

School-Based Substance Abuse Prevention: A Public Health Perspective

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Schools are the environment where students plant, nurture, and grow seeds that will become their future lives. These seeds should encapsulate their hopes and dreams and serve as the foundation for whom they will become as adults. While many students dream of becoming doctors, teachers, lawyers, artists, or engineers, no student aspires to become an alcoholic or a drug addict. Sadly, many of today's students fall victim to the destructive, debilitating, chronic disease of addiction.

Dare County, North Carolina, a popular vacation destination, is not immune to the challenges of adolescent substance abuse. In 2005, there were 1,040 total arrests for young people ages 16-20 for alcohol and other drug offenses compared to 1,224 total arrests for individuals age 21 and over in the county. According to the 2005-2006 School Violence Report, Dare County Schools had a higher rate (4.8 per 1,000 students) of substance abuse violations than 70% of schools across the state. Dare County Schools averages a 6.1% positive result rate on random drug testing screens, which is nearly double the 2%-3% rate reported by most school systems with similar drug testing policies. Further revealing the problem of adolescent drug and alcohol use in Dare County are the self-reported usage statistics in the Search Institute 2005 Profile of Student Life Surveys:

- 23% of 8th graders reported alcohol use (17% national average)
- 63% of 12th graders reported having used marijuana (45% national average)
- Average age when local 12th graders reported first getting drunk was 13 or 14
- Average age for middle school students who reported having gotten drunk was 11.5
- Responses from Dare County students to the question: "If you came home from a party and your parents found out you had been drinking, how upset would they be?" indicate that many students perceive low levels of parent disapproval regarding alcohol use

- 29% of 12th grade students reported that their parents would not be upset at all or only a little upset to learn that he or she was drinking (18% of 11th graders, 15% of 10th graders)

In response to the alarming number of adolescent drug- and alcohol-related incidents, including overdoses and deaths, the community rallied to generate action. After an impassioned

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community meeting in April 2006 with citizens pleading for support from government officials and community leaders, the Dare County Department of Public Health was asked to take the lead in developing a coordinated and comprehensive array of substance abuse services for our community.

The plan that grew out of this process utilized the findings of a comprehensive community needs assessment and resulted in the implementation of the Dare County Substance Abuse Demonstration Project, funded by state and local dollars, with the goal of building an effective prevention, intervention, and treatment system for Dare County that would serve as a model for the rest of the state. While intervention and treatment are important components of the plan to help those currently living with the chronic disease of substance abuse, a focus of our efforts are aimed at prevention, which is key to disrupting the cycle of addiction. If we are really to make a difference in lessening the burden for people afflicted with substance use disorders, and those around them, the goal should be to prevent anyone from acquiring the disease.

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School-based prevention programs are ideal because of their ability to reach large numbers of youth, including those traditionally underserved. Additionally, adolescent drug use has been linked with physical and cognitive health problems in early adulthood, another reason for early intervention to prevent drug use.¹ While it makes sense to deliver prevention programs in schools, the practice is not routinely occurring across North Carolina, including Dare County. The value of prevention is well-recognized, as illustrated by the Drug Free Schools Policy, but the consistent implementation of evidence-based prevention programs is not occurring. As part of the Dare County plan, we collaborated with Dare County Schools to implement Positive Action, an evidence-based program with proven outcomes in three areas: character development, behavior modification, and academic achievement. By selecting a program like Positive Action, with benefits to the school beyond prevention education, we have broadened support for drug abuse prevention. Both the Health Department and Dare County Schools embraced the effectiveness of the Positive Action program, as highlighted by the following verifiable improvements:²

- Drug, alcohol, and tobacco use reduced by up to 71%
- Violence reduced by up to 85%
- Criminal bookings reduced by up to 94%
- Academic achievement improved by up to 75% (reading, math, and combined scores)
- General discipline problems reduced by up to 90%
- Truancy reduced by up to 13%
- Suspensions reduced by up to 80%
- Absenteeism reduced by up to 45%
- Self-concept improved by up to 43%

Additionally, the Positive Action curriculum earned national recognition in 2006 from the US Department of Education What Works Clearinghouse as the only evidence-based character education program with strong evidence of positive effects for both behavior and academic performance on standardized test scores.³

The founding principle of Positive Action is that positive thoughts lead to positive actions, positive actions lead to positive feelings, and positive feelings lead back to positive thoughts. This program strengthens the intrinsic motivation to make positive choices for a lifetime. It is through this empowerment that youth learn to make choices that ensure healthy and productive lives. The positive action program is not only effective in thwarting substance abuse, but students in schools that use the curriculum exhibit measurable improvements in areas such as self-concept, healthy body and mind, managing self responsibly, getting along with others, being honest, goal setting, and conflict resolution. These character-building competencies are at the root of all behavior so that physical, intellectual, social, and emotional health are positively impacted. In fact, this is one of the primary reasons we chose the Positive Action program. Another reason is that community prevention programs that reach people in multiple settings and that present a consistent community-wide message are most effective. In addition to the

classroom components for grades K-12, the positive action program has a community, a counselor, and a family component, which we are currently implementing.

The Dare County Department of Public Health was able to draw on its long-standing collaborative working relationship with Dare County Schools for successful implementation of prevention education. The schools' mission is education while the public health mission is to promote and protect the community's health. We created a win-win situation with the schools achieving academic success while public health achieved the benefits of promoting health and preventing disease. Positive Action lessons correspond to the North Carolina Healthful Living Curriculum that is taught in physical and health education classes. The Dare County Department of Public Health manages and oversees the program's implementation. Public health educators teach the Positive Action lessons in the schools, and selected school personnel are trained to assist in the delivery. Taking the burden off teachers to assume additional workload certainly helps with buy-in. In the first year of implementation, over 700 lessons were delivered to more than 2,000 students. Within the next three years, the goal is to deliver the program to every Dare County student in grades K-12 each year. The positive benefits of Positive Action are already apparent and can be summed up best by these comments from a 9th grade student at the Dare County Alternative School:

I have made several changes in my life while going through the Positive Action program. One of my main changes is to pay more attention in school and to bring all of my grades up. The reason for that is to pass my grade and make my dad proud. The other change I have made is to get rid of the stress and drama in my life. I used to be really bad but then I realized when we did this lesson that I need to do something with my life and do right. It feels good to make good changes in my life. —Darion

Long-term success and sustainability of effective substance abuse prevention programs in the schools requires some fundamental changes to the way school health programs are currently delivered. The first is to require that all schools implement evidence-based programs to all students, kindergarten through 12th grade. Second, these programs need to be taught by competent, qualified staff who dedicate the appropriate time and effort to this subject. Because public health staff include prevention experts, this is a resource that should certainly be considered for this task. Third, schools must be held accountable for effective delivery of prevention programs including evaluation, outcome measures, and perhaps even testing. And last but not least, adequate funding must be allocated for this purpose. Prevention is far less expensive than treatment, yet historically funding for prevention has been very limited. In North Carolina, we spend about 6% of public substance abuse funds on prevention. This must change if we are to stem the tide of substance abuse in our communities.

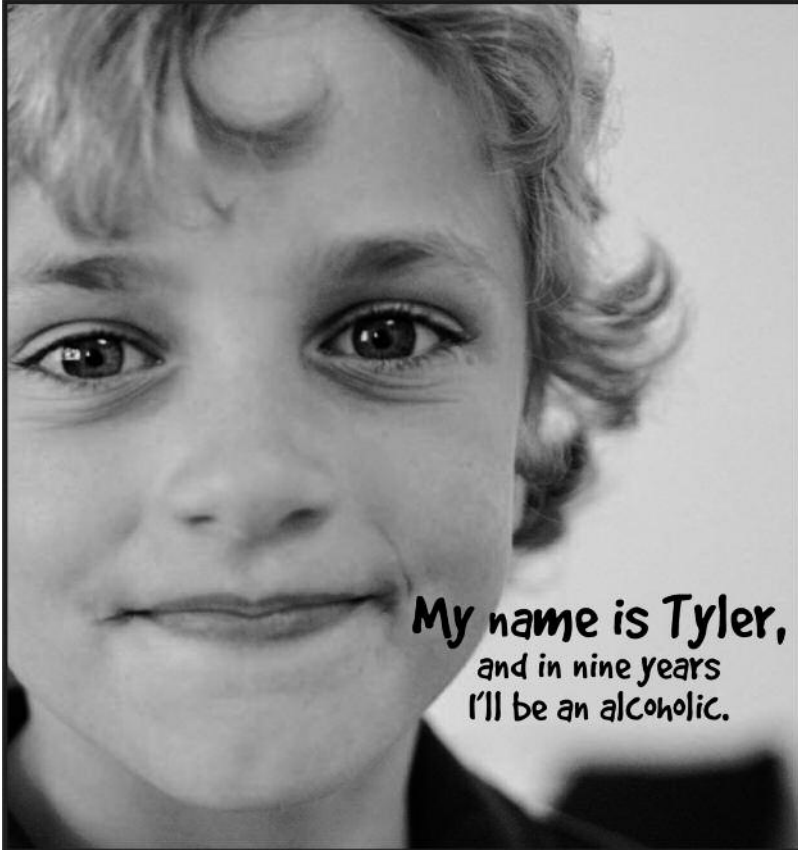
Helping children fulfill their hopes and dreams free from the constraints imposed by alcohol dependency and substance abuse is one of the greatest gifts we can give them. The first step

towards achieving this lies in consistent, effective implementation of evidence-based prevention programs, delivered in the schools by well-trained, qualified staff. Every child deserves to be given

the opportunity and tools to succeed, and prevention is the key that opens the door to a promising future. **NCMJ**

REFERENCES

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