

CHAPTER 3

Drug Abuse Prevention Curricula in Schools

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INTRODUCTION

Schools are the focus of most attempts to develop effective approaches to drug abuse prevention. In addition to their traditional educational mission, schools often assume responsibility for addressing a variety of social and health problems, such as health education that targets tobacco, alcohol, and drug abuse, as well as teenage pregnancy and AIDS. Although there is some debate about whether schools should provide such programming, particularly with renewed concerns about academic standards, schools offer the most efficient access to large numbers of children and adolescents. Moreover, many educators now recognize that certain problems, such as drug abuse, are a significant barrier to the achievement of educational objectives. The U.S. Department of Education, for example, has included “drug-free schools” as one of its goals for improving the quality of education.

The first school-based approaches to drug abuse prevention were based on intuitive notions of how to prevent drug abuse. They included information dissemination, affective education, and alternatives programming. More recent approaches to prevention are grounded in psychological theories of human behavior and include social resistance skills training and competence-enhancement approaches. This chapter will first describe the traditional prevention approaches and then the newer psychosocial approaches. Finally, it will look at important issues regarding the development, implementation, evaluation, and dissemination of school-based drug abuse

TABLE 3.1. Overview of Major Prevention Approaches

Approach	Focus	Methods
Information dissemination	Increase knowledge of drugs and consequences of use; promote anti-drug use attitudes	Didactic instruction, discussion, audio/video presentations, displays of substances, posters, pamphlets, school assembly programs
Affective education	Increase self-esteem, responsible decision making, interpersonal growth; generally includes little or no information about drugs	Didactic instruction, discussion, experiential activities, group problem-solving exercises
Alternatives	Increase self-esteem, self-reliance; provide viable alternatives to drug use; reduce boredom and sense of alienation	Organization of youth centers, recreational activities; participation in community service projects; vocational training
Social resistance skills	Increase awareness of social influence to smoke, drink, or use drugs; develop skills for resisting substance use influences; increase knowledge of immediate negative consequences; establish non-substance-use norms	Class discussion; resistance skills training; behavioral rehearsal; extended practice via behavioral "homework"; use of same-age or older peer leaders
Competence enhancement	Increase decision making, personal behavior change, anxiety reduction, communication, social and assertive skills; application of generic skills to resist substance use influences	Class discussion; cognitive-behavioral skills training (instruction, demonstration, practice, feedback, reinforcement)

prevention programs. Table 3.1 summarizes the focus and methods of each major type of prevention approach. Tables 3.2 through 3.5 review research evidence on the effectiveness of each approach.

TRADITIONAL PREVENTION APPROACHES

Information Dissemination and Fear Arousal

Providing students with factual information about drugs and drug abuse is the most common approach to prevention. Typically, students are taught about the dangers of tobacco, alcohol, or drug use in terms of the adverse health, social, and legal consequences. Information programs also define various patterns of drug use, the pharmacology of drugs, and the process of becoming a drug abuser. Many of these programs describe the pros and cons of drug use or have students participate in debates in order to lead them to conclude that they should not use drugs. Some programs have police officers come into the classroom and discuss law enforcement issues, including drug-related crime and penalties for buying or possessing illegal drugs. Others use doctors or other health professionals to talk about the adverse health effects of using drugs or invite former drug addicts into the classroom to discuss the problems they encountered as the result of drug abuse. More recently, there has been an emphasis on using same-age or older peers to discuss drug abuse.

TABLE 3.2. Selected Studies Testing Informational Approaches^a

Investigator(s)	Participants	Intervention approach	Evaluation design	Results
Degnan (1972)	9th-grade students	10 weeks, information based	Pre-post	No significant attitude changes
O'Rourke & Barr (1974)	High school students	6-month course using NY state curriculum guide	Post-test only	Significant attitude changes for males only
Rosenblitt & Nagey (1973)	7th-grade students	Six 45-min sessions; information based presented as reasons for use and nonuse	Pre-post; no control group	Increased knowledge; trend toward increased usage of alcohol and tobacco

^a Adapted from Kinder, Pape, & Walfish (1980).

Programs that rely exclusively on providing students with facts about drugs and drug abuse are based conceptually on a cognitive model of drug use and abuse. This model assumes that people make a more or less rational decision to either use or not use drugs and that those who use drugs do so because they are unaware of the adverse consequences of drug abuse. From this perspective, the solution to the problem of drug abuse is to educate students about the negative consequences of drug abuse and increase their knowledge about drugs and drug abuse. Frequently, in an effort to present information in a fair and balanced way, both positive and negative information about drug use is provided. The danger in this, of course, is that the reasons for not using drugs may not necessarily be seen by all students as outweighing the reasons for using drugs. In fact, some studies suggest that informational approaches may lead to increased drug use because they can stimulate curiosity (Stuart, 1974; Swisher et al., 1971). Table 3.2 summarizes a representative sample of studies evaluating traditional information-dissemination approaches.

In an effort to dramatize the dangers of using drugs, some programs also use fear-arousal techniques designed to scare individuals into not using drugs. The underlying assumption is that evoking fear is more effective than a simple exposition of facts. These approaches go beyond a balanced and dispassionate presentation of information and provide a clear and unambiguous message that using drugs is dangerous. Finally, some informational approaches are combined with moral appeals to not use drugs because of the fundamentally debased nature of drug abuse. In these programs providers not only offer factual information about drugs but also preach to students about the evils of smoking, drinking, or using drugs, and exhort them to avoid such behaviors on religious or moral grounds.

EFFECTIVENESS. One problem that has plagued the field of prevention is that, until recently, there were few high-quality evaluation studies. In fact, most of the published reports on drug abuse prevention programs in the 1970s and early 1980s either did not have evaluation components or used evaluation methodologies that were seriously flawed (Schaps et al., 1981). Most of the evaluation studies that were conducted focused on knowledge and attitudes instead of on actual drug use. Evaluation studies of informational approaches to prevention tended to show some impact on knowledge and anti-drug attitudes but consistently failed to show any impact on tobacco, alcohol, or drug use or intentions to use drugs. Several meta-analytic studies confirmed this overall lack of behavioral effects. In a meta-analysis of 143 adolescent drug education programs, Tobler (1986) reported that information-based programs had an impact on drug knowledge but had no effect on other outcome measures, including drug use. In a separate meta-analysis

of 33 school-based drug education programs, Bangert-Drowns (1988) found positive effects on knowledge and attitudes but no effects on drug use. Consequently, the existing literature calls into question the basic assumption of the information–dissemination model—that increased knowledge will result in attitude and behavior change. In summary, while it is likely that an awareness of the hazards of using drugs does play some role in deterring drug use, it is increasingly clear that the causes of drug abuse are complex and that prevention strategies that rely either solely or primarily on information dissemination are simply not effective.

Affective Education

Another common approach to drug abuse prevention is known as “affective education.” Rather than focusing on cognitive factors, affective education approaches assume that promoting personal affective development in students will directly reduce the likelihood of drug abuse. Affective education approaches often include content on decision making, effective communication, and assertiveness, and many include content on norm-setting messages. For example, the affective approaches sometimes include material showing that most people who smoke or use alcohol do so in a responsible manner.

EFFECTIVENESS. Like informational approaches, affective education has produced disappointing results. Although affective education approaches can have an impact on one or more of the correlates of drug use, they have not demonstrated an impact on drug use (Kearney & Hines, 1980; Kim, 1988). Rather than focusing on skills training, these programs typically emphasized experiential games and classroom activities designed to target personal growth, self-understanding, and self-acceptance. However, there is no evidence that these exercises actually improved decision making, assertiveness, or communication skills. Furthermore, it now seems likely that responsible-use messages may have been counterproductive by conveying the message that drug use is acceptable as long as it is done in a responsible fashion. Other limitations of the affective education approach are the failure to link program content to drug-specific situations and failure to acknowledge the role of social influences and peer pressure in adolescent experimentation with drugs. In summary, while more comprehensive than information–dissemination approaches, the affective education approach to drug abuse prevention has several major weaknesses, including a narrow and incomplete focus on the causes of drug abuse and the use of ineffective methods to achieve program goals. Table 3.3 summarizes a representative sample of studies that evaluated affective education approaches.

Alternatives Programming

The idea behind alternatives programming is to provide adolescents with activities that can serve as alternatives to drug use. The original model for this prevention approach included the establishment of youth centers that provided a set of activities, such as sports, hobbies, community service, or academic tutoring. It was assumed that if adolescents were provided with real-life experiences that were as appealing as drug use, these activities would take the place of involvement with drugs. Outward Bound and similar programs represent a second type of alternatives approach. They were developed in the hope that they would alter the affective–cognitive state of participants and improve the way they feel about themselves, others, and the world. These programs provide typically healthy, outdoor activities designed to promote teamwork, self-confidence, and

TABLE 3.3. Selected Studies Testing Affective and Alternative Approaches

Investigator(s)	Participants	Intervention approach	Evaluation design	Results
Moskowitz et al. (1982)	3rd–4th-graders	42 sessions over 2 years; Magic Circle technique designed to increase opportunities to communicate in small groups; implemented by teachers	Pre–post; follow-up (1 year)	No difference between those in Magic Circle and controls on variables relating to drug use and variables measuring drug use
Schaps et al. (1984)	4th–6th-graders	Effective Classroom Management (ECM) focuses on general teaching style; incorporation of communication and nonpunitive discipline skills with self-esteem enhancement by teacher; implemented by teachers	Pre–post; follow-up (1 and 2 years)	No pattern of effects for ECM was observed for either elementary or junior high school students
Malvin et al. (1985)	7th–8th-graders	12-session training by teachers of peer tutors (cross-age peer tutoring); tutors help younger children 4 times per week for a semester	Pre–post; follow-up (1 and 2 years)	Students liked tutoring but disliked weekly meetings; no effects on outcome variables such as self-esteem and school liking
Malvin et al. (1985)	7th–8th-graders	1 period per day for a semester; students work in a “school store” 2–3 times per week	Pretest; follow-up (1 and 2 years)	Students liked daily class sessions and working in store; no effects on outcome variables such as self-esteem and school liking
Schaps et al. (1982)	7th–8th-graders	12 sessions; decision making, goal setting, assertiveness, advertising, social influences; knowledge of drugs; implemented by teachers	Pre–post; follow-up (1 year)	Effects only on 7th-grade girls’ drug knowledge, perception of poor attitudes; but results disappeared at follow-up; no effects for 8th grade girls or boys



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