Addressing negative attitudes, developing knowledge: the design and evaluation of a bespoke substance misuse module

Martyn Harling¹, Zuzia Goddard², Robert Higson³ and Emma Humphrey⁴

¹ Research Fellow/PBL Facilitator, School of Medicine, The University of Nottingham
² Senior Lecturer/Programme Leader: BA (Hons) Applied Social Work, University of Derby
³ Learning Technology Adviser, University of Derby
⁴ Commissioning Manager, People Services Directorate, Derby City Council

Abstract
Recent calls for the inclusion of substance misuse into social work curricula appear to have been met with a piecemeal and rather sporadic approach from many Higher Education establishments.

The research described in this article set out to determine if a bespoke module, delivered to a group of social work students (n=57), might influence their attitudes and values towards substance misuse and working with substance misusers. A mixed methods approach was used, employing an attitudinal Likert scale and a series of semi-structured interviews (n=10).

Analysis of the quantitative data indicated that there was no significant change in the students' established attitudes over the course of the module, but there was a substantial increase in the number of students (35%) who agreed with the Likert statement 'working with drug users is a rewarding role'. The qualitative element of the research suggested that students felt more prepared for working with substance misusers and had increased their level of substance misuse knowledge since starting training.

Whilst it is prudent to remain cautious when reporting the findings of a small scale research study, the results of the study support the effectiveness of the bespoke module in preparing the students to work with substance users/misusers.

Keywords: Social work students, substance use/misuse module, attitudes and values, substance use/misuse

Introduction
Substance use/misuse is a topic which has divided opinion leading to national and international policies and even war (either rhetorical or actual) over the course of human history (Davenport-Hines, 2001; Nutt, 2012). There are many factors which potentially influence our attitudes on the subject and previous research has identified this is also the case for students entering health and social care professions (Harling & Turner, 2012). The negative attitudes of professionals are important as they have been identified as a barrier to accessing generic services by substance misusers (Neale, Tompkins & Sheard, 2008).

Substance misuse as a focus in social work education

Previous studies have suggested that many qualified social workers feel ill-prepared to work with clients who use or misuse substances (Galvani, 2007; Galvani & Forrester, 2008). Calls for the inclusion of substance use/misuse training into the social work degree have been a focus of debate for some years now. In 2003, The Hidden Harm Report into Parental Substance Misuse identified a shortfall in the training of social workers and recommended that... ‘all social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it. Consideration should be given to the inclusion of such training as a prerequisite for registration by the appropriate professional bodies’ (s.31, p.16). A review of this by Adfam (2013) identified that although services had been developed and some progress had been made in multidisciplinary working, the need for training was still apparent resulting in them calling again for compulsory pre-qualification training on parental substance misuse.
In the same year, Community Care published "What's blocking improvements in substance misuse training for social workers?", reporting that at least a third of qualifying social workers were leaving Higher Education [HE] without having received any substance misuse education, with the majority of those who did receiving less than two days (Galvani & Dance, 2011). Alongside this, recommendations from Building Capacity and Bridging the Gaps: Strand 2: Alcohol and Other Drugs in Qualifying Social Work Education (Galvani & Allnock, 2013) identified that alcohol and other drugs needed to be given greater priority within social work education, thus allowing for a breadth of topics to be covered that linked directly to social work practice, such as mental health and domestic violence. This research indicated that whilst social work curricula in Higher Education were approaching the inclusion of substance misuse, provision had been patchy. Some HE institutions were choosing to focus on explicit training, via bespoke modules, whilst others were taking a more implicit approach, including substance misuse within other areas of teaching.

The social work reforms in 2012 saw the regulation for social work education transfer from the General Social Care Council (GSCC) to the Health and Care Professions Council (HCPC), providing an opportunity for change. This included a move away from National Occupational Standards to the Professional Capabilities Framework, allowing for a re-evaluation of curricula, what was being taught and how this could be developed in response to the recommendations.

**Development and design of a bespoke substance misuse module**

The transfer to the HCPC and the revalidation of the social work programme at one particular HE institution in the East Midlands in 2014 provided the opportunity to evaluate how the substance misuse subject had been included within the old programme and how it was to be implemented in the new. There was a consensus that in light of previous reports and recommendations a more explicit approach should be taken which would include the development of a substance use module. The new module was planned to run for 14 consecutive weeks in the second year of the BA in Social Work.

A working party was created, which included local agencies (both statutory and voluntary), academics and health professionals, with a focus on identifying and agreeing the module content and delivery. The expertise ranged from professionals with a theoretical understanding of the impact of alcohol and drug use on individuals to those working directly with children and families affected by substance misuse. Utilising this expertise allowed the group to identify the most relevant and appropriate subject areas to include in the module as well as to look at how students would then be assessed in order to gauge their development of knowledge and skills. The module content included a range of topics including: the historical context of substance use; the effects of using substances (physical and psychological); the voice of the service user; the link to domestic violence; the impact on families; the rise in prescription drug and painkiller addiction; issues of safeguarding and approaches and methods of managing substance misuse (Cognitive Behavioural Therapy [CBT], counselling, etc.). To challenge attitudes and values, the final lecture was a debate focusing on a Serious Case Review, where students took the positions of different professionals in trying to ascertain whose 'fault' it was that a child had died due to ingestion of methadone. In order to consolidate all of the learning and ensure the students did not consider the module content as isolated subject areas, a case study approach was adopted leading to the creation of the Wilson Family.

The family consisted of Brian, a 55 year old man who was a headmaster at a local secondary school; his wife, Helen, 47 years old, who had been diagnosed with MS and their three children Emily, 7 years old, Rebecca, 14 years old, and Louise, 19 years old. Each had their own concerns or problems which were either related directly to or exacerbated by substance misuse. This included alcohol, prescription medication and recreational drugs such as legal highs.
Rather than using a written overview of the family in the form of a written case study, a video clip of each family member was created, providing a monologue of their situation and feelings about what they thought was happening in their family. Added to this, each monologue was filmed in a suitable setting, so for example, Brian was filmed in his office at school talking about the stresses of his job alongside his role of carer at home, whilst Louise, the eldest daughter was filmed in the halls at her university where she was relating to the need to ‘get away’ from her home situation. This allowed for the inclusion of staged items (bottles of wine, smoking paraphernalia, pill packets, etc.) which would provide clues and signs of substance misuse. Students were then tasked to watch each video and to use their observational and listening skills to analyse and assess each individual. Students would also hear contradictions from each family member (i.e. differing views or interpretations of the situation). This allowed for a more holistic and systematic examination of the situation and highlighted the potential complexities of working with families.

Module assessment

Students were set a formative assessment task at the midpoint in the module in order to inform their thinking and introduce new approaches to interventions. They were asked to critique a journal article on a new approach to care proceedings using the Family Drug and Alcohol Court (FDAC) (Bambrough, Shaw & Kershaw, 2014). The idea behind this activity was to build on students developing baseline knowledge of potential interventions relevant to substance misuse, enable them to reflect on how interventions might be delivered and highlight any shortfalls in their knowledge prior to the end of the module.

The summative assessment for the module was in two parts. For the first part, students needed to make an assessment of each individual involved in the family identifying risk and resilience factors, desired outcomes, suggested interventions and how these could be evaluated to demonstrate they were successful. For the second part, students were asked to write a critical reflection on the impact of assessing a family where substance misuse occurred, linking this to theoretical underpinning, legislative frameworks and values (both their own and in working with other professionals). The aim here was to get them to reflect on their attitudes and values (both personal and professional) and that of other professionals in meeting their responsibility as social workers to safeguard individuals whilst also empowering and promoting choice and independence.

Evaluating the impact of the new module

In order to effectively evaluate the new module a research study was commissioned by a small grant from the university in which the module was delivered. A research assistant was employed to collect and analyse the data from the study in order to maintain an impartial view on the impact of the new module. The research assistant was supervised by the first and second authors who monitored and resolved any issues associated with the research study. However, neither authors were able to access data until after data analysis as they were both involved in the delivery of the new module. This approach was adopted to maintain an impartial approach to data analysis and the reporting of the results from the study.

The aim of the research study was to identify if the substance misuse module influenced the attitudes and confidence of social work students towards engaging with substance users in practice settings.

The objectives were to:
1. Gain an insight into the pre-existing/baseline attitudes of a cohort of social work students towards working with substance misusers.
2. Ascertain if changes in attitudes occurred following the delivery of the new module.
3. Gain an indication of whether students felt more comfortable in working with this client group having received some specific education on the topic.
The overall design of the study was mixed methods using an attitudinal questionnaire, developed by the first author (Harling, 2017) and a series of semi-structured interviews undertaken by the research assistant. A mixed methods approach was adopted in order to gain the most detailed insight into the impact of the module on the students' attitudes and knowledge base. Such a pragmatic approach transcends epistemological concerns about the nature of reality or ontological concerns around how to measure it, providing the 'best understanding of a research problem' (Creswell, 2009, p.11).

There are a range of different approaches to designing a mixed methods study, depending on the sequencing of the quantitative and qualitative elements of the study and whether one approach is given primacy over the other (Creswell & Plano Clark, 2007). In this study both elements were considered concurrently, with data analysis conducted simultaneously in a ‘concurrent triangulation design’ (Townsend, Floersch & Findling, 2010, p.36).

Prior to the start of data collection, students were given an information leaflet, explaining the purpose of the project and the voluntary nature of participation. Students completed the questionnaire during the first five minutes of the first lecture at the start of the module and then completed a second questionnaire after the final lecture. This approach was considered to be the most appropriate option in terms of minimising both the loss of teaching time in the new module and potential disruption for the student cohort. The research assistant was also available to answer any questions which arose during data collection.

Volunteers for semi-structured interviews were sought at the point of delivery of the second questionnaire. Students were asked to complete a slip providing minimal contact details if they agreed to take part in this section of the study. Interviews were conducted in a mutually convenient location on site in the university in which the module was delivered. All participants were asked to sign a consent form and interviews were audio recorded and transcribed verbatim.

Sample

One cohort of second year social work students \( (n=57) \) formed the sample group for the study. Their baseline attitudes were measured at the start of the module (March 2015) and after teaching had ended (June 2015). Volunteers were sought for the semi-structured interviews up to the point where no further information was required to address the research questions, in a pragmatic approach to saturation (Green & Thorogood, 2014). This approach led to ten interviews with students from within the same cohort of social work students who completed the questionnaires. Due to the number of students who were able to participate in the semi-structured interviews, it was decided that it was not feasible to interview a representative sample, based on demographic factors such as age, gender, ethnicity or social background. No incentives were used to encourage participation in the interviews and students were fully aware of their right to withdraw from the interviews at any point, with no consequence to their education.

Data collection tools

The design and development of the attitudinal questionnaire is fully described in Harling (2017). However, in brief, the questionnaire was adapted and developed from existing attitudinal survey tools, such as the Standardized Substance Abuse Attitude Survey [SSAAS] (Chappel, Veach & Krug, 1985), which tend to be rather lengthy and difficult to use. Rassool (2006) developed a shorter attitudinal scale, which he used to measure the attitudes of student mental health nurses, but this scale was deemed to be inappropriate for social work students due to its focus on treatment. The scale used in the current study consisted of 10 Likert statements with the options of 'agree', 'disagree', 'don't know' and 'don't want to comment'. These responses were converted into a summative score for each participant. Participants gained a score of +1 for each positive response to a Likert statement and -1 for each negative response. Hence a
summative score between -10 and +10 was generated for each respondent, with +10 indicating the maximum in terms of positive responses and -10 indicating the maximum number of negative responses (Harling, 2017).

The questionnaire was initially piloted within a cohort of social work students \( (n=85) \) attending a university in the East Midlands and a principal component analysis was undertaken with a sample of \( n=308 \) completed questionnaires (Harling, 2017). Cronbach’s alpha score for all 10 items of the questionnaire was 0.91, indicating high internal reliability.

In the qualitative element of the study, an interview schedule (Appendix A) was used to guide the students towards the focus of the study, whilst at the same time allowing them the possibility of expanding their answers through the use of open-ended questions.

**Data analysis**

Each pair of questionnaires was linked by the use of three unique identifying questions: ‘What was the number of the first house you can remember living in?’; ‘What was the first name of your first friend at school?’; and ‘What was the name of your first pet?’. Data from the attitudinal scale was analysed using appropriate tests for matched paired data.

The semi-structured interviews were initially transcribed verbatim from audio recordings and data were thematically analysed with the aid of the software package QSR N11. Braun & Clarke (2006, p.79) define thematic analysis as ‘a method for identifying, analysing and reporting patterns (themes) within data’. Fielding & Thomas (2008) noted that themes may emerge from coded data, in an approach similar to grounded theory or ‘generated a priori from the research questions or interview guide’ (Fielding & Thomas, 2008, p.259). In this study thematic headings were developed a priori from the interview schedule, thus retaining a focus on the impact of the substance misuse module on the students’ attitudes and knowledge. Initially each interview was read and re-read in order to consider the data at a micro level. Larger sections of data were then coded into the predetermined themes, using QSR N11, in order to add insights relevant to addressing the three research questions set for the study.

**Results**

A Wilcoxon signed-rank test, the non-parametric equivalent of a paired samples t-test (Field, 2009), was used to compare the summative attitude scores for the matched questionnaires \( (n=44) \). This test revealed no significant difference between baseline attitudes and the attitudes of students, following completion of the module \( (z=-0.325, \ p=0.745, \ 2\text{-tailed}) \). This is supported by the mean summative attitude score prior to the module \( (m=5.4, \ sd=2.5) \) and after the module \( (m=5.5, \ sd=2.4) \). However, when considering question 9 of the survey: ‘Working with drug users is a rewarding role’, a 35% increase in the number of students indicating agreement with this Likert statement was recorded at the end of the module.

Harling (2017) used the same scale to measure the attitudes of different health and social care students, including social work students, at the start of their respective courses. In Harling’s (2017) study the social work students \( (n=44) \) scored a lower mean score \( (m=4.6) \) than in the current study \( (m=5.4) \). However, the students measured in the current study were second year students, who had already undertaken practice placements within their course, whereas the participants in Harling (2017) were new to social work education, which may explain the discrepancy. Students undertaking social work education are taught about attitudes and values at an early stage of their course and throughout their training and might be expected to express different views at the beginning of their course to those expressed in their second year. This perspective was supported by two of the interviewees who specifically commented on the impact of this earlier module.
Well I would say that my views changed in the first year because we did a module on attitudes and values.

Interview 3 (Male Student)

The interview data provided more detailed information about the students’ views on substance use/misuse in general, their knowledge levels and perceptions of the module and its content and practice experience linked to substance use/misuse. This data was coded into four themes entitled ‘Views’, ‘Knowledge’, ‘Practice experience’ and ‘Future practice’. Each of these four themes will be considered using quotations from the interviewees to emphasise key points. All of the points raised by the interviewees will be indented and in italics.

Views

Whilst expressed views do not necessarily reflect underlying attitudes (Aronson, Wilson & Akert, 2010), all interviewees were asked to indicate their views towards illicit drug use and working with drug users/misusers and to discuss what had influenced these views. The opening question asked interviewees to rate their view of illicit drug use on a scale between 1 and 10, with 1 being very much against illicit drug use and 10 being in favour of individual choice. The majority of the interviewees (n=8) situated their view in the middle of the scale (5) with only one interviewee stating that they would score 2 and a second that they would score 3. The interviewees tended to explain their mixed views by contrasting the perceived harms or benefits to the individual drug user and by considering the impact of drug use on close contacts, or dependents such as family and children.

Some drugs you see do see have, although they might be illegal, but I do know some people find them useful in certain types of conditions. From a medical point of view and a therapeutic point of view. I think this influence is from hearing about people who have a medical condition who have taken certain drugs. What is harmful? What is harmful? Cigarettes are harmful, alcohol is harmful, why is it that governments and society say that, that is good and that is bad.

Interview 9 (Female Student)

I think it depends on who is going to be affected by it, if you’ve got parents and it’s going to affect the children…

Interview 8 (Female Student)

Whilst the majority of the students (n=6) stated that they had changed their views on illicit drug use since starting their course, only two students attributed this directly to the substance misuse module. When asked about what had influenced their views, Interviewee 7 (Female Student) commented:

Urm, yeah I think it was the substance misuse module.

Although participant 7 also went on to note that they had undertaken some substance misuse training with a local authority, whilst on placement, and this was also mentioned as an important factor in influencing their views.

Of the students who suggested that their views had changed, three students commented that their views on substance misuse had generally altered as a result of entering social work education as opposed to undertaking the specific module.

I think as the course has gone on I probably recognise how values and opinions are altered and shaped.

Interview 8 (Female Student)
Well, um, I have a lot more knowledge about illicit drugs now. I didn’t realise some of the effects it could have, I didn’t understand particularly the medical side very well or the social side. I didn’t really view drugs holistically, I saw it as, you know, I think before I went on this course I guess you could say I thought people taking drugs were just, err, junkies I guess and when you think about it there’s a lot more to it than that. It’s definitely changed my viewpoint. It’s made me think about why, why they do those illicit drugs, so it’s definitely influenced me, so yeah.

Interview 3 (Male Student)

Some interviewees further alluded to the fact that their attitudes toward drug use were formed prior to entering social work education. Interviewee 5 (Female Student), when asked about the influences on her views, commented:

I think it’s my personal beliefs and my cultural background.

It is perhaps understandable that such established views may require rather more than a single specialist module to initiate significant change.

**Knowledge**

Despite inconclusive evidence to support a change in the students’ attitudes attributable to the module, there were clearer indications suggesting that the interviewees were able to identify developments in their knowledge base. All of the interviewees were questioned about their self-perceived knowledge base linked to substance use/misuse. The majority of the interviewees made a distinction between their prior knowledge of illicit drugs and their knowledge base after participating in the module. Only one of the interviewees stated that they had a reasonably good level of understanding about illicit drugs, prior to undertaking the module.

I would probably say, fairly knowledgeable. A sound level of knowledge.

Interview 3 (Male Student)

This was in contrast with the remaining students who all felt their level of pre-existing knowledge to be lacking. Rather more typically, Interviewee 4 (Female Student) commented:

Hmm, not very knowledgeable and you know, I knew nothing about drugs. What I was told is it’s just drugs, it’s bad for you and I was brainwashed to the fact that you do drugs, you go to hell, you do this you go to hell.

Interview 4 (Female Student)

This perceived lack of knowledge around substance use/misuse raises concerns if we accept the premise that substance use/misuse is a significant issue for many social worker practitioners. In terms of addressing this deficit in knowledge, three interviewees specifically linked changes in their knowledge base to entering social work education and undertaking the substance use/misuse module.

Bigger, better, greater understanding of, um, the types and the environments and situations people are in affects their thought processes and why they do certain things.

Interview 10 (Male Student)

**Practice experience**

Several interviewees (n=5) stated that they had already worked in services or settings where substance use/misuse had presented as a challenge or issue.

Well I’ve seen um, I’ve seen the effects of Mcat, glue, solvents, petrol, skunk, cannabis and legal highs, I’ve see the effects of those…

Interview 10 (Male Student)
Although this was not always experience gained whilst on the students’ social work course.

> *Urm yeah, not from placement here though, it was through some voluntary work.*

Interview 6 (Female Student)

Whilst students may well have gained experience prior to entry into social work education, the fact that several of the interviewees had worked with substance users/misusers at an early point in their course, tends to reinforce the need to introduce the subject at an early stage in the curricula. Interviewee 5 (Female Student) commented:

> *I think it would be a good idea if we had a longer length module so we could have a better understanding, a deeper understanding, and also it should be taught in the first year, because we didn’t have any placement in the first year and we were not taught any of this and when I was put into placement it threw me.*

**Future practice**

Increases in self-perceived knowledge may be seen as immaterial if this is not transposed into improved interactions in future practice settings. The interviewees in the current study were questioned about the implicit links between the theoretical knowledge and practicalities of living with substance misuse considered in the module, and their future work in practice placements.

> *I think, yeah. I’d be able to bring in knowledge about how you interact with people and all that jazz, but you’d need to take them as they are so if they’re coming in, you’ve got to try and get on their wavelength. I think if I go on placement next time and I see somebody or work with people that are using, I would be able to watch and then bring in the knowledge as well, so yeah, I suppose in that respect it [the module] has helped.*

Interview 2 (Female Student)

When asked about whether they felt more prepared for practice placements, the majority of the interviewees (n=7) suggested that they felt more prepared after participating in the module.

> *Yeah, every part of the module’s helped with the perception of it. Due to the fact the different things that we’ve been taught throughout and what to look for and the recognition, urm, and also how it works within families and different impacts it has on different family members. Urm, even if you stop one using, it’s the impact on everybody.*

Interview 1 (Female Student)

In addition to reporting increased levels of knowledge, Interviewee 8 (Female Student) specifically noted:

> *That’s the best thing because if I went into placement or practice I think I will remember organisations I can contact for information.*

This suggests that the multi-disciplinary approach used in developing and delivering the module, may have influenced the students to view substance use/misuse from a wider perspective than simply considering social work roles.
Discussion

In developing the new module the focus was on the use of a constructivist approach to learning, where the learner is encouraged to see the ‘big picture’, rather than simply focusing on discreet aspects of the topic (Scales, 2008). New knowledge, concepts and theories are cognitively constructed into an organising structure (schemata) by a learner. Facilitating how schemata evolve and grow becomes the role of the teacher (Scales, 2008), as opposed to simply depositing knowledge in what Freire (1996) termed the ‘banking’, more traditional, approach to education.

The design of the module encouraged the students to engage with the study of substance use/misuse at a meaningful level. Encouraging students to take an interest in understanding the concepts, themes and ideas behind the topic is a key aspect of the constructivist approach (Scales et al., 2011). The idea was to enable the students to appreciate the impact of substance use/misuse on each member of the Wilson Family.

*Urm, we had a couple came in with regards to, well we had a family, all to do with our assignment.*

*Which was fabulous, they put, they put a video, each member of the family has their own video on Blackboard (the University’s online learning platform) and they’re giving you their perspective of how they see their family life and they actually came in, we actually questioned them, urm…*

*Which was brilliant, absolutely, they all stayed in character. They knew their background, they knew their story and they would have acted as that family would have acted.*

Interview 1 (Female Student)

Many of the interviewees commented on how the video material added to their ability to link theoretical perspectives to the reality of a family affected by substance misuse. This focus on the links between the reality of substance use and an understanding of underlying knowledge and theoretical perspectives was identified as an important learning experience by the students in the study. From a theoretical perspective, the use of more applied approaches to learning such as case studies and simulation have been recognised as encouraging deep learning within the constructivist paradigm (Scales, 2008).

Several interviewees (*n=4*) discussed the issue of timing, raising the view that substance misuse should be raised as a subject earlier in the curriculum and linked into early practice placements, where students may work with substance users/misusers. What was encouraging, as a validation for including the standalone module in the social work curriculum, was the students expressed acknowledgement of the importance of gaining knowledge and skills linked to substance use/misuse and their relevance to practice settings.

Whilst there is a limited amount of research associated with the focus of the current study, one UK study did consider the attitudes and knowledge of social work students linked to illicit drug use. Galvani & Hughes (2010) developed a questionnaire to measure attitudes towards working with individuals using alcohol and illicit drugs and assess the training needs of the respondents. This questionnaire was employed in a cross-sectional pilot study within the University of Birmingham (UK). It was completed by 121 students with the sample consisting of 43 undergraduate students, 41 undertaking a masters’ programme leading to qualified social worker status and 36 students on a Children and Family Post-qualifying [PQ] Social Work programme. Galvani & Hughes (2010) acknowledged that their questionnaire required further reliability testing, but concluded that the majority of the student and qualified social workers in their sample lacked confidence in their level of knowledge about substance misuse. They noted the significance of the social workers’ and social work students’ perceptions of their knowledge base, support from colleagues in the practice setting and feelings of legitimacy when asking
questions about drug and alcohol use. The findings reported by Galvani & Hughes (2010) contrast with the students in this study who felt better equipped to work with substance users after completing the module.

The attitude scale used in the current study did not appear to support any significant change in the students' attitudes toward illicit drug use. However, as Harling & Turner (2012) pointed out in their study of the factors influencing the attitudes of student nurses toward illicit drugs, there are many factors which influence attitudes and it is therefore unsurprising that a change of attitudes was not measured over the course of a single module.

Conclusion

Whilst drawing wider conclusions from a relatively small scale research project requires caution, particularly in an area of study where there is a limited evidence base, the current study does contribute to ongoing debates around the inclusion of substance use/misuse in social work curricula. The importance of the students seeing substance misuse in the context of family life was reported as significant and the use of a blended approach to learning, which included video material and the use of tools such as risk assessment documentation, appeared to be valued by the students involved in the module. Incorporating such features into the design of similar modules is supported by the findings of this study.

Students also appeared to value input from specialists in the substance misuse field and the input of service users with experience of substance misuse, thus validating the working party multi-disciplinary approach to developing the module; a further point for consideration when designing and delivering similar modules.

Some interviewees also expressed the view that the module should have been delivered earlier in their course, thus preparing them for contact with substance users prior to contact in practice settings. This point is worthy of consideration, but does raise difficulties in terms of the complexities of developing a coherent curriculum, balancing the need to incorporate a range of important content.

Despite the fact that the attitude questionnaire used in the study did not suggest a significant change in the students' attitudes, support for their increased confidence in working with substance users was demonstrated across both quantitative and qualitative data. Confidence and an improved knowledge base are likely to positively impact on how those seeking support and help perceive their interaction with a social worker when accessing the services they require. Thus the approach to developing a bespoke substance misuse module described in this article can be seen as a starting point to improve interactions in the practice setting.

References


**Notes on Contributors**

**Dr Martyn Harling** works as a Research Fellow and Problem Based Learning (PBL) Facilitator at The University of Nottingham, School of Medicine. He has extensive experience working as a nurse practitioner in substance misuse services and has taught social work students at universities in the East Midlands. His PhD focused on the attitudes of health and social care students towards illicit drug use.

**Zuzia Goddard** is a qualified and registered social worker as well as being a qualified Practice Educator. She is a Fellow of the *Higher Education Academy* and holds a Master of Education from the University of Derby. Her interests are in Safeguarding Adults with a focus on substance use and misuse.

**Robert Higson** is a Learning Technology Adviser specialising in the creation and use of educational media. With a background as a Video Producer and Director, his interests lie in developing filmmaking and narrative techniques underpinned by pedagogic principles. He holds an MA in Creative and Media Education from Bournemouth University.

**Emma Humphrey** is a Commissioning Manager at Derby City Council. She was employed as the Research Assistant in the study.

**Correspondence**

Dr Martyn Harling  
The University of Nottingham  
Division of Medical Sciences and Graduate Entry Medicine  
The School of Medicine  
Royal Derby Hospital Centre  
Room 3020  
Uttoxeter Road  
Derby DE22 3DT  
E: m.harling@nottingham.ac.uk


Appendix A: Interview Schedule

Views
Imagine a scale from 1 to 10, with 1 being very much against illicit drug use and 10 being in favour of individuals being able to choose if they would like to use a particular drug.

Where would you say you fall?
What has influenced this view?
Would you say your views have changed since starting your course?
Would you say your views have changed since starting the ‘Substance Use’ module?

Knowledge
How knowledgeable would you say you are on the topic of illicit drugs?

Practice Environment
In practice settings have you worked with individuals known to be using illicit drugs?

What was this experience like?
What is your view of working with illicit drug users?

Future Practice
Do you feel prepared to work with illicit drug users in future placements or when you qualify?

Have any of the taught elements of your course helped you to feel prepared?