing were similar to those of the participating schools. About half of the students indicated that they would participate in the drug testing if their schools implemented the HSP(DT). Students who had heard of the HSP(DT) were more inclined to participate in the drug testing, and the percentage was about 60%. More than 70% of the parents indicated that they would agree to their children's participation in the drug testing if their schools implemented the HSP(DT).

19. In considering participation in the drug testing, the parents and students of both the participating and non-participating schools shared similar concerns. In deciding whether to participate in the drug testing, the students and parents of the participating schools were mainly concerned with the details of the drug testing, including privacy issues, modes of taking samples, sanitary conditions during the procedures and reliability of the testing results. As for those of the non-participating schools, besides privacy issues, sanitary conditions and reliability of the testing results, they would also consider whether the students' personal experience would be enriched by the drug testing.

20. For the practical details and procedures of drug testing, more than 70% of the students who had completed the drug testing in the 2015/16 school year indicated that the operation of drug testing was satisfactory and believed that their personal information was well protected. Over 20% of the students, regardless of whether they had joined the drug testing, indicated that they would mind being repeatedly selected for the drug testing within the same school year. As to the mode of taking sample, 80% of the students chose hair sample.

21. With schools' accumulation of experience in implementing the HSP(DT), the implementation of drug testing procedures had become increasingly smooth. More than 90% of the principals indicated that they seldom or never observed any discoordination during the drug testing procedures or any problems in communicating with the partnering NGOs. Only 18.5% of the principals expressed that there were occasional clashes between the schools' other activities and the drug testing, and problems in collecting the consent forms.

22. The partnering NGOs shared similar views. Only 11.5% of the NGO representatives indicated that discoordination had occasionally occurred during the operation of drug testing. The representatives of the Government Laboratory also indicated that the School Drug Testing teams had become familiarised with the sample taking procedures.

23. On the students' perception, more than 60% of the students of the participating schools agreed that the drug testing component could enhance their ability to resist drugs, including enhancing their understanding of the drug testing procedures, reinforcing their resolve to stay away from drugs and enhancing their knowledge of drugs. The students of the non-participating schools shared similar views, with more than 60% agreeing to the effectiveness of the drug testing component on their ability to refuse drugs.

24. In addition, those students who would participate in the drug testing were more likely to agree that the drug testing component could enhance their ability to refuse drugs and bring other possible benefits, as compared with those students who would

not participate in the drug testing. It was also observed that those students who had agreed to join the drug testing continuously for consecutive years were more likely to agree to the effectiveness of the drug testing component on their ability to refuse drugs and other aspects.

25. As to the views of other stakeholders of the participating schools on the effectiveness of the drug testing component, the parents considered that schools' participation in the HSP(DT) with a drug testing component made them feel reassured. From the schools' perspective, the drug testing component was beneficial to reinforcing students' resolve to stay away from drugs, but the schools did not expect to identify drug-taking students through the drug testing. Instead, they would like to demonstrate the schools' anti-drug determination to stakeholders and the community. Generally, the principals of the non-participating schools agreed to the need for anti-drug preventive education. However, some of them had reservations on conducting school drug testing and were concerned that the voluntary nature of the drug testing could not help identify drug-taking students.

Anti-drug Activities

26. The students of the participating schools had opportunities to join various types of activities. The top three activities reported by the students that they had joined were anti-drug/health information seminars (82.3%), health-related/physical fitness surveys (74.0%) and exhibitions/game booths related to healthy lifestyle education (63.1%). The situation of the students of the non-participating schools was similar. More than 70% of the students reported that they had joined the aforementioned activities. This reflected that students' participation rates in various activities were satisfactory in both the participating and non-participating schools.

27. According to the views of the NGO representatives collected during the interviews, the HSP(DT) could enable the participating schools to arrange for anti-drug activities in a more regular and sustained manner. To strengthen anti-drug preventive education, the NGO responsible staff would also incorporate drug-related knowledge and information on the harmful effects of taking drugs into various types of activities.

28. Parents' participation in activities was not active. For the participating schools, only 15.2% of the parents recalled that they had joined the briefing sessions of the HSP(DT) or other activities promoting anti-drug messages. However, about 36.1% of the parents indicated willingness to spend time on these activities. More parents of the lower form students indicated that they would like to take the time to join parent activities. More than 50% of the parents of the Form One students would like to so participate.

29. As for the implementation of activities, both the school representatives and the NGO representatives expressed that the process was smooth. 87.0% of the principals indicated that class teachers or teachers-in-charge would invite students to join the activities. More than 70% of the teachers-in-charge considered that their workload of planning, executing and managing various activities under the HSP(DT) was reasonable. Only 11.9% of the NGO representatives indicated that they had frequently adjusted the contents of the implementation plans of the preventive anti-drug activities.

30. Concerning the effectiveness of activities, more than 70% of the students of the participating schools considered that activities with themes on promoting drug-free lives, and healthy lifestyles and values were adequate. More than half of them considered that the activities could enhance their knowledge of drugs, reinforce their resolve to stay away from drugs, and encourage them to foster positive attitudes and healthy lifestyles. For the students of the non-participating schools, more than 60% considered that activities with the above themes were adequate, and this percentage was lower than that of the participating schools. More than 60% of them believed that participation in activities would reinforce their resolve to stay away from drugs, enhance their knowledge of drugs, render their campus life more vibrant, enhance their communication with schoolmates, foster positive lifestyles and attitudes, and develop diverse interests.

31. Regarding the views of parents on the effectiveness of activities, more than 70% of the parents of the participating schools having joined the activities indicated that the activities could encourage them to care more about the health of their children or themselves, and reinforce their confidence in their children's schools. The opinions of the parents of the non-participating schools were similar. More than 70% of the parents having joined the activities agreed that the activities could help raise their awareness of the health of their children or themselves, reinforce their confidence in their children's schools and enhance their understanding on how to handle the behavioural problems of their children.

Overall Effectiveness

32. Overall speaking, more than 70% of the students considered that they acquired adequate drug-related knowledge and more than 80% of the students considered that they understood clearly the risks of taking drugs.

33. As for the resilience to peer pressure on drug temptation (scaled from one to ten), more than 50% of the students believed that they were able to refuse to take drugs easily (ten points) while around 10% of the students believed that their resilience was weak (five points or below). In the pre-test, there was no significant difference on the resilience to refuse drugs between the students of the participating

schools and those of the non-participating schools. In the post-test, the resilience of the students of the participating schools (especially the Forms Three and Four students) showed an increase whereas that of the students of the non-participating schools had no change.

34. In both the pre-test and post-test, 97.1% of the students reflected that they would not take drugs in the coming two years. There were no significant changes between the pre-test and post-test. More students of the participating schools indicated that they would not take drugs in the coming two years.

35. Students' ability to refuse drugs was affected by various factors. Over 60% of the students of the participating schools agreed that the participation in activities could help increase their knowledge of drugs, and enhance their resolve to stay away from drugs. More than 60% of them also believed that the drug testing could help improve their ability to refuse drugs, including helping enhance their knowledge of the drug testing procedures, strengthen their resolve to stay away from drugs and enhance their drug-related knowledge. For the non-participating schools, many students had also participated in health-related activities, and over 60% of them agreed that the activities could help improve their ability to refuse drugs and knowledge of drugs.

36. The consolidated information showed that the types of activities and students' participation were similar between the participating and non-participating schools. Some non-participating schools had, through sharing with participating schools at different platforms, heard about the experience in participating in the HSP(DT). This might bring about a spill-over effect, fostering closer modes of anti-drug preventive education among the participating and non-participating schools. Nevertheless, comparing the results between the pre-test and post-test, the resilience of the students of the participating schools showed a higher increase than that of the students of the non-participating schools.

37. According to the views of the participating schools, 98.1% of the principals agreed that the HSP(DT) could help enhance students' knowledge of drugs and enable students to accept anti-drug messages more readily. 96.3% of the principals agreed that the HSP(DT) could help students cultivate healthy lifestyles, develop positive values and build up an anti-drug culture in the campus. 96.4% of the teachers agreed that the HSP(DT) could help build up an anti-drug culture in the campus. 94.5% of them also agreed that the HSP(DT) could help enhance students' knowledge of drugs and demonstrate the schools' anti-drug determination, similar to the views of the principals.

38. The majority of parents of the participating schools agreed to the effectiveness of the HSP(DT). Nearly 80% of the parents agreed that the HSP(DT) could help build up an anti-drug culture in their children's schools, and enhance their children's

knowledge of drugs and their resolve to stay away from drugs.

39. Compared with the parents of the non-participating schools, more parents of the participating schools expressed that they would sometimes or frequently discuss the harmful effects of drugs with their children, teach them how to refuse drugs from friends, and remind them not to join social activities which probably exposed them to drugs. This reflected that the parents of the participating schools might have a higher awareness of the youth drug abuse problems and would be more likely to adopt various measures in preventing their children from coming into contact with drugs.

40. Regarding the views of the NGO representatives, 92.0% of them agreed that the HSP(DT) could help enhance students' knowledge of drugs. More than 80% of them agreed that the HSP(DT) could help students cultivate healthy lifestyles, develop positive values, and enable them to accept anti-drug messages more readily.

41. According to the views of the stakeholders of the non-participating schools, the principals and teachers also agreed to the positive impacts of the HSP(DT) on students. More than 80% of the principals agreed that the HSP(DT) could help enhance students' knowledge of drugs and cultivate positive values. 78.1% of the principals also agreed that the HSP(DT) could enable their students to accept anti-drug messages more readily. More than 90% of the teachers agreed that the HSP(DT) could help enhance the knowledge of drugs of students as well as teachers and other school staff. 86.7% of the teachers also considered that the HSP(DT) could enable students to accept anti-drug messages more readily.

42. The parents of the non-participating schools also had a positive perception of the effectiveness of the HSP(DT). 83.3% of the parents considered that the HSP(DT) could enhance their children's knowledge of drugs. Nearly 80% of them agreed that the HSP(DT) could help their children's schools build up an anti-drug culture and reinforce their children's resolve to stay away from drugs.

Future Development and Recommendations on Improvement

43. Currently, the HSP(DT) mainly comprises two components: drug testing and activities. The findings of the Research reflected the positive impacts of the HSP(DT), especially on reinforcing students' ability to resist drugs and parents' awareness of preventing their children from taking drugs. The schools also indicated their wish to have more resources in providing preventive education to students. Hence, the Research Team recommends that the Government should continue to implement the HSP(DT) with improvements on the programme design as specifically set out below.

Promote Participation of Schools

44. The Research Team recommends that the Government should deliver the affirmative attitudes of the parents and students of the non-participating schools when promoting the HSP(DT) in future. The Government should also encourage schools to consult the views of various stakeholders and let more stakeholders have a better understanding of the HSP(DT) through the consultation. In addition, the Government could consider providing more details on the practical operation and related support in implementing the HSP(DT), and encourage schools to provide more detailed information to parents so as to enable their clear understanding of the contents concerned.

45. To enable schools to get familiar with the practical operation and reinforce the promotion to various stakeholders, the Research Team recommends that the Government should consider allowing schools to flexibly select some forms to join the drug testing component as trial in their first participating year. This would also facilitate the schools in better explaining the HSP(DT) to parents and students, thereby enhancing their understanding of the programme. Participating schools could then extend the drug testing component to the entire school for implementation after the first trial year.

46. The Research Team also recommends that the Government should consider providing different project proposals to different organisations as reference, setting up a platform or lining up participating schools and NGOs to organise sharing seminars and inter-school activities, so as to enable different participating schools, NGOs and non-participating schools to exchange information.

Project Duration

47. As continuous participation would enhance the effectiveness of the HSP(DT), the Research Team recommends that the Government should add an option of three years regarding the project duration. Furthermore, it could encourage schools and NGOs to design more successive activities fitting the development of students. The Government could also consider allowing schools to accept their students' one-off consent to join the drug testing in the first participating year. If students do not want to continue to join the drug testing, they could apply for withdrawal in writing.

Project Grants

48. The BDFFA provides lump-sum grants to schools to supplement their financial expenditure during the implementation of the HSP(DT), and also to the partnering NGOs or schools for implementing the drug testing component and activity component. Taking into account the views of various stakeholders, the funding

provided for recruiting staff should be refined. Regarding the funding for the drug testing, the Research Team recommends the Government provide more assistance to the Government Laboratory. As for that for activities, besides suggesting increasing the funding for recruitment, the Research Team recommends that the funding for the activity component be enhanced, with a view to providing sufficient resources to schools and NGOs for organising activities beneficial to students.

Specifications on the Administrative Work

49. The stakeholders wished to simplify the administrative work in the HSP(DT). The Research Team recommends that the Government should consider refining the templates of the implementation plan, and provide guidelines or reference samples for completing reports for reference of NGOs or schools.

Practices of Managing and Monitoring Projects

50. The Research Team recommends that the Government should consider arranging or deploying more staff in processing applications. They may also arrange staff to conduct visits to activities under the HSP(DT), so as to enhance the credibility and attractiveness of individual activities.

Enhance Participation Rate of the Drug Testing Component

51. To consolidate the impacts attained, the Research Team recommends retaining the drug testing component of the HSP(DT). To raise the participation rate, the Research Team recommends that the participating schools and NGOs, in promoting the HSP(DT), should consider using various means to enhance the understanding of students and parents of the implementation process of the drug testing. The participating schools and NGOs should also review and share the feedback of participating students on their experience and perceived effectiveness of drug testing with other students (especially those lower form students).

Adjustment to Details of the Drug Testing Component

52. The Research Team recommends that the Government should consider enhancing the flexibility of the sampling of the drug testing component, such as specifying more clearly that individual schools are allowed to adjust the frequency and sampling rate of drug tests with reference to the number of participating students and school operation. This could reduce the happening of a student being repeatedly selected for drug tests in the same school year, which could in turn enhance students' motivation on joining the drug testing continuously. This could also reduce the possibility of the drug testing period clashing with other school activities.

Increase Diversity and Interactivity of Activities

53. In view of the fact that the stakeholders agreed to the current operation mode and effectiveness of the activity component, the Research Team recommends maintaining the flexibility in the design of activities. Schools and NGOs should continue to design diversified, innovative and interactive activities. They should also consider collecting feedback of students through different means or letting students participate in the design of the activities so as to maintain the attractiveness of the activities and motivate students to join. The Research Team also recommends that the Government should encourage schools to organise inter-school activities, including with non-participating schools, to promote sharing and exchange among schools and students, thus promoting the healthy school culture more widely.

Enhance Participation in Parent Activities

54. The findings revealed that joining parent activities would be beneficial in enhancing parents' health awareness and their confidence in schools. The Research Team recommends that the Government should continue to encourage the participating schools to organise parent activities and provide resources in supporting relevant activities. The participating schools and NGOs should consider adjusting the contents and schedule of parent activities in order to attract more parents' attendance, and establish a good home-school relationship.

Part 1 Introduction

1.1 Background

1.1.1 To promote community efforts to beat drugs, the Government established the Beat Drugs Fund (the Fund) in March 1996 with a capital outlay of HK\$ 350 million. Income generated by the Fund is used to provide financial support to anti-drug projects. The Fund is administered by the Governing Committee (GC) of the Beat Drugs Fund Association (the Association) which was incorporated under Companies Ordinance in 1996. The Narcotics Division of the Security Bureau provides secretarial support to the Association.

1.1.2 In view of the community's grave concerns over the youth drug abuse problem, the Chief Executive announced in the Policy Address in October 2007 appointing the Secretary for Justice, the incumbent Deputy Chairman of the Fight Crime Committee, to lead a high level inter-departmental Task Force to explore how to tackle this problem. In November 2008, the Task Force released the "Report of the Task Force on Youth Drug Abuse" on the work conducted and recommendations, which included devising possible school-based drug testing scheme in order to prevent and combat the drug abuse problem, provide early assistance to youth with the drug abuse problem, and encourage and lead them to seek counselling or treatment.

1.1.3 In July 2009, the Chief Executive set out further directions for tackling the youth drug abuse problem. One of the key strategies was the implementation of the Trial Scheme on School Drug Testing in Tai Po District in the 2009/10 school year (the Trial Scheme). The Government also engaged a professional research organisation to carry out, in parallel to the conduct of the Trial Scheme, a comprehensive assessment of its design, implementation, effectiveness etc. The research report affirmed that the Trial Scheme had been implemented smoothly in the school year, stakeholders' responses were positive, and public awareness had increased which helped deter the trend of youth drug abuse. Moreover, the research report pointed out that the drug testing should not be seen as a standalone panacea, but could be a key preventive and deterrent part of a comprehensive programme to implement the Healthy School Policy³.

1.1.4 In May 2010, the Finance Committee of the Legislative Council approved the injection of \$3 billion into the Fund, so as to generate an enhanced level of funding to support sustained anti-drug efforts.

³ The Education Bureau encouraged schools to formulate a school-based Healthy School Policy with an anti-drug element as part of the school development plan and annual plan starting from the 2010/11 school year. The objective is to help students reach a state of physical, mental and social well-being.

1.1.5 The Trial Scheme continued to be implemented in the Tai Po District in the 2010/11 school year. The corresponding extended evaluation research reaffirmed that the Trial Scheme was an effective preventive measure to enhance students' resolve to stay away from drugs, and help establish a drug-free culture in campus. The research report recommended that school drug testing be introduced in other districts in addition to the Tai Po District. The programme should focus on preventive education and should be implemented as a comprehensive programme comprising diversified preventive anti-drug activities and school drug testing.

1.1.6 In response to the recommendations in the research report, coupled with the experience accumulated from the implementation of the Trial Scheme, the Government started to promote the Healthy School Programme with a drug testing component (HSP(DT)) to secondary schools throughout the territory since the 2011/12 school year. Supported by the Fund, the HSP(DT) is a school-based programme focusing on preventive education, which mainly comprises two components: (i) diversified preventive anti-drug activities; and (ii) voluntary school drug testing. The main objectives are to facilitate students to cultivate healthy lifestyles, develop positive attitudes and values, reinforce resilience, strengthen the resolve to stay away from drugs, and trigger the motivation of drug-abusing students to seek treatment and help. The target participants of the HSP(DT) were not only students but also principals, teachers and parents.

1.1.7 Interested schools can partner with non-governmental organisations (NGOs) to participate in the HSP(DT), and design school-based activities having regard to schools' needs and developments. An implementation plan should be prepared and submitted to the Association annually. Preventive anti-drug activities can include extra-curricular activities inside or outside the schools, or be integrated into the school curriculum. Interested schools can also form groups for submitting joint applications annually. Starting from the 2013/14 school year, the project duration permitted under the HSP(DT) has been relaxed for schools to submit applications for one-year or two-year projects based on their needs.

1.1.8 The number of participating schools increased from 43 in the 2011/12 school year to 92 in the 2015/16 school year. The projects of the participating schools and their partnering NGOs, and the details of the HSP(DT) are available at the website of the Narcotics Division (<http://www.nd.gov.hk/en/HSP.htm>).

1.1.9 In view of the increasing number of participating schools of the HSP(DT) over the years, their practical experience as accumulated from implementing the HSP(DT), the diversified development of the types and targets of preventive anti-drug activities etc., the Association commissioned Policy 21 Ltd. (the Research Team) to conduct an independent evaluation research (the Research) on the HSP(DT) in the 2015/16 school year, with an aim to assess the effectiveness of the programme and make

recommendations on how to further promote and improve the programme.

1.2 Structure of the Report

1.2.1 The Report contains nine parts. Part 1 is an introduction covering the background of the Research and the structure of the Report.

1.2.2 Part 2 is about the research methodology. It includes the objectives, scope, relevant concepts and definitions, stakeholders covered, and the quantitative and qualitative research design.

1.2.3 Part 3 summarises the enumeration results of the Research, including the number of stakeholders involved and response rates.

1.2.4 Part 4 presents the analysis on the promotion of the HSP(DT). Findings on the level of understanding about the HSP(DT) of various stakeholders, the means through which they knew about the HSP(DT), the level of their support of the HSP(DT), and the factors for schools' consideration of whether to participate in the HSP(DT) are presented.

1.2.5 Part 5 presents the analysis on the drug testing component, in which views of various stakeholders on the drug testing are consolidated. This part focuses on analysing the participation rate of the drug testing, the factors considered by students and parents in deciding whether to participate in the drug testing, the procedures and implementation details of the drug testing, and the effectiveness of the drug testing. This part also identifies if there are any different views among different stakeholders and schools as well as the underlying causes, in order to explore room for improving the drug testing component.

1.2.6 Part 6 presents the analysis on preventive anti-drug activities with the views of various stakeholders on preventive anti-drug activities consolidated. This part mainly analyses the participation rate, implementation and effectiveness of the activities. This part also identifies if there are any different views among different stakeholders and schools as well as the underlying causes, in order to explore room for improving the activities component.

1.2.7 Part 7 presents the analysis on the overall effectiveness of the HSP(DT). Based on Parts 5 and 6, this part further explores the impact of the HSP(DT) on students, including their ability and resolve to refuse drugs, other health-related behaviours and interpersonal relationships, as well as other stakeholders' views on the overall effectiveness of the HSP(DT).

1.2.8 Part 8 presents the recommendations for the future development and improvement of the HSP(DT). The drug testing component, the activities component and the programme as a whole are examined in order to identify room for improvement and enhancement of the effectiveness.

1.2.9 Part 9 contains Appendices 1 to 3. Appendix 1 sets out a detailed description of the sampling method of the quantitative study, the pre-post matching design of the questionnaires for students, and the statistical analysis method. Appendices 2 and 3 contain the templates of questionnaires used in the Research and the research limitations respectively.

1.3 Acknowledgements

1.3.1 The Research Team would like to express gratitude to all stakeholders for offering invaluable views for the Research.

Part 2 Research Methodology

2.1 Objectives

2.1.1 The Research Team aimed to achieve the following two objectives through the Research, namely (i) to evaluate the current implementation and effectiveness of the HSP(DT); and (ii) based on the Research findings, to make recommendations for the sustainable development and improvement of the HSP(DT), in order to enable the programme to progress with the times and enhance its effectiveness in school-based anti-drug preventive education.

2.2 Coverage of the Research

2.2.1 The delineation of the Research scope can help provide clear details for achieving the aforementioned objectives. Based on the current contents of the HSP(DT), the Research focused on the following relatively more important aspects.

Individual Level

2.2.2 First of all, the Research explored whether the students and parents of the participating schools had a sufficient understanding of the drug testing component or the preventive anti-drug activity component of the HSP(DT).

2.2.3 Secondly, the Research looked into the factors that would be considered by the students and parents of the participating schools in deciding whether to participate in the drug testing or the preventive anti-drug activities.

2.2.4 Thirdly, the Research explored whether the students of the participating schools had a stronger resilience to refuse drugs after taking part in the drug testing or anti-drug activities of the HSP(DT).

2.2.5 Fourthly, the Research examined if there would be any change in the health-related behaviours and interpersonal relationships of the students of the participating schools after they had participated in the drug testing or anti-drug activities of the HSP(DT).

2.2.6 Fifthly, the Research studied the similarities and differences in respect of the understanding of or views on the HSP(DT) among the students, parents, principals and teachers of the participating and non-participating schools.

School Level

2.2.7 Sixthly, the Research assessed the effectiveness of the HSP(DT) in helping the participating schools establish a drug-free culture in campus and achieving the efficacy of being a school-based anti-drug preventive education initiative.

2.3 Concepts and Definitions

2.3.1 The key terms involved in the Research were defined as follows:

2.3.2 “Healthy School Programme” or “HSP(DT)” referred to the Healthy School Programme with a drug testing component as one of the programmes supported by the Beat Drugs Fund. This school-based programme, with a focus on preventive education, comprises two components, namely (i) diversified preventive anti-drug activities; and (ii) voluntary school drug testing.

2.3.3 “Participating Schools” referred to the secondary schools which had participated in the HSP(DT) before or participated in the HSP(DT) in the 2015/16 school year.

2.3.4 “Non-participating Schools” referred to the secondary schools which had never participated in the HSP(DT) since the launch of the programme up to the 2015/16 school year.

2.3.5 “Non-governmental Organisations” (NGOs) referred to the social welfare organisations which provided the preventive anti-drug activities or school drug testing services for the participating schools in the 2015/16 school year.

2.3.6 “Teachers-in-charge” referred to teachers who were in charge of the HSP(DT) in the participating schools, or responsible for moral, discipline or health education in the non-participating schools in the 2015/16 school year.

2.3.7 “Responsible Social Workers” referred to the social workers from NGOs who were in charge of the drug testing or preventive anti-drug activities of the HSP(DT) in the 2015/16 school year.

2.3.8 “Responsible Staff” referred to the supervisors, frontline social workers, programme assistants and health care personnel from NGOs who were responsible for the drug testing or preventive anti-drug activities of the HSP(DT) in the 2015/16 school year.

2.3.9 “School Social Workers” referred to the social workers providing stationing service at schools for identifying and helping students with academic, family and personal growth problems.

2.3.10 “School Participation Duration” referred to the accumulated number of school year(s) that the participating schools had participated in the HSP(DT).

2.4 Targets of the Research

2.4.1 Organisational stakeholders included schools, NGOs and the Government Laboratory.

2.4.2 Individual stakeholders included principals, teachers-in-charge, parents, and students of the said schools, responsible staff of the said NGOs, and staff who were responsible for drug testing of the Government Laboratory.

2.5 Quantitative and Qualitative Studies

2.5.1 The Research was conducted from September 2015 to August 2016. The Research Team collected stakeholders’ views through quantitative and qualitative studies, in order to assess the implementation and effectiveness of the HSP(DT) in a comprehensive and in-depth manner.

Quantitative Study

2.5.2 The quantitative study in the Research was to collect views from stakeholders through self-administered anonymous questionnaires by phases. The questionnaires were classified into five types, namely student questionnaires (two sets in total comprising pre-test and post-test questionnaires), parent questionnaires, principal questionnaires, teacher questionnaires and NGO questionnaires to be completed by staff of the NGOs responsible for the HSP(DT). The sampling method is detailed in **Appendix 1** and the questionnaire templates are shown in **Appendix 2**.

2.5.3 As students, parents, principals and teachers of the participating and non-participating schools had different levels of understanding of the HSP(DT), the aforementioned questionnaires for stakeholders were devised as two versions, with a slight difference in the content, applicable to the participating and non-participating schools respectively.

Student Questionnaires

2.5.4 The pre-post matching design was adopted for the student questionnaires in order to assess the change in students at the earlier and later stages. Through matching the personal information of the students, the changes in the same batch of students during the research period were analysed and compared. Details are set out in **Appendix 1**.

2.5.5 The pre-test questionnaires for students covered (i) their understanding of and participation in the HSP(DT) (applicable to the participating schools only); (ii) views on the details of the drug testing and factors affecting their consideration of whether to participate in the drug testing; (iii) other means to receive preventive anti-drug education; and (iv) personal attitudes and habits in daily life, ability to refuse drugs, etc.

2.5.6 Some parts of the pre-test questionnaires were retained in the post-test questionnaires for students, including (i) their understanding of and participation in the HSP(DT) (applicable to the participating schools only); and (ii) personal attitudes and habits in daily life, ability to refuse drugs, etc. In addition, the post-test questionnaires covered students' participation in preventive anti-drug activities and their views on them.

Parent Questionnaires

2.5.7 The questionnaires for parents mainly covered (i) parents' understanding of and concerns regarding their children's participation in the HSP(DT), and their views on the effectiveness of the HSP(DT); (ii) their views on the arrangement of activities under the HSP(DT); (iii) their views on the general preventive anti-drug activities; and (iv) parent-child relationship.

Principal Questionnaires

2.5.8 To understand the implementation of the HSP(DT), or health and preventive anti-drug education in schools, as well as schools' understanding of and views on the HSP(DT), the Research Team collected the relevant information through the questionnaires for principals. The contents mainly included (i) schools' participation in the HSP(DT) (applicable to the participating schools only); (ii) measures and arrangements adopted for promoting the HSP(DT) (applicable to the participating schools only); (iii) allocation of staff and resources for implementing the HSP(DT) (applicable to the participating schools only); (iv) factors considered by schools in deciding whether to participate in the HSP(DT); (v) school profile; (vi) effectiveness of the HSP(DT); and (vii) suggestions for future improvement of the HSP(DT).

Teacher Questionnaires

2.5.9 The Research Team used the questionnaires for teachers as another measure to examine the actual implementation of the HSP(DT), or health and preventive anti-drug education in schools, as well as schools' understanding of and views on the HSP(DT). The contents mainly included (i) workload brought by the HSP(DT) (applicable to the participating schools only); (ii) situations encountered during the implementation of the HSP(DT) (applicable to the participating schools only); (iii) effectiveness of the HSP(DT); and (iv) suggestions for future improvement of the HSP(DT).

NGO Questionnaires

2.5.10 The Research Team also collected views from the responsible staff of NGOs (e.g. supervisors and frontline social workers) to understand the implementation of the HSP(DT). The contents mainly included (i) effectiveness and implementation of the HSP(DT); (ii) suggestions for future development of the HSP(DT); and (iii) resource allocation for the HSP(DT).

Limitations on Data Collection

2.5.11 There might be sampling and non-sampling errors in the Research (i.e. non-response errors, response errors, human errors in data processing, etc.). For this reason, appropriate measures had been taken on the questionnaire design and the data collection process in order to minimise the possibility of committing errors and fortify the creditability of the Research.

Numeric Roundup

2.5.12 The figures in a table may not add up to the total due to rounding.

Qualitative Study

2.5.13 The qualitative study in the Research was carried out by face-to-face interviews or focus group discussions. The Research Team invited some principals, teachers-in-charge, parents and students, supervisors and responsible social workers of related NGOs, as well as relevant staff of the Government Laboratory to interviews or focus group discussions.

2.5.14 Information collected from the qualitative and quantitative studies was consolidated to provide a comprehensive picture on the views of different stakeholders on the HSP(DT).

Principals and Teachers-in-charge of the Participating Schools

2.5.15 The Research Team intended to review the implementation of and expectation on the HSP(DT) from the schools' perspective. Hence the interviews with the principals and teachers-in-charge of the participating schools mainly covered the following topics: (i) factors considered by the schools in deciding whether to participate in the HSP(DT); (ii) students' participation in the HSP(DT) and responses of other stakeholders; (iii) implementation details, including the actual procedures for carrying out the drug testing, the arrangements of preventive anti-drug activities, and the difficulties encountered; (iv) effectiveness of the HSP(DT); and (v) suggestions for future improvement of the HSP(DT).

Students and Parents of the Participating Schools

2.5.16 The Research Team mainly discussed the followings topics with the students and parents: (i) their participation in the drug testing and factors considered by them in deciding whether to participate in the drug testing; (ii) their participation in the preventive anti-drug activities; (iii) their expectation on participating in the HSP(DT) and views on the effectiveness of the HSP(DT); and (iv) suggestions for future improvement of the HSP(DT).

Principals, Teachers-in-charge and Parents of the Non-participating Schools

2.5.17 The Research Team also invited some principals, teachers-in-charge and parents of the non-participating schools to interviews, in order to know about their understanding of and views on the HSP(DT), as well as the current implementation of other healthy school activities in the schools. The discussion topics included (i) their understanding of the HSP(DT); (ii) factors considered by them in deciding whether to participate in the HSP(DT); (iii) views on the effectiveness of the HSP(DT); (iv) current implementation of other healthy school activities in the schools; and (v) suggestions for future improvement of the HSP(DT).

Non-governmental Organisations

2.5.18 Supervisors of the NGOs who were responsible for the HSP(DT), members of the School Drug Testing teams responsible for the drug testing and social workers responsible for organising preventive anti-drug activities were also invited to discussions. The discussion topics included (i) planning, implementation details and difficulties encountered by NGOs during the implementation of the drug testing and/or preventive anti-drug activities; (ii) responses of different stakeholders of the participating schools on the HSP(DT); (iii) roles and duties of the NGOs; (iv) communication and cooperation between the NGOs and schools; (v) resource

allocation for carrying out the HSP(DT); (vi) views on the effectiveness of the HSP(DT); and (vii) suggestions for future improvement of the HSP(DT).

Related Staff of the Government Laboratory

2.5.19 Through interviews with representatives of the Government Laboratory, the Research Team was able to understand the following: (i) existing drug testing technology; (ii) role and duties of the Government Laboratory; and (iii) suggestions for future improvement of the HSP(DT).

Part 3 Responses of the Research

3.1 Quantitative Study

Pilot Survey

3.1.1 Before carrying out the main survey, the Research Team invited 250 students and their parents of one participating school⁴ to complete the pilot questionnaires. A total of 192 student questionnaires and 172 parent questionnaires were collected. The pilot survey was carried out for examining the survey procedures and refining the questionnaire design. As the contents of the pilot questionnaires were different from those of the main surveys, data collected from the pilot surveys were not included in the research analysis.

Main Survey

3.1.2 Responses of each type of questionnaires were as follows:

Student Questionnaires

3.1.3 The Research Team invited 18,338 students of 49 participating schools and 8,389 students of 51 non-participating schools to complete the pre-test questionnaires. For the participating schools, the Research Team collected 15,888 valid student questionnaires and the response rate was 86.6%. As for the non-participating schools, the Research Team collected 7,847 valid student questionnaires and the response rate was 93.5%. The number of pre-test student questionnaires collected, with breakdown by school type and grade, is shown below (**Table 3.1**):

⁴ The Research Team invited 70 schools that had participated in the HSP(DT) for more than one year to take part in the study. For the student questionnaire survey, one school agreed to participate in the pilot survey whereas other 49 schools agreed to their students participating in the main survey.

Table 3.1 Number of pre-test student questionnaires (by school type and grade)

Grade	Participating schools			Non-participating schools		
	Sent (Number)	Collected (Number)	Percentage (%)	Sent (Number)	Collected (Number)	Percentage (%)
Form 1	2,846	2,498	15.7	1,446	1,349	17.2
Form 2	2,914	2,620	16.5	1,454	1,384	17.6
Form 3	3,152	2,753	17.3	1,556	1,457	18.6
Form 4	3,222	2,856	18.0	1,482	1,414	18.0
Form 5	3,206	2,597	16.3	1,420	1,331	17.0
Form 6	2,998	2,564	16.1	1,031	912	11.6
Total	18,338	15,888	100.0	8,389	7,847	100.0

Note: Figures from the pilot survey were not included.

3.1.4 The Research Team, according to the original sampling method, invited the same batch of students who had completed the pilot survey and pre-test survey to complete the post-test questionnaires three months later. However, three participating schools and 13 non-participating schools were unable to continue their participation in the post-test questionnaire survey due to their own reasons. Form Six students were also unable to carry on the post-test questionnaire survey since they had already left schools for the public examinations. In addition, four participating schools only agreed to continue their participation in the post-test questionnaire survey for students, but opted out of the questionnaire survey for parents.

3.1.5 The Research Team invited 14,326 and 5,565 students of 47 participating schools and 38 non-participating schools respectively, which continued their participation in the study, to complete the post-test student questionnaires. For the participating schools, the Research Team collected 12,934 valid student questionnaires and the response rate was 90.3%. As for the non-participating schools, the Research Team collected 5,378 valid student questionnaires and the response rate was 96.6%. The number of post-test student questionnaires collected, with breakdown by school type and grade, is shown below (**Table 3.2**):

Table 3.2 Number of post-test student questionnaires (by school type and grade)

Grade	Participating schools			Non-participating schools		
	Sent (Number)	Collected (Number)	Percentage (%)	Sent (Number)	Collected (Number)	Percentage (%)
Form 1	2,776	2,399	18.5	1,065	1,046	19.4
Form 2	2,808	2,500	19.3	1,110	1,075	20.0
Form 3	2,905	2,765	21.4	1,184	1,120	20.8
Form 4	2,984	2,815	21.8	1,126	1,109	20.6
Form 5	2,853	2,455	19.0	1,080	1,028	19.1
Total	14,326	12,934	100.0	5,565	5,378	100.0

Note: Figures from the pilot survey were not included.

3.1.6 Pre-post matching design was adopted in the questionnaire survey for students. After collecting the pre-test and post-test student questionnaires, the Research Team matched the questionnaires according to the personal information provided by the students (including date of birth, grade, class and sex). For the participating schools, 9,328 post-test student questionnaires⁵ could be matched successfully. For the non-participating schools, 4,037 post-test student questionnaires could be matched successfully. The successful matching rates were 73.0% and 75.1% respectively (**Table 3.3**). The main reasons for failing to match the questionnaires successfully were that (i) students had provided incomplete or invalid information in the pre-test and/or post-test questionnaires; (ii) there were students providing identical personal information in the same class; and (iii) students had only completed either the pre-test or post-test questionnaires.

Table 3.3 Number of matched student questionnaires (by school type and grade)

Grade	Participating schools		Non-participating schools	
	Collected (Number)	Percentage (%)	Collected (Number)	Percentage (%)
Form 1	1,910	20.5	822	20.4
Form 2	1,850	19.8	826	20.5
Form 3	1,961	21.0	808	20.0
Form 4	1,865	20.0	803	19.9
Form 5	1,742	18.7	778	19.3
Total	9,328	100.0	4,037	100.0

Note: Figures from the pilot survey were not included.

⁵ As the contents of the pre-test student questionnaires completed by the students participating in the pilot survey were different from those of the main survey, the Research Team did not conduct matching for the 164 post-test student questionnaires returned from those students. Such figure was also excluded from the successful matching rate.

Parent Questionnaires

3.1.7 Among the 49 participating schools and 51 non-participating schools taking part in the pre-test student questionnaire survey, there were 42 participating schools and 38 non-participating schools agreeing to join the parent questionnaire survey. On the other hand, as Form Six students had already left school for the public examinations when the parent questionnaire survey was conducted, their parents could not participate in the study. The Research Team distributed 12,860 and 5,565 parent questionnaires to 42 participating schools and 38 non-participating schools respectively.

3.1.8 The Research Team collected 9,055 parent questionnaires from the participating schools and 4,264 parent questionnaires from the non-participating schools. There was no repeated questionnaire (i.e. no parents had left their questionnaires blank on the ground that more than one of their children had been selected for participating in the student questionnaire survey at the same time). Assuming that the questionnaires not returned were not repeated questionnaires, the response rates were 70.4% and 76.6% respectively. The number of valid parent questionnaires collected, with breakdown by school type and grade, is shown below (**Table 3.4**):

Table 3.4 Number of parent questionnaires (by school type and grade)

Grade	Participating schools			Non-participating schools		
	Sent (Number)	Collected (Number)	Percentage (%)	Sent (Number)	Collected (Number)	Percentage (%)
Form 1	2,506	1,854	20.5	1,065	892	20.9
Form 2	2,527	1,763	19.5	1,110	903	21.2
Form 3	2,608	1,861	20.6	1,184	893	20.9
Form 4	2,664	1,900	21.0	1,126	808	18.9
Form 5	2,555	1,677	18.5	1,080	768	18.0
Total	12,860	9,055	100.0	5,565	4,264	100.0

Note: Figures from the pilot survey were not included.

Principal Questionnaires

3.1.9 The Research Team invited a total of 70 principals of the participating schools and 51 principals of the non-participating schools to complete the principal questionnaires. 54 and 32 questionnaires were returned by the principals of the participating and non-participating schools respectively. The response rates were 77.1% and 62.7% respectively.

Teacher Questionnaires

3.1.10 The Research Team invited a total of 70 teachers-in-charge of the participating schools and 51 teachers-in-charge of the non-participating schools to complete the teacher questionnaires. 55 and 30 questionnaires were returned by the teachers-in-charge of the participating and non-participating schools respectively. The response rates were 78.6% and 58.8% respectively.

NGO Questionnaires

3.1.11 The Research Team invited the responsible staff of 22 NGO service points to complete the NGO questionnaires. 50 questionnaires from 16 NGOs in total were collected. Among the NGO questionnaires collected, nine NGOs provided both diversified school activities and the drug testing; other six only provided school activities; and another one only provided the drug testing. Concerning the positions and job duties of the responsible staff, 20 of them stated that they were responsible for both the drug testing and activities; other 22 were only responsible for school activities; and the remaining eight were responsible for the drug testing. Details are shown in **Table 3.5**:

Table 3.5 Number of NGO questionnaires (by position and job duties)

Job duties	Supervisors	Frontline social workers	Programme assistants	Health care personnel	Total
	Collected (Number)	Collected (Number)	Collected (Number)	Collected (Number)	
Responsible for preventive anti-drug activities and drug testing	2	14	1	3	20
Only responsible for preventive anti-drug activities	5	16	1	0	22
Only responsible for drug testing	1	4	1	2	8
Total	8	34	3	5	50

Note: The response rate could not be calculated because not all of the NGOs had provided information on the total number of staff responsible for the HSP(DT).

3.2 Qualitative Study

3.2.1 To collect the views of different stakeholders in an in-depth manner, the Research Team visited several participating and non-participating schools with different backgrounds (e.g. in different districts and with different participation durations) and interviewed their principals. The Research Team also invited some teachers-in-charge to interviews or focus group discussions, and arranged for focus group discussions with parents and students through the schools.

3.2.2 Regarding the participating schools, the Research Team interviewed a total of 18 principals, 20 teachers-in-charge, eight parents and 36 students. For the non-participating schools, a total of 10 principals, 16 teachers-in-charge and two parents were interviewed.

3.2.3 Interviews with other stakeholders were also conducted, including supervisors and responsible social workers of the nine NGOs which conducted the drug testing; those of the 16 NGOs which implemented preventive anti-drug activities; and three staff of the Government Laboratory who were responsible for handling the samples from the drug testing.

Part 4 Promotion of the HSP(DT)

4.1 Overview

4.1.1 Starting from the 2011/12 school year, the Government has encouraged all secondary schools in Hong Kong to implement the HSP(DT). In the 2015/16 school year, a total of 92 secondary schools, approximately one-fifth of the secondary schools in Hong Kong, participated in the programme. As the HSP(DT) is a voluntary school-based programme, the Research Team would compare the level of understanding of the HSP(DT), the ways to understand the HSP(DT) and the attitudes towards the HSP(DT) among various stakeholders of the participating and non-participating schools in order to explore the development of the HSP(DT), and whether and how to further promote the programme.

4.2 Level of Understanding of and Ways to Understand the HSP(DT)

4.2.1 At present, the Narcotics Division provides reference materials of the HSP(DT) (e.g. promotion video, leaflets and reference protocol of school drug testing) to schools to enable them to understand the objectives, content and delivery of the programme. These materials are also uploaded on the website of the Narcotics Division.

4.2.2 Moreover, the Narcotics Division organises briefing sessions regularly to present the details of the HSP(DT) to schools interested in the programme, and share the practical experience in implementing the programme. The Narcotic Division also keeps in contact with different stakeholders including personnel of school sponsoring bodies, principals and teachers of secondary schools, and parents to provide information on the content of the HSP(DT) and reference materials.

Participating Schools

Promotion Approaches

4.2.3 Participating schools would introduce the programme to teachers and staff, parents and students through different ways. According to the findings of the principal questionnaires, 88.9% of the principals of the participating schools introduced the HSP(DT) to students in person. Comparatively, fewer teachers (only 29.6%) took up this role. This reflected that the principals took up the major role of introducing and promoting the HSP(DT) while class teachers or teachers-in-charge carried out more coordination work.

Table 4.1 Promotion approaches adopted in the participating schools

Promotion approach	Response from principals	
	Quantity (Number)	Adopted (%)
Principal introduced the programme to students personally	↑ 54 ↓	88.9
Principal/teacher-in-charge explained the details of programme to other teachers/class teachers personally		74.1
Details of the programme and information of related activities were posted on the bulletin board		37.0
Class teachers introduced the programme to students personally		29.6
Details of the HSP(DT) and information of related activities were distributed to students by email		16.7
Other measures and arrangements were adopted		9.3

4.2.4 Based on the consolidated views from the interviews with the principals, the participating schools would deliver the following key messages when promoting the HSP(DT): (i) to encourage students to promise themselves to stay away from drugs, and emphasise their trust in students; (ii) to explain the effectiveness of the HSP(DT), especially the social impact brought by students' participation such as sending a message to the community that teenagers are determined to refuse drugs; (iii) to enhance the mutual trust between schools and students, as well as parents; and (iv) to emphasise the voluntary nature of the participation in drug testing.

4.2.5 According to the findings of the student questionnaires, 55.2% of the students indicated that the schools had used the promotion leaflets from the Government as supplemental reference, and 47.3% of the students mentioned that the schools had showed the promotional video. More Form One students (58.8%) than the other forms (38.7% - 50.4%) indicated that the schools had utilised the promotional video from the Government.

4.2.6 The findings from the interviews with the principals revealed that besides presenting to students the details of the HSP(DT), participating schools had also organised briefing sessions to introduce the programme to parents, and distributed notices or reference protocols to parents.

Level of Understanding

4.2.7 Regarding the level of understanding of the HSP(DT), 82.6% of the students indicated in the questionnaires that they understood the objectives of the programme, and 71.1% of the students agreed that the schools had provided adequate programme details. However, there was an inverse relationship between the percentage of

students agreeing that the schools had provided adequate programme details and their grades. 79.9% of the Form One students considered that the schools had given sufficient details and the proportion is significantly higher than that of Forms Two to Six students (details shown in **Tables 4.2 and 4.3**).

4.2.8 According to the findings of the parent questionnaires, most of the parents considered that they and their children understood the objectives of the HSP(DT), and that the schools had provided adequate programme details, with the percentages at 91.1% and 85.5% respectively. Furthermore, a higher percentage of the parents of junior form students indicated their understanding of the objectives of the HSP(DT) and agreed that the schools had provided adequate programme details. The result was similar to the findings of the student questionnaires.

Table 4.2 Level of understanding of the programme objectives of different stakeholders of the participating schools (by different stakeholder and grade)

Grade	Response from students				Response from parents			
	Quantity (Number)	Understand (%)	Not understand (%)	No response (%)	Quantity (Number)	Understand (%)	Not understand (%)	No response (%)
Form 1	2,498	85.9	13.6	0.4	1,854	92.8	6.0	1.2
Form 2	2,620	79.2	20.2	0.6	1,763	91.3	6.7	1.9
Form 3	2,753	82.5	17.0	0.5	1,861	91.0	7.6	1.4
Form 4	2,856	82.6	16.9	0.5	1,900	91.4	7.1	1.6
Form 5	2,597	83.1	16.4	0.5	1,677	89.0	9.6	1.4
Form 6	2,564	82.4	17.2	0.4	-	-	-	-
Total	15,888	82.6	16.9	0.5	9,055	91.1	7.4	1.5

Note: The figures on students' response were from the pre-test student questionnaires.

Table 4.3 Views on school providing adequate programme details (by stakeholder and grade)

Grade	Response from students				Response from parents			
	Quantity (Number)	Understand (%)	Not understand (%)	No response (%)	Quantity (Number)	Understand (%)	Not understand (%)	No response (%)
Form 1	2,498	79.9	19.5	0.7	1,854	88.1	10.0	1.8
Form 2	2,620	73.9	25.4	0.7	1,763	85.8	11.9	2.3
Form 3	2,753	72.4	27.0	0.6	1,861	85.3	12.8	1.9
Form 4	2,856	70.6	28.7	0.6	1,900	84.5	13.1	2.4
Form 5	2,597	67.7	31.6	0.7	1,677	83.4	14.5	2.1
Form 6	2,564	62.2	37.2	0.5	-	-	-	-
Total	15,888	71.1	28.3	0.6	9,055	85.5	12.4	2.1

Note: The figures on students' response were from the pre-test student questionnaires.

4.2.9 The promotion strategies adopted by the participating schools might result in the variation among different grades. The interviews with different stakeholders of the participating schools showed that the participating schools generally focused on the Form One new students and their parents when promoting the HSP(DT). The principals, teachers-in-charge and NGOs would introduce the HSP(DT) to them during the orientation period. Their approaches included explaining the objectives and missions of the HSP(DT) by the principals, reading out the school drug testing protocol, showing the promotional video, distributing promotional leaflets and reference protocols, etc. The principals would also brief all teachers and students of the programme details during the morning or weekly assemblies. Some participating schools would also provide relevant information to parents through the Parent-Teacher Associations.

4.2.10 Regardless of the promotion approaches adopted by the participating schools, the Research Team noticed from the interviews with stakeholders that the proactiveness of the schools in introducing the HSP(DT) was more influential than the promotion means adopted. Some responsible social worker of the NGOs expressed that it would encourage students and parents to agree with the programme if the schools were proactive in introducing the programme. In fact, some parents indicated that after they learnt about the programme details and its positive impacts through the briefing sessions organised by the schools for parents, they would allow their children to join the programme based on their trust in the schools, and would not spend too much time on going through the details of the consent form or other materials.

4.2.11 Concerning the students, although most of them indicated that they understood the objectives of the HSP(DT) and considered that the schools had provided adequate programme details, they tended to be more attracted by some innovative promotion

approaches than traditional seminars. Some students indicated in the interviews that they hoped that the schools could deliver information about the HSP(DT) through more innovative means (e.g. video clips) to enable their easier understanding of the programme details.

Non-participating Schools

4.2.12 Through questionnaire surveys, the Research Team looked at the basic understanding of the HSP(DT) of stakeholders, i.e. whether they had heard of the programme. All the responding principals and teachers-in-charge of the non-participating schools indicated that they had heard of the HSP(DT). 62.5% of the principals and 56.7% of the teachers-in-charge responded that they had attended the briefing sessions organised by the Narcotics Division. This reflected that more than half of the principals and teachers-in-charge of the non-participating schools were willing to know the programme in greater detail.

4.2.13 Some of the principals and teachers expressed in the interviews that they had attended the briefings on the HSP(DT) by the Narcotics Division at the meetings of some regional organisations such as District Principals' Associations or Associations for School Discipline and Counselling Teachers. Some principals of the participating schools had also shared their experience in implementing the HSP(DT) at these meetings. The principals and teachers had also noted the programme details from the invitation letters issued by the Education Bureau and Narcotics Division. This showed that the promotion of the HSP(DT) had attained a certain level of extensiveness and was not limited to the participating schools.

4.2.14 As the decision makers in schools, the principals had a deeper understanding of the HSP(DT). According to the interviews with the principals and teachers of the non-participating schools, the majority of the principals had heeded the development of the HSP(DT) since its launch or even as early as the launch of the Trial Scheme on School Drug Testing in Tai Po District. They were not only aware of the objectives and missions of the HSP(DT) but also had a certain level of understanding of the implementation details and had paid attention to its effectiveness and impacts. As for the teachers, they had a certain level of understanding of the background of the implementation of the HSP(DT), and generally knew that the programme comprised two parts, namely the drug testing and preventive anti-drug activities. They were also aware of the administrative work involved.

4.2.15 Compared to the principals and teachers, the parents and students had a lower level of understanding of the HSP(DT). Only 53.3% of the parents indicated that they had heard of the HSP(DT), and only 36.7% of the students had heard of it. Some teachers also mentioned in the interviews that the students had a limited understanding

of the programme. If there were more participating schools in the same district, the students might have more opportunities to know about the programme.

4.3 Level of Support for the HSP(DT)

4.3.1 With the HSP(DT) as a school-based programme, the support from stakeholders might affect its development, implementation and effectiveness. Through looking into the views of different stakeholders on participating in the HSP(DT), the Research Team explored the future development of the programme.

Participating Schools

Views of the Principals

4.3.2 The results of the principal questionnaires showed that most school sponsoring bodies, teachers and parents supported the schools' participation in the HSP(DT), with the percentages at 98.1%, 98.1% and 92.6% respectively. The percentages of students and alumni showing support were 79.6% and 59.3% respectively.

Table 4.4 Evaluation on stakeholders' support to schools' participation in the HSP(DT) by the principals of the participating schools

Stakeholder	Response from principals			
	Quantity (Number)	Support (%)	Not support (%)	No comment (%)
School sponsoring body / Incorporated Management Committee	↑ 54 ↓	98.1	0.0	1.9
Teachers		98.1	0.0	1.9
Parents		92.6	0.0	7.4
Students		79.6	1.9	18.5
Alumni		59.3	0.0	40.7

Note: All the principals responded.

4.3.3 According to the interviews with the principals, the stakeholders in general were supportive to the HSP(DT) since its implementation in the schools. Most parents and students' responses were also positive.

Views of the Teachers

4.3.4 The questionnaire surveys showed that over 90% of the teachers-in-charge considered that the teachers-in-charge and principals were proactive enough in

promoting the HSP(DT). Meanwhile, 89.1% and 74.5% of the teachers-in-charge considered that the students had actively participated in the preventive anti-drug activities and drug testing. However, only 41.8% of the teachers-in-charge considered that the parents had actively participated in the preventive anti-drug activities.

Table 4.5 Activeness of the stakeholders of the participating schools

Promotion of or participation in the HSP(DT)	Response from teachers-in-charge			
	Quantity (Number)	Sufficient (%)	Insufficient (%)	Uncertain (%)
Teacher-in-charge promoted the HSP(DT)	55 ↑ ↓ ↓ ↓ ↓ ↓ ↓ ↓	94.5	1.8	3.6
Principal promoted the HSP(DT)		92.7	1.8	5.5
Students participated in diversified preventive anti-drug activities		89.1	7.3	3.6
Students participated in voluntary drug testing		74.5	18.2	7.3
Teachers from different committees encouraged their students to participate in diversified preventive anti-drug activities		70.9	3.6	25.5
Teachers from different committees participated in diversified preventive anti-drug activities for teachers		69.1	7.3	23.6
Class teachers encouraged their students to participate in voluntary drug testing		61.8	5.5	32.7
Parents participated in diversified preventive anti-drug activities for parents		41.8	34.5	23.6

Note: All the teachers-in-charge responded.

4.3.5 From the interviews, the teachers-in-charge of the participating schools generally supported the HSP(DT). They considered that their schools' participation in the programme would bring benefits to students, and the schools could use the resources provided by the programme to organise more suitable activities for students. Meanwhile, the teachers-in-charge considered that the workload arising from implementing the drug testing and activities under the HSP(DT) was appropriate. Some indicated that the schools' participation in the HSP(DT) could help relieve part of their administrative work in organising activities such that they could concentrate more on teaching.

Views of the Parents and Students

4.3.6 As shown by the findings of the questionnaire surveys, most parents were positive towards the schools' participation in the HSP(DT), with 83.4% expressing support for the schools' continued implementation of the programme. The interviews

showed that the parents also hoped that their children could build up the resolve to refuse drugs through participating in the HSP(DT) and establish healthy lifestyles and positive attitudes. According to the interviews with the students, they did not have specific views on the schools' participation in the HSP(DT).

Non-participating Schools

Views of the Principals

4.3.7 Compared with the principals of the participating schools, a lower ratio of the principals of the non-participating schools considered that the stakeholders supported the schools' participation in the HSP(DT). 43.8% of the principals indicated in the questionnaires that the teachers supported joining the programme. Over 30% of the principals of the non-participating schools indicated that they were uncertain about the attitudes of parents and students because they had never discussed the relevant issues with parents and students. Only 40.6% of the principals responded that the parents supported the schools' participation in the HSP(DT), and only 21.9% of the principals responded that the students supported the schools' participation in the HSP(DT). If only those responses with clear views were looked at, stakeholders were inclined to support the schools' participation in the HSP(DT).

Table 4.6 Evaluation on stakeholders' support to schools' participation in the HSP(DT) by the principals of the non-participating schools

Stakeholder	Response from principals				
	Quantity (Number)	Support (%)	Not support (%)	No comment (%)	Uncertain, and no discussion so far (%)
School sponsoring body / Incorporated Management Committee	↑ 32 ↓	37.5	9.4	34.4	18.8
Teachers		43.8	21.9	21.9	12.5
Parents		40.6	6.3	18.8	34.4
Students		21.9	9.4	31.3	37.5
Alumni		25.0	0.0	28.1	46.9

Note: All the principals responded.

4.3.8 Some principals expressed in the interviews their concerns about the possible impacts on the schools' reputation if they participated in the HSP(DT), especially the views of parents on the schools' participation in the programme. Moreover, some principals considered that if there were relatively fewer schools of the same district participating in the programme, their participation might affect others' impression of the schools.

Views of the Teachers

4.3.9 According to the findings of the teacher questionnaires, 66.7% of the teachers indicated their support to the schools' participation in the HSP(DT). The interviews showed that the teachers had different views on the schools' participation in the programme. Some teachers agreed with the effectiveness of the programme and considered that the funding from the programme could enable the schools to organise suitable healthy school activities beneficial to students. However, some teachers had reservation on the drug testing component, while some teachers were concerned that participation in the programme would increase their workload. Some teachers' view was similar to that of the principals and were concerned with parents' impression of the schools if they participated in the programme.

Views of the Students

4.3.10 The students of the non-participating schools held a positive attitude towards the schools' participation in the HSP(DT). 60.4% of them wished that their schools would implement the programme. Among them, up to 69.7% of the Form One students wished that their schools would participate in the programme, and this percentage was higher than those of the Forms Two to Five students (56.1% to 60.0%).

Views of the Parents

4.3.11 The parents of the non-participating schools also supported the schools' participation in the HSP(DT). 82.3% of the parents expressed support to the schools' participation in the programme. Similar to the results of the student questionnaires, 88.1% of the Form One students' parents showed support to the schools' participation in the programme. The proportion was higher than those of the parents of the Forms Two to Five students (79.4% to 85.6%).

4.3.12 The difference between the responses from the principals and those from the students and parents suggested that the main reason was that the principals of the non-participating schools did not have any formal discussion with different stakeholders and hence could not fully understand whether the students and parents supported the schools' participation in the HSP(DT).

4.4 Factors to be Considered for Participation in the HSP(DT)

4.4.1 Apart from the understanding of the programme and support from different stakeholders, there were also other factors that the schools would take into consideration in deciding whether to participate in the HSP(DT). On this, the

Research Team compared, at the school level, the important factors that the participating and non-participating schools would consider.

Participating Schools

4.4.2 According to the findings of the principal questionnaires, the factors that the participating schools most agreed with were the impact on students' healthy lifestyles, views of stakeholders and whether the programme could help develop an anti-drug school culture. Details are shown in **Table 4.7**.

Table 4.7 Factors considered by the participating schools for participating in the HSP(DT)

Considering factor	Response from principals			
	Quantity (Number)	Agree (%)	Disagree (%)	No comment (%)
Impacts on students' healthy lifestyle	54	100.0	0.0	0.0
Views of stakeholders		96.1	0.0	3.8
Whether the HSP(DT) could help foster an anti-drug school culture		96.1	0.0	3.8
Flexibility on designing diversified school activities		94.3	1.9	3.8
Flexibility on use of funding		94.2	5.8	0.0
Impacts of the drug problem in the community on students		92.3	5.8	1.9
Protection of students' personal privacy		92.2	2.0	5.9
Requirements on the details of drug testing		90.2	5.9	3.9
Availability of school venue		86.5	13.5	0.0
Requirements on administrative work		78.8	17.3	3.8
Choice of drug testing methods		76.4	17.6	5.9
Additional workload to teachers for implementing the HSP(DT)		66.7	29.4	3.9
Experience of other participating schools		66.7	13.7	19.6
Whether the HSP(DT) would affect teacher-student relationship		48.1	38.4	13.5
Extra funding for implementing the HSP(DT)		45.1	51.0	3.9
Impacts on the school's reputation		26.9	42.3	30.8

Note: All the principals responded.

4.4.3 Same as the results of the questionnaire survey, the principals further explained in the interviews that they had decided to participate in the HSP(DT)

because it could help students develop healthy lifestyles and demonstrate the schools' anti-drug determination, and it had stakeholders' support.

Non-participating Schools

4.4.4 Factors that most principals of the non-participating schools agreed with were the protection of students' personal privacy (93.5%), views of stakeholders (87.1%) and additional workload to teachers for implementing the HSP(DT) (87.1%). Details are shown in **Table 4.8**.

Table 4.8 Factors considered by the non-participating schools for participating in the HSP(DT)

Considering factor	Response from principals			
	Quantity (Number)	Agree (%)	Disagree (%)	No comment (%)
Protection of students' personal privacy	32	93.5	0.0	6.5
Views of stakeholders		87.1	0.0	12.9
Additional workload to teachers for implementing the HSP(DT)		87.1	6.5	6.5
Availability of school venue		83.9	6.5	9.7
Requirements on administration work		83.9	6.5	9.7
Requirements on the details of drug testing		83.8	6.5	9.7
Flexibility on designing diversified school activities		77.4	3.2	19.4
Impacts of the drug problem in the community on students		77.4	3.2	19.4
Whether the HSP(DT) could help foster an anti-drug school culture		74.2	3.2	22.6
Choice of drug testing methods		71.0	6.5	22.6
Whether the HSP(DT) would affect teacher-student relationship		64.5	12.9	22.6
Impacts on students' healthy lifestyle		61.3	3.2	35.5
Flexibility on use of funding		61.3	6.5	32.3
Experience of other participating schools		61.3	3.2	35.5
Impacts on the schools' reputation		54.9	12.9	32.3
Extra funding for implementing the programme		51.6	29.0	19.4

Note: All the principals responded.

4.4.5 Although only 54.9% of the principals indicated in the questionnaires that they were concerned about the impact of participating in the HSP(DT) on the schools'

reputation, a number of the principals expressed in the interviews that they were concerned that the stakeholders including the school sponsoring bodies, parents and students might query or oppose the schools' participation in the HSP(DT). They were also concerned about the possible increase in teachers' workload for participating in the programme.

4.5 Summary

Level of Understanding of and Ways to Understand the HSP(DT)

4.5.1 The present promotion of the HSP(DT) had attained a certain level of extensiveness. Most students and parents of the participating schools, especially the Form One students and their parents, understood the details and objectives of the programme through briefings by the schools. This reflected that the current means of promotion adopted by the schools and NGOs were effective in enabling the students and parents to understand and support the programme.

4.5.2 However, the students and parents of the non-participating schools had a relatively limited understanding of the HSP(DT). Although there was occasional sharing between the participating and non-participating schools, this took place only at the level of principals and teachers. There were fewer opportunities for students and parents of the non-participating schools to learn about the programme.

Level of Support for the HSP(DT)

4.5.3 Both the results from the questionnaires and interviews showed that most stakeholders of the participating schools supported the schools' participation in the HSP(DT). Over 80% of the parents wished that the schools of their children would continue to implement the programme.

4.5.4 While some of the non-participating schools never had any discussion with parents and students on whether to participate in the HSP(DT) or considered that the stakeholders would not support such participation, the results of the questionnaire surveys showed that most teachers-in-charge and students expressed that they would support the schools' participation in the programme. More than 80% of the parents expressed support for their children's schools to participate in the programme.

Factors to be Considered for Participation in the HSP(DT)

4.5.5 The Research Team noticed that both the participating and non-participating schools cared about the views of stakeholders when deciding whether to participate in the HSP(DT), especially parents' impression of the schools. This Research revealed

that the students and parents were positive towards the schools' participation in the programme.

4.5.6 In deciding whether to participate in the HSP(DT), the factors considered by the non-participating schools were mainly related to the operation details, including protection of students' personal privacy, additional workload to teachers, etc. According to the views of the stakeholders of the participating schools, there were sufficient measures under the HSP(DT) to safeguard students' personal privacy, and teachers did not have to take up excessive additional workload due to the programme.

4.6 Recommendations

Strengthen Support from Stakeholders of the Participating Schools

4.6.1 To foster the continuous support from parents and students of the participating schools for the schools' participation in the HSP(DT) and their active participation in the drug testing and various activities under the programme, schools and NGOs may consider adopting other means to promote the programme in addition to using the promotional leaflets and video provided by the Government and conducting briefing sessions. For example, schools and NGOs may consider producing promotional materials suiting schools' individual circumstances. On top of thoroughly presenting the details of the HSP(DT), schools and NGOs may carry out focused promotion tailored to the specific conditions of students at different grades, while not neglecting the needs of students of senior forms and their parents. The Government can enhance the communication with schools and NGOs, and provide suitable assistance for the promotion of the programme in schools.

Elevate Schools' Motivation to Participate

4.6.2 The Research Team recommends that the Government should, when promoting the HSP(DT) in future, provide more details on the practical operation and related support. The Government should also deliver the affirmative attitudes of the parents and students of the non-participating schools towards the HSP(DT), so as to address the concerns of the non-participating schools. Meanwhile, the Government should encourage schools to take the initiative in consulting the views of various stakeholders to understand their inclinations and let more stakeholders have a better understanding of the HSP(DT).

4.6.3 Apart from continuing to organise briefing sessions on the HSP(DT), the Government should attempt to line up participating schools and NGOs to organise sharing seminars or joint-school activities. Stakeholders of the non-participating

schools should be invited to join so that they could personally experience and have a deeper understanding of the actual implementation of the HSP(DT).

Part 5 Drug Testing Component

5.1 Overview

5.1.1 School drug testing is one of the components of the HSP(DT). It includes drug testing and relevant supporting schemes. Under the current operation mode, schools may choose to partner with suitable NGOs which will form a School Drug Team to visit schools to collect hair or urine specimens for testing.

5.1.2 School drug testing follows the principle of voluntary participation. Parents (or guardians) will discuss with students to jointly decide whether to participate in the drug testing. The School Drug Team will randomly select students who have agreed to join for drug testing. Meanwhile, each school will assign a staff as the School Project Assistant to assist the principal in dealing with issues relating to the drug testing.

5.1.3 The main objectives of the drug testing are to enhance the resolve of students who have not taken any drugs to continue to stay away from drugs, and to motivate drug-taking students (especially those in the early stage of drug abuse) to quit drugs and seek help. It is also expected that the school drug testing can serve as a platform for students to make commitments of staying away from drugs and to increase awareness of their personal health.

5.1.4 To examine whether the implementation of the drug testing can fulfill the above objectives and whether its operation is smooth, so as to explore the future development of the HSP(DT), the Research Team explored four key aspects in this part: (i) participation in the drug testing, including the overall participation rate at the school level and the participation rate at the individual level; (ii) factors considered by parents and students in deciding whether to participate in the drug testing; (iii) procedures and details of implementing the drug testing; and (iv) students' subjective perception of the effectiveness of the drug testing as well as views of other stakeholders.

5.2 Current Participation and Future Participation Inclination

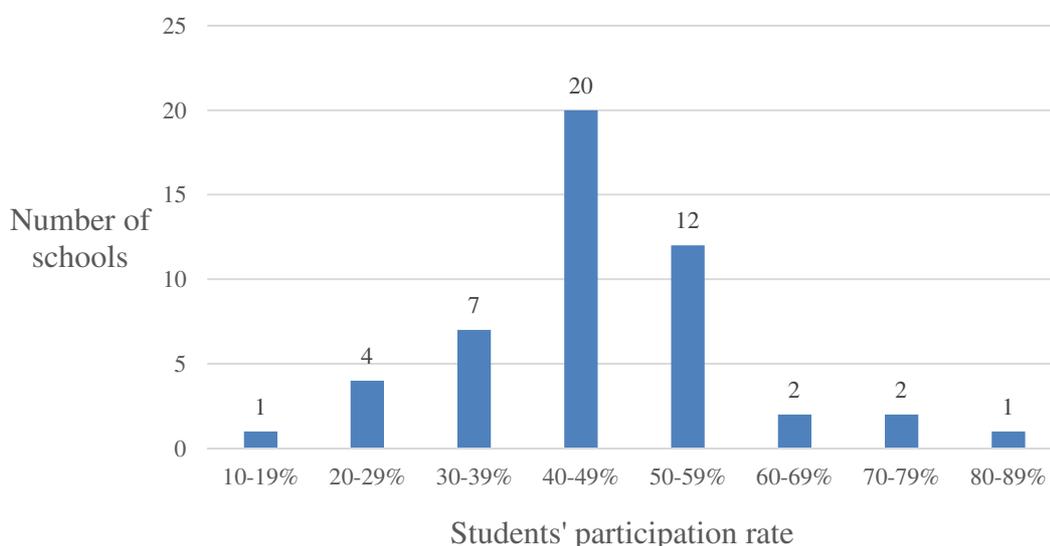
5.2.1 To understand the participation in the drug testing, students were asked in the pre-test student questionnaire about their participation inclination in the 2015/16

school year and their actual participation in the previous two school years⁶. The Research Team then obtained further information on the students' actual participation in the drug testing in the 2015/16 school year and their participation inclination in the next school year through the post-test student questionnaire.

Overall Participation of the Participating Schools

5.2.2 At the school level, it was estimated that the participation rate of the drug testing would be between 13% and 82% in the 2015/16 school year. Among the 49 schools which had completed the pre-test student questionnaire, 17 attained a participation rate of 50% or above, and another 20 had a participation rate between 40% and 49%. The overall participation rate varied among schools (see **Figure 5.1**).

Figure 5.1 Distribution of the drug testing participation rates of the participating schools



Participation of the Students of the Participating Schools

5.2.3 According to the findings of the pre-test student questionnaire survey, almost half of the students of the participating schools (46.8%) indicated that they would join the drug testing in the 2015/16 school year.

⁶ As school drug testing follows the principle of protecting the confidentiality of personal data, the Research Team could not make use of administrative data to ascertain students' actual participation. Therefore, students were asked to self-report their participation in the questionnaire.

Table 5.2 Inclination of the students of the participating schools to join the drug testing in the 2015/16 school year (by grade)

Grade	Response from students			
	Quantity (Number)	Participate (%)	Not participate (%)	No response (%)
Form 1	2,498	56.4	42.2	1.4
Form 2	2,620	46.1	52.7	1.2
Form 3	2,753	50.9	48.1	1.1
Form 4	2,856	45.9	53.3	0.7
Form 5	2,597	42.2	57.3	0.5
Form 6	2,564	39.7	59.6	0.6
Total	15,888	46.8	52.2	0.9

Note: The figures were from the pre-test student questionnaire.

5.2.4 The Research Team observed that students' participation inclination varied notably among students of different grades, schools with different participation durations, students with different participation experience, and students with different levels of understanding of the HSP(DT) (including whether they understood the objectives of the programme; whether they had adequate knowledge of the programme details; whether the consent form for participating in the drug testing was clear; and whether they were given sufficient time for considering whether to join the drug testing).

Students' Participation and their Grades

5.2.5 Generally, the students' inclination to participate was higher in the lower forms than the higher forms. Nearly 60% of the Form One students indicated that they would participate in the drug testing in the 2015/16 school year while only 40% of the Form Six students would so participate. The difference might be attributable to different promotion approaches adopted by the schools and the needs of students of different grades. The Research Team noted from the interviews with the stakeholders that most of the participating schools expected that students could start participating in the HSP(DT) at the lower forms in order to fortify their resolve to stay away from drugs and therefore would conduct more promotion for students of the lower forms. Hence, students of the lower forms with more opportunities to understand the objectives and details of the HSP(DT) were more inclined to participate in the drug testing in the school year. On the other hand, students had different needs at different stages of their school life. In general, students of the higher forms focused more on their studies, and career and life planning. Therefore, their participation in activities of other themes was lower when compared with students of the lower forms. Details

are shown in **Table 5.3**.

Table 5.3 Relationship between students' participation in the drug testing in the 2015/16 school year in the participating schools and their grades

Grade	Response from students			p-value
	Quantity (Number)	Participate (%)	Not participate (%)	
Form 1	2,464	57.2	42.8	<0.001
Form 2	2,589	46.6	53.4	
Form 3	2,724	51.4	48.6	
Form 4	2,835	46.3	53.7	
Form 5	2,583	42.4	57.6	
Form 6	2,548	40.0	60.0	

Note: p-value was calculated from Chi-square test.
The figures did not include 145 students who had not responded to the relevant questions in the pre-test student questionnaire.

Students' Participation and School Participation Duration

5.2.6 The findings of the pre-test student questionnaire showed that the longer the participation duration of a school, the higher was the overall participation rate in the school year. As shown in **Table 5.4**, the participation rate of schools with three years of experience or more was significantly higher than that of schools with less than three years of experience. However, among the Form One students, no notable relationship was found between their participation in the drug testing in the school year and the school participation duration.

Table 5.4 Relationship between students' participation in the drug testing in the 2015/16 school year in the participating schools and the school participation duration

School participation duration	Response from students			p-value
	Quantity (Number)	Participate (%)	Not participate (%)	
1 year	1,151	36.1	63.9	<0.001
2 years	2,305	37.7	62.3	
3 years	1,756	48.9	51.1	
4 years	10,531	50.3	49.7	

Note: p-value was calculated from Chi-square test.
The figures did not include 145 students who had not responded to the relevant questions in the pre-test student questionnaire.

5.2.7 Similarly, regarding students’ participation in the previous two school years⁷, the longer the participation duration of a school, the higher was the students’ participation rate in the drug testing.

Table 5.5 Relationship between students’ participation in the drug testing in the 2014/15 school year in the participating schools and the school participation duration

School participation duration	Response from students			p-value
	Quantity (Number)	Participate (%)	Not participate (%)	
1 year	1,001	26.0	74.0	<0.001
2 years	1,948	34.3	65.7	
3 years	1,481	45.8	54.2	
4 years	8,875	52.8	47.2	

Note: p-value was calculated from Chi-square test. The figures did not include 85 students who had not responded to the relevant questions in the pre-test student questionnaire; and also did not include 2,498 students who had responded “Not applicable (not yet enrolled in this school in the 2014/15 school year)” in the pre-test student questionnaire.

Table 5.6 Relationship between students’ participation in the drug testing in the 2013/14 school year in the participating schools and the school participation duration

School participation duration	Response from students			p-value
	Quantity (Number)	Participate (%)	Not participate (%)	
2 years	1,543	29.4	70.6	<0.001
3 years	1,152	42.9	57.1	
4 years	7,180	53.6	46.4	

Note: p-value was calculated from Chi-square test. The figures did not include 51 students who had not responded to the relevant questions in the pre-test student questionnaire; and also did not include 4,799 students who had responded “Not applicable (not yet enrolled in this school in the 2013/14 school year)” in the pre-test student questionnaire.

Students’ Participation and their Past Participation Experience

5.2.8 Comparing students’ participation rate in the school year with that in the previous school year, and comparing students’ participation rate in the school year with their participation inclination in the next school year, the Research Team observed that students’ participation rate was related to their past participation

⁷ As the Form One students only began to learn about the HSP(DT) in the 2015/16 school year, they were excluded from the analysis of the participation rates in the previous two school years. Similarly, the Form Two students were excluded from the analysis of the participation rate in the 2013/14 school year. In addition, the students of the schools with one year of experience were excluded from the analysis of the participation rate in the 2013/14 school year as the schools had only implemented the HSP(DT) starting from the 2014/15 school year.

experience. It also varied among different grades.

Participation Rates in This and Previous School Years

5.2.9 As shown in **Table 5.7**, a significant increase in the participation rate of Forms Three to Five students was found in schools with one year of experience. However, for schools with more than four years of experience, the participation rate of Forms Three to Six students had a decreasing trend. The findings of the questionnaire survey reflected that for the new participating schools, their students would be more likely to participate in the drug testing after the schools had implemented the HSP(DT) for one year and they had a better understanding of the programme. Although the participation rate of the higher form students was higher in schools with a longer participation duration than that in schools with a shorter participation duration, there was a sign of decrease.

Table 5.7 Difference between the participation rate in the 2015/16 school year and that in the 2014/15 school year among the Form Two to Six students of the participating schools (by school participation duration and grade)

School participation duration	Grade	Response from students				p-value
		Quantity (Number)	Participate in this school year (%)	Participated in last school year (%)	Participate in both years (%)	
1 year	Form 2	162	38.9	36.4	29.6	0.557
	Form 3	221	31.7	25.8	21.3	0.035
	Form 4	271	36.2	28.8	22.5	0.009
	Form 5	190	29.5	19.5	15.3	0.002
	Form 6	153	24.8	18.3	14.4	0.052
2 years	Form 2	403	37.7	33.7	25.8	0.093
	Form 3	418	45.9	41.4	35.2	0.032
	Form 4	386	30.8	31.3	22.3	0.904
	Form 5	361	28.5	29.6	21.3	0.689
	Form 6	373	30.3	34.3	24.7	0.063

Table 5.7 Difference between the participation rate in the 2015/16 school year and that in the 2014/15 school year among the Form Two to Six students of the participating schools (by school participation duration and grade) (Continued)

School participation duration	Grade	Response from students				p-value
		Quantity (Number)	Participate in this school year (%)	Participated in last school year (%)	Participate in both years (%)	
3 years	Form 2	329	46.2	46.5	35.9	1.000
	Form 3	310	57.1	53.5	46.5	0.177
	Form 4	334	45.2	45.8	37.1	0.894
	Form 5	238	40.3	41.6	34.5	0.720
	Form 6	265	43.0	39.6	33.6	0.211
4 years	Form 2	1,692	49.6	48.6	38.5	0.397
	Form 3	1,768	54.2	56.3	46.8	0.037
	Form 4	1,838	51.1	57.7	45.3	<0.001
	Form 5	1,791	46.8	51.9	41.9	<0.001
	Form 6	1,753	43.0	49.2	39.0	<0.001

Note: p-value was calculated from McNemar's test.
The figures did not include 134 students who had not responded to the relevant questions in the pre-test student questionnaire.

Participation in the School Year and Participation Inclination in the Next School Year

5.2.10 According to the results of the post-test student questionnaire survey⁸, 31.2% of the students indicated that they would agree to participate in the drug testing in the next school year. 45.3% of them did not have a strong view or were uncertain about their decision. Compared with the Forms Three to Five students, the Forms One and Two students were more likely to indicate that they did not have a strong view or were uncertain about their decision. It varied among different grades (details shown in **Table 5.8**).

⁸ As the Form Six students had already left the schools for public examinations, only the Forms One to Five students completed the post-test student questionnaire.

Table 5.8 Inclination of the students of the participating schools to join the drug testing in the 2016/17 school year (by grade)

Grade	Response from students				
	Quantity (Number)	Agree to participate (%)	Not agree to participate (%)	No strong view/ Uncertain (%)	No response (%)
Form 1	2,399	30.9	16.6	52.0	0.4
Form 2	2,500	28.5	22.3	48.5	0.8
Form 3	2,765	35.2	20.8	43.5	0.6
Form 4	2,815	31.3	24.7	42.3	1.7
Form 5	2,455	29.6	28.5	41.0	0.9
Total	12,934	31.2	22.6	45.3	0.9

Note: The figures were from the post-test student questionnaire.

5.2.11 Students who had agreed to take part in the drug testing in the school year, especially those who had been selected for the drug testing, were more inclined to so participate in the next school year. Among those who had been selected for the drug testing in the school year, 60% indicated that they would agree to participate in the drug testing in the next school year. Meanwhile, 50.9% of the students who had agreed to participate but not been selected for the drug testing in the school year would agree to participate in the drug testing in the next school year. For the students who had not consented to participate in the drug testing in the school year, 49.0% did not have a strong view or were uncertain about whether to participate in the drug testing in the next school year (see **Table 5.9**).

Table 5.9 Inclination of the students of the participating schools to join the drug testing in the 2016/17 school year (by participation in this school year)

Participation in this school year	Response from students				
	Quantity (Number)	Agree to participate (%)	Not agree to participate (%)	No strong view/ Uncertain (%)	No response (%)
Agreed to participate and were selected for the drug testing	1,545	60.0	6.9	33.1	0.1
Agreed to participate, but were not selected for the drug testing	5,750	50.9	3.7	45.3	0.1
Did not agree to participate	5,248	2.1	48.6	49.0	0.3
No response	391	17.4	14.1	44.2	24.3
Total	12,934	31.2	22.6	45.3	0.9

Note: The figures were from the post-test student questionnaire.

5.2.12 It is worth noting that for the students who had been selected for the drug testing, they were more inclined not to participate in the drug testing in the next school year if they had been repeatedly selected within the same school year (see **Table 5.10**).

Table 5.10 Inclination of the students of the participating schools, who had been selected for the drug testing, to join the drug testing in the 2015/16 school year (by number of previous selection)

Number of previous selection for drug testing	Response from students				
	Quantity (Number)	Agree to participate (%)	Not agree to participate (%)	No strong view/ Uncertain (%)	No response (%)
Once	2,258	55.3	9.6	35.0	0.1
Twice or more in one school year	157	43.3	19.1	37.6	0.0
Twice or more in different school years	491	55.8	9.6	34.4	0.2
Twice or more (no response on whether they were within one school year)	110	42.7	29.1	28.2	0.0
Total	3,016	54.3	10.8	34.8	0.1

Note: The figures were from the post-test student questionnaire.
The number of previous selection for drug testing included those in the 2015/16 and previous school years.

5.2.13 According to the interviews with the students, the majority of those who had agreed to participate in the drug testing and had been selected for the drug testing would continue to so participate in the next school year. They considered that participation in the drug testing did not bring about any negative impact on them, and was a means of reminder to them. Therefore, they would continue to participate in the drug testing. Some students who had consented to participate but not been selected for the drug testing expressed that they would continue with such participation and wish to be selected, as they would like to understand their health condition through taking the test.

Students' Participation and their Understanding of the HSP(DT)

5.2.14 Students' participation inclination was related to their understanding of the HSP(DT), especially the drug testing component. According to the results of the pre-test student questionnaire survey, students who indicated that they understood the objectives of the HSP(DT), and agreed that the schools had provided adequate details, that the consent form for participating in the drug testing was clear and that they had been given sufficient time for considering whether to participate in the drug testing, were more likely to join the drug testing in the school year.

Table 5.11 Relationship between students' participation in the drug testing in the 2015/16 school year in the participating schools and the procedural factors

Procedural factor	Response from students			p-value
	Quantity (Number)	Participate (%)	Not participate (%)	
<u>Whether the programme details in the consent form were clear</u>				
Clear	12,959	50.2	49.8	<0.001
Unclear	2,679	33.8	66.2	
<u>Whether the students understood the programme objectives</u>				
Understand	13,060	50.0	50.0	<0.001
Not understand	2,663	33.7	66.3	
<u>Whether the schools provided adequate programme details</u>				
Adequate	11,237	50.0	50.0	<0.001
Inadequate	4,465	40.5	59.5	
<u>Whether the students were given sufficient time for consideration of whether to participate in the drug testing</u>				
Sufficient	12,648	49.9	50.1	<0.001
Insufficient	2,977	36.8	63.2	

Note: p-value was calculated from Chi-square test.
The figures did not include 250, 165, 186, and 263 students who had not responded to the respective questions in the pre-test student questionnaire.

Attitudes of the Parents of the Participating Schools towards their Children's Participation in the Drug Testing

5.2.15 According to the findings of the parent questionnaire survey, 70.5% of the parents indicated that they had encouraged their children to participate in the drug testing in the school year and 76.2% had agreed to their children's participation. The parents of the lower form students were more inclined to encourage and agree to their children's participation in the drug testing (see **Table 5.12** and **Table 5.13**).

Table 5.12 Proportion of the parents of the participating schools who had encouraged their children to participate in the drug testing in the 2015/16 school year (by grade)

Grade	Response from parents			
	Quantity (Number)	Encouraged (%)	Did not encourage (%)	No response (%)
Form 1	1,854	73.3	24.8	1.9
Form 2	1,763	71.7	26.1	2.2
Form 3	1,861	71.4	26.9	1.7
Form 4	1,900	69.2	28.6	2.2
Form 5	1,677	66.5	31.4	2.1
Total	9,055	70.5	27.5	2.0

Table 5.13 Proportion of the parents of the participating schools who had agreed to their children's participation in the drug testing in the 2015/16 school year (by grade)

Grade	Response from parents			
	Quantity (Number)	Agreed (%)	Did not agree (%)	No response (%)
Form 1	1,854	80.3	18.2	1.5
Form 2	1,763	77.1	20.6	2.3
Form 3	1,861	76.6	21.9	1.5
Form 4	1,900	74.4	23.6	2.1
Form 5	1,677	72.5	25.5	2.0
Total	9,055	76.2	21.9	1.9

5.2.16 Concerning the participation rate in the previous school year, 73.8% of the parents whose children were in Forms Two to Five indicated that they had agreed to their children's participation in the drug testing in the previous school year. Comparing the participation in the school year with that in the previous school year, the parents whose children were in Forms Two and Three were more inclined to agree to their children's participation in the drug testing.

Table 5.14 Difference between the percentage of the parents of the participating schools agreeing to their children’s participation in the drug testing in the 2015/16 school year and that in the 2014/15 school year (by grade)

Grade	Response from parents			p-value
	Quantity (Number)	This school year (%)	Previous school year (%)	
Form 2	1,717	78.9	75.9	<0.001
Form 3	1,820	77.6	75.1	<0.001
Form 4	1,851	75.9	76.7	0.314
Form 5	1,636	73.8	74.3	0.568

Note: p-value was calculated from McNemar’s test.
The figures did not include 177 parents who did not responded to the relevant questions in the parent questionnaire.

Estimated Participation Inclination of the Non-participating Schools

Students’ Participation Inclination

5.2.17 According to the questionnaire survey, 49.9% of the students indicated that they would agree to participate in the drug testing if their schools implemented the HSP(DT). For those who were aware of the programme, 60.4% indicated that they would agree to so participate. For those who had not heard of the programme, only 44.3% indicated that they would agree to join the drug testing (see **Tables 5.15** and **5.16**).

Table 5.15 Inclination of the students of the non-participating schools to join the drug testing on the assumption that the schools implement the HSP(DT) (by grade)

Grade	Response from students			
	Quantity (Number)	Participate (%)	Not participate (%)	No response (%)
Form 1	1,349	56.6	42.2	1.3
Form 2	1,384	46.0	52.7	1.3
Form 3	1,457	45.5	53.7	0.8
Form 4	1,414	49.3	49.6	1.1
Form 5	1,331	50.2	48.8	1.0
Form 6	912	53.3	45.8	0.9
Total	7,847	49.9	49.1	1.1

Note: The figures were from the pre-test student questionnaire.

Table 5.16 Inclination of the students of the non-participating schools to join the drug testing on the assumption that the schools implement the HSP(DT) (by whether they were aware of the programme)

Aware of the HSP(DT)	Response from students			
	Quantity (Number)	Participate (%)	Not participate (%)	No response (%)
Yes	2,849	60.4	39.0	0.4
No	4,949	44.3	55.3	0.6
No response	49	2.0	6.1	91.8
Total	7,847	49.9	49.1	1.1

Note: The figures were from the pre-test student questionnaire.

Parents' Attitudes towards their Children's Participation in the Drug Testing

5.2.18 As the attitudes of the parents would influence schools' decision in whether to implement the HSP(DT), the Research Team explored, through the questionnaire survey, the attitudes of the parents of the non-participating schools towards their children's participation in the drug testing so as to understand their views on the programme, in particular the drug testing component.

5.2.19 77.6% of the parents of the non-participating schools indicated that they would agree to their children's participation in the drug testing if the schools implemented the HSP(DT). The overall ratio was similar to that of the parents of the participating schools. This reflected that there should be strong support from the parents if the non-participating schools implemented the programme.

5.2.20 As shown in **Table 5.17**, the parents of Forms One and Two students were more inclined to agree to their children's participation in the drug testing than those of Forms Three to Five students.

Table 5.17 Inclination of the parents of the non-participating schools to agree to their children's participation in the drug testing on the assumption that the schools implement the HSP(DT) (by grade)

Grade	Response from parents			
	Quantity (Number)	Agree (%)	Not agree (%)	No response (%)
Form 1	892	81.5	15.2	3.3
Form 2	903	80.8	16.1	3.1
Form 3	893	75.0	22.3	2.7
Form 4	808	77.0	21.2	1.9
Form 5	768	73.0	25.0	2.0
Total	4,264	77.6	19.8	2.6

5.2.21 As shown in **Table 5.18**, the parents who were aware of the HSP(DT) would be more inclined to agree to their children's participation in the drug testing. Among the parents who were aware of the HSP(DT), 85.7% indicated such agreement if the schools implemented the programme. For those who had not heard of the programme, only 71.0% indicated such agreement.

Table 5.18 Inclination of the parents of the non-participating schools to agree to their children's participation in the drug testing on the assumption that the schools implement the HSP(DT) (by whether they were aware of the programme)

Aware of the programme	Response from parents			
	Quantity (Number)	Agree (%)	Not agree (%)	No response (%)
Yes	2,274	85.7	13.2	1.1
No	1,897	71.0	28.5	0.6
No response	93	16.1	2.2	81.7
Total	4,264	77.6	19.8	2.6

5.3 Factors to be Considered for Participation in the Drug Testing

Students of the Participating Schools

Details of the Drug Testing

5.3.1 According to the results of the pre-test student questionnaire survey, the details of the drug testing were cared about most by the students when they decided whether

to participate in the drug testing. Over half of the students (54.0%) indicated that personal privacy was one of the factors that they would consider in deciding whether to participate in the drug testing. Almost half of the students indicated that they would also consider the modes of taking samples, sanitary conditions during the drug testing procedures and reliability of the drug testing results.

Table 5.19 Factors considered by the students of the participating schools in deciding whether to participate in the drug testing (details of the drug testing)

Factor	Quantity (Number)	Response from students			
		Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Protection of personal privacy	↑ 15,888 ↓	54.0	16.7	28.6	0.7
Modes of taking samples		49.2	18.7	31.5	0.6
Sanitary conditions during the drug testing procedures		46.5	19.3	33.5	0.8
Reliability of the drug testing results		45.1	21.7	32.4	0.7

Note: The figures were from the pre-test student questionnaires.

5.3.2 Interviewed students expressed that they were concerned about whether the schools would disclose their drug testing results to others. Although the students were not aware of the exact measures taken by the schools to protect their privacy, they generally trusted their schools and believed that the schools could protect their privacy. Meanwhile, some students indicated in the interviews that they hoped to understand the drug testing procedures in greater detail and suggested that using more vivid means to explain the drug testing details would be more effectual.

Personal Factors

5.3.3 Regarding the personal factors, 41.0% of the students indicated that in deciding whether to participate in drug testing, they would consider whether their personal experience would be enriched.

Table 5.20 Factors considered by the students of the participating schools in deciding whether to participate in the drug testing (personal factors)

Factor	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enrichment of personal experience	↑ 15,888 ↓	41.0	25.7	32.6	0.6
Knowledge on Counselling Centres for Psychotropic Substance Abusers		38.6	26.6	34.1	0.8
Impact on personal image		35.6	32.3	31.6	0.5
Previous participation experience		30.1	31.5	37.6	0.9
Possibility of being tempted to take drugs		24.5	43.6	31.2	0.7
Impact on one's academic performance		23.9	41.7	33.8	0.6

Note: The figures were from the pre-test student questionnaire.

5.3.4 Based on the consolidated views of different stakeholders of the participating schools, participation in the drug testing could provide an opportunity for students to experience drug testing as well as a platform for them to understand their health conditions. Some students even indicated that they wished to be selected for the drug testing so that they could take the opportunity to talk to social workers or discuss some health issues with nurses. Some principals and teachers also considered that the drug testing could bring a novel and unique experience to students.

External Factors

5.3.5 39.8% of the students indicated that their parents' inclination was among the factors that they would consider when deciding whether to participate in the drug testing. Meanwhile, 36.6% of the students took the proactiveness of their teachers in promoting the HSP(DT) as another factor that they would consider in deciding whether to participate in the drug testing.

Table 5.21 Factors considered by the students of the participating schools in deciding whether to participate in the drug testing (external factors)

Factor	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Parents' inclination	↑ 15,888 ↓	39.8	26.3	33.3	0.6
Proactiveness of teachers in promoting the HSP(DT)		36.6	28.4	34.4	0.7
Classmates' inclination		35.1	29.7	34.5	0.7
Request from teachers/parents		31.6	36.6	31.2	0.6
Peer pressure		26.3	40.3	32.9	0.6
Religious view		14.1	45.3	39.8	0.7

Note: The figures were from the pre-test student questionnaire.

5.3.6 As participation in the drug testing would require the consent from both the parents and students, the parents' inclination had a certain influence on the students' decisions. One of the students indicated in the interview that as the parents did not have a clear idea about the effectiveness of joining the HSP(DT), the student did not participate in the drug testing when in Form One. Later on, as the parents had no strong view on the drug testing, he started to join.

Parents of the Participating Schools

5.3.7 Over 60% of the parents agreed that the details of the drug testing, including protection of personal privacy, modes of taking samples, reliability of the drug testing results and sanitary conditions during the drug testing procedures were the factors that they would consider in deciding whether to agree to their children's participation in the drug testing. 59.9% of the parents also agreed that they would consider whether their children's personal experience could be enriched by the participation in the drug testing.

Table 5.22 Factors considered by the parents of the participating schools in deciding their children's participation in the drug testing

Factor	Quantity (Number)	Response from parents			
		Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Protection of personal privacy	9,055	65.7	7.4	25.4	1.5
Modes of taking samples		64.4	8.9	25.2	1.6
Reliability of the drug testing results		62.2	9.0	27.2	1.6
Sanitary conditions during the drug testing procedures		60.1	8.2	30.2	1.6
Enrichment of children's personal experience		59.9	12.7	25.9	1.5
Children's inclination to participate or not		57.5	9.9	30.7	1.9
Proactiveness of teachers in promoting the HSP(DT)		53.0	9.8	35.5	1.7
Impact on children's personal image		51.3	20.3	27.0	1.4
Children's participation experience		50.3	13.0	34.5	2.1
Possibility of children being tempted to take drugs		46.8	21.4	30.0	1.8
Impact on children's academic performance		42.0	25.7	30.8	1.5
Religious view		27.4	28.9	42.0	1.7

Students of the Non-participating Schools

5.3.8 Similar to the findings of the pre-test student questionnaire of the participating schools, over 60% of the students of the non-participating schools considered protection of personal privacy as a factor that they would consider when deciding whether to participate in the drug testing. Meanwhile, more than half of the students would also consider whether their personal experience could be enriched, the sanitary conditions during the drug testing procedures, the reliability of the drug testing results and their knowledge of the Counselling Centres for Psychotropic Substance Abusers. Details are shown in **Tables 5.23 to 5.25**.

Table 5.23 Factors considered by the students of the non-participating schools in deciding whether to participate in the drug testing on the assumption that their schools implement the HSP(DT) (details of the drug testing)

Factor	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Protection of personal privacy	↑ 7,847 ↓	60.7	10.6	28.1	0.7
Sanitary conditions of the drug testing procedures		53.9	11.6	33.9	0.5
Reliability of the drug testing results		52.2	12.8	34.4	0.6
Modes of taking samples		43.3	21.7	34.5	0.5

Note: The figures were from the pre-test student questionnaire.

Table 5.24 Factors considered by the students of the non-participating schools in deciding whether to participate in the drug testing on the assumption that their schools implement the HSP(DT) (personal factors)

Factor	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enrichment of personal experience	↑ 7,847 ↓	55.8	13.3	30.3	0.6
Knowledge of Counselling Centres for Psychotropic Substance Abusers		52.2	16.5	30.8	0.5
Impact on personal image		47.8	18.7	32.9	0.6
Impact on one's academic performance		37.0	26.4	35.8	0.8
Previous participation experience		36.4	25.0	38.0	0.6
Possibility of being tempted to take drugs		30.6	37.3	31.5	0.6

Note: The figures were from the pre-test student questionnaire.

Table 5.25 Factors considered by the students of the non-participating schools in deciding whether to participate in the drug testing on the assumption that their schools implement the HSP(DT) (external factors)

Factor	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Proactiveness of teachers in promoting the HSP(DT)	↑ 7,847 ↓	48.0	17.2	34.5	0.4
Classmates' inclination		44.6	17.1	37.7	0.6
Request from teachers/parents		43.7	21.3	34.5	0.5
Peer pressure		42.8	22.8	33.9	0.5
Parents' inclination		34.1	22.4	42.9	0.6
Religious view		18.1	35.4	45.7	0.8

Note: The figures were from the pre-test student questionnaire.

Parents of the Non-participating Schools

5.3.9 In deciding whether to agree to their children's participation in the drug testing on the assumption that the schools implemented the HSP(DT), the parents of the non-participating schools shared similar concerns with those of the participating schools. 65.3% of the parents of the non-participating schools agreed that protection of personal privacy would be a factor for consideration. Moreover, over 60% of the parents would consider whether their children's personal experience could be enriched, the sanitary conditions during the drug testing procedures and the reliability of the drug testing results.

Table 5.26 Factors considered by the parents of the non-participating schools in deciding their children’s participation in the drug testing on the assumption that their schools implement the HSP(DT)

Factor	Response from parents				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Protection of personal privacy	↑ 4,264 ↓	65.3	6.3	26.0	2.4
Enrichment of children’s personal experience		64.3	8.9	24.5	2.4
Sanitary conditions of the drug testing procedures		60.8	6.4	30.3	2.4
Reliability of the drug testing results		60.5	7.4	29.5	2.6
Modes of taking samples		59.1	9.7	28.7	2.5
Children’s inclination to participate or not		55.3	7.3	34.8	2.7
Proactiveness of teachers in promoting the HSP(DT)		54.7	6.6	36.1	2.6
Impact on children’s personal image		54.3	15.4	28.0	2.3
Possibility of children being tempted to take drugs		47.8	18.3	31.2	2.7
Impact on children’s academic performance		45.8	20.3	31.3	2.6
Children’s previous participation experience		43.6	13.0	40.4	2.9
Religious view		28.8	23.7	44.8	2.7

5.4 Procedures and Implementation Details

5.4.1 Feedback from the parents and teachers both reflected that the details of the drug testing were an important factor that they would consider in deciding whether to participate in the drug testing. The Research Team therefore, based on the views of different stakeholders, examined the implementation details of the drug testing in the schools in order to make recommendations for improvement.

Views of the Students

Drug Testing Arrangements

5.4.2 Generally, the students considered that the schools' arrangements before the drug testing were appropriate. According to the student questionnaire, 82.2% of the students indicated that the contents of the consent form for participation in the drug testing were clear, and 80.0% indicated that they had been given sufficient time for considering whether to participate in the drug testing. 42.9% of the students considered that it would be the most ideal if they could be given one to two days for considering whether to participate in the drug testing.

Table 5.27 Views of the students of the participating schools on the contents of the consent form (by grade)

Grade	Response from students			
	Quantity (Number)	Clear contents (%)	Unclear contents (%)	No response (%)
Form 1	2,498	83.1	16.1	0.8
Form 2	2,620	79.5	19.7	0.8
Form 3	2,753	82.5	16.9	0.6
Form 4	2,856	82.9	16.5	0.5
Form 5	2,597	83.2	15.9	0.9
Form 6	2,564	81.9	17.2	1.0
Total	15,888	82.2	17.1	0.8

Note: The figures were from the pre-test student questionnaire.

Table 5.28 Views of the students of the participating schools on the time given for consideration of whether to participate in the drug testing (by grade)

Grade	Response from students			
	Quantity (Number)	Sufficient time (%)	Insufficient time (%)	No response (%)
Form 1	2,498	79.5	19.5	1.0
Form 2	2,620	77.2	22.0	0.8
Form 3	2,753	80.1	19.1	0.8
Form 4	2,856	80.8	18.5	0.6
Form 5	2,597	82.0	17.1	0.9
Form 6	2,564	81.6	17.5	1.0
Total	15,888	80.2	18.9	0.8

Note: The figures were from the pre-test student questionnaire.

Table 5.29 Views of the students of the participating schools on the ideal period given for consideration of whether to participate in the drug testing (by grade)

Grade	Response from students				
	Quantity (Number)	1-2 days (%)	3-4 days (%)	5-7 days (%)	No response (%)
Form 1	2,498	42.4	39.4	17.3	1.0
Form 2	2,620	43.1	36.4	19.5	1.0
Form 3	2,753	45.6	36.1	16.9	1.4
Form 4	2,856	41.7	37.8	19.8	0.7
Form 5	2,597	40.4	39.5	18.9	1.3
Form 6	2,564	44.2	36.5	18.3	1.0
Total	15,888	42.9	37.6	18.5	1.1

Note: The figures were from the pre-test student questionnaire.

5.4.3 Regarding the feedback on the drug testing procedures, over 60% of the students expressed that they would not mind to be known by teachers or classmates if they were selected for the drug testing, and 59.8% considered that their personal information would be well protected.

Table 5.30 Views of the students of the participating schools on the drug testing arrangements

Views on drug testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
I don't mind if teachers know that I was selected for the drug testing	↑ 12,934 ↓	66.5	12.4	20.0	1.1
I don't mind if my classmates know that I was selected for the drug testing		62.4	15.7	20.9	1.0
I believe my personal information is well protected		59.8	7.7	31.5	1.0
I don't mind being repeatedly selected for the drug testing within the same school year		44.9	28.8	25.1	1.3
I am satisfied with the operational arrangements of the drug testing		36.7	8.3	53.9	1.1

Note: The figures were from the post-test student questionnaire.

5.4.4 Among those students who had completed the drug testing in the school year, 75.6% agreed that their personal information was well protected, and 73.1% were satisfied with the drug testing arrangements. This reflected that the students who had completed the drug testing had positive comments on the drug testing arrangements and protection of personal privacy.

Table 5.31 Views of the students of the participating schools who had completed the drug testing on its arrangements

Views on Drug Testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
I don't mind if teachers know that I was selected for the drug testing	↑ 1,235 ↓	76.9	9.6	13.4	0.2
I believe my personal information is well protected		75.6	5.1	19.2	0.1
I am satisfied with the operational arrangements of the drug testing		73.1	6.0	20.6	0.3
I don't mind if my classmates know that I was selected for the drug testing		72.9	13.1	13.9	0.1
I don't mind being repeatedly selected for the drug testing within the same school year		57.5	24.3	17.9	0.3

Note: The figures were from the post-test student questionnaire.

5.4.5 However, 28.8% of the students indicated that they would mind being repeatedly selected for the drug testing within the same school year. 24.3% of those having completed the drug testing in the school year also expressed that they would mind being repeatedly selected for the drug testing within the same school year.

Modes of Drug Testing

5.4.6 At present, the mode of taking samples would be decided by the schools and the partnering NGOs. However, 83.7% of the students indicated that they would prefer taking hair samples for the drug testing. As shown in **Table 5.32**, the Forms One and Two students had higher preference in taking hair samples for the drug testing.

Table 5.32 Mode of taking samples preferred by the students of the participating schools (by grade)

Grade	Response from students			
	Quantity (Number)	Urine (%)	Hair (%)	No response (%)
Form 1	2,498	11.5	86.5	2.0
Form 2	2,620	11.1	86.8	2.1
Form 3	2,753	13.7	84.4	2.0
Form 4	2,856	13.3	85.2	1.5
Form 5	2,597	18.3	80.1	1.5
Form 6	2,564	19.9	78.8	1.3
Total	15,888	14.6	83.7	1.7

Note: The figures were from the pre-test student questionnaire.

Views of the Parents

5.4.7 87.2% of the parents considered that the contents of the consent form for participation in the drug testing were clear, and 84.2% agreed that they had been given sufficient time for considering whether to agree to their children's participation in the drug testing. 45.3% considered that it would be the most ideal if they could be given one to two days for considering whether to join.

Table 5.33 Views of the parents of the participating schools on the contents of the consent form for participation in the drug testing (by grade)

Grade	Response from parents			
	Quantity (Number)	Clear contents (%)	Unclear contents (%)	No response (%)
Form 1	1,854	87.1	10.4	2.5
Form 2	1,763	85.9	12.4	1.6
Form 3	1,861	87.6	11.3	1.1
Form 4	1,900	87.9	10.8	1.3
Form 5	1,677	87.3	12.0	0.7
Total	9,055	87.2	11.4	1.5

Table 5.34 Views of the parents of the participating schools on the time given for consideration of whether to participate in the drug testing (by grade)

Grade	Response from parents			
	Quantity (Number)	Sufficient time (%)	Insufficient time (%)	No response (%)
Form 1	1,854	83.6	14.1	2.3
Form 2	1,763	83.1	15.3	1.6
Form 3	1,861	84.2	14.6	1.2
Form 4	1,900	85.2	13.3	1.5
Form 5	1,677	84.9	14.2	1.0
Total	9,055	84.2	14.3	1.5

Table 5.35 Views of the parents of the participating schools on the ideal period given for consideration of whether to participate in the drug testing (by grade)

Grade	Response from parents				
	Quantity (Number)	1-2 days (%)	3-4 days (%)	5-7 days (%)	No response (%)
Form 1	1,854	43.4	40.2	13.1	3.3
Form 2	1,763	47.2	37.5	12.7	2.6
Form 3	1,861	46.9	37.9	13.0	2.2
Form 4	1,900	44.7	40.6	12.8	1.9
Form 5	1,677	44.5	38.2	15.9	1.4
Total	9,055	45.3	38.9	13.5	2.3

5.4.8 According to the interviews, the parents in general could understand the details and objectives of the HSP(DT) through the briefing sessions organised by the schools. Therefore, after receiving the consent forms, they could decide quickly whether to agree to their children’s participation in the drug testing.

Views of the Schools

Drug Testing Arrangements

5.4.9 The drug testing is mainly implemented by the partnering NGOs whereas the schools also need to coordinate with the NGOs, including preparing a name list of students agreeing to participate in the drug testing, planning the procedures for conducting the drug testing, etc.

5.4.10 According to the findings of the questionnaire for the principals of the participating schools, the drug testing was in general conducted smoothly. As shown in **Table 5.36**, over 90% of the principals recalled that they seldom or never observed any discoordination during the drug testing procedures or any problems in communicating with the partnering NGOs. Only 18.5% of the principals expressed that there were occasional clashes between the schools' other activities and the drug testing, and problems in collecting the consent forms.

Table 5.36 Views of the principals of the participating schools on the drug testing

Views on drug testing	Quantity (Number)	Response from principals			
		Never / Seldom (%)	Sometimes (%)	Frequently (%)	No response (%)
Had difficulties in communicating with partnering NGOs	54 ↑ ↓	98.1	1.9	0.0	0.0
Discoordination occurred during the operation		98.1	0.0	0.0	1.9
Parents enquired about the drug testing details from schools		96.3	3.7	0.0	0.0
Schools encountered difficulties in processing personal information		94.4	1.9	0.0	3.7
Failed to meet the required number of drug tests		94.4	1.9	1.9	1.9
Took too much time in conducting the drug tests such that the tests had to be completed during lunchtime or after school		90.7	5.6	3.7	0.0
Schedule of the drug testing clashed with that of other school activities		81.5	18.5	0.0	0.0
Had difficulties in collecting the consent forms		79.6	18.5	1.9	0.0
Students told other classmates about the drug testing after completed the drug tests		77.8	14.8	3.7	3.7

5.4.11 According to the interviews with the principals and responsible staff of the NGOs, with the schools having accumulating experience in implementing the HSP(DT), the implementation of the drug testing procedures had become increasingly smooth. The target number of drug tests and requirements of protecting personal information could also be fulfilled. Moreover, the cooperation between the schools and the NGOs was effective.

5.4.12 In addition, some schools had already introduced other health-related elements in the drug testing process. The elements added each year might be different. For example, some School Drug Testing teams would, with students' consent, use the collected urine specimens not only for the drug testing but also other health-related tests (e.g. Glucosuria). Some School Drug Testing teams would make use of the waiting time for the drug testing result to carry out an evaluation on the students' health status (e.g. analysis on the percentage of fat and vital capacity testing).

5.4.13 Some principals expressed in the interviews that introducing supplementary services could enrich the drug testing process which could in turn increase the students' interest in participating in the drug testing and maintain their participation level. However, some principals indicated that the additional services might lengthen the time required for the drug testing and affect the time for lessons, and therefore had reservations on introducing other elements.

Workload of the Drug Testing

5.4.14 The administrative work relating to the drug testing was mainly handled by teachers or School Project Assistants. Over 90% of the principals indicated in the questionnaire that class teachers or teachers-in-charge would ensure the collection of consent forms from students, and that students and parents understood the HSP(DT).

5.4.15 Over 80% of the teachers-in-charge considered that their workload of handling the name lists of selected students for the drug testing, execution of the drug testing procedures and communication with parents was reasonable or even light. Nearly 70% of the teachers-in-charge also considered that their workload of collecting consent forms for participation in the drug testing reasonable or even light.

Table 5.37 Workload of the teachers-in-charge of the participating schools on the drug testing

Type of work	Response from teachers-in-charge			
	Quantity (Number)	Light workload (%)	Reasonable workload (%)	Heavy workload (%)
Inform parents of the drug testing results	33	18.2	66.7	15.2
Handle name list of selected students for the drug testing	36	13.9	72.2	13.9
Execute the drug testing procedures (e.g. ushering the students)	36	13.9	72.2	13.9
Handle the consent form	43	7.0	62.8	30.2

Note: All the teachers-in-charge responded to the questionnaire. However, some teachers-in-charge replied "Not Applicable" since they were not assigned with the relevant tasks. The above figures did not include those "Not Applicable" responses.

Views of the NGOs

5.4.16 According to the results of the NGOs questionnaire, most of their responsible staff agreed that the drug testing had been conducted smoothly. All the responsible staff responded that they had never or seldom failed to meet the target number of drug tests or encountered difficulties in handling students' personal information. Only 11.5% indicated that discoordination had occasionally occurred during the operation of the drug testing.

Table 5.38 Views of the NGOs responsible staff on the drug testing

Views on drug testing	Response from responsible staff			
	Quantity (Number)	Never/ Seldom (%)	Sometimes (%)	Frequently (%)
Difficulties in handling students' personal information (e.g. difficulties in encrypting students' personal information, etc.)	↑ 28	100.0	0.0	0.0
Fail to meet the required number of drug tests	↓	100.0	0.0	0.0
Discoordination occurred during the operation	↓	88.4	11.5	0.0

Note: The figures did not include 22 responsible staff who were only responsible for the preventive anti-drug activities. All other responsible staff responded to the questionnaire.

Views of the Government Laboratory

5.4.17 At present, the School Drug Testing teams are responsible for collecting hair and urine specimens for the drug testing. Hair specimens would be delivered to the Government Laboratory for testing. Urine specimens on the other hand could be instantly tested by the School Drug Testing teams on the spot or be sent to the Government Laboratory for testing. To avoid possible false-positive cases in the screening test, the School Drug Testing teams would also need to deliver the urine specimens found positive in the screening test to the Government Laboratory for further testing.

5.4.18 According to the interview with the representatives of the Government Laboratory, the drug testing had been conducted smoothly. Since the implementation of the HSP(DT), the School Drug Testing teams had become familiarised with the collection of specimens, and coordinated well with the Government Laboratory in delivering the specimens and collecting the drug testing reports.

5.4.19 Concerning the workload, the number of hair specimens delivered to the Government Laboratory for testing was higher than urine specimens, and handling

hair specimens required more manual operations than urine specimens. In addition, the NGOs usually visited the schools to collect specimens in a certain few months and therefore the number of specimens handled by the Government Laboratory varied from time to time. The Government Laboratory sometimes needed to handle the specimens in batches. The representatives of the Government Laboratory indicated that more manpower and resource support would be needed if the HSP(DT) would be implemented in long term.

5.5 Effectiveness of the Drug Testing

5.5.1 In this section, the Research Team examined the effectiveness of the drug testing from the students' perspective through analysing the subjective perception of the students of the participating schools of the drug testing and comparing their views expressed in the pre-test student questionnaire and those in the post-test student questionnaire to examine any changes. The Research Team also looked into the views of other stakeholders on the drug testing.

Perception of the Students of the Participating Schools

5.5.2 The Research Team listed out a series of potential impacts of the drug testing on students in the questionnaires having regard to the objectives of the HSP(DT), the interviews with the stakeholders and the pilot survey. The impacts could be divided into those on anti-drug ability and those on other aspects.

5.5.3 According to the results of the pre-test student questionnaire survey, over 60% of the students agreed to the positive impacts of the drug testing on students' anti-drug ability, including enhancing their understanding of the drug testing procedures, enhancing their knowledge of drugs and reinforcing their resolve to refuse drugs. 59.6% of the students agreed that the random drug testing could remind them to stay vigilant to drugs. Details are shown in **Table 5.39**.

5.5.4 Some students could experience impacts on other aspects besides anti-drug ability. Over 35% of the students considered that the drug testing facilitated a better understanding between them and the social workers, classmates, parents and teachers, and helped them better communicate with the social workers. Some students also agreed that the drug testing could help them understand the related courses and career. Details are shown in **Table 5.40**.

Table 5.39 Views of the students of the participating schools on the effectiveness of the drug testing (anti-drug ability)

Impact of drug testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance understanding of the drug testing procedures	↑ 15,888 ↓	67.1	11.6	20.5	0.9
Reinforce resolve to refuse drugs		63.1	12.4	23.5	1.0
Enhance knowledge of drugs		61.2	17.1	20.8	0.9
Random drug testing remind students to stay vigilant to drugs		59.6	15.2	24.1	1.1

Note: The figures were from the pre-test student questionnaire.

Table 5.40 Views of the students of the participating schools on the effectiveness of the drug testing (social relationship and future development)

Impact of drug testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance understanding with social workers	↑ 15,888 ↓	38.9	25.7	34.4	1.0
Enhance understanding with classmates		37.7	28.2	33.2	1.0
Enhance understanding with parents		36.2	28.6	34.2	1.0
Enhance understanding with teachers		35.4	28.9	34.8	1.0
Better communication with social workers		35.1	28.5	35.4	1.0
Better communication with classmates		34.2	30.8	34.0	0.9
Better communication with parents		34.1	30.7	34.3	0.9
Increase interest in relevant career		33.3	31.8	33.7	1.2
Better communication with teachers		33.0	31.0	35.1	1.0
Increase interest in relevant courses		32.2	32.2	34.6	1.0

Note: The figures were from the pre-test student questionnaire.

5.5.5 To examine whether the students' perception of the impacts of the drug testing was related to any other factors, the Research Team averaged the respective scores given by each student to the impacts on anti-drug ability and those on other aspects as an overall score⁹ to indicate the views of the students on the effectiveness of the drug

⁹ The Research Team calculated the total scores given by each student on anti-drug ability and other aspects respectively, and then divided the scores by the corresponding number of questions.

testing. The overall score started from one as “strongly disagree” to five as “strongly agree”. The higher the score, the higher the student’s agreement to the impacts.

Students’ Perception and their Grades

5.5.6 The results of the pre-test student questionnaire showed that the lower the student’s grade, the higher the student’s agreement to the impacts of the drug testing, including those on anti-drug ability and those on other aspects.

Table 5.41 Integrated scores given by the students of the participating schools to the impacts of the drug testing (by grade)

Grade	Anti-drug ability		Social relationship and future development	
	Quantity (Number)	Score	Quantity (Number)	Score
Form 1	2,486	3.73	2,477	3.19
Form 2	2,609	3.65	2,601	3.17
Form 3	2,744	3.63	2,730	3.11
Form 4	2,844	3.54	2,830	2.99
Form 5	2,590	3.46	2,585	2.91
Form 6	2,552	3.39	2,538	2.78
Total	15,825	3.56	15,761	3.03

Note: The figures did not include those students who had not responded to all the questions relating to anti-drug ability or all the questions relating to social relationship and future development in the pre-test student questionnaire (63 for anti-drug ability; 127 for social relationship and future development).

Students’ Perception and the School Participation Duration

5.5.7 Similarly, the Research Team found out that the students’ perception varied among different schools. Those students of the participating schools with more than three years of experience indicated a higher agreement to the impacts of the drug testing on both anti-drug ability and other aspects.

Table 5.42 Integrated scores given by the students of the participating schools to the impacts of the drug testing (by school participation duration)

School participation duration	Anti-drug ability		Social relationship and future development	
	Quantity (Number)	Score	Quantity (Number)	Score
1 year	1,155	3.52	1,150	3.01
2 years	2,316	3.50	2,298	2.98
3 years	1,764	3.58	1,760	3.02
4 years	10,590	3.58	10,553	3.04
Total	15,825	3.56	15,761	3.03

Note: The figures did not include those students who had not responded to all the questions relating to anti-drug ability or all the questions relating to social relationship and future development in the pre-test student questionnaire (63 for anti-drug ability; 127 for social relationship and future development).

Students' Perception and their Participation

5.5.8 Those students who indicated that they would participate in the drug testing in the 2015/16 school year had a higher agreement to the impacts of the drug testing on anti-drug ability and other aspects than those who would not participate in the drug testing. Details are shown in **Table 5.43**.

Table 5.43 Integrated scores given by the students of the participating schools to the impacts of the drug testing (by inclination to participate in the drug testing in the school year)

Inclination to participate in the drug testing	Anti-drug ability		Social relationship and future development	
	Quantity (Number)	Score	Quantity (Number)	Score
Participate	7,407	3.71	7,388	3.16
Not Participate	8,277	3.44	8,234	2.91
Total	15,684	3.56	15,622	3.03

Note: The figures did not include those students who had not responded to the question about their participation inclination, as well as those who had not responded to all the questions relating to anti-drug ability or all the questions relating to social relationship and future development in the pre-test student questionnaire (204 for anti-drug ability; 266 for social relationship and future development).

5.5.9 The Research Team studied the participation in the drug testing of the Forms Three to Six students of the schools with two or more years of experience between the 2013/14 and 2015/16 school years, and their perception of the impacts of the drug testing. It was found that those students who had participated in the drug testing for three consecutive years agreed more to the impacts of the drug testing on the anti-drug

ability and other aspects.

Table 5.44 Integrated scores given by the Forms Three to Six students of the participating schools to the impacts of the drug testing (by students' years of participation in the drug testing across three school years)

Years of Participation	Anti-drug ability		Social relationship and future development	
	Quantity (Number)	Score	Quantity (Number)	Score
Never participated	3,997	3.37	3,967	2.84
1 year	1,036	3.50	1,036	2.97
2 years	1,165	3.54	1,161	2.92
3 years	3,600	3.66	3,592	3.08
Total	9,798	3.51	9,756	2.95

Note: The figures did not include those students who had not provided information on their participation in the drug testing, as well as those who had not responded to all the questions relating to anti-drug ability or all the questions relating to social relationship and future development in the pre-test student questionnaire (128 for anti-drug ability; 170 for social relationship and future development).

Students' Perception and their Drug Testing Experience

5.5.10 During the period between the conduct of the pre-test student questionnaire survey and the conduct of the post-test student questionnaire survey, most participating schools had conducted the drug testing for several times. Comparing the data obtained from the pre-test and post-test student questionnaires, the Research Team noticed a slight increase in the students' agreement to the impacts of the drug testing on anti-drug ability, but it did not reach a statistically significant level. In both the pre-test and post-test student questionnaires, those students who had agreed to participate in the drug testing were more inclined to acknowledge the effectiveness of the drug testing on anti-drug ability than those who had not agreed to join the drug testing.

5.5.11 For the impacts of the drug testing on other aspects, both the students who had agreed and those who had not agreed to participate in the drug testing indicated in the post-test student questionnaire that they agreed more to the effectiveness of the drug testing on other aspects.

Table 5.45 Difference between the integrated scores on anti-drug ability in the pre-test questionnaire and those in the post-test questionnaire (by inclination to participate in the drug testing in the school year)

Inclination to participate in the drug testing	Response from students			p-value
	Quantity (Number)	Pre-test Questionnaire (Score)	Post-test Questionnaire (Score)	
Participate	4,660	3.78	3.79	0.303
Not Participate	4,520	3.53	3.55	0.129
Total	9,180	3.66	3.67	0.072

Note: p-value was calculated from paired t-test.
The figures were from the matched student questionnaires, which were further confined to those with valid responses on the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 148 students who had not responded to the question about their participation inclination and/or all the relevant questions relating to anti-drug ability.

Table 5.46 Difference between the integrated scores on social relationship and future development in the pre-test questionnaire and those in the post-test questionnaire (by inclination to participate in the drug testing in the school year)

Inclination to participate in the drug testing	Response from students			p-value
	Quantity (Number)	Pre-test Questionnaire (Score)	Post-test Questionnaire (Score)	
Participate	4,649	3.20	3.29	<0.001
Not Participate	4,502	2.98	3.08	<0.001
Total	9,151	3.09	3.19	<0.001

Note: p-value was calculated from paired t-test.
The figures were from the matched questionnaires for students, which were further confined those with valid responses on the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 177 students who had not responded to the question about their participation inclination and/or all the relevant questions relating to anti-drug ability.

Other Views of the Students on the Effectiveness of the Drug Testing

5.5.12 According to the views expressed by the students in the open-end questions of the student questionnaires and the in-depth interviews, the students considered that participating in the drug testing enhanced their knowledge of drugs, enhanced their understanding of the harms of taking drugs, strengthened their confidence in refusing drugs and reinforced their resolve to refuse drugs. Some students also indicated that after participating in the drug testing, they would remind others not to take drugs and considered that they could provide assistance to their families and friends with drug problems.

5.5.13 In addition, some students considered that the implementation of the drug testing scheme could help them understand the expectations of their schools and parents for them not to take drugs. Their participation in the drug testing could also help their schools and parents know their anti-drug determination, and obtain affirmation of their schools and parents. Some students even stated that if there was no drug testing, there would be no means to convince others that they did not take drugs. Therefore, they considered that the drug testing had its unique effectiveness.

5.5.14 Some students considered that participating in the drug testing could enable them to understand more about their own health conditions, and made them feel healthier and more confident. They also pointed out that the drug testing could reduce the chances for youngsters to come into contact with drugs, thereby reducing the number of drug abusers. Moreover, the drug testing could provide opportunities to those taking drugs to make a change. Meanwhile, some students expressing reservations considered that the voluntary nature of the drug testing might not have great impact on drug-taking students.

Views of Other Stakeholders of the Participating Schools

5.5.15 According to the interviews with the parents, they considered that the schools' participation in the HSP(DT) with a drug component made them feel reassured. The parents also had more opportunities to discuss health issues with their children through the discussions on whether to participate in the drug testing.

5.5.16 The principals of the participating schools indicated at the interviews that by implementing the drug testing component, the schools could spread the message to students and parents as well as the community that the schools objected to students' taking drugs, and demonstrate their anti-drug determination. Some principals also considered that the drug testing could reduce the chances of ill-intended persons tempting students to take drugs.

5.5.17 Most principals pointed out that their participation in the HSP(DT) was not to identify drug-taking students but was to serve as deterrent. As students' participation in the drug testing was voluntary, it was natural that no drug-taking case had been identified. Some principals also indicated that irrespective of whether students participated in the drug testing or not, the process involved was more important. As all students were required to sign the consent forms, the drug testing component provided a platform for the parents and schools to understand the students' situations. If there were any students strongly refusing to participate in the drug testing, the schools could consider how to follow up.

5.5.18 Some principals of the participating schools suggested that they had observed a decreasing number of drug-taking youngsters after the implementation of the

HSP(DT), and it might be worth thinking if it would be necessary to continue the drug testing. However, some principals considered that if the drug testing component was not included in the HSP(DT) in future, the drug problem in society might deteriorate.

Views of Different Stakeholders of the Non-participating Schools

Views of the Students

5.5.19 As revealed in the findings of questionnaire, over 60% of the students of the non-participating schools agreed that the drug testing could enhance anti-drug ability, including enhancing their knowledge of drugs, enhancing their understanding of the drug testing procedures, reinforcing their resolve to refuse drugs and, with random selection for the drug testing, reminding them to stay vigilant to drugs.

Table 5.47 Views of the students of the non-participating schools on the effectiveness of the drug testing (anti-drug ability)

Impact of Drug Testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance knowledge of drugs	↑ 7,847 ↓	69.8	10.1	19.7	0.4
Enhance understanding of the drug testing procedures		69.6	8.3	21.7	0.4
Reinforce resolve to refuse drugs		64.8	10.1	24.5	0.6
Random drug testing remind students to stay vigilant to drugs		62.1	13.1	24.4	0.4

Note: The figures were from the pre-test student questionnaire.

Table 5.48 Views of the students of the non-participating schools on the effectiveness of the drug testing (social relationship and future development)

Impact of Drug Testing	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance understanding with classmates	↑ 7,847 ↓	44.8	20.7	34.0	0.4
Enhance understanding with social workers		43.7	19.9	35.9	0.5
Better communication with classmates		43.4	21.1	35.1	0.4
Enhance understanding with teachers		41.0	22.0	36.4	0.5
Better communication with social workers		40.6	21.6	37.3	0.6
Better communication with teachers		40.0	22.7	36.8	0.5
Better communication with parents		39.9	23.8	35.8	0.5
Increase interest in relevant courses		39.8	23.8	35.7	0.6
Enhance understanding with parents		39.7	23.3	36.4	0.5
Increase interest in relevant career		39.5	24.8	34.7	1.0

Note: The figures were from the pre-test student questionnaire.

Views of the Parents

5.5.20 According to the interviews with the parents of the non-participating schools, the schools' participation in the HSP(DT) with a drug testing component could reinforce their confidence in the schools, and they would agree that the schools had the determination to establish a drug-free campus culture. Some parents expressed that the schools could decide whether to participate having regard to their own circumstances.

Views of the Schools

5.5.21 Generally, the principals of the non-participating schools agreed to the need for anti-drug preventive education. However, some had reservations on conducting school drug testing. On the one hand, some principals considered that the HSP(DT) might have different impacts on different students. The drug testing would have fewer impacts on students who had a strong determination to refuse drugs, but could have deterrent and preventive impacts on the marginal ones. There would be merits for implementing the programme if it could stop some students from trying to take drugs. On the other hand, some principals considered that if implementing the programme aimed to identify drug-taking students, the voluntary nature of the drug testing would limit the effectiveness. As most students did not have drug problems, it would be worth thinking if it would be necessary to deploy substantial resources for

implementing the drug testing. Some principals suggested changing the mode of the drug testing into an experiential activity for students' participation.

5.6 Summary

Participation in the Drug Testing

5.6.1 In general, almost half of the students indicated that they agreed to participate in the drug testing, and the participation inclination of the lower form students was higher than that of the senior form students. When the schools had a longer participation duration, and the parents and students had a better understanding of the HSP(DT), the percentage of participation in the drug testing showed an increase. However, for the schools with a long participation duration, the percentage of participation in the drug testing of the higher form students showed a decreasing trend. In addition, students who had been selected for the drug testing were more certain about their continuous participation in next school year, while repeated selection within the same school year would affect students' inclination to participate in the drug testing.

5.6.2 More than 70% of the parents of both the participating and non-participating schools supported their children's participation in the drug testing. Those parents of the non-participating schools who were aware of the HSP(DT) were more inclined to agree to their children's participation in the drug testing. Parents' support for their children's participation in the drug testing also reflected their acknowledgement of the HSP(DT).

Factors to be Considered for Participation in the Drug Testing

5.6.3 In deciding whether to agree to participate in the drug testing, the students and parents of the participating schools were mainly concerned about the factors relating to the details of the drug testing, including protection of personal privacy, modes of taking samples, sanitary conditions during the drug testing procedures and reliability of the drug testing results.

5.6.4 As for the students and parents of the non-participating schools, besides protection of personal privacy, sanitary conditions during the drug testing procedures and reliability of the drug testing results, they would also consider whether students' personal experience could be enriched.

Drug Testing Arrangements

5.6.5 Different stakeholders were satisfied with the operation of the drug testing. The students and parents agreed that they had been given sufficient time for considering whether to participate in the drug testing and that the contents of the consent form for participating in the drug testing were clear. Over 70% of the students having completed the drug testing were satisfied with the drug testing arrangements and believed that their personal information was well protected. However, those students who had not participated in the drug testing were uncertain about the drug testing arrangements and the protection of personal privacy.

5.6.6 The participating schools and partnering NGOs considered that the operation of the drug testing had become increasingly smooth with the accumulation of experience. They were also satisfied with the coordination between themselves. The drug testing did not bring excessive workload to the teachers. Some schools, however, reflected that there were occasional clashes between the drug testing and the schools' other activities. The Research Team suggests that the schools and NGOs should coordinate the schedules of drug testing as early as possible to allow the schools to have sufficient time for coordinating the drug testing arrangements and other activities.

5.6.7 The representatives of the Government Laboratory and the School Drug Testing teams coordinated effectively in delivering specimens and collecting reports. With the future implementation of the HSP(DT), the workload of the Government Laboratory would increase with the number of specimens collected on the rise, especially when students and schools preferred taking hair specimens for testing. The Government may need to increase the support to the Government Laboratory to enable the Government Laboratory to complete the work required under the HSP(DT) smoothly.

Effectiveness of the Drug Testing

5.6.8 Different stakeholders of the participating schools all agreed to the effectiveness of the drug testing. Over 60% of the students agreed that the drug testing could enhance their understanding of the drug testing procedures, reinforce their resolve to stay away from drugs and enhance their knowledge of drugs. Students who participated in the drug testing continuously for years agreed more to the impacts of the drug testing on anti-drug ability and other aspects. Some students also stated in the interviews that the implementation of the drug testing could help them understand the expectations of their schools and parents for them not to take drugs. Their participation in the drug testing could also help their schools and parents know their anti-drug determination, and obtain affirmation of their schools and parents.

5.6.9 The parents of the participating schools considered that the schools' participation in the HSP(DT) with a drug testing component made them feel reassured. They also had more opportunities to discuss health issues with their children.

5.6.10 The principals of the participating schools generally considered that by implementing the drug testing component, the schools could spread the message to students and parents as well as the community that the schools objected to students' taking drugs, and demonstrate the schools' anti-drug determination.

5.6.11 Even though the students of the non-participating schools had no experience in participating in the drug testing, over 60% of them agreed to the impacts of the drug testing on anti-drug ability and other aspects. The parents of the non-participating schools also expressed that the schools' participation in the HSP(DT) could strengthen their confidence in the schools. This reflected that the parents and students of the non-participating schools had a positive perception of the drug testing. Generally, the principals of the non-participating schools agreed to the need for anti-drug preventive education. However, some had reservations on conducting school drug testing and were concerned that the voluntary nature of the drug testing could not help identify drug-taking students.

5.6.12 In view of the effectiveness of the drug testing and the affirmation of stakeholders, the Narcotics Division should consider retaining the drug testing component in the HSP(DT), and refine some operational details of the drug testing. Meanwhile, schools and NGOs should be encouraged to adopt more innovative approaches in promoting the HSP(DT) so as to enable stakeholders to have a better understanding of the programme.

5.7 Recommendations

Retain the Drug Testing Component

5.7.1 The Research Team observed that some non-participating schools still had concerns about the HSP(DT). However, in view of the positive experience of the participating schools, the agreement of students and parents as well as the principals of the participating schools to the effectiveness of the drug testing, coupled with the findings that schools' continuous implementation of the drug testing could enhance students' agreement to the effectiveness of the drug testing and that the drug testing had not created any adverse impacts, the Research Team recommends retaining the drug testing component in the HSP(DT) in order to consolidate the positive impacts attained.

Enhance the Participation Rate of the Drug Testing

5.7.2 The findings reflected that students and parents were concerned about the details of the drug testing. The Research Team therefore recommends that when promoting the HSP(DT), participating schools and NGOs should consider using various means to enable students and parents to have a clearer understanding of the practical implementation process of the drug testing and how the schools and NGOs would protect students' personal privacy. In addition, the schools may consider, having regard to their operations, adding supplementary services so as to enrich the drug testing process and increase students' personal experience.

5.7.3 To enhance students' certainty about their continuous participation in the drug testing, participating schools and NGOs should review students' experience and perceived effectiveness of the drug testing and share the review with students (particularly the lower form students).

5.7.4 The Research Team recommends that the Government should enhance the flexibility of taking specimens for drug testing, such as specifying more clearly that individual schools may adjust the frequency and sampling rates of drug tests with reference to the number of participating students and school operations, in order to reduce the happening of a student being repeatedly selected for the drug testing in the same school year. This can enhance students' motivation to participate in the drug testing continuously and also reduce the possibility of the drug testing clashing with other school activities.

Part 6 Preventive anti-drug activities

6.1 Overview

6.1.1 Preventive anti-drug activities are another important element of the HSP(DT). Each participating school can, based on their own needs and developments, plan and organise preventive anti-drug activities by themselves or through partnering with NGOs¹⁰. The objectives are to encourage students to foster healthy lifestyles, establish positive values and attitudes, and strengthen their resilience and resolve to refuse drugs, thereby establishing a drug-free culture on campus.

6.1.2 Preventive anti-drug activities may cover internal and external extra-curricular activities, and may be integrated into the school curriculum. The scope of activities includes preventive anti-drug education activities, skill training, life experience, health consultation, volunteer services, etc. Participating schools and NGOs are also encouraged to organise teacher-parent activities under the HSP(DT), so as to prevent the youth drug abuse problem through home-school cooperation.

6.1.3 The Research Team examined the diversity and effectiveness of the current preventive anti-drug activities through looking at different stakeholders' opinions. The key points of discussion included: (i) design of and participation in activities, (ii) implementation process of activities; and (iii) perception of students and parents of participating in activities and views of other stakeholders. The Research Team also explored areas requiring refinements for further enhancing the effectiveness of activities.

6.2 Design of and Participation in Activities

Participating Schools

Design of Student Activities

6.2.1 According to the interviews with different stakeholders, the participating schools and NGOs had, having regard to different students' needs, the impacts of various types of activities and the views of students, flexibly designed and arranged preventive anti-drug activities for students.

6.2.2 For example, Form One students had to adapt to new school life and therefore the schools and NGOs were more inclined to arrange interesting activities for all

¹⁰ In 2015/16 school year, a total of 22 NGO service points partnered with the participating schools in organising preventive anti-drug activities. In addition, six schools organised preventive anti-drug activities by themselves.

students of the grade to assist them in assimilating into the schools, reinforcing their sense of belongings, establishing good interpersonal relationships and developing self-reliance competency, in order to enhance their ability to resist drugs and other temptations.

6.2.3 The participating schools and NGOs had arranged activities of different types and scales for achieving different purposes. For example, the schools and NGOs had arranged large-scale exhibitions, seminars, sharing sessions, etc. to increase students' knowledge of drugs, enhance their ability to resist drugs and encourage them to foster healthy attitudes. The schools and NGOs had also arranged activities such as interest classes, workshops, leadership training programmes, etc. in the form of small groups, in a bid to encourage students' continuous and in-depth participation for their benefits.

6.2.4 Some participating schools had allowed students to choose and voluntarily apply for participation in preventive anti-drug activities, especially for interest classes. The participating schools and NGOs would adjust the designs of the activities according to students' feedback, and upkeep the attractiveness and participation rate of activities through retaining the more popular ones and adjusting the less popular ones.

6.2.5 Based on the findings of the NGO questionnaire, 76.2% of the responsible staff indicated that they had often or always engaged outside instructors or group services to provide different activities. 29.6% of the principals and 23.8% of the responsible staff also indicated that they had occasionally or frequently organised joint-school preventive anti-drug activities to increase the diversity of activities.

6.2.6 In spite of the diversity of activities and flexibility in designing activities based on schools' needs, some students expressed in the interviews that they wished to have a higher degree of autonomy in respect of designing and participating in activities. For example, some students suggested activities which would allow them to design the booths involved so as to enhance their understanding of the themes concerned. Meanwhile, some students pointed out that students of different grades had different expectations towards the activities. For example, higher form students preferred activities which could enhance self-development or combine with the academic curriculum, while lower form students preferred interactive and interesting activities. Some students also hoped to take part in leadership training courses starting from junior forms for them to learn about team work and establish interpersonal relationships. Their social network could be expanded if there were joint-school leadership training courses.

Participation in Student Activities

6.2.7 The activities reported by most of the students of the participating schools that they had joined were anti-drug/health information seminars (82.3%), health-

related/physical fitness surveys (74.0%), and exhibitions/game booths related to healthy lifestyle education (63.1%). Activities such as talent training, body arts training, health workshops and growth groups had higher participation rates.

Table 6.1 Students' participation in activities in the participating schools

Type of student activity	Quantity (Number)	Response from students			
		Participated (%)	Several times a year (%)	Once a year (%)	Did not participate/ No response (%)
Anti-drug/health information seminars	12,934	82.3	44.5	37.8	17.7
Health-related/physical fitness surveys		74.0	31.0	43.0	26.0
Exhibitions/game booths related to healthy lifestyle education		63.1	31.0	32.1	36.9
Community services		59.1	29.1	30.0	40.9
Experiential activities such as outdoor visits/adventure training		57.6	27.6	30.0	42.4
Intra-school competitions or performances		52.8	28.7	24.1	47.2
Joint-school activities/competitions		50.7	27.8	22.9	49.3
Interest classes such as talent training/body arts training		47.1	28.2	18.9	52.9
Health workshops/growth groups		46.1	25.1	20.9	53.9
Health ambassador or dreamer schemes/ leadership training programmes		45.5	23.5	22.0	54.5

Note: The figures were from the post-test student questionnaires.

Participation in Parent Activities

6.2.8 In the participating schools, only 15.2% of the parents indicated that they had joined the briefing sessions of the HSP(DT) or other activities promoting anti-drug messages. However, 36.1% of the parents indicated willingness to spend time on these activities. As shown in **Table 6.2**, more parents of the lower form students expressed willingness to participate in parent activities. More than 50% of the parents of the Form One students were willing to participate in parent activities.

Table 6.2 Inclination of the parents of the participating schools to join parent activities (by grade)

Grade	Response from parents			
	Quantity (Number)	Participate (%)	Not participate (%)	No response (%)
Form 1	1,854	51.2	34.8	14.0
Form 2	1,763	38.8	45.7	15.5
Form 3	1,861	36.5	50.1	13.4
Form 4	1,900	30.2	54.8	14.9
Form 5	1,677	22.9	63.2	13.9
Total	9,055	36.1	49.5	14.3

6.2.9 Based on the information gathered from the interviews, the principals and parents in general indicated that the parents would consider joining the activities if they considered such activities suitable and the topics attractive. It was the schedules of the activities that might affect many parents' participation. Some principals indicated that during the initial implementation of the HSP(DT), the parents were more concerned about anti-drug topics and participated in the activities more actively. With the youth drug abuse problem becoming less severe, their participation rate began to drop.

Non-participating Schools

6.2.10 Many non-participating schools had also, based on their school policies and needs, organised different activities to promote students' healthy growth and set up designated teacher groups to carry out preventive education work which might include anti-drug elements. Moreover, they had cooperated with different organisations including the Police Public Relations Branch, Counselling Centres for Psychotropic Substance Abusers in the district, hospitals, NGOs, etc. to organise healthy school activities. In addition, some non-participating schools had, through sharing with participating schools at different platforms, heard about the experience in participating in the HSP(DT). This might bring about a spill-over effect, fostering closer modes of anti-drug preventive education among the participating and non-participating schools. The Research Team had consolidated the participation in activities in the non-participating schools as well as their views as reference.

Participation in Student Activities

6.2.11 Among the non-participating schools, the activities reported by most students that they had joined were anti-drug/health information seminars (87.0%), health-related/physical fitness surveys (83.6%), and experiential activities such as outdoor visits or adventure training (75.2%).

Table 6.3 Students' participation in activities in the non-participating schools

Type of student activities	Response from students				
	Quantity (Number)	Participated (%)	Several times a year (%)	Once a year (%)	Did not participate/No response (%)
Anti-drug/health information seminars	5,378	87.0	45.5	41.5	13.0
Health-related/physical fitness surveys		83.6	34.3	49.3	16.4
Experiential activities such as outdoor visits/adventure training		75.2	34.3	41.0	24.8
Exhibitions/game booths related to healthy lifestyle education		71.8	34.9	36.9	28.2
Intra-school competitions or performances		71.7	46.1	25.6	28.3
Community services		66.4	37.0	29.5	33.6
Joint-school activities/competitions		60.9	36.4	24.5	39.1
Interest classes such as talent training/body arts training		59.0	40.4	18.6	41.0
Health workshops/growth groups		49.5	27.4	22.1	50.5
Health ambassador or dreamer schemes/ leadership training programme		47.9	24.1	23.8	52.1

Note: The figures were from the post-test student questionnaires.

6.2.12 The proportion of students of the non-participating schools having participated in various types of activities appeared to be higher than those of the participating schools. The main reason might be that the students of the participating schools were asked about their participation in the activities under the HSP(DT) in the questionnaire. It might under-estimate their overall participation rates in all activities related to healthy lifestyles and anti-drug promotion.

Participation in Parent Activities

6.2.13 Among the non-participating schools, only 10.2% of the parents reported that they had participated in activities promoting anti-drug messages. The proportion was significantly lower than that of the parents of the participating schools.

6.3 Implementation Process

Views of the Participating Schools

6.3.1 Generally, most principals considered that the implementation process was smooth. However, 25.9% of the principals indicated that they sometimes had to adjust the contents of the implementation plans.

Table 6.4 Views of the principals of the participating schools on the activities

View on the activities	Response from principals			
	Quantity (Number)	Never/ Seldom (%)	Sometimes (%)	Frequently (%)
Planned preventive anti-drug activities were cancelled because of over budgeting	↑ 54 ↓	98.1	1.9	0.0
Planned preventive anti-drug activities could not be implemented as scheduled		94.4	5.6	0.0
School had to adjust the contents of the implementation plans of preventive anti-drug activities		74.1	25.9	0.0

Note: All the principals responded.

6.3.2 Regarding the workload, 87.0% of the principals indicated that the class teachers/teachers-in-charge would invite students to join the activities. 44.4% of the principals indicated that they would personally invite students to join. As noted from the interviews with the teachers, the teachers were usually responsible for issuing notices, recruiting students and leading students to participate in the activities. The results of the teacher questionnaires showed that over 70% of the teachers considered that their workload of planning, executing and managing various activities under the HSP(DT) was reasonable.

Table 6.5 Workload of the teachers-in-charge of the participating schools arising from the activities

Duty	Response from teachers-in-charge			
	Quantity (Number)	Light workload (%)	Reasonable workload (%)	Heavy workload (%)
Planning preventive anti-drug activities for the whole year	50	0.0	78.0	22.0
Executing and managing preventive anti-drug activities	52	0.0	73.1	26.9

Note: All the teachers-in-charge responded to the questionnaire. However, some teachers-in-charge had replied "Not Applicable" since they were not assigned with the relevant tasks. The above figures did not include those "Not Applicable" responses.

Views of the NGOs

6.3.3 According to the views of the NGO responsible staff collected during the interviews, the HSP(DT) could enable the participating schools to arrange for anti-drug activities in a more regular and sustained manner. More diversified topics were also introduced, changing from topics closely related to anti-drug themes at the beginning to a wider perspective related to students' healthy development. To strengthen anti-drug preventive education, the NGO responsible staff would also incorporate drug-related knowledge and information on the harmful effects of taking drugs into various types of activities.

6.3.4 Based on the programme requirements, participating schools and NGOs were required to plan the topics and schedules of the activities in advance. The majority of the responsible staff agreed that the implementation process was smooth. Only 11.9% of the responsible staff indicated that they had frequently adjusted the contents of the implementation plans of the preventive anti-drug activities. Only 7.1% of the responsible staff indicated that there were frequent happenings that the activities could not be carried out as scheduled. Some responsible staff also expressed in the interviews that NGOs would try to confirm the schedules of the activities with schools before the start of a school year to avoid clashing with other arrangements. However, it was still necessary at times to adjust the schedules according to the latest circumstances of the schools or students, or to adjust the contents of the activities having regard to the situations of the schools and changes in the society. Despite so, there was sufficient flexibility under the HSP(DT) to allow NGOs to design and adjust the contents of the activities based on the schools' needs. NGOs were only required to apply for prior approval from the Beat Drugs Fund Association for the updated implementation plans.

Table 6.6 Views of the NGO responsible staff on the activities

View on activities	Quantity (Number)	Response from responsible staff			
		Never/ Seldom (%)	Sometimes (%)	Frequently (%)	Not applicable (%)
NGO social worker or school discovered high risk students after the preventive anti-drug activities	↑ 42 ↓	64.3	23.8	2.4	9.5
Planned preventive anti-drug activities could not be implemented as scheduled		54.8	33.3	7.1	4.8
School/NGO had to adjust the contents of the implementation plans of preventive anti-drug activities		40.5	38.1	11.9	9.5

Note: The figures did not include eight responsible staff only responsible for the drug testing. All the responsible staff responded.

6.4 Effectiveness of the Activities

Views of the Students of the Participating Schools

6.4.1 72.6% of the students considered that activities with themes on promoting drug-free lives were adequate. 70.6% of the students also considered that activities with themes about healthy lifestyles and values were adequate. Compared to the students of the non-participating schools (see **Table 6.10**), more students of the participating schools agreed that their schools had arranged for sufficient activities with the aforementioned themes.

Table 6.7 Views of the students of the participating schools on the sufficiency of various thematic activities held by their schools

Theme of student activities	Response from students				
	Quantity (Number)	Adequate (%)	Inadequate (%)	Uncertain (%)	No response (%)
Drug-free lives	↑	72.6	9.0	18.1	0.3
Healthy lifestyles and values	12,934	70.6	9.3	19.8	0.3
Emotion and stress management and support	↓	62.8	14.2	22.7	0.4

Note: The figures were from the post-test student questionnaires.

6.4.2 On students' perception of the effectiveness of the activities, over 60% of the students considered that the activities could enhance their knowledge of drugs and reinforce their resolve to stay away from drugs. Over half of the students also considered that activities had helped them foster positive attitudes and healthy lifestyles.

Table 6.8 Views of the students of the participating schools on the effectiveness of the student activities

Effectiveness of student activities	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance knowledge of drugs	12,934	61.9	12.8	24.5	0.8
Reinforce resolve to stay away from drugs		60.8	12.5	25.8	0.9
Foster positive attitudes		54.1	17.0	28.2	0.8
Foster healthy lifestyles		53.5	17.0	28.7	0.8
Acknowledge self-value		47.1	20.8	31.4	0.7
Enhance understanding of others' feeling		45.3	22.2	31.8	0.7
Enrich school lives		44.2	23.3	31.8	0.6
Assimilate into school lives		44.2	21.7	33.4	0.8
Improve others' understanding of myself		42.2	23.4	33.6	0.8
Develop diverse interests		42.1	24.1	33.1	0.7
Provide support to emotional/daily needs		41.4	24.1	33.8	0.7
Make positive friends		41.1	24.5	33.7	0.7
Enhance understanding of own strengths and merits		40.4	24.8	34.1	0.6
Relieve stress		40.4	25.7	33.2	0.7
Being more hopeful about the future		40.3	24.3	34.7	0.7
Better communication with classmates		40.0	22.6	36.7	0.7
Better communication with social workers		38.3	22.5	38.4	0.7
Enhance learning motivation		38.0	26.9	34.5	0.6
Better relationship with parents		37.9	23.8	37.6	0.8
Better relationship with teachers		37.9	23.2	38.1	0.8

Note: The figures were from the post-test student questionnaires.

6.4.3 According to the interviews with the students, the students had a positive perception of the health-related activities that they had joined even though they might not know whether the activities concerned were part of the HSP(DT). Most of them expressed that they had found the activities full of fun, especially those more

interactive activities, and would like to continue to participate in these activities. Some students also considered that team work activities could foster closer interpersonal relationships.

Views of the Parents of the Participating Schools

6.4.4 Over 70% of the parents having joined parent activities indicated that the activities could encourage them to care more about the health of their children or themselves, and reinforce their confidence in their children’s schools. Over 60% of the parents having joined parent activities considered that the activities could enable them to know how to identify whether their children were taking drugs, enhance their knowledge of drugs and enhance their understanding of how to handle any drug abuse problem of their children.

Table 6.9 Views of the parents of the participating schools having joined parent activities on the effectiveness of the activities

Effectiveness of parent activities	Responses from parents				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance their awareness of the health of their children or themselves	2,728	75.1	4.6	10.4	9.9
Reinforce confidence in their children’s schools		74.5	3.7	12.1	9.6
Enhance communication skills with children		69.8	5.6	14.9	9.6
Enhance understanding of how to handle the behavioural problems of children		68.5	5.8	15.0	10.7
Enhance communication with teachers		67.3	5.8	17.3	9.6
Enhance understanding of how to identify children taking drugs		65.5	7.3	16.1	11.0
Enhance knowledge of drugs		65.5	9.1	14.9	10.5
Enhance understanding of how to handle any drug abuse problem of children		63.7	8.2	17.3	10.9

Note: The figures did not include 6,327 parents who had not participated in parent activities.

Views of the Participating Schools

6.4.5 As noted from the interviews with the principals and teachers, the schools agreed that the activities were beneficial to their students. Apart from arousing students’ anti-drug and health awareness, participation in activities could render their campus life more vibrant, help them develop diverse interests, enrich their life

experiences, strengthen interpersonal relationships, and enhance their self-confidence, proactiveness and resilience. When students encountered difficulties in their lives and study, they would know how to handle the problems or seek help. They would also avoid taking drugs or other harmful ways to handle stress. In addition, some participating schools considered that partnering with NGOs had created more opportunities for the students to come in contact with more social workers, which was another channel in addition to the school social workers for taking care of students' developmental needs.

6.4.6 Some principals and teachers of the participating schools which had organised activities by themselves also indicated that the activities could provide more opportunities for teachers to understand their students' needs and observe their developments. The activities could help establish a healthy relationship between the schools and the students, and create a healthy school culture. A closer relationship between the schools and the students would reinforce the latter's confidence in the schools and understanding of the care of the schools. This could help reduce the chance for students to make undesirable friends or establish unhealthy habits.

6.4.7 Some principals and teachers of the participating schools pointed out that participation in the HSP(DT) had provided the schools with more resources for organising diversified activities. It also provided more opportunities for students with less advantageous family conditions to join different activities.

Views of the NGOs

6.4.8 NGO responsible staff expressed in the interviews that outdoor activities, visits and experiential activities were more popular among students. Responsible staff having arranged joint-school activities indicated that students also liked to participate in joint-school leadership activities and inter-school competitions. They considered that students could come into more frequent contact with social workers and teachers through different activities, which would be beneficial to their development. Responsible staff could also have the opportunities to contact students with less advantageous family conditions or developmental problems, and provide early assistance to them. They observed that students with relatively low motivation had become more confident and proactive through participating in the activities. In addition, some students could by sharing their personal experiences motivate lower form students to participate in the activities.

Views of the Non-participating Schools

Views of the Students

6.4.9 66.1% of the students of the non-participating schools considered that

activities with themes promoting drug-free lives were adequate. The proportion was lower than that of the students of the participating schools (72.6%). Details are shown in **Table 6.7** and **Table 6.10**.

Table 6.10 Views of the students of the non-participating schools on the sufficiency of various thematic activities held by their schools

Theme of student activities	Response from students				
	Quantity (Number)	Adequate (%)	Inadequate (%)	Uncertain (%)	No response (%)
Drug-free lives	↑ 5,378 ↓	69.1	12.8	17.7	0.4
Healthy lifestyles and values		66.1	16.2	17.4	0.3
Emotion and stress management and support		63.7	17.5	18.4	0.3

Note: The figures were from the post-test student questionnaires.

6.4.10 The non-participating schools indicated in the interviews that while they would arrange a variety of health-related activities, the themes might not necessarily be about anti-drug education. For activities with anti-drug themes such as anti-drug or health information seminars, they were generally organised for the whole school annually or biennially.

6.4.11 Regarding the students' views on the effectiveness of the activities, nearly 70% of the students considered that participation in the activities could reinforce their resolve to stay away from drugs and enhance their knowledge of drugs. Over 60% of the students considered that participation in the activities could render their campus life more vibrant, enhance their communication with schoolmates, foster positive lifestyles and attitudes, and develop diverse interests.

Table 6.11 Views of the students of the non-participating schools on the effectiveness of student activities

Effectiveness of student activities	Response from students				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Reinforce resolve to stay away from drugs	5,378	69.8	9.3	20.3	0.6
Enhance knowledge of drugs		68.9	11.2	19.5	0.3
Enrich school lives		64.5	12.0	23.0	0.4
Better communication with classmates		64.1	11.6	24.0	0.2
Foster positive attitudes		63.6	13.3	22.7	0.4
Develop diverse interests		62.9	12.8	23.8	0.5
Make positive friends		59.8	15.7	24.3	0.3
Assimilate into the school lives		59.5	13.6	26.5	0.3
Acknowledge self-value		58.7	14.2	26.9	0.3
Enhance understanding of others' feeling		58.4	14.7	26.4	0.5
Foster healthy lifestyles		58.0	15.4	26.3	0.3
Enhance understanding of own strengths and merits		57.1	13.6	28.9	0.5
Improve others' understanding of myself		55.2	16.6	27.7	0.5
Relieve stress		54.4	20.4	25.0	0.2
Better relationship with teachers		52.0	16.2	31.5	0.3
Provide support to emotional/daily needs		51.7	19.6	28.3	0.3
Being more hopeful about the future		49.4	20.2	30.2	0.2
Better relationship with parents		46.9	19.3	33.5	0.3
Enhance learning motivation		46.5	23.8	29.5	0.2
Better communication with social workers		40.7	19.9	39.0	0.3

Note: The figures were from the post-test student questionnaires.

Views of the Parents

6.4.12 Similar to the views of the parents of the participating schools, the majority of the parents of the non-participating schools considered that participation in parent

activities could help raise their awareness of the health of their children or themselves. 73.5% of the parents also expressed that participation in parent activities could reinforce their confidence in the schools.

Table 6.12 Views of the parents of the non-participating schools on the effectiveness of parent activities

Effectiveness of parent activities	Response from parents				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance their awareness of the health of their children or themselves	1,715	77.4	5.0	11.2	6.4
Reinforce confidence in their children's schools		73.5	5.1	15.5	5.9
Enhance understanding of how to handle the behavioural problems of children		73.4	5.7	14.5	6.4
Enhance communication skills with children		71.5	5.5	16.8	6.1
Enhance communication with teachers		67.2	6.2	20.5	6.1
Enhance understanding of how to identify children taking drugs		66.8	9.5	16.8	6.9
Enhance understanding of how to handle any drug abuse problem of children		65.3	10.5	17.9	6.3
Enhance knowledge of drugs		58.9	10.6	20.6	9.9

Note: The figures did not include 2,549 parents who had not participated in parent activities.

Views of the Schools

6.4.13 Even though they had not participated in the HSP(DT), the principals and teachers of the non-participating schools expressed in the interviews that the HSP(DT) could provide rich resources to schools for organising activities. This was attractive to schools.

6.5 Summary

Participation in Activities

6.5.1 Regardless of whether the schools had participated in the HSP(DT), they in general would organise various healthy activities having regard to the students' needs and development.

6.5.2 Over 80% of the students of the participating schools indicated that they had joined the anti-drug or health information seminars under the HSP(DT), while over 70% indicated that they had joined health-related or physical fitness surveys. Although only 15.2% of the parents reported that they had joined the briefing sessions and preventive anti-drug activities under the HSP(DT), 36.1% of the parents indicated willingness to spend time on parent activities. In addition, more than half of the parents of the Form One students were willing to participate in parent activities.

6.5.3 For the non-participating schools, over 80% of the students reported that they had attended anti-drug or health information seminars and health-related or physical fitness surveys. However, the proportion of parents having participated in parent activities was lower. The percentage was only 10.2%.

6.5.4 The schools and NGOs noted that if the contents and modes of the message delivering activities were identical every year, the students might lose interest in participating in the activities continuously. The schools therefore indicated that they would adjust the themes of the activities to suit the needs of students of different grades. The schools also hoped that NGOs could provide activities which were more interactive. Some students also expressed in the interviews that they were looking forward to more innovative activities.

Implementation Process

6.5.5 Both the participating schools and NGOs expressed in the interviews that the process of implementing activities was generally smooth, and the HSP(DT) had also allowed flexibility for designing activities. Over 70% of the teachers considered that their workload of planning, executing and managing activities was reasonable. However, the NGOs sometimes had to adjust the schedules in light of the latest circumstances of the schools or students, or adjust the contents of the activities having regard to the situations of the schools and changes in the society. There were also occasional clashes between the schedules of the schools' activities and those under the HSP(DT).

Effectiveness of Preventive Anti-drug Activities

6.5.6 In general, the students agreed that the activities could help enhance their knowledge of drugs and reinforce their resolve to stay away from drugs. Compared to the students of the non-participating schools, more students of the participating schools agreed that the activities with themes on promoting drug-free lives were adequate.

6.5.7 Parents who had participated in parent activities agreed to the effectiveness of

the activities, particularly on enhancing their awareness of the health of their children or themselves, and reinforcing their confidence in their children's schools.

6.5.8 The participating schools considered that students' participation in activities could arouse their anti-drug and health awareness, render their campus life more vibrant, help them develop diverse interests, and strengthen their self-confidence, proactiveness and resilience. The schools could, through participation in the HSP(DT), obtain more resources for organising diversified activities and provide more opportunities for students with less advantageous family conditions to join different activities. The non-participating schools also agreed that the HSP(DT) would provide extra resources for schools to organise activities.

6.5.9 The NGO responsible staff considered that students could have more chances to come into contact with social workers and teachers through different activities, which was beneficial to their development. Social workers could also have the opportunities to contact and provide assistance to students with less advantageous family conditions, developmental problems or relatively low motivation.

6.6 Recommendations

Maintain Flexibility in the Design of Activities

6.6.1 As reflected by the feedback of the participating schools and NGOs, the HSP(DT) provides flexibility for them to design and adjust the contents and modes of activities according to schools' operations, students' needs and views, and developments in the society. Therefore, the Research Team recommends maintaining the flexibility in the design of activities. The Research Teams also recommends that the Government should improve the template of the implementation plan so that schools and NGOs need not revise their implementation plans when adjusting the activities.

Increase Diversity and Interactivity of Activities

6.6.2 The participating schools and NGOs noted that if the contents and mode of the message delivering activities were identical every year, students might lose interest in participating in the activities continuously. Some students also expressed in the interviews that they were looking forward to more innovative activities or even participating in designing the activities. Therefore, schools and NGOs should continue to organise diversified, innovative and interactive activities. They could also consider collecting the feedback of students through different means or letting them participate in designing the activities, in order to maintain the attractiveness of the activities and the participation of students.

6.6.3 The Research Team also recommends that the Government should encourage schools to organise inter-school activities, including those engaging the non-participating schools. This could not only foster sharing and exchange among schools and students but also a wider promotion of the healthy school culture.

Enhance Participation in Parent Activities

6.6.4 Parents' positive views on the parent activities reflected the effectiveness of organising the activities and their benefits of enhancing parents' health awareness and confidence in schools. The Research Team recommends that the Government should continue to encourage the participating schools to organise parent activities and provide resources in supporting relevant activities. Given the relatively low participation rate of the parent activities, the participating schools and NGOs should consider how to adjust the contents and schedules of the activities so as to attract more parents' attendance and establish a good home-school relationship.

Part 7 Overall Effectiveness of the HSP(DT)

7.1 Overview

7.1.1 With the HSP(DT) as an integrated school-based programme, the two components: drug testing and preventive anti-drug activities, are closely related and can bring synergy effects. To examine the overall effectiveness of the HSP(DT), the Research Team analysed the changes of the students' behaviours, awareness and attitudes in daily life by comparing the results of the pre-test and post-test questionnaires. The Research Team also compared the difference between the students of the participating and non-participating schools in assessing the effectiveness of the HSP(DT). The Research Team focused on two main aspects in exploring the effectiveness of the HSP(DT): (i) students' awareness, ability and resolve as directly related to refusing drugs; and (ii) their other health-related behaviours, habits, attitudes and awareness. In addition, the Research Team consolidated the views of different stakeholders for evaluating the overall effectiveness of the HSP(DT).

7.2 Students' Anti-Drug Knowledge, Resilience and Resolve

Students' Anti-Drug Knowledge

7.2.1 Generally, more than 70% of the students considered that they had adequate drug-related knowledge, and more than 80% of the students considered that they understood clearly the risks of taking drugs. As showed in **Table 7.1**, the drug-related knowledge of the students of both the participating and non-participating schools had increased notably in the post-test.

Table 7.1 Difference between the proportion of students who agreed that they had adequate drug-related knowledge in the pre-test and that in the post-test (by school type)

School type	Response from students			Agreed in both tests (%)	p-value
	Quantity (Number)	Agreed in the pre-test (%)	Agreed in the post-test (%)		
Participating school	9,190	74.6	77.6	63.1	<0.001
Non-participating school	3,987	72.2	76.7	63.5	<0.001
Total	13,177	73.9	77.3	63.2	<0.001

Note: p-value was calculated from McNemar's test. The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 188 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

Table 7.2 Difference between the proportion of students who agreed that they understood the risks of taking drugs in the pre-test and that in the post-test (by school type)

School type	Response from students			Agreed in both tests (%)	p-value
	Quantity (Number)	Agreed in the pre-test (%)	Agreed in the post-test (%)		
Participating school	9,182	85.4	86.0	77.3	0.155
Non-Participating school	3,864	88.3	88.2	82.4	0.925
Total	13,046	86.3	86.7	78.8	0.236

Note: p-value was calculated from McNemar's test. The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 319 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

Students' Resilience to Refuse Drugs

Comparison between Different Schools

7.2.2 To examine students' resilience to refuse drugs, the Research Team asked them to indicate in the questionnaires how difficult it would be for them to refuse drugs if tempted by peers. They were asked to give a score ranging from one to ten. The higher score they gave, the easier they believed that they could refuse to take drugs, i.e. the greater resilience they had. According to the overall matched questionnaires, the average scores of students' resilience to refuse drugs were 8.64 in the pre-test and 8.72 in the post-test, indicating that students' resilience had increased. The figures in **Table 7.3** show that the resilience of the students of the participating schools had increased in the post-test while that of the students of the non-

participating schools had no change. In addition, the average score of the resilience of the students of the participating schools was higher than that of the non-participating schools.

Table 7.3 Difference between the average score of resilience given by students in the pre-test and that in the post-test (by school type)

School type	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	9,174	8.65	8.75	<0.001
Non-participating school	3,982	8.62	8.63	0.605
Total	13,156	8.64	8.72	<0.001

Note: p-value was calculated from paired t-test.
The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 209 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

7.2.3 Regardless of whether the students were from the participating or non-participating schools, over half of them considered that they could easily refuse to take drugs (ten points) while about 10% considered that their resilience was weak (five points or below).

Table 7.4 Distribution of the scores of resilience given by students (by score, period of questionnaire survey and school type)

School type	Five points or below		Six to nine points		Ten points	
	Pre-test (%)	Post-test (%)	Pre-test (%)	Post-test (%)	Pre-test (%)	Post-test (%)
Participating school	10.5	9.0	33.3	34.3	56.2	56.8
Non-participating school	10.0	10.1	35.9	36.5	54.1	53.5
Total	10.3	9.3	34.1	34.9	55.6	55.8

Note: Please refer to Table 7.3 for the number of questionnaires.

Comparison between Students of Different Grades

7.2.4 As revealed by the overall figures, the higher was the students' grades, the stronger was the students' resilience. The higher form students had a stronger resilience to refuse drugs than the lower form students, indicating that the former felt easier to refuse drugs from peers. Comparing the results of the pre-test and post-test questionnaires, the resilience of the students of Forms One, Three and Four had increased while that of Forms Two and Five students did not have a significant

change.

Table 7.5 Difference between the average score of resilience given by students at the pre-test stage and that at the post-test stage (by grade)

Grade	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Form 1	2,683	8.42	8.52	0.030
Form 2	2,632	8.53	8.57	0.339
Form 3	2,721	8.65	8.76	0.006
Form 4	2,632	8.75	8.85	0.021
Form 5	2,488	8.86	8.89	0.576

Note: p-value was calculated from paired t-test.
The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 209 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

7.2.5 Comparing between the participating and non-participating schools, the resilience of Forms Three and Four students of the participating schools had increased in the post-test while that of all the students of the non-participating schools had no significant change between the pre-test and post-test.

Table 7.6 Difference between the average score of resilience given by students in the pre-test and that in the post-test (by school type and grade)

School type	Grade	Response from students			p-value
		Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	Form 1	1,877	8.45	8.55	0.057
	Form 2	1,817	8.54	8.64	0.096
	Form 3	1,921	8.64	8.78	0.004
	Form 4	1,841	8.75	8.86	0.035
	Form 5	1,718	8.87	8.93	0.267
Non-participating school	Form 1	806	8.36	8.45	0.291
	Form 2	815	8.49	8.43	0.439
	Form 3	800	8.66	8.70	0.560
	Form 4	791	8.75	8.81	0.330
	Form 5	770	8.84	8.79	0.456

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 209 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

Students' Resolve to Refuse Drugs

7.2.6 The Research Team explored whether there was any change in students' resolve to refuse drugs in the pre-test and post-test by analysing the students' self-evaluated likelihood of their taking drugs in the coming two years. As shown in **Table 7.7**, the majority of the students expressed that they would absolutely not take drugs in the coming two years and there was no significant change between the pre-test and post-test. More students of the participating schools indicated that they would absolutely not take drugs in the coming two years.

Table 7.7 Difference between students' self-evaluation of not taking drugs in the coming two years in the pre-test and that in the post-test (by school type)

School type	Response from students			p-value	
	Quantity (Number)	Absolutely not in the pre-test (%)	Absolutely not in the post-test (%)		Absolutely not in both tests (%)
Participating school	9,195	97.3	97.3	95.4	0.874
Non-participating school	3,986	96.7	96.6	94.5	0.705
Total	13,181	97.1	97.1	95.1	0.965

Note: p-value was calculated from McNemar's test.

The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant question in both the pre-test and post-test questionnaires. The figures did not include 184 student questionnaires which could be matched but had no response to the relevant question in either the pre-test or post-test questionnaires.

7.3 Students' Health-related Behaviours and Interpersonal Relationships

Health-related Behaviours

7.3.1 According to the findings of the questionnaires, more than 90% of the students indicated that they did not smoke in the past three months. Similarly, about 90% of the students indicated that they would absolutely not smoke in the coming two years. Over half of them indicated that they did not drink alcohol in the past three months. However, less than 40% of the students indicated that they would absolutely not drink alcohol in the coming two years.

7.3.2 As for some risky behaviours, over 90% of the students indicated that they would never or seldom deliver items for strangers. Over 80% of them indicated that they would never or seldom hang out in complicated places or wander around the streets till late night.

Comparison between Different Schools

7.3.3 Comparing the results of the pre-test and post-test questionnaires, more students of the non-participating schools reduced the frequency of drinking alcohol. Meanwhile, the proportion of students indicating that they would absolutely not smoke and drink alcohol in the coming two years was higher in the participating schools than the non-participating schools.

7.3.4 In the post-test, the students of both the participating and non-participating schools reduced using mobile apps or online platforms to make new friends.

Meanwhile, a more significant decrease in delivering items to strangers and wandering around the streets till late night was observed among the students of the participating schools.

Table 7.8 Difference between students' self-evaluation of health-related behaviours in the pre-test and that in the post-test (by behaviour and school type)

Behaviour	School type	Response from students			p-value	
		Quantity (Number)	Never or absolutely not in the pre-test (%)	Never or absolutely not in the post-test (%)		Never or absolutely not in both tests (%)
Smoking in past 3 months	Participating school	9,181	94.1	93.9	91.0	0.525
	Non-participating school	3,976	94.6	94.4	91.9	0.578
	Total	13,157	94.3	94.1	91.3	0.385
Smoking in the coming 2 years	Participating school	9,186	91.8	91.4	87.3	0.230
	Non-participating school	3,983	90.7	89.9	85.8	0.081
	Total	13,169	91.5	91.0	86.8	0.046
Drinking alcohol in the past 3 months	Participating school	9,180	61.3	57.8	47.8	<0.001
	Non-participating school	3,973	57.4	58.9	46.5	0.060
	Total	13,153	60.1	58.1	47.4	<0.001
Drinking alcohol in the coming 2 years	Participating school	9,201	39.4	37.8	27.1	0.002
	Non-participating school	3,984	33.4	33.6	22.9	0.890
	Total	13,185	37.6	36.5	25.8	0.012

Note: p-value was calculated from McNemar's test. The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 208, 196, 212 and 180 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.9 Difference between students' risky behaviours in daily life in the pre-test and those in the post-test (by behaviour and school type)

Behaviour	School type	Response from students				p-value
		Quantity (Number)	Never or seldom in the pre-test (%)	Never or seldom in the post-test (%)	Never or seldom in both tests (%)	
Deliver items for strangers	Participating school	9,219	95.5	96.4	92.8	<0.001
	Non-participating school	3,983	96.4	96.5	93.5	0.895
	Total	13,202	95.8	96.4	93.1	0.01
Hang out in complicated places	Participating school	9,232	88.7	89.5	82.7	0.022
	Non-participating school	3,993	88.9	88.9	83.8	1.000
	Total	13,225	88.7	89.3	83.0	0.045
Wander around the streets till late night	Participating school	9,227	83.1	83.4	75.3	0.514
	Non-participating school	3,984	81.4	82.6	74.5	0.055
	Total	13,211	82.6	83.2	75.1	0.108
Using mobile apps to make new friends	Participating school	9,222	79.6	83.1	71.5	<0.001
	Non-participating school	3,981	79.3	82.1	71.4	<0.001
	Total	13,203	79.5	82.8	71.5	<0.001
Using online platforms to make new friends	Participating school	9,236	75.0	78.1	66.5	<0.001
	Non-participating school	3,995	72.6	74.8	64.3	0.002
	Total	13,231	74.3	77.1	65.9	<0.001

Note: p-value was calculated from McNemar's test.

The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 163, 140, 154, 162 and 134 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Personal Health, Interpersonal Relationships and School Life

7.3.5 The Research Team listed out in the questionnaires several descriptions relating to the daily or school lives of students, including personal health, relationship with parents, relationship with teachers, and school culture. Students were asked to indicate whether they agreed to each of the descriptions by giving a score ranging from one to five points. One point meant "Strongly disagree" and five points meant "Strongly agree". The higher was the score, the higher was the agreement to that particular description. The Research Team calculated an average integrated score for each of the aforementioned four aspects for comparing the differences between the participating and non-participating schools.

Personal Health

7.3.6 Most students considered that they cared about their physical and mental health, pursued healthy lifestyles, were brave to admit mistakes and felt that they could seek help from others when they had problems. Comparing the results of the pre-test and post-test questionnaires, there was generally a slight decrease of the integrated score given to personal health in the post-test. This change was more significant for the students of the participating schools, but was not obviously notable for the students of the non-participating schools. Details are shown in **Tables 7.10 to 7.12**.

Table 7.10 Difference between the integrated score given by the students to personal health in the pre-test stage and that in the post-test stage (by school type)

School type	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	9,210	3.95	3.89	<0.001
Non-participating school	4,008	3.95	3.91	0.003
Total	13,218	3.95	3.89	<0.001

Note: p-value was calculated from paired t-test.
The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 147 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.11 Difference between the integrated score given by the students to personal health in the pre-test and that in the post-test (by grade)

Grade	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Form 1	2,691	4.01	3.95	<0.001
Form 2	2,651	3.91	3.86	0.005
Form 3	2,734	3.95	3.90	<0.001
Form 4	2,640	3.91	3.89	0.084
Form 5	2,502	3.95	3.87	<0.001

Note: p-value was calculated from paired t-test.
The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 147 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.12 Difference between the integrated score given by the students to personal health in the pre-test and that in the post-test (by school type and grade)

School type	Grade	Response from students			p-value
		Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	Form 1	1,879	4.03	3.97	<0.001
	Form 2	1,832	3.90	3.85	0.002
	Form 3	1,930	3.96	3.90	<0.001
	Form 4	1,845	3.90	3.88	0.188
	Form 5	1,724	3.93	3.86	<0.001
Non-participating school	Form 1	812	3.96	3.91	0.116
	Form 2	819	3.92	3.92	0.968
	Form 3	804	3.93	3.91	0.597
	Form 4	795	3.94	3.91	0.221
	Form 5	778	3.99	3.90	<0.001

Note: p-value was calculated from paired t-test.

The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 147 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Relationship with Parents

7.3.7 The students in general considered that their parents cared about their health conditions and how they make friends. They also considered that they could communicate with their parents on relatively sensitive issues. The views of the students of the participating and non-participating schools did not have significant change between the pre-test and post-test. In both the pre-test and post-test, the students of all grades of the participating schools agreed more on having a closer relationship with parents as compared with those of the non-participating schools. Details are shown in **Tables 7.13** to **7.15**.

Table 7.13 Difference between the integrated score given by the students to their relationship with parents in the pre-test and that in the post-test stage (by school type)

School type	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	9,282	3.64	3.63	0.367
Non-participating school	3,989	3.56	3.59	0.024
Total	13,271	3.62	3.62	0.819

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 94 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.14 Difference between the integrated score given by the students to their relationship with parents in the pre-test and that in the post-test stage (by grade)

Grade	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Form 1	2,704	3.70	3.69	0.552
Form 2	2,656	3.59	3.58	0.633
Form 3	2,752	3.67	3.65	0.366
Form 4	2,645	3.58	3.61	0.029
Form 5	2,514	3.59	3.57	0.125

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 94 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.15 Difference between the integrated score given by the students to their relationship with parents in the pre-test and that in the post-test (by school type and grade)

School type	Grade	Response from students			p-value
		Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	Form 1	1,898	3.73	3.70	0.205
	Form 2	1,838	3.61	3.59	0.326
	Form 3	1,951	3.66	3.67	0.772
	Form 4	1,856	3.60	3.63	0.103
	Form 5	1,739	3.60	3.57	0.090
Non-participating school	Form 1	806	3.63	3.67	0.235
	Form 2	818	3.52	3.55	0.399
	Form 3	801	3.57	3.61	0.147
	Form 4	789	3.51	3.56	0.111
	Form 5	775	3.55	3.55	0.946

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 94 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Relationship with Teachers

7.3.8 Over half of the students agreed that their teachers respected their privacy and cared about their physical and mental health, and that they had sufficient communication with their teachers. In both the pre-test and post-test, the students of the participating schools agreed more on having a closer relationship with teachers as compared with the students of the non-participating schools. Meanwhile, there was no significant change between the pre-test and post-test. While the Form One students agreed more on having a closer relationship with teachers than the students of other forms, their agreement decreased in the post-test.

Table 7.16 Difference between the integrated score given by the students to their relationship with teachers in the pre-test and that in the post-test (by school type)

School type	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	9,280	3.64	3.63	0.245
Non-participating school	3,990	3.58	3.58	0.804
Total	13,270	3.62	3.62	0.365

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.17 Difference between the integrated score given by the students to their relationship with teachers in the pre-test and that in the post-test (by grade)

Grade	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Form 1	2,703	3.78	3.72	0.003
Form 2	2,656	3.58	3.57	0.552
Form 3	2,752	3.60	3.60	0.611
Form 4	2,645	3.54	3.58	0.023
Form 5	2,514	3.61	3.59	0.281

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.18 Difference between the integrated score given by the students to their relationship with teachers in the pre-test and that in the post-test (by school type and grade)

School type	Grade	Response from students			p-value
		Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	Form 1	1,896	3.79	3.75	0.022
	Form 2	1,838	3.60	3.59	0.663
	Form 3	1,951	3.62	3.61	0.581
	Form 4	1,856	3.56	3.59	0.067
	Form 5	1,739	3.62	3.60	0.316
Non-participating school	Form 1	807	3.74	3.67	0.033
	Form 2	818	3.53	3.52	0.662
	Form 3	801	3.52	3.59	0.037
	Form 4	789	3.50	3.54	0.161
	Form 5	775	3.58	3.56	0.683

Note: p-value was calculated from paired t-test.

The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

School Culture

7.3.9 Generally, most students agreed that their classmates never took drugs, they could feel the anti-drug culture in their schools, they were willing to discuss drug issues with classmates, and their schools had implemented sufficient security measures to prevent strangers from entering the campus. Comparing the results of the pre-test and post-test questionnaires, the agreement of the students of the non-participating schools, especially the Form Four students, had increased notably in the post-test.

Table 7.19 Difference between the integrated score given by the students to their school culture in the pre-test and that in the post-test (by school type)

School Type	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating School	9,280	3.77	3.78	0.034
Non-Participating School	3,990	3.70	3.76	<0.001
Total	13,270	3.75	3.78	<0.001

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.20 Difference between the integrated score given by the students to their school culture in the pre-test and that in the post-test (by grade)

Grade	Response from students			p-value
	Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Form 1	2,703	3.80	3.83	0.054
Form 2	2,656	3.73	3.73	0.883
Form 3	2,752	3.77	3.80	0.042
Form 4	2,645	3.73	3.77	0.008
Form 5	2,514	3.76	3.78	0.066

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

Table 7.21 Difference between the integrated score given by the students to their school culture in the pre-test and that in the post-test (by school type and grade)

School type	Grade	Response from students			p-value
		Quantity (Number)	Pre-test (Score)	Post-test (Score)	
Participating school	Form 1	1,896	3.82	3.85	0.073
	Form 2	1,838	3.74	3.73	0.509
	Form 3	1,951	3.78	3.81	0.155
	Form 4	1,856	3.75	3.77	0.290
	Form 5	1,739	3.75	3.77	0.259
Non-participating school	Form 1	807	3.73	3.75	0.473
	Form 2	818	3.72	3.77	0.099
	Form 3	801	3.72	3.76	0.099
	Form 4	789	3.65	3.76	<0.001
	Form 5	775	3.76	3.81	0.067

Note: p-value was calculated from paired t-test.
 The figures were from the matched student questionnaires, which were further confined to those with valid responses to the relevant questions in both the pre-test and post-test questionnaires. The figures did not include 95 student questionnaires which could be matched but had no response to the relevant questions in either the pre-test or post-test questionnaires.

7.4 Views of Other Stakeholders on the Overall Effectiveness of the HSP(DT)

Participating Schools

Views of the Principals

7.4.1 According to the results of the principal questionnaires, most principals agreed to the effectiveness of the HSP(DT) on students' health and anti-drug ability. 98.1% of the principals agreed that the programme could help enhance students' knowledge of drugs and enable them to accept anti-drug messages more readily. 96.3% of the principals agreed that the programme could help students foster healthy lifestyles, develop positive values and build up an anti-drug culture in the campus.

Table 7.22 Views of the principals of the participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from principals				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance students' knowledge of drugs	54 ↑ ↓	98.1	0.0	1.9	0.0
Enable students to accept anti-drug messages more readily		98.1	0.0	1.9	0.0
Help students foster healthy lifestyles		96.3	0.0	3.7	0.0
Help students develop positive values		96.3	0.0	3.7	0.0
Build up an anti-drug culture in the campus		96.3	0.0	3.7	0.0
Demonstrate schools' anti-drug determination		94.4	0.0	5.6	0.0
Make parents feel relieved about children's school lives		90.7	1.9	7.4	0.0
Help establish an anti-drug culture in the community		88.9	1.9	7.4	1.9
Reinforce students' resolve to stay away from drugs		87.0	0.0	13.0	0.0
Motivate students to seek help		87.0	0.0	13.0	0.0
Help schools identify high-risk students at early stage		87.0	0.0	13.0	0.0
Enhance the knowledge and awareness of teachers/staff of drugs		87.0	1.9	11.1	0.0
Enhance the knowledge and awareness of parents of drugs		79.6	3.7	16.7	0.0
Help parents identify drug-taking students at early stage		70.4	1.9	27.8	0.0
Build up school reputation		57.4	1.9	40.7	0.0

Views of the Teachers

7.4.2 According to the results of the teacher questionnaires, 96.4% of the teachers agreed that the HSP(DT) could help build up an anti-drug culture in the campus. 94.5% of them also agreed that the programme could help enhance students' knowledge of drugs and demonstrate the schools' anti-drug determination. Their views were similar to those of the principals.

Table 7.23 Views of the teachers-in-charge of the participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from teachers-in-charge			
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)
Build up an anti-drug culture in the campus	55	96.4	1.8	1.8
Enhance students' knowledge of drugs		94.5	0.0	5.5
Demonstrate schools' anti-drug determination		94.5	1.8	3.6
Help students develop positive values		92.7	1.8	5.5
Help students foster healthy lifestyles		87.3	1.8	10.9
Enable students to accept anti-drug messages more readily		87.3	1.8	10.9
Help schools identify high-risk students at early stage		83.6	5.5	10.9
Enhance the knowledge and awareness of teachers/staff of drugs		81.8	1.8	16.4
Reinforce students' resolve to stay away from drugs		78.2	1.8	20.0
Help establish an anti-drug culture in the community		78.2	5.5	16.4
Motivate students to seek help		76.4	1.8	21.8
Make parents feel relieved about children's school lives		74.5	0.0	25.5
Help parents identify drug-taking students at early stage		65.5	7.3	27.3
Enhance the knowledge and awareness of parents of drugs		61.8	7.3	30.9
Build up school reputation		61.8	9.1	29.1

Note: All the teachers-in-charge responded.

Views of the Parents

7.4.3 According to the results of the parent questionnaires, the majority of the parents agreed to the effectiveness of the HSP(DT). Nearly 80% of the parents agreed that the programme could build up an anti-drug culture in their children's schools, enhance their children's knowledge of drugs and reinforce their children's resolve to stay away from drugs. Over 75% of the parents also agreed that the programme could help raise their awareness of their children's health, make them feel relieved about their children's health, reinforce their trust in their children's schools and enhance

their children’s understanding of the drug testing procedures. This reflected that most parents had positive attitudes towards the HSP(DT) and agreed that the programme could bring positive impacts to their children’s development and the schools. It was believed that these were the reasons why the parents supported the schools’ participation in the programme and agreed to their children’s participation in the drug testing.

Table 7.24 Views of the parents of the participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from parents				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Build up an anti-drug culture in children’s school	9,055	79.0	3.4	16.2	1.5
Enhance children’s knowledge of drugs		78.9	3.9	16.1	1.1
Reinforce children’s resolve to stay away from drugs		77.2	3.9	17.4	1.5
Raise my awareness of children’s health		76.6	6.3	15.6	1.4
Make me feel relieved about children’s health		76.3	6.3	16.1	1.4
Reinforce my trust in children’s school		76.2	4.4	18.1	1.3
Enhance children’s understanding of the drug testing procedures		75.7	3.9	19.2	1.3
Enhance my knowledge of drugs		70.7	8.1	19.8	1.4
Enhance the understanding between children and myself		66.5	8.6	23.4	1.5
Motivate drug-taking students to quit drugs		66.5	4.3	27.7	1.5
Enhance my relationship with children		62.4	10.3	25.7	1.6

7.4.4 According to the interviews with different stakeholders, the parents of the participating schools indicated that the schools’ participation in the HSP(DT) would make them feel relieved. Some parents indicated that they could communicate with and understand their children through discussing with them and signing the consent form. Moreover, some parents indicated that their children were willing to express their opinions on drug-related issues in the society, which enabled them to communicate with their children in the process.

7.4.5 Comparing the results of the questionnaires for parents of the participating and

non-participating schools, the Research Team observed that a greater proportion of the parents of the participating schools agreed that they felt relieved about their children's school lives and were able to communicate with their children on relatively sensitive issues.

Table 7.25 Relationship between the life conditions of parents/children and school type

Life conditions of parents/children	School type	Response from parents			p-value
		Quantity (Number)	Agree (%)	Not agree (%)	
Feel relieved about children's school lives	Participating school	7,613	96.7	3.3	0.001
	Non-participating school	3,557	95.4	4.6	
Children can assimilate into school lives	Participating school	7,529	96.5	3.5	0.055
	Non-participating school	3,506	95.8	4.2	
Children care about their own health	Participating school	7,622	95.0	5.0	0.029
	Non-participating school	3,538	94.0	6.0	
Know how children make friends	Participating school	7,170	92.8	7.2	0.002
	Non-participating school	3,346	91.1	8.9	
Children are willing to join various extra-curricular activities	Participating school	7,347	92.0	8.0	0.000
	Non-participating school	3,429	89.7	10.3	
Able to communicate with children on relatively sensitive issues	Participating school	7,179	90.7	9.3	0.001
	Non-participating school	3,320	88.6	11.4	

Note: p-value was calculated from Chi-square test.

The figures did not include 1,905, 2,026, 1,897, 2,547, 2,293 and 2,570 parent questionnaires which indicated "Uncertain" to the respective questions in the parent questionnaires. The figures also did not include 244, 258, 262, 256, 250 and 250 parent questionnaires which had no response to the respective questions.

7.4.6 In addition, compared with the parents of the non-participating schools, more parents of the participating schools expressed that they would sometimes or frequently discuss the harmful effects of drugs with their children, teach them how to refuse drugs from friends, and remind them not to join social activities which probably exposed them to drugs. This reflected that the parents of the participating schools might have a higher awareness of the youth drug abuse problems and would be more likely to adopt various measures for preventing their children from coming into contact with drugs. This also reflected from another perspective that the HSP(DT) could help foster parents' awareness of preventing children from taking drugs.

Table 7.26 Relationship between the measures adopted by parents to prevent their children from taking drugs and school type

Measures to prevent their children from taking drugs	School type	Response from parents			p-value
		Quantity (Number)	Sometimes/ frequently (%)	Never/ seldom (%)	
Remind children not to take drugs	Participating school	8,773	73.6	26.4	0.005
	Non-participating school	4,206	71.3	28.7	
Teach children how to refuse drugs from their friends	Participating school	8,781	64.0	36.0	0.000
	Non-participating school	4,209	59.9	40.1	
Discuss the harmful effects of drugs with children	Participating school	8,794	62.5	37.5	0.000
	Non-participating school	4,219	57.6	42.4	
Remind children to stay away from drug-taking friends	Participating school	8,773	62.0	38.0	0.002
	Non-participating school	4,206	59.2	40.8	
Remind children not to join social activities which probably would expose them to drugs	Participating school	8,756	61.0	39.0	0.000
	Non-participating school	4,196	57.7	42.3	
Pay attention to children's recent situation	Participating school	8,768	55.8	44.2	0.678
	Non-participating school	4,199	56.2	43.8	
Attempt to find out if children have come into contact with drugs in social activities	Participating school	8,755	38.3	61.7	0.162
	Non-participating school	4,196	37.1	62.9	
Attempt to find out if children have drug-taking friends	Participating school	8,759	36.3	63.7	0.002
	Non-participating school	4,190	33.6	66.4	
Check children's personal belongings to see if there are drugs	Participating school	8,772	30.6	69.4	0.019
	Non-participating school	4,206	28.6	71.4	

Note: p-value was calculated from Chi-square test.
The figures did not include 340, 329, 306, 340, 367, 352, 368, 370 and 341 parent questionnaires which had no response to the respective questions.

Views of the NGOs

7.4.7 According to the results of the NGO questionnaires, 92.0% of the responsible staff agreed that the HSP(DT) could help enhance students' knowledge of drugs. Over 80% agreed that the programme could help students foster healthy lifestyles, develop positive values and enable them to accept anti-drug messages more readily.

Table 7.27 Views of the NGO responsible staff on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from responsible staff			
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)
Enhance students' knowledge of drugs	50	92.0	4.0	4.0
Help students foster healthy lifestyles		88.0	4.0	8.0
Help students develop positive values		86.0	2.0	12.0
Enable students to accept anti-drug messages more readily		84.0	6.0	10.0
Reinforce students' resolve to stay away from drugs		78.0	6.0	16.0
Strengthen mutual trust between social workers and students		76.0	10.0	14.0
Motivate students to seek help		70.0	4.0	26.0
Enhance the knowledge and awareness of parents of drugs		68.0	16.0	16.0
Enhance the knowledge and awareness of teachers/staff of drugs		68.0	6.0	26.0
Facilitate NGOs in consolidating resources on anti-drug services		68.0	12.0	20.0
Help establish an anti-drug culture in the community		68.0	16.0	16.0
Help schools identify high-risk students at early stage		66.0	12.0	22.0
Enhance the professional skills of the NGO staffs		64.0	24.0	12.0
Help parents identify drug-taking students at early stage		60.0	16.0	24.0
Raise the awareness of members of the public of drug problems	52.0	18.0	30.0	

Note: All the responsible staff responded.

Non-participating Schools

Views of the Principals

7.4.8 The majority of the principals of the non-participating schools agreed that the HSP(DT) had positive impacts on students. Over 80% of the principals agreed that the programme could help enhance students' knowledge of drug and develop positive values. 78.1% agreed that the programme could enable students to accept anti-drug messages more readily.

Table 7.28 Views of the principals of the non-participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from principals			
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)
Enhance students' knowledge of drugs	32	84.4	9.4	6.3
Help students develop positive values		81.3	0.0	18.8
Enable students to accept anti-drug messages more readily		78.1	9.4	12.5
Enhance the knowledge and awareness of teachers/staff of drugs		75.0	9.4	15.6
Help students foster healthy lifestyles		71.9	3.1	25.0
Motivate students to seek help		68.8	6.3	25.0
Build up an anti-drug culture in the campus		65.6	9.4	25.0
Help schools identify high-risk students at early stage		62.5	15.6	21.9
Enhance the knowledge and awareness of parents of drugs		59.4	6.3	34.4
Demonstrate schools' anti-drug determination		53.1	18.8	28.1
Help establish an anti-drug culture in the community		53.1	12.5	34.4
Help parents identify drug-taking students at early stage		50.0	3.1	46.9
Reinforce students' resolve to stay away from drugs		46.9	6.3	46.9
Make parents feel relieved about children's school lives		46.9	15.6	37.5
Build up school reputation		31.3	34.4	34.4

Note: All the principals responded.

Views of the Teachers

7.4.9 Over 90% of the teachers-in-charge of the non-participating schools agreed that the HSP(DT) could help enhance students' knowledge of drugs and enhance the knowledge and awareness of teachers or staff of drugs. 86.7% of the teachers considered that the programme could enable students to accept anti-drug messages more readily.

Table 7.29 Views of the teachers-in-charge of the non-participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from teachers-in-charge			
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)
Enhance students' knowledge of drugs	30 ↑ ↓	96.7	0.0	3.3
Enhance the knowledge and awareness of teachers/ staff of drugs		93.3	0.0	6.7
Enable students to accept anti-drug messages more readily		86.7	3.3	10.0
Help students develop positive values		83.3	0.0	16.7
Help students foster healthy lifestyles		80.0	0.0	20.0
Enhance the knowledge and awareness of parents of drugs		73.3	6.7	20.0
Build up an anti-drug culture in the campus		73.3	3.3	23.3
Demonstrate schools' anti-drug determination		73.3	13.3	13.3
Reinforce students' resolve to stay away from drugs		70.0	3.3	26.7
Motivate students to seek early		70.0	6.7	23.3
Help parents identify drug-taking students at early stage		70.0	6.7	23.3
Help schools identify high-risk students at early stage		70.0	6.7	23.3
Make parents feel relieved about children's school lives		56.7	20.0	23.3
Help establish an anti-drug culture in the community		53.3	6.7	40.0
Build up school reputation		40.0	33.3	26.7

Note: All the teachers-in-charge responded.

Views of the Parents

7.4.10 The parents of the non-participating schools had a positive perception of the effectiveness of the HSP(DT). 83.3% of the parents considered that the programme could help enhance their children's knowledge of drugs. Near 80% agreed that the programme could help their children's schools build up an anti-drug culture and reinforce their children's resolve to stay away from drugs.

Table 7.30 Views of the parents of the non-participating schools on the overall effectiveness of the HSP(DT)

Overall effectiveness	Response from parents				
	Quantity (Number)	Agree (%)	Not agree (%)	Uncertain (%)	No response (%)
Enhance children's knowledge of drugs	4,264	83.3	3.1	12.7	0.9
Build up an anti-drug culture in children's school		79.9	3.1	15.5	1.5
Reinforce children's resolve to stay away from drugs		79.1	3.2	16.4	1.3
Raise my awareness of children's health		78.2	5.6	14.7	1.5
Enhance children's understanding of the drug testing procedures		78.2	3.9	16.7	1.2
Make me feel relieved about children's health		77.9	5.5	15.3	1.4
Reinforcing my trust in the children's school		75.9	4.5	18.2	1.3
Enhance my knowledge of drugs		75.3	5.7	17.7	1.3
Motivate drug-taking students to quit drugs		68.2	3.9	26.5	1.5
Enhance the understanding between children and myself		67.4	7.6	23.5	1.4
Enhancing my relationship with children		63.4	8.4	26.7	1.5

7.5 Summary

Students

7.5.1 Generally, both the students of the participating and non-participating schools possessed certain knowledge of drugs, understood the risks of taking drugs, and had a

strong resolve to stay away from drugs. The findings showed that over half of the students considered that they were able to refuse drugs easily, while about 10% considered that their resilience was relatively weak. In particular, the resilience of the lower form students was weaker than that of the higher form students. This reflected that it would still be necessary for schools to strengthen preventive anti-drug education for students, especially for the lower form students.

7.5.2 Students' ability to refuse drugs was affected by various factors. Over 60% of the students of the participating schools indicated that participation in activities could help increase their knowledge of drugs and enhance their resolve to stay away from drugs. Over 60% of them also agreed that the drug testing could help strengthen their ability to refuse drugs, including helping enhance their understanding of the drug testing procedures, strengthen their resolve to stay away from drugs, and enhance their drug-related knowledge. For the non-participating schools, many students had also participated in health-related activities, and similarly over 60% agreed that the activities could help enhance their ability to refuse drugs and their knowledge of drugs.

7.5.3 The research findings showed that the types of activities and students' participation were similar between the participating and non-participating schools. Some non-participating schools had, through sharing with participating schools at different platforms, heard about the experience in participating in the HSP(DT). This might bring about a spill-over effect, fostering closer modes of anti-drug preventive education among the participating and non-participating schools. Nevertheless, comparing the results between the pre-test and post-test, the resilience of the students of the participating schools showed a higher increase than that of the students of the non-participating schools.

Parents

7.5.4 The parents of both the participating and non-participating schools agreed to the positive impacts of the HSP(DT). More parents of the participating schools agreed that they felt relieved about their children's school lives and were able to discuss relatively sensitive issues with their children. Moreover, more parents of the participating schools indicated that they would frequently or sometimes discuss the harmful effects of drugs with their children, teach them how to refuse drugs from friends and remind them not to join social activities which would probably expose them to drugs. This reflected that the parents of the participating schools might have a higher awareness of the youth drug abuse problems. This also reflected from another perspective that the HSP(DT) could help foster parents' awareness of preventing their children from taking drugs, thus strengthening the protection net at home and further preventing youth drug abuse.

Part 8 Future Development and Recommendations for Improvement

8.1 Overview

8.1.1 In Parts 4 to 6, the Research Team presented the analysis on the promotion of the HSP(DT), and the participation and implementation details of the drug testing component and preventive anti-drug activities, as well as the corresponding recommendations for improvement. The Research Team also directly collected views on improving the HSP(DT) from different stakeholders through questionnaire surveys and interviews. In this Part, the Research Team consolidated the recommendations for improving the HSP(DT) as a whole, the drug testing component and the activity component.

8.2 Overall Programme

8.2.1 The HSP(DT) mainly comprises two components: drug testing and activities. The findings of the Research as reported in the previous parts reflected the positive impacts of the programme, especially on reinforcing students' ability to resist drugs and parents' awareness of preventing their children from taking drugs. Schools also indicated their wish to have more resources in providing preventive education to students. The attention and collaboration over anti-drug education among different sectors of the community were conducive to the development of the anti-drug culture. The Research Team therefore recommends that the Government should continue to implement the HSP(DT), provide sufficient resources to schools, NGOs and other government departments concerned, and further encourage more stakeholders' participation, so as to establish a wider protection net for students and strengthen their physical and mental health.

8.2.2 To refine the design of the HSP(DT), the Research Team set out the following recommendations regarding the promotion of the programme, project duration, project grants and administrative work.

Promote Participation of Schools

8.2.3 According to the findings of the questionnaires, over 60% of the stakeholders of the participating schools, non-participating schools and NGOs considered that it was necessary to enhance the promotion of the HSP(DT) in order to attract more schools to participate in the programme, and to provide more information to obtain the support from parents. Details are shown in **Table 8.1**.

Table 8.1 Stakeholders' views on enhancing the promotion of the HSP(DT) for attracting more schools' participation

Stakeholder	Response from stakeholders			
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)
Principals of the participating schools	54	77.8	11.1	11.1
Teachers-in-charge of the participating schools	55	58.2	21.8	20.0
Responsible staff of NGOs	50	72.0	10.0	18.0
Principals of the non-participating schools	32	68.8	15.6	15.6
Teachers-in-charge of the non-participating schools	30	63.3	13.3	23.3

Note: All the stakeholders responded.

Table 8.2 Stakeholders' views on providing more information to obtain parents' support to the HSP(DT)

Stakeholder	Response from stakeholders			
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)
Principals of the participating schools	54	85.2	9.3	5.6
Teachers-in-charge of the participating schools	55	61.8	18.2	20.0
Responsible staff of NGOs	50	82.0	8.0	10.0
Principals of the non-participating schools	32	81.3	6.3	12.5
Teachers-in-charge of the non-participating schools	30	70.0	10.0	20.0

Note: All the stakeholders responded.

8.2.4 Meanwhile, as analysed in Part 4, both the participating and non-participating schools were concerned about their stakeholders' views, especially the parents' perception of the schools, when considering whether to participate in the HSP(DT). The non-participating schools were also concerned about the operation details, such as how to protect students' privacy and whether it would create extra workload for teachers.

8.2.5 The findings of the Research reflected that most parents and students supported the HSP(DT). The Research Team therefore recommends that when promoting the HSP(DT) in future, the Government should deliver the affirmative attitudes of the parents and students of the non-participating schools to alleviate the concerns of the non-participating schools and motivate their participation. The Government should also encourage schools to proactively consult the views of various stakeholders, understand their inclinations and enable more stakeholders to understand

the HSP(DT). In addition, the Government could consider providing more details on the practical operation and related support in implementing the HSP(DT), and encourage schools to provide more detailed information of the programme to parents, in particular the operation of the drug testing, so as to enable their clear understanding of the contents concerned.

8.2.6 As the non-participating schools need to ascertain the support of their stakeholders and thoroughly understand the operation of the HSP(DT) before they would participate in the programme, the Research Team suggests that the Government should consider allowing schools to flexibly select some forms to join the drug testing component as trial in their first participating year in order to get familiar with the practical operation. This would also facilitate the schools in better explaining the HSP(DT) to parents and students, thereby enhancing their understanding of the programme. Participating schools could then extend the drug testing component to the entire school for implementation after the first trial year.

8.2.7 On the other hand, communication among different stakeholders could help promote schools' participation. Over 60% of the participating schools, NGOs and non-participating schools considered it necessary to set up a platform for the participating schools and NGOs to share information.

Table 8.3 Stakeholders' views on setting up a platform for participating schools and NGOs to share information

Stakeholder	Response from stakeholders			
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)
Principals of the participating schools	54	74.1	16.7	9.3
Teachers-in-charge of the participating schools	55	60.0	20.0	20.0
Responsible staff of NGOs	50	76.0	14.0	10.0
Principals of the non-participating schools	32	78.1	3.1	18.8
Teachers-in-charge of the non-participating schools	30	76.7	3.3	20.0

Note: All the stakeholders responded.

8.2.8 The Research Team recommends that the Government should consider providing different project proposals to different organisations as reference, or setting up a platform to enable the participating schools, NGOs and non-participating schools to exchange information. The Government could also consider lining up participating schools and NGOs to organise sharing seminars or inter-school activities, and invite through district networks different stakeholders of the non-participating schools to join the activities, so as to enable them to personally learn more about the HSP(DT) and its

practical operation. In addition, the Government could consider establishing a recognition scheme to enable the non-participating schools and members of the public to understand the effectiveness of the HSP(DT) and the anti-drug determination of the participating schools.

Project Duration

8.2.9 At present, the project duration was either one year or two years. According to the findings of the questionnaires, 13.8% of the principals considered that there was a need to adjust the duration to three years or more. 42.0% of the NGO responsible staff also agreed to the need to adjust the project duration. Some principals and NGO responsible staff expressed at the interviews that the projection duration should be adjusted to better suit the developmental needs of students, facilitate the planning of activities and reduce the administrative work. For example, schools and NGOs could effectively design activities on the basis of students' grades. The NGO responsible staff also pointed out that the experience of the staff was an important factor affecting the effectiveness of the activities. When they possessed more related experience in organising activities and had a longer time to interact with students, they could better build up mutual trust with students, encourage students' participation in activities and reinforce the effectiveness of the preventive anti-drug activities. Some NGO responsible staff also expressed that extending the project duration could facilitate NGOs in deploying resources and maintaining the manpower stability. However, some principals and NGO responsible staff indicated that the project period should not be too long as they would need to consider the contents of activities and estimate the budget.

8.2.10 On the other hand, as analysed in Part 5, students who had agreed to join the drug testing continuously for consecutive years were more likely to agree to the effectiveness of the drug testing. This reflected that maintaining the stability of the programme would be beneficial to students' development.

8.2.11 Therefore, the Research Team recommends that the Government should add an option of three years regarding the project duration, and encourage schools and NGOs to design more successive activities fitting the development of students. The Government could also consider allowing schools to accept their students' one-off consent to join the drug testing in the first participating year. If students do not want to continue to join the drug testing, they could apply for withdrawal in writing. This could also help streamline schools' administrative arrangements.

Project Grants

8.2.12 The Beat Drugs Fund Association provides initial lump-sum grants to schools to support the implementation of the HSP(DT), and also funding to schools or their

partnering NGOs for implementing the drug testing component and activity component.

8.2.13 For schools, the grants were mostly used for recruiting administrative assistants, project assistants, etc. to support the implementation of the programme. Some schools also used the grants for organising preventive anti-drug activities or partnering with NGOs to organise the activities. 18.5% of the principals indicated that the amount of funding was inadequate. As expressed at the interviews, most principals considered that the amount of funding was generally adequate and could be used flexibly. However, some principals indicated that the amount of funding was inadequate for recruiting staff.

8.2.14 The NGO responsible staff did not have specific views on the funding for drug testing. As analysed in Part 5, the Research Team recommends that the Government should provide more support to the Government Laboratory for maintaining sufficient manpower and resources for the drug testing.

8.2.15 Regarding the funding for preventive anti-drug activities, over 80% of the NGO responsible staff and principals of the participating schools expressed that it was necessary to increase the funding to enable them to organise more anti-drug and personal growth activities. According to the interviews, while students preferred experiential activities, the costs of organising these activities were increasing. Therefore, some schools and NGOs wished to have more funding for the activity component.

Table 8.4 Stakeholders' views on increasing resources for anti-drug activities

Stakeholder	Response from stakeholders				
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)	No response (%)
Principals of the participating schools	54	81.5	11.1	3.7	3.7
Teachers-in-charge of the participating schools	55	56.4	30.9	12.7	0.0
Responsible staff of NGOs	42	85.7	9.5	4.8	0.0
Principals of the non-participating schools	32	71.9	3.1	25.0	0.0
Teachers-in-charge of the non-participating schools	30	80.0	6.7	13.3	0.0

8.2.16 Separately, 92.0% of the NGO responsible staff wished that the HSP(DT) could provide measures to reduce staff turnover. According to the interviews, the funding received by NGOs was normally calculated based on the starting salary of

relevant positions and there were difficulties for NGOs to deploy extra resources to provide salary rise for attracting or retaining experienced staff to implement the programme.

8.2.17 Students, principals, teachers and NGO responsible staff all agreed that students’ participation in activities could help them develop healthy lifestyles and positive values, while continuous and steady manpower arrangements would be beneficial to building up mutual trust between social workers and students, and reinforce the effectiveness of the preventive anti-drug activities. Therefore, the Research Team recommends that the Government should take the views of the schools and NGOs and increase the funding for the activity component and for staff recruitment, with a view to providing sufficient resources to schools and NGOs for organising activities beneficial to students.

Specifications on the Administrative Work

8.2.18 According to the findings of the questionnaires for teachers-in-charge, over 80% of the teachers considered that the workload of preparing reports and accounting matters was reasonable or even light. The NGO responsible staff also indicated at the interviews that the reports concerned were simple.

Table 8.5 Workload of the teachers-in-charge of the participating schools under the HSP(DT)

Workload under the programme	Response from teachers-in-charge			
	Quantity (Number)	Light workload (%)	Reasonable workload (%)	Heavy workload (%)
Preparing reports	44	4.5	84.1	11.4
Handling accounting matters	41	14.6	70.7	14.6

Note: All the teachers-in-charge had responded to the questionnaire. However, some teachers-in-charge had replied “Not Applicable” since they were not assigned with the relevant tasks. The figures did not include those “Not Applicable” responses.

8.2.19 As revealed by the findings of the questionnaires, 86.0% of the NGO responsible staff, and over 70% of the principals and teachers of the participating schools considered that there was a need to simplify the procedures for adjusting the implementation plans of the HSP(DT). About half of the NGO responsible staff, and the principals and teachers of the participating schools considered that it was necessary to standardise the measurement units in the reports concerned.

Table 8.6 Stakeholders' views on simplifying the procedures for adjusting the implementation plans

Stakeholder	Response from stakeholders				
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)	No response (%)
Principals of the participating schools	54	72.2	9.3	16.7	1.9
Teachers-in-charge of the participating schools	55	76.4	12.7	10.9	0.0
Responsible staff of NGOs	42	86.0	8.0	6.0	0.0
Principals of the non-participating schools	32	50.0	6.3	43.8	0.0
Teachers-in-charge of the non-participating schools	30	63.3	3.3	33.3	0.0

Table 8.7 Stakeholders' views on the need for standardising the measurement units in the reports

Stakeholder	Response from stakeholders				
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)	No response (%)
Principals of the participating schools	54	55.6	13.0	29.6	1.9
Teachers-in-charge of the participating schools	55	49.1	29.1	21.8	0.0
Responsible staff of NGOs	50	64.0	12.0	24.0	0.0
Principals of the non-participating schools	32	50.0	6.3	43.8	0.0
Teachers-in-charge of the non-participating schools	30	56.7	13.3	30.0	0.0

8.2.20 In addition, some NGO responsible staff, principals and teachers expressed that currently there were no standard guidelines or reference templates (e.g. templates for preparing the project proposals). Besides, it required the coordination of several staff to complete the reports concerned. Therefore, they wished to have more guidelines and materials for reference. They also wished that the frequency of report submission could be adjusted.

8.2.21 In this regard, the Research Team recommends that the Government should consider refining the templates of the implementation plan, and provide guidelines or reference samples for completing different reports for reference of NGOs or schools.

Practices of Managing and Monitoring Projects

8.2.22 About 20% to 60% of the stakeholders considered that it was necessary for the Government to deploy more staff to expedite the processing of applications. Some principals and NGO responsible staff also indicated at the interviews that they would like to know the application results as soon as possible so that they could make relevant manpower arrangements. In addition, some principals, teachers and NGO responsible staff indicated at the interviews that they wished that the Beat Drugs Fund Association could arrange more related staff to conduct visits to activities under the HSP(DT), so as to enhance the credibility and attractiveness of individual activities. The Research Team recommends that the Government should consider arranging or deploying more staff to respond to the needs of the schools and NGOs.

Table 8.8 Stakeholders' views on increasing the Government's manpower

Stakeholder	Response from stakeholders				
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)	No response (%)
Principals of the participating schools	54	42.6	29.6	25.9	1.9
Teachers-in-charge of the participating schools	55	25.5	36.4	38.2	0.0
Responsible staff of NGOs	50	50.0	16.0	34.0	0.0
Principals of the non-participating schools	32	59.4	9.4	31.3	0.0
Teachers-in-charge of the non-participating schools	30	53.3	10.0	36.7	0.0

8.3 Drug Testing Component

8.3.1 The stakeholders of the participating schools were satisfied with the current operation of the drug testing and agreed to the effectiveness of the drug testing in enhancing students' ability to resist drugs. Students who agreed to join the drug testing continuously also agreed more to the impacts of the drug testing. The parents also felt reassured and had greater confidence in the schools. Through the drug testing, the schools could demonstrate their anti-drug determination and concern about the drug abuse problem. Therefore, the Research Team recommends retaining the drug testing component in the HSP(DT) to consolidate the impacts attained. With the continuous improvement of the youth drug abuse problem, it may be necessary for the Government to examine in the future how the operation of the drug testing component should be adjusted.

Enhance Participation Rate of the Drug Testing Component

8.3.2 As the survey findings revealed that both the students and parents were concerned about the protection of personal privacy, the Research Team recommends that the participating schools and NGOs, in promoting the HSP(DT), should consider using various means to enhance the understanding of students and parents of the implementation process of the drug testing. Meanwhile, the schools could, having regard to their own circumstances, consider introducing supplementary services to enrich the drug testing process, thereby increasing students' personal experience.

8.3.3 To increase students' certainty in participating in the drug testing continuously, the participating schools and NGOs should review and share the feedback of participating students on their experience and perceived effectiveness of the drug testing with other students (especially those lower form students).

Adjustment to Details of the Drug Testing Component

8.3.4 Regarding the random sampling of the drug testing, some students indicated that they would mind being repeatedly selected for drug tests in a school year, which might affect their participation in the future. Referring to the views of other stakeholders on the sampling rate of the drug testing, 42.6% of the principals of the participating schools, 43.6% of the teachers-in-charge of the participating schools, 40.6% of the principals of the non-participating schools, 40.0% of the teachers-in-charge of the non-participating schools and 25.0% of the NGO staff responsible for the drug testing considered that there was a need to adjust the sampling rate based on the actual participation rate.

Table 8.9 Stakeholders' views on adjusting the sampling rate

Stakeholder	Response from stakeholders				
	Quantity (Number)	Necessary (%)	Not necessary (%)	Uncertain (%)	No response (%)
Principals of the participating schools	54	42.6	40.7	14.8	1.9
Teachers-in-charge of the participating schools	55	43.6	32.7	23.6	0.0
Responsible staff of NGOs	28	25.0	32.1	42.9	0.0
Principals of the non-participating schools	32	40.6	6.3	53.1	0.0
Teachers-in-charge of the non-participating schools	30	40.0	16.7	43.3	0.0

8.3.5 Therefore, the Research Team recommends that the Government should consider enhancing the flexibility of the sampling of the drug testing component, such as specifying more clearly that individual schools are allowed to adjust the frequency and sampling rate of drug tests with reference to the number of participating students and school operation. This could reduce the happening of a student being repeatedly selected for drug tests in the same school year, which could in turn enhance students' motivation on joining the drug testing continuously. This could also reduce the possibility of the drug testing clashing with other school activities.

8.4 Preventive Anti-drug Activities

8.4.1 The stakeholders of the participating schools and the NGO responsible staff agreed that the implementation of activities was smooth, and that they could organise activities suitable for students taking into account the schools' needs. As the stakeholders agreed to the current operational mode and effectiveness of the activity component, the Research Team recommends maintaining the flexibility in the design of activities.

Increase Diversity and Interactivity of Activities

8.4.2 Schools and NGOs should continue to design diversified, innovative and interactive activities. They should also consider collecting feedback of students through different means or letting students participate in the design of the activities so as to maintain the attractiveness of the activities and motivate students to join. The Research Team also recommends that the Government should encourage schools to organise inter-school activities, including with non-participating schools, to promote sharing and exchange among schools and students, thus promoting the healthy school culture more widely.

Enhance Participation in Parent Activities

8.4.3 Parents' positive feedback on the impacts of the parent activities reflected the effectiveness of organising the activities and their benefits of enhancing parents' health awareness and confidence in schools. The Research Team recommends that the Government should continue to encourage the participating schools to organise parent activities and provide resources in supporting relevant activities. In view of the current low participation rate of parent activities, the participating schools and NGOs should consider how to adjust the contents and schedule of parent activities in order to attract more parents' attendance, and establish a good home-school relationship.

Appendix 1 Quantitative Research Method

A1. Sampling Methods of the Questionnaire Surveys

Questionnaires for Students

Participating Schools

A1.1 The Research Team invited 70 schools, which had participated in the HSP(DT) for a year or more in the 2015/16 school year, to join this Research. For schools which had agreed to join the Research, the Research Team adopted the stratified random cluster sampling design by grade to randomly select half of the classes (or the number of classes after decimal roundup) from each grade to take part in the Research. This would ensure that half of the students and their parents would be invited to join the Research. For example, if there were four classes in a grade, the Research Team would randomly select two classes. If there were three classes in a grade, two classes would be randomly selected. The Research Team invited all students of the selected classes to take part in the Research.

Non-participating Schools

A1.2 The Research Team applied a two-stage stratified random cluster sampling design to sample students from the non-participating schools throughout the territory. At the first stage, the Research Team randomly selected a number of non-participating schools corresponding to the number of participating schools in each district (i.e. Hong Kong Island, Kowloon and the New Territories). To ensure that the participating and non-participating schools were of similar backgrounds, apart from the districts, the Research Team also considered the types of the participating schools (e.g. co-education or single-sex education, curriculum, and finance type) during the selection of the non-participating schools, aiming to cover different types of schools in this Research. For every selected non-participating school, the Research Team applied the same rule in randomly sampling two schools as replacements. If a selected school refused to join the Research, the Research Team would invite a replacement school to join in order to ensure that there were sufficient pairing numbers of non-participating schools.

A1.3 At the second stage, the Research Team carried out the stratified random cluster sampling by grade for the schools that had agreed to join. One class was randomly selected from each grade to take part in the Research. The Research Team invited all students of the selected class to take part in the Research.

Pre-test and Post-test Questionnaires

A1.4 Matched pair pre-post design was adopted for the questionnaires for students to assess their changes between the pre-test and post-test periods. As such, the same batch of students was invited to complete the pre-test and post-test questionnaires. For those schools that had agreed to take part in the post-test questionnaire survey, the Research Team invited all students of the classes which had been selected for the pre-test questionnaire survey to complete the post-test questionnaires. Due to the anonymous nature of the questionnaire survey, some students of the selected classes who might not have completed the pre-test questionnaire were still invited to take part in the post-test questionnaire survey.

Questionnaires for Parents

A1.5 The Research Team invited all parents, whose children were selected in the Research, to complete the parent questionnaires. Every student was invited to submit one parent questionnaire. To avoid the weighting effect, if more than one child in a family was selected for the student questionnaire survey, their parents would only need to complete one questionnaire, while leaving others blank and indicating them as repeated questionnaires, and return all the questionnaires to the schools.

Questionnaires for Principals and Teachers-in-charge

Participating Schools

A1.6 The Research Team invited all schools, which had participated in the HSP(DT) for a year or more in the 2015/16 school year, to join this Research, and invited their principals and teachers who were responsible for implementing the programme to complete the questionnaires.

Non-participating Schools

A1.7 The Research Team invited all principals of the schools, which had agreed to join the Research, to complete the questionnaires. The Research Team also invited their teachers who were responsible for moral, discipline and health education in the schools to complete the questionnaires.

Non-governmental Organisations

A1.8 The numbers of NGO service points partnering with the participating schools mentioned above in providing preventive anti-drug activities and drug testing respectively were 20 and nine respectively. Seven of them provided both preventive anti-drug activities and drug testing.

A1.9 As there was not a high number of supervisors and social workers in the NGOs responsible for implementing the HSP(DT), the Research Team invited all staff concerned (included supervisory social workers, frontline social workers and healthcare personnel), who had participated in the HSP(DT) for over one month in 2015/16 school year, to participate in this Research in order to examine their views more comprehensively.

A2. Procedures of the Questionnaire Survey

A2.1 After obtaining the consent of the schools, the Research Team liaised with the schools on the delivery of questionnaires. For the student questionnaires, the Research Team would deliver them to the schools according to the number of students of the selected classes. The class teachers or teachers-in-charge would distribute the questionnaires to the students for completion. The teachers-in-charge would then contact the Research Team to collect the completed questionnaires.

A2.2 To protect students' personal information and their replies, each student questionnaire was assigned with a unique code printed on the cover page and information page. After receiving the questionnaire, each student had to fill in his/her date of birth, grade, class and gender on the information page (such information was used for matching the pre-test and post-test questionnaires), and then separate the information page from the questionnaire part for submission to teachers first. The teachers were required to collect all information pages and put them in a separate envelope for safe keeping. After that, teachers-in-charge had to arrange for the students to complete the questionnaires separately. The teachers were required to collect the completed questionnaires and put them in another separate envelope for safe keeping.

A2.3 After receiving the information pages and questionnaires, the Research Team entered the data into standalone computers. Upon completion of entering all personal information and replies in the student questionnaires, the Research Team used the unique codes to match the replies with the personal information for further analysis. The Research Team also matched the pre-test and post-test questionnaires by the date of birth, grade, class and gender of the students.

A3. Data Analysis on Quantitative Information

A3.1 The various statistical analyses used in this report were explained in this section. Although the questionnaires were designed in a way that provided reply options of different levels, the Research Team consolidated the options having regard to the statistical analyses used (including merging similar options).

Mean

A3.2 Mean is the most widely used measurement among all the measures of central tendency in statistics. It is calculated by dividing the total value of observations by the number of observations, so as to obtain the 'centre' of those values.

p-value

A3.3 p-value is the observed significant level. In this report, p-value below 0.05 represents that there is a significant difference or correlation.

t-test

A3.4 t-test is to test the equality of the mean of two populations, and can be used for two independent samples or paired samples. p-value below 0.05 represents that there is a significant difference in both means.

McNemar's Test

A3.5 McNemar's test is to test for any significant change in responses by comparing the proportion of discordant pairs. p-value below 0.05 represents that there is a significant change.

Chi-square Test

A3.6 Chi-square test is to test for any correlation between the two categorical variables. p-value below 0.05 represents that there is a significant correlation.

Appendix 2 Templates of Questionnaires

Pre-Test Questionnaire for Students of the Participating Schools

(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

學生問卷〔測檢前〕

〔已參與計劃群組〕

政策二十一有限公司

〔由禁毒基金會委託之獨立研究機構〕

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 26 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見及個人生活態度。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間〔星期一至五上午十時至下午七時〕致電 3121 8010 與政策二十一有限公司 馬先生 或 梁小姐 查詢。

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	--	為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

「健康校園計劃」的理解與參與情況

1. 你明白參與「健康校園計劃」的目的嗎？
 明白 (1) 不明白 (2)
2. 你認為學校提供的「健康校園計劃」的計劃詳情足夠嗎？
 足夠 (1) 不足夠 (2)
3. 以你所知，學校有否就以下參考資料作「健康校園計劃」的輔助資訊？
i) 政府宣傳單張 有 (1) 沒有 (2)
ii) 政府宣傳短片 有 (1) 沒有 (2)
4. 請問你會否參與 本學年(即 2015/16 學年) 的健康校園計劃下的校園測檢？
 會，已經簽署同意書 (1)
 會，但學校未安排簽署同意書 (2)
 不會 (3)
5. 請問你在 上年(2014/15 學年) 曾否參與健康校園計劃下的校園測檢？
 曾同意參與，且被抽中檢測 (1)
 曾同意參與，但沒有被抽中檢測 (2)
 未曾參與 (3)
 不適用〔2014/15 學年非本校學生〕 (4)
6. 請問你在 前年(2013/14 學年) 曾否參與健康校園計劃下的校園測檢？
 曾同意參與，且被抽中檢測 (1)
 曾同意參與，但沒有被抽中檢測 (2)
 未曾參與 (3)
 不適用〔2013/14 學年非本校學生〕 (4)

注意：填入資料即成限閱文件

「健康校園計劃」的意見（測檢部份）

7. 你認為「參與測檢同意書」的內容清晰嗎？

- 清晰 (1) 不清晰 (2)

8. 你認為在交回同意書前，有足夠時間考慮參與測檢嗎？

- 足夠 (1) 不足夠 (2)

9. 承上題，你認為考慮參與測檢的最理想時間為…

- 1-2天 (1) 3-4天 (2) 5-7天 (3)

10. 你認為以下是否你考慮參與 / 不參與「健康校園計劃」測檢部份的因素？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 對個人形象的影響	<input type="checkbox"/>				
b) 對個人體驗的增長	<input type="checkbox"/>				
c) 對學業的影響	<input type="checkbox"/>				
d) 宗教的觀點	<input type="checkbox"/>				
e) 父母對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
f) 同學對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
g) 朋輩壓力	<input type="checkbox"/>				
h) 老師 / 父母的要求	<input type="checkbox"/>				
i) 老師推廣計劃的積極性	<input type="checkbox"/>				
j) 對濫用精神藥物者輔導中心的認識	<input type="checkbox"/>				
k) 過往參加計劃的經驗	<input type="checkbox"/>				
l) 自己被引誘吸毒的可能性	<input type="checkbox"/>				
m) 測檢結果的可信性	<input type="checkbox"/>				
n) 測檢過程的衛生情況	<input type="checkbox"/>				
o) 個人私隱的保障	<input type="checkbox"/>				
p) 抽取樣本的模式（尿液或頭髮）	<input type="checkbox"/>				

11. 承上題，如你有其他考慮因素，請說明：

12. 如可選擇，你會較接受哪一種抽取樣本的模式？

- 尿液 (1) 頭髮 (2)

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

13. 你是否認同以下「健康校園計劃」測檢部份的論述？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 有助加深了解毒品的知識	<input type="checkbox"/>				
b) 有助加深了解驗毒的過程	<input type="checkbox"/>				
c) 有助鞏固遠離毒品的決心	<input type="checkbox"/>				
d) 隨機抽檢為同學帶來警惕作用	<input type="checkbox"/>				
e) 有助加深與父母的認識	<input type="checkbox"/>				
f) 有助加深與同學的認識	<input type="checkbox"/>				
g) 有助加深與老師的認識	<input type="checkbox"/>				
h) 有助加深與社工的認識	<input type="checkbox"/>				
i) 有助與父母的相處	<input type="checkbox"/>				
j) 有助與同學的相處	<input type="checkbox"/>				
k) 有助與老師的相處	<input type="checkbox"/>				
l) 有助與社工的相處	<input type="checkbox"/>				
m) 有助提升對相關課程進修的興趣	<input type="checkbox"/>				
n) 有助提升對相關職業的興趣 (如成為社工、護士等)	<input type="checkbox"/>				

14. 承上題，如你認為「健康校園計劃」的校園測檢有其他方面的影響，請說明：

禁毒教育的其他途徑

15. 你有沒有參與過校內任何「健康校園計劃」下推廣禁毒的活動？

有 (a) 沒有 (a)

16. 除「健康校園計劃」外，學校有否其他途徑提供遠離毒品的教育或協助？

有 (a) 沒有 (a)

17. 你有否於校外其他途徑(如社福機構、網上資訊)獲得遠離毒品的教育？

有 (a) 沒有 (a)

18. 你有否主動向他人尋求協助遠離毒品？

有 (a) 沒有 (a)

第 4 頁

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個人生活態度

19. 在個人生活上，你會有否活躍於下列活動？

	從不	很少	間中	經常
	(1)	(2)	(3)	(4)
a) 於品流複雜的場所玩樂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 於網上交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 於手機應用程式交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 幫助素不相識的人帶送物品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 晚間在街上流連	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 你是否認同以下有關你日常生活 / 學校生活的描述？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 我可以與父母在較敏感的話題上進行溝通	<input type="checkbox"/>				
b) 我的父母關注我的身心健康	<input type="checkbox"/>				
c) 我的父母關心我的交友情況	<input type="checkbox"/>				
d) 我的老師尊重我的隱私	<input type="checkbox"/>				
e) 我的老師關注我的身心健康	<input type="checkbox"/>				
f) 我和老師有足夠的溝通	<input type="checkbox"/>				
g) 我的同學不曾吸毒	<input type="checkbox"/>				
h) 我願意和同學談論毒品問題	<input type="checkbox"/>				
i) 我感受到校園的無毒文化	<input type="checkbox"/>				
j) 我的學校有足夠的保安措施，不讓陌生人自由出入校園	<input type="checkbox"/>				
k) 我感到如果我遇到煩惱，可以向別人求助	<input type="checkbox"/>				
l) 我充分了解與毒品相關的知識	<input type="checkbox"/>				
m) 我清楚吸毒的風險	<input type="checkbox"/>				
n) 我關注自己的身心健康	<input type="checkbox"/>				
o) 我追求健康的生活方式	<input type="checkbox"/>				
p) 我勇於承認過錯	<input type="checkbox"/>				

第 5 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

21. 在私人生活/學校生活上，你會與下列人士傾訴的頻密程度是...

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 親人 (包括父母及兄弟姊妹)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 教育心理學家	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 宗教團體	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. 你有沒有曾經吸食過毒品？

有 (1) 沒有 (0)

23. 如果你的朋友給你毒品，你會有多難去拒絕呢？(1分表示非常難拒絕，10分表示非常容易拒絕)

非常難									非常容易
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>									

24. 在過去三個月，若：

你從來沒有以下所描述的行為，請選擇「從來沒有」；

你間中有以下所描述的行為，請選出切合自己情況；

你經常有以下所描述的行為，請選出切合自己情況。

	從來沒有 (0)	間中有			經常有		
		試過 1-2次 (1)	試過 3-5次 (2)	試過5 次以上 (3)	1個月 有數次 (4)	1星期 有數次 (5)	每天都 有 (6)
a) 吸煙	<input type="checkbox"/>						
b) 喝酒 (包括：啤酒、烈酒)	<input type="checkbox"/>						

25. 你認為你在未來的兩年內你有沒有可能做以下的事情？

	絕對 不會 (1)	可能 不會 (2)	可能 會 (3)	絕對 會 (4)
a) 飲用含酒精的飲品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 吸煙	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸毒 (例如：「K仔」、大麻、「搖頭丸」等)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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注意：填入資料即成限閱文件

注意：填入資料即成閱覽文件

26. 你是否同意以下關於自己性格的描述？

	非常 不同意 (1)	不同意 (2)	同意 (3)	非常 同意 (4)
a) 我很滿足現狀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我經常因思慮不足而失言	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我喜歡一些急登式的體驗活動（如跳降傘、笨豬跳等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我是快樂的人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我做事往往容易感到後悔	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 不論流行與否，我都嚮往新穎刺激的體驗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 我對自己的前途滿懷希望	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 我害怕頭暈或暈倒的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我喜歡做一些使我有少許驚恐感覺的事情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我害怕心跳紊亂的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 我做事往往不理後果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 我喜歡追求速度感，例如想學騎電單車	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 我為自己的成就而感到驕傲	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我會因太緊張而對事物產生恐懼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 整體來說，我是個衝動的人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 我會因一些事情帶來的樂趣，即使是非法，我都願意嘗試	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) 我是一個失敗者	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) 我害怕不尋常的身體感官反應	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) 我享受一些探險式的活動，如野外遠足	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) 我會給人和藹可親的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) 我害怕自己未能專注做事	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) 我覺得自己會用盡方法獲得自己想要的東西	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) 我會為自己的未來而感到十分興奮	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第 7 頁

注意：填入資料即成閱覽文件

注意：填入資料即成限閱文件

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第 8 頁

注意：填入資料即成限閱文件

注意：填入資料即成閉關文件

樣本編號：

「健康校園計劃」評估研究

學生問卷

重申：本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。

填入資料後，學生請將此頁與問卷分開，我們會分開收集。當資料輸入後，此頁會即時銷毀。

個人資料

1. 出生日期: _____年____月____日
2. 年級: _____
3. 班別: _____
4. 性別: 男 女

----- 問卷完，謝謝 -----

第 9 頁

注意：填入資料即成閉關文件

Post-test Questionnaire for Students of the Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

學生問卷（測檢後）

（已參與計劃群組）

政策二十一有限公司
（由禁毒基金會委託之獨立研究機構）

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 23 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見及個人生活態度。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	--	為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

「健康校園計劃」的意見（測檢部份）

1. 請問你有否同意參與 本學年（即 2015/16 學年） 的「健康校園計劃」的校園測檢？

- 同意參與，並且被抽中測檢⁽¹⁾，測檢的情況為：
- 完成測檢⁽¹⁾ 未有完成測檢⁽²⁾
- 同意參與，但並未被抽中測檢⁽²⁾
- 不同意參與⁽³⁾

2. 請問若 貴校繼續於 下學年（即 2016/17 學年） 推行該計劃，你會否同意參與計劃的校園測檢？

- 同意參與⁽¹⁾ 不同意參與⁽²⁾ 無所謂 / 不確定⁽³⁾

3. 請問自 貴校推行「健康校園計劃」至今，你被抽中進行測檢的次數為？

- 一次⁽¹⁾
- 兩次或以上⁽²⁾，被重複抽中的情況為：
- 在同一學年被重複抽中⁽¹⁾ 在不同學年被重複抽中⁽²⁾
- 未被抽中進行測檢⁽³⁾
- 未曾同意參與測檢⁽⁴⁾

4. 你是否認同以下與該計劃測檢部份有關的看法？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 我不介意同學知道我是否被抽中進行測檢	<input type="checkbox"/>				
b) 我不介意老師知道我是否被抽中進行測檢	<input type="checkbox"/>				
c) 我不介意在同一學年被重複抽中進行測檢	<input type="checkbox"/>				
d) 我滿意測檢部份的運作安排	<input type="checkbox"/>				
e) 我相信我的個人資料私隱會受到保障	<input type="checkbox"/>				

注意：填入資料即成限閱文件

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5. 你是否認同以下為該計劃測檢部份可帶來的成效？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助加深了解毒品的知識	<input type="checkbox"/>				
b) 有助加深了解驗毒的過程	<input type="checkbox"/>				
c) 有助鞏固遠離毒品的決心	<input type="checkbox"/>				
d) 隨機抽檢為同學帶來警惕作用	<input type="checkbox"/>				
e) 有助加深與父母的認識	<input type="checkbox"/>				
f) 有助加深與同學的認識	<input type="checkbox"/>				
g) 有助加深與老師的認識	<input type="checkbox"/>				
h) 有助加深與社工的認識	<input type="checkbox"/>				
i) 有助與父母的相處	<input type="checkbox"/>				
j) 有助與同學的相處	<input type="checkbox"/>				
k) 有助與老師的相處	<input type="checkbox"/>				
l) 有助與社工的相處	<input type="checkbox"/>				
m) 有助提升對相關課程進修的興趣	<input type="checkbox"/>				
n) 有助提升對相關職業的興趣 (如成為社工、護士等)	<input type="checkbox"/>				

6. 承上題，如你認為「健康校園計劃」的測檢部份可帶來其他成效，請說明：

「健康校園計劃」的意見（校園活動部份）

7. 你在本學年（即 2015/16 學年）有沒有參與「健康校園計劃」的多元抗毒預防活動（即含健康生活、正向價值及抗毒訊息等元素的活動）？（註：項 a 至 i 為非聯校性質）

	從來 沒有 (1)	一年 一次 (2)	數月 一次 (3)	每月 一次 (4)	每月 多於一次 (5)
a) 禁毒 / 健康資訊講座	<input type="checkbox"/>				
b) 健康生活教育展覽 / 攤位遊戲	<input type="checkbox"/>				
c) 校內比賽或表演	<input type="checkbox"/>				
d) 健康 / 體適能狀況調查	<input type="checkbox"/>				
e) 戶外參觀 / 歷奇訓練等生活體驗活動	<input type="checkbox"/>				
f) 健康大使 / 夢想大使 / 領袖訓練計劃	<input type="checkbox"/>				
g) 才藝培訓 / 體藝訓練等興趣班	<input type="checkbox"/>				
h) 健康工作坊 / 成長小組	<input type="checkbox"/>				

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注意：填入資料即成限閱文件

	從來 沒有	一年 一次	數月 一次	每月 一次	每月 多於一次
	(1)	(2)	(3)	(4)	(5)
i) 社區服務，如賣旗 / 義工	<input type="checkbox"/>				
j) 聯校活動 / 比賽	<input type="checkbox"/>				
k) 其他，請說明：_____	<input type="checkbox"/>				

8. 綜合而言，你是否認同以下為「健康校園計劃」的多元抗毒預防活動可帶來的成效？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 有助豐富我的校園生活	<input type="checkbox"/>				
b) 有助了解我的長處和優點	<input type="checkbox"/>				
c) 有助培養我的多元興趣	<input type="checkbox"/>				
d) 有助肯定自我價值	<input type="checkbox"/>				
e) 有助提高我的學習動力	<input type="checkbox"/>				
f) 有助我舒緩壓力	<input type="checkbox"/>				
g) 有助增加我對未來的希望	<input type="checkbox"/>				
h) 有助支援我的情緒 / 生活需要	<input type="checkbox"/>				
i) 有助我結交積極的朋友	<input type="checkbox"/>				
j) 有助我了解他人的感受	<input type="checkbox"/>				
k) 有助他人增加對我的了解	<input type="checkbox"/>				
l) 有助我養成健康的生活習慣	<input type="checkbox"/>				
m) 有助我養成正面的生活態度	<input type="checkbox"/>				
n) 有助我融入校園生活	<input type="checkbox"/>				
o) 有助加深了解毒品的知識	<input type="checkbox"/>				
p) 有助鞏固遠離毒品的決心	<input type="checkbox"/>				
q) 有助與父母的相處	<input type="checkbox"/>				
r) 有助與同學的相處	<input type="checkbox"/>				
s) 有助與老師的相處	<input type="checkbox"/>				
t) 有助與社工的相處	<input type="checkbox"/>				

9. 承上題，如你認為「健康校園計劃」的多元抗毒預防活動可帶來其他成效，請說明：

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

10. 請問你認為以下學校舉辦的各種主題活動是否足夠？

	非常 不足夠 (1)	不足夠 (2)	無法 判斷 (3)	足夠 (4)	非常 足夠 (5)
a) 遠離毒品	<input type="checkbox"/>				
b) 健康生活及價值觀	<input type="checkbox"/>				
c) 情緒/壓力管理和支援	<input type="checkbox"/>				

禁毒教育的其他途徑

11. 你有否於校外其他途徑（如社福機構、網上資訊）獲得遠離毒品的教育？

有 (n) 沒有 (m)

個人生活態度及狀況

12. 在個人生活上，你會有多活躍於下列活動？

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 於品流複雜的場所玩樂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 於網上交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 於手機應用程式交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 幫助素不相識的人帶送物品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 晚間在街上流連	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. 你是否認同以下有關你日常生活 / 學校生活的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 我可以與父母在較敏感的話題上進行溝通	<input type="checkbox"/>				
b) 我的父母關注我的身心健康	<input type="checkbox"/>				
c) 我的父母關心我的交友情況	<input type="checkbox"/>				
d) 我的老師尊重我的隱私	<input type="checkbox"/>				
e) 我的老師關注我的身心健康	<input type="checkbox"/>				
f) 我和老師有足夠的溝通	<input type="checkbox"/>				
g) 我的同學不曾吸毒	<input type="checkbox"/>				
h) 我願意和同學談論毒品問題	<input type="checkbox"/>				
i) 我感受到校園的無毒文化	<input type="checkbox"/>				
j) 我的學校有足夠的保安措施，不讓陌生人自由出入校園	<input type="checkbox"/>				

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注意：填入資料即成限閱文件

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	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
k) 我感到如果我遇到煩惱，可以向別人求助	<input type="checkbox"/>				
l) 我充分了解與毒品相關的知識	<input type="checkbox"/>				
m) 我清楚吸毒的風險	<input type="checkbox"/>				
n) 我關注自己的身心健康	<input type="checkbox"/>				
o) 我追求健康的生活方式	<input type="checkbox"/>				
p) 我勇於承認過錯	<input type="checkbox"/>				
q) 我的學校重視禁毒預防教育	<input type="checkbox"/>				

14. 在私人生活/學校生活上，你會與下列人士傾訴的頻密程度是…

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 親人（包括父母及兄弟姊妹）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 教育心理學家	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 宗教團體	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. 你有沒有曾經吸食過毒品？

有 (1) 沒有 (0)

16. 如果你的朋友給你毒品，你會有多難去拒絕呢？（1分表示非常難拒絕，10分表示非常容易拒絕）

非常 難									非常 容易
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>									

17. 你有否主動向他人尋求遠離毒品的協助？

有 (1) 沒有 (0)

第 6 頁

注意：填入資料即成限閱文件

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18. 在過去三個月，若：

你從來沒有以下所描述的行為，請選擇「從來沒有」；

你間中有以下所描述的行為，請選出切合自己情況；

你經常有以下所描述的行為，請選出切合自己情況。

	從來沒有	間中有			經常有		
		試過 1-2 次	試過 3-5 次	試過 5 次以上	一個月有數次	一星期有數次	每天都有
	(0)	(1)	(2)	(3)	(4)	(5)	(6)
a) 吸煙	<input type="checkbox"/>						
b) 喝酒（包括：啤酒、烈酒）	<input type="checkbox"/>						

19. 你認為你在未來兩年內你有沒有可能做以下的事情？

	絕對不會	可能不會	可能會	絕對會
	(1)	(2)	(3)	(4)
a) 飲用含酒精的飲品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 吸煙	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸毒（例如：「K 仔」、大麻、「搖頭丸」等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. 總括來說，你認為你的健康狀況是：

很差	頗差	一般	頗好	很好
(1)	(2)	(3)	(4)	(5)
<input type="checkbox"/>				

21. 你認為你在以下各方面的表現如何？

	很差	頗差	一般	頗好	很好
	(1)	(2)	(3)	(4)	(5)
a) 學業成績	<input type="checkbox"/>				
b) 課外活動	<input type="checkbox"/>				
c) 品行	<input type="checkbox"/>				

第 7 頁

注意：填入資料即成限閱文件

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22. 請問你對家庭生活各方面的滿意程度：

	不適用 (0)	不滿意 (1)	頗不滿意 (2)	一般 (3)	頗滿意 (4)	滿意 (5)
a) 與父親的關係	<input type="checkbox"/>					
b) 與母親的關係	<input type="checkbox"/>					
c) 與兄弟姊妹的關係	<input type="checkbox"/>					
d) 居住空間		<input type="checkbox"/>				
e) 家庭財務		<input type="checkbox"/>				
f) 居處附近治安		<input type="checkbox"/>				

23. 請問你父母的工作狀況是：

	不適用 (0)	全職 (1)	半職/兼職 (2)	沒有工作 (3)
a) 父親	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 母親	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

樣本編號：

「健康校園計劃」評估研究

學生問卷

重申：本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。

填入資料後，學生請將此頁與問卷分開，我們會分開收集。當資料輸入後，此頁會即時銷毀。

填寫日期： 2016年_____月_____日

個人資料

1. 出生日期： _____年____月____日
2. 年級： _____
3. 班別： _____
4. 性別： 男 女

----- 問卷完，謝謝 -----

第9頁

注意：填入資料即成限閱文件

Questionnaire for Parents of the Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

家長問卷

(已參與計劃群組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 15 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 假若家長收到相同群組問卷，只須填寫其中一份，其他相同群組問卷則留空。如此份為留空的問卷，請於以下方格內以「✓」號表示。
 本人已填寫相同群組問卷，此份為留空的問卷
- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司 馬先生 或 梁小姐 查詢。

注意：填人資料即成限閱文件

詞彙釋義

毒品	-- 麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	-- 「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	-- 為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

「健康校園計劃」的理解與參與情況

1. 以下是一些關於參與「健康校園計劃」的描述，請問是否符合你和你的子女的情況？

	是 (1)	不是 (0)
a) 我和我的子女明白參與「健康校園計劃」的目的	<input type="checkbox"/>	<input type="checkbox"/>
b) 我子女的學校提供足夠的「健康校園計劃」的計劃詳情	<input type="checkbox"/>	<input type="checkbox"/>
c) 我支持我子女的學校參與「健康校園計劃」當中的活動	<input type="checkbox"/>	<input type="checkbox"/>
d) 我曾同意我的子女參與往年「健康校園計劃」的校園測檢	<input type="checkbox"/>	<input type="checkbox"/>
e) 我曾鼓勵我的子女在本學年參與「健康校園計劃」的校園測檢	<input type="checkbox"/>	<input type="checkbox"/>
f) 我同意我的子女在本學年參與「健康校園計劃」的校園測檢	<input type="checkbox"/>	<input type="checkbox"/>

「健康校園計劃」的整體意見

2. 你是否認同以下為「健康校園計劃」可帶來的成效？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助我的子女加深了解毒品的知識	<input type="checkbox"/>				
b) 有助我的子女加深了解驗毒的過程	<input type="checkbox"/>				
c) 有助我的子女鞏固遠離毒品的決心	<input type="checkbox"/>				
d) 有助加深我與子女的認識	<input type="checkbox"/>				
e) 有助加深我與子女的相處	<input type="checkbox"/>				
f) 有助我對子女的健康感到安心	<input type="checkbox"/>				
g) 有助加深我對子女健康的關注	<input type="checkbox"/>				
h) 在我的子女的學校建立抗拒毒品的文化	<input type="checkbox"/>				
i) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>				
j) 有助加強我對我子女的學校的信任	<input type="checkbox"/>				
k) 加深了我對毒品的認知	<input type="checkbox"/>				

3. 承上題，如你認為「健康校園計劃」可帶來其他的成效，請說明：

注意：填人資料即成限閱文件

2

注意：填人資料即成限閱文件

4. 你希望你子女的學校繼續推行「健康校園計劃」嗎？

希望 (a) 不希望 (b)

「健康校園計劃」的意見（測檢部份）

5. 你認為「參與測檢同意書」的內容清晰嗎？

清晰 (a) 不清晰 (b)

6. 你認為在交回同意書前，有足夠時間考慮參與測檢嗎？

足夠 (a) 不足夠 (b)

7. 承上題，你認為考慮參與測檢的最理想時間為…

1-2天 (a) 3-4天 (b) 5-7天 (c)

8. 你認為以下是否你考慮你的子女參與 / 不參與「健康校園計劃」測檢部份的因素？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 對子女個人形象的影響	<input type="checkbox"/>				
b) 對子女個人體驗的增長	<input type="checkbox"/>				
c) 對子女學業的影響	<input type="checkbox"/>				
d) 宗教的觀點	<input type="checkbox"/>				
e) 子女對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
f) 老師對計劃的積極性	<input type="checkbox"/>				
g) 過往子女參加計劃的經驗	<input type="checkbox"/>				
h) 子女被引誘吸毒的可能性	<input type="checkbox"/>				
i) 測檢結果的可信性	<input type="checkbox"/>				
j) 測檢過程的衛生情況	<input type="checkbox"/>				
k) 個人私隱的保障	<input type="checkbox"/>				
l) 抽取樣本的模式 (尿液或頭髮)	<input type="checkbox"/>				

9. 承上題，如你有其他考慮因素，請說明：

注意：填人資料即成限閱文件

3

注意：填入資料即成限閱文件

「健康校園計劃」的意見（活動部份）

10. 你有沒有參加過下列「健康校園計劃」的家長活動？

	有參加 (1)	沒有參加 (2)	不適用 (0)
a) 「健康校園計劃」的簡介會 / 宣傳抗毒訊息的活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 親子康樂活動 / 比賽（例如家長親子旅行日等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 關於子女成長 / 壓力處理 / 人際關係的活動 （例如家長減壓學堂等家長工作坊和家長小組、「溝通管 教有妙法」家長教室等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	

11. 承上題，如有參加過任何一項家長活動，你認為此類活動能否符合到下列目標？（不清楚有否舉辦或沒有參加過任何一項活動請去下一題）

	非常 不符合 (1)	不符合 (2)	無法 判斷 (3)	符合 (4)	非常 符合 (5)
a) 加深了我對毒品的認知	<input type="checkbox"/>				
b) 讓我更了解如何處理子女吸毒問題	<input type="checkbox"/>				
c) 讓我更了解如何處理子女的行為問題	<input type="checkbox"/>				
d) 讓我更了解如何識別子女吸毒	<input type="checkbox"/>				
e) 加深我關注子女或自身健康	<input type="checkbox"/>				
f) 加強我與子女溝通的技巧	<input type="checkbox"/>				
g) 加強我對我子女的學校的信任	<input type="checkbox"/>				
h) 加強我與老師的溝通	<input type="checkbox"/>				

12. 如將來學校舉辦「健康校園計劃」的家長活動，你會不會抽時間參加？

會 (1) 不會 (0)

其他方面

13. 以下是一些關於你和你的子女生活狀況，請問你是否認同以下描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 我能與我的子女在較敏感的話題上溝通	<input type="checkbox"/>				
b) 我知道我子女的文友情況	<input type="checkbox"/>				
c) 我的子女能融入學校生活	<input type="checkbox"/>				
d) 我的子女關注自己的身體健康	<input type="checkbox"/>				
e) 我的子女樂於參加各種課外活動	<input type="checkbox"/>				
f) 我對我子女的校園生活感到放心	<input type="checkbox"/>				

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14. 你曾否及有多常使用以下方法，來幫助你的子女遠離毒品？

	從來 沒有 (1)	很少 (2)	偶然 (3)	經常 (4)
a) 與我的子女討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導我的子女如何拒絕他們的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒我的子女切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出我的子女有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 提醒我的子女遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出我的子女有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 提醒我的子女不要參加有機會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的子女的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 留意我的子女的近況（例如從社交網站）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. 承上題，如你有其他方法，請說明：

----- 問卷完，謝謝 -----

注意：填入資料即成限閱文件

5

Questionnaire for Teachers of the Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

老師問卷

(已參與計劃小組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

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- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 11 條，請全部作答。
- 本問卷的內容主要關於老師在「健康校園計劃」的參與情況以及對計劃的意見。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	--	為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

有關老師的工作情況

1. 請問你在 貴校任教多久？負責「健康校園計劃」多久？

於本校任教年期：_____年；負責計劃年期：_____年

2. 你認為你現時在「健康校園計劃」中所擔當的主要職責及其帶來的工作量為多少？

	頗少 (1)	合適 (2)	頗多 (3)	不適用 (非主要職責) (4)
a) 策劃全年的禁毒預防活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 執行及管理禁毒預防活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 處理被抽中測檢的學生名單	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 執行學生測檢時的流程（如帶領學生等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 處理「參與測檢同意書」	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 填寫報告	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 處理會計事宜	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 聯絡家長有關測檢結果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

「健康校園計劃」的成效

3. 整體而言，你是否認同「健康校園計劃」在以下各方面的成效？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助學生加深瞭解毒品的知識	<input type="checkbox"/>				
b) 有助學生鞏固遠離毒品的決心	<input type="checkbox"/>				
c) 有助學生培養健康的生活習慣	<input type="checkbox"/>				
d) 有助學生建立正面的價值觀	<input type="checkbox"/>				
e) 讓學生更容易接納抗毒的訊息	<input type="checkbox"/>				
f) 有助增加學生尋求支援的動機	<input type="checkbox"/>				
g) 有助家長及早識別有吸毒問題的學生	<input type="checkbox"/>				

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
h) 有助家長增加對毒品的認識和警惕	<input type="checkbox"/>				
i) 有助家長對學生的校園生活感到放心	<input type="checkbox"/>				
j) 有助校方及早識別有危機的學生	<input type="checkbox"/>				
k) 有助校內老師 / 同事增加對毒品的認識和警惕	<input type="checkbox"/>				
l) 有助建立校園的無毒文化	<input type="checkbox"/>				
m) 有助表明學校抗毒的決心	<input type="checkbox"/>				
n) 有助建立更好的校譽	<input type="checkbox"/>				
o) 有助形成抗毒的社區氛圍	<input type="checkbox"/>				

4. 承上題，如你認為「健康校園計劃」有其他方面的成效，請說明：

5. 你認為 貴校各持份者在以下方面的積極程度足夠嗎？

	非常 不足夠 (1)	不足夠 (2)	無法 判斷 (3)	足夠 (4)	非常 足夠 (5)
a) 學生參與自願的測檢部份	<input type="checkbox"/>				
b) 學生參與多元化抗毒教育活動	<input type="checkbox"/>				
c) 校長宣傳此計劃	<input type="checkbox"/>				
d) 負責老師宣傳此計劃	<input type="checkbox"/>				
e) 班主任鼓勵學生參與自願的測檢部份	<input type="checkbox"/>				
f) 不同組別的老師鼓勵學生參與多元化抗毒教育活動	<input type="checkbox"/>				
g) 不同組別的老師參與為老師舉辦的多元化抗毒教育活動	<input type="checkbox"/>				
h) 家長參與為家長舉辦的多元化抗毒教育活動	<input type="checkbox"/>				

6. 你認為校方或政府相關機構在以下不同細節所提供的培訓或指引足夠嗎？

	非常 不足夠 (1)	不足夠 (2)	無法 判斷 (3)	足夠 (4)	非常 足夠 (5)
a) 「健康校園計劃」的校本政策	<input type="checkbox"/>				
b) 實施測檢部份時所需注意的事項	<input type="checkbox"/>				
c) 設計多元化抗毒教育活動的方法	<input type="checkbox"/>				
d) 不同學校在實施計劃時的經驗分享	<input type="checkbox"/>				
e) 識別懷疑吸毒的學生的方法	<input type="checkbox"/>				
f) 處理懷疑吸毒個案時所需注意的事項	<input type="checkbox"/>				

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不足夠 (1)	不足夠 (2)	無法 判斷 (3)	足夠 (4)	非常 足夠 (5)
g) 有關青少年吸毒的最新資訊或趨勢	<input type="checkbox"/>				
h) 協調計劃中不同持份者之間的合作	<input type="checkbox"/>				

7. 整體而言，請問 貴校在參加「健康校園計劃」以來，以下情況出現的頻率為多少？

	從來 沒有 (1)	很少 (2)	間中 (3)	經常 (4)
a) 計劃舉辦的活動未能如期在學校推行	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 實際舉辦的活動數目比原先計劃的數目少	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 參與活動的學生人數比預期少	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 參與活動的老師人數比預期少	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 參與活動的家長人數比預期少	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 進行校園測檢前後，學生主動向學校老師 / 社工求助	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 進行抗毒活動或測檢後，夥拍的非政府機構告知學校發現高危學生	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 進行抗毒活動或測檢後，學校須轉介學生進行輔導	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 與夥拍的非政府機構進行信息傳遞時出現困難	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 欠缺時間處理有關活動參與情況的報告	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 夥拍的非政府機構為負責「健康校園計劃」的老師提供培訓及支援	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

「健康校園計劃」的未來發展

8. 就你對「健康校園計劃」的認識，你認為下列各方面的優化建議需要考慮推行嗎？

	非常 不需要 (1)	不需要 (2)	無法 判斷 (3)	需要 (4)	非常 需要 (5)
a) 測檢學生的抽樣比率按實際參與率有所調整	<input type="checkbox"/>				
b) 增加宣傳力度以吸引更多學校參與	<input type="checkbox"/>				
c) 提供更多資訊以吸引家長支持計劃	<input type="checkbox"/>				
d) 提供平台讓參與學校和非政府機構交流資訊	<input type="checkbox"/>				
e) 增加有關政府部門人手，以便加快處理手續 (例如審批計劃書、處理測檢結果等)	<input type="checkbox"/>				
f) 增加撥款，以便舉辦更多抗毒和個人成長活動	<input type="checkbox"/>				
g) 統一「健康校園計劃」報告表內各參數(如節數、時數、人數等)的度量單位，以便填報	<input type="checkbox"/>				
h) 簡化調整執行計劃的申報機制	<input type="checkbox"/>				
i) 減少負責計劃員工的流失(如給予相關員工增薪點)	<input type="checkbox"/>				

第 4 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

9. 承上題，如你對「健康校園計劃」有其他方面的優化建議，請說明：

有關學校的描述

10. 你是否認同以下各項有關 貴校的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 本校師生注重健康的生活模式	<input type="checkbox"/>				
b) 本校學生的防毒意識甚高	<input type="checkbox"/>				
c) 本校校風形象純樸	<input type="checkbox"/>				
d) 本校積極推動健康校園文化	<input type="checkbox"/>				
e) 學生對學校的歸屬感強	<input type="checkbox"/>				
f) 學生與老師互相信任	<input type="checkbox"/>				
g) 老師關心學生，並主動協助有需要的學生	<input type="checkbox"/>				
h) 學生互相尊重及和平相處	<input type="checkbox"/>				
i) 學生愛護學校公物	<input type="checkbox"/>				
j) 本校很少吸煙或飲酒的學生	<input type="checkbox"/>				
k) 學生的全人發展是本校關注的要點	<input type="checkbox"/>				

11. 請問你滿意 貴校學生在以下各範疇中的表現嗎？

	非常 不滿意 (1)	不滿意 (2)	一般 (3)	滿意 (4)	非常 滿意 (5)
a) 學業成績	<input type="checkbox"/>				
b) 社會服務	<input type="checkbox"/>				
c) 職業相關經歷	<input type="checkbox"/>				
d) 體藝發展	<input type="checkbox"/>				
e) 公民德育經歷	<input type="checkbox"/>				

—— 問卷完，謝謝 ——

注意：填入資料即成限閱文件

Questionnaire for Principals of the Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

校長問卷

(已參與計劃群組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 20 條，請全部作答。
- 本問卷的內容主要關於校長對「健康校園計劃」的意見，以及學校的基本情況。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	--	為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

「健康校園計劃」的參與意見及運作情況

1. 請問貴校近年學生自願參與「健康校園計劃」的校園測檢部份的人數、全校學生人數及全校男女比例為：

學年	I. 參與測檢人數	II. 全校學生人數	III. 全校男女比例 (男：女)	IV. 該學年並未參與計劃
2015/16			:	
2014/15			:	
2013/14			:	<input type="checkbox"/>

2. 請問在介紹健康校園計劃的過程中，貴校有否採取以下的措施或安排？如沒有，原因是什麼？

- 有採取以下的措施或安排⁽¹⁾（可多項選擇）
- 校長親自向學生介紹計劃詳情⁽¹⁾
 - 班主任親自向學生介紹計劃詳情⁽²⁾
 - 校長 / 負責老師親自向其他老師 / 班主任解釋計劃詳情⁽³⁾
 - 班主任 / 負責老師確保學生家長知悉計劃（如派發通告及計劃單張）⁽⁴⁾
 - 班主任 / 負責老師確保學生交回「參與測檢同意書」⁽⁵⁾
 - 校長邀請學生參與多元化校園活動⁽⁶⁾
 - 班主任 / 負責老師邀請學生參與多元化校園活動⁽⁷⁾
 - 經電郵發放計劃內容及相關活動的資訊予學生⁽⁸⁾
 - 於佈告欄張貼計劃內容及相關活動的資訊⁽⁹⁾
 - 其他（請註明：_____）⁽¹⁰⁾
- 沒有採取以上措施或安排，主要原因⁽¹¹⁾（只選一項）：
- 未能安排相關人手⁽¹⁾
 - 學生較不接受校方的鼓勵⁽²⁾
 - 校方不應向學生 / 老師給予過分壓力⁽³⁾
 - 沒有需要⁽⁴⁾
 - 其他（請註明：_____）⁽⁵⁾

注意：填入資料即成限閱文件

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「健康校園計劃」的資源分配

7. 請於下列表格填寫每名負責職員就處理有關「健康校園計劃」的工作，平均每月所需的時數（以小時計）。

職員	校長	副校長	老師 1	老師 2	老師 3	行政助理 / 項目助理	校務處同事	校工
a) 策劃全年的禁毒預防活動								
b) 執行及管理禁毒預防活動的細節								
c) 處理被抽中測檢的學生名單								
d) 執行學生測檢時的流程 (如帶領學生等)								
e) 處理「參與測檢同意書」								
f) 填寫報告								
g) 處理會計事宜								
h) 聯絡家長有關測檢結果								
i) 其他，請註明： _____								

8. 現時，參與「健康校園計劃」的學校可獲每學年最多港幣 8 萬元的撥款（不包括抗毒活動和校園測檢兩部份的撥款）。請於以下表格填寫有關撥款用於各分項的大約金額（以港幣結算）；如沒有，請填寫「0」。

	I. 2015/16 學年	II. 2014/15 學年	III. 2013/14 學年	IV. 2012/13 學年	V. 2011/12 學年
該學年並未參與計劃			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) 改裝場地以進行校園測檢					
b) 配置相關的硬體設備（如電腦等器材）					
c) 調配至夥拍的非政府機構進行抗毒活動					
d) 聘請行政助理 / 項目助理等人員支援計劃					
e) 校內老師 / 同事自行舉辦抗毒活動					
f) 其他，請註明：_____					

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

9. 承上題，你認為上述撥款金額足夠嗎？

- 足夠 (i)
- 不足夠 (ii) (請於以下方格內列舉原因或分享過往經歷)

不足夠的原因 / 過往經歷為：

「健康校園計劃」的成效

10. 整體而言，你是否認同「健康校園計劃」在以下各方面的成效？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助學生加深瞭解毒品的知識	<input type="checkbox"/>				
b) 有助學生鞏固遠離毒品的決心	<input type="checkbox"/>				
c) 有助學生培養健康的生活習慣	<input type="checkbox"/>				
d) 有助學生建立正面的價值觀	<input type="checkbox"/>				
e) 讓學生更容易接納抗毒的訊息	<input type="checkbox"/>				
f) 有助增加學生尋求支援的動機	<input type="checkbox"/>				
g) 有助家長及早識別有吸毒問題的學生	<input type="checkbox"/>				
h) 有助家長增加對毒品的認識和警惕	<input type="checkbox"/>				
i) 有助家長對學生的校園生活感到放心	<input type="checkbox"/>				
j) 有助校方及早識別有危機的學生	<input type="checkbox"/>				
k) 有助校內老師 / 同事增加對毒品的認識和警惕	<input type="checkbox"/>				
l) 有助建立校園的無毒文化	<input type="checkbox"/>				
m) 有助表明學校抗毒的決心	<input type="checkbox"/>				
n) 有助建立更好的校譽	<input type="checkbox"/>				
o) 有助形成抗毒的社區氛圍	<input type="checkbox"/>				

11. 承上題，如你認為「健康校園計劃」帶來其他方面的成效，請說明：

第 5 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

12. 請問 貴校在參加「健康校園計劃」以來，以下情況出現的頻率為多少？

	從來 沒有 (1)	很少 (2)	間中 (3)	經常 (4)		
測 檢 部 份	a) 進行校園測檢時發現有不協調的狀況	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) 校方在處理學生個人資料上出現困難（如加密處理學生個人資料時出現問題等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) 校園測檢的次數未能符合計劃的測檢次數要求	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d) 與夥拍的非政府機構進行信息傳遞時出現困難	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e) 校園測檢的時間與學校其他的活動安排相撞	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f) 校園測檢的時間過長，需要在午膳時段或課後完成	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g) 收回「參與測檢同意書」過程出現困難	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h) 進行校園測檢前後，學生主動向學校老師/社工求助	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i) 學生在參與校園測檢後自行向其他同學提及參與情況	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j) 進行校園測檢後，夥拍的非政府機構告知學校發現高危學生	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k) 家長向學校查詢有關校園測檢的詳情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	活 動 部 份	l) 計劃舉辦的禁毒預防活動未能如期在學校推行	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		m) 計劃舉辦的禁毒預防活動因出現超支太多而不能進行	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 學校調整禁毒預防活動執行計劃的內容		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o) 進行禁毒預防活動後，夥拍的非政府機構或校方發現高危學生		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p) 進行禁毒預防活動後，學校須轉介學生進行輔導		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
q) 與其他學校舉辦聯校禁毒預防活動		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
r) 學校老師參與有關「健康校園計劃」的交流會		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
其 他	s) 學校向外界分享參與「健康校園計劃」的經驗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	t) 夥拍的非政府機構內負責「健康校園計劃」的員工離職	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	u) 學校內負責「健康校園計劃」的員工離職	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	v) 欠缺人手處理「健康校園計劃」相關報告	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. 請問 貴校在本學年有否舉辦與下列主題相關的活動（包括講座、小組活動等）？

	沒有 (0)	有 (1)
a) 介紹毒品知識、毒品資訊、吸毒禍害等吸毒相關知識	<input type="checkbox"/>	<input type="checkbox"/>
b) 介紹與毒品有關的法律（例如販毒、藏毒、攜帶毒品等）	<input type="checkbox"/>	<input type="checkbox"/>
c) 其他偏差行為或成癮行為的預防教育	<input type="checkbox"/>	<input type="checkbox"/>
d) 改善精神健康（例如壓力管理、情緒管理等）	<input type="checkbox"/>	<input type="checkbox"/>
e) 正面價值觀	<input type="checkbox"/>	<input type="checkbox"/>
f) 提升抗逆力	<input type="checkbox"/>	<input type="checkbox"/>

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注意：填入資料即成限閱文件

「健康校園計劃」的未來發展

14. 現時「健康校園計劃」為期一或兩學年，你認為這年期需要改變嗎？原因是什麼？如需要改變，合適的年期是什麼？

需要改變 (1)

a) 改變年期為：_____年

b) 原因是：

更配合校內其他工作計劃的安排 (2)

方便策劃活動計劃 (3)

有助行政工作的分配 (3)

更切合學生成長的需要 (4)

其他（請註明：_____） (5)

不需要改變 (6)

15. 就你對「健康校園計劃」的認識，你認為下列各方面的優化建議需要考慮推行嗎？

	非常 不需要 (1)	不需要 (2)	無法 判斷 (3)	需要 (4)	非常 需要 (5)
a) 測檢學生的抽樣比率按實際參與率有所調整	<input type="checkbox"/>				
b) 增加宣傳力度以吸引更多學校參與	<input type="checkbox"/>				
c) 提供更多資訊以吸引家長支持計劃	<input type="checkbox"/>				
d) 提供平台讓參與學校和非政府機構交流資訊	<input type="checkbox"/>				
e) 增加有關政府部門人手，以便加快處理手續（例如審批計劃書、處理測檢結果等）	<input type="checkbox"/>				
f) 增加撥款，以便舉辦更多抗毒和個人成長活動	<input type="checkbox"/>				
g) 統一「健康校園計劃」報告表內各參數（如節數、時數、人數等）的量度單位，以便填報	<input type="checkbox"/>				
h) 簡化調整執行計劃的申報機制	<input type="checkbox"/>				
i) 減少負責計劃員工的流失（如給予相關員工增薪點）	<input type="checkbox"/>				

16. 承上題，如你對「健康校園計劃」有其他方面的優化建議，請說明：

有關學校的描述

17. 請問你任職校長多久？於本校任職校長年期有多久？

任職校長年期：_____年；於本校任職校長年期：_____年

注意：填入資料即成限閱文件

18. 你是否認同以下各項有關 貴校的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 本校師生注重健康的生活模式	<input type="checkbox"/>				
b) 本校學生的抗毒意識甚高	<input type="checkbox"/>				
c) 本校校風形象純樸	<input type="checkbox"/>				
d) 本校積極推動健康校園文化	<input type="checkbox"/>				
e) 學生對學校的歸屬感強	<input type="checkbox"/>				
f) 學生與老師互相信任	<input type="checkbox"/>				
g) 老師關心學生，並主動協助有需要的學生	<input type="checkbox"/>				
h) 學生互相尊重及和平相處	<input type="checkbox"/>				
i) 學生愛護學校公物	<input type="checkbox"/>				
j) 本校很少吸煙或飲酒的學生	<input type="checkbox"/>				
k) 學生的全人發展是本校關注的要點	<input type="checkbox"/>				

19. 請問你滿意 貴校學生在以下各範疇中的表現嗎？

	非常 不滿意 (1)	不滿意 (2)	一般 (3)	滿意 (4)	非常 滿意 (5)
a) 學業成績	<input type="checkbox"/>				
b) 社會服務	<input type="checkbox"/>				
c) 職業相關經歷	<input type="checkbox"/>				
d) 體藝發展	<input type="checkbox"/>				
e) 公民德育經歷	<input type="checkbox"/>				

20. 請問 貴校認為以下各項教育方針的重要程度為多少？（1分為最不重要，10分為最重要。請在相應的位置為每一項給予分數，表示其重要程度。）

	分數
a) 特殊學習需要	_____
b) 校園共融文化	_____
c) 生涯規劃	_____
d) 學業成就	_____
e) 紀律訓練	_____
f) 體藝發展	_____
g) 健康校園文化	_____
h) 德育及公民教育	_____

----- 問卷完，謝謝 -----
第 8 頁

注意：填入資料即成限閱文件

Pre-test Questionnaire for Students of the Non-Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

學生問卷〔第一部分〕

〔未參與計劃群組〕

政策二十一有限公司
〔由禁毒基金會委託之獨立研究機構〕

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 18 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見及生活態度。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司 馬先生 或 梁小姐 查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一項校本預防教育計劃，旨在為學生提供禁毒教育及建立良好的生活習慣，以正確的價值觀面對成長中的不同挑戰。計劃包括校園測檢和多元化校園活動兩大元素。活動例子包括禁毒資訊講座、過來人分享、歷奇活動、興趣班、成長小組、家長工作坊和教師培訓等，涵蓋教育、輔導和支援等層面，由學校按因校情選擇舉辦。
校園測檢	--	「健康校園計劃」的另一關鍵元素，由非政府機構組成校外專責隊伍，為學生進行藥物測檢，並按情況提供相關支援計劃。參與純屬自願，必須由學生和家長共同簽署同意書。參與的學生若獲隨機抽選，需提供尿液或頭髮樣本作測檢，亦可拒絕提供樣本，或於計劃期內撤回同意。測檢結果只會向相關授權人士披露，以保障學生的個人資料私隱。

「健康校園計劃」的意見

1. 你有沒有聽過「健康校園計劃」？

有 (1) 沒有 (0)

2. 你希望學校推行「健康校園計劃」嗎？

希望 (1) 不希望 (0)

「健康校園計劃」的意見（測檢部份）

3. 如果你的學校推行「健康校園計劃」，你會否參加計劃下的校園測檢？

會 (1) 不會 (0)

4. 如果你的學校推行「健康校園計劃」，你認同以下是考慮參與 / 不參與校園測檢的因素？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 對個人形象的影響	<input type="checkbox"/>				
b) 對個人體驗的增長	<input type="checkbox"/>				
c) 對學業的影響	<input type="checkbox"/>				
d) 宗教的觀點	<input type="checkbox"/>				
e) 父母對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
f) 同學對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
g) 朋輩壓力	<input type="checkbox"/>				
h) 老師 / 父母的要求	<input type="checkbox"/>				

第 2 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
i) 老師推廣計劃的積極性	<input type="checkbox"/>				
j) 對濫用精神藥物者輔導中心的認識	<input type="checkbox"/>				
k) 過往參加計劃的經驗	<input type="checkbox"/>				
l) 自己被引誘吸毒的可能性	<input type="checkbox"/>				
m) 測檢結果的可信性	<input type="checkbox"/>				
n) 測檢過程的衛生情況	<input type="checkbox"/>				
o) 個人私隱的保障	<input type="checkbox"/>				
p) 抽取樣本的模式（尿液或頭髮）	<input type="checkbox"/>				

5. 承上題，如你認為有其他考慮因素，請說明：

6. 你是否認同以下「健康校園計劃」測檢部份的論述？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 有助加深了解毒品的知識	<input type="checkbox"/>				
b) 有助加深了解驗毒的過程	<input type="checkbox"/>				
c) 有助鞏固遠離毒品的決心	<input type="checkbox"/>				
d) 隨機抽檢能警惕我不要吸毒	<input type="checkbox"/>				
e) 有助我拒絕向他人提供毒品	<input type="checkbox"/>				
f) 有助加深與父母的認識	<input type="checkbox"/>				
g) 有助加深與同學的認識	<input type="checkbox"/>				
h) 有助加深與老師的認識	<input type="checkbox"/>				
i) 有助加深與社工的認識	<input type="checkbox"/>				
j) 有助與父母的相處	<input type="checkbox"/>				
k) 有助與同學的相處	<input type="checkbox"/>				
l) 有助與老師的相處	<input type="checkbox"/>				
m) 有助與社工的相處	<input type="checkbox"/>				
n) 有助提升對相關課程進修的興趣	<input type="checkbox"/>				
o) 有助提升對相關職業的興趣 (如成為社工、護士等)	<input type="checkbox"/>				

7. 承上題，如你認為「健康校園計劃」的校園測檢有其他方面的影響，請說明：

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

禁毒教育的途徑

8. 學校有否提供遠離毒品的教育或協助 (如工作坊、講座等)?

有 (1) 沒有 (0)

9. 你有否於校外其他途徑獲得遠離毒品的教育?

有 (1) 沒有 (0)

10. 你有否主動向他人尋求遠離毒品協助?

有 (1) 沒有 (0)

生活態度

11. 在個人生活上，你會有多活躍於下列活動?

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 於品流複雜的場所玩樂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 於網上交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 於手機應用程式交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 幫助素不相識的人帶送物品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 晚間在街上流連	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. 你是否認同以下有關你日常生活/學校生活的描述?

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 我可以與父母在較敏感的話題上進行溝通	<input type="checkbox"/>				
b) 我的父母關注我的身心健康	<input type="checkbox"/>				
c) 我的父母關心我的交友情況	<input type="checkbox"/>				
d) 我的老師尊重我的隱私	<input type="checkbox"/>				
e) 我的老師關注我的身心健康	<input type="checkbox"/>				
f) 我和老師有足夠的溝通	<input type="checkbox"/>				
g) 我的同學不曾吸毒	<input type="checkbox"/>				
h) 我願意和同學談論毒品問題	<input type="checkbox"/>				
i) 我感受到校園的無毒文化	<input type="checkbox"/>				
j) 我的學校有足夠的保安措施，不讓陌生人自由出入校園	<input type="checkbox"/>				
k) 我感到如果我遇到煩惱，可以向別人求助	<input type="checkbox"/>				

第 4 頁

注意：填入資料即成限閱文件

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	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
l) 我充分了解與毒品相關的知識	<input type="checkbox"/>				
m) 我清楚吸毒的風險	<input type="checkbox"/>				
n) 我關注自己的身心健康	<input type="checkbox"/>				
c) 我追求健康的生活方式	<input type="checkbox"/>				
l) 我勇於承認過錯	<input type="checkbox"/>				

13. 在私人生活/學校生活上，你會與下列人士傾訴的頻密程度是…

	從不	很少	間中	經常
	(1)	(2)	(3)	(4)
a) 親人（包括父母及兄弟姊妹）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 教育心理學家	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 宗教團體	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 你有沒有曾經吸食過毒品？

有 (1) 沒有 (0)

15. 如果你的朋友給你毒品，你會有多難去拒絕呢？（1分表示非常難拒絕，10分表示非常容易拒絕）

非常 難										非常 容易
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>										

16. 在過去三個月，若：

你從來沒有以下所描述的行為，請選擇「從來沒有」；

你間中有以下所描述的行為，請選出切合自己情況；

你經常有以下所描述的行為，請選出切合自己情況。

	從來 沒有	間中有			經常有		
		試過 1-2次	試過 3-5次	試過5 次以上	1個月 有數次	1星期 有數次	每天都 有
	(0)	(1)	(2)	(3)	(4)	(5)	(6)
a) 吸煙	<input type="checkbox"/>						
b) 喝酒（包括：啤酒、烈酒）	<input type="checkbox"/>						

第 5 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

17. 你認為你在未來的兩年內你有沒有可能做以下的事情？

	絕對 不會	可能 不會	可能 會	絕對 會
	(1)	(2)	(3)	(4)
a) 飲用含酒精的飲品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 吸煙	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸毒（例如：「K仔」、大麻、「搖頭丸」等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. 你是否同意以下關於自己性格的描述？

	非常 不同意	不同意	同意	非常 同意
	(1)	(2)	(3)	(4)
a) 我很滿足現狀	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 我經常因思慮不足而失言	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 我喜歡急進式的體驗活動（如跳降傘、笨豬跳等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 我是快樂的人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 我做事往往容易感到後悔	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 不論流行與否，我都嚮往新穎刺激的體驗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 我對自己的前途滿懷希望	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 我害怕頭暈或暈倒的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 我喜歡做一些使我有少許驚恐感覺的事情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 我害怕心跳紊亂的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) 我做事往往不理後果	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 我喜歡追求速度感，例如想學騎電單車	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) 我為自己的成就而感到驕傲	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 我會因太緊張而對事物產生恐懼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) 整體來說，我是個衝動的人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 我會因一些事情帶來的樂趣，即使是非法，我都願意嘗試	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) 我是一個失敗者	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) 我害怕不尋常的身體感官反應	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) 我享受一些探險式的活動，如野外遠足	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) 我會給人和藹可親的感覺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) 我害怕自己未能專注做事	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) 我覺得自己會用盡方法獲得自己想要的東西	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) 我會為自己的未來而感到十分興奮	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第 6 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

樣本編號：

「健康校園計劃」評估研究

學生問卷

重申：本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。

填入資料後，學生請將此頁與問卷分開，我們會分開收集。當資料輸入後，此頁會即時銷毀。

個人資料

1. 出生日期: _____年____月____日
2. 年級: _____
3. 班別: _____
4. 性別: 男 女

—— 問卷完，謝謝 ——

第 7 頁

注意：填入資料即成限閱文件

Post-test Questionnaire for Students of the Non-Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

學生問卷（第二部分）

（未參與計劃群組）

政策二十一有限公司
（由禁毒基金會委託之獨立研究機構）

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 17 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見及生活態度。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一項校本預防教育計劃，旨在為學生提供禁毒教育及建立良好的生活習慣，以正確的價值觀面對成長中的不同挑戰。計劃包括校園測檢和多元化校園活動兩大元素。活動例子包括禁毒資訊講座、過來人分享、歷奇活動、興趣班、成長小組、家長工作坊和教師培訓等，涵蓋教育、輔導和支援等層面，由學校按因校情選擇舉辦。
校園測檢	--	「健康校園計劃」的另一關鍵元素，由非政府機構組成校外專責隊伍，為學生進行藥物測檢，並按情況提供相關支援計劃。參與純屬自願，必須由學生和家長共同簽署同意書。參與的學生若獲隨機抽選，需提供尿液或頭髮樣本作測檢，亦可拒絕提供樣本，或於計劃期內撤回同意。測檢結果只會向相關授權人士披露，以保障學生的個人資料私隱。

健康校園活動的參與及意見

1. 你在本學年（即 2015/16 學年）有沒有參與過以下學校舉辦的活動（含健康生活、正向價值及抗毒訊息等元素的活動）？（註：項 a 至 i 為非聯校性質）

	從來沒有	一年一次	數月一次	每月一次	每月多於一次
	(1)	(2)	(3)	(4)	(5)
a) 禁毒 / 健康資訊講座	<input type="checkbox"/>				
b) 健康生活教育展覽 / 攤位遊戲	<input type="checkbox"/>				
c) 校內比賽或表演	<input type="checkbox"/>				
d) 健康 / 體適能狀況調查	<input type="checkbox"/>				
e) 戶外參觀 / 歷奇訓練等生活體驗活動	<input type="checkbox"/>				
f) 健康大使 / 夢想大使 / 領袖訓練計劃	<input type="checkbox"/>				
g) 才藝培訓 / 體藝訓練等興趣班	<input type="checkbox"/>				
h) 健康工作坊 / 成長小組	<input type="checkbox"/>				
i) 社區服務，如賣旗 / 義工	<input type="checkbox"/>				
j) 聯校活動 / 比賽	<input type="checkbox"/>				
k) 其他，請說明：_____	<input type="checkbox"/>				

2. 承上題，綜合而言，你是否認同以下為上述所列之活動可帶來的成效？

	非常不認同	不認同	無法判斷	認同	非常認同
	(1)	(2)	(3)	(4)	(5)
a) 有助豐富我的校園生活	<input type="checkbox"/>				
b) 有助了解我的長處和優點	<input type="checkbox"/>				
c) 有助培養我的多元興趣	<input type="checkbox"/>				

第 2 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
d) 有助肯定自我價值	<input type="checkbox"/>				
e) 有助提高我的學習動力	<input type="checkbox"/>				
f) 有助我舒緩壓力	<input type="checkbox"/>				
g) 有助增加我對未來的希望	<input type="checkbox"/>				
h) 有助支援我的情緒/生活需要	<input type="checkbox"/>				
i) 有助我結交積極的朋友	<input type="checkbox"/>				
j) 有助我了解他人的感受	<input type="checkbox"/>				
k) 有助他人增加對我的了解	<input type="checkbox"/>				
l) 有助我養成健康的生活習慣	<input type="checkbox"/>				
m) 有助我養成正面的生活態度	<input type="checkbox"/>				
n) 有助我融入校園生活	<input type="checkbox"/>				
o) 有助加深了解毒品的知識	<input type="checkbox"/>				
p) 有助鞏固遠離毒品的決心	<input type="checkbox"/>				
q) 有助與父母的相處	<input type="checkbox"/>				
r) 有助與同學的相處	<input type="checkbox"/>				
s) 有助與老師的相處	<input type="checkbox"/>				
t) 有助與社工的相處	<input type="checkbox"/>				

3. 承上題，如你認為上述活動可帶來其他成效，請說明：

4. 請問你認為以下學校舉辦的各種主題活動是否足夠？

	非常 不足夠 (1)	不足夠 (2)	無法 判斷 (3)	足夠 (4)	非常 足夠 (5)
a) 遠離毒品	<input type="checkbox"/>				
b) 健康生活及價值觀	<input type="checkbox"/>				
c) 情緒/壓力管理和支援	<input type="checkbox"/>				

禁毒教育的其他途徑

5. 你有否於校外其他途徑（如社福機構、網上資訊）獲得遠離毒品的教育？

有_(n) 沒有_(m)

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

個人生活態度及狀況

6. 在個人生活上，你會有多活躍於下列活動？

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 於品流複雜的場所玩樂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 於網上交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 於手機應用程式交友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 幫助素不相識的人帶送物品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 晚間在街上流連	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. 你是否認同以下有關你日常生活/學校生活的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 我可以與父母在較敏感的話題上進行溝通	<input type="checkbox"/>				
b) 我的父母關注我的身心健康	<input type="checkbox"/>				
c) 我的父母關心我的交友情況	<input type="checkbox"/>				
d) 我的老師尊重我的隱私	<input type="checkbox"/>				
e) 我的老師關注我的身心健康	<input type="checkbox"/>				
f) 我和老師有足夠的溝通	<input type="checkbox"/>				
g) 我的同學不曾吸毒	<input type="checkbox"/>				
h) 我願意和同學談論毒品問題	<input type="checkbox"/>				
i) 我感受到校園的無毒文化	<input type="checkbox"/>				
j) 我的學校有足夠的保安措施，不讓陌生人自由出入校園	<input type="checkbox"/>				
k) 我感到如果我遇到煩惱，可以向別人求助	<input type="checkbox"/>				
l) 我充分了解與毒品相關的知識	<input type="checkbox"/>				
m) 我清楚吸毒的風險	<input type="checkbox"/>				
n) 我關注自己的身心健康	<input type="checkbox"/>				
o) 我追求健康的生活方式	<input type="checkbox"/>				
p) 我勇於承認過錯	<input type="checkbox"/>				
q) 我的學校重視禁毒預防教育	<input type="checkbox"/>				

第 4 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

8. 在私人生活 / 學校生活上，你會與下列人士傾訴的頻密程度是…

	從不 (1)	很少 (2)	間中 (3)	經常 (4)
a) 親人 (包括父母及兄弟姊妹)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 同學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 老師	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 社工	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 教育心理學家	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 宗教團體	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 你有沒有曾經吸食過毒品？

有 (1) 沒有 (0)

10. 如果你的朋友給你毒品，你會有多難去拒絕呢？ (1分表示非常難拒絕，10分表示非常容易拒絕)

非常 難	1	2	3	4	5	6	7	8	9	非常 容易
	<input type="checkbox"/>									

11. 你有否主動向他人尋求遠離毒品協助？

有 (1) 沒有 (0)

12. 在過去三個月，若：

你**從來沒有**以下所描述的行為，請選擇「從來沒有」；

你**間中有**以下所描述的行為，請選出切合自己情況；

你**經常有**以下所描述的行為，請選出切合自己情況。

	從來 沒有 (0)	間中有			經常有		
		試過 1-2 次 (1)	試過 3-5 次 (2)	試過 5 次 以上 (3)	一個月 有數次 (4)	一星期 有數次 (5)	每天 都有 (6)
a) 吸煙	<input type="checkbox"/>						
b) 喝酒 (包括：啤酒、烈酒)	<input type="checkbox"/>						

第 5 頁

注意：填入資料即成限閱文件

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13. 你認為你在未來兩年內你有沒有可能做以下的事情？

	絕對 不會 (1)	可能 不會 (2)	可能 會 (3)	絕對 會 (4)
a) 飲用含酒精的飲品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 吸煙	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 吸毒（例如：「K仔」、大麻、「搖頭丸」等）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 總括來說，你認為你的健康狀況是：

很差 (1)	頗差 (2)	一般 (3)	頗好 (4)	很好 (5)
<input type="checkbox"/>				

15. 你認為你在以下各方面的表現如何？

	很差 (1)	頗差 (2)	一般 (3)	頗好 (4)	很好 (5)
a) 學業成績	<input type="checkbox"/>				
b) 課外活動	<input type="checkbox"/>				
c) 品行	<input type="checkbox"/>				

16. 請問你對家庭生活各方面的滿意程度：

	不適用 (0)	不滿意 (1)	頗不滿意 (2)	一般 (3)	頗滿意 (4)	滿意 (5)
a) 與父親的關係	<input type="checkbox"/>					
b) 與母親的關係	<input type="checkbox"/>					
c) 與兄弟姊妹的關係	<input type="checkbox"/>					
d) 居住空間		<input type="checkbox"/>				
e) 家庭財務		<input type="checkbox"/>				
f) 居處附近治安		<input type="checkbox"/>				

17. 請問你父母的工作狀況是：

	不適用 (0)	全職 (1)	半職/兼職 (2)	沒有工作 (3)
a) 父親	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 母親	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第 6 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

樣本編號：

「健康校園計劃」評估研究

學生問卷

重申：本研究以不記名的方法收集資料，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。

填入資料後，學生請將此頁與問卷分開，我們會分開收集。當資料輸入後，此頁會即時銷毀。

填寫日期： 2016 年 _____ 月 _____ 日

個人資料

1. 出生日期： _____ 年 _____ 月 _____ 日
2. 年級： _____
3. 班別： _____
4. 性別： 男 女

—— 問卷完，謝謝 ——

第 7 頁

注意：填入資料即成限閱文件

Questionnaire for Parents of the Non-Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

家長問卷

(未參與計劃群組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 10 條，請全部作答。
- 本問卷的內容主要關於你對「健康校園計劃」的意見。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 假若家長收到相同群組問卷，只須填寫其中一份，其他相同群組問卷則留空。如此份為留空的問卷，請於以下方格內以「✓」號表示。
 本人已填寫相同群組問卷，此份為留空的問卷
- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司 馬先生 或 梁小姐 查詢。

注意：填入資料即成限閱文件

詞彙釋義	
毒品	-- 麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	-- 「健康校園計劃」是一項校本預防教育計劃，旨在為學生提供禁毒教育及建立良好的生活習慣，以正確的價值觀面對成長中的不同挑戰。計劃包括校園測檢和多元化校園活動兩大元素。活動例子包括禁毒資訊講座、過來人分享、歷奇活動、興趣班、成長小組、家長工作坊和教師培訓等，涵蓋教育、輔導和支援等層面，由學校按因校情選擇舉辦。
校園測檢	-- 「健康校園計劃」的另一關鍵元素，由非政府機構組成校外專責隊伍，為學生進行藥物測檢，並按情況提供相關支援計劃。參與純屬自願，必須由學生和家長共同簽署同意書。參與的學生若獲隨機抽選，需提供尿液或頭髮樣本作測檢，亦可拒絕提供樣本，或於計劃期內撤回同意。測檢結果只會向相關授權人士披露，以保障學生的個人資料私隱。

「健康校園計劃」的理解與參與情況

1. 以下是一些關於參與「健康校園計劃」的描述，請問是否符合你和你的子女的情況？

	是 (1)	不是 (0)
a) 我有聽過「健康校園計劃」	<input type="checkbox"/>	<input type="checkbox"/>
b) 我子女的學校曾推行「健康校園計劃」	<input type="checkbox"/>	<input type="checkbox"/>
c) 我支持我子女的學校推行「健康校園計劃」	<input type="checkbox"/>	<input type="checkbox"/>
d) 如果我子女的學校推行「健康校園計劃」，我會同意子女參與校園測檢	<input type="checkbox"/>	<input type="checkbox"/>
e) 我支持我子女的學校為家長舉辦抗毒活動	<input type="checkbox"/>	<input type="checkbox"/>

「健康校園計劃」的整體意見

2. 假如你子女的學校推行「健康校園計劃」，你是否認同以下為參與「健康校園計劃」後，可能對你和你子女的影響？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助我的子女加深了解毒品的知識	<input type="checkbox"/>				
b) 有助我的子女加深了解驗毒的過程	<input type="checkbox"/>				
c) 有助我的子女鞏固遠離毒品的決心	<input type="checkbox"/>				
d) 有助加深我與子女的認識	<input type="checkbox"/>				
e) 有助加深我與子女的相處	<input type="checkbox"/>				
f) 有助我對子女的健康感到安心	<input type="checkbox"/>				
g) 有助加深我對子女健康的關注	<input type="checkbox"/>				
h) 在我的子女的學校建立抗拒毒品的文化	<input type="checkbox"/>				
i) 觸發有吸食毒品的同學的戒毒決心	<input type="checkbox"/>				
j) 有助加強我對我子女的學校的信任	<input type="checkbox"/>				
k) 加深了我對毒品的認知	<input type="checkbox"/>				

注意：填入資料即成限閱文件

2

注意：填人資料即成限閱文件

3. 承上題，如你認為「健康校園計劃」的校園測檢對你和你的子女有其他方面的影響，請說明：

「健康校園計劃」的意見（測檢部份）

4. 假如你子女的學校推行「健康校園計劃」，你認為以下是否你考慮你的子女參與 / 不參與「健康校園計劃」測檢部份的因素？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 對子女個人形象的影響	<input type="checkbox"/>				
b) 對子女個人體驗的增長	<input type="checkbox"/>				
c) 對子女學業的影響	<input type="checkbox"/>				
d) 宗教的觀點	<input type="checkbox"/>				
e) 子女對計劃的參與 / 不參與傾向	<input type="checkbox"/>				
f) 老師對計劃的積極性	<input type="checkbox"/>				
g) 過往子女參加計劃的經驗	<input type="checkbox"/>				
h) 子女被引誘吸毒的可能性	<input type="checkbox"/>				
i) 測檢結果的可信性	<input type="checkbox"/>				
j) 測檢過程的衛生情況	<input type="checkbox"/>				
k) 個人私隱的保障	<input type="checkbox"/>				
l) 抽取樣本的模式 (尿液或頭髮)	<input type="checkbox"/>				

5. 承上題，如果你有其他考慮因素，請說明：

家長活動的意見（活動部份）

6. 你有沒有參加過下列的家長活動？

	有參加 (1)	沒有參 加 (2)	不適用 (0)
a) 宣傳抗毒訊息的活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 親子康樂活動 / 比賽	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 關於子女成長 / 壓力處理 / 人際關係的活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 其他，請註明： _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. 承上題，如有參加過任何一項家長活動，你認為此類活動能否符合到下列目標？（不清楚有否舉辦或沒有參加過任何一項活動請去下一題）

	非常 不符合 (1)	不符合 (2)	無法 判斷 (3)	符合 (4)	非常 符合 (5)
a) 加深了我對毒品的認知	<input type="checkbox"/>				

注意：填人資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不符合	不符合	無法 判斷	符合	非常 符合
	(1)	(2)	(3)	(4)	(5)
b) 讓我更了解如何處理子女吸毒問題	<input type="checkbox"/>				
c) 讓我更了解如何處理子女的行為問題	<input type="checkbox"/>				
d) 讓我更了解如何識別子女吸毒	<input type="checkbox"/>				
e) 加深我關注子女或自身健康	<input type="checkbox"/>				
f) 加強我與子女溝通的技巧	<input type="checkbox"/>				
g) 加強我對我子女的學校的信任	<input type="checkbox"/>				
h) 加強我與老師的溝通	<input type="checkbox"/>				

其他方面

8. 以下是一些關於你和你的子女生活狀況，請問你是否認同以下描述？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 我能與我的子女在較敏感的話題上溝通	<input type="checkbox"/>				
b) 我知道我子女的交友情況	<input type="checkbox"/>				
c) 我的子女能融入學校生活	<input type="checkbox"/>				
d) 我的子女關注自己的身體健康	<input type="checkbox"/>				
e) 我的子女樂於參加各種課外活動	<input type="checkbox"/>				
f) 我對我子女的校園生活感到放心	<input type="checkbox"/>				

9. 你曾否及有多常使用以下方法，來幫助你的子女遠離毒品？

	從來 沒有	很少	偶然	經常
	(1)	(2)	(3)	(4)
a) 與我的子女討論毒品的禍害	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 教導我的子女如何拒絕他們的朋友所提供的毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) 提醒我的子女切勿吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 試圖找出我的子女有沒有任何朋友吸毒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 提醒我的子女遠離有吸毒的朋友	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) 試圖找出我的子女有否在社交活動中接觸毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 提醒我的子女不要參加有機會接觸毒品的社交活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 檢查我的子女的書包及其他攜帶物品，是否藏有任何毒品	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 留意我的子女的近況（例如從社交網站）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 承上題，如你有其他方法，請說明：

—— 問卷完，謝謝 ——

注意：填入資料即成限閱文件

Questionnaire for Teachers of the Non-Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

老師問卷

(未參與計劃群組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 10 條，請全部作答。
- 本問卷的內容主要關於老師在「健康校園計劃」的參與情況以及對計劃的意見。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一項校本預防教育計劃，旨在為學生提供禁毒教育及建立良好的生活習慣，以正確的價值觀面對成長中的不同挑戰。計劃包括校園測檢和多元化校園活動兩大元素。活動例子包括禁毒資訊講座、過來人分享、歷奇活動、興趣班、成長小組、家長工作坊和教師培訓等，涵蓋教育、輔導和支援等層面，由學校按因校情選擇舉辦。
校園測檢	--	「健康校園計劃」的另一關鍵元素，由非政府機構組成校外專責隊伍，為學生進行藥物測檢，並按情況提供相關支援計劃。參與純屬自願，必須由學生和家長共同簽署同意書。參與的學生若獲隨機抽選，需提供尿液或頭髮樣本作測檢，亦可拒絕提供樣本，或於計劃期內撤回同意。測檢結果只會向相關授權人士披露，以保障學生的個人資料私隱。

「健康校園計劃」的意見

1. 請問你有沒有聽過「健康校園計劃」？

有 (a) 沒有 (m)

2. 請問你曾否參與有關「健康校園計劃」的簡介會或分享會？

有 (a) 沒有 (m)

3. 請問你會否支持 貴校參與「健康校園計劃」？

會 (a) 否 (m)

「健康校園計劃」的成效

4. 就你對「健康校園計劃」的認識，你認同計劃會帶來以下各方面的成效嗎？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助學生加深瞭解毒品的知識	<input type="checkbox"/>				
b) 有助學生鞏固遠離毒品的決心	<input type="checkbox"/>				
c) 有助學生培養健康的生活習慣	<input type="checkbox"/>				
d) 有助學生建立正面的價值觀	<input type="checkbox"/>				
e) 讓學生更容易接納抗毒的訊息	<input type="checkbox"/>				
f) 有助增加學生尋求支援的動機	<input type="checkbox"/>				
g) 有助家長及早識別有吸毒問題的學生	<input type="checkbox"/>				
h) 有助家長增加對毒品的認識和警惕	<input type="checkbox"/>				
i) 有助家長對學生的校園生活感到放心	<input type="checkbox"/>				

第 2 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
j) 有助校方及早識別有危機的學生	<input type="checkbox"/>				
k) 有助校內老師 / 同事增加對毒品的認識和警惕	<input type="checkbox"/>				
l) 有助建立校園的無毒文化	<input type="checkbox"/>				
m) 有助表明學校抗毒的決心	<input type="checkbox"/>				
n) 有助建立更好的校譽	<input type="checkbox"/>				
o) 有助形成抗毒的社區氛圍	<input type="checkbox"/>				

5. 承上題，如你認為「健康校園計劃」帶來其他方面的成效，請說明：

「健康校園計劃」的未來發展

6. 就你對「健康校園計劃」的認識，你認為下列各方面的優化建議需要考慮推行嗎？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 測檢學生的抽樣比率按實際參與率有所調整	<input type="checkbox"/>				
b) 增加宣傳力度以吸引更多學校參與計劃	<input type="checkbox"/>				
c) 提供更多資訊以吸引家長支持計劃	<input type="checkbox"/>				
d) 提供平台讓參與學校和非政府機構交流資訊	<input type="checkbox"/>				
e) 增加有關政府部門人手，以加快處理手續 (例如審批計劃書、處理測檢結果等)	<input type="checkbox"/>				
f) 增加撥款，以便舉辦更多抗毒和個人成長活動	<input type="checkbox"/>				
g) 統一「健康校園計劃」報告表內各參數(如節 數、時數、人數等)的量度單位，以便填報	<input type="checkbox"/>				
h) 簡化調整執行計劃的申報機制	<input type="checkbox"/>				

7. 承上題，如你對「健康校園計劃」有其他方面的優化建議，請說明：

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

有關老師及學校的描述

8. 請問你在 貴校任教多久？負責相關抗毒教育多久？

於本校任教年期：_____年； 負責相關抗毒教育年期：_____年

9. 你是否認同以下各項有關 貴校的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 本校師生注重健康的生活模式	<input type="checkbox"/>				
b) 本校學生的抗毒意識甚高	<input type="checkbox"/>				
c) 本校校風形象純樸	<input type="checkbox"/>				
d) 本校積極推動健康校園文化	<input type="checkbox"/>				
e) 學生對學校的歸屬感強	<input type="checkbox"/>				
f) 學生與老師互相信任	<input type="checkbox"/>				
g) 老師關心學生，並主動協助有需要的學生	<input type="checkbox"/>				
h) 學生互相尊重及和平相處	<input type="checkbox"/>				
i) 學生愛護學校公物	<input type="checkbox"/>				
j) 本校很少吸煙或飲酒的學生	<input type="checkbox"/>				
k) 學生的全人發展是本校關注的要點	<input type="checkbox"/>				

10. 請問你認同 貴校學生在以下各範疇中有突出表現嗎？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 學業成績	<input type="checkbox"/>				
b) 社會服務	<input type="checkbox"/>				
c) 職業相關經歷	<input type="checkbox"/>				
d) 體藝發展	<input type="checkbox"/>				
e) 公民德育經歷	<input type="checkbox"/>				

----- 問卷完，謝謝 -----

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Questionnaire for Principals of the Non-Participating Schools
(Chinese version only)

樣本編號：

「健康校園計劃」評估研究

校長問卷

(未參與計劃群組)

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 15 條，請全部作答。
- 本問卷的內容主要關於校長對「健康校園計劃」的意見以及學校的基本情況。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

注意：填入資料即成限閱文件

詞彙釋義

毒品	--	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	--	「健康校園計劃」是一項校本預防教育計劃，旨在為學生提供禁毒教育及建立良好的生活習慣，以正確的價值觀面對成長中的不同挑戰。計劃包括校園測檢和多元化校園活動兩大元素。活動例子包括禁毒資訊講座、過來人分享、歷奇活動、興趣班、成長小組、家長工作坊和教師培訓等，涵蓋教育、輔導和支援等層面，由學校按因校情選擇舉辦。
校園測檢	--	「健康校園計劃」的另一關鍵元素，由非政府機構組成校外專責隊伍，為學生進行藥物測檢，並按情況提供相關支援計劃。參與純屬自願，必須由學生和家長共同簽署同意書。參與的學生若獲隨機抽選，需提供尿液或頭髮樣本作測檢，亦可拒絕提供樣本，或於計劃期內撤回同意。測檢結果只會向相關授權人士披露，以保障學生的個人資料私隱。

「健康校園計劃」的意見

1. 請問你有沒有聽過「健康校園計劃」？

有 (a) 沒有 (b)

2. 請問你曾否參與有關「健康校園計劃」的簡介會或分享會？

有 (a) 沒有 (b)

3. 請問 貴校會否於下一學年（即 2016/17 學年）參與「健康校園計劃」？

會 (a)
 不會 (b)
 不適用，下一學年需停辦學校 (c)

4. 請問 貴校的持份者對學校參與「健康校園計劃」的態度為？

	非常 不支持	不支持	沒有 意見	支持	非常 支持	不清楚， 並未進行過 相關討論
	(1)	(2)	(3)	(4)	(5)	(6)
a) 辦學團體 / 法團校董會	<input type="checkbox"/>					
b) 老師	<input type="checkbox"/>					
c) 家長	<input type="checkbox"/>					
d) 學生	<input type="checkbox"/>					
e) 校友	<input type="checkbox"/>					

第 2 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

5. 你認為以下各項是否 貴校考慮參與 / 不參與「健康校園計劃」的因素？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 對學生健康生活的影響	<input type="checkbox"/>				
b) 對學校聲譽的影響	<input type="checkbox"/>				
c) 持份者的意見（如辦學團體、老師、家長、學生等）	<input type="checkbox"/>				
d) 參與計劃需要投放額外的資金	<input type="checkbox"/>				
e) 老師為配合計劃執行所需的額外工作	<input type="checkbox"/>				
f) 測檢方式的選擇	<input type="checkbox"/>				
g) 為計劃設計多元化校園活動上的彈性	<input type="checkbox"/>				
h) 使用撥款上的彈性	<input type="checkbox"/>				
i) 測檢部份細節上的要求（如保障私隱的要求、人手安排）	<input type="checkbox"/>				
j) 學校場地上的許可（如設立用作校園測檢的會面室等）	<input type="checkbox"/>				
k) 行政工作的要求	<input type="checkbox"/>				
l) 學生個人私隱的保障	<input type="checkbox"/>				
m) 計劃是否有助建立無毒校園文化	<input type="checkbox"/>				
n) 計劃會否影響師生關係	<input type="checkbox"/>				
o) 其他已參與學校的過往經驗	<input type="checkbox"/>				
p) 社區毒品問題對學生的影響	<input type="checkbox"/>				

6. 承上題，如果你有其他考慮因素，請說明：

「健康校園計劃」的成效

7. 就你對「健康校園計劃」的認識，你認同計劃會帶來以下各方面的成效嗎？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 有助學生加深瞭解毒品的知識	<input type="checkbox"/>				
b) 有助學生鞏固遠離毒品的決心	<input type="checkbox"/>				
c) 有助學生培養健康的生活習慣	<input type="checkbox"/>				
d) 有助學生建立正面的價值觀	<input type="checkbox"/>				
e) 讓學生更容易接納抗毒的訊息	<input type="checkbox"/>				
f) 有助增加學生尋求支援的動機	<input type="checkbox"/>				

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
g) 有助家長及早識別有吸毒問題的學生	<input type="checkbox"/>				
h) 有助家長增加對毒品的認識和警惕	<input type="checkbox"/>				
i) 有助家長對學生的校園生活感到放心	<input type="checkbox"/>				
j) 有助校方及早識別有危機的學生	<input type="checkbox"/>				
k) 有助校內老師 / 同事增加對毒品的認識和警惕	<input type="checkbox"/>				
l) 有助建立校園的無毒文化	<input type="checkbox"/>				
m) 有助表明學校抗毒的決心	<input type="checkbox"/>				
n) 有助建立更好的校譽	<input type="checkbox"/>				
o) 有助形成抗毒的社區氛圍	<input type="checkbox"/>				

8. 承上題，如你認為「健康校園計劃」帶來其他方面的成效，請說明：

「健康校園計劃」的未來發展

9. 就你對「健康校園計劃」的認識，你認為下列各方面的優化建議需要考慮推行嗎？

	非常 不需要	不需要	無法 判斷	需要	非常 需要
	(1)	(2)	(3)	(4)	(5)
a) 測檢學生的抽樣比率按實際參與率有所調整	<input type="checkbox"/>				
b) 增加宣傳力度以吸引更多學校參與計劃	<input type="checkbox"/>				
c) 提供更多資訊以吸引家長支持計劃	<input type="checkbox"/>				
d) 提供平台讓參與學校和非政府機構交流資訊	<input type="checkbox"/>				
e) 增加有關政府部門人手，以便加快處理手續 (例如審批計劃書、處理測檢結果等)	<input type="checkbox"/>				
f) 增加撥款，以便舉辦更多抗毒和個人成長活動	<input type="checkbox"/>				
g) 統一「健康校園計劃」報告表內各參數(如節 數、時數、人數等)的度量單位，以便填報	<input type="checkbox"/>				
h) 簡化調整執行計劃的申報機制	<input type="checkbox"/>				

10. 承上題，如你對「健康校園計劃」有其他方面的優化建議，請說明：

有關學校的描述

11. 請問你任職校長多久？於本校任職校長年期有多久？

任職校長年期：_____年 於本校任職校長年期：_____年

第 4 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

12. 請問 貴校本學年學生總人數是多少？其中學生男女比例約為多少？

學生總人數為 _____ 人，男女比例約為 (男) _____ : (女) _____

13. 你是否認同以下各項有關 貴校的描述？

	非常 不認同 (1)	不認同 (2)	無法 判斷 (3)	認同 (4)	非常 認同 (5)
a) 本校師生注重健康的生活模式	<input type="checkbox"/>				
b) 本校學生的抗毒意識甚高	<input type="checkbox"/>				
c) 本校校風形象純樸	<input type="checkbox"/>				
d) 本校積極推動健康校園文化	<input type="checkbox"/>				
e) 學生對學校的歸屬感強	<input type="checkbox"/>				
f) 學生與老師互相信任	<input type="checkbox"/>				
g) 老師關心學生，並主動協助有需要的學生	<input type="checkbox"/>				
h) 學生互相尊重及和平相處	<input type="checkbox"/>				
i) 學生愛護學校公物	<input type="checkbox"/>				
j) 本校很少吸煙或飲酒的學生	<input type="checkbox"/>				
k) 學生的全人發展是本校關注的要點	<input type="checkbox"/>				

14. 請問你滿意 貴校學生在以下各範疇中的表現嗎？

	非常 不滿意 (1)	不滿意 (2)	一般 (3)	滿意 (4)	非常 滿意 (5)
a) 學業成績	<input type="checkbox"/>				
b) 社會服務	<input type="checkbox"/>				
c) 職業相關經歷	<input type="checkbox"/>				
d) 體藝發展	<input type="checkbox"/>				
e) 公民德育經歷	<input type="checkbox"/>				

第 5 頁

注意：填入資料即成限閱文件

注意：填入資料即成閉關文件

15. 請問 貴校認為以下各項教育方針的重要程度為多少？（1分為最不重要，10分為最重要，請在相應的位置為每一項給予分數，表示其重要程度。）

	分數
a) 特殊學習需要	_____
b) 校園共融文化	_____
c) 生涯規劃	_____
d) 學業成就	_____
e) 紀律訓練	_____
f) 體藝發展	_____
g) 健康校園文化	_____
h) 德育及公民教育	_____

----- 問卷完，謝謝 -----

第 6 頁

注意：填入資料即成閉關文件

Questionnaire for NGOs
(Chinese version only)

注意：填入資料即成限閱文件

樣本編號：

「健康校園計劃」評估研究

機構問卷

政策二十一有限公司
(由禁毒基金會委託之獨立研究機構)

填寫問卷須知：

- 本問卷是由政策二十一有限公司設計，目的是為計劃作全面評估計劃的推行過程及成效，以優化整個計劃。
- 請在本學年內參與「健康校園計劃」超過一個月的有關的同工（如督導社工、前線社工、醫護人員）填寫，包括半職或兼職的同工。
- 問卷是以不記名的方式進行，所得的資料將嚴加保密，並只作整體統計之用，不作個別發表。
- 本問卷共有主題目 18 條，請按題目指示作答。
- 本問卷的內容主要關於你參與「健康校園計劃」的情況及你對計劃的意見。
- 請用鉛筆或原子筆在方格內以「✓」號選擇最合適答案。除有其他指示，每題只能填上一個選擇。如須更正，請使用擦膠、塗改液、改錯帶等文具。

例：

非常不認同	不認同	無法判斷	認同	非常認同
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 如有任何疑問，可於辦公時間（星期一至五上午十時至下午七時）致電 3121 8010 與政策二十一有限公司馬先生或梁小姐查詢。

第 1 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

詞彙釋義

毒品	—	麻醉鎮痛劑及危害精神毒品的統稱，而在沒有醫療人員的指示下使用。
「健康校園計劃」	—	「健康校園計劃」是一個包括校園測檢元素，以校為本的多元化校園活動計劃。
校園測檢	—	為「健康校園計劃」的其中一部份，包括毒品測檢和相關支援計劃。

職員的履歷

1. 請問你現時的職位屬於以下哪個類別？

- 督導人員（如 中心主任、部門主管等）⁽¹⁾
- 前線社工⁽²⁾
- 活動助理⁽³⁾
- 前線醫護人員⁽⁴⁾
- 其他，請說明⁽⁵⁾：_____

2. 請問你現時的職位聘用形式屬於以下哪個類別？

- 全職⁽¹⁾
- 半職 / 兼職⁽²⁾
- 其他，請說明⁽³⁾：_____

3. 就你現時的職位計算，請問你入職有多久（截至 2016 年 4 月 30 日）？

於現時機構，自_____年_____月起，共_____年

連同於其他機構，自_____年_____月起，共_____年

4. 請問你從事社工、活動助理及醫護工作等相關行業有多久（截至 2016 年 4 月 30 日）？

自_____年_____月起，共_____年

職員的工作內容

5. 按你現時的職位，請填寫你負責「健康校園計劃」的學校數目。

	學校數目	未有負責該計劃 ^(a)
2011-2012 學年		<input type="checkbox"/>
2012-2013 學年		<input type="checkbox"/>
2013-2014 學年		<input type="checkbox"/>
2014-2015 學年		<input type="checkbox"/>
2015-2016 學年		<input type="checkbox"/>

第 2 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

6. 請問你現時主要負責「健康校園計劃」中哪一部份？

- 同時提供校園檢測和多元化校園活動的服務 (1)
- 僅提供多元化校園活動服務 (2)
- 僅提供校園檢測服務 (3)

7. 請問你在本學年參與「健康校園計劃」中有沒有擔當以下的主要職責？

	有 (1)	沒有 (2)
a) 策劃全年的多元化校園活動	<input type="checkbox"/>	<input type="checkbox"/>
b) 執行多元化校園活動	<input type="checkbox"/>	<input type="checkbox"/>
c) 處理學生測檢名單	<input type="checkbox"/>	<input type="checkbox"/>
d) 執行學生測檢時的流程（如與學生交談解釋流程等）	<input type="checkbox"/>	<input type="checkbox"/>
e) 填寫報告	<input type="checkbox"/>	<input type="checkbox"/>
f) 處理會計事宜	<input type="checkbox"/>	<input type="checkbox"/>
g) 就測檢結果與學校 / 政府化驗所聯繫	<input type="checkbox"/>	<input type="checkbox"/>
h) 其他，請註明：_____	<input type="checkbox"/>	<input type="checkbox"/>

8. 請問「健康校園計劃」的相關工作的佔你總工作量多少（以百分比表示）？

_____ %

9. 除「健康校園計劃」外，現時你有否負責其他禁毒工作或健康教育工作？

- 有 (1)，相關的工作是（可選多項）
 - 駐校社工 (1)
約佔總工作量 _____ %
 - 於未參與「健康校園計劃」的學校進行禁毒教育工作 / 健康教育工作 (2)
約佔總工作量 _____ %
 - 社區禁毒教育工作 / 健康教育工作 (3)
約佔總工作量 _____ %
 - 輔導及社區醫療服務 (4)
約佔總工作量 _____ %
 - 其他（請註明：_____） (5)
約佔總工作量 _____ %
- 沒有 (2)

第 3 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

「健康校園計劃」的成效及運作情況

10. 整體而言，你是否認同「健康校園計劃」在以下各方面的成效？

	非常 不認同	不認同	無法 判斷	認同	非常 認同
	(1)	(2)	(3)	(4)	(5)
a) 有助學生加深瞭解毒品的知識	<input type="checkbox"/>				
b) 有助學生鞏固遠離毒品的決心	<input type="checkbox"/>				
c) 有助學生培養健康的生活習慣	<input type="checkbox"/>				
d) 有助學生建立正面的價值觀	<input type="checkbox"/>				
e) 讓學生更容易接納抗毒的訊息	<input type="checkbox"/>				
f) 有助增加學生尋求支援的動機	<input type="checkbox"/>				
g) 有助家長及早識別有吸毒問題的學生	<input type="checkbox"/>				
h) 有助家長增加對毒品的認識和警惕	<input type="checkbox"/>				
i) 有助校方及早識別有危機的學生	<input type="checkbox"/>				
j) 有助校內老師/員工增加對毒品的認識和警惕	<input type="checkbox"/>				
k) 有助增加機構同工與學生的互信	<input type="checkbox"/>				
l) 有助提高機構同工的專業技能	<input type="checkbox"/>				
m) 有助機構整合投放在禁毒服務的資源	<input type="checkbox"/>				
n) 有助提高社會人士對吸毒問題的關注	<input type="checkbox"/>				
o) 有助形成抗毒的社區氛圍	<input type="checkbox"/>				

11. 承上題，如你認為「健康校園計劃」帶來其他方面的影響，請說明：

12. 請問你在協助推行「健康校園計劃」以來，以下情況出現的頻率為多少？若你未有負責相應的工作，請選擇「不適用」。

	從來 沒有	很少	間中	經常	不適 用
	(1)	(2)	(3)	(4)	(5)
a) 進行校園測檢時發現過程有不協調的情況	<input type="checkbox"/>				
b) 在處理學生個人資料上出現困難（如加密處理學生個人資料時出現問題等）	<input type="checkbox"/>				
c) 校園測檢的次數未能符合計劃的測檢次數要求	<input type="checkbox"/>				
d) 與校方進行信息傳遞時出現困難	<input type="checkbox"/>				
e) 進行校園測檢前後，學生主動向機構社工/醫護人員求助	<input type="checkbox"/>				
f) 進行校園測檢後，機構社工/醫護人員告知學校發現高危學生	<input type="checkbox"/>				

第 4 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

		從來沒有 (1)	很少 (2)	間中 (3)	經常 (4)	不適用 (5)
活動部份	g) 計劃舉辦的抗毒預防活動未能如期在學校推行	<input type="checkbox"/>				
	h) 計劃舉辦的抗毒預防活動因出現超支太多而不能進行	<input type="checkbox"/>				
	i) 學校 / 機構調整抗毒預防活動執行計劃的內容	<input type="checkbox"/>				
	j) 進行抗毒預防活動後，機構社工或校方發現高危學生	<input type="checkbox"/>				
	k) 舉辦聯校抗毒預防活動	<input type="checkbox"/>				
	l) 外聘導師或外聘團體服務	<input type="checkbox"/>				
其他	m) 機構同工參與有關「健康校園計劃」的交流會	<input type="checkbox"/>				
	n) 機構向外界分享參與「健康校園計劃」的經驗	<input type="checkbox"/>				
	o) 機構內負責「健康校園計劃」的員工離職	<input type="checkbox"/>				
	p) 學校內負責「健康校園計劃」的員工離職	<input type="checkbox"/>				
	q) 欠缺人手處理「健康校園計劃」相關報告	<input type="checkbox"/>				

「健康校園計劃」的未來發展

13. 現時「健康校園計劃」為期一或兩學年，你認為這年期需要改變嗎？如需要改變，合適的年期是多少年？原因是什麼？

- 需要改變 (a)
- a) 改變年期為：_____年
- b) 原因是：
- 更配合學校其他工作計劃的安排 (b)
- 方便策劃活動計劃 (c)
- 有助行政工作的分配 (d)
- 更切合學生成長的需要 (e)
- 其他（請註明：_____）(f)
- 不需要改變 (g)

14. 就你對「健康校園計劃」的認識，你認為下列各方面的優化建議需要考慮推行嗎？

	非常不需要 (1)	不需要 (2)	無法判斷 (3)	需要 (4)	非常需要 (5)
a) 測檢學生的抽樣比率按實際參與率有所調整	<input type="checkbox"/>				
b) 增加宣傳力度以吸引更多學校參與	<input type="checkbox"/>				
c) 提供更多資訊以吸引家長支持計劃	<input type="checkbox"/>				
d) 提供平台讓參與學校和非政府機構交流資訊	<input type="checkbox"/>				
e) 增加有關政府部門人手，以便加快處理手續（例如審批計劃書、處理測檢結果等）	<input type="checkbox"/>				
f) 增加撥款，以便舉辦更多抗毒和個人成長活動	<input type="checkbox"/>				

第 5 頁

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

	非常 不需要	不需要	無法 判斷	需要	非常 需要
	(1)	(2)	(3)	(4)	(5)
g) 統一「健康校園計劃」報告表內各參數（如節數、時數、人數等）的量度單位，以便填報	<input type="checkbox"/>				
h) 簡化調整執行計劃的申報機制	<input type="checkbox"/>				
i) 減少負責計劃員工的流失（如給予相關員工增薪點）	<input type="checkbox"/>				

15. 承上題，如你對「健康校園計劃」有其他方面的優化建議，請說明：

「健康校園計劃」的參與情況（只須督導人員填寫）

16. 請問 貴機構於提供「健康校園計劃」校園測檢服務的學年，服務的學校數目和完成校園測檢的學生人數是多少？

（如沒有於該學年提供校園測檢服務，請於“未有提供”一欄以「✓」號表示。）

	有提供 (a)		未有提供 (b)
	a. 學校數目	b. 校園測檢人次*	
2011-2012 學年			<input type="checkbox"/>
2012-2013 學年			<input type="checkbox"/>
2013-2014 學年			<input type="checkbox"/>
2014-2015 學年			<input type="checkbox"/>
2015-2016 學年			<input type="checkbox"/>

* 校園測檢人次是指實際進行校園測檢的人次（即提供樣本並完成整個測檢過程的學生）。如有同一位同學在同一學年進行超過1次的檢測，亦可重複計算。

17. 請問 貴機構於提供「健康校園計劃」校園活動服務的學年，服務的學校數目和舉辦的校園活動的相關數字（包括活動數目、節數、時數，以及參與人數）是多少？

（如沒有於該學年提供校園活動服務，請於“未有提供”一欄以「✓」號表示。）

	學校數目	未有提供 (b)
2011-2012 學年		<input type="checkbox"/>
2012-2013 學年		<input type="checkbox"/>
2013-2014 學年		<input type="checkbox"/>
2014-2015 學年		<input type="checkbox"/>
2015-2016 學年		<input type="checkbox"/>

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

學生活動（參與人數少於 40 人）

	有提供 (i)				未有提供 (ii)
	a. 活動數目	b. 總節數*	c. 總時數	d. 總參與人數	
2011-2012 學年					<input type="checkbox"/>
2012-2013 學年					<input type="checkbox"/>
2013-2014 學年					<input type="checkbox"/>
2014-2015 學年					<input type="checkbox"/>
2015-2016 學年					<input type="checkbox"/>

* 節數亦指次數，如同一活動分 5 次進行，節數亦當作 5 節。

學生活動（參與人數至少 40 人）

	有提供 (i)				未有提供 (ii)
	a. 活動數目	b. 總節數*	c. 總時數	d. 總參與人數	
2011-2012 學年					<input type="checkbox"/>
2012-2013 學年					<input type="checkbox"/>
2013-2014 學年					<input type="checkbox"/>
2014-2015 學年					<input type="checkbox"/>
2015-2016 學年					<input type="checkbox"/>

* 節數亦指次數，如同一活動分 5 次進行，節數亦當作 5 節。

老師活動

	有提供 (i)				未有提供 (ii)
	a. 活動數目	b. 總節數*	c. 總時數	d. 總參與人數	
2011-2012 學年					<input type="checkbox"/>
2012-2013 學年					<input type="checkbox"/>
2013-2014 學年					<input type="checkbox"/>
2014-2015 學年					<input type="checkbox"/>
2015-2016 學年					<input type="checkbox"/>

* 節數亦指次數，如同一活動分 5 次進行，節數亦當作 5 節。

家長活動

	有提供 (i)				未有提供 (ii)
	a. 活動數目	b. 總節數*	c. 總時數	d. 總參與人數	
2011-2012 學年					<input type="checkbox"/>
2012-2013 學年					<input type="checkbox"/>
2013-2014 學年					<input type="checkbox"/>
2014-2015 學年					<input type="checkbox"/>
2015-2016 學年					<input type="checkbox"/>

* 節數亦指次數，如同一活動分 5 次進行，節數亦當作 5 節。

注意：填入資料即成限閱文件

注意：填入資料即成限閱文件

「健康校園計劃」的資源分配（只須督導人員填寫）

18. 請問 貴機構為提供「健康校園計劃」服務而安排多少前線人手？

（前線人手是指在參與此計劃時到學校提供服務的同工。請只計算在有關學年內參與此計劃超過一個月的同事。如相關同事為半職 / 兼職，請按其工作時數的比例填寫。例如每天工作半日，可填寫“0.5”。如沒有於該學年參與校園測檢 / 校園活動服務，請填寫“0”。）

	校園測檢服務		校園活動服務
	醫護 / 技術人員數目 (a)	社工數目 (a)	社工 / 活動助理數目 (a)
2011-2012 學年			
2012-2013 學年			
2013-2014 學年			
2014-2015 學年			
2015-2016 學年			

----- 問卷完，謝謝 -----

注意：填入資料即成限閱文件

Appendix 3 Research Limitations

A4. Research Limitations

A4.1 The limitations of this Research were mainly influenced by the following factors.

Inter-relationship between the Drug Testing and Preventive Anti-drug Activities

A4.2 At present, most participating schools implemented the drug testing and preventive anti-drug activities in the same period. Therefore, the effectiveness of the drug testing and that of the preventive anti-drug activities were inter-related. It was difficult to separate one from another.

Factors other than the HSP(DT)

A4.3 With the participating schools' accumulation of experience and opportunities for sharing such experience with the non-participating schools, the interchanges and reference between the participating and non-participating schools might bring about a spill-over effect, rendering closer modes of preventive anti-drug education in both categories of schools.

A4.4 In addition, students of both the participating and non-participating schools had the opportunities to obtain anti-drug related information outside the campus. For example, they could obtain anti-drug messages from district-based preventive anti-drug activities organised by district organisations or NGOs. They could also learn about the harmful effects of drugs from promotional clips or programmes in the mass media. Under these circumstances, the changes in students' responses between the pre-test and post-test might have been affected by different factors and not limited to the HSP(DT).

Pre-test and Post-test Limitations

A4.5 The time interval between the pre-test and post-test questionnaire surveys was only about three months. Therefore, the Research Team believed that the effectiveness of the HSP(DT) might not have been fully reflected. The long-term effectiveness should continue to be explored.

A4.6 The Forms Two to Six students of the participating schools had learnt about the HSP(DT) before the 2015/16 school year. Their perception of its effectiveness might be affected by their past experience. There were also difficulties in distinguishing whether the impacts were attained in the long-term or short-term.