Safe and Supportive Schools
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Substance Abuse Prevention in Schools

WEBINAR QUESTION AND ANSWER SUMMARY

On October 12 and 13, 2011, the Safe and Supportive Schools Technical Assistance Center (Center) hosted a Webinar titled "Substance Abuse Prevention in Schools." During the session, the presenter, Dr. William B. Hansen, President of Tanglewood Research, received several questions from the audience. Since the presenter could not answer all of the questions during the event, the Center has prepared the following Webinar Question and Answer Summary with responses to each question. For additional information, please email or call the Center (sssta@air.org; 1-800-258-8413).

Please note the content of this summary was prepared under a contract from the U.S. Department of Education, Office of Safe and Healthy Students to the American Institutes for Research (AIR). This Q/A summary does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.

Q1. There's expressed concern in our community regarding the use of inhalants among middle school students. How prevalent is their use nationally and what are the general trends for inhalant use compared to other substances?

Back in the 1990s, the increase in inhalants use paralleled the increase in marijuana use; however, it was primarily for younger students. Inhalants are a category of drugs that you can find in every kitchen and garage and most offices. They include marking pens, whiteout, gasoline, spray, solvents and a whole variety of things. And they act - in the brain they act very differently than the other drugs of abuse. And for the most part young people quit using them in high school. So the experimental period is in sixth and seventh grade. They're very dangerous although they're relatively rarely used.

I don't know exactly what the current trend in inhalant use is but that can be found very quickly if you go to the Monitoring the Future Web site (monitoringthefuture.org/). They have a complete set of graphs and tables that document all of the changes in all the substances over the last 20 years.

Q2. What do you say to folks who say high school is too late for preventative measures? There appears to be a drastic spike in use during the 9th grade transition.

Prevention needs to be continuous, so it needs to start in middle school but it needs to continue in high school. And if there haven't been effective prevention programs in middle school, then there have to be prevention programs or maybe earlier cessation programs in high school. High school has been slightly less researched arena for prevention but that doesn't mean that there aren't effective programs that are available. It just means that they're not as widely disseminated.

Q2. Is there any evidence to suggest that substance use can be attributed to deployment (war) of one or both parents of students?

There are current research projects funded by the National Institute on Drug Abuse (NIDA) that are addressing this issue. See http://www.nida.nih.gov/tib/vet.html. More is known about the use of substances among military personnel than among their children. (See for example http://ajph.aphapublications.org/cgi/reprint/81/7/865.pdf.) I do know that drug use is higher among single-parent families, so there's probably reason to believe that that can be the case in families where one parent is deployed as well.

Q3. You suggested that prevention should begin in middle school. Is that when you see the most dramatic increase in use? If that's the case, doesn't it mean that actually middle school is more about early intervention and that maybe elementary school would be more about prevention?

We have several evaluation studies that have looked at early intervention and it's probably not bad to do an early intervention. I would never say, "Don't worry about it until middle school," but the evaluation of those kinds of things is relatively difficult to achieve because kids just aren't starting drug use and so the people who have tried earlier intervention studies have had to wait for a while to see results and they are often inconclusive.

However, one of the most successful programs around is an elementary school program, the *Good Behavior Game*. So it's not that they shouldn't be done. But I think it's more that you have to set a priority between middle school, high school and elementary school. Given the age of onset of use for most students, the middle school programs probably are the most urgent and important to implement. And then I would first expand up and if you can simultaneously expand down, there's no reason to not do it.

It's just that one of the things you have to do is figure what it is that you can do at the younger age groups. There are character education programs, for instance, that are more broad based that may in fact be the appropriate kinds of things to be delivering to younger populations. But I wouldn't go in with what I would think of as traditional drug education and start talking about the effects of drugs and what they look like and other kinds of things.

One of the challenges you have even if you do an elementary school program is that the transition into middle school, just like the transition into high school, is a transition into a new culture. And sometimes when you transition into a new culture, everything that you thought that you've accomplished with younger students gets erased because the new culture overwhelms whatever was there before. So you have to be consistent with efforts across grades if nothing else.

Q3. We are experiencing a huge increase in prescription drug abuse in the community. We are trying to educate the youth in addition to the parents and local physicians. We hold two prescription take-back days a year. What other activities do you suggest? The other problem that comes from this is also an increase in Heroin use when the youth can no longer obtain Oxycontin.

This is an interesting issue because as a society, we have started prescribing more substances to adults and children, which means that they're just generally more available. And kids who would not be caught dead smoking marijuana or hemp or getting drunk with alcohol will use prescription drugs as a way of dealing with things. I think it's important that communities understand this.

I'm not sure about evaluations of effective prescription drug prevention programs. And so one thing that is critically important is to document what you did with any program implementation and how effective it was.

One of the things we know about young people is that scare-them-straight kinds of messages tend to not work. There's an implicit message with prescription drug use that says at some level these things are entirely acceptable for society to use and so there's an additional message about correcting a perception of what's normal that needs to be addressed. I think clearly, families need to be a critical part of this because that's where access to most drugs originates.

Users may go on then to use heroin or other drugs to imitate the effects that they're getting from prescription pills because the medications actually create a change on the neural network and the reward centers of the brain. So there are critical issues involved that are probably related to drug treatment. Communities need to spend some effort developing early intervention and treatment programs. My focus is on prevention, so I'm not an expert on early treatment. I do know that young people can make their own choices, but I think there's a lot of assistance that they probably need in this area.

Q4. How long should a social norms campaign last - the entire school year? And is it effective to keep implementing the same campaign each year?

One of the challenges with normative education is getting everybody on board. Programs work best when they have some saturation throughout the school year. Our program currently only has three sessions that focus on norms. We have other sessions to focus on other motivational type mediators. So it doesn't take a lot of effort to change these norms although there are other motivational issues that do need to be addressed that are probably equally as important.

Q5. Are you making a distinction between "Normative Education" and a "Social Norms Campaign?" Can you discuss this further, and if indeed you see them as distinct, talk further about how they link together?

They actually do link together. At the same time we were developing our normative education program, there were researchers who were looking at college-aged populations and we developed what they ended up calling a social norms campaign. Part of the difference is just the setting and way in which things are delivered, but basically they all have the same goal which is making sure that students understand that drug use is rare and unacceptable. That's the goal of both of these approaches.

The *Normative Education* approach does it in a classroom setting with structured activities that students participate in and it's intended to be highly involving and interactive. The *Social Norms Campaign* approach is to develop posters and media campaigns and other kinds of strategies that can broadcast things typically in a non-classroom setting so that the message of low use is communicated. I'm not sure if the two have actually been compared. I'm not sure if the two have ever been combined. They could work together and if the message is the same, as long as that message isn't a nagging kind of message, they can both be done together.

Q6. How many years should programs be implemented before we expect a change in outcomes?

Well most of the evaluations, interestingly enough, are based on first year implementation. And there is this interesting debate going on among researchers about whether things get better or worse with time.

The people who think things get better with time say teachers get more training, they get more skilled, they get better at delivering what they need to deliver. The people who say, "No, things get worst over time," say that teachers start drifting from the program and they make more and more adaptations as they get older. The nine teachers that we looked at in terms of fidelity and adaptation were highly consistent year to year.

So I don't know that teachers change all that much, but I do know that if you've got a good teacher, you want to keep that teacher doing their job. You don't want to promote them out of those positions where they're being successful. Sorry for all you people who want to get promoted, you really need to stick to doing prevention if you're good at it!

Q7. What are some examples of the normative education in the classroom?

We play a game that's very much akin to Family Feud and all the kids understand Family Feud, which makes it easy to play. At the beginning of the school year (or beginning of the program) we survey the students for one word answers to questions like "What do you call somebody who drives and drinks or drinks or drives? What do you call somebody who's made the decision to never use drugs?" And we use the answers to those questions to play the game.

But we also do other kinds of things like asking kids to set their own standards or behavior and publicize those standards. And inevitably, one of the things that come into those standards almost always include statements about not using drugs as a standard for the peer group. So those are just two small examples. There are other things that can be done.

Q8. How does marijuana use compare between black students and white students?

Monitoring the Future reports that at all grade levels in which they have data (8^{th}, 10^{th} and 12^{th}), African American students have lower prevalence rates of substance use than white students. http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2010.pdf page 45.

Generally what we've found is that drug use is most prevalent among white students and less prevalent among people of color. One of the issues that tend to drive these things is not your ethnic background or your race but your socio-economic status. Because marijuana costs money, people who have more money tend to be more likely to use it.

Q9. When developing substance use/abuse prevention programs for middle school students, do we need parental consent or should/could it be included as part of our school curriculum?

Most of the schools that I know of include it as a standard part of their school curriculum. So that's an easy one to answer. Although typically what we encourage people to do when they deliver our program is to inform parents about it because parents need to become allies in prevention. So it's not so much gaining parental permission that's the issue; it's gaining parental support so that everybody has the same goal and the same mission and that parents can support what is done in the school.

Q10. Do you have any data in reference to the effectiveness of using "fear-based" prevention programming?

Yes, and I will get to that very shortly. But I will answer right now that scare tactics have been generally, and for a very long period of time in the research literature, shown to be ineffective, especially fear tactics that stress high severity events like death. Those things tend to not have an impact on students.

People are generally prone to perceive themselves to be personally immune to whatever it is they're doing at least in the long term. Short-term consequences are much more effective to communicate if you're going to talk about things like that.

Q11. Can you explain the theory that legalization of marijuana use is causing an increase in marijuana use among youth?

That's an excellent question and it's one that I'm only going to speculate about. But here's the reason for suspecting that this might be a cause. Number one, there's a lot more attention in the media about this and so young people are hearing those media messages. Number two, this shift does represent a shift in public norms which also affect how young people behave and what they perceive to be acceptable. And along with that any time you say it's legal because we're using it for a medical purposes, there's an implied message that there is benefit and not harm to using a substance.

If we're going to observe a change and it's due to this legalization issue, the previous three things mentioned are probably driving it.

Q12. How does a school principal know if a culture of drug use exists at a middle school? How does he/she check the climate on this issue?

Well I think there are both quantitative and qualitative approaches to this. One of the first things that we do, and we'll talk about this shortly, is assess the prevalence of substance use which is relatively easy to do. And if you've got a school that is above the norm, then you know that you've got an issue to deal with. But even if it's at the norm, there may be cause for concern. So the goal is to ultimately have prevalence be below the norm.

And I know that the Safe and Support Schools TA Center (safesupportiveschools.ed.gov) explores the issue of measuring school climate. I'm sure that's part of technical assistance you can get from them.

(Response from participant: Ideally, the entire staff (from teachers to janitors) is engaged in the school's prevention efforts. Students tend to talk more freely in front of janitors and lunch ladies than they do teachers or principals. The entire staff can be the principal's eyes and ears.)

Dr. Hansen: I fully agree with this suggestion. Having an ear to the ground is the best way to track social trends among students and get a feel for the culture. Being in the hallways during class breaks and simply listening to what is said is an important key to assessing culture and climate.

Q13. What is your opinion on the Social Norms approach for both middle and high school students? Does it work?

Yes, I think it works if it's done well. And I should point out that social norms campaigns are slightly different than normative education, as noted earlier.

Social norms campaigns tend to focus on mass media approaches; they put up posters, they do surveys, and post the results. They're not necessarily part of a curriculum. Normative education approaches are typically done in a classroom setting in a process that's done as part of a curriculum. Social norms campaigns and normative education can work together very nicely to create social norms. But I would also stress social norms campaigns probably can be augmented with additional interventions or with interventions that focus on additional media to moderate motivators.

Q14. Any tips for presenting harm reduction-"ish" programming on a high school campus?

Harm reduction programs are popular in Europe. The assumption among proponents of this approach is that students will use and cannot be prevented from use. Therefore, the most appropriate response adults can advocate is to teach youth to use substances safely to reduce the harm they may face. One of these premises seems logical at the outset. That is, there is a sizable proportion of high school students who drink alcohol, use marijuana, and smoke cigarettes. With regard to alcohol, it's not just that a large proportion drink, it's also that as many as 75% to 80% who drink also report getting drunk, suggesting that the primary purpose for drinking is to get drunk. Because of these facts, there are those who would like to promote harm reduction as an essential approach. There are two things that stand in the way of this from my perspective. First, for adolescents in high school, all of these behaviors are illegal. Second,

there is no convincing evidence that harm reduction approaches have the intended effect. What would be, for instance, the appropriate harm reduction message for smoking cigarettes? There really isn't one. And if a high school student's primary reason for drinking alcohol is related to getting drunk, how do you change that motivation? High schools should have programs in place for helping those who use find appropriate motivations to quit using. We looked at self-initiated cessation (http://www.tanglewood.net/Research/Cessation/Self-Initiated%20Cessation%20Paper.pdf) and identified a number of likely strategies that would aid schools in promoting self-initiated cessation. These ultimately found their way into our high school program that aligns with high school health education.

Q15. Do you think that the approach used to address Prescription and OTC Drug use should be different than addressing illegal substances? This refers to both with students, parents and other adults.

When I was talking about cigarette smoking, one of the ways we changed the prevalence of cigarette smoking as a nation was not only through our educational efforts, which I do believe actually had an impact, but through changing all sorts of other societal policy. We established rules about where people could smoke and how cigarettes could be sold and other things like that.

So I think if we're going to address things like prescription drugs, we probably need to expand to include not just school-based efforts but be communitywide and involve all sorts of other kinds of things where we can limit availability. We can educate parents as one of our primary tasks.

One of the challenges we had with resisting peer pressure is that when we started teaching kids to resist peer pressure, they all of a sudden thought that peer pressure was much more common than it actually was. And so you can inadvertently heighten the norm about something by simply bringing it to everyone's attention. And so you have to be careful as you design community interventions to do that.

But prescription drug use seems to be a growing concern. And I think we're going to treat it differently than we've treated some of these other substances that we've dealt with in the past.

Q16. You mentioned the increased rate of dropouts and learning levels, does that also include suspension/expulsions, other discipline issues, and what is the involvement of parents/care-givers addressing youth substance abuse?

These are two different questions.

Let me provide you with what I know about some of the factors related to dropping out and substance use. I have a colleague who's now at the University of Connecticut (Dr. Ralph McNeal) who studied the impact of extracurricular activities in retaining students. He's found that kids who participate in those extracurricular activities are much more likely to stay in school. (McNeal, R.B. 1995. *Extracurricular activities and high school dropouts.* Sociology of Education, 68, 62-80.) And there are usually requirements for participating in extracurricular activities that

are related to substance use testing, discipline and other kinds of things. And some of the effect of this could be very indirect. But kids who are more likely to be suspended are probably much more likely to also use substances (though they may not be suspended specifically for using substances).

My concern with suspension in general is that one of things we don't want to do is congregate high-risk users together. If you've got a place where you stick all the misbehaving kids in school, they learn from each other the bad things that they can do. So I hope that those situations are structured in a way where that doesn't happen because there's some evidence that if you do that, you actually increase the risk of those kids continuing to use.

And if you're talking about out-of-school suspension where there is no supervision, which can also be bad because we know that students who are unsupervised are much more likely to start using drugs.

This ties to the parent question as well. We did a study when I was at the University of Southern California where one of the things we found was that students who are in self-care after school are at about twice the risk for alcohol, tobacco and marijuana use as students who were supervised afterschool. (Richardson, et al., 1989. *Substance use among eighth-grade students who take care of themselves after school.* Pediatrics, 84, 556-566.) So it all wraps up into one thing around adult supervision and parental monitoring. One of the single strongest family predictors of substance use is out-of-school supervision and parental monitoring.

Q17. Can you review the essence of normative education? What are the key components?

Good question. The essence of normative education for us is revealing to students that drug use is not common and not acceptable within the peer group. And we've devised some strategies for doing this. We conduct an opinion survey at the very beginning of the program and by the time we actually get to the normative education session kids have usually forgotten that they already did this. We ask a variety of questions like “What do you think of somebody who drinks and drives? What do you think of somebody who uses marijuana? What do you think of somebody who has made a commitment to not use drugs?”

We collect their answers, typically one word answers, and we play a game sort of very similar to Family Feud where we reveal their own answers to them. And one of the questions we ask is, how many cigarettes have you smoked in the past month? And it's all anonymous, so there's no concern regarding confidentiality with any of this. The teacher tallies the answers. What it reveals to the students, and especially with the teacher processing it correctly, is that use is not prevalent and/or acceptable to the peer group.

We also engage some other strategies that help reveal the norm by allowing students to respond to prompts that help them essentially establish a norm within their own society (peer group) about what's acceptable. And once that gets established, then we hope that it perpetuates with booster programs and additional reinforcements throughout time.

Q18. Please provide an example of positive and negative program adaptations?

A negative adaptation, for instance, was one teacher who was prone to tell stories; and his negative adaptations all involved him implying that drug use and alcohol use were good. So he'd tell stories about going out on the weekend and how his friends were all getting drunk and sometimes he'd say things like "I couldn't join them because I had to drive." But he had an attitude about how it that was just - it contravenes the norm that we were trying to get established.

For an example of a positive adaptation, there was one teacher who added motivational statements about why the work of the curriculum is important to do. So, for instance, we had homework assignments that had to go home. And there were two things that he did. One, he would actually spend extra time defining how the homework was to be done to make sure the students actually understood it--which we didn't call for in the original curriculum. We've now changed it so that it is called for. But then he'd talk about why each assignment was important for students to do and the things that they could expect to learn from it.

So those are just two examples. There are a lot of teachers who added very excellent questions that got students to think more deeply than the questions that were originally in the curriculum.

Q19. We are fighting momentum or ownership issues with the current curricula used in our school district. How have you seen this effectively addressed in other locations such as overcoming this resistance to changing what we've always done?

There are a couple of reasons why people might be resistant. They may be lazy--which we hope isn't the case. But they may be dedicated to something that they have bought into and they understand. So to change that situation requires really going through a thoughtful change process. So evaluation, assessment, and then a formal process of decision-making might really help those people or those communities.

And one of the things that I think is important for them to think about is maybe not everybody's going to have the same level of commitment. Some people may in fact want to move to a different approach or an additional approach. So it may be possible to run a small effort where a sample of handpicked people try a different approach, and then you can use your local evaluation results to give you guidance about things. Generally we want people to be dedicated to prevention and so that's very important.

If there's a better way to deliver curriculum, you need to prove to somebody that it is a better way. And I think there's a lot of opportunities for people to do that but they do need to figure out how to go about presenting convincing evidence and then finding a program that aligns with their values and that they can think critically about. But the programs always work better when teachers believe in it.

And it's important to make sure that their belief in the program is supported by evidence that it's working. So you might be able to say, "Look, we're not sure - we know that we've been doing

this program for a while but there might be another one that will get better results," and if there are multiple schools or other settings where you could try both of them and then compare results at the end, that might help inform people of why a change would be valuable. That's one way of figuring out whether or not a particular approach/program works.

Q20. What successful or effective practices have you seen in place to connect schools, substance abuse prevention efforts to a larger community effort and how essential is that link?

The more people we get involved in a coordinated fashion in preventing substance abuse among youth, the more successful we're going to be.

There are some studies that have actually examined the link between community efforts and school based efforts. For instance the Communities That Care research that I mentioned earlier has completed a process that suggests that several of their sites were very successful at getting communities and schools to work together. And that success resulted in some effective things. There are a couple of examples of exemplary sites. If you contact the authors of the Communities That Care research, David Hawkins and Ricardo Catalano at the University of Washington, they can be very informative about what these sites did that led to the success of the communities working with schools.

It involved the whole planning effort and a very formal assessment process, a very formal decision making process, a very quality training process, and a high quality implementation. And of course they did evaluations because it was part of a research project. But those things all seem to combine so that if you get a lot of people behind the effort, it's more likely to succeed than if people are doing it on their own.