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A ALCOHOL & DRUG ABUSE PREVENTION & INTERVENTION IN KANSAS SCHOOLS:

A ROAD MAP
FOR THE
FUTURE

TOWARD A
DRUG-FREE



KANSAS

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ICC EDUCATION SUB-COMMITTEE REPORT

ALCOHOL AND DRUG ABUSE PREVENTION AND INTERVENTION IN KANSAS SCHOOLS

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ACQUISITIONS

TABLE OF CONTENTS


<u>CHAPTER</u>	<u>PAGE</u>
ACKNOWLEDGMENTS	i
PURPOSE	ii
HISTORY OF THE DEVELOPMENT OF THIS REPORT	iii
EXECUTIVE SUMMARY OF RECOMMENDATIONS	iv
REGIONAL ALCOHOL AND DRUG PREVENTION CENTERS	v
INTRODUCTION	1
NATIONAL HISTORICAL TRENDS	1
NATIONAL HEALTH OBJECTIVES	1
KANSAS PERSPECTIVE	2
CONTINUUM OF CARE	3
THE ROLE OF COMMUNITY BASED SERVICES	3
THE EDUCATIONAL SYSTEM'S ROLE	4
GUIDELINES FOR A SUCCESSFUL COMPREHENSIVE SCHOOL-BASED ALCOHOL & DRUG PROGRAM	7
SCHOOL ALCOHOL AND DRUG POLICY	9
KANSAS CONTACTS FOR SCHOOL ALCOHOL AND DRUG POLICIES	13
CURRICULUM	14
KANSAS CONTACTS FOR ALCOHOL AND DRUG PREVENTION CURRICULUM	38
PARENT PROGRAMS/PARENT EDUCATION/PARENT INVOLVEMENT	40
KANSAS CONTACTS FOR PARENT PROGRAMS	50
INTERVENTION STRATEGIES	52
KANSAS CONTACTS FOR INTERVENTION PROGRAMS FOR STUDENTS AND STAFF	55
STUDENT ACTIVITIES	56
KANSAS CONTACTS FOR STUDENT ACTIVITIES	63

<u>CHAPTER</u>	<u>PAGE</u>
TEACHER PREPARATION, TRAINING AND IN-SERVICE	64
KANSAS CONTACTS FOR TEACHER PREPARATION, TRAINING AND IN-SERVICE	69
ALCOHOL AND DRUG ABUSE COORDINATORS	70
KANSAS CONTACTS FOR ALCOHOL AND DRUG ABUSE COORDINATORS IN SCHOOLS	71
ADDENDA	
MISUSE OF ALCOHOL AND DRUG ABUSE SPECIFIC OBJECTIVES FOR 1990, PUBLIC HEALTH SERVICES - ADDENDUM A	72
GROUPS REPRESENTED ON THE ICC EDUCATION SUB-COMMITTEE - ADDENDUM B	75
MAP AND PROGRAMS - KANSAS ALCOHOL AND DRUG PREVENTION SERVICE REGIONS - ADDENDUM C1	75a
MAP AND PROGRAMS - OTHER PREVENTION PROGRAMS BY PREVENTION SERVICE REGIONS - ADDENDUM C2	75c
SEVEN SIGNIFICANT LIVING SKILLS REQUIRED IN THE PROCESS OF HABILITATION - ADDENDUM D	76
TOPEKA CAPITAL-JOURNAL NEWS CLIPPING - ADDENDUM E	76a
BIBLIOGRAPHY	77
RESOURCES	
STATE RESOURCES CONTACTS FOR SCHOOLS	78
KSA 72-53, 104 CIVIL LIABILITY IMMUNITY LEGISLATION FOR SCHOOL PERSONNEL	80
HB 2142 (1985 SESSION)	80
CURRICULUM UPDATE-PREVENTING DRUG ABUSE	81

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In writing this report, we are again reminded of the rich resource that our prevention and treatment community agencies provide for school districts. Our thanks to each agency who reaches out to school districts in these times of financial scarcity to reach Kansas children. You bring to them a more healthful, hopeful tomorrow.


Andrew O'Donovan, Commissioner
Kansas SRS/Alcohol and Drug Abuse
Services, September, 1987

PURPOSE

The purpose of this report is to familiarize Kansas Educators with a variety of programs and strategies to prevent alcohol and other drug abuse in school age youth. This report is not intended to promote any one approach, modality, or curriculum. It is our recommendation that each district and/or building evaluate and choose programs which best suits its own needs and objectives.

The programs, curriculums, strategies, etc. that appear in this report are included because they are examples of services being provided in Kansas or other states, are widely used nationally, or are promising new strategies. They are obviously not inclusive of all the various curriculums, programs, strategies, etc., that are available in Kansas or the United States.

HISTORY OF THE DEVELOPMENT OF THIS ICC EDUCATION SUB-COMMITTEE REPORT

In 1985, Representative George Teagarden, LyCygne, introduced HB 2142, which encouraged boards of education to provide for programs which are designed to "assist pupils at all grade levels in the identification, examination, prevention and resolution of alcohol and drug abuse problems which may affect the ability of such pupils to satisfactorily benefit from attendance at school." (See Resources, Page 80).

After that legislation was signed into law by Governor John Carlin, the Kansas Interdepartmental Coordinating Committee on Alcohol and Other Drug Abuse (consisting of representatives of various state agencies involved in alcohol and drug issues) appointed an Education Sub-Committee to review the existing alcohol and drug programs in Kansas, and to make recommendations on what schools could do to implement comprehensive alcohol and drug programming in their districts and buildings.

The Sub-Committee met for a year, hearing presentations from throughout the state from school district representatives and community based alcohol and drug prevention and treatment program staff on what was already happening in the state. Various needs were discussed, and in April, 1986, the ICC Report "Prevention and Intervention in Kansas Schools, A Roadmap For the Future," was published. This report made recommendations in several areas for implementation in the state by 1990, and also highlighted programming that schools could implement in the areas of School Policies, Curriculum, Parent Programs, Intervention Strategies, Teacher Preparation, Training and In-Service; Alcohol/Drug Coordinators; and Community Based Prevention Services.

This document is a revision from the first printing, updating names, addresses and phone numbers, and adding information regarding the new Regional Prevention System, which began implementation July 1, 1987.

The Interdepartmental Coordinating Committee continues to function; however, it has been renamed the Interagency Coordinating Committee on Alcohol and Drug Abuse under Governor Mike Hayden's program "Toward a Drug Free Kansas."

E --- XECUTIVE SUMMARY OF RECOMMENDATIONS AND INTRODUCTION ---

EXECUTIVE SUMMARY

ICC EDUCATION SUBCOMMITTEE REPORT

Recommendations for Alcohol and Drug Abuse Prevention and Intervention in Kansas Schools

The ICC Education Subcommittee makes the following recommendations for the development of comprehensive alcohol and drug prevention and intervention programs in Kansas schools:

1. Any school district considering the development of prevention and intervention programs should have clear policies which are consistent with and support those programs.
2. All Kansas School Districts are encouraged to implement integrated alcohol and drug abuse prevention K-12 curriculum by 1990.
3. Schools should encourage existing parent and community groups (i.e., PTA) to become actively involved in the alcohol and drug abuse prevention program in their schools by learning about alcohol and drug information, local alcohol and drug community services, and parenting skills by 1990. Schools without parent groups should consider developing them to support the alcohol and drug prevention program. Strategies should be developed to reach parents who cannot attend meetings.
4. Schools are encouraged to implement student assistance and employee assistance programs by 1990.
5. School districts are encouraged to utilize life skills development activities in their existing student organizations and implement student activities aimed at prevention of alcohol and other drug abuse. SRS/Alcohol and Drug Abuse Services will develop a model for Student Team Training and make it available by 1990.
6. Universities and colleges providing teacher preparation are encouraged to incorporate alcohol and drug abuse prevention information into approved programs by 1990. School districts are urged to incorporate at least one alcohol and drug specific in-service activity for faculty and staff in all grade levels by 1990. In addition, school districts should encourage, through fiscal support, additional teacher education through alcohol and drug abuse prevention workshops and seminars.
7. Kansas school districts are encouraged to designate staff to coordinate alcohol and drug abuse services who are trained in alcohol and drug abuse prevention, intervention, and treatment by 1990.

8. Appropriate levels of funding should be allocated as soon as possible by the legislature, and efforts made to secure private funds to implement the recommendations of this report, beginning July 1, 1986. Funding should be coordinated through SRS/Alcohol and Drug Abuse Services. The implementation of this report should be coordinated with the ICC Education Subcommittee. Coordination between ICC meetings should be ongoing with the Department of Education and SRS/ADAS.

It is important that community based prevention programs continue to provide prevention services to the general public and high risk populations, and to complement and support school based prevention services. This report concentrates on school based services, however, it is recommended that a similar report be initiated to develop recommendations on:

1. Determining the need for community based prevention and intervention services in underserved areas of the state;
2. Assessing the extent of existing community based prevention and intervention services;
3. Developing specific recommendations on filling the need for community based prevention and intervention services;
4. Model programs that are developed should emphasize the concept of "habilitation" for children and youth. (Habilitation is the process by which people develop the primary skills for living. See Addendum D, Page 78, for a list of the skills).
5. Recommending a funding level and source of funds for community based prevention and intervention services.
6. Increasing coordination among the prevention, intervention and treatment components of the Continuum of Care.

Regional Alcohol and Drug Prevention Centers

To begin responding to the recommendation on community-based services, in March, 1986, SRS-Alcohol and Drug Abuse Services initiated an extensive study of the existing community based prevention system being partially funded by the State. Only 26 Kansas counties had access to prevention services partially funded by SRS/ADAS, and no new funding had been available for expansion to unserved counties in Kansas for several years. After reviewing the most current research on effective prevention, a new regional alcohol and drug prevention service delivery system was designed, and implementation began July 1, 1987. Under the new system, 31 counties will receive prevention services. The five regional programs are required to provide prevention services to schools within their region, and to serve as a resource for school districts. They are also required to provide prevention services for the community. The Centers will provide five core services:

alcohol and drug information, life skills training, alternatives, social policy development and constituency development. The main target population is children and youth, and those who impact them, such as parents, teachers, peer leaders, youth leaders, etc.

Goals for the Regional Prevention Centers

- A. Reduce the risk of Kansas children and youth abusing alcohol and other drugs;
- B. Increase the likelihood Kansas children and youth will make positive lifestyle choices and develop healthy, responsible attitudes and behaviors;
- C. Delay the age of onset of first use of alcohol and/or other drugs by supporting children and youth to be alcohol and drug free;
- D. Deliver prevention and intervention services primarily through the training of impactors model;
- E. Use existing networks, systems, groups and individuals to support and encourage the delivery of prevention services to their target populations;
- F. Provide services for High Risk Youth, and;
- G. Offer prevention services regardless of race, natural origin, age, sex, religion or handicap.

For the first time, evaluation will be available that examines knowledge, attitudes, and behavior (use). See Addendum C1, for a map of the five Regional Prevention Centers, and their Regional Coordinators. The Regional Prevention Centers are one component of Governor Mike Hayden's program Toward a Drug Free Kansas.

UPDATED REPORT
ICC EDUCATION SUB-COMMITTEE

RECOMMENDATIONS FOR ALCOHOL AND DRUG ABUSE
PREVENTION AND INTERVENTION IN KANSAS SCHOOLS

INTRODUCTION

The complexity of the problem of alcohol and other drug abuse requires the cooperation of communities and schools working together to provide prevention and intervention services to youth.

Since the dramatic increase of alcohol and other drug use and abuse in the 1960's by American youth, the United States has searched for effective programs and methods to reduce this alarming trend. The educational system has been traditionally viewed as a logical point to reach youth.

Historical National Trends

Alcohol and drug abuse prevention/education efforts in public schools began over 50 years ago. Initially, most efforts consisted of scare tactics and misinformation about alcohol and drugs given in brief one-time presentations. Research on this method showed there was not a decrease in abusive use and in some instances there were increases documented. In the mid-seventies, prevention moved to an approach that often focused, solely, on affective life skills education (i.e. self esteem, communications, problem-solving and decision-making skills). Specific information on alcohol and drugs was often omitted, again providing only "part of the picture."

Today research findings have shown that effective, data-based prevention programs which show positive change include the following: 1) alcohol and drug information, 2) education in life skills, 3) alternatives to alcohol and drug use; 4) health promotion; 5) clear policies and 6) the integration of the school program into overall community alcohol and drug services. The goal of this report is to promote such comprehensive prevention and intervention programs in Kansas schools.

National Health Objectives

National objectives have been established to reduce the incidence of alcohol and drug abuse by 1990. These objectives established by the Public Health Service are listed in Addendum A.

Schools, community colleges, and universities are major systems in the community that have a uniquely important role in meeting the challenge of these objectives. Ralph Weisheit, in his article, "The School As A Setting For Primary Prevention," lists the following advantages of schools providing prevention education:

1. Access to youth on a large scale.
2. Economic feasibility.
3. Possibility for longitudinal interventions.
4. Personnel already trained in teaching techniques.
5. "An unparalleled opportunity for longitudinal exploratory research" (a need continually identified by prevention researchers)
6. A legitimacy among the public and school officials.

Kansas Perspective

Alcohol and drug use by youth in Kansas conforms with patterns across the country, as confirmed in Darrel Lang's "Study of Health Behaviors of Kansas Students, 1983," Emporia State University. The statewide study was done with 18,000 Kansas students grades K-12, gathering information on their use of alcohol and tobacco (cigarettes). Other surveys done at the district level in Kansas included other drug use as well. These surveys also show levels of use generally consistent with state and national trends.

- * In the 1984 Gallup Poll on Teenage Alcohol Use, teenagers said that alcohol and drug use is the biggest problem of their generation. Meetings held with Kansas High School students in 1985 and 1986 supported this statement.
- * In 1985/86, prevention programs partially funded by SRS/ADAS were only able to reach approximately 94,364 elementary and secondary students, which was 24.3% of the school enrollment in Kansas.
- * Kansas youth begin experimenting with alcohol by age 11.
- * In a 1983 survey of Kansas schools conducted by the Kansas Department of Education and SRS/ADAS, only 15% of responding Kansas schools had K-12 alcohol and drug prevention education programs. Only 28% of responding elementary schools had any type of prevention/education program.
- * There were 3,476 admissions of youth age 20 or under to Kansas alcohol and drug treatment programs in FY 1986. Admissions of youth have increased 30.4% since FY 83. SRS/ADAS projects at least 33,000 Kansas youth are problem drinkers in need of intervention or treatment services.

As noted earlier, in 1985, H.B. 2142 encouraged school districts to implement alcohol and drug programs for their students.

As a result of that bill, the Kansas Interdepartmental Coordinating Committee on Alcohol and Other Drug Abuse appointed the Sub-Committee on Education to examine the prevention programs currently available in Kansas.

This report is a select overview of programs available to Kansas schools and across the Nation, some of which have been presented to this committee.

The Associations represented on the ICC Education Sub-Committee are listed in Addendum B. The contributions of subcommittee members are gratefully acknowledged.

Continuum of Care for Alcohol and Other Drug Abuse Services

It is important to understand the entire Kansas Continuum of Care for Alcohol and Other Drug Abuse Services before the important role that schools have in that Continuum become clear. The illustration on the next page shows the three major components of the Continuum of Care: Prevention, Intervention, and Treatment. In order for any community to successfully address its alcohol and drug problem over the long term, each element of the continuum either needs to be present in the community, or the community needs to have access to those services from other parts of the state. This report for school services will focus primarily on the Prevention and Intervention portions of the Continuum.

A statewide resources directory which lists all the prevention, intervention, and licensed or certified treatment programs in the state is available from the Kansas Alcohol and Drug Abuse Clearinghouse, SRS/ADAS, 2700 West 6th, Topeka, Kansas 66606. Phone: (913) 296-3925.

The Role of Community-based Services

Community based alcohol and drug prevention programs partially funded by Social and Rehabilitation Services/Alcohol and Drug Abuse Services (SRS/ADAS) served 144,860 Kansans in FY 1986 through 17 grants. These programs serve as a catalyst and focal point for effective community-wide prevention and education projects. Community programs are exemplary resources for school based efforts, and this school/community linkage allows for coordinated services.

Current Services often include.

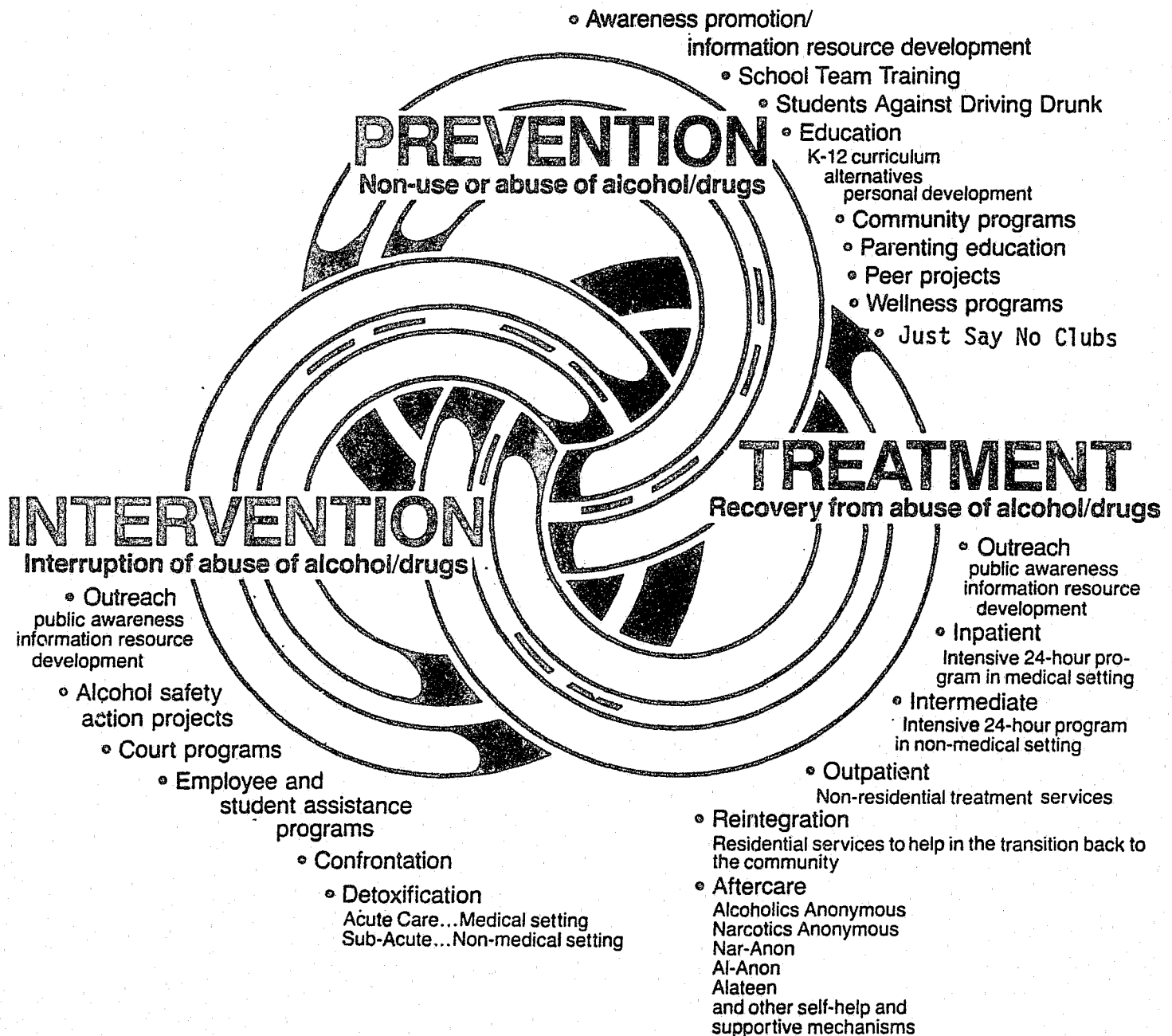
- * Impactor training - training people who impact others.
- * Direct target group services to the elderly, women, minorities, and other groups, including school children.
- * Assistance in the formation of citizen groups
- * Media services such as public service announcements, films, pamphlets and community-wide awareness campaigns.

Community prevention program components usually include information, education, alternatives, training, and may include intervention strategies.

Existing Needs

Because of limited resources, the majority of Kansas counties have little or no access to comprehensive prevention services. At the same time, requests for services to SRS/ADAS funded prevention programs have increased (6.7% from 1984 to 1985). For prevention services to continue and expand to unserved areas,

Kansas continuum of care for alcohol and other drug abuse services



Provided by Alcohol and Drug Abuse Services
Kansas Dept. of Social and Rehabilitation Services

creative fundraising will become even more important. A map illustrating community prevention programs is included in Addendum C-2.

The Regional Prevention Centers are listed in Addendum C-1. It is hoped that additional Centers can be funded in future years to eventually expand comprehensive prevention services statewide.

The Educational System's Role in Addressing Alcohol and Drug Abuse

The educational system has an important role in addressing alcohol and drug issues in the community. Education fits into a systems-wide approach in dealing with alcohol and drug abuse problems.

It is important to recognize that education is not the only system within a community that is responsible for alcohol and drug prevention. Other systems which also must be involved in any successful total regional or community prevention approach include: the workplace, parent/families, religious organizations, civic groups, helping professionals, youth organizations and elderly programs, law enforcement, the court system, the juvenile justice system, community volunteers, the public sector, business and industry, chamber of commerce, alcohol venders, pharmacists, and local units of government.

Alcohol and drug prevention in a school setting is part of a basic education program that provides students with the information and decision making skills that enable them to be responsible citizens.

Young people do not automatically know what to do about the use of or non-use of alcohol when they reach 21 years of age. They need to have the benefit of long-term education programs that present factual information, provide opportunity for discussion and stress development of good decision making skills. It is crucial that children are reached in the primary grades before peer pressure becomes a major factor in their lives, and before their decisions are made about whether or not alcohol and other drugs will be a part of their lives. It is much more effective to provide young people with the training and knowledge they need to begin with, rather than to assign guilt later for irresponsible and uneducated behavior, after they may have experienced alcohol/drug abuse or developed the disease of alcoholism.

Elementary and secondary schools can fulfill their unique role by implementing some or all of the strategies below:

A. Examples of component strategies in comprehensive school based alcohol/drug prevention programming:

1. Written enforced policies, with a Student Assistance focus.
2. Strong on-going in-service training program for administrators, counselors and teachers in alcohol and drug prevention and intervention.

3. Comprehensive K-12 curriculum on alcohol/drug prevention that is teacher presented, and sequential. It should be integrated into existing curriculum. Special areas that can be considered for inclusion are:

Refusal skills at the transition grade level into middle or junior high school.

A special section on children of alcoholics/drug abusers, which requires careful training for teachers with support from school counselors or alcohol and drug community resources when needed. (It is critical to the well being of these children that they are not labeled or stigmatized in any way. This requires special consideration in the formatting of programs.)

4. An Alcohol and Drug Abuse Coordinator employed by the school district to advocate prevention, intervention and treatment of alcohol and other drug problems.
 5. Awareness programs in schools.
 6. Alternative drug-free parties to offer a choice for students who do not wish to use alcohol/drugs.
 7. Aftercare groups for students returning to school from treatment.
 8. Parent support groups (prevention, intervention/treatment groups).
 9. Employee Assistance Program for staff.
 10. Utilization of appropriate regional and community based alcohol and drug programs to support and strengthen school efforts to prevent alcohol and drug abuse.
 11. Integration of the school program into the overall community alcohol and drug abuse prevention effort.
- B. Examples of comprehensive alcohol/drug prevention programming by community colleges and universities:
1. Written enforced policies with a Student Assistance focus.
 2. Incorporate alcohol and drug education into the curriculum for students majoring in education, social work, medicine, law, psychiatry, nursing, psychology, sociology, and other health related fields.
 3. Responsible alcohol advertising in college campus publications (no drink/drown, etc). (KSU)
 4. Awareness and prevention programs on campus. (KSU, KC Community College)

5. Courses on alcohol and drugs for credit. (Washburn, Marymount)
6. Degree programs available in alcohol/drug services (prevention, intervention, and treatment). (Washburn, Kansas City, Kansas Community College, Marymount).
7. Employee Assistance Program for staff.

G

UIDELINES FOR
A SUCCESSFUL
COMPREHENSIVE
SCHOOL-BASED
ALCOHOL AND
DRUG PROGRAM

GUIDELINES FOR A SUCCESSFUL COMPREHENSIVE SCHOOL-BASED ALCOHOL & DRUG PROGRAM

Schools that have implemented prevention and intervention programs have found several guidelines helpful as they begin to examine their needs, select the strategies which will address those needs, and implement the components of a comprehensive alcohol and drug prevention/intervention program. These suggested guidelines are listed below.

1. Involves teachers, administrators, parents, students (particularly peer leaders), boards of education representatives, support personnel (nurse, counselor, etc.) and community representatives (alcohol and drug professionals, court system, church, etc.) in program development.
2. Keeps parents informed and knowledgeable about the program during its development and implementation.
3. Builds in an evaluation process from the beginning.
4. Provides information appropriate to the grade level, and builds sequentially each year.
5. Integrates K-12 program into existing curriculum.
6. Provides strong teacher training program with provisions for updating previously trained teachers and for training new teachers as they enter the system.
7. Contains alcohol and drug information, education in life skills, alternatives to use, health promotion, and school policy.
8. Includes an intervention program for students already experiencing alcohol/drug problems, with appropriate teacher and staff training and parent involvement.
9. Includes being knowledgeable about community alcohol and drug programs that can be helpful to the school.
10. Adopts program and integrates it into existing on-going programs in school or community. (It is NOT "one-shot" presentations).
11. Integrates into the existing network system of programs that are offered (example, it is built into the annual budget).
12. Identifies and satisfies the self-interests of as many people as possible. (It cannot be all things to all people; however, it will more likely succeed if those involved are supportive of activities which meets their personal needs - people support what they help create).

13. Assesses accurately the problem being addressed by the prevention program. Defines the limits of intentions so there is no room for misunderstanding what is trying to be accomplished. Have realistic expectations.
14. Builds in a self-correcting process which operates from the first planning until the program is ready for final evaluation.
15. Builds in a process to achieve honest, objective feedback on an ongoing basis.
16. Uses state-of-the-art material, based on research.
17. Does NOT use scare tactics (i.e., pictures of car accidents).
18. Involves audience in presentations.
19. Uses several approaches (small group discussion; teacher presented; peer presented; cross age training, etc.).

* * * * *

This report recommends the following six major areas that schools should focus on when developing comprehensive services: Alcohol/Drug Policy, K-12 Curriculum, Parent Programs, Intervention Strategies, Student Activities, Teacher Preparation, Training and In-service, and School Alcohol/Drug Coordinators.

The listings of Kansas Contacts for these areas are provided as local resources the reader can utilize. These listings are not intended to be inclusive, but are provided as examples. Other school districts may also be offering programming in these areas.

The programs, curriculum and other strategies listed are also not intended to be inclusive. There are dozens of other resources that could also be listed. These are provided to give the reader an overview of the kinds of resources available.

SCHOOL ALCOHOL AND DRUG POLICIES

SCHOOL ALCOHOL AND DRUG POLICY

RECOMMENDATION: Any school district considering the development of prevention and intervention programs should have clear policies which are consistent with and support those programs.

Development of school alcohol and drug policies is often not viewed as a positive experience by school districts. This policy development is often ignored because:

- * aversion to the "red tape" of formal policies
- * fear of parent opposition
- * fear of lawsuits (H.B. 2142)
- * concern about union reactions to the changes in teachers roles and responsibilities

THE NEED FOR POLICIES

- * absence of policies leads to confusion---among students, parents, teachers; confusion leads to inaction
- * without viable policies young people lack a clear message from authority figures
- * the absence of clear policies makes it more difficult for school personnel to provide assistance to students involved with alcohol or other drugs

BASIC GUIDELINES FOR DEVELOPMENT

Guideline Components are:

A. Rights and Responsibilities Issues

1. Reporting and handling of illegal drug activity, delineation of roles
2. Due process issues
3. Suspension and expulsion policies
4. Non-Compliance by school personnel
5. Confidentiality restrictions

B. Education and Training Issues

1. Guidelines for school drug education curriculum
2. In-service training for teachers and administrators
3. Student roles in policy development

C. Inter-Agency Liaison Issues

1. Procedures for medical emergencies
2. Referral procedures for substance abuse cases
3. Procedures for working with non-school agencies
4. Specific procedures for school and law enforcement personnel
5. Procedures for communicating policies
6. Procedures for periodic policy review

If a policy is to have true widespread community support, it must be designed and built by all groups and individuals using or affected by it.

- * because schools and administrators have so often been the scapegoats for community youth problems, they have reason to be apprehensive if the issue of substance abuse policy development is placed entirely in their hands.

The single most important guideline for any school district attempting to develop realistic alcohol and drug policies is that policy implementation must be coupled with effective prevention/early intervention programs.

- * rules and policies alone will not eliminate abuse
- * policies and programming should be mutually supportive and reinforcing

PITFALLS TO AVOID

- * Too often, policies are extremely general.
- * Too often, broad policies are stated without attention to procedures.

Example: If a student is discovered under the influence and the school policy calls for "referral to the appropriate agency" how does the referral take place? Are parents notified? Is law enforcement notified? Are records of the referral confidential? Under what circumstances can the student return to the school?

Vague policies are ineffective and vulnerable to legal attack.

*National Highway Traffic Safety Guide; U.S. Department of Transportation, p. 289

ORGANIZING A POLICY TASK FORCE

An interdisciplinary approach is best. Include representatives from the following groups.

- * public officials
- * school board members, teachers, students, medical personnel, administrators, counselors, parents, judicial personnel, community alcohol, drug and mental health agency representatives.

By involving a wide range of individuals and organizations you can:

- * improve political, economic and social climate within the school
- * avoid misunderstandings and turf disputes
- * provide better identification of community resources available to provide assistance.

CLARIFYING POLICY GOALS

The policy task force should begin its work by identifying goals for school alcohol and drug policies. Policy goals might include:

- * an effective alcohol and drug education curriculum involving alcohol and drug information, decision-making, coping and self-concept will be implemented in all elementary and secondary classrooms
- * all appropriate community resources will be made available to students with alcohol and drug problems
- * liaison arrangements will be established between the school, resource agencies, law enforcement agencies, and parents
- * school authorities will develop pro-active as well as re-active measures to avoid perpetuation of alcohol and drug abuse problems

REVIEWING EXISTING POLICIES AND PROCEDURES

The task force should examine existing school policies to see if they are addressing their stated policy goals. The task force should ask such questions as:

- * Are there major gaps in existing policies?
- * Are there inconsistencies among policies?
- * Are school policies consistent with confidentiality, search and seizure and other legal requirements?

In addition, the task force should review the procedures by which existing policies are being implemented.

DEFINING NEW POLICIES

After it has reviewed existing policies, the task force can begin developing new policies or modifying existing ones. Some of the most important issues which school policies should cover include:

- * students drunk or high at school
- * sale of alcohol or drugs on campus
- * teachers/staff with alcohol or drug problems
- * teachers involved in the sale of alcohol or drugs
- * legal drugs, look-alike, and over-the-counter drugs
- * staff use of drugs at school or out of school

In addition to defining alcohol and drug policies, the task force should develop clear procedures which will be utilized in implementing policies. Consideration needs to be given to the role of:

- * teachers
- * administrators
- * law enforcement personnel
- * human service agencies/alcohol and drug community programs
- * parents
- * school counselors

Issues of confidentiality, the rights and responsibilities of students, when and how to involve law enforcement, types of suspensions, procedural differences in handling first and later offenses, and responsibility for paying for the treatment of students and/or staff also needs to be clarified.

KANSAS CONTACTS FOR SCHOOL ALCOHOL AND DRUG POLICIES

Program Name:
Contact Person: Bob Wells, Supt.
Agency: Columbus USD 493
Address: P.O. Box 21
City and Zip: Columbus, Kansas 66725
Telephone: (316) 429-2049

Program Name: Alcohol Education Project
Contact Person: Dr. Donna Osness
Agency: Shawnee Mission Public Schools
Address: 6649 Lamar
City and Zip: Shawnee Mission, Kansas 66202
Telephone: (913) 384-6800

Program Name:
Contact Person: Dr. Andy Thompkins
Agency: Salina Public Schools
Address: P.O. Box 797
City and Zip: Salina, Kansas 67402
Telephone: (913) 825-0281

CURRICULUMS

CURRICULUM

RECOMMENDATION: All Kansas School Districts are encouraged to implement integrated alcohol and drug abuse prevention K-12 curriculum by 1990.

Statement of Need

Curriculums are structured to guide activities and learning modules created to enhance life skills development, and direct knowledge of alcohol and drug specific information. The goal of this program is to enable the student to avoid problems related to the abuse of alcohol and drugs and to convey the seriousness of abusive use.

An effective curriculum is sequential and designed to obtain a cumulative effect. Curricula should include the following information.

- Effects of chemicals on the body
- Use of alcohol and drugs in society
- Misuse and dependency
- Self-concept
- Interpersonal skills
- Communication skills
- Coping skills
- Responsible decision making
- Etiology of alcoholism
- Persons at high risk for alcoholism

A variety of curriculums are used in Kansas. Included examples are:

- * Here's Looking at You 2000
- * Starting Early
- * Get Set
- * Marijuana: A Second Look
- * Project STAR

In order for school based prevention services to impact alcohol and drug abuse, efforts must begin in early school grades. Research shows that in order to offset a lifetime of disease predisposition, learned behavior, and mass media messages, a prevention curriculum should be an intensive experience over an extensive period of time. To succeed, curriculums must have the support of the school district administration and must be carefully selected to fit the needs of each district. Training for faculty and staff in a curriculum is essential to its successful implementation, as is on-going in-service training.

CURRICULUM NAME: Decisions About Drinking

Where Available: CASPAR Alcohol Education Program
226 Highland Avenue
Somerville, Mass. 02143
(617) 623-2079

Price: \$125.00 plus postage (5% handling) - Includes a Teacher's Manual Grades 3-12. A packet of introductory materials is available free of charge which includes: information on the curriculum, a publications list, a program description, an article on training and an article on children raised in alcoholic homes.

Overview: CASPAR is a grade 3-12 alcohol specific curriculum with many affective education applications. It is one of the first, nationally validated substance abuse prevention/education curriculums and has been promoted by the National Institute on Alcohol Abuse and Alcoholism.

Teacher Training.

The curriculum strongly recommends teacher training before it is used. It does not provide an outline of training with the curriculum, but has a booklet, Teacher Training in Alcohol Education. Changes Over Three Years for \$3.00. In the introductory section, you find:

1. why teach about responsible decision-making;
2. know yourself as the teacher, your attitudes and behaviors;
3. know your students;
4. reviews of the teaching methods used in the curriculum with suggestions on how to use them successfully;
5. a glossary of terms;
6. a glossary of myths;
7. a brief history of alcohol use, manufacturing of alcohol; effects on the brain, Massachusetts state laws; helping children with alcoholism in the family;
8. three or five day trainings are available.

Additional Resources Suggested:

Also included in the introductory booklet are lists of resources for students, classroom and teacher (AV, Books, Pamphlets) with information on where to find them (publishers, agencies with addresses, distributors, etc.).

Time Needed to Teach:

Seven to ten lesson plans per grade level are recommended.

No. of Lesson Plans

Grade 3 6.....	4 class periods
Grade 416.....	7 class periods
Grade 512.....	7 class periods
Grade 611.....	7 class periods

Evaluation:

Included in the introductory booklet are pre and post tests, one for elementary and one for junior high school and one for high school. In addition, a reprint of the published evaluation research for CASPAR is available from Alcohol Health and Research World, Volume 3, Number 2, Winter 1978, also available from CASPAR for \$3.00.

Additional Comments:

The junior high school and high school level contains suggestions on how to integrate the lessons into the subjects normally taught at these grade levels. As an introduction to each grade level there is an activity to assess the students' current knowledge and attitudes. This activity can provide valuable information to the teacher in allowing the curriculum to be more student-centered. There appears to be repeated use of the same role playing scripts, cartoons, and films at various grade level. With some supplementation on other drugs the lesson in this curriculum can be upgraded to substantial or complete compliance with the objectives in the Curriculum Guide.

Currently, CASPAR has available a K-3 addition to this curriculum and is field testing a K-12 drug education enhancement.

*Produced by the State of Vermont²

CURRICULUM NAME: Fetal Alcohol Syndrome

Where Available: Comprehensive Health Education Foundation
20832 Pacific Highway South
Seattle, Washington 98198
(206) 824-2907

<u>Price:</u>	Grade Levels	Kit with 16mm Films	Kits w/Video Cassettes	Kit without Film or Video
	Jr. High	\$195	\$150	\$115
	Sr. High	295	270	240

Complete Teachers Guide: 7 - 12 \$15.00

Overview: To help people make responsible decisions regarding preparenting behavior and the use of alcohol and other drugs. To apply the information about Fetal Alcohol Syndrome to specific situations in order to make responsible decisions about alcohol and parenting.

Teacher Training:

Teacher training is strongly recommended. Children's Orthopedic Hospital Birth Defects Division, 4800 Sand Point Way NE, Box C-5371, Seattle, Washington 98105 (206) 526-2000.

Time Needed to Teach:

Learning activities contain lesson plans for one week of instruction. Each grade level includes a list of possible individual or group projects to supplement the learning activities. Can be integrated into a variety of subject areas.

Evaluation:

None Available

CURRICULUM NAME: Get Set

Where Available: The National Council on Alcoholism
The Casson Bldg., 2nd Floor
6th and Topeka Ave.
Topeka, Kansas 66603
(913) 235-8622

Price: The 16 hour teacher training costs \$50.00 per participant for new districts. Total costs of curriculum implementation varies according to district size with an average cost of \$8.00 per child.

Overview: Get Set is a K-12 curriculum that includes student-oriented lessons that deal with positive and negative stress, understanding and expressing feelings, making choices, peer pressure, stress reduction, health promotion, specific alcohol and drug information, and parent information meetings. Trained prevention specialists volunteer in the classrooms providing facts about alcohol and other drugs, the "why" of substance abuse, and alternatives. This program has received national recognition.

Teacher Training:

The 16 hours of required training is provided so that teachers feel comfortable in handling alcohol and drug instruction in the classroom, to acquaint teachers with the four areas of instruction (facts, feelings and attitudes, skills, and self-concept), and to provide an opportunity for teachers to examine their own attitudes that might influence their classroom behavior.

Time Needed to Teach:

There is flexibility in the amount of time needed, but generally the process can be taught over a twelve (12) week period by utilizing 30 minutes per day, three (3) days per week.

Evaluation:

Pre/Post testing is done; data is currently being collected to determine long term effectiveness. For more information contact Diane Pagano at (913) 235-8622.

CURRICULUM NAME: Here's Looking At You, 2,000

Where Available: Comprehensive Health Education Foundation
20832 Pacific Highway South
Seattle, Washington 98198
(206) 824-2907

Price: Grade Level Kit w/video cassettes

K - 1	\$ 565
2	525
3	585
4	995
5	1,095
6	1,150
7 - 9	940
10 - 12	1,395

Total K-12 Kits \$7,250

Complete Teacher's Guide K-12 -	\$70.00
Teacher's Guide - Separate Grades -	25.00
Family Activity Book -	2.95

Overview: This curriculum covers in-depth information on alcohol: other drugs and affective skills. The guide includes an additional "Yellow Pages" section with supplemental information for teachers. Each grade level can be taught separately, but is strongest if utilized sequentially through the grades. It is organized in approximately 20 teaching activities divided into information, self-concept, decision making and coping (primarily stress management). Several teaching activities are two day lessons, and many suggest homework. Most have optional lessons that are adapted for a diverse range of traditional subject areas. Weak areas are laws, alcoholism in the family, and more practice based active listening, assertiveness and conflict resolution. The drug information activities tend to be either alcohol or other drug when often the content can be generalized to both. Suggested formats of letters to parents are included with preparatory instructions.

Teacher Training Recommended:

The curriculum strongly suggests a 21-hour teacher training which covers information and some student-centered teaching methods. Supplemental teacher in-service is also highly recommended.

To Request Training Contact:

Roberts, Fitzmahan, and Associates
9131 California Ave. S.W.
Seattle, Washington 98136
(206) 932-8409

Additional Resources Suggested:

The curriculum is heavily dependent on additional resources which come in the kits. The kits contain posters, puppets, games, and VHS video cassettes. The curriculum requires a continued inventory and a plan for replacement of broken or lost materials. Planning ahead is required to insure access to the audio-visual materials.

Time Needed To Teach:

A rough estimate of time appears to be approximately 20 minutes for early elementary, approximately 30-45 minutes for upper elementary, and approximately 45-60 minutes for junior high and high school. The authors state that an entire grade sequence can be covered in one month if taught daily for 20 to 60 minutes a day. Each grade level contains activities for at least 20 hours of instruction.

Evaluation:

There is little reference to evaluation in the curriculum guide. Independent evaluations are occurring in various states that have chosen to implement this package (Alaska and Utah). Pre and/or post tests are not provided. A summary activity occurs at the end of each grade level sequence which can substitute with adaptation.

Additional Comments:

Objectives are listed for each lesson.

Student centered, open-ended discussion is the primary teaching method with some role play work. Roles are clearly spelled out. Rules for group process are very specific.

The learning objectives are a clear sequential building without repeating the actual activities.

A four session experiential parent education series is suggested to acquaint parents with the curriculum components.

Here's Looking At You Two is being used in 48 states and is implemented statewide in Pennsylvania and Alaska.

*Produced by the State of Vermont²

CURRICULUM NAME: Intervention Training

Where Available: Adolescent Care Unit
Stormont-Vail Regional Medical Center
1500 S.W. 10th
Topeka, KS 66606
1-800-432-2951 X 6797
(913) 354-6797

Overview: Intervention training's primary purpose is to assist school personnel, through formal training and on-going consultation, to assess individual and community needs relative to teenage drug and alcohol use. Program personnel will also assist in the development of a comprehensive school program designed to meet local needs.

Objectives are: to offer practical skills for the school professional in identification, intervention, and referral to appropriate community resources; increase knowledge about the symptomology of chemical use and dependency; accurately complete a needs assessment and implement a program based on the needs of the school; create a team of school personnel to work on chemical abuse, dependency and prevention issues.

School and community members participate as core team members and form a written action plan to implement in the school.

Teacher Training:

Intervention training is a required five day event and is the essence of the program.

Evaluation:

Evaluation information can be obtained by calling 1-800-432-2951 x 6797.

Additional Comments:

Consultation and technical support is offered at no charge to the school staff, administration, parent groups, the school board and core teams until these groups can assume full responsibility for the program.

CURRICULUM NAME: Innerchoice "A Drug/Alcohol Abuse and Smoking Prevention Program"

Where Available: "The Magic Circle"/Human Development Program Associates
c/o Palomares and Associates
Box 1577
Springvalley, CA 92077
(619) 698-6654

Price: One Kit for Junior High - \$225
One Kit for Senior High - \$225

Overview. Kits consist of two (2) leader's manuals dealing with how to impact the program, leadership skills and specific alcohol/drug/smoking information, over 40 units in each kit. Each unit consists of an overview of the unit with stated goals and objectives. The units deal with self-concept, decision making, etc., and there are separate units on alcohol/drugs and smoking. Each unit has circle session discussions and additional supporting activities. Each unit also has a student experience sheet to be duplicated for individualized work. The unit has group discussion topics, large and small group topics, and individualized work. There is a substance abuse and effects chart included. There are more than enough activities for every day of the school year if you choose to do them all. It is recommended the activities be done in the order presented, but you can choose the ones most appropriate to your class.

Teacher Training:

Since the program uses techniques that a teacher would normally incorporate, teacher training is not required. Training is available from Palomares and Associates for training in San Diego, California in the summer or on-site in the school district.

Time Needed To Teach:

It varies from 20 minutes per Circle to one hour periods for supporting activities.

Evaluation:

Research is currently being conducted.

Additional Comments:

This program is presented in lesson plan form, is easy to use, and requires no outside resources.

It is currently being used in Texas, California, and Iowa.

CURRICULUM NAME: "The Magic Circle"

Where Available: "The Magic Circle"/Human Development Program
c/o Palomares and Associates
Box 1577
Springvalley, CA 92077
(619) 698-6654

Price: Grounds for Growth: The Human Development Programs Comprehensive Theory - \$14.98

Human Development Program Activity Guides, K-6 - \$10.95 each.
Supplementary Idea Guide - \$8.95 each.

Overview: This is an elementary and preschool curriculum that was developed to teach social skills. It does not contain any lessons that specifically address alcohol or other drugs. The main method of teaching is group discussion. In the preschool/kindergarten guide, pictures are used to stimulate discussion. In the fifth and sixth grade guides, supplemental activities include role playing, researching, written reports, creative writing and art projects. There is no content to teach, just concepts. The content is the children's experiences and feelings.

Teacher Training:

Not required.

Time Needed to Teach:

There is one 20 minute lesson for each day of the school year.

Evaluation:

There has been on-going evaluation through the 20 years of its existence. For further information, contact Palomares and Associates.

Additional Comments:

Units teach a concept and it is difficult to just use a lesson from a unit.

It is important that teachers have a good understanding of human development and group dynamics.

There is a checklist guide for the teachers to analyze each session.

Peer leaders can be used in the upper grades after the program has been established.

Magic Circle, translated into Dutch, French, Spanish, and Hebrew is utilized worldwide.

*Produced by the State of Vermont²

CURRICULUM NAME: Marijuana: A Second Look

Where Available: American Lung Association of Kansas
4300 Drury Lane, Box 4426
Topeka, Kansas 66604
1-800-432-3957
(913) 272-9290

Price: Classroom Kit - \$10.50 each - includes 1 guide, 30 magazines, 1 parent newsletter, and 1 button. Additional buttons (8¢ each) "Don't Let Your Lungs Go to Pot." Extra posters/magazines - 20¢. Extra parent news magazines - 40¢. Filmstrip for Parents - \$16.00.

Overview: Given the extensive use of marijuana among young people and the troubling medical and scientific evidence now surfacing, the American Lung Association, in cooperation with the American Council for Drug Education and Weekly Reader, has developed "Marijuana.. A Second Look." This health education program is intended to help children ages 9, 10, and 11 learn why marijuana is harmful and learn how to say "No" when pressured to use marijuana, now or in the future. The components of this curriculum are a teaching guide, posters, FAN-tastics Magazine (featuring the cast of FAME, a parent news magazine, and a filmstrip for parents).

Teacher Training:

Not required.

Additional Resources Suggested:

The program suggests convening a parent meeting. A suggested agenda for the meeting is included with the filmstrip. Also suggested is cross-age teaching, utilizing junior and senior high students to talk with the younger target age group about peer pressure, etc.

Time Needed to Teach:

Thirty (30) minutes per day for one week, with follow-up activities throughout school year.

Evaluation:

Only national evaluations are currently available. For more information, contact Mavis Glenn at (913) 272-9290.

CURRICULUM NAME. Oz

Where Available: Project Oz
404 E. Washington St.
Bloomington, IL 61701
(309) 827-0377

Price: K, 1, 2, and 3 - \$15.00 each - 4, 5, 6, 7, 8 and H.S. - \$18.00 each

Overview: This curriculum combines in-depth information on drugs and drug abuse with affective education. Areas covered include self-concept, self-esteem, stress management, decision-making skills, the pharmacology of drugs, definitions of common terms used in drug education, as well as alternatives suggested for drug use including over-the-counter drugs.

Teacher Training:

Not required.

Time Needed to Teach:

There is no suggestion as to how long a lesson might take except in the mini-self-concept lessons in the K-5 guides. The elementary activities appear to range from 20 - 40 minutes; the middle and high school activities appear to be 40 - 60 minutes. The topic headings in the 6-12th grades lack consistency. They have been grouped into knowledge-based and skills-based as in the Curriculum Guide:

<u>Number of Lessons by Grade</u>	<u>Knowledge</u>	<u>Skills</u>
Sixth	16	38
Seventh	17	14
Eighth	16	15
Ninth - Twelfth (one guide)	22	15

Evaluation:

Oz contains no reference to any evaluation, nor are there pre- or post-tests provided, although some of the worksheets could be used as tests.

Additional Comments:

Objectives are listed for each lesson.

Occasionally there is content that has no specific objectives or activities accompanying it, but this provides background for teachers. (i.e. 3rd and 4th grade "Wellness" and "Trying It All Together," or the "Drug Information" in the back).

In the sixth grade, small group discussion is the main methodology. Suggestions for rules and roles of the group members are offered, as well as a way to help the teacher assign the students to a group using student input.

The order of the units and the unit titles vary from grade to grade throughout the curriculum making it more difficult to see sequential development.

Some activities are repeated in succeeding grades in order to reinforce ideas and skills or because the activities become increasingly complex as the age increases.

There are lessons on Nutrition in Grades 1-4.

Lessons about SIOP, a poison control character, should be replaced by Mr. Yuk.

This curriculum was written for Illinois. Kansas laws and resources need to be substituted.

*Produced by the State of Vermont²

CURRICULUM NAME: Project Charlie
(Chemical Abuse Resolution Lies In Education)

Where Available: Project Charlie
5701 Normandale Road
Edina, Minnesota 55424
(913) 925-9706

Kansas Department of Health and Environment
Landon State Office Building, 10th Floor
900 S. W. Jackson
Topeka, KS 66620-0001
(913) 296-1237
For information, contact Joyce Markendorf.

Price: After training, the kits can be bought for \$25.00 each.

Overview: Project Charlie is a drug abuse prevention program, K-6, for elementary school children. Its purpose is to promote the social and emotional growth of children and to discourage chemical use as a way to avoid problems. The program has received national recognition. The program emphasizes feeling good about yourself without sacrificing anyone else's well being, and teaches crucial living skills. Classroom methods include: circle groups discussion, self-discovery activity sheets, filmstrips and video-tapes, role playing and small group activities.

Time Needed To Teach:

In most systems, classes have Project Charlie once a week for about one hour throughout the school year, although the program is flexible and can adapted to a variety of schedules and needs.

Evaluation:

The University of Minnesota has evaluated the program on a continuing basis. Pre/post tests and student surveys indicate usage is down, and significant gains in knowledge and attitude change.

CURRICULUM NAME: Project STAR
(Students Taught Awareness and Resistance)

*Where Available: Marion Laboratories
Ewing Kauffman Foundation
9233 Ward Parkway
Kansas City, Missouri 64114
(816) 363-8604

- * Project STAR now available to Kansas schools through cooperative effort with Marion Laboratories and SRS/ADAS. Contact: Preston Caprez, ADAS Prevention Consultant, 3000 Broadway, Box 787, Hays, KS 67601, (913) 625-3489.

Overview: Project Star is designed to help 11, 12 and 13 year olds recognize the tremendous social pressure to become involved with drugs and alcohol and know how to respond to that pressure. STAR is committed to altering the community environment in which young people make decisions. With the full cooperation of public, private, and parochial schools in the K.C. Metropolitan area, school personnel have been trained to teach and reinforce resistance skills. Over 16,000 students in the area receive resistance skills training as they enter 7th grade. Peer pressure, parental and other adult influences, media advertising and television programming are examined objectively through a variety of student-oriented learning activities. Peer leaders, group interaction, and role playing add to the learning experience. Program components include collaboration with parents and parent groups, a media strategy, involvement of medical, business and professional, community and health-related agencies.

Teacher Training:

A two day teacher training is required as is a pre-requisite for implementing the curriculum.

Time Needed To Teach:

STAR includes 10 sessions, each requiring about one hour.

Evaluation:

STAR is an innovative, experimental research and demonstration project developed by University of Southern California's Health Behavior Research Institute. There is extensive national and local data available on the effectiveness of this program.

CURRICULUM NAME: Quest - Skills for Adolescence (Junior High)

Where Available: The Quest National Center
6655 Sharon Woods Blvd.
Columbus, Ohio 43229
(614) 882-6400

Price: Student Text and Parent Book

<u>Quantity</u>	<u>Cost Per Book</u>	<u>Student Workbook</u> <u>Quantity</u>	<u>Cost Per Book</u>
50 - 249	\$5.50	1 - 249	\$4.00
250 - 499	5.10	over 250	3.75
500 - 999	4.75		
1000 more			4.50

Overview: The course focuses on seven units, each with its own distinct theme:

Entering the Teen Years: The Challenge Ahead
Building Self-Confidence Through Better Communication
Learning About Emotions
Friends: Improving Peer Relationships
Strengthening Family Relationships
Developing Critical Thinking Skills for Decision Making
Setting Goals for Healthy Living

Each unit contains a wide variety of classroom activities that include reading, writing, discussions, role playing and large- and small-group projects. Skills for Adolescence offers a comprehensive approach to improving the health and well-being of young adolescents through a multi-faceted school program and extensive parent involvement.

Teacher Training:

One time costs to train two teachers is \$550 for four (4) days. Each additional teacher or community representative can be trained for \$100.

Local Lions Clubs are involved in promoting this curriculum and many continue to pay the training fees for interested schools in their communities.

Additional Resources:

The parent and student workbook, and the student text. Price list included above.

Time Needed To Teach:

The most common and recommended way to introduce this curriculum is as a semester or year-long middle school course for grade 6, 7 or 8. It is most effective when taught on a daily basis for at least 18 weeks. Although individual units may be taught in the context of other courses the greatest impact occurs when the course is taught as an integrated whole. This curriculum can also be taught in churches, temples, community centers, and similar settings.

Evaluation:

Evaluation of the effectiveness of this program can be obtained by contacting The Quest National Center, 6655 Sharon Woods Blvd., Columbus, Ohio 43229, (614) 882-6400.

Additional Comments:

Skills for Adolescence does not promote responsible drinking by adolescents. It is recommended for implementation as separate units; however, it can be integrated in Health, Language Arts, or Home Economics, for example.

CURRICULUM NAME. Quest - Skills for Living (High School)

Where Available: The Quest National Center
6655 Sharon Woods Blvd.
Columbus, Ohio 43229
(614) 882-6400

Price: Curriculum and Teacher Training - \$450 (Includes three day teacher training, room and board, and materials. Trainings only offered in Columbus, Cleveland and Cincinnati, Ohio).

Textbook <u>You Are Somebody Special</u> -	\$10.30	1- 25 copies
	9.25	26-250 copies
Student Workshop Guide -	5.00	1 - 25
	4.50	26 -250

Overview: This program is for high school students, grades 9-12, to help them learn practical, clearly defined skills in such areas as communication, decision-making, goal setting, resisting negative peer pressure and career planning. There is a marriage unit, and a focus on positive self-esteem. A parent involvement unit is included and parent involvement is encouraged in the curriculum. Service learning, such as work in the school or communities is also a part of the curriculum. It is offered as a separate course or integrated into areas such as home economics, health, or any course already offering similar kinds of curriculum. The teacher is a key element of this course.

Teacher Training:

It is required. See above.

Additional Resources Suggest:

None

Time Needed To Teach:

One school period per day for a semester.

Evaluation:

According to the February, 1986 issue of "Kappan," the most recent study conducted during the 83/84 school year involved 892 students in 30 schools from four states, 560 took part in the Quest and 332 did not. On the post test, the students who participated in "Skills for Living" showed statistically significant gains on six of seven scales while student in the comparison group showed no gains at all. The scales were family relationships, self-esteem, self-concept within the family, feelings about school, relationships with friends, goal setting, communication skills. For additional information, contact Quest.

Additional Comments:

QUEST is operating in 900 schools in 44 states. It has existed since 1975; the QUEST National Center is funded by a variety of foundations, including the WK Kellogg Foundation, AMACO Oil, Proctor and Gamble, Levi Strauss Foundation, and Readers Digest Association.

CURRICULUM NAME: Self Discovery

Where Available: Learning for Life
Management Sciences for Health
165 Allandale Road
Boston, MA 02130
(617) 524-7799

Price: Self Discovery: Developing Skills

Student Textbook - \$11.95
Teacher's Guide - \$14.95

Self Discovery: Alcohol and Other Drug: Using Skills to Make Tough Choices

Student Textbook - \$6.95
Teacher's Guide - \$7.95

Caring Loving and Sexuality: Using Skills to Make Tough Choices

Student Textbook - \$7.95
Teacher's Guide - \$9.95

15% discount for 10 or more copies. Shipping costs - 10% - \$300 minimal. Thirty (30) day examination copies on request.

Overview: This is a High School curriculum that is a three part series Self Discovery: 1) Developing Skills, 2) Alcohol and Other Drug: Using Skills to Make Tough Choices, and 3) Caring Loving and Sexuality: Using Skills to Make Tough Choices. The books may be used alone or in combination. Using the three together touches upon all ten areas of comprehensive health education. This curriculum would be appropriate for grades 8-12 depending on the maturity and skill level of the students. The student textbook is written at a sixth grade level. The curriculum suggests reading aloud in the classroom to overcome the problem of poor reading ability. Worksheets are provided in the teacher's guide. The lesson plans are explicit and easy to follow. No additional content is provided to the teacher, other than what's in the textbook. The teacher's guide has an introduction which discusses some administrative concerns. The philosophy behind the curriculum is to teach skills to make tough decisions.

Teacher Training:

Though the teacher's guide can be used without training, such training is encouraged. Teacher training and consultation is available from Management Sciences for Health.

Additional Resources Suggested:

This curriculum can be taught without any additional resources. Extra activities are suggested that might include a guest speaker, film or field trip.

Time Needed To Teach:

Developing Skills: 48 forty minute lessons

Alcohol and Other Drugs: 15 forty minute lessons

Caring, Loving and Sexuality: 20 forty minute lessons

This time allowance includes reading the textbook aloud in class to deal with low reading levels or for those schools unable to afford textbooks for each student.

Evaluation.

This curriculum was developed with the support of a W.K. Kellogg grant. It was pilot tested in Georgia, California and Massachusetts. The evaluation is available from Management Sciences for Health. The report shows a positive change of attitudes and behaviors.

A discussion of student evaluation is included in the introduction.

Additional Comments:

Each teacher's guide is arranged by units:
Discovering myself; Managing stress, etc.

Objectives are listed at the beginning of each unit. The curriculum focuses on practicing skills.

"All in the Family" are regular homework assignments to be done with a parent or a significant other adult if a parent is not available. This reflects the philosophy that families can and should be included in an effective health education program.

*Produced by the State of Vermont²

CURRICULUM NAME: Starting Early

Where Available: AAA
4020 West 6th
Topeka, Kansas 66606
(913) 272-6360

Price: The entire K-6 Kit, including posters and filmstrips can be purchased for \$25.00.

Overview: Starting Early is an alcohol education and traffic safety module for elementary school children. The premise for all guides in the program is that kids will be better prepared for alcohol related situations if they gain knowledge about how alcohol influences the body and mind, explore attitudes, practice planning and acting out ways to cope with or avoid alcohol related situations.

Teacher Training:

No training is required to successfully implement this program.

Time Needed To Teach:

There are five lessons for each teacher's guide in grades kindergarten through 6th. Primary (K-3) lessons are 30 minutes each. Grades 4-6 lessons are approximately 45 minutes each.

Evaluation:

Columbia University (Virginia) field tested this program in 51 public and private schools with more than 5,600 pupils. Results of the pre-post testing showed significant positive change in knowledge and attitude concerning alcohol and its effects.

CURRICULUM NAME: Substance Abuse Prevention - It Starts With People

Where Available: Substance Abuse Prevention Program
Wichita Public School
640 N. Emporia
Wichita, Kansas 67214
(316) 268-7896

Price: \$20.00 (Limited copies available)

Overview: This program has primarily three components: teacher's guide section which reviews curriculum format, philosophy, board of education policies, definition of teacher's role and responsibilities, and tips and processing tools for teachers on preventing substance abuse. The second section is the lesson plans. The entire guide is established on five components. They are: life skills, self-concept, responsibility, communication, decision making and drug specific information. There are specific goals and objectives for each grade level and lesson plans for each grade level. There are recommended and optional lesson plans for each of the five components. The lesson plans are designed around primary, elementary, intermediate elementary, junior high and senior high. The third section is the "yellow pages"--which is the drug specific information unit to provide teachers with drug specific information, behavior indicators, laws, film lists and overviews, material lists, and statistics.

Teacher Training:

Faculty orientation to the guide prior to its dissemination and staff training of at least four to five staff members is recommended.

Additional Resources Suggested:

None

Time Needed To Teach:

The life skills may be taught throughout the school year. The drug specific information would be five to ten lessons.

Evaluation:

No specific evaluation of the curriculum has been done. It has been a part of the total package of services from the Substance Abuse Office. Programmatic evaluation is available.

Additional Comments:

This curriculum was designed specifically for the Wichita School District, but is applicable for adaptation to other districts.

KANSAS DEPARTMENT OF EDUCATION GUIDELINES

Name: Kansas Department of Education
Health Education Curriculum Guidelines

Where Available: Janet Wilson, Specialist
Health & Physical Education
Educational Assistance Section
Kansas Department of Education
120 West 10th
Topeka, Kansas 66612
(913) 296-6716

Overview: The Kansas Department of Education, in cooperation with health education teachers, school administrators and resource personnel in Kansas, have revised the standards for curricular programs in health education in Kansas schools. The guidelines include the curricular structure of programs for students in elementary, middle level/junior high school and high school programs in health education as well as establish the guidelines for implementation of those programs in Kansas schools.

The guidelines include 10 competency areas identified in national studies on health and are structured so as to assist schools in meeting the needs of health education and lifestyle modifications relative to students in all levels of education. The inclusion of concepts that include substance abuse education along with wellness concepts will assist Kansas schools in planning curriculum programs.

Evaluation:

A checklist for evaluating programs is included within the guidelines.

KANSAS CONTACTS FOR ALCOHOL AND DRUG PREVENTION CURRICULUM

Program Name: Get Set
 Contact Person: Diane Pagano
 Agency: National Council on Alcoholism
 Address: The Casson Bldg. 2nd Floor
 City and Zip: Topeka, Ks. 66603
 Telephone: (913) 235-8622

Program Name: Here's Looking At You 2,000
 Contact Person: Judy Evans-Lombe
 Agency: Coffeyville Public Schools
 Address: Roosevelt Jr. H., 8th & Cherokee
 City and Zip: Coffeyville, Ks. 67337
 Telephone: (316) 251-6990

Dr. Donna Osness
 Shawnee Mission Pub. Sch.
 6649 Lamar
 Shaw. Mission, Ks. 66202
 (913) 384-6800

Program Name: Marijuana: A Second Look
 Contact Person: Mavis Glenn
 Agency: American Lung Association
 Address: 4300 Drury Lane
 City and Zip: Topeka, Ks. 66604
 Telephone: (913) 272-9290
 1-800-432-3957

Mike Daugherty
 School of the Magdalen
 6355 Willowbrook Dr.
 Wichita, Ks. 67218
 (316) 683-5181

Program Name: Project Charlie
 Contact Person: Julie Elson
 Agency: Burlingame High School
 Address: 830 Cross
 City and Zip: Burlingame, Ks. 66413
 Telephone: (913) 654-3315

Vivian Straup
 Prairie View High School
 Route 2
 LaCygne, Ks. 66040
 (913) 757-4448
 (913) 898-3160 (Parker
 Grade School)

Program Name: Project STAR
 Contact Person: Dr. Cal Cormack
 Agency: Ewing Kauffman Foundation
 Address: 9233 Ward Parkway
 City and Zip: Kansas City, Mo. 64114
 Telephone: (816) 363-8604

Preston Caprez *

 SRS/ADAS
 Box 787
 Hays, Kansas 67601
 (913) 625-3489

Program Name: Quest - Skills for Adolescence
 Contact Person: Dr. Jack Bell, Supt.
 Agency: Great Bend Public School
 Address: 2408 Jefferson
 City and Zip: Great Bend, Ks. 67530
 Telephone: (316) 792-2461

*Kansas schools should contact Preston Caprez for information on Project STAR

Program Name: Self-Discovery
Contact Person: Cindy Shaffer
Agency: Alcohol and Drug Abuse Services
Address: 2700 West 6th, Biddle Bldg., 2nd Floor
City and Zip: Topeka, Ks. 66606
Telephone: (913) 296-3925

Program Name: Starting Early
Contact Person: Ann Asher
Agency: Paola USD 368
Address: R. R. 3
City and Zip: Paola, Ks. 66071
Telephone: (913) 294-2449

JoEllen McClanahan
AAA
4020 West 6th
Topeka, Ks. 66606
(913) 272-6360

Contact Person: Karen Ross
Agency: DCCCA
Address: 2200 W. 25th
City and Zip: Lawrence, Ks. 66046
Telephone: (913) 841-4138

Program Name: Substance Abuse Prevention - It Starts With People
Contact Person: Becky Ridgway
Agency: Wichita Public Schools
Address: 1847 N. Chautauqua
City and Zip: Wichita, Ks. 67214
Telephone: (316) 833-4446

PROGRAM TITLE	PROGRAM INTENSITY						MESSAGE ORIENTATION					EVALUATION MATERIAL				TARGET AGE						PROGRAM FOCUS						TRAINING NEEDED						
CURRICULUM	Single Presentation	Multi Sessions	Intensive Retreat	Extensive Curriculum	Integrated Intro Curriculum	Separate Units	DWI Risk	A/D Information	Life Skills	Alternatives	Health Promotion	None Available	Being Developed	Minimal	Multiple Evaluation	Pre-School	K - 2 grade	3 - 4	5 - 6	7 - 9	10-12	University	No age Distinction	Individual	Peer	School	Family Parents	Community	Policy/Social	Norms	Required	Recommended	No	
CASPAR - "Decisions About Drinking"		X		X	X		X	X	X	X					X			X	X	X	X						X						X	
Fetal Alcohol Syndrome					X			X	X			X								X	X			X	X	X						X		
Here's Looking At You, 2,000		X		X	X	X		X	X						X		X	X	X	X	X			X	X	X	X					X	21 hours	
Intervention		X						X							X					X	X			X	X	X	X					X	5 days	
Innerchoice						X		X	X				X							X	X			X	X	X							X	
Get Set		X					X	X	X	X	X				X		X	X	X	X				X	X	X						X	16 hours	
Magic Circle		X							X						X	X	X	X						X	X	X							X	
Marijuana: A Second Look		X						X	X		X		X					X	X	X				X	X	X	X						X	
OZ		X		X			X	X	X	X		X				X	X	X	X	X						X							X	
Project Charlie		X					X	X	X	X	X				X		X	X	X	X				X	X	X	X	X				X		

PROGRAM TITLE	PROGRAM INTENSITY							MESSAGE ORIENTATION				EVALUATION MATERIAL			TARGET AGE							PROGRAM FOCUS							TRAINING NEEDED				
	Single Presentation	Multi Sessions	Intensive Retreat	Extensive Curriculum	Integrated Curriculum	Separate Units	DWI Risk	A/D Information	Life Skills	Alternatives	Health Promotion	None Available	Being Developed	Minimal	Multiple	Evaluation	Pre-School	K - 2 grade	3 - 4	5 - 6	7 - 9	10-12	University	No age distinction	Individual	Peer	School	Family Parents	Community	Policy/Social	Norms		
CURRICULUM																																	
Project STAR		X		X		X			X				X		X					X						X	X	X	X				
QUEST - Skills for Adolescence		X		X		X			X	X			X							X						X	X	X	X				
QUEST - Skills for Living		X		X		X			X						X				(9-12)						X	X	X	X					
Self-Discovery				X					X	X					X					X						X	X						
Starting Early		X				X					X	X							X	X					X	X	X	X					
Substance Abuse Prevention- It Starts With People		X		X		X			X	X		X*			X**				X	X					X	X	X	X					

P
ARENT
PROGRAMS
PARENT
EDUCATION/PARENT
INVOLVEMENT

PARENT PROGRAMS
PARENT EDUCATION/PARENT INVOLVEMENT

RECOMMENDATION: Schools should encourage existing parent and community groups (i.e., PTA) to become actively involved in the alcohol and drug abuse prevention program in their schools by learning about alcohol and drug information, local alcohol and drug community services, and parenting skills by 1990. Schools without parent groups should consider developing them to support the alcohol and drug prevention program. Strategies should be developed to reach parents who cannot attend meetings.

Statement of Need

To provide carry-over to family units, successful alcohol and other drug prevention efforts in school systems have utilized parent education and parent involvement. These efforts have taken, at least, four different approaches. They include:

- * Informational Programs. These efforts are designed to provide parents with basic information concerning alcohol and other drugs, the extent of their use among young people, signs and symptoms of alcohol and other drug use, and short and long-term consequences of abuse. These programs are based on the rationale that when parents are better informed regarding alcohol and other drug issues, they can help teach their children about the issues and recognize problems at an early stage. Little Apple Task Force, Manhattan, Kansas is an exemplary program in this area. These programs impact all grade levels.
- * Skill-Building Programs. Another common approach is to build parent skills through special training programs, such as Developing Capable Young People, Talking With Your Kids About Alcohol, Parent Effectiveness Training, and Systematic Training for Effective Parenting. These programs are designed to build, improve, and enhance general parenting skills. These programs have documented positive changes in family interaction and communication and, in turn, have helped to reduce alcohol and other drug abuse. (Developing Capable Young People (D.C.Y.P.), Wichita, Goddard, Abilene, and Emporia, Parent Effectiveness Training (P.E.T.), Topeka and Manhattan; Systematic Training for Effective Parenting (S.T.E.P.), Overland Park and Manhattan).
- * Parent Support Groups. A third approach involves the development of parent support groups or parent peer groups. These groups allow parents to meet regularly to discuss problem solving, setting limits and rules, and community-wide responses to alcohol and other drug issues. Examples of these groups include Parent Resources and Information on Drug Education (PRIDE), the National Parent Teacher Association (PTA), and activities of the National Federation of Parents for Drug-Free Youth (NFP). In Kansas, Parents and Community Together (PACT) (P.O. Box 1855, Salina, Kansas 67402) has taken a leadership role in this area.

- * Family Interaction Programs. This approach is based on the assumption that alcohol and other drug abuse can be prevented by having families, working as a unit examine, discuss, and confront alcohol and other drug issues. Activities are designed to provide children with information, skills, and insights which can help them avoid alcohol and other drug abuse. Parents receive training on methods for conducting family interaction activities with their children.

All of these approaches have merit. Many schools districts throughout Kansas are utilizing one, or in some instances, a combination of these approaches in their prevention efforts. The specific design of parent education/involvement in a given school district is best done by that school district community.

NAME: Chemical People

Costs: No Charge

Overview: Public television stations in cooperation with state and community groups across the nation and in Kansas have joined together in this effort to inform parents about alcohol and drug abuse as a problem for young people. This effort was begun in late 1983 by Mrs. Nancy Reagan. The second series had two goals:

1. To expand the focus to include teen pregnancy, suicide, school drop outs and traffic fatalities and the interrelationship with alcohol and drug; and,
2. To expand the efforts of existing community task forces which grew out of the first Chemical People.

Contact: Judy Whitworth
Alcohol and Drug Abuse Services
2700 West 6th Street, Biddle Bldg., 2nd Floor
Topeka, KS 66606
(913) 296-3925

*Now titled "Generation At Risk"

NAME: Developing Capable Young People (DCYP)

Cost: Tape Set (Tapes and booklet) \$45.00

Overview: Developing Capable Youth People is a parenting education program designed to assist parents in developing practical skills in raising their families in a complex and changing world. Included in the course is 1) a look at the methods families have used historically to develop children to be capable adults and an examination of the breakdown of this traditional transfer of life skills in the past 20 years, 2) an examination of the seven basic skills of a capable person (including topics such as role models, self-concept, problem solving and communication skills, the development of self-responsibility and judgement); 3) ideas to help parents over the normal feelings of frustration and anxiety; and 4) a discussion of how to apply the basic seven skills to individual children in the family.

Training Recommended:

In addition to the tapes and booklet mentioned above there is a trainers manual (still in draft form) that is provided to individuals who complete a Developing Capable Young People Training of Trainers. Although the training is not required in order to utilize the tapes and booklet, it is recommended. Training of trainers opportunities are available in Kansas through the Drug/Alcohol Abuse Prevention Center, 1421 East 2nd, Wichita, Kansas 67214, (316) 262-2421. Contact the Center for scheduling, availability and cost.

Time Needed to Teach:

Developing Capable Young People is designed to be taught as a parenting education class one, two hour session per week, over a period of 10 weeks. Group size is dependent on the desires and abilities of the facilitator(s).

Contact: Humansphere, Inc.
P.O. Box 1566
Hurst, Texas 76053
(817) 274-4292

NAME: National Federation for Parents for Drug Free Youth (NFP)

Cost: \$25.00 - group membership offers tax-exemption eligibility. \$10.00 - individual membership includes a newsletter, pamphlets on marijuana, cocaine and alcohol, legislative updates and a parent group starter kit. You will also receive a list of parent groups in your area.

Manuals/Kits	Price
Parent/Community Task Force Manual	\$5.00
Educational Kit/Public Speaking Manual	5.00
Anti-Paraphernalia Kit	4.00
Press/Media Guidelines	4.00
NFP Guidelines for Organizing Your Parent Group	2.00
NFP Youth Training Manual	15.00

Brochures	Price/100
What Parents Must Learn About Marijuana	8.00
What Parents Must Learn About Teens and Alcohol	8.00
What Parents Must Learn About Cocaine	8.00
Straight Pitch About Marijuana	8.00
NFP-Drug Abuse: Family Enemy No. 1	8.00
NFP Newsletters	10.00

Prices include postage. Three (3) weeks advance notice is requested for all orders.

Overview. The Federation was formed in May 1980 as a national "umbrella organization" for parent groups throughout the nation. The primary purpose is to inform and educate parents, children, communities, service organizations and others about the dangers of marijuana, alcohol and other mind-altering drugs. They want to encourage and assist the formation of local parent groups in every state. This organization supports that institutions within the community the message of NO adolescent drug use.

Contact: National Federation of Parents for Drug-Free Youth
8730 Georgia Avenue, Suite 200
Silver Springs, Maryland 20910
(301) 585-KIDS

NAME: National PTA

Costs: Membership varies with school building

Overview. Among its many activities and programs, the PTA sponsors a National Drug and Alcohol Awareness Week. In 1986, this week was March 2-8 and focused around the theme "Prevention: A Positive Approach."

Contact: National PTA
700 N. Rush Street
Chicago, Illinois 60611-2571
(312) 787-0977

NAME: Parent Effectiveness Training (P.E.T.)

Costs: Paperback - \$6.95

Overview. First published in 1970, Parent Effectiveness Training (P.E.T.) has been widely used in parenting education courses and workshops. Information from the book can be used as background or an outline for a parent education workshop. In addition, specific, structured training is available in the materials. There are approximately 15,000 P.E.T. trained facilitators around the country.

PET deals with issues such as: "listening so children will talk," "how to listen to children too young to talk much," parental power, parent-child conflicts, resolving conflicts, among others. PET is designed be taught one night, each week for eight successive weeks.

Training Available:

Effectiveness Training Associates, Inc. offers training throughout the United States in PET. The training is 5 1/2 days in length and costs \$495.00.

Contact: Effectiveness Training Associates, Inc.
531 Stevens Avenue
Solana Beach, California 92075
(619) 481-8121

Kansas Contact:

Dr. Leanne Beets
USD 321
Box 578
Special Services
Rossville, KS 66533
(913) 584-6731

NAME. PRIDE (Parent Resource Institute for Drug Education)

Cost: Contact for specific prices and publications - packet of
Introductory Materials - \$10.00
Quarterly Newsletter - 4.00

Overview: PRIDE has been instrumental in starting over 4,000 parent drug education groups throughout the United States. They have been involved in developing similar groups throughout the world. Their major functions include networking people and alcohol and drug specific resources. They are involved in the development of resources (films, literature, etc.), offer toll-free numbers that provide information as well as consultation; and organize a major international conference on parental involvement in drug abuse education.

Contact: PRIDE International
Volunteer Service Center, Suite C-1002
100 Edgewood Avenue
Atlanta, Georgia 30303
(404) 658-2548
1-800-241-7946

Kansas Contact: Karen King
Concerned Citizens of Udall
(316) 782-3340

NAME: Systematic Training for Effective Parenting (S.T.E.P.)

Costs: The trainers kit is priced at \$99.50. Varies according to local discretion.

Overview: STEP is a widely used parenting education course. Topics for the course include understanding children's behavior and misbehavior, understanding more about ourselves as a parent, the development of confidence and feelings of self worth in children, the development of communication skills, understanding natural and logical consequences and the use of family meetings. Parents who have completed STEP report increased knowledge of parenting, improved relationships in families, improved communication with their children and less conflict with their children.

Training Available:

American Guidance Service, the publisher of STEP, presents yearly "training of trainers" workshops in different geographic areas of the country. Cost of the one-day workshop is \$95.00 if you already own a trainers kit, or \$170.00 if you wish to purchase the kit. Current locations and dates of the training can be obtained by phoning (612) 786-4343. In addition to this national training, local Kansas schools, junior colleges, mental health centers, churches and alcohol and drug programs offer STEP training.

This training is directed both toward "trainers" and parents.

Contact: American Guidance Service
Publisher's Building
Circle Pines, Minnesota 55014
(612) 786-4343

NAME: Talking with Your Kids About Alcohol (TWYKAA)

Costs: Training of Trainers, approximately \$300.

Overview: "Talking with Your Kids About Alcohol" is a primary prevention program for parents; it is written for those parents whose children may or may not drink alcohol, but clearly do not yet experience problems because of alcohol. The program is designed to help parents prepare their children to make choices about alcohol either now or later in life. This goal is based on the realization that children will make choices, but that parents are in a good position to influence their children to make low-risk choices.

The program has three primary goals:

- Increasing Abstinence in Youth
- Decreasing High-risk Use
- Delaying the onset of Use

The program is a four part series in which parents look at ways to teach their children: 1) the importance of lifestyle choices, 2) how to estimate their own risk, 3) how to increase factors that support low risk choices, especially attitudes, values and self-concept, 4) how to maximize positive factors in the child's environment to support low risk choices, and 5) how to model personal skills necessary for making low risk choices.

NOTE: The above information was taken from the TWYKAA manual copyrighted by Prevention Research Institute

Contact: Prevention Research Institute
629 N. Broadway, Suite 210
Lexington, Kentucky 40508
(606) 254-9489

KANSAS CONTACTS FOR PARENT PROGRAMS

Program Name:	<u>Chemical People & Community Groups</u>	
Contact Person:	Edie Jorns	Jan LeMaster
Agency:	Little Apple Task Force	Citizens Coalition on Drug and Alcohol Abuse
Address:	Box 1586	P.O. Box 1855
City and Zip:	Manhattan, Kansas 66502	Salina, Kansas 67402-1855
Telephone:	(913) 539-6052	(913) 823-3505

Program Name:	Johnson County "Chemical People" Task Force	
Contact Person:	Jim Welsh	
Agency:		
Address:	Box 2784	
City and Zip:	Shawnee Mission, Kansas 66201	
Telephone:	(913) 451-2708 or (913) 888-4297	

Program Name:	<u>Developing Capable Young People</u>	
Contact Person:	Nicki Soice	Ron Alexander
Agency:	Drug/Alcohol Prevention Center	SRS/ADAS
Address:	1421 East 2nd	2700 West 6th, Biddle Bldg. 2nd Floor
City and Zip:	Wichita, Kansas 67214	Topeka, Kansas 66606
Telephone:	(316) 262-2421	(913) 296-3925
		(For sample booklets and a listing of trained facilitators)

Program Name:	<u>National Federation for Parents of Drug Free Youth</u>	
Contact Person:	Jan LeMaster	
Agency:	Citizens Coalition on Drug and Alcohol Abuse	
Address:	P.O. Box 1855	
City and Zip:	Salina, Kansas 67402-1855	
Telephone:	(913) 823-3505	

Program Name:	<u>Parent Effectiveness Training</u>	
Contact Person:	Dr. Leanne Beets	
Agency:	USD 321, Special Services	
Address:	Box 578	
City and Zip:	Rossville, Kansas 66533	
Telephone:	(913) 584-6731	

Program Name:	<u>P.T.A.</u>	
Contact Person:	Bunny Reinhart, President	Trudy Boyd, Chairperson
Agency:	Parent Teacher Association	Committee on Health and Substance Abuse
Address:	1829 Gage Blvd.	2800 Early
City and Zip:	Topeka, Kansas 66604	Kansas City, Kansas 66101
Telephone:	(913) 273-2281	(913) 281-1870

Program Name: Talking With Your Kids About Alcohol (TWYKAA)
Contact Person: Cindy Shaffer
Agency: SRS/Alcohol & Drug Abuse Services
Address: 2700 W. 6th
City and Zip: Topeka, KS 66606
Telephone: (913) 296-3925

Program Name: Tough Love
Contact Person: Bob McLoughlin
Agency: Regional Representative
Address: 13105 W. 95th Terrace
City and Zip: Lenexa, KS 66215
Telephone: (913) 888-8830 (home)
(913) 676-9303 (work)

Tough Love
Barbara Whitacre
1129 S. Cedar
Ottawa, Kansas 66067
(913) 242-3229

I INTERVENTION STRATEGIES

INTERVENTION STRATEGIES

RECOMMENDATION: Schools are encouraged to implement student assistance and employee assistance programs by 1990.

Intervention, the confrontation of addictive or problem behavior in the early stages of its development, is a crucial component in dealing with the problem of student and employee alcohol and drug abuse. A variety of modalities are utilized to encourage the person to seek assistance in order to change his or her behavior. Intervention in schools can be effective with students and with faculty/staff through Student Assistance Programs and Employee Assistance Programs.

Student Assistance Programs

These programs are the preferred intervention strategies used with school students. Student Assistance Programs utilize professional counselors to intervene, counsel and evaluate students who may be exhibiting problem behaviors related to their alcohol and drug use or abuse. (Secondary-Emporia USD 253, Salina USD 305, Stormont-Vail Hospital, Topeka).

Employee Assistance Programs

In order to provide adequate role modeling for youth, there may be occasions when faculty or staff will need assistance in coping with life changes or problems which compromise their work performance. Such concerns, whether identified personally or through supervision, may have a final negative effect on students if left unresolved. Such employee assistance is based on confidentiality and a positive regard for personnel. (Topeka-USD 501).

STUDENT ASSISTANCE PROGRAMS

I. Overview

- A. Based on an employee assistance model
- B. Use trained persons who offer services and/or refer to appropriate resources students who:
 - 1. Exhibit significant behavioral and academic problems.
 - 2. Have been abusing alcohol or drugs.
 - 3. Have an alcoholic parent or history of family alcoholism or drug addiction.
- C. The Student Assistance Program provides a number of different types of early intervention. Examples are:
 - 1. Group counseling sessions for students with alcoholic or drug addicted parents.
 - 2. Counseling services for students who are using alcohol or drugs dysfunctionally.
 - 3. Counseling services for students who exhibit poor school performance
- D. School Personnel recognize problematic behavior through classroom observation of student performance and interaction.

II. Program Organization

A. Confidentiality

School policy should be designed or written so as to insure confidentiality for the referral process and treatment. By utilizing counselors who are not school employees, schools may avoid confidentiality constraints. School personnel involved with the program need to be trained in confidentiality requirements.

B. Parental Consent

Though treatment programs generally require parental consent by Kansas law, Student Assistance Programs may or may not depending on the intervention modality. Voluntary referrals generally include parental notification.

C. Program Design

A variety of program designs are possible. The specific model should be designed to fit local school needs and populations.

EMPLOYEE ASSISTANCE PROGRAMS

I. Overview

- A. Implementation of an effective Employee Assistance Program for School Personnel should be based on current EAP models, which have achieved great success over the last 40-50 years. Variations on the model exist and are made in order to best fit the circumstances and situation of the specific work force or work site. However, any successful program will need to develop policies and procedures that include the following criteria.

1. Job Performance Based

Personnel are identified for referral because of job performance problems and issues. Diagnosis and assessment/referral is performed by trained professionals.

2. Broad Brush Concept

The Broad Brush approach recognizes that there are many kinds of personal life problems that effect work performance. Assistance for any/all of these problems is available through an EAP.

3. Referral

Referral to appropriate resources either within the community, or in some models within the work structure, serves as the essential component in assisting persons with personal problems. A network of service providers needs to be developed in order to make referral placement.

4. Confidentiality

Confidentiality is of utmost importance to an EAP. Information related to the treatment/counseling process is not given to employers or maintained in personnel files. The use of an EAP by an employee should not have any impact on promotional consideration, salary increases, etc.; only job performance information is pertinent.

5. Voluntary/Involuntary Clients

An EAP should provide a mechanism for both voluntary and involuntary persons to access the system when assistance is in order. The most effective EAP's are those which have a greater proportion of voluntary persons seeking assistance on their own than those being referred through supervisory channels.

KANSAS CONTACTS FOR INTERVENTION PROGRAMS FOR STUDENTS AND STAFF

Program Name: Student Assistance Program
 Contact Person: Dennis Williams, Principal
 Agency: Derby Middle School
 Address: 715 E. Madison
 City and Zip: Derby, Kansas 67037
 Telephone: (316) 788-1559

Program Name: Adolescent Intervention Program
 Contact Person: Dr. Andy Thompkins
 Agency: Salina Public Schools
 Address: 300 West Ash, P.O. Box 797
 City and Zip: Salina, Kansas 67402
 Telephone: (913) 825-0281

Program Name:	Employee Assistance Program	Contractor:
Contact Person:	Dr. Roger Browning, Asst. Supt.	Donna Roberts
Agency:	Topeka Public Schools	National Council on Alcoholism
Address:	624 S.W. 24th St.	Casson Building, 2nd Flr.
City and Zip:	Topeka, Kansas 66618	6th and Topeka
Telephone:	(913) 233-0313	Topeka, Kansas 66603
		(913) 235-8622

Program Name: Student Assistance Program
 Contact Person: Steve Hageman
 Agency: Mental Health Center of East Central Kansas
 Address: 1305 West 12th Street
 City and Zip: Emporia, Kansas 66801
 Telephone: (316) 342-6116

Program Name: Intervention Services
 Contact Person: Ron Alexander or Ron Miller
 Agency: SRS/Alcohol and Drug Abuse Services
 Address: Biddle Building 2nd Floor, 2700 West 6th
 City and Zip: Topeka, Kansas 66606
 Telephone: (913) 296-3925

PROGRAM TITLE	PROGRAM INTENSITY					MESSAGE ORIENTATION					EVALUATION MATERIAL				TARGET AGE						PROGRAM FOCUS						TRAINING NEEDED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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TUDENT
ACTIVITIES

STUDENT ACTIVITIES

RECOMMENDATIONS: School districts are encouraged to utilize life skills development activities in their existing student organizations and implement student activities aimed at prevention of alcohol and other drug abuse. SRS/Alcohol and Drug Abuse Services will develop a model for Student Team Training and make it available by 1990.

Statement of Need

The development of life skills i.e., refusal skills, decision-making skills, self-discipline, communication skills and positive self-esteem, is essential for students who are learning to deal with negative peer pressure. These skills assist them in developing positive approaches for handling the inevitable difficulties of growing up.

Student Activities encourage positive life skills by challenging students to access a variety of experiences to enhance their sense of competency and mastery. In addition, student activities provide young people with problem solving opportunities and leadership skill development.

These activities may include:

- * School related student organizations
- * Student training experiences
- * Peer programs

School Related Student Organizations

Students involved in school activities tend to be less isolated and lonely, problems characteristic of abusing youth. These students also tend to perform better academically. Leadership skills derived from participation in these organizations also enhance self-esteem, making students less vulnerable to negative peer pressure. (Elementary-Just Say No Clubs; Secondary-SADD) (Topeka)

Student Team Training

The purpose of student training events is to enhance individual self-esteem through personal growth and team development. The trainings provide alcohol and drug specific information and life skills development, encouraged through experiential learning. (Secondary-Teen Institutes; "All-Star," Salina, Topeka, and Leavenworth; and Student Team Training, Wichita).

Peer Programs

Created to help students deal with problems such as alcohol and drug use, difficulties with families and friends or loneliness, these programs are based on a student helper model. These projects do not take the place of Student Assistance Programs, but serve to expand the resources students have to help them make positive decisions and to solve problems. (Secondary-Peer Assisted Learning, Wichita).

NAME: ALL-STAR (Activity Leadership Laboratories - Students Training Around Responsibility)

Cost: \$20,000 - Inclusive: materials, pre-site visit, training and limited followup.

Contact: James Kazen
All-STAR Program
6800 Park Ten Blvd.
Suite 266 South
San Antonio, Texas 78213
(512) 735-9191

Overview: The All-STAR Program is a training event for 500 or less students lasting 2 1/2 days facilitated by an experienced professional prevention staff of 7-10 trainers. The program is designed to promote healthy life styles and life choices by emphasizing positive peer pressure, decision making skills and team work. Students attend in team groups and are exposed to a variety of workshops and lectures emphasizes their strengths, encouraging cooperation and leadership development.

The program requires a strong commitment from school district staff and administration, and can easily be a community-wide project.

Training: Training cost include the trainers' visit with faculty, students and parents prior to the training event.

NAME: Just Say No Clubs

Cost: None

Contact: Mr. Preston Caprez
SRS Area Office
P.O. Box 787
Hays, Kansas 67601
(913) 625-3489

Overview: "The Just Say No" Club concept is the outgrowth of the Oakland Parents In Action Project, Oakland, California. The first "Just Say No" Club was formed by a group of fourth and fifth grade elementary school students when they proclaimed that their response to drugs would be "Just Say No."

From Oakland the movement spread nation-wide with "Just Say No" walks and activities for students 4-6 grades. The focus of these clubs continues to encourage elementary age students to take a firm stand against alcohol and drug use. This message has been reinforced by television through exposure on "Punky Brewster." Information on national "Just Say No" programs can be attained through:

The Just Say No Foundation
1777 N. California Boulevard
Suite 200
Walnut Creek, California 94596
(800) 258-2766

NAME: Peer Programs

Cost: Varies according to number of resource notebooks needed, supplies, and trainer costs.

CHEF has a Leader's Guide for Natural Helpers, which is a comprehensive 202 page manual. It is divided into two sections: program planning and the actual training. The program planning section provides background information on program implementation. It includes sample letters and forms used for major program tasks. The second section provides detailed instructions for training activities, including copies of materials used by trainers and participants. The cost is \$25.00 plus \$2.50 for shipping and \$2.15 Washington State Tax.

The Peer Helping program available through the MIPS has a manual for approximately \$3.00 each.

Overview: Teenagers will go to other teens often before they go to an adult with a problem. There are teens in schools who naturally help their peers. Peer programs identify those teens and train them further in communication skills, community resources, making a referral, and what to do about self-destructive behaviors by their peers. The training involves self-awareness and team work so the teen helpers feel support themselves and in helping others. Each school implements the program according to its own needs.

Training: The training time varies according to the program selected. The MIPS training is approximately 14 hours. Natural Helpers can be trained in a weekend.

<u>Contact:</u>	Natural Helpers Comprehensive Health Education Foundation (CHEF) 20832 Pacific Highway South Seattle, Washington 98198 (206) 824-2907	Peer Helping National Council on Alcoholism Missouri Institute for Prevention Services (MIPS) 6155 Oak Kansas City, Missouri 64113 (816) 361-5900
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NAME: Project Graduation

Cost. Varies

Overview: Project Graduation students and adults organizers plan and stage alcohol and drug free parties for seniors and their guests. These parties deter drinking and driving during the graduation season and also create an awareness of the problem throughout the year. The philosophy is that students can celebrate graduation without drugs and alcohol if provided with stimulating and pleasurable activities. The goal of Project Graduation is a fatality-free commencement period, achieved by providing alternatives.

Training: The Kansas Department of Transportation provides a two-day training on Project Graduation annually. The training includes workshops that enable local parents, students, and school personnel to acquire ideas and skills to successfully sponsor the project locally.

Other
Resources: Suggestions for specific approaches to implementing Project Graduation activities are provided in a guide prepared by the Division of Alcohol and Drug Education Services within the Department of Educational and Cultural Services.

Contact: Margie Eklund
Kansas Department of Transportation
Docking State Office Building
Topeka, KS 66612
(913) 296-3756

NAME: SADD (Students Against Driving Drunk)

Cost: Varies

History
in

Kansas: Kansas first became involved in SADD in July, 1983. Robert T. Stephen, Attorney General, was instrumental in establishing SADD in Kansas, and is credited with being the Founder of Kansas SADD. SRS/Alcohol and Drug Abuse Services serves as the state coordinating agency.

Overview: Kansas now has 150 official and active SADD chapters. Several counties have chapters in all high schools. National Highway Traffic Safety reports a 24% reduction in drunk driving deaths (in Kansas, Nebraska, Iowa, and Missouri) as a result in part, to the SADD movement. Chapters have from 20 to 285 members. Several schools report high attendance at SADD sponsored activities and a reduction or elimination of destructive behavior.

Training: SRS/Alcohol and Drug Abuse Services offers an annual statewide fall training workshop to help develop skills within sponsors and students and to offer a multitude of ideas for success. This training is not required and chapters can be successful without it.

Additional
Comments:

The financial investment in SADD comes from a variety of sources. Fundraising projects and donations from civic organizations are the major sources of monies. A few school districts allot money for SADD through the Activity Fund.

High school students across Kansas can take the leadership role in the prevention of alcohol related injuries and deaths from drinking and driving if they are given the necessary information, inspiration, and leadership. SADD is attractive and successful to both large urban high schools and small rural schools because of its adaptability to local needs and issues. SRS/Alcohol and Drug Abuse Services provides on-site and telephone technical assistance and an annual training conference to further the development of SADD in Kansas.

Contact: Cindy Shaffer
Alcohol and Drug Abuse Services
Biddle Bldg., 2nd Floor
2700 West 6th
Topeka, Kansas 66606
(913) 296-3925

NAME: Student Team Training or Teen Institutes

Overview: There are a variety of programs throughout Kansas and the nation which are intensive training experiences for youth. These training sessions focus on positive life skills development, information, alcohol and drug use and other problem behavior, leadership development and team building.

The programs are generally held in retreat settings and may or may not include overnight requirements. Length of trainings last from three (3) to seven (7) days, depending on the program.

These programs reinforce leadership skills, positive peer pressure and encourage positive decision making.

Contact: Cindy Shaffer
SRS/Alcohol and Drug Abuse Services
Biddle Bldg., 2nd Floor
2700 West 6th
Topeka, Kansas 66606
(913) 296-3925

KANSAS CONTACTS FOR STUDENT ACTIVITIES

Program Name:	<u>All-Star</u>	
Contact Person:	Janet Wilbur	Dr. Phyllis Chase
Agency:	Central Ks. Coop. in Education	Topeka Public School
Address:	3023 Canterbury Drive	624 SW 24th
City and Zip:	Salina, Kansas 67402	Topeka, Kansas 66611
Telephone:	(913) 825-0281	(913) 223-0313
Program Name:	<u>Just Say No Clubs</u>	
Contact Person:	Preston Caprez	
Agency:	SRS/ADAS	
Address:	Box 787	
City and Zip:	Hays, Kansas 67601	
Telephone:	(913) 625-3489	
Program Name:	<u>Peer Programs</u>	
Contact Person:	Mary Beth Reese	
Agency:	Manhattan High School	
Address:	Westwood and Sunset	
City and Zip:	Manhattan, Kansas 66502	
Telephone:	(913) 537-2600 or 539-5103	
Program Name:	<u>Project Graduation</u>	
Contact Person:	Marge Eklund	Joey Flowers and Kristy Katzenmeier
Agency:	Kansas Dept. of Transportation	Wichita East High School
Address:	Docking State Office Building	2301 East Douglas
City and Zip:	Topeka, Kansas 66612	Wichita, Kansas 67211
Telephone:	(913) 296-3756	(316) 263-8101
Program Name:	<u>Student Team Training</u>	
Contact Person:	Becky Ridgway	
Agency:	The Wichita Teen Challenge	
	Wichita Public Schools, Substance Abuse Prevention Office	
Address:	1847 N. Chautauqua	
City and Zip:	Wichita, Kansas 67214	
Telephone:	(913) 833-4446	
Program Name:	<u>Students Against Driving Drunk (SADD)</u>	
Contact Person:	Cindy Shaffer	Debbie Berges, Sponsor
Agency:	Alcohol and Drug Abuse Services	Nancy Olsen
Address:	Biddle Bldg., 2nd Floor	Onaga High School
	2700 West 6th,	500 High School
City and Zip:	Topeka, Kansas 66606	Onaga, Kansas 66521
Telephone:	(913) 296-3925	(913) 889-4251

PROGRAM TITLE	PROGRAM INTENSITY						MESSAGE ORIENTATION					EVALUATION MATERIAL				TARGET AGE								PROGRAM FOCUS							TRAINING NEEDED					
	Single Presentation	Multi Sessions	Intensive Retreat	Extensive Curriculum	Integrated Curriculum	Separate Units	DWI Risk	A/D Information	Life Skills	Alternatives	Health Promotion	Problem Solving	None Available	Being Developed	Minimal	Multiple Evaluation	Pre-School	K - 2 grade	3 - 4	5 - 6	7 - 9	10-12	University	No age distinction	Individual	Peer	School	Family Parents	Community	Policy/Social	Norms	Required	Recommended	No		
STUDENT ACTIVITIES																																				
All Star		X	X				X	X	X	X	X		X								X					X	X	X	X	X	X	X	2½ days	X		
Just Say No Clubs																			X																	
Peer Programs		X						X	X	X		X										X			X	X	X	X	X	X	X	X				
Project Graduation			X				X														X					X	X	X	X	X	X	X				
Students Against Drunk Driving (SADD)		X					X	X	X	X			X								X					X	X	X	X	X	X	X				
Student Team Training/Teen Institutes			X					X	X	X	X					X					X				X	X	X	X	X	X	X	X	3-4 days	X		

T --- EACHER PREPARATION, TRAINING AND IN-SERVICE ---

TEACHER PREPARATION, TRAINING AND IN-SERVICE

RECOMMENDATION: Universities and colleges providing teacher preparation are encouraged to incorporate alcohol and drug abuse prevention information into approved programs by 1990. School districts are urged to incorporate at least one alcohol and drug specific in-service activity for faculty and staff in all grade levels by 1990. In addition, school districts should encourage, through fiscal support, additional teacher education through alcohol and drug abuse prevention workshops and seminars.

Statement of Need

Basic facts about alcohol and drugs and positive life skills information, presented within existing curriculum or in a specialized format is the nucleus of any educational approach to alcohol and drug prevention. To incorporate this information into their existing curriculum or to utilize a specialized format, teachers must be knowledgeable about a wide range of alcohol and drug specific information and concerns. There are three primary ways that this information is currently conveyed to educators.

- * Initial university teacher preparation
- * District teacher in-service
- * Non-district workshops and seminars

Initial University Teacher Preparation

By including alcohol and drug specific information and principles of life skills development in elementary and secondary curriculums and in health education programs, teachers can be prepared prior to their initial practice teaching experience to incorporate prevention materials in their classroom work. An overview of current state of the art curriculum, philosophy, research, evaluation, impact and effectiveness should be included.

District Teacher In-Service

Districts are encouraged to include at least one in-service presentation focused on alcohol and drug specific information and another on life skills development to insure that teachers are exposed to this information each year, increasing their knowledge base over time. Such training could be provided by local prevention providers.

Non-District Workshops and Seminars

These specialized training events provide a more intensive course of study, on the pertinent facts and possible approaches to alcohol and drug abuse prevention. Current examples are: Kansas School Team Training for the Prevention of Alcohol and Other Drug Abuse, the Heartland Conference and Intervention Training.

NAME: Intervention Training

Where Available: Adolescent Care Unit
Stormont-Vail Regional Medical Center
1500 S.W. 10th Street
Topeka, Kansas 66606
1-800-432-2951 X 6797
(913) 354-6791

Overview: Intervention training's primary purpose is to assist school personnel, through formal training and on-going consultation, to assess individual and community needs relative to teenage drug and alcohol use. Program personnel will also assist in the development of a comprehensive school program designed to meet local needs.

Objectives are: to offer practical skills for the school professional in identification, intervention, and referral to appropriate community resources, increase knowledge about the symptomology of chemical use and dependency; accurately complete a needs assessment and implement a program based on the needs of the school; create a team of school personnel to work on chemical abuse, dependency and prevention issues.

School and community members participate as core team members and form a written action plan to implement in the school.

Training Required:

Intervention training is a five day event and is the essence of the program.

Evaluation:

Evaluation information can be obtained by calling 1-800-432-2951 x 6797.

Additional Comments:

Consultation and technical support is offered at no charge to the school staff, administration, parent groups, the school board and core teams until these groups can assume full responsibility for the program.

NAME: Kansas School Team Training for the Prevention of Alcohol and Drug Abuse

Cost: Approximately \$560.00 per participant or \$2,800 per required five person team.

Overview: School Team Training was developed by the United States Department of Education's Alcohol and Drug Abuse Education program. In 1983, Kansas became a national leader by developing a statewide program of School Teams.

School Team Training is a carefully designed five day training for school and community representatives. Teams are made up of five people including an administrator, teachers, counselors, support staff and a community representative from each school district.

The training provides teams an opportunity to learn specific information about alcohol and drugs, prevention skills, teaching strategies and action planning. During the training, the teams develop a plan to prevent alcohol and drug abuse once they return to their schools.

Following the training, the teams receive technical assistance, consultative services and ongoing training.

Contact: Ms. Becky Ridgway
Kansas School Team Training for Alcohol and Drug Abuse
Wichita Public Schools
1847 N. Chautauqua
Wichita, Kansas 67214
(316) 833-4446

NAME: The Heartland Conference

Cost: \$130 per teacher (on campus)

Overview: Heartland is an annual health education conference (usually held in June) which trains teams of two or more people from school districts to promote and increase wellness across the State of Kansas. Opportunities are provided which allow the teachers in training to obtain factual health information and experience personal and professional growth. Participants are encouraged to network, identify wellness resources and teaching techniques. Participants develop a realistic action plan to assist them in implementing health education at the local level which emphasizes primary prevention and wellness. Teachers are trained to become change agents.

Contact: Ms. Helen Hocker
Heartland Health Conference
Washburn University
Room 201-1, Petro Center
Topeka, Kansas 66621
(913) 295-6459

NAME: Teacher In-Service

Cost: Varies with the extent of programming within a district

Overview: Teacher in-service is training organized by a school district for their own faculty and staff. The purpose of such training is to provide opportunities for personal and professional growth. In-service trainings in alcohol and drug abuse are given in a variety of ways, using district staff as trainers or bringing in outside facilitators such as community alcohol and drug abuse professionals. Courses are often offered in workshop form lasting from 3 1/2 hours to one or two day retreats. The alcohol and drug abuse prevention material presented may include; positive school climate and its relationship to problem behaviors; alcohol and drug abuse specific information., alcohol and drug prevention curriculums; life skill development; and program evaluation.

Extensive in-service training in alcohol and drug prevention reinforces other prevention efforts in the school district thus increasing its impact.

KANSAS CONTACTS FOR TEACHER PREPARATION, TRAINING AND INSERVICE

Program Name: Teacher In-Services
Contact Person: Dr. David Flowers
Agency: Junction City Public Schools
Address: Box 370
City and Zip: Junction City, Kansas 66441
Telephone: (913) 238-6184

Program Name: Heartland Health Conference
Contact Person: Ms. Helen Hocker/Peggy Marmet
Agency: Washburn University
Address: Room 201-1, Petro Center
City and Zip: Topeka, Kansas 66621
Telephone: (913) 295-6459

Program Name: Kansas School Team Training for Prevention of Alcohol and Drug Abuse
Contact Person: Becky Ridgway
Agency: Substance Abuse Prevention Program
Address: 1847 Chautauqua
City and Zip: Wichita, Kansas 67214
Telephone: (316) 833-4446

Program Name: Onaga Public Schools
Contact Person: Debbie Berges
Agency: Onaga High School
Address: 500 High Street, Box 458
City and Zip: Onaga, Kansas 66521
Telephone: (913) 889-4251

Program Name: Adolescent Care Unit - Intervention Training
Contact Person: Jerry Tenbrink
Agency: Stormont Vail Regional Medical Center
Address: 1500 S.W. 10th Street
City and Zip: Topeka, KS 66604-1353
Telephone: 1-800-432-2951 x 6797
(913) 354-6797

PROGRAM TITLE	PROGRAM INTENSITY							MESSAGE ORIENTATION				EVALUATION MATERIAL				TARGET AGE								PROGRAM FOCUS							TRAINING NEEDED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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ALCOHOL AND
DRUG ABUSE
COORDINATORS

ALCOHOL AND DRUG ABUSE COORDINATORS

RECOMMENDATION: Kansas school districts are encouraged to designate staff to coordinate alcohol and drug abuse services who are trained in alcohol and drug abuse prevention, intervention, and treatment by 1990.

Statement of Need

The impact of alcohol and drug abuse services for prevention, intervention and referral to treatment services available within a school system are augmented by having staff designed with a clear body of knowledge who can synthesize the needs of students with available services. In addition, such a coordinator can network with community resources to enhance existing school services.

Role of Coordinator

Kansas currently has nine school district that have alcohol and drug coordinators. Though each district utilizes these people in a variety of different ways, there are a number of functions which are shared. Some of these are:

1. provides coordination of alcohol and drug prevention, intervention and in some cases treatment services within the school district;
2. develops and presents workshops on alcohol and drug abuse to teachers, students and parents;
3. facilitates the implementation of an alcohol and drug abuse prevention curriculum;
4. compiles data on substance abuse surveys and questionnaires;
5. coordinates alcohol awareness month activities (October of each year);
6. assists students in planning alternative activities such as Project Graduation;
7. leads student groups; and
8. provides high risk student programs.

KANSAS CONTACTS FOR ALCOHOL AND DRUG ABUSE COORDINATORS IN SCHOOLS

Program Name: McPherson USD #418
 Contact Person: Shirley Adams
 Agency: McPherson School District
 Address: 514 N. Main
 City and Zip: McPherson, Ks. 67460
 Telephone: (316) 241-1643

Program Name: USD #383
 Contact Person: Mary Beth Reese
 Agency: Manhattan Sr. High School
 Address: Westwood Rd. and Sunset
 City and Zip: Manhattan, Ks. 66502
 Telephone: (913) 539-5103

Program Name: USD #500
 Contact Person: Cathy Sillman
 Agency:
 Address: 625 Minnesota
 City and Zip: Kansas City, Ks. 66101
 Telephone: (913) 621-3073, X298

Program Name: USD #445
 Contact Person: Judith Evans-Lombe
 Agency: Coffeyville Public Schools
 Address: 8th & Cherokee
 City and Zip: Coffeyville, Ks. 67337
 Telephone: (316) 251-6990

Program Name: Cowley Co. Spec. Serv. Coop
 Contact Person: Sherrie Bowman
 Agency: USD #465
 Address: 900 E. 12th
 City and Zip: Winfield, Ks. 67156
 Telephone: (316) 221-7021

Program Name: USD 361
 Contact Person: Laura Clark
 Agency: Harper County Public Schools
 Address:
 City and Zip: Anthony, Ks. 67003
 Telephone: (316) 842-5155

USD #457
John Hoerman, Contact
Garden City Public Schools
201 Buffalo Jones Ave.
Garden City, Ks. 67846
(316) 275-9656

USD #259
Becky Ridgway
Wichita Public Schools
1847 Chautauqua
Wichita, Ks. 67214
(316) 833-4446

Central Ks. Coop. in Ed.
Janet Wilbur
3023 Canterbury Drive
Salina, Ks. 67401
(913) 827-0301

USD 305
Dr. Andy Thompkins
Box 797, 300 W. Ash
Salina, Ks. 67402
(913) 825-0281

USD #512
Atha Webster-Gay
Shawnee Msn. Schools
6649 Lamar
Shawnee Msn., Ks. 66202
(913) 384-6800

USD #475
Susan C. Johnson
Junction City Pub. Schools
P. O. Box 370
8th & Eisenhower
Junction City, Ks. 66441
(913) 238-6184

USD 503
Mary Ann Haynes
Parsons Public Schools
3030 Morton
Parsons, Ks. 67357
(316) 421-3660

**MISUSE OF ALCOHOL AND DRUG ABUSE
SPECIFIC OBJECTIVES FOR 1990**

Improved Health Status

- A. By 1990, fatalities from motor vehicle accidents involving drivers with blood alcohol levels of .10 percent or more should be reduced to less than 9.5 per 100,000 population per year. (In 1977, there were 11.5 per 100,000 population).
- B. By 1990, fatalities from other (non-motor vehicle) accidents, indirectly attributable to alcohol use, (e.g., falls, fires, drownings, ski mobile, aircraft) should be reduced to 5 per 100,000 population per year. (In 1975, there were 7 per 100,000 population).
- 0 C. By 1990, the cirrhosis mortality rate should be reduced to 12 per 100,000 per year. (In 1978, the rate was 13.8 per 100,000 per year.)
- *D. By 1990, the incidence of infants born with the Fetal Alcohol Syndrome should be reduced by 25 percent. (In 1977, the rate was 1 per 2,000 births, or approximately 1,650 cases).
- E. By 1990, other drug-related mortality should be reduced to 2 per 100,000 per year. (In 1978, the rate was about 2.8 per 100,000).
- F. By 1990, adverse reactions from medical drug use that are sufficiently severe to require hospital admission should be reduced to 25 percent fewer such admissions per year. (In 1979, estimates range from approximately 105,000 to 350,00 admissions per year).

* NOTE: Same objective as for Pregnancy and Infant Health.

Reduced Risk Factors

- G. By 1990, per capita consumption of alcohol should not exceed current levels. (In 1978, about 2.82 gallons of absolute alcohol were consumed per year per person age 14 years and over).
- H. By 1990, the proportion of adolescents 12 to 17 years old who abstain from using alcohol or other drugs should not fall below 1977 levels. (In 1977, the proportion of abstainers was 46 percent for alcohol, for other drugs, ranging from 89 percent for marijuana to 99.9 percent for heroin*).
- I. By 1990, the proportion of adolescents 14 to 17 years old who report acute drinking-related problems during the past year should be reduced to below 17 percent.** (In 1978, it was estimated to be 19 percent based on 1974 survey data).

* NOTE: A person is defined as not using alcohol or other drugs if he or she has never used the substance or if the last use of the substance was more than one month earlier.

** NOTE: Acute drinking-related problems have been defined as problems such as episodes of drunkenness, driving while intoxicated, or drinking-related problems with school authorities.

- J. By 1990, the proportion of problem drinkers among all adults aged 18 and over should be reduced to 8 percent. (In 1979, it was about 10 percent).
- K. By 1990, the proportion of young adults 18 to 25 years old reporting frequent use of other drugs should not exceed 1977 levels. (In 1977, it was less than one percent of drugs other than marijuana and 19 percent for marijuana*).
- L. By 1990, the proportion of adolescents 12 to 17 years old reporting frequent use of other drugs should not exceed 1977 levels. (In 1977, it was less than 1 percent for drugs other than marijuana and 9 percent for marijuana).

* NOTE: "Frequent use of other drugs" means the non-medical use of any specific drug on 5 or more days during the previous month.

Increased Public/Professional Awareness

- M. By 1990, the proportion of women of childbearing age aware of risks associated with pregnancy and drinking, in particular, the Fetal Alcohol Syndrome, should be greater than 90 percent. (In 1979, it was 73 percent).
- N. By 1990, the proportion of adults who are aware of the added risk of head and neck cancers for people with excessive alcohol consumption should exceed 75 percent. (Baseline data unavailable).
- O. By 1990, 80 percent of high school seniors should state that they perceive great risk associated with frequent regular cigarette smoking, marijuana use, barbiturate use or alcohol intoxication. (In 1979, 63 percent of high school seniors perceived "great risk" to be associated with 1 or 2 packs of cigarettes smoked daily, 42 percent with regular barbiturate use, and only 35 percent with having five or more drinks per occasion once or twice each weekend).
- P. By 1990, pharmacists filing prescriptions should routinely counsel patients on the proper use of drugs designated as high priority by the FDA, with particular attention to prescription for pediatric and geriatric patients and to the problems of drinking alcoholic beverages while taking certain prescription drugs. (Baseline date unavailable).

Improved Services/Protection

- Q. By 1990, the proportion of workers in major firms whose employers provide a substance abuse prevention and referral program (employee assistance) should be greater than 70 percent. (In 1976, 50 percent of a sample of the Fortune 500 firms offered some type of employee assistance program).
- R. By 1990, standard medical and pharmaceutical practice should include drug profiles on 90 percent of adults covered under the Medicare program, and on 75 percent of other patients with acute and chronic illness being cared for in all private and organized medical setting. (Baseline data unavailable).

Improved Surveillance/Evaluation Systems

- S. By 1990, a comprehensive data capability should be established to monitor and evaluate the status and impact of misuse of alcohol and drugs on: health status; motor vehicle accidents., accidental injuries in addition to those from motor vehicles., interpersonal aggression and violence, sexual assault, vandalism and property damage; pregnancy outcomes; and emotional and physical development of infants and children.

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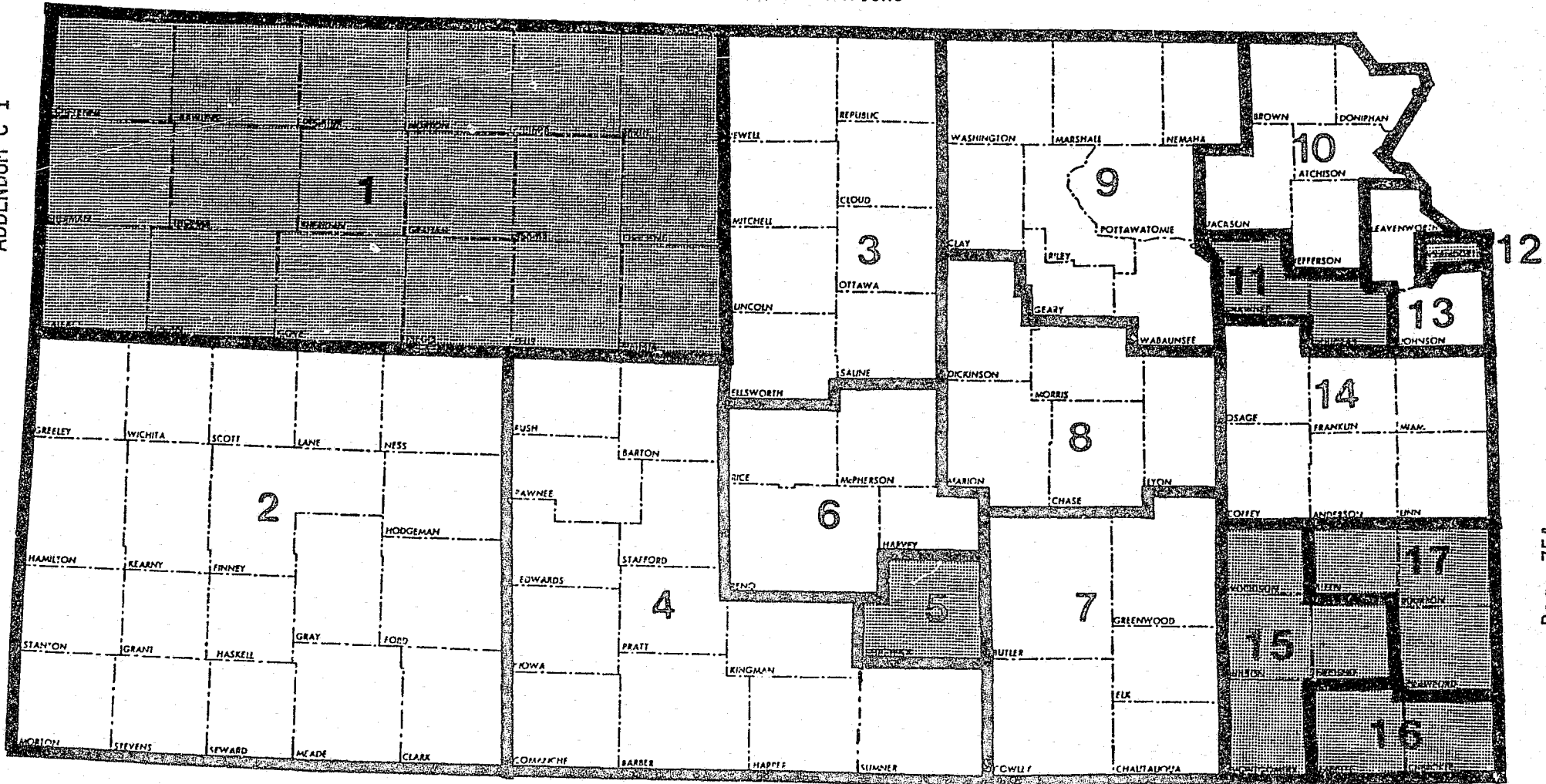
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**GROUPS REPRESENTED ON THE ICC EDUCATION
SUB-COMMITTEE
April, 1986**

Kansas National Education Association	Carol Wilson
Kansas Association of School Boards	Bill Curtis
United School Administrators	Brilla Highfill Scott
Kansas Highway Patrol	Clayton Carlson
Kansas Association for School Health	LuAnn Nauman
University of Kansas	Dr. Ray Tricker
Kansas PTA	Bunny Reinhardt
Kansas Association of Elementary School Principals	Ted Walters
Kansas State University	Dr. Jerry Horne
Kansas State High School Activities Assn.	Claire Casselman
Ft. Hays University	Dr. Bill Gross
Kansas Department of Health & Environment	Dr. Lorne A. Phillips
Kansas Department of Education	Gerald Christensen
SRS/Alcohol and Drug Abuse Services	Dr. James A. McHenry, Jr.
SRS/Youth Services	Jim Trast
Project STAR, Kansas City	Dr. Cal Cormack

KANSAS ALCOHOL & DRUG PREVENTION SERVICE REGIONS

ADDENDUM C 1



JULY, 1987

*Regional
Grantee

Region 1

Region 5

Region 11

Region 12

Regions 15,16,17

*Colby
Hays

Wichita

*Lawrence
Topeka

Kansas City

Girard

- N.W. Kansas Council on Substance Abuse, Inc.
- Smoky Hill Foundation on Chemical Dependency, Inc.

- Drug/Alcohol Abuse Prevention Center

- Counseling & Resources Center
- National Council on Alcoholism

- Kansas City Kansas Community College

- S.E. Kansas Education Service Center

(OVER)

REGION 1

Sue Evans, Regional Coordinator
N.W. Kansas Council on Substance Abuse
770 S. Range
Box 100
Colby, Kansas 67701
(913) 462-8152

Glenda Kramer
Sub-Regional Coordinator
Smoky Hill Foundation
2209 Canterbury Road, Suite C
Hays, Kansas 67601
(913) 625-5521

REGION 5

Gene Allen
Regional Coordinator
Drug/Alcohol Abuse Prevention Center
1421 E. 2nd Street
Wichita, Kansas 67214
(316) 262-2421

REGION 11

George Heckman, Regional Coordinator
Counseling and Resources Center
Holiday Place
2200 W. 25th Street
Lawrence, Kansas 66046
(913) 841-4138

Diane Pagano, Prev./Inter. Specialist
National Council on Alcoholism
Casson Building - 2nd floor
603 Topeka
Topeka, Kansas 66603
(913) 235-8622

REGION 12

Janine Moore, Regional Coordinator
Kansas City Kansas Community College
7250 State Avenue
Kansas City, Kansas 66112
(913) 334-1100

REGIONS 15, 16, 17

Mike Bodensteiner, Regional Coordinator
S.E. Kansas Education Service Center
R.R. 4
Box 189
Girard, Kansas 66743
(316) 724-6281

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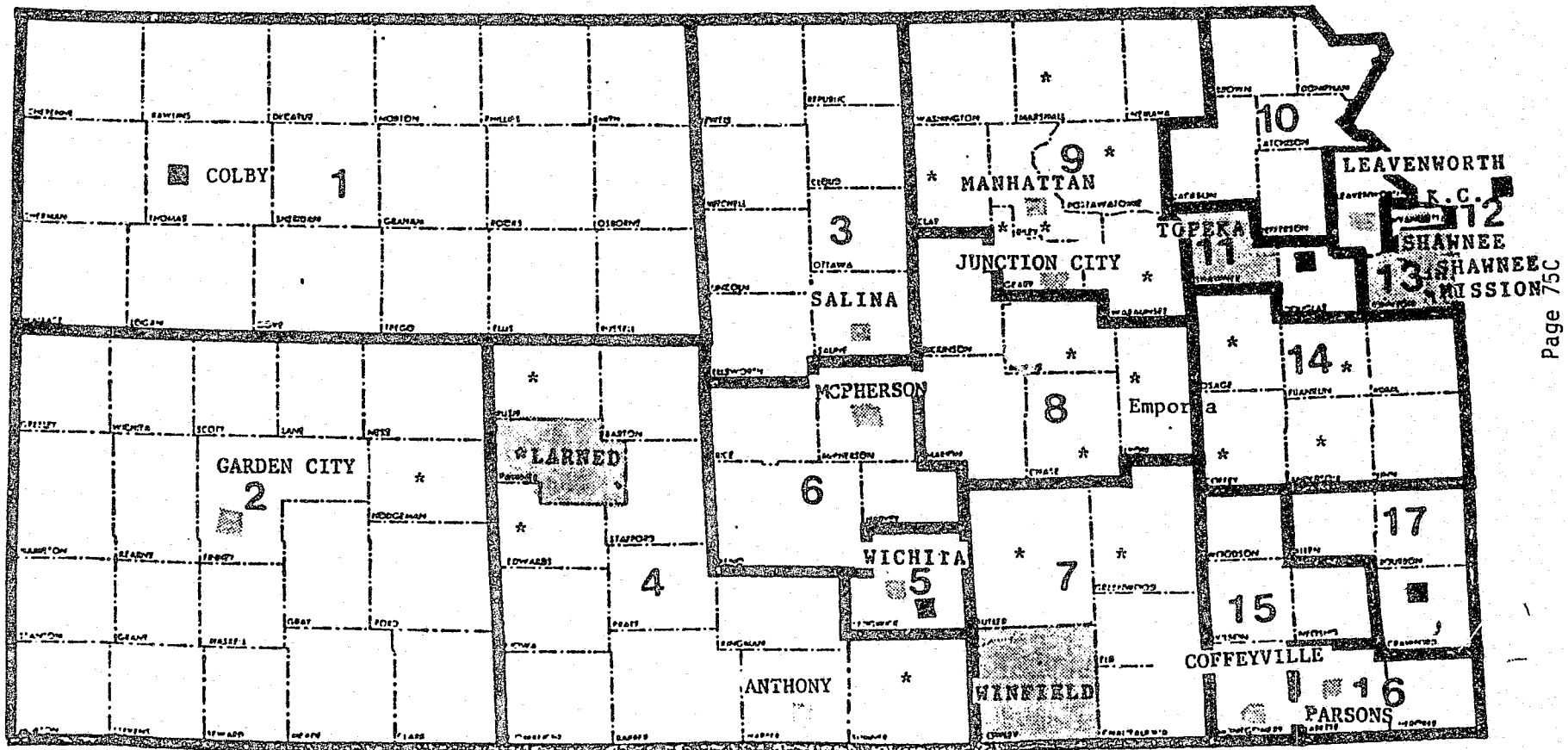
KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ALCOHOL & DRUG ABUSE SERVICES

AUGUST, 1987

OTHER PREVENTION SERVICES

DISPLAYED BY PREVENTION SERVICE REGION

ADDENDUM C 2



■ REGIONAL PREVENTION CENTERS (Comprehensive Services)

* Counties in a program's catchment area

(OVER)

Most services in these programs are provided by one person per program, and that position is usually parttime, with the exceptions of the Kansas City Metropolitan area, (i.e. Project STAR); Lawrence, Salina, Topeka & Wichita.

<u>LOCATION</u>	<u>PROGRAM</u>
1. Anthony	USD 361 - Substance Abuse Coordinator
2. Coffeyville	USD 445 - Substance Abuse Coordinator
3. Emporia	Mental Health Center of E. Central Ks. Catchment Area is Butler, Chase, Coffey, Greenwood, Lyon, Morris, Osage, Sumner, & Wabaunsee Counties
4. Garden City	USD 457 - Substance Abuse Coordinator
5. Junction City	USD 475 - Substance Abuse Coordinator
6. Kansas City Area & Johnson County	Spanish Speaking Office Wyandotte Mental Health Center USD 500 - Substance Abuse Coordinator Nat'l Federation of State High School Assns. Johnson County Substance Abuse Program Project STAR (Ewing Kauffman Foundation/Marion Labs) USD 512 - Shawnee Mission School District
7. Larned	Sunrise, Inc. Also serves Hodgeman, Rush & Edwards Counties
8. Lawrence	Counseling & Resources Center serves Region 14 primarily Osage, Franklin & Anderson Counties
9. Leavenworth	Neighborhood House, Inc.
10. Manhattan	USD 383 - Substance Abuse Coordinator Pawnee Mental Health Center. Catchment area is Clay, Geary, Marshall, Pottawatomie & Riley Counties
11. McPherson	USD 418 - Substance Abuse Coordinator
12. Parsons	USD 503 - Substance Abuse Coordinator
13. Salina	Citizens Coalition on Alcohol & Drug Abuse USD 305 - Substance Abuse Coordinator
14. Topeka	Heartland Conference (June - 1 week program) Topeka Youth Project
15. Wichita	USD 259 - Wichita School District - STATEWIDE School Team Training
16. Winfield	Cowley County Special Services Cooperative

SEVEN SIGNIFICANT LIVING SKILLS REQUIRED
IN THE PROCESS OF HABILITATION*

1. Identification with viable role models;
2. Identification with and responsibility for "family" process; (Identification with things greater than oneself, and understanding that what one does affects others.)
3. Faith in personal resources to solve problems. (The ability and attitudes necessary to work through problems and the belief that they can be solved through the application of personal resources.)
4. Adequate development of intrapersonal skills (i.e. self-discipline, self-control; accepting responsibility, self-assessment);
5. Adequate development of interpersonal skills (i.e. cooperation, communication, listening, empathy, negotiation, etc.);
6. Well developed situational skills (skills that help a person to recognize and respond to the situations they are in: recognition, responsibility, and adaptability form the core of situational skills);
7. Adequately developed judgmental skills (The ability to recognize, understand and apply relationships in our environment. People weak in these skills often find themselves in a state of crisis.)

*Source: Developing Capable Young People, H. Stephen Glenn and Joel W. Warner, Humanshere, Inc., 1982.

Topeka Capital-Journal, Sunday, April 6, 1986

Education secretary says schools must be cleansed of drugs

LAS VEGAS, Nev. (AP) — Education Secretary William J. Bennett on Saturday urged school board members from across the country to "do anything you have to" to cleanse the nation's schools of drugs.

Drug-free schools are essential to improving education, Bennett said in a speech prepared for delivery to a meeting of the National School

Boards Association.

"Do anything you have to — just get them out," he said. "As long as students are taking or selling or distributing drugs in your schools, you can probably just write them off as far as learning goes."

The other key ingredients of good schools, Bennett said, include a principal who is "a role model, not a

bureaucrat;" quality teachers; sound curricula; and parents who are involved in their children's education.

The fundamental issues, he said, can be summed up with two questions: "Who is in our schools and what are they teaching our children?"

"That's the bottom line. All the rest is gloss," he said.

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R ESOURCES

STATE CONTACTS FOR ALCOHOL AND DRUG ABUSE
TECHNICAL ASSISTANCE, TRAINING, INFORMATION, RESOURCES, AND NETWORKING

SRS/Alcohol and Drug Abuse Services

SRS/Alcohol and Drug Abuse Services has been designated by the Kansas Legislature as the state agency responsible for the development, and encouragement of statewide, regional and local plans and programs for alcohol and drug abuse prevention, intervention, and treatment.

The agency has five full-time staff in the Prevention Division who work with community and school based prevention programs and in the development of new services. There is one position in the Treatment Division responsible for Intervention services.

SRS/ADAS also operates a statewide resources clearinghouse of materials and films available at no cost. Films are much in demand, so it is necessary to schedule in advance. For technical assistance and additional information, contact:

Resources Clearinghouse
SRS/Alcohol and Drug Abuse Services
Biddle Bldg., 2nd Floor
2700 West 6th
Topeka, Kansas 66606
(913) 296-3925

The Kansas Department of Education

The Kansas Department of Education is responsible for providing assistance in curriculum development to Kansas Schools. Responsibility includes the implementation of statewide health education programs and support in the development of creative and innovative programs to meet various school district health activities. Resource material available from the Department is free, as well as contacts with other agencies and organizations throughout the state and nation responsible for the development of resource curriculum materials.

The Department of Education serves as a clearinghouse for the Education Resource Information Clearinghouse (ERIC) system to access curriculum resource material nation wide. The Department of Education also houses some microcomputer software programs available at no charge for preview by schools. Contact:

Glendia Henley, Specialist, Drug & Alcohol Abuse Education
Education Assistance Section
Kansas Department of Education
120 East 10th
Topeka, Kansas 66612
(913) 296-6714

Kansas Department of Health and Environment

The Department of Health and Environment has the major state agency responsibility for generalized school health consultation and program development. The Department has a full-time position for school health consultation and program development, as well as a Medical Consultant for school health. Other nursing and health consultants are available in the agency on an as needed basis.

The Department offers a Health Education, Information, and Resource Library which has films and pamphlets. (Films are currently provided free of charge as are most pamphlets.)

Film Library or Literature Library
Kansas Department of Health and
Environment
Landon State Office Building
900 S.W. Jackson, 10th Floor
Topeka, Kansas 66620-0001
(913) 296-1215 (films)
(913) 296-1214 (literature)

School Health Consultant
Bureau of Community Health
Kansas Department of Health and
Environment
Landon State Office Building
900 S.W. Jackson, 10th Floor
Topeka, Kansas 66620-0001
(913) 296-1237

Kansas Department of Revenue - Alcoholic Beverage Control Division

ABC is responsible for the enforcement of Kansas liquor statutes, rules and regulations. The Division is the state enforcement arm in dealing with statutes such as legal drinking age, open saloons, liquor taxes and legal responsibilities.

The Division has a full-time position for training and education purposes. Personnel may be made available to discuss current liquor statutes and penalties with groups and schools as requested. The agency to contact is:

Tom Hanna, Director
Alcoholic Beverage Control
700 Jackson
Topeka, KS 66603
(913) 296-3946

Kansans Taking Action: Alcohol/Drug Abuse Prevention, Intervention and Treatment, Inc. (KTA)

This Coalition is comprised of organizations, groups, and individuals interested in the prevention, intervention; and treatment of alcohol and drug abuse problems. The purpose of the Coalition is to insure visibility and credibility of the alcohol and drug abuse field and to encourage and promote unity within the Kansas Continuum. Schools interested in joining the Kansas Coalition should contact:

Mr. Milt Fowler, President
Kansans Taking Action: Alcohol/Drug Abuse Prevention,
Intervention and Treatment, Inc. (KTA)
Box 1556
Topeka, KS 66601 (316) 267-3395 or (913) 296-2403

**CIVIL LIABILITY IMMUNITY LEGISLATION FOR SCHOOL PERSONNEL
KSA 72-53, 104**

Drug abuse, referral of pupils for assistance; immunity from civil liability. No school district, educational cooperative, inter-local educational agency or state accredited non-public school, no governing authority thereof, no member of any such governing authority, and no officer or employee of any school district, educational cooperative, inter-local educational agency or accredited nonpublic school shall be subject to any civil liability for any statement report or action taken in assisting, or referring for assistance to any medical, treatment or social service agency or facility any pupil reasonably believed to be abusing or incapacitated by the use of alcohol or other drugs unless such assistance or referral was made in bad faith or with malicious purpose. The same immunity from liability shall attach with respect to participation in an administrative or judicial proceeding resulting from any such assistance or referral.

**CHAPTER 246
House Bill No. 2142**

An Act concerning school districts; authorizing the provision of programs on alcohol and drug abuse problems for pupils, amending K.S.A. 1984 Supp. 72-8164 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1984 Supp. 72-8164 is hereby amended to read as follows: 72-8164. The board of education of every school district may provide for programs which are designed to assist pupils at all grade levels in the identification, examination, prevention and resolution of alcohol and drug abuse problems which may affect the ability of such pupils to satisfactorily benefit from attendance at school. Any board of education may enter into contracts for the provision of such programs for its pupils, and may pay the fees therefore from the general fund of the school district.

Sec. 2. K.S.A. 1984 Supp. 72-8164 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

Approved April 22, 1985.

ASCD Curriculum Update

Association for Supervision
and Curriculum Development
225 North Washington Street
Alexandria, VA 22314

PREVENTING DRUG ABUSE

Rosemarie E. Falanga and Henry Resnik

Calling on the schools to solve social problems is an American tradition, and the drug problem among youth is no exception. Schools cannot ignore youthful drug use, of course. Often it is a contributing factor in bringing the educational process to a complete halt—either because students on drugs are mentally “not there” in the classroom even when they attend school, or because, with drugs and other diversions so handy, students literally are not there. The drug problem among youth is very much the schools’ problem today.

There is a widespread feeling that drug use is no longer deviant behavior, but an expected “rite of passage.”¹ In the mid- to late-1960s, when drug use among American youth first became an issue of serious concern to policy-makers, educators, and community leaders, the problem seemed to be confined to high school students who were imitating college students involved in the counterculture and anti-war movements. Today, with the Vietnam war long since ended and the counterculture a dim memory, the majority of youth experiment with drugs at some point in their school years; moreover, experimentation occurs at ever younger ages (often as early as the upper elementary grades) and an alarming percentage of youth are regular users.²

Early School-Based Drug Abuse Prevention Efforts

When drug use among large numbers of young Americans first appeared amid the turmoil of the 1960s, the reaction of parents, educators, and other concerned adults was unmitigated panic. The naive assumption was that somehow youthful drug abuse could be “stamped out” if appropriate methods were used quickly and firmly. This

assumption was naive because it treated youthful drug abuse as if it were a brush fire, when instead it should have been viewed as the first jolt in a relentless series of earthquakes that continue into the present and have significantly changed the terrain of child development and adolescence.

Although even during the initial panic stage some educators and youth experts recognized that young people could not be scared away from drugs, a great many early drug abuse prevention programs relied heavily on the use of information about the legal and medical consequences of drug use. Some research evidence indicates that such information can deter people from using drugs, but a great deal more evidence shows that the opposite occurred in the overheated atmosphere of the late 1960s.

Young people disbelieved antidrug propaganda, which was often absurdly exaggerated. Many learned about drug use, and became interested in drugs, for the first time when they received stern warnings about drug use through school-based informational programs.³ Even today, elaborate displays of pills, drug paraphernalia, and other accoutrements of the drug culture are common in such programs. Often they tend to make drugs interesting and attractive instead of achieving their intended effect.

The failure of these early drug information programs may have been hastened by: programs that were assembled too quickly, exaggerated information, perpetuation of myths about drugs, and instructors who were unprepared to handle such complex issues. Occasionally students knew more about drugs than those trying to instruct them.

Among drug abuse prevention and youth professionals, exclusive reliance on antidrug information as a way to



prevent drug use has become a kind of heresy. Nevertheless, this approach, on the surface at least, seems to make sense, so it will die hard.

Relying entirely on information to prevent drug abuse is a fallacy based on the underlying premise that information is the only factor governing an individual's decision to use or not use drugs. The informational approach assumes that if young people know drugs are harmful, they will abstain. But this approach does not take into account several other important factors. One is the risk-taking patterns of adolescence; as adolescents experiment with independence and autonomy, they positively revel in high-risk behavior. Another equally important factor stems from the implicit assumption that

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people of any age completely control their behavior; certainly the success of the smoking cessation clinics and the weight control enterprises support the commonsense conclusion that this assumption is not valid.

As the 1960s wore on, some people in the drug abuse prevention field eventually became so disenchanted with the use of drug information as a preventive measure that they completely avoided any mention of drugs in drug abuse prevention programs. This overreaction has since been balanced by awareness that information about drugs, in combination with other preventive measures, has some value.⁴

Toward A Theory of Drug Abuse Prevention

Part of the appeal of the exclusively informational approach to drug abuse prevention is simplicity. But there are no magic bullets for prevention since in reality drug abuse is an enormously complex phenomenon rooted in a wide range of social and personal causes.

One conclusion has become abundantly clear since the Federal Government began extensively researching the drug problem: it is virtually impossible to establish a pure cause-and-effect relationship between drug abuse and any particular aspect of human personality development. Instead, research has uncovered a set of highly significant correlates of drug abuse, all suggesting answers to the key question, "Why do young people use and abuse drugs?"

Some answers found by empirical research and by such other methods as surveys and interviews with young people include:

- Low self-esteem is critically important; young people suffering from low self-esteem are often unable to resist peer pressure to use drugs and also find that drugs provide them with the "good feelings" they lack.
- Parents and other family members serve as models of drug use. Family disorganization, inadequate parenting, and unsatisfactory parent-child relationships correlate strongly with adolescent drug use and other disruptive behaviors. For the most part, these factors are beyond the reach of all but the most ambitious school-based drug abuse prevention programs. Nevertheless, linking the school and the family as part of a mutually supportive prevention effort has proved one of the most rewarding trends of recent years.
- Peer pressure to use drugs is almost always associated with young people's initial recreational drug use.
- Drug use is highly correlated with other forms of negative, self-destructive, antisocial behavior. These include poor school performance, juvenile delin-

quency, vandalism, dropping out of school, and sexual promiscuity.⁵

• Young people themselves often give as their reasons for using drugs that they are bored and have nothing better to do.⁶ In the same vein, young people also report that they use drugs because they enjoy getting high; i.e., drug use is fun, a form of recreation, a way to expand one's consciousness or enhance pleasure.

The importance of these personal and social influences on initial and continuing drug use among the young has become widely accepted. Indeed, correlate theory now forms the basis for the most successful drug abuse prevention programs. Although prevention programs vary widely from one school to another, they tend to share common goals aimed at changing or affecting the correlates of drug abuse.

• Increasingly, prevention specialists recognize that young people need some information about drugs and alcohol, if only to counteract the myths perpetuated within peer groups (one of the most common, for example, is that marijuana is harmless). Effective prevention programs aim at presenting information about drugs and alcohol in a straightforward, objective, non-moralistic manner—often in the context of comprehensive health education. The basic goal is to teach young people to respect their bodies and recognize the many factors affecting healthy physical growth and development that can be personally controlled.

• Prevention programs frequently aim at enhancing self-concept. This goal is difficult to reach in a school-based program without some connection to students' families. The school may be trying to build self-concept at the same time the family is undermining it. (The opposite is also possible, of course.) Building self-concept is a complex matter, but the school can have an important role. There are few substitutes, for instance, for the self-esteem generated by academic success.

• A frequent barrier to effective intellectual and emotional interactions with other people is inability to express thoughts and feelings in constructive ways. Programs in communications skills and assertiveness training reduce frustration that can lead to poor academic and social performance.

• Prevention programs often teach skills in decision-making. Understanding the role of values in decisions is an important element in such programs, and many programs incorporate some form of values or moral education.

• Effective programs recognize that students can benefit from prevention activities that are not limited only to classroom exercises and conventional teaching techniques. Peer counseling and peer and cross-age tutoring and

teaching are often introduced as components of a comprehensive drug abuse prevention program. For the peer counselors or tutors these programs can provide success experiences, cognitive learning, academic and personal growth, and emotional fulfillment.

• *Experimentation* with drugs has become normal behavior among the young. Drug abuse—the development of serious drug problems or dependencies—is rooted in personal problems that may require intensive personal and family counseling. Many school-based programs try to provide this counseling or refer students and families to reputable community resources.

• Since aimlessness, purposelessness, and a lack of constructive alternatives to drug use are endemic among large numbers of today's youth, effective prevention programs try to provide young people with clear goals and opportunities to become involved in stimulating, creative, growth-enhancing activities. Many programs have introduced some form of classroom-oriented life career planning or goal setting. Others involve students in service and community activities. The concept of "alternatives" has greatly affected drug abuse prevention programs in community settings. But since such activities almost always require departures from normal school routines and structures, schools face some difficulties in moving in this direction. An important aspect of these "alternative" programs is that youth should participate fully in planning and leadership. Youth participation as a strategy helps young people practice being adults, and helps them develop self-confidence as they gain adult-level skills.

• Effective school-based programs recognize the importance of teacher attitudes and school climate in either promoting or hindering the personal and academic growth of students. Many programs address these variables through school climate improvement and staff development activities.

One important consideration in understanding school-based drug abuse prevention programs is that they often focus on the affective realm, i.e., the emotional and group-process side of the learning equation, in contrast to the traditional focus on cognitive, or academic, learning. Although affective education is sometimes deemed faddish or even irrelevant to the schools' basic purposes, it is difficult to separate affective and cognitive learning. Even when schools ignore affective development, the "hidden curriculum" of structured classes, competition for grades, authoritarian teaching, and peer pressure generates powerful affective learning experiences for students. The main difference between

school-based drug abuse prevention programs and the many schools that spurn affective education is that the former make the hidden curriculum visible; they attempt to deal constructively with students' affective learning by solving intergroup problems and promoting personal growth.

The Context of School-Based Prevention Programs

This overview of program approaches and the vast variety of programs and curricular materials described below may seem intimidating to those ready to initiate school-based prevention programs. "Where does a program planner begin?" one might well ask. "Which programs are the most appropriate for particular schools or problems?"

Ideally, most prevention specialists now agree, a drug abuse prevention program must be *comprehensive*. It should not focus on one program approach or even one setting exclusively. It should link the home, the school, and the community in a unified approach addressing the immensely varied factors that affect drug use and abuse among youth. It should support families as well as teachers. It should provide information about drugs and health promotion, but should also help develop self-esteem, decision-making skills, and coping skills. Ideally, developing such a comprehensive approach should be a program planner's long-range goal. Piecemeal efforts are unlikely to significantly mitigate the problem.

Yet schools today are hard-pressed. Many schools will have trouble finding the resources to initiate even a modest drug abuse prevention effort. One of the most important principles, therefore, is to start small and build on successful experiences. Success is most likely to follow when:

- Parents are involved in program selection.
- Teachers are involved on a volunteer basis, are committed to addressing the drug problem, and are genuinely interested in trying out new methods.
- Adequate opportunities for inservice training are provided. Although many materials reviewed below were designed to be easily adoptable and many could conceivably be used without inservice training by those highly skilled and experienced in group process and related techniques, most should not be attempted without high-quality teacher training.
- The school administration supports and encourages whatever program is selected.

If these relatively simple (yet demanding) principles are heeded, the chances of a school-based drug abuse prevention program succeeding, and

then leading to expanded and improved programs, will be greatly enhanced. Moreover, as drug abuse prevention specialists have long recognized, the payoff to schools will be not just in terms of ameliorating the drug problem; these program approaches can affect many other forms of related negative behavior. In fact, the programs and methods proposed here are very similar to those proposed, and found successful, for such problems as school violence and vandalism, dropping out, and poor school climate.

Resistance to Prevention Programs

Considering the many pressures and stresses that schools face today, it should not be surprising that many communities resist the kinds of drug abuse prevention programs described here. Some opposition stems from parents' concerns that in emphasizing affective education, schools may be teaching values or otherwise detracting from the family's primary role in moral or religious education. For this reason parents have in some cases been extremely vocal and critical of prevention programs.

More typical, however, is opposition based on the concern that schools have enough trouble today teaching the basics, that those subjects make up the primary mission of schools, and that drug abuse prevention programs are something schools should not be expected to provide—beyond the most perfunctory form of drug information. Often this kind of opposition (much less direct) comes from teachers and administrators who subtly resist the new methods and techniques that prevention programs attempt to introduce.

Planners of school-based drug abuse prevention programs must be aware of possible opposition and be prepared to cope with it. Probably the most effective approach, as with almost any new program being introduced, is to fully inform the entire school community about the nature of the program, to explain why it is being introduced, and to indicate what it is expected to accomplish. Although some members of the school community may never accept the kinds of drug abuse prevention programs recommended here, experience in diverse communities throughout the country indicates that the majority will give enthusiastic support if they are fully informed and understand goals and methods.

Finally, planners of school-based prevention programs must be prepared to counteract the notion that cognitive and affective learning are mutually exclusive when they are, in fact, completely interdependent. Improved school climate, teacher attitudes, and peer-group relationships can affect student self-concepts and attitudes

toward school, but they can also have a lasting effect on academic achievement.

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