ED341886 1991-12-31 Are School-Based Drug Prevention Programs Working? ERIC Digest.

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Table of Contents

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Are School-Based Drug Prevention Programs Working? ERIC Digest.

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With the passage of the Anti-Drug Abuse Act of 1986, the federal government significantly expanded the delivery of drug prevention programs to school-aged youth.

ED341886 1991-12-31 Are School-Based Drug Prevention Programs Working? ERIC Digest.

Page 1 of 7

In fiscal year 1987, more than $300 million federal dollars were allocated to in-school drug prevention programs (U.S. Dept. of Education, 1987). What has been the outcome of this expanded effort?

The news is encouraging. Use of illicit drugs and, to a lesser degree, alcohol, among school-aged children and adolescents appears to be on the decline, although researchers are quick to point out that the percentage of American youth engaged in substance use is still unacceptably high (Johnston, Bachman, & O'Malley, 1990). Does this overall decline in use mean our prevention efforts are working? What have we learned from this intense period of prevention program development?

LEARNING FROM OUR MISTAKES

During the past decade, a number of strategies have been employed to change the attitude and behavior of children and adolescents regarding drug use. Research has shown that programs relying solely on providing information are not only ineffective, but may actually result in a greater likelihood of drug experimentation (Bangert-Drowns, 1988; Fustukjian, 1990). However, an annual survey conducted for 16 years by the University of Michigan Institute for Social Research (Johnston, 1990), with followup on a subset, concludes that providing youth with information about health risks in conjunction with other prevention approaches is highly effective. Key to its effectiveness, however, is giving information that emphasizes the more immediate, short-term consequences of drug use.

Other approaches that have turned up mixed results include those seeking to strengthen drug-use resistance by bolstering "life skills" (decision-making ability, coping skills, and self-esteem) and those striving to address the unmet social and psychological needs of youth (U.S. Dept. of Education, 1987; Fustukjian, 1990; Ellickson, 1987). General criticisms leveled against current efforts include:

1. Programs are not structured to respond to youth of varying ages, from different settings, and of different ethnic backgrounds (Baer, 1988).

2. Programs do not effectively identify and offer services to at-risk children and their families (Lachance, 1989).

3. Programs are fragmentary in their approach and are not coordinated with community prevention efforts (Fustukjian, 1990; U.S. Dept. of Education, 1987).

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4. Programs do not start soon enough--kindergarten is not too soon (U.S. Dept. of Education, 1987; Lachance, 1989).

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5. Programs do not contain a strong evaluative component (U.S. Dept. of Education, 1987; Bangert-Drowns, 1988).

EVALUATING CURRENT DRUG PREVENTION PROGRAMS

Although research has shown what approaches have not been effective, it has been less clear about what has worked. This is largely due to serious flaws in drug prevention program evaluation. In his assessment of school-based drug prevention programs conducted for the U.S. Department of Education, Michael Klitzner (U.S. Dept. of Education, 1987) described six common weaknesses of program evaluations:

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1. Poor Research Design. Two few subjects, loss of subjects through attrition, and lack of controls are common weaknesses found in study design.

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2. Rush to Get Results. Evaluations are too often begun before the program has had sufficient time to have an effect.

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3. Insufficient Process Analysis. Many programs do not sufficiently document implementation procedures. Knowing how the program was implemented is critical to understanding program outcomes.

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4. Not Enough Attention to Intervening Variables. Determining what variables have affected a program's outcomes is basic to understanding program effectiveness. A program's basic hypothesis or premise should guide variable selection. Unfortunately, many prevention programs lack an underlying premise; thus, evaluations fail to monitor the variables most critical to a program's success.

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5. Weak Outcomes Measures. Prevention programs have traditionally relied on self-reports to assess their effectiveness. Self-reporting is not the best means to assess a program's influence on student attitudes and behavior since student responses can be shaped by what they think administrators and teachers want to hear.

6. Statistical vs. Practical Significance. Program planners too often draw conclusions about general program results from the statistical significance of a particular program feature. A statistically significant finding is not necessarily programmatically significant.

Building a strong evaluative component into drug prevention program models is key to increasing knowledge about what works. State departments of education and other funding agencies must dedicate more resources toward providing the technical assistance needed to ensure sound program design and evaluation (U.S. Dept. of Education, 1987; Bangert-Drowns, 1988; Milgram, 1987). Also, local schools and community leaders, understandably eager to show results, must overcome the temptation to pass over program evaluation. A way to ensure more rigorous evaluation is to include students, school personnel, parents, and community leaders in the drug prevention planning process from the beginning (Milgram, 1987).

WHAT WE KNOW WORKS

Although the assessment of many prevention approaches has been flawed, several programs have provided valid evidence that certain approaches are effective.
One such program is Project ALERT. Begun in 1984 at 30 junior high schools in California and Oregon, Project ALERT is based on the social influence model, which targets adolescent drug-use beliefs and resistance skills. Results have been encouraging. One program element proven to be especially beneficial is the "booster" curriculum that extends the drug prevention program effects beyond the targeted grade level (Ellickson, 1990).

Providing further validation to the social influence model is the Midwestern Prevention Project (MPP), begun in 1984 as a collaborative effort between industry (Marion Laboratories), a research institution (University of Southern California's Institute for Health Promotion and Disease Prevention Research), and the Kansas Public Schools. MPP employs strategies such as role playing, group feedback, and mentoring to reshape adolescent attitudes about drug use. It also extends its influence to the family through homework assignments that challenge family drug-use beliefs and habits. Junior high students involved in the program have shown a significant change in their drug-use attitudes and behavior (MacKinnon, 1991).

Other approaches showing promise include:

1. Targeting families. Research has shown that parental attitudes play a large role in shaping children's beliefs about drug use. Strategies to change family drug-use attitudes include improving parenting skills in order to develop better communication and structure in the home. Parent-led support groups are another popular mode of intervention (U.S. Dept. of Education, 1987; Pearish, 1988). The Parent Involvement Program (PIP) is such an effort, providing first-time offenders and their parents or guardians counseling sessions on family communication skills and the dangers of drug use (OERI, 1990).

2. Enforcement of a clear "no drug use" policy. Sending a clear "no use" message requires that schools consistently stress that drug use is wrong and enforce consequences for school drug activity (U.S. Dept. of Education, 1989).

3. Enhancing trust between adults and children. This approach promotes greater opportunities for personal interactions between adults and youth, thereby elevating adults into more powerful role models (U.S. Dept. of Education, 1987; Milgram, 1987). One such program uses after-school jobs to pair at-risk youth with understanding adults who act both as professional mentors and friends concerned about the youth's success at school and in life (OERI, 1990).

CONCLUSION

The jury is still out on the effectiveness of many specific drug prevention strategies, primarily because of poor program evaluation design. However, two programs have provided clear evidence, through their strong methodological design, that interventions based on the social influence model are effective. Regardless of strategies employed, all prevention programs must start early, involve coordinated efforts with the community, include students, parents, teachers, and community members in the planning process, and implement a systematic and comprehensive program that is based on a clear hypothesis, contains different strategies for different populations, and gives special attention to the needs of at-risk students.

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