The Need for School-Based Drug Prevention Programs in the Curriculum

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INTRODUCTION

Drugs are still a problem facing our children today. Studies have proven that prevention programs are beneficial to our children to face, in fact, one study states that for every $150 spent on a child’s program, $440 is saved in crime and healthcare costs (Caullkins, C., Pardridge, P., 2009). While the single best drug for our children from kindergarten to the way through high school, instead of one or a couple of years. Therefore, this study is to explain the need for implementing school-based drug prevention programs from kindergarten through twelfth grade.

LITERATURE REVIEW

Drugs and School-Based Prevention

What is considered a drug in this discussion? Alcohol, tobacco, and any other illicit or licit drugs, such as marijuana, cocaine, and prescription medications (prescription medications not being used as prescribed, more not less, yet taking more one day than less another day needs 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 tenth 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, where 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 whom 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 Gottlieb’s Life Skills Training (LST) program. Dr. Gottlieb 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 as successful. 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, levels: 1-3, 4-6 grade; level 2, 4-5 grade; level 3, 5-6 grade; middle school, grades 6-9, level 6, 6-7 grade; level 7, 7-8 grade; level 8, 8-9 grade; high school: grades 9 or 10, and the transition program, grades 11 or 12, it is possible that it is levels to 10 years of school-based drug prevention? Or is it necessary to install another program? Following is the 3-4 grade lessons:

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<tr>
<th>Lesson</th>
<th>Key Skills</th>
<th>Lesson Goals</th>
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<tbody>
<tr>
<td>1. Self Esteem</td>
<td>To teach students about self esteem and how it is developed</td>
<td>Shaping thoughts and feelings; enhancing personal skills; demonstrating a personal skill to peers.</td>
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<td>2. Decision Making</td>
<td>To teach students a simple step-by-step process for making decisions</td>
<td>Group decision making; discuss ideas in a small group.</td>
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<td>3. Smoking Information</td>
<td>To introduce the pros and cons of smoking.</td>
<td>Practicing public talking and exercising small group decision; questioning; cause and effect reasoning.</td>
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<td>4. Advertising</td>
<td>To develop awareness of how tobacco advertisers manipulate advertisements to get people to smoke.</td>
<td>Analyzing advertisements; creating counter-advertisements.</td>
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<tr>
<td>5. Dealing With Stress</td>
<td>To teach students to recognize stress and to practice techniques to deal with stress.</td>
<td>Practicing stretching and deep breathing; finding what works.</td>
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<td>6. Communication Skills</td>
<td>To teach students how feelings are communicated</td>
<td>Group discussion of feelings words and verbal communication; practicing non-verbal communication; practicing “body language.”</td>
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<td>7. Social Skills</td>
<td>To help students learn ways of building and maintaining friendships</td>
<td>Brainstorming discussion; analyzing articles, sharing perceptions about friendships, drawing a bulletin board.</td>
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<tr>
<td>8. Assertiveness</td>
<td>To teach students assertive skills.</td>
<td>Practicing &amp; analyzing different ways to say “No”; practicing assertive skills in pairs; practicing in groups or in front of the class.</td>
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CONCLUSIONS

Based on the research, it is proposed that all students, 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 kindergartens 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, then there should be no reason school-based drug prevention programs should not be used for kindergartens through twelfth grade. (Knowles, 2001, Rafter, Caullkins & Edwards, et al. 2010).

ETHICAL, WITHHOLDING PREVENTION PROGRAMS

When trying to consider a school-based drug prevention program or programs for K-12th grade students, what is essential is a positive evaluation demonstrating that the program works. Also trying to form is a control group making up students who do not receive any in school or structured drug prevention from K-12th grade. Is it ethically proper to purposely withhold a drug prevention program(s) from children and adolescents? There must be some school districts where students are not receiving any drug prevention programs at all in their K-12 school years. Are they to be considered as a control group? Is it ethically proper to do this, withholding drug prevention education, while giving thirteen years of drug prevention 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.

REFERENCES