JOIN TOGETHER

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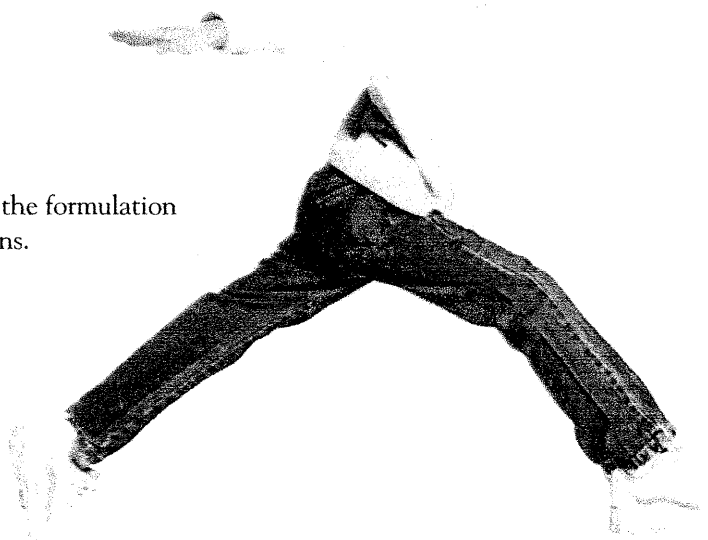

* Did not participate in the formulation of the recommendations.

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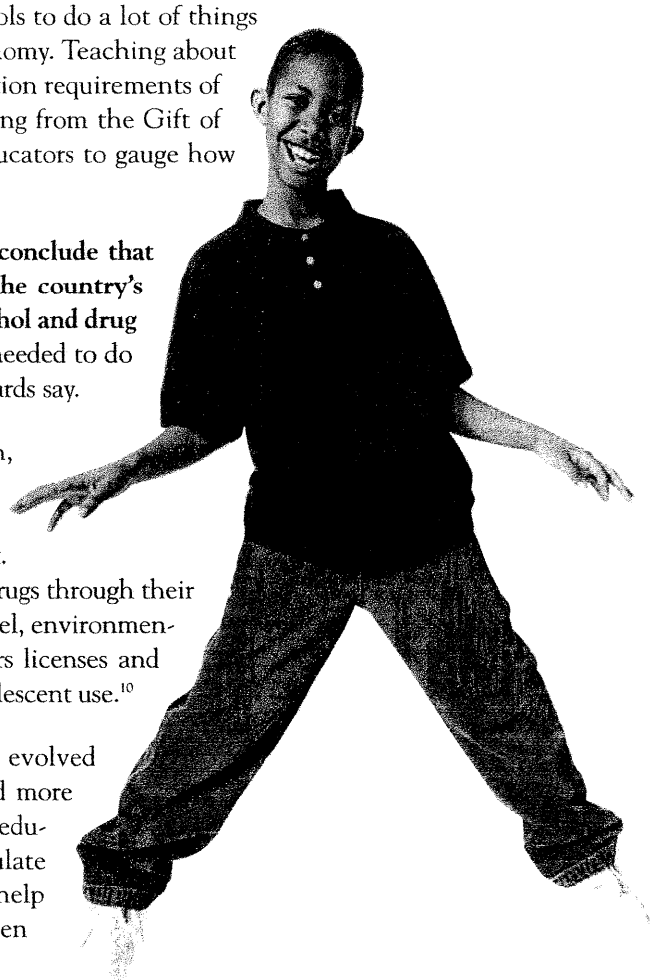
Introduction

In 2006, *Monitoring the Future* found that by the time children reach the 12th grade, 73% of them reported having used alcohol and 48% had used illicit drugs at some point during their lifetime.[1] However, many parents are unaware of their child's use. A recent survey found that only 12% of parents of twelfth graders thought their child had tried drugs while 45% thought their child had used alcohol.[2] While alcohol use among high school students is sometimes seen as a "rite of passage," real and growing evidence shows that early initiation of drug and alcohol use increases the chances of both immediate and future negative consequences. Alcohol is the principal contributor to the leading causes of adolescent death.[3] For some teens, heavy alcohol and drug use will lead to sexual assaults, violence, and injury. For many, initiation in the high school years increases the chance of poor academic performance, unwanted sexual contact, and injury.

There is also new research suggesting that alcohol, tobacco, and illicit drugs act differently on developing adolescent brains than they do on mature adult brains. Early use of alcohol, tobacco, and drugs may actually alter brain development, resulting in long-lasting changes.[4] Research has shown that areas of the brain that encourage impulsive behavior develop earlier than those areas that improve self control and inhibit risk taking behavior, underscoring the importance of prevention activities.[5]

Schools are the major institution outside the family that affects kids' daily lives, as they spend approximately eight hours each day there. We ask schools to do a lot of things in addition to preparing our kids to compete in the global economy. Teaching about the dangers of drugs and alcohol is included in the state education requirements of 37 states.[6] Join Together and Communitas Online, with funding from the Gift of the Magi Foundation, conducted an online survey of U.S. educators to gauge how schools are teaching drug and alcohol prevention.



Based on the findings of our survey and other research, we conclude that schools should not be relied on as the primary element in the country's efforts to prevent the early initiation and consequences of alcohol and drug use. Teachers don't have the time, training or other resources needed to do the job effectively, regardless of what the state-mandated standards say.

Further, research shows that a comprehensive approach, encompassing families, schools, and the community as a whole, is the key factor in successful prevention efforts.[7,8] Social attitudes, especially in the family, are very important. Parents have a large impact on their child's use of alcohol and drugs through their expressed beliefs and modeled behavior.[9] On the community level, environmental policies such as appropriate alcohol taxes, graduated drivers licenses and social host laws have been shown to be effective at reducing adolescent use.[10]

This report is organized around five recommendations that evolved from what educators told us is effective and where they need more help and support. A national advisory committee of experts in education met several times to discuss the survey results and formulate these recommendations on how we can move forward to help delay, reduce, and prevent drug and alcohol use among children and adolescents.

In April 2006, Join Together and Communitas Online invited kindergarten through twelfth-grade educators in the U.S. to participate in a survey. More than 3,500 teachers, school administrators, and other educators responded to the survey online. They represented a convenience sample of educators who were invited to participate through Join Together, Safe and Drug-Free Schools, the National Education Association, and the New York State Teachers Union.

The survey's goals were to learn how drug and alcohol education is actually taught, identify barriers teachers face in teaching prevention, and identify the types of training, support, and materials educators need to improve the effectiveness of their alcohol and drug use prevention efforts.

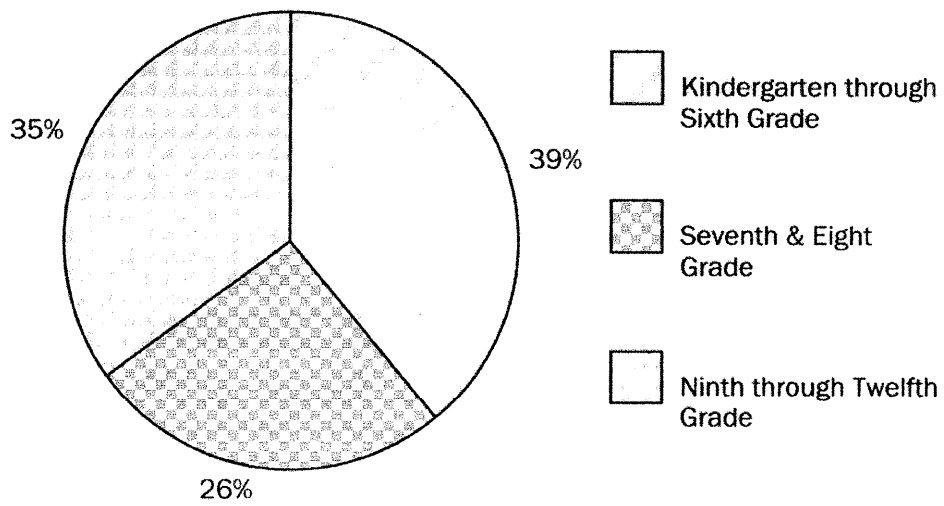
Sixty-seven percent of the people who responded to the survey are personally involved in alcohol and drug prevention education, and of those, 33% actually teach it in the classroom. The respondents to the survey had a range of roles, including regular classroom teacher (46%), guidance counselor (12%), and administration (8%). Others were health teachers, social workers, school nurses, mental health counselors, physical education teachers, librarians, SAPIS counselors, and after school staff. They had an average of 16 years of teaching experience (ranging from 0 to 45 years).

Regular Classroom Teacher	46%
Other	16%
Guidance Counselor	12%
Administration	8%
Health Teacher	7%
Social Worker	3%
School Nurse	2%
Mental Health Counselor	2%
Phys Ed Teacher	2%
Librarian	1%
SAPIS Counselor	1%
After School Staff	1%

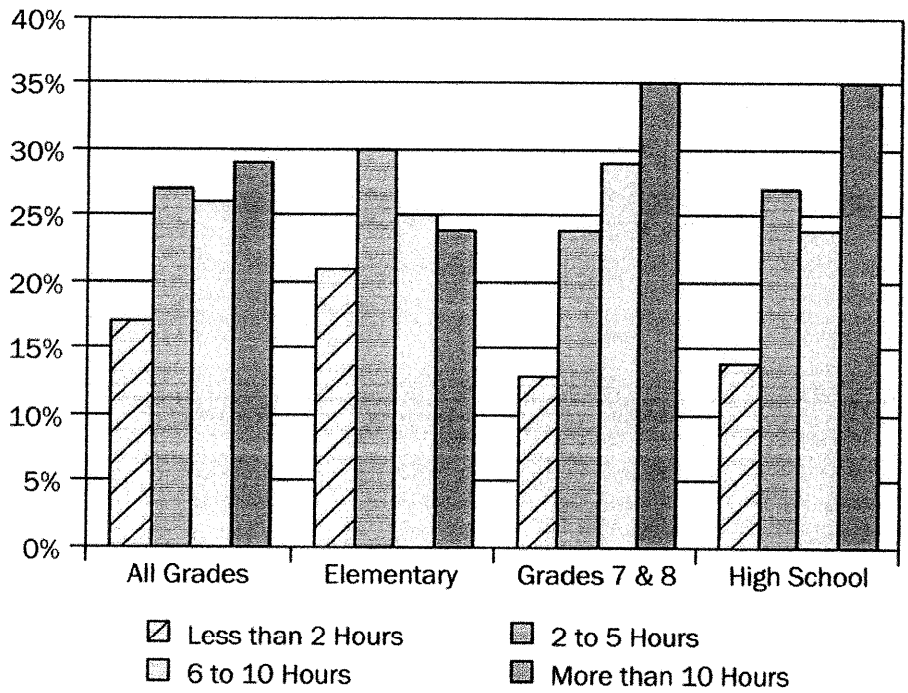
We received responses from 48 states and the District of Columbia. Schools in 2,073 dif-

Figure 2 ▸

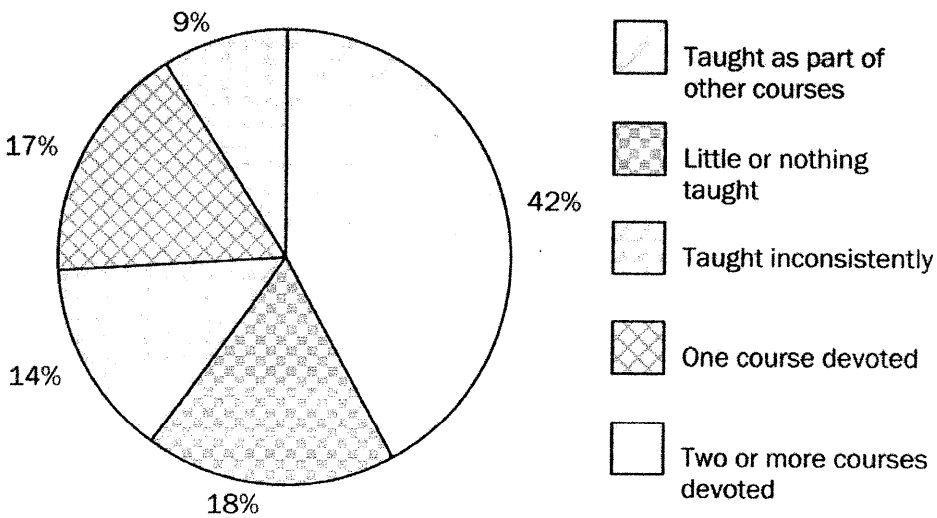
Taught



Overall, teachers and administrators reported a wide range in the hours spent teaching drug and alcohol prevention over the school year. Forty-four percent said they spend less than five hours a year on the subject. Many (42%) told us that drug and alcohol prevention is taught as part of other courses. Additionally 32% said that prevention is taught inconsistently or that little or nothing is taught. Only 26% indicated that one or more courses were devoted to drug and alcohol prevention education.



Prevention

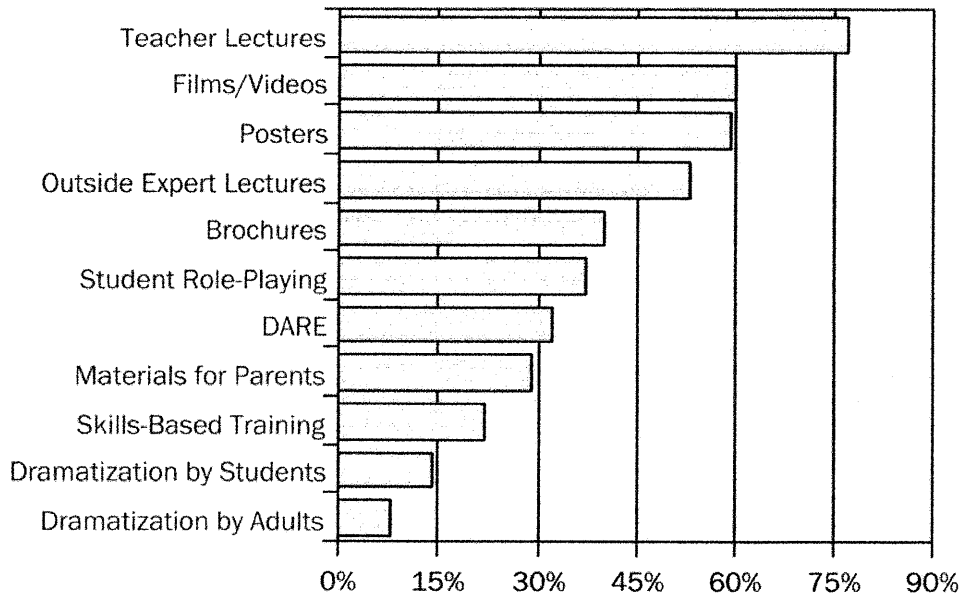


Courses Taught

A variety of teaching strategies and tools are used, and most respondents use multiple tools. Seventy-seven percent use teacher lectures and presentations, 53% use outside experts, 32% use DARE, 60% use films and videos, 37% use student role-playing, and 59% use posters. A smaller percentage employs dramatization by adults (8%), dramatization by students (14%), skills-based training (22%), and printed materials for parents (29%).

Twenty-six percent of respondents indicated that there are mandated standardized materials for them to use. Of these, 78% said these materials are for use by both students and teachers, 16% said the materials are for teachers' use, and 6% indicated that the materials are for student use.

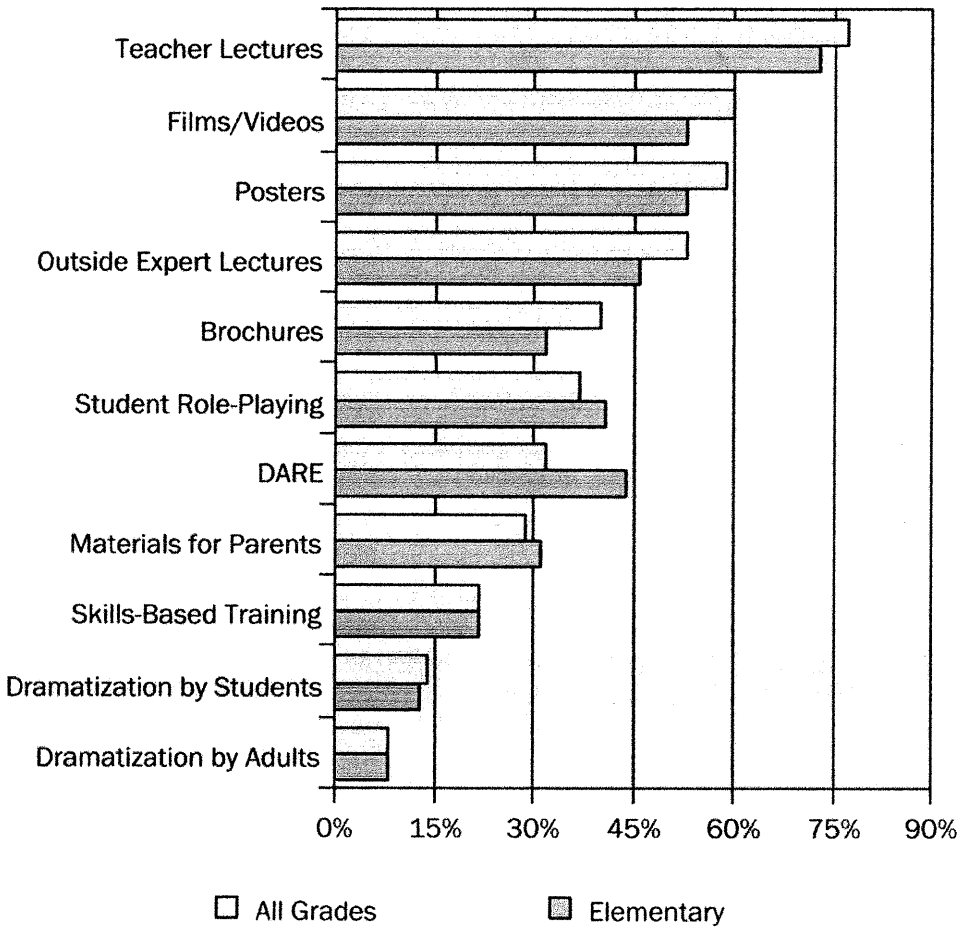
How Prevention is Taught:



Those working in elementary schools (n=1821) indicated that little or nothing is taught on a regular basis (26%), prevention is taught as part of other courses (27%), or that one course is devoted to drug and alcohol prevention (21%). The hours they spend teaching prevention each year varies. Nineteen percent indicated that they spend less than two hours, 27% spend between two and five hours, 28% spend between six and ten hours, and 26% spend more than ten hours.

Forty-four percent of elementary school-based respondents reported that DARE officers teach prevention, 38% use guidance counselors, 31% have outside speakers, 26% use a physical education teacher, and 25% have a health education specialist. Eleven percent of elementary school respondents indicated that no one teaches prevention.

Teacher lectures are the most commonly used method with 73% reporting its use. DARE and student role-playing are used more often in elementary school than in other grades.



How Prevention is Taught:

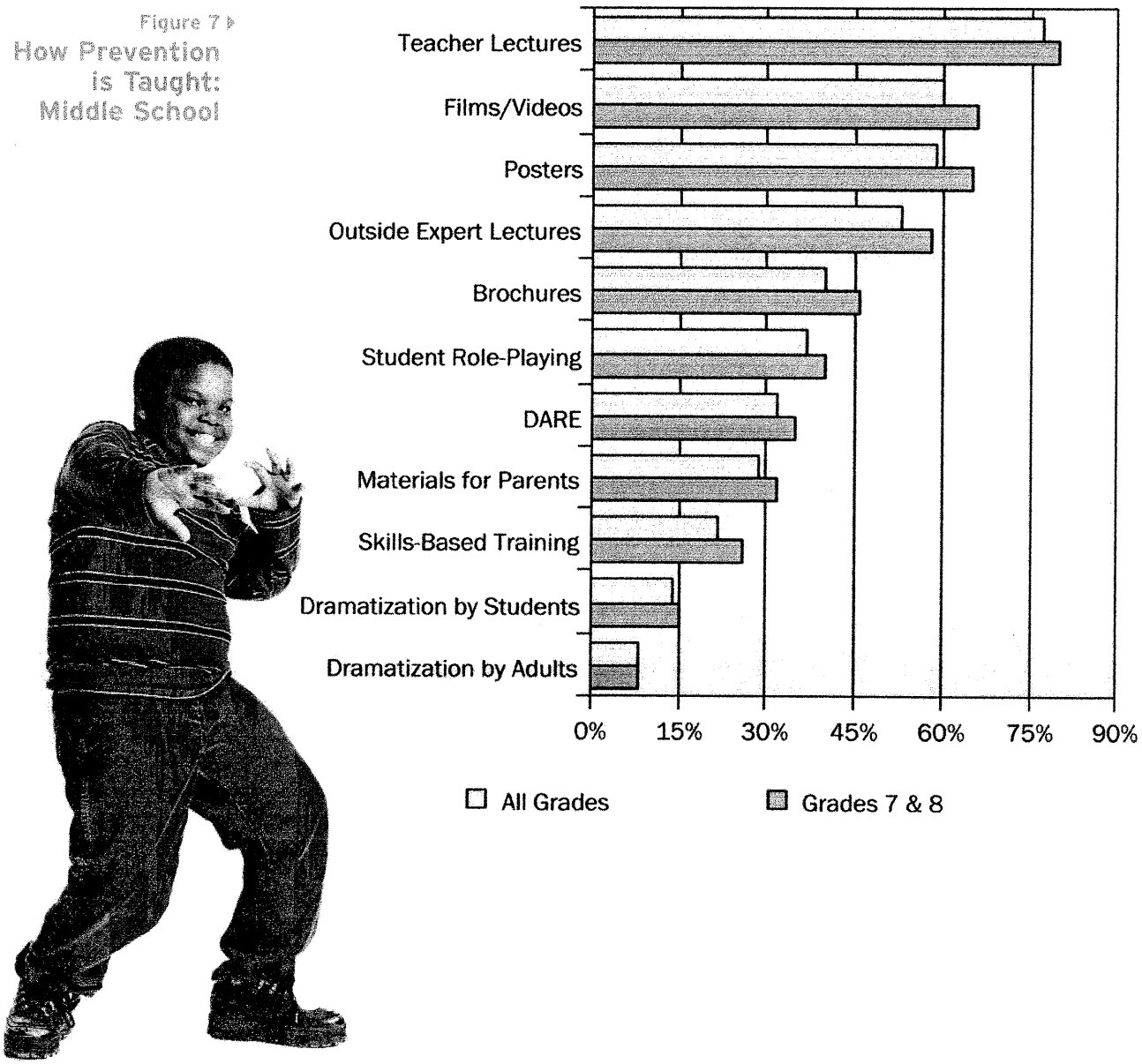
School

Middle School

Many respondents working in schools that teach grades seven and eight (n=1433) indicated that prevention is taught as part of other courses (48%). Others reported that one course is devoted (15%), little or nothing is taught on a regular basis (14%), it's taught inconsistently (12%), or two or more courses are devoted to prevention (11%). In general, those involved in grades seven and eight reported spending more hours teaching prevention than their elementary school counterparts. Thirty-four percent reported spending more than 10 hours, 28% spend six to ten hours, 25% spend two to five hours, and 13% spend less than two hours per year.

Forty-three percent of middle schools use health teachers to teach prevention, while 34% use guidance counselors. A variety of teaching strategies are used at the middle school level:

Figure 7 ▸
How Prevention is Taught: Middle School



High School

Forty-nine percent of respondents working in high schools (n=1673) indicated that drug and alcohol prevention is taught as part of other courses.

Fifty-one percent use health education specialists to teach prevention activities. Fewer respondents (26%) indicated that DARE officers are used (vs. 35% in middle school and 44% in elementary schools). The DARE curriculum is also used less often in the high schools (26%) than in middle (35%) and elementary schools (44%).

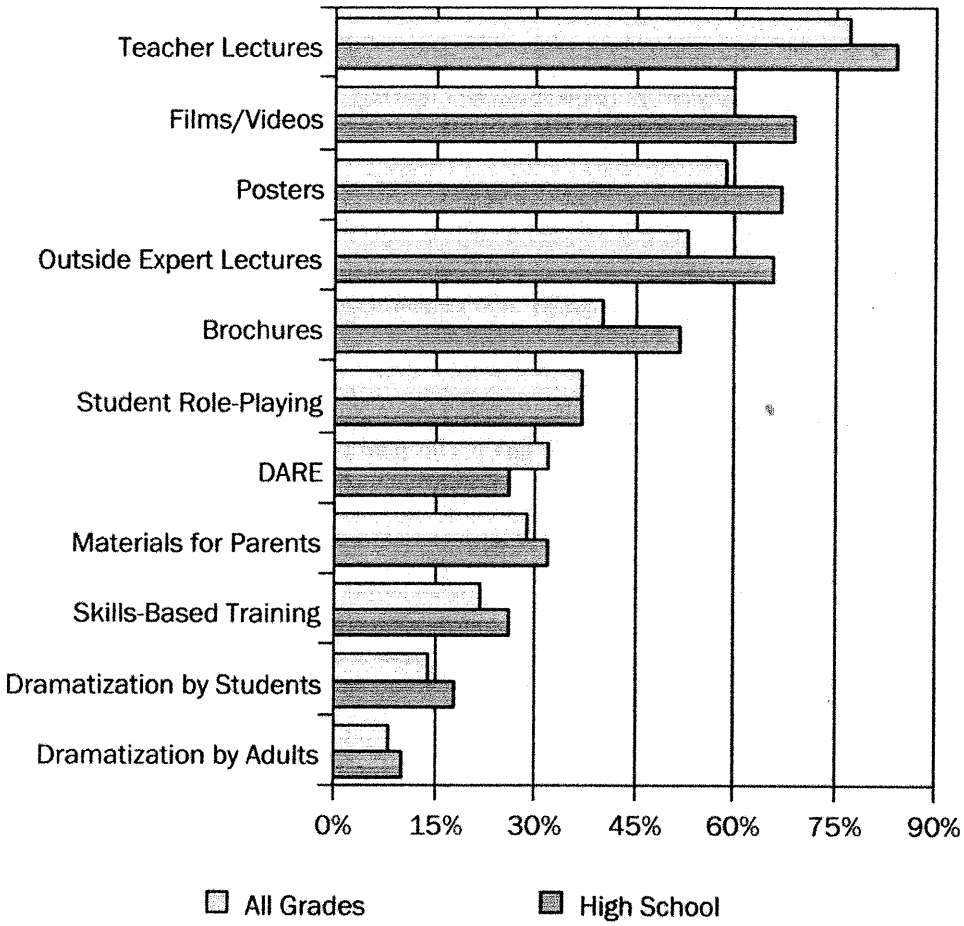
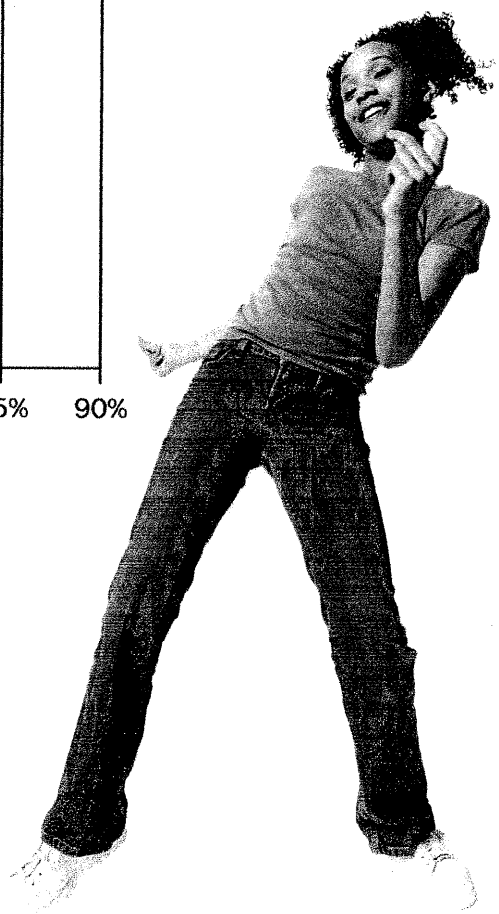


Figure 8
How Prevention is Taught: High School

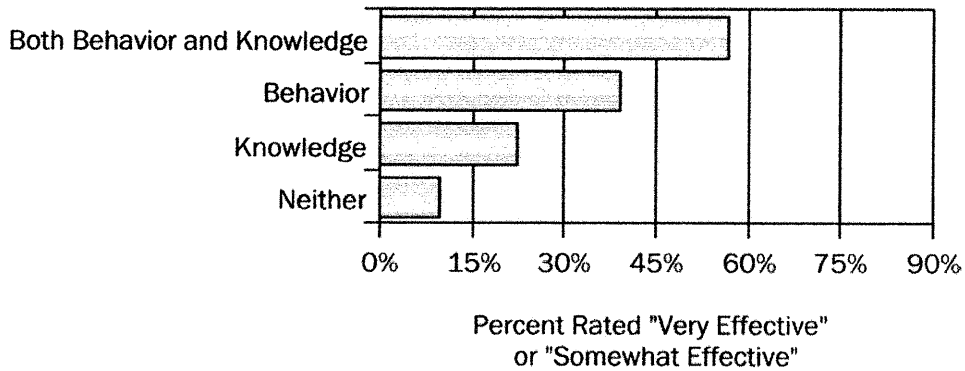


Perceived Effectiveness

We asked survey respondents to rate the effectiveness of their alcohol and drug prevention education programs, and found that the perceived effectiveness was divided. Thirty-nine percent told us that their program was somewhat or very effective, 32% said their program was not very or not at all effective, and 29% didn't know.

We also asked educators whether their prevention programs affected their students' knowledge, behavior, or both. Fifty-three percent of respondents said that it affects both knowledge and behavior, 29% told us that it affects their knowledge only, and 2% indicated that it only affects behavior. Additionally, 17% told us that their prevention program affects neither the knowledge nor the behavior of their students. Teachers and administrators were more likely to rate their program effective if it changed both knowledge and behavior.

Figure 9 ▸
Program-Based Change and Effectiveness: How Educators Believe Prevention Programs Affect Students



Teachers who told us their programs were effective were significantly more likely to report the following policy and program elements than those who ranked their effectiveness lower:

- The professional evaluation of teachers and administrators included performance in prevention education
- Multiple courses on alcohol and drug prevention were taught
- The program included interactive teaching techniques including dramatization by either adults or students and role-playing by students
- Skills-based training was included in the program
- Resistance strategies were covered as part of the program
- The program had support from the school administration

Recommendations

Recommendation 1:

Schools should not be relied on or act as the principal provider of general prevention education. They can and should play a role as part of a comprehensive community prevention strategy including parents and other social institutions. Schools can and should play a role in helping parents and other community institutions identify and support students who exhibit early behavior patterns that may be precursors to adolescent substance use and other negative life affecting conditions."

Teachers told us that the competing demands for teaching time are a major barrier to effective prevention education. Seventy-seven percent said that the need to teach other subject areas limited the time and resources they can spend on alcohol and drugs.

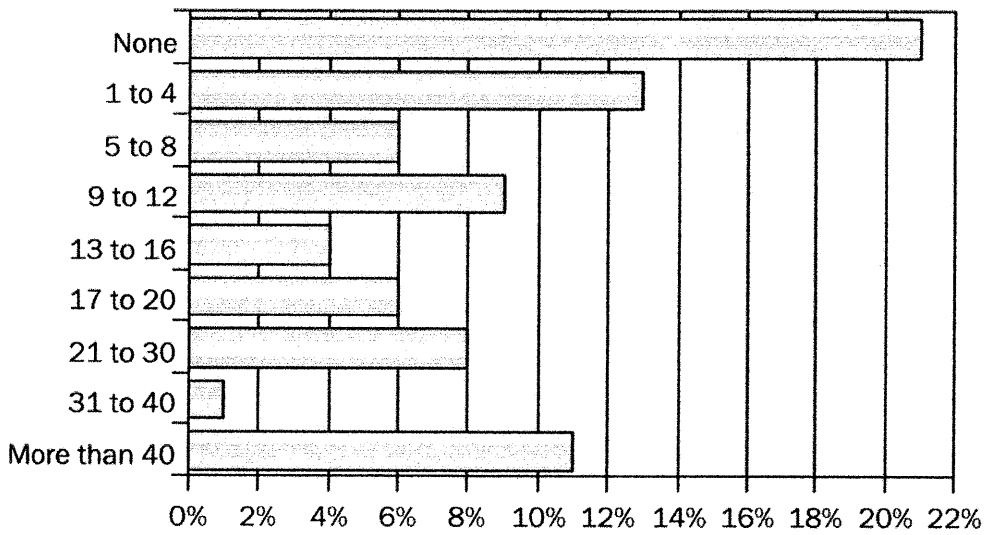


Figure 10
Hours of Prevention Training

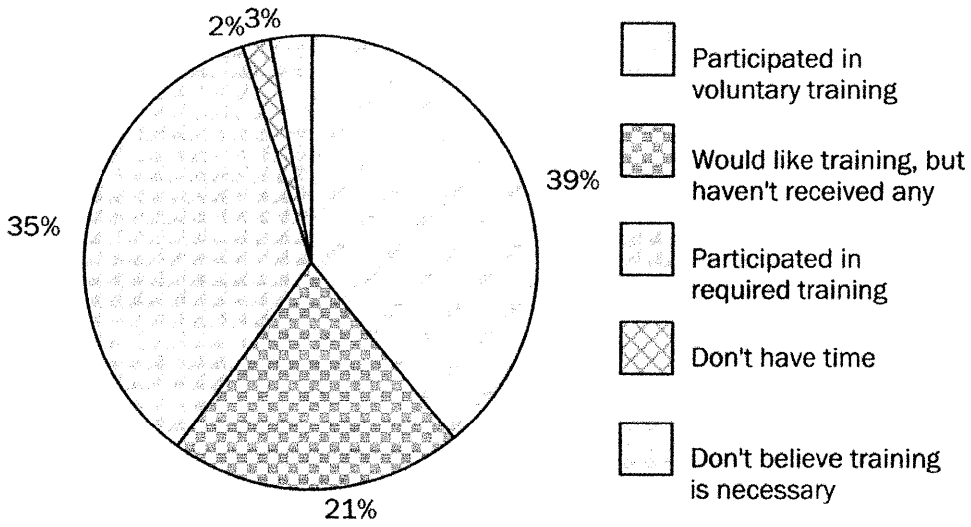
Additionally, 26% of respondents to the survey who actively teach alcohol and drug prevention in the classroom haven't received any training in the subject. Thirteen percent indicated that they received less than a half a day's worth of training.

Twenty-one percent would like training, but haven't received any. Others said that they have participated in either voluntary or required training, don't have time, or don't believe training is necessary (see Figure 11 on page 10).

This Recommendation in Action

In the elementary years, the focus on prevention should include equipping teachers with the knowledge and resources to identify and refer for appropriate support children who exhibit early indicators of potential problems. Researchers have identified early risk factors for drug and alcohol use. They include conduct problems; depression; anxiety; exposure to family violence, alcohol or drug use; disrupted family structure; abuse; and neglect.[12]

Figure 11 ▸
Training



In middle and high school years, this means that schools, parents and other community institutions should develop and implement strategies that include parental involvement, education about the risks and consequences of alcohol and drug use, and environmental policies that have been shown to prevent and reduce these consequences. Environmental policies address community-wide problems by changing the context of the environment.

With the limited time high schools have to spend on prevention activities, they should emphasize the most prominent and imminent danger associated with teen drinking: driving after drinking or getting into a car with someone who has been drinking.

Evidence-based Environmental Policies

Communities that implement environmental policies as part of a comprehensive strategy can help reduce underage drinking.

- **Raising Alcohol Taxes** and the price of alcohol lead to a decrease in consumption by youth. The five states with the highest beer taxes have significantly lower rates of teen binge drinking than the states with the lowest taxes.[13]
- **Graduated Driver's Licenses** govern the age and terms under which adolescents can get a license to drive, and have been shown to affect alcohol-related death and collision rates among young people.
- **Social Host Laws** hold noncommercial servers of alcohol (such as homeowners or parents) liable in the event that they provide alcohol to a minor or an obviously inebriated individual who later becomes involved in an accident that causes injury or death to a third party.
- **Alcohol Outlet Density** refers to the number of alcohol merchants available in a particular area, which can affect the availability of alcohol to minors and its effect on community culture.
- **Compliance Checks** help deter alcohol outlets from selling alcohol to underage customers and discourage underage youth from attempting to purchase alcohol.

Recommendation 2:

School systems should carefully evaluate money and time spent on outside programs and speakers and unfocused printed materials because they are likely to have no lasting impact on what students know about alcohol and drugs or on their drinking or drug taking behavior.

Teachers responding to our survey and independent evaluations both find these strategies ineffective. Research has shown that several often used prevention strategies do not appear to reduce alcohol and drug use. One time assemblies and personal accounts of people in recovery, scare tactics, and curricula that only provide information on drugs and their dangers or only promote self-esteem are among these ineffective strategies.[14]

Seventy-seven percent of respondents to our survey use teacher lectures, 60% use films and videos, 59% use posters, 53% use outside experts, 40% use brochures, and 32% use DARE. In contrast, comparatively fewer respondents use the strategies they rated as having the highest levels of program effectiveness: 34% use student role-plays, 29% use materials for parents, 22% use skills-based training, and 14% use dramatization by students.

This Recommendation in Action

In elementary years, resources should be shifted to training and supporting teachers in the identification of children who exhibit behavioral indicators of risk for early substance use and in referral to appropriate support. Research suggests that prevention programs should evaluate risk factors for the development of substance use in individual children so that intervention can begin early.[15]

In middle and high school years, factual information about the impact of drugs and alcohol on the body can and should be integrated into science, health, and language arts curriculum consistent with existing state measurement standards. Along with factual information, alcohol and drug prevention education should incorporate strategies that have proven effective at delaying, preventing or reducing use (see box below).

Elements of Effective Alcohol and Drug Prevention Education[16]

Making the Grade: A Guide to School Drug Prevention Programs outlines the key elements of effective curricula:

- Helps students recognize internal and external pressures to drink or use drugs
- Provides normative information
- Involves family and the community
- Uses interactive teaching methods
- Helps students develop refusal skills
- Uses developmentally appropriate materials
- Consists of a minimum of eight sessions supplemented by at least three booster sessions
- Includes teacher training and support
- Is easy to implement

For more information, visit www.drugstrategies.org.

Recommendation 3:

Schools and communities should pursue opportunities to expand the use of prevention programs and curricula that have been shown by research to be effective in reducing alcohol and drug problems in all extracurricular and after school activities. Developers of these programs need to recognize the severe limitations on the time available in the regular school day to implement them and the likelihood that programs used solely after school will reach a limited number of students.

Many respondents to our survey told us that they lack the time to adequately cover drug and alcohol prevention. Seventy-seven percent cited competing demands for teaching other subject areas were a significant barrier. Forty-four percent said that they spend less than five hours a year on the subject.

Several of the curricula that have been validated by research require multiple teacher and booster sessions. However, implementation research has shown considerable inconsistencies in execution[17] and our survey showed that the majority of teachers don't have the time or training to implement these programs. For example, Project Alert, named a model exemplary program by the U.S. Department of Education, consists of fourteen lesson plans. Six percent of our survey respondents reported using Project Alert and most of them found it effective. However, the time needed to complete the curriculum is more than most teachers and administrators told us is available to them for prevention activities.

This Recommendation in Action

In elementary school, drug and alcohol prevention messages can be included in after school programs and other activities, such as Cub Scouts and Brownies, along with other healthy lifestyle messages.

In middle and high school, sports, clubs, student government and other extra curricular activities should use evidence-based prevention approaches to supplement the materials students are taught in regular classes (see box on page 11). Schools should also offer drug and alcohol peer leader opportunities so older students can help teach younger students.

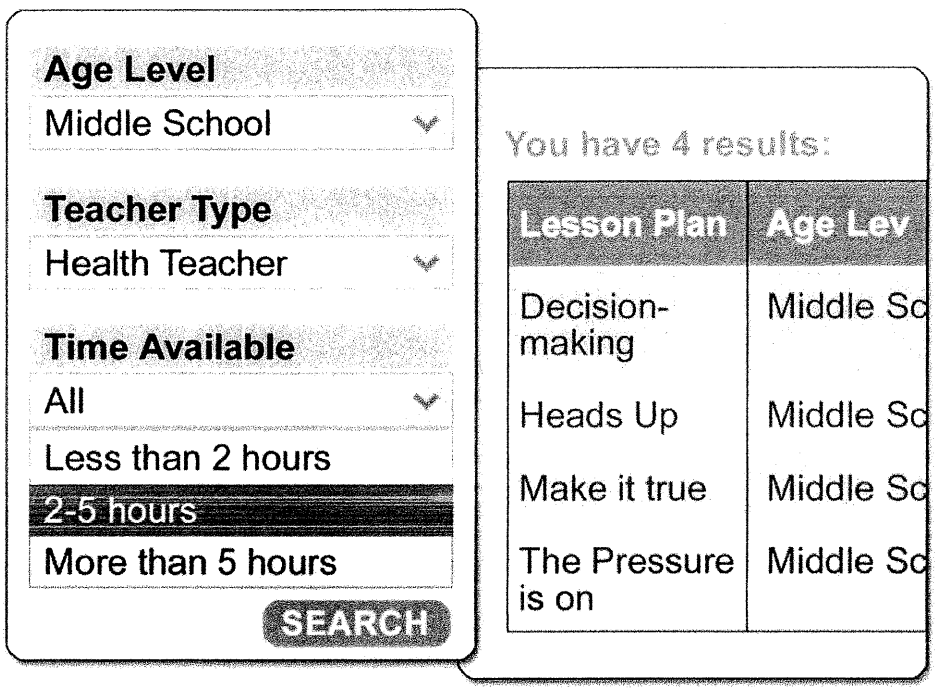
Recommendation 4:

Teachers should have easy access to materials and presentation methods that have been shown by research to be effective and are organized for presentation within the time constraints that usually exist in most schools.

Organizations that teachers rely on for curriculum help, such as professional teacher associations or specialty curriculum groups, should be provided with money to develop and maintain web-based resources that can be used by school and community leaders for prevention activities. The resources must recognize the real limitations on time, training and resources for prevention education at every level of the school system.

The Recommendation in Action

Materials should be organized in a way that educators can access information that is age and culturally relevant and can be taught in the amount of time available. Curricula and lesson plans should use evidence-based strategies (see page 11).

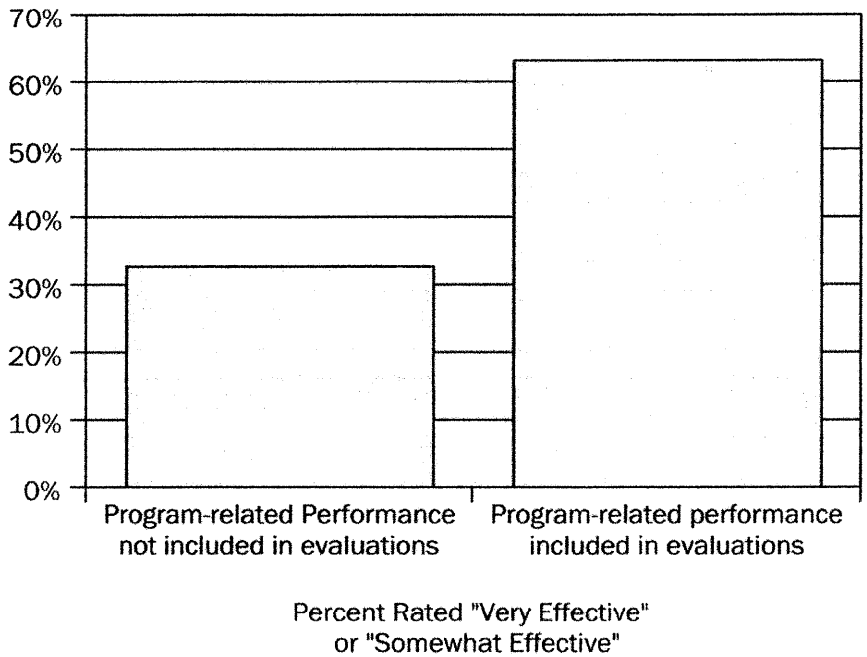


Recommendation 5:

When teachers and administrators have drug and alcohol prevention education as an explicit part of their job, their performance should be included in their formal evaluation.

Our survey found that the evaluation of both teachers and administrators was an important program characteristic that was associated with the perceived effectiveness of drug and alcohol prevention. While most of the respondents told us that their evaluations do not include their performance in prevention education, those whose evaluations did were almost twice as likely to report that their program was effective.

Figure 12 ▸
Role of Program Success in Performance Reviews and Effectiveness



The Recommendation in Action

If elementary school teachers are expected to identify and refer for support children whose behavior is indicative of possible later problems, their evaluation should include knowledge of the procedures involved.

If a middle or high school administrator is expected to collaborate with parents and other social institutions in the development of community strategies, their evaluation should include an assessment of effectiveness in this area.

Endnotes

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