Element 2: Alcohol, Tobacco, and Other Drug Prevention Activities

April 2011

Element 2 focuses on ATOD prevention activities, with a specific focus on decreasing the percentage of students who use alcohol and other drugs. This brief explains the effect successfully implementing element 2 can have on schools and provides key information and resources for SS/HS project directors.

Impact of Element 2

All school districts and communities must grapple with the problem of ATOD abuse. According to the 2009 National Survey on Drug Use and Health, in 2009:

- Approximately 52 percent of youth age 12 and over reported drinking alcohol in the past month
- Nearly 28 percent of youth age 12 and over used tobacco in the past month
- Almost 9 percent of youth age 12 and over used illicit drugs in the past month

These rates do not appear to be declining.

Substance abuse interferes with students' ability to learn and schools' ability to educate. Students under the influence of ATOD are at higher risk of absenteeism. ATOD use is also related to diminished school performance[i] and significant reductions in school achievement.[ii] Additionally, students who abuse these substances may be masking emotional, behavioral, or mental health disorders, or family, environmental, or personal problems and are in need of counseling and other services.

Substance-abusing students take up a disproportionate amount of teacher and staff time and energy that should be devoted to ensuring students' success. Instead, these resources are misspent on discipline and intervention, which creates a difficult learning environment for their peers.

The younger the age at which students begin using substances, the higher the likelihood that they will develop a substance abuse disorder, suggesting that intervening at an early age is most effective to avoid problems later in life.

Integration with the Other Elements

ATOD use is often a sign of other risk factors among youth. Because substance abuse is correlated with emotional, behavioral, and mental health disorders and is often implicated in unsafe and violent

behaviors, programs and activities to address substance abuse can easily be integrated with those focused on the other four elements.

For instance, there is a direct correlation between alcohol use, depression, and suicide. It is natural, then, that programs meant to address element 2 incorporate activities meant to promote mental health and screen for or treat mental health disorders.

Research also shows that alcohol use, especially heavy alcohol use, is related to violence among youth.[iii] Students who are under the influence of alcohol or other drugs make poor decisions that may lead to confrontations, and are more likely to engage in aggressive and violent behavior. Those under the influence of drugs, in particular, are more likely to engage in crime, including violent crime.[iv] Therefore, integrating substance abuse and violence prevention activities increases their chances of success.

Addressing Element 2

Evidence-Based Practices for ATOD Prevention

Programs to prevent and treat substance abuse among students positively impact learning. Too, Evidence-based practices (EBPs) are a cost-effective approach to reducing substance abuse: Research shows that for every dollar invested in substance abuse prevention, up to $10 in substance abuse treatment may be saved.[v,vi,vii,viii]

It is important when considering EBPs to address ATOD that project directors understand the scope and nature of the problem unique to their schools and communities. It is also important to note that substance abuse prevention can begin as early as preschool, particularly for at-risk children, including those with poor social skills, aggression, and academic difficulties.[ix] Developmentally appropriate, culturally competent prevention and intervention programming implemented in preschool and continuing through high school graduation can be very effective at addressing risk factors and preventing ATOD abuse.

To enhance protective factors for all students, reduce risk factors for at-risk students, and assess and treat students who are already using ATOD, your chosen EBPs should address the entire spectrum of prevention:

I. Universal Prevention *- programs that prevent substance abuse for all students. For example:*

- *Delivering substance abuse prevention programming at high-risk times of major transition, such as moving from middle to high school*
- *Implementing normative education programs to correct misperceptions of how many students are using ATOD*

- *Instituting programs that enhance peer relationships, self-control, coping skills, social behaviors, and skills in refusing drug offers*
- *Creating and publicizing student substance abuse policies*
- *Establishing drug-free school zones*
- *Ensuring that community vendors ask for proof of age before selling alcohol or tobacco to young people*
- *Restricting alcohol and tobacco advertising in the community*
- *Raising cigarette prices and alcohol taxes*
- *Offering after-school social and recreational activities*

II. Selective Prevention *- programs that focus on students who are at risk for substance abuse (e.g., those with early aggressive behavior, those who lack parental supervision, children of substance abusers, those living in poverty). For example:*

- *Creating district-wide policies for assessment and referring at-risk families to parenting programs*
- *Implementing programs specific to high-risk sub-populations, such as steroid-prevention and strength-training programming for athletes*
- *Working with underperforming elementary school students to increase their social confidence, academic performance, and behavioral regulation*
- *Implementing mentoring programs for at-risk youth*

III. Indicative Prevention*—programs for students who are already experimenting with ATOD. For example:*

- *Screening and assessing students suspected of using ATOD*
- *Conducting intensive programs targeted at preventing substance abuse for students who are not succeeding academically and have engaged in substance abuse*

- *Providing school- or community-based intervention and therapy (e.g., counseling, parenting classes) for families with histories of substance abuse*
- *Offering targeted interventions to students in alternative or transitional schools who have used ATOD*

Partnering to Create ATOD-Free School Environments

The Core Management Team

Having a representative from a local health department on the Core Management Team can be invaluable in creating ATOD-free school environments.

Community Partners

Combining school and community substance abuse programming is more effective than delivering either in isolation.[x] Further, programming across all sectors is most effective when delivering culturally competent, consistent, community-wide messages,[xi] reinforcing the importance of having community partners at the table at all stages of program planning, implementation, and evaluation. Community partners can collect data, implement community-based interventions, and provide screening and treatment services for students who abuse substances.

Good community partners include the following:

- The local health department, which may have important data to contribute to the needs assessment, such as commonly abused drugs in the community and information on where students are obtaining alcohol. This partner may also be able to provide linkages to services, such as drug and alcohol treatment and smoking cessation programs. Additionally, some may have expertise in designing substance abuse prevention and intervention programs.
- Law enforcement, which can help enforce community alcohol restrictions, such as ensuring that all liquor outlets check IDs for proof of age.
- Local counseling centers, who may be able to provide substance abuse counseling and treatment services that are not available in schools.
- Additional community partners to consider include substance abuse treatment services and tobacco cessation professionals.

Parents

Parental support is a proven protective factor regarding substance abuse,[xii] thus underscoring the importance of engaging parents in ATOD education, program planning, and implementation so that the messages students get about substance abuse from the school and community are consistently reinforced at home.[xiii]

Because substance abuse and poor supervision at home can lead to increased risk of substance abuse, project directors can work with community partners to provide substance abuse treatment and parenting programs to parents to help prevent substance abuse among their children.[xiv]

Students

Engaging students in data collection and program implementation can not only save your program time and money, but also maximize effectiveness and give greater credibility to the selected programs. Creating a student advisory council allows project staff to understand substance abuse issues and challenges from the students' perspective. Students can communicate the trends in substance use among their peers and provide feedback on prevention programming to ensure that messages are on point and will resonate with them. Students can also help roll out substance abuse prevention programming during key times of the year, such as Red Ribbon Week, homecoming, and prom season.

[**Important Note:** research suggests a negative affect from students engaged in peer group substance abuse counseling.[xv]]

Sustainability

The sustainability of your ATOD program after SS/HS funding ends should be a consideration from the beginning. From the time the funding is awarded, PDs should create a long-range blueprint that includes a plan for institutionalizing ATOD prevention efforts in the district.

Sustaining ATOD prevention, assessment, and treatment activities requires strong partnerships with community groups and top school administrators, including the superintendent, who will be advocates for this programming. One way to garner their support is to tie in the SS/HS objectives and goals with those of the school district and community, such as linking ATOD prevention activities to the academic mission of schools. Meetings among the partners should be held on a regular basis, to ensure that each group continues to work toward common goals.

To institutionalize ATOD education and prevention programming in schools, staff should be trained to train other staff in planning, implementation, and evaluation.

When SS/HS funding has ended, schools and community groups can continue to work together to refer students and families to each other's ATOD services and to seek additional funding as a collaborative.

Resources

- Substance Abuse, Violence, Mental Health, and Academic Success
- Key Strategies for Violence and Substance Abuse Prevention I, II, III: Working with Children and Families
- Engaging Families in Safe Schools/Healthy Students Initiatives
- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)
- National Institute on Drug Abuse's Preventing Drug Abuse Among Children and Adolescents: A Research-based Guide for Parents, Educators, and Community Leaders

- Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services
- Safe and Drug-Free Schools Program, U.S. Department of Education
- National Clearinghouse for Alcohol and Drug Information, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services

References

[i]McManis, D., & Sorensen, D. (2000). The role of comprehensive school health education programs in the link between health and academic performance: A literature review. Malden, MA: Massachusetts Department of Public Health Learning Support Services.

[ii]Washington Kids Count. (2002). The impact of substance use and violence/delinquency on academic achievement for groups of middle and high school students in Washington. Summary of a Report by Washington Kids Count. Seattle, WA: Human Services Policy Center, University of Washington.

[iii]Reiss, A., & Roth, J. A. (Eds.). (1993). Understanding and Preventing Violence. Washington, DC: The National Academies Press.[iv]

Miczek, K. A., DeBold, J. F., Haney, M., Tidey, J. Vivian, J., & Weerts, E. M. (1994). Alcohol, drugs of abuse, aggression, and violence. Understanding and Preventing Violence. Washington, DC: The National Academies Press.

[v]Pentz, M. A. (1998). Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention. In W. J. Bukoski & R. I. Evans (Eds.), Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy (pp. 111–129). NIDA Research Monograph No. 176. Washington, DC: U.S. Government Printing Office.

[vi]Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. Archives of Pediatric and Adolescent Medicine, 153, 226–234.

[vii]Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). The Comparative Costs and Benefits of Programs to Reduce Crime, Vol. 4. Olympia, WA: Washington State Institute for Public Policy.

[viii]Spoth, R., Guyull, M., & Day, S. (2002). Universal family-focused interventions in alcohol-use disorder prevention: Cost effectiveness and cost-benefit analyses of two interventions. Journal of Studies on Alcohol, 63, 219–228.

[ix]Webster-Stratton, C. (1998). Preventing conduct problems in Head Start children: Strengthening parenting competencies. Journal of Consulting and Clinical Psychology, 66, 715–730.

[x]Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring school communities. Educational Psychologist, 32(3), 137–151.

[xi]Chou, C., et al. (1998, June). Effects of a community-based prevention program in decreasing drug use in high-risk adolescents. American Journal of Public Health, 88(6), 944–948.

[xii]Wills, T., McNamara, G., Vaccaro, D., & Hirky, A. (1996). Escalated substance use: A longitudinal grouping analysis from early to middle adolescence. Journal of Abnormal Psychology, 105, 166–180.

[xiii]Bauman, K. E., et al. (2001, April). The influence of a family program on adolescent tobacco and alcohol. American Journal of Public Health, 91(4), 604–610.

[xiv]Kosterman, R., Hawkins, J. D., Haggerty, K. P., Spoth, R, & Redmond, C. (2001). Preparing for the drug free years: Session-specific effects of a universal parent-training intervention with rural families. Journal of Drug Education, 31(1), 47–68.

[xv]Dishion, T., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. American Psychologist, 54, 755–764.