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Use of alcohol, tobacco, and other drugs (ATOD) is common in adolescence. According to an annual survey of high school students, their use of alcohol has remained consistently high for the past 20 years, with about 81% of seniors in 1995 reporting having drunk alcohol at least once in their lives and a little over half (51.3%) reporting alcohol use at least once in the past month. Prior to 1991, use of tobacco and illicit drugs (i.e., marijuana, crack/cocaine, stimulants, inhalants, LSD, heroin) had been decreasing since the peak levels in the late 1970s. Since 1991, however, these rates have increased steadily. In 1995, 39% of seniors reported they had used an illicit drug at least once, whereas in 1991, 29.4% reported ever using an illicit drug. Using a survey timeframe of the past 30 days, 23.8 % report using one drug in 1995, up from 16.4% in 1991. This increase in use is coupled with a decrease in the belief that drugs are harmful. For example, in 1991, 79% of seniors thought that regular marijuana users were at great risk for harm; only 61% felt that way in 1995. Since a belief in the harmfulness of a drug has been shown to be an important deterrent to use, the sharp decline in the belief in the harmfulness of marijuana adds urgency to ATOD prevention efforts (Johnston, O'Malley, & Bachman, 1996).

ROLE OF THE SCHOOLS IN PREVENTION

For the past two decades, significant public and private resources have been allocated to prevent youth from using alcohol, tobacco, and other drugs, and from this effort research has identified effective prevention strategies. Thus, 20 years of prevention research and evaluation places educators and other concerned adults in a position to intervene to counter the trend of increased ATOD use by adolescents (Sussman & Johnson, 1996; Tobler and Stratton, 1997; Duesnbury & Falco, 1995; Hansen, 1992). Since most ATOD use begins before the age of 20, schools are the primary institution with access to this age group. Additionally, the most common prevention strategy has been education, which is compatible with schools' goals (Dryfoos, 1990).

WHAT WORKS...AND DOESN'T

Although the research is far from conclusive, there is evidence that some strategies are ineffective. Scare tactics, providing only information on drugs and their effects, self-esteem building, values clarification, large assemblies, and didactic presentation of material have not been shown to be particularly effective in the prevention of ATOD use (Tobler & Stratton, 1997).

Other approaches have been shown to have positive results. No one intervention will be able to prevent use and abuse of drugs for everyone but studies indicate characteristics of curricula and programs necessary for success.

Because the majority of youth experiment with substances, particularly alcohol and

tobacco, ATOD prevention needs to target all students. Since risk factors are present years before initiation, prevention activities must start in elementary school and be periodically reinforced as students encounter new social situations and pressures to use substances. Programs designed to meet developmental needs of the students should be offered at each grade level without oversaturating students to the point they discount the information.

DRUG ABUSE PREVENTION CURRICULUM CONTENT

Research has identified that prevention programs need to be comprehensive and have sufficient intensity to reasonably expect that the skills can be taught (Sussman & Johnson, 1996). Content areas that are necessary for an effective curriculum include:

*Normative education. Helps students realize that use of ATOD is not the norm for teenagers. Students generally overestimate the proportion of their peers actively involved in ATOD. Hence, it is easier to be pressured by the myth that "everybody is doing it." Student surveys and opinion polls are used to help students understand actual use rates.

*Social skills. Improving verbal skills may help students increase their ease in handling social situations. Decision making, communication skills, and assertiveness skills are particularly important during the late elementary and middle school years when puberty changes social dynamics between young people themselves as well as with the adults in their lives.

*Social influences. Helps students recognize external pressure (e.g., advertising, role models, peer attitudes) to use ATOD and to develop the cognitive skills to resist such pressures.

*Perceived harm. Helps students understand the risks and short- and long-term consequences of ATOD use. The message must come from a credible source and be reinforced in multiple settings.

*Protective factors. Supports and encourages the development of positive aspects of life such as helping, caring, goal setting, and challenging students to live up to their potential and facilitating affiliations with positive peers (Hawkins, Catalano, & Miller, 1992).

*Refusal skills. Learning ways to refuse ATOD effectively and still maintain friendships was a strategy heavily relied on in many early curricula. Recent research indicates that it is most relevant in supporting teens who do not want to use drugs and in conjunction with other activities such as social influences and normative education.

OTHER FACTORS

Curriculum delivery also has a critical influence on curriculum effectiveness. Successful curricula rely on interactive techniques rather than on lectures or other forms of one-way communication (Tobler & Stratton, 1997). Role plays, simulations, Socratic questioning, brainstorming, small group activities, cooperative learning, class discussions, and service learning projects are strategies that engage students in self-examination and learning (Bosworth & Sailes, 1993). Refusal skills need to be practiced in the classroom through role plays in the context of realistic settings where ATOD might be offered. Videos and multimedia software that are set in real-world environments can be used to provide models of appropriate behavior and to stimulate discussion.

Teacher attitudes and school and classroom climate may also be preventive. Adults in schools need to model the social, decision-making, and communication skills taught in the curriculum. Setting high expectations, open and supportive communication, a value of caring and helping, and the creation of a positive environment may be as important as curricula. Prevention messages can be integrated into general curricula, and literature, movies, songs, or current events that portray substance use/abuse can help students understand social pressures and the personal consequences of ATOD use.

ROLE OF THE COMMUNITY

Because of the complexity of the problem, coordination of prevention messages and activities with other institutions in a youth's life is essential. The community, not the school, is where most teen ATOD use occurs. Schools must be actively involved in planning and coordinating community-wide activities that develop and strengthen anti-drug-use norms in the community and family as well as among peers, including public policy, media-created awareness, advocacy, and enforcement. Communities can be active in changing and supporting non-use-norms and reinforcing messages given at school. Many curricula have suggestions for integrating parent activities and information sharing (Aguire-Molina & Gorman, 1996).

IMPLICATIONS FOR TEACHER EDUCATION

To translate prevention research into classroom practice requires that teachers have the motivation, knowledge, and skills to be effective implementers of ATOD prevention curriculum, create positive and intellectually stimulating classrooms, and be willing to support and work on community prevention efforts. Many of the following suggestions can complement content that is already an integral part of teacher preparation.

If teachers are to present a prevention curriculum, they must understand the serious consequences of ATOD use during the teen years, particularly for young adolescents. Teachers should examine their own ATOD history and current use patterns to identify any bias they may unintentionally convey to students that would contradict the message of the ATOD prevention program. In addition, teachers should be able to counter student remarks that glamorize or minimize the consequences of drug use. Therefore,

teacher education needs to provide preservice teachers with statistics on use rates as well as information on predictor variables, mediating factors, and prevention strategies.

Interactive techniques used in ATOD curricula can be used with almost any classroom subject. Both current teachers and teachers in training need exposure to and practice in a variety of such techniques. The regular use of interactive strategies in all content areas will help to increase student involvement in learning, which has an impact on protective factors.

Teachers should be familiar enough with research-based prevention to be able to make informed choices about curricula and other programs. Several guides to effective curricula and programs are available to facilitate selection (Dusenbury, 1996; Bosworth, 1996). Teachers must request information about outcome results and select programs that work, rather than slick but ineffective programs.

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