

# Substance Abuse Prevention Takes to the Classroom

Researchers finally think they know what can keep kids away from drugs and alcohol. Now they hope legislators will make sure money set aside for such programs is spent effectively.

By Olivia Mayer

By the time children reach eighth grade, nearly one in four has tried marijuana, a quarter have been drunk and one in five has sniffed inhalants. More than half have tried beer, wine or the like. The number of teens receiving substance abuse treatment on any given day between 1991 and 1996—when illicit drug use soared among adolescents in this country—almost doubled from 44,000 to 77,000.

But children start experimenting way before that.

Two percent of fourth graders (9- and 10-year-olds) huff inhalants on a monthly basis, and nearly 8 percent have tried beer, according to a recent nationwide survey by the National Parents' Resource Institute for Drug Education. Kids also say such substances are "easy to get."

How do we get them to stop before they even start? Researchers agree the best defense is comprehensive prevention involving the community, parents, the media and schools. For years, the bulk of the effort has been waged where kids are most accessible—school. But schools might not be doing all they can. Some experts say state leaders need to take a look at more successful and sophisticated programs that are working in a handful of places.

## FOCUSING ON WHAT WORKS

School prevention programs today are far more sophisticated than those of 30 years ago when they made their debut. As the body of research on what works has grown,

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programs have changed.

Initially, if substance abuse prevention was introduced at all, it was maybe a one-time discussion in health class or during a special assembly preaching what alcohol and drugs were and about their dangers. These attempts gave way to emotional and moralistic appeals that often bordered on, if not

crossed into, scare tactics. Sometimes, prevention addressed the self-esteem and emotional well-being of students.

About 15 years ago or so something called the "social influences" strategy was developed, and it appears to be working, says Doug Longshore of the Drug Policy Research Center of RAND, a nonprofit research and analysis group. Successful programs include two major components, "normative education" (in other words letting kids know that not everybody is doing it) and resistance skills.

"Kids typically overestimate how widespread drug use really is," says Longshore. Actual statistics, he adds, "come as a real eye-opener and take a lot of the peer pressure off."

Teaching resistance skills gives kids effective ways of saying no. Kids role-play or act out situations like being offered a cigarette. Videos and workbooks give examples. Rather than a simple no thank you, Longshore explains, kids are taught to say things like, "No thanks, I'm running track." Or "No, I don't smoke. Let's get a soda instead."

The results from such programs—Project ALERT, developed by RAND, and the Life Skills Training program from Cornell University Medical College to name a couple—have been impressive.

More than a dozen studies show Life Skills Training can reduce tobacco, alcohol and illicit drug use by an average of 50 percent when schools using the prevention program are compared with control groups. Even more impressive are studies that have shown that six years after participating in the program, kids are still saying no to alco-

hol and other drugs.

"We now have solid scientific evidence that prevention can work—with the right kind of prevention program and when properly implemented," says Gilbert Botvin, professor and director of the Institute for Prevention Research at Cornell University Medical College and developer of the proven program called Life Skills Training.

Botvin's program has won the approval of the Centers for Disease Control and Prevention, the American Medical Association and the American Psychological Association, who all call it a program that works. The U.S. Office of Juvenile Justice and Delinquency Prevention gives funding to middle schools and junior high schools who want to implement the Life Skills Training Drug Prevention Program.

The program usually starts in sixth grade with 15 sessions lasting about 45 minutes each. Seventh graders get 10 sessions and eighth graders five lessons. By reinforcing social and psychological factors that discourage substance use and abuse, the training provides students with refusal skills so they can choose not to use tobacco, alcohol and drugs. It also builds students' sense of self-worth and confidence and gives them tools needed to cope with social anxiety. They also learn the consequences of substance use.

This summer, West Virginia trained 87 percent of its sixth grade teachers in the Life Skills program and intends to train the rest of them this fall.

#### SPENDING FEDERAL MONEY

Experts at the U.S. Department of Education's Drug-Free Schools and Communities program, the No. 1 source for prevention funding for schools, want to change the way federal funds are being used.

Last year, the federal program, which gives some \$500 million annually to states, school districts and schools, issued its principles of effectiveness. The four-part rule requires schools and districts that receive such money to:

- ◆ Use objective data to identify their needs.
- ◆ Establish measurable goals and objectives for their programs.
- ◆ Implement programs of demonstrated effectiveness.
- ◆ Assess progress toward achieving state goals.

The rule change came on the heels of a Department of Education-sponsored study of

## PREVENTION AT ITS BEST

Forget red ribbons, refrigerator magnets, bumper stickers, pledges of swearing off drugs and alcohol, and threats about killing brain cells. In the Child Development Project, one of seven model prevention programs selected by the federal Substance Abuse and Mental Health Services Administration, marijuana, alcohol and other substances are never even mentioned.

"Not in any way, shape or form," says its developer Eric Schaps. Instead, the highly acclaimed program to prevent substance abuse in high-risk children focuses on transforming elementary schools into "caring communities of learners."

Younger students are paired with older kids in weekly classroom activities. Parent involvement is encouraged through once or twice monthly homework projects. The connections between the school and the families it serves are fostered with special events like a Family Read-Aloud and a Family Heritage Museum.

The classroom climate itself is changed with an emphasis on cooperative learning and a teaching approach that helps students take responsibility for establishing classroom norms and managing their own behavior.

The idea, says Schaps, is to "make schools a place of connection and value. Once you get kids bonded to schools, they continue to do better."

And not just academically or socially.

Students from schools in Jefferson County, Ky., Dade County, Fla., and White Plains, N.Y., who participated in a demonstration project for Schaps's program, reduced their substance use significantly: Alcohol use fell 11 percent; marijuana, 2 percent; and tobacco use, 8 percent.

According to a 1997 report of the National Longitudinal Study on Adolescent

Health, the closer teens are to their parents and the more connected they feel to school, the less likely they are to smoke, drink or use other drugs.

This feeling of connection, Schaps says, is one of the essential factors in protecting kids from substance abuse. Given that, Schaps believes prevention programs that focus on school bonding could be the "wave of the future."

Another award winning program, Across Ages, was developed in Philadelphia. It pairs middle school students with elders in the community and includes community service activities along with a curriculum of problem solving and resistance skills and parental involvement.

Other school-based prevention programs worth looking at are:

- ◆ The Michigan Model for Comprehensive School Health, grades K-12. Available through the Michigan Department of Community Health, (517) 335-8390, [www.emc.cmich.edu](http://www.emc.cmich.edu).
- ◆ Life Skills Training, grades 6-8 or 7-9. Available from Princeton Health Press, (800) 636-3415, [www.lifeskillstraining.com](http://www.lifeskillstraining.com).
- ◆ Project ALERT, grades 6, 7 or 7, 8. Available through the BEST Foundation, (800) ALERT-10, [www.projectalert.best.org](http://www.projectalert.best.org).
- ◆ Reconnecting Youth, grades 9-12. Available through the National Educational Service, (800) 733-6786, [www.nesoline.com](http://www.nesoline.com).
- ◆ STAR (Students Taught Awareness and Resistance), grades 5-8. Available through the Department of Preventive Medicine, University of Southern California, (213) 865-0325.

More information about each of these programs is in *Making the Grade from Drug Strategies* at 1575 Eye Street, NW, Suite 210, Washington, D.C. 20005. Or call (202) 289-9070 or visit their Website at [www.drugstrategies.org](http://www.drugstrategies.org).

school-based drug prevention programs that discovered districts "rarely implemented" programs that have been shown to work. The study, which involved 19 school districts, found that the most common program components were student instruction, student support such as counseling or peer mediation and special events. The study suggested that the best programs were those

with a full-time prevention coordinator. Not surprisingly, the survey also showed that the amount and content of prevention programming varied from classroom to classroom and school to school. It found that teachers and counselors did not have enough "time, support, training or motivation" to provide all the instruction that they had planned to provide.