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Study Guide

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NCJRS

Drug Education

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Concern about drug use and abuse is not new to our society or to our time. Communities have, for centuries, addressed drug issues in a variety of ways, most commonly through legislation and education. The degree of interest in preventing drug use and related problems, however, has depended on the nature and level of the perceived problems, the political climate, agenda-setting by the media, and pressure from interested groups.

The reasons why people use illicit drugs, however, are complex, and are affected not only by the legality or illegality of the drugs but also by family, societal, and cultural factors. There is a growing perception that law enforcement can be but one part of any government's program to reduce drug use. Law enforcement must be supplemented by educational programs to inform people about the properties of various drugs and the risks associated with their use. These programs include public school drug education courses, mass media and other advertising campaigns, and grassroots programs (for example, the "Just Say No" movement for discouraging drug use).

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In 1973 the National Commission on Marijuana and Drug Abuse concluded that "no drug education program in this country or elsewhere has been sufficiently successful to warrant our recommending it." In 1980 there was little more reason for optimism. Today, new drug education techniques offer hope for more success.

Although the public may perceive that substantial resources have been allocated to drug use prevention through education and public information campaigns, the amounts spent on these efforts are small compared with those spent by agencies that enforce drug laws. This results from a historical emphasis on solving drug problems by reducing supply rather than demand.

Control of Drug Abuse Through Education

Many attempts have been made to control the use and abuse of drugs (including alcohol and tobacco) through education. Society's readiness to seek educational solutions for social ills reflects the value it attaches to education *per se*, and its commitment to the notion of education based upon rational argument and experience.

Educational strategies and programs to combat drug abuse differ in many regards, including the drugs and groups the programs target, their content and objectives, the media, settings, and processes they use, and their effectiveness. Drug abuse education is neither a simple nor a single concept; it refers, rather, to a collectivity of laws, policies, programs, and actions designed to influence the use of drugs.

Drug education programs generally fall into three groups: those that focus on providing factual information about drugs, those that are concerned with attitudes, feelings, and values, and those that attempt to deal more directly with behavior. Most modern programs contain elements of all three approaches.

The current trend is to include a variety of components designed to influence knowledge, feelings, skills, and behavior. This richness of program elements includes attempts to develop or enhance general interpersonal and coping skills, and specific skills related to drug use, such as assertiveness and refusal to use drugs.

Promising evidence regarding the impact of these education programs comes especially from smoking prevention studies, which offer approaches that can be applied to

education about other drugs. Two issues require further attention, however. First, which social and life skills are essential or most important to teach? Research has not yet sufficiently examined the contributions made by individual elements of drug education programs. Second, what kinds of programs are effective with what groups of people?

A recent trend in some drug education programs is to use positive peer influences by involving same-age or older peers in teaching and counseling. By contrast, other programs attempt to counteract the negative influence of peer pressure to use drugs. The research evidence suggests that programs involving both peers and teachers are more effective than programs involving teachers alone.

The strength of programs that depend exclusively on the transmission of information is that they fit into the traditional way in which schools and students operate, namely into a cognitive orientation to learning. They are easy to implement and evaluate, and they meet students' expectations. No time is required to prepare students to deal with the less familiar processes and content associated with life skills programs.

Informational programs, however, suffer from several major weaknesses. They fail to take account of noncognitive influences on behavior and tend to focus only on the negative aspects of drug use, running the risk of arousing excessive levels of anxiety. Extensive evidence from other fields and from drug education programs themselves indicates that arousing excessive fear is counterproductive. Moreover, programs that address only the negative aspects of drug use, especially those that exaggerate these aspects, tend to be disbelieved. The unfortunate result is that young people may become more rather than less likely to experiment with drugs.

The Audience for Drug Education

Designers and implementers of drug education programs need to address a number of general issues.

Users or nonusers? There are many possible target audiences and corresponding objectives for any program. The typical classroom, for example, is composed of a variety of subgroups representing a range of motivation and experience with respect to drug use. The typical program may include any of these objectives, depending on the target groups:

- *For committed users*, to prevent or delay the onset of drug use.
- *For former users*, to reinforce the decision to quit drug use.
- *For nonproblem drug users*, to examine their drug use and, as a minimum, to keep their current use from escalating to problem levels.
- *For problem users*, to reduce drug use or effect a change in patterns of use.

It is important to realize that most young people and adults do not use drugs other than alcohol, most do not abuse drugs, and many drug users abandon drugs after a short period of experimentation.

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Youths or adults? It is reasonable to give special attention to educating young people about drugs. Young people are more easily influenced than adults, and it is easy to reach them through schools and the media. Early patterns of thought and behavior will remain with them and guide their later behavior, and they are the principal resource for society's future.

There are, however, good reasons for also giving attention to adults. Adults are more likely to abuse some categories of drugs, especially the legal drugs, and some are particularly at risk—young adults who drink and the elderly who use medications, for example. Moreover, adults are important role models for younger members of society, in their positions as parents, teachers, youth leaders, public figures, and celebrities. Finally, adults are society's decisionmakers; they set the norms and pass the laws.

Peers or parents? Recent emphasis on the influence of peers in stimulating adolescent drug use does a disservice to both adolescents and their parents. First, the portrayal of an apparently overwhelming, one-way peer pressure minimizes adolescents' active role in selecting the peer groups to which they respond. It ignores the influence of individuals on other group members and fails to consider the importance of positive peer norms in regulating behavior.

Second, the attention given to peer pressure detracts from the importance of parental influence. Although responsiveness to peers increases during adolescence, parental influence still continues to be felt. Children's use of alcohol and tobacco is influenced more by parental use of these substances than by peer use. Parental attitudes toward illegal drugs also have an impact on children's illegal drug use, even though peers' drug use is a more powerful influence.

Knowledge, attitudes, or behavior? Educators have long faced a dilemma concerning the relationships between what people know, what they feel, and what they do. More significant questions explore the connections between changes in knowledge and attitude and changes in behavior. Research and program experience have demonstrated that changes in significant behavior, such as drug use, do not readily follow from modifications in knowledge and feelings. Educators now have greater appreciation for the complex nature of human behavior and for the need to take situational, social, and individual factors into account when attempting to change behavior. These new insights suggest that drug education programs should contain a variety of informational, affective, and behavioral objectives.

Informational objectives may include raising levels of awareness about the nature and effects of drugs, the role of drugs in society, appropriate ways of using drugs, alternatives to drug use, and sources of help for drug-related problems.

Affective objectives may be equally diverse, focusing on feelings, attitudes, and values regarding drugs *per se* and drug use, abuse, and addiction, as well as on feelings about those who use or abuse the drugs. More ambitious objectives might include, among others, a concern for improving people's self-concepts.

Behavioral objectives may concentrate on a range of different outcomes. Examples include:

- Abstaining totally from drugs.
- Retarding the onset of drug use.
- Reducing drug consumption.
- Promoting responsible use.
- Modifying the situations in which drugs are used (e.g., separating drinking from driving).
- Changing the drugs used.
- Modifying the way in which drugs are used (e.g., spacing drinks).
- Identifying problem drug use early.
- Helping those with drug problems.
- Improving social skills associated with communication and assertiveness, and improving personal skills in decisionmaking, coping, stress management.
- Modifying lifestyles.
- Promoting alternatives to drug use.
- Supporting prevention efforts.

Abstinence or responsible use? One policy issue before educators is whether to encourage complete abstinence from drug use or to encourage responsible use. Some people believe that responsible use of drugs is not an acceptable objective for education programs, especially for the young, but this position ignores the realities of drug use. First, use of alcohol and medications with parental supervision is usually neither harmful nor illegal. Second, it is unrealistic to talk to illegal drug users as if they do not, and would not, use drugs. Efforts to prevent drug abuse by reducing the most risky forms of drug use (for example, drinking and driving, cannabis use and gymnastics) need not condone illegal drug use. Third, it may be unrealistic to counsel immediate abstinence for chronic drug users; more responsible use of an illegal drug may be an appropriate intermediate objective for such a population.

How Effective Is Drug Education?

School-based drug education. Reviews of the effectiveness of drug education have consistently reached the same set of conclusions. First, relative to the thousands of programs that have been developed, little evidence exists about the effectiveness of drug education. Second, most drug education evaluations have been methodologically inadequate. Third, there is no consistent evidence that drug education programs either decrease or increase the likelihood that students will use drugs. Fourth, recent programs that have focused on the development of personal and social skills (for example, refusal skills) offer hope for more effective drug education, but they have not yet proved themselves.

Mass-media programs. Messages delivered through mass media have been limited to setting agendas, raising awareness, and conveying information. Although significant behavioral benefits are not expected to result from such efforts, the messages may play an important role in reinforcing more intense and powerful interpersonal strategies, such as school-based and community action programs.

Community-based programs. Citizen concern with the problems of alcohol and other drugs has recently led to a proliferation of community-based programs. These pro-

grams are promising because they acknowledge the influences of family, friends, community, and society in the initiation and prevention of drug use and drug problems. Community-based programs can reinforce more traditional school-based strategies. Little empirical evidence exists concerning the effectiveness of these broader approaches, however.

How Can We Make Drug Education More Effective?

Plan. Effective planning begins with a careful identification of needs, both those that are perceived to exist in a community and those that actually exist. Planning helps in specifying goals and objectives. Decisions regarding program content and processes should be based on a thorough understanding of the drug problems and an appreciation of the dynamics of individual and social change.

Take account of previous history. Too often, educators operate as if people had no previous history, yet from their earliest years, people are exposed to drug-related messages and behavior. From these they acquire knowledge, form attitudes, and develop their own behavioral tendencies. Most important in this regard is the influence of parents, siblings, peers, and the public media.

Acknowledge the positive reinforcements of drug use. Drug use consequences are not all negative; if they were, nobody would continue to use drugs. Moderate use of some drugs offers physical, psychological, and social benefits for some people. Drug education programs that do not take account of this important aspect of the decision to start or continue using drugs diminish their credibility and effectiveness.

Establish links between the educational setting and the rest of the student's experience. Students will be exposed to powerful influences when they leave the classroom. By integrating drug education into other curriculum areas (for example, English, mathematics, science), and by implementing schoolwide drug use policies for both students and teachers, educators can create a school environment that reinforces the positive efforts of the classroom and minimizes competing negative forces of students' social environments. The idea is for the desired behavior, skills, and attitudes to be rehearsed in the supportive environment of the school's educational program. And finally, the efforts of the school require reinforcement from students' homes and from the wider community.

Implement programs. Educational programs lose effectiveness if information about them is not appropriately disseminated. The mere availability of programs does not ensure their use. Programs and supporting materials must reach the decisionmakers and those who will implement the programs, and the latter must be adequately trained in all aspects of the program.

Allocate resources. Communities devote less attention and fewer resources to drug education than to law enforcement and drug abuse treatment programs. Within schools, drug education programs suffer from minimal allocations of curriculum time, poor staff training, and negligible teacher and student accountability.

Evaluate. It is clear that not all approaches are equally effective for all target audiences or for all drugs. Without

evaluation, little progress can be made in identifying which forms of drug education are effective in preventing or reducing drug-related problems. In addition, careful research can clarify the reasons why some educational programs are effective and others are not.

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Discussion Questions

1. How does drug education fit into law enforcement agencies' responsibilities to serve and protect the community?
2. What can schools do to prevent drug abuse if the home does not reinforce their work?
3. How can schools deal with the conflict between what they teach about drugs and what parents do about drugs?
4. How could the advertising and programming on television be used more effectively to prevent drug abuse?

This study guide and the videotape, *Drug Education*, is one of 32 in the Crime File series of 28½-minute programs on critical criminal justice issues. They are available in VHS and Beta formats for \$17 and in ¾-inch format for \$23 (plus postage and handling). For information on how to obtain *Drug Education* and other Crime File videotapes, contact Crime File, National Institute of Justice/NCJRS, Box 6000, Rockville, MD 20850, or call 800-851-3420 or 301-251-5500.

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