INTRODUCTION

Drugs are still a problem facing our children. Studies have proven that prevention programs are beneficial to our children. In fact, one study states that for every $150 spent per child, a program $840 is saved in crime and healthcare costs (Gaultikin, Chicco, & Paddock, 2005). In this module, we will look at two similar lessons: one for fifth grade and one for school aged children. These lessons are designed to help prevent children from using drugs, as well as reduce the number of children who are already using them.

LITERATURE REVIEW

Drugs and School-Based Prevention

What is considered a drug in this discussion? Alcohol, tobacco, and any other illicit or illicit drugs, such as marijuana, cocaine, and prescription medications (prescription medications not being used as prescribed, more and less, yet taking more one day than less another day) need to be considered as abusing drugs) are considered a drug in this paper. Many schools have implemented drug prevention programs, but most of these programs last for a school year, two, or maybe three. For the programs that last for two or three school years, the second and third year are merely booster sessions, reinforcement of the first year of education about drugs.

Good Behavior Game (GBG)

A school-based drug prevention program for first and second graders is called the Good Behavior Game (GBG). Evaluations for the GBG say that it teaches discipline over the course of two years and has reduced drug use for children, when they get older. The GBG also proves to have financial benefits, compared to costs, of which are less health care needed and less need for the court system, two places where those addicted to drugs seem to come into contact, in which the costs of use come out of the taxpayers' pocket. All this, without mentioning drugs in the program.

Too Good For Drugs (TGFD)

There is one program researched, that has different levels of education from kindergarten through the twelfth grade. The program is called Too Good For Drugs (TGFD). Student drug consumption or non-consumption is not mentioned in the research. What is mentioned is student's 'intention' of non-use. No yearly studies, which improvements or lack of, year to year drug consumption were found. Evaluations should describe 'actual' consumption or non-consumption of use of drugs. It is important to get new evaluations of yearly drug consumption, starting in the sixth grade, if not earlier. If results are positive, TGFD may be a candidate for the kindergarten through twelfth grade school-based drug prevention program, which is being searched for.

TWO IMPORTANT CONCERNS

When evaluating a drug prevention program there are two important concerns when determining its effectiveness. One is determining if the program actually fulfills its intentions or goals. The second concern is if the financial benefits outweigh the costs to run the program. On determining effectiveness: goals can consist of the program helping in lessening binge drinking, helping in lessening arrests, adolescents being sent to the juvenile detention center, and others. The intentions of most goals asks, “Does the drug prevention program actually adolescents or adults, whom went through a drug prevention program, from using or abusing drugs?” These individuals are compared to individuals who did not go through a drug prevention program, usually called the control group, when doing a study.

LIFE SKILLS TRAINING (LST)

A program very well to consider is Dr. Gilbert Botvin's Life Skills Training (LST) program. Dr. Botvin has been in the drug prevention program industry for more than 30 years. Though LST uses programs with 'booster' sessions, these school-based drug prevention programs are considered effective in all evaluations researched and financially actually work. LST sessions are reinforcement lessons in the year or two following the initial learning year about drugs. LST has programs for elementary school, grades 3-6; level 1, 1-3 grade; level 2-5 grade; level 3-5 grade; middle school, grades 6-9; level 1-6 grade; level 2-8 grade; level 3-8 grade; high school, grades 9 or 10, and the transition program, grades 11 or 12. It is possible that in 10 years of school-based drug prevention? Or is it necessary to install another program? Following is the 1-3 grade lessons.

EDUCATION TO OTHER STUDENTS? Another issue to consider is why all students are not receiving some sort of structured drug prevention program, whether it be in school or in the community? This issue should also be researched because if students are not receiving any form of structured drug prevention in their K-12th grade school years, then local, state, and federal governments should be made accountable for this unethical doing, because it is proven that effective school-based drug prevention programs demonstrate a positive benefit-to-cost ratio.

CONCLUSIONS

Based on the research, it is proposed that all students, regardless of kindergarten through twelfth grade, will receive a school-based drug prevention program. Teaching students about drugs is similar to teaching other core subjects, children and adolescents need year after year to get a grasp of what drugs and drug behavior is about. Putting together programs or using one that is already made for kindergartners through twelfth grade needs further research. If the results of an evaluation for a program being used over a course of one, two, or three years proves effective, and have financial benefits, there should be no reason school-based drug prevention programs should not be used for kindergarten through twelfth grade. (Knowles, 2001; Rabor, Gaultikin & Edwards, et al. 2010).

REFERENCES