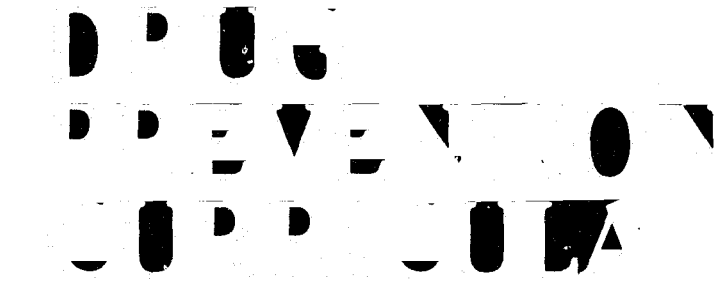

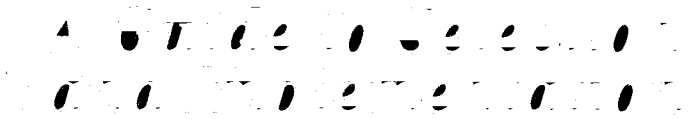

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DRUG PREVENTION CURRICULA

A Guide to Selection and Implementation

Office of Educational Research and Improvement
U.S. Department of Education
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INTRODUCTION: ABOUT THIS GUIDE

Many educators have sought advice from the Department of Education on the best ways to teach about dangerous and addictive substances. They recognize that some substance abuse prevention curricula convey mixed messages about drugs, including alcohol and tobacco, and that some seem oriented more toward exploring feelings than toward stopping or preventing drug use. Some commonly available curricula provide training that is inadequate, restrictive or costly; some have only limited evaluation components; and some are available only at certain grade levels. Too many commercial curricula ignore the role of parents and community, are not easily adaptable to local needs, or reflect values at odds with effective drug abuse prevention education principles.

This publication is a response to these and other problems. Written with the help of a distinguished advisory panel, it represents the best current thinking about drug prevention education. It shows what to look for when adopting or adapting ready-made curricula, and suggests important lessons that ought to be part of any prevention-education sequence, including those developed by schools and school systems for their own use.

Since the responsibility for curriculum rests solely with State and local government, this guide is **not** a Federal mandate — and it does not bestow a "seal of approval" upon any particular curriculum. Few, if any, currently marketed prevention curricula satisfy all of the criteria mentioned, although some may meet a number of them. Concerned educators, parents and citizens can use this guide to select or design, and implement, curricula that are educationally sound.

The Department of Education's recent report to Congress on drug-prevention education found that "There is little evidence to challenge the basic premise that prevention is the most humane and cost-effective response to drug and alcohol abuse and related problems among youth."[1] But preventing drug use takes more than classroom instruction. Research shows that no curriculum has much impact on students' behavior concerning drugs unless it is delivered in the context of a comprehensive prevention program encompassing school instruction and activities, parent involvement, and community support. Curriculum is simply the formal instructional component of such a program. Thus, while this guide will deliver specific information about the cognitive and affective aims of drug prevention curricula as they are taught in the classroom, it will also discuss the critical elements of comprehensive, schoolwide programs.

In the coming chapters, you will find:

- what the overall goals of a good K-12 curriculum should be, and what has been effective in helping to reduce student substance abuse;
- instructional approaches for different grade levels;
- ways of reaching high-risk populations and children in special education classes;
- suggestions for involving parents and the community in choosing, implementing and supporting the curriculum;
- guidelines for the curriculum selection process, plus information on staff training and the need for administrative leadership;
- means of evaluating both the K-12 prevention curriculum and the comprehensive program of which it is a part; and
- a listing of some important resources for assistance and information.

Comprehensive programs to attack drug, alcohol, and tobacco use must reach beyond the school to involve parents and the community as well. These programs begin with a firm and committed anti-drug policy. They reinforce curricula by providing staff training and support, intervention and referral services, and drug-free extracurricular activities.

Curriculum is an essential piece of the struggle against drugs, but only a piece of it. The purpose of this Guide is to help support the total effort.

The Technical Advisory Panel

This Guide has benefited from the advice of a distinguished panel whose expertise and experience cover the spectrum of research and practice in American drug-prevention education efforts. They are:

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Members of the Advisory Panel, together with Department of Education staff, visited ten schools and school districts in order to review existing prevention programs and to confer with local educators implementing them. The sites visited are listed below.

Barnstable Public Schools, Hyannis, Massachusetts, March 30-31, 1988.

Caddo Parish School Board, Shreveport, Louisiana, February 15-16, 1988.

Charlotte-Mecklenburg Public Schools and the Drug Education Center, Charlotte, North Carolina, January 20-21, 1988.

Archdiocese of Los Angeles Department of Catholic Schools, Los Angeles, California, March 21-22, 1988.

Los Angeles Unified School District, Los Angeles, California, March 20-21, 1988.

Malvern Public Schools, Malvern, Arkansas, February 23-24, 1988.

Archdiocese of New York Catholic Schools, New York, New York, February 22-23, 1988.

New York City Board of Education, School District Ten, and the New York Academy of Medicine, New York, New York, February 23-24, 1988.

San Marcos Unified School District, San Marcos, California, February 2-3, 1988.

The University Schools, Chagrin Falls, Ohio, April 14-15, 1988.

SUMMARY CHECKLIST

What follows is a brief summary of the essential points to consider in selecting a prevention curriculum, adapting one for your special needs, or designing your own. For more complete information, consult the text of this Guide.

I. Before You Begin

- **Determine the nature and extent of the drug problem in your area.** Consider how this will affect your course of action.
- **Establish regular lines of communication** among all parties who will play a role in your drug-prevention program — including teachers and other school staff, administrative and supervisory personnel, parents, community leaders, law enforcement officials, health professionals, and district and state officers.
- **Obtain the commitment of all to support a firm no-use stance.**
- **Establish a means of regularly monitoring the extent and character of tobacco, alcohol and other drug use, possession and distribution in your district**, through the schools and in cooperation with local law enforcement agencies.
- **Develop a clear, concise policy against drug use in your school(s)** that affirms a no-use philosophy, establishes definite sanctions, encourages both self-referral for help and drug-free lifestyles, and sets forth clear procedures for fair and firm enforcement.
- **Communicate this policy to parents, students, staff and all others concerned**; obtain formal assurance that they agree to it; and ensure that school personnel understand their roles and responsibilities under it.
- **Plan your comprehensive school-based drug prevention program**, and determine how the curriculum component should interact with the rest of the plan.

II. As You Choose Your Curriculum

- **Commit to using a curriculum that conveys the no-use message** consistently, and that extends throughout the entire K-12 sequence.
- **Commit to having a curriculum that is academically sound**; which conveys accurate information, uses the best techniques, can be graded like any other subject, and can be coordinated with other disciplines at each grade level.
- **Obtain the advice of teachers and parents, and consult with district and state officials regarding any special requirements.**

- **Develop specific criteria for desired content and outcomes, and for utility and flexibility** across the entire K-12 sequence, using the information in Chapter III of this Guide and other resources.
- **Analyze your needs, resources and capabilities** to determine whether it is best to design your own curriculum, or to apply your criteria to selecting or adapting a commercially available package.
- **Control the process of selection** through clear channels, and ensure lines of accountability. Don't let the process become unduly influenced by consultants or publishers' representatives.
- **Make certain that adequate training in awareness of drug issues and knowledge of specific drug effects is provided for all school personnel**, including administrative and supervisory people as well as teachers and support staff.
- **Make certain that administrators and the superintendent will guarantee training support that is ongoing** — not only money but time as well.
- **Initiate the non-curricular components of the program**, including parent and community support groups, business and professional support, drug-free activities, and an adequate network of intervention, referral and treatment resources.
- **Ensure that your curriculum reaches the entire student population,** including high-risk students, special education students, gifted and talented students, socially promoted students, and transfers, **and** that your materials, curriculum implementation, and resources will meet their needs.
- **Provide for keeping parents informed about the curriculum** and participating in it.

III. When You Implement Your Curriculum

- **Establish a schedule for implementation and monitoring** that is realistic, that clearly indicates who is responsible for what, and that allows for regular evaluation.
- **Provide regular assessment** of student learning in the same way you assess all other subject matter, including summary tests at the end of third, sixth, ninth, and twelfth grades.
- **Evaluate the success of the whole program in reducing drug use by students**, using such data as indicators of curriculum effectiveness, school and law enforcement records of drug-related incidents, use of intervention and referral services, student surveys, staff

feedback, parent and community feedback, participation in drug-free activities, and analyses of program service delivery and cost-effectiveness.

- **Set up procedures to use your assessment and evaluation results in making decisions** about improving, modifying or changing your curriculum and other aspects of your anti-drug program as the need arises.
- **Maintain communication among all persons and groups involved in your efforts** on a permanent basis, **and** ensure lines of accountability at all levels of responsibility.

I: THE SCOPE OF THE PROBLEM

When we speak of drug use we are really talking about three types of substances: **things commonly called drugs, such as marijuana, cocaine, and heroin; alcoholic beverages; and tobacco products.** "Drugs" are illegal for everyone, and although alcohol and tobacco are legal for adults, they are almost always illegal for school-aged children. Every state has now raised its drinking age to 21. In 44 states and the District of Columbia, the sale of tobacco to minors is forbidden. (Twelve states define "minor" as under 16 or 17 years of age; in 30 states, a "minor" is anyone under 18.)[1]

There is another compelling reason to treat all these substances under the rubric of prevention education. Recent research has confirmed that in addition to the physical damage they wreak on growing bodies, alcohol and tobacco are both "gateway" drugs — that is, their use at an early age greatly increases the chances of progression to other drug use later on. Parents know that drinking and smoking are serious issues for their school-aged children. It is now clear that proper handling of these issues can build skills needed to resist other dangerous drugs as well.

Nationally, the scope of the substance abuse problem is enormous:

- Drug use is not confined to particular population groups or economic levels in the society; it affects our entire nation. Though drug use is often considered a big-city phenomenon, nearly as many rural as urban youth (32 compared to 39 percent) have used drugs by graduation day.
- Female students use drugs at only a slightly lower rate than males: 34 percent versus 38 percent.
- Middle and elementary schools as well as high schools are experiencing serious problems with drugs. Surveys of students have indicated that pressure to use illegal substances begins around the fourth grade, and by age 13, 30 percent of boys and 22 percent of girls have begun to drink alcohol. Tobacco use also tends to begin by the fourth grade. [2]
- Between fourth and sixth grade, the number of children experimenting with alcohol, usually beer and wine coolers, increases from 6 percent to 17 percent; nearly 2 percent of sixth graders have experimented with marijuana already. Five percent of America's junior high students (grades 7-9) are daily tobacco users. [3]
- By high school graduation, one-quarter of American students are frequent users of illegal drugs, two-thirds are frequent users of alcohol, and one-fifth (19 percent) are daily tobacco users. Over 50 percent have used marijuana; over 10 percent hallucinogens, such as LSD and PCP; and over 90 percent have used alcoholic beverages.[4]

- Some 30 percent of child and adolescent suicides can be directly related to depression aggravated by drug or alcohol abuse.[5]
- Although drug trafficking is controlled by adults, most students who use illicit substances get them from other students[6]
- The United States continues to suffer the highest rates of teenage and young adult substance use in the industrialized world.[7]

Recent statistics suggest that substance abuse levels may have peaked, especially in the case of cocaine. However, Dr. Lloyd D. Johnston of the University of Michigan's Institute for Social Research, which studies trends among young people, counsels continued vigilance:

> "What does all of this mean in terms of numbers? It still means that about one in every six or seven high school seniors has tried cocaine and one in 18 has tried crack cocaine specifically...we have come only part way down from a very high mountain, and to a considerable degree that is true of the drug problem in general."[8]

Forty states currently mandate education about substance abuse. Twenty-eight of these specify that substance abuse prevention be taught in health education courses, while two states place this material in driver education courses. Thirty-two states have issued minimum substance abuse curricula standards, with five more planning to do so. Substance abuse education is a teacher certification requirement in 11 states.[9]

At the local level, it is estimated that 73 percent of our Nation's 16,490 school districts have written policies against substance abuse. Of these, over 90 percent involve notification of parents and/or police, suspension, or counseling. Some districts require prevention education at some or all grade levels, and most do so within the health education curriculum. Nearly three-quarters of local districts receive technical assistance from local, state or federal agencies.[10]

These statistics indicate awareness and determination on the part of educators and public officials. But mandates and funding alone do not guarantee results. To be effective, school-based substance abuse prevention education must:

- Begin with a clear policy stating that the school will **not** tolerate the use of tobacco, alcohol and other illicit drugs by students:
  - — communicate this policy to all concerned,
  - — enforce it fairly and consistently for all students, and
  - — use it as the basis for prevention education efforts;
- Develop and enforce standards for all school personnel concerning their professional conduct and their roles in implementing prevention education;
- Select and implement a comprehensive K-12 substance abuse prevention curriculum, including teacher training and periodic evaluations of effectiveness;
- Incorporate into the curriculum ways to educate parents about substance abuse and involve them in prevention education;
- Provide accessible school- and community-based intervention and referral services to counsel and treat students with drug-related problems, and offer special educational arrangements where appropriate;
- Incorporate the no-use message into all school-based and school-sponsored activities and events, and encourage this practice in family and community activities as well;
- Involve parents and the entire community in all of the above steps through local Drug-Free Schools Advisory Councils and other activities;

Requirements on Drug Prevention Education, Minimum Curriculum Standards, Teacher Certification, and Curriculum Adoption by State*

State	State Requires Substance Abuse Education	Minimum Curriculum Standards Provided	Certification Requirement in Substance Abuse Education for All Teachers	State has Adopted or Designed Prevention Curricula
Alabama	Yes	Yes	No	No
Alaska	No	Yes	No	Yes
Arizona	Yes	Yes	No	No
Arkansas	Yes	Yes	Yes	Yes
California	Yes	Yes	No	No
Colorado	Yes	Yes	No	Yes
Connecticut	Yes	No	No	No
Delaware	Yes	Yes	No	No
D.C.	Yes	Yes	Yes	No
Florida	Yes	Yes	No	No
Georgia	Yes	Yes	No	Yes
Hawaii	No	Yes	No	No
Idaho	Yes	No	No	Yes
Illinois	Yes	Yes	Yes	No
Indiana	Yes	No	Yes	No
Iowa	Yes	Yes	No	No
Kansas	No	No	No	Yes
Kentucky	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	No	No
Maine	Yes	Yes	No	No
Maryland	Yes	Yes	No	Yes
Massachusetts	Yes	No	No	Yes
Michigan	No	Yes	No	Yes
Minnesota	Yes	Yes	Yes	No
Mississippi	No	No	No	No
Missouri	No	No	Yes	No
Montana	No	No	No	No
Nebraska	Yes	No	No	Yes

Requirements on Drug Prevention Education, Minimum Curriculum Standards, Teacher Certification, and Curriculum Adoption by State*

State	State Requires Substance Abuse Education	Minimum Curriculum Standards Provided	Certification Requirement in Substance Abuse Education for All Teachers	State has Adopted or Designed Prevention Curricula
Nevada	Yes	Yes	Yes	No
New Hampshire	Yes	No	No	Yes
New Jersey	Yes	No	Yes	No
New Mexico	Yes	Yes	No	No
New York	Yes	Yes	Yes	Yes
North Carolina	No	No	No	No
North Dakota	Yes	No	No	No
Ohio	Yes	No	Yes	No
Oklahoma	No	No	No	No
Oregon	Yes	No	No	No
Pennsylvania	Yes	Yes	No	Yes
Rhode Island	Yes	Yes	No	No
South Carolina	Yes	No	No	No
South Dakota	No	No	No	No
Tennessee	No	Yes	No	No
Texas	Yes	Yes	No	Yes
Utah	Yes	Yes	No	Yes
Vermont	Yes	Yes	No	No
Virginia	Yes	Yes	No	Yes
Washington	Yes	Yes	No	No
West Virginia	Yes	Yes	No	No
Wisconsin	Yes	Yes	No	No
Wyoming	No	No	No	No
Total with requirement	**39**	**32**	**11**	**17**

*Source: ***Report to Congress and the White House on the Nature and Effectiveness of Federal, State, and Local Drug Prevention Education Programs.*** *Washington, D.C.: U.S. Departments of Education and Health and Human Services, October 1987.*

- Develop a written understanding between school officials and law enforcement agencies regarding policies and procedures for intervention on school grounds in particular, and for cooperation and communication in general; and
- Evaluate the whole comprehensive prevention program on a regular basis to ensure that it is meeting local needs, and use the results to make improvements and changes.

These recommendations will be explored in the following chapters.

II: POLICY: THE DRIVING FORCE

A strong school policy against substance abuse — clearly articulated, consistently enforced, and broadly communicated — is the foundation upon which any program should be built.

One superintendent of a suburban school district views the issue this way: "Policy must be the school's number one priority, or else nothing else flows. Policy must be strong and backed up all along the chain, from the district to the school building. When this happens, it's easier for personnel because they are protected."[1]

Good policy cannot be developed in a vacuum. Consultation with parents and the community at large helps spread the word about both the details of the developing policy and the seriousness of the school's intent to be free of drug use. In this way, the process of policy development can actually build support for necessary measures that might be required later. Local law enforcement agencies should be part of the process as well, since their early cooperation can help reduce the likelihood of legal setbacks later on.

At the heart of a good policy is a strong and serious statement spelling out the school's opposition to drug use and the consequences that will result from it. A school's policy statement ought to contain at least the following elements:

- a clear definition, based on state law, of what types of drugs and drug use are covered by the policy (making clear, for example, that prescribed medication is not covered, but that drinking alcohol is);
- a clear statement that the defined drugs and drug use are prohibited on school grounds, at school-sponsored functions, and while students are representing the school;
- a description of the consequences to be expected upon violating the policy; and
- explanation of the process for referral to treatment — with a guarantee that self-referral will be treated in confidence, and will not result in punishment.

The policy may also set forth conditions for reinstatement in school (or in good standing) of students who are disciplined or in treatment programs.

It is essential that such policies be communicated to all students, parents, and staff — and it is wise to get formal, written acknowledgment that the policy has been received and understood by all parties. Some school districts handle this acknowledgment at the beginning of each school year, via a form accompanying the school handbook.

Once adopted, the policy must be enforced **uniformly**. The same rules must apply to all: the captain of the varsity team, the honors scholar,

the marginal student, the child of wealthy parents, and the child who comes from a disadvantaged background.

Standards of conduct should also apply to school personnel. Staff policies should recognize the need for positive role models at school, encourage staff to seek assistance for their own substance abuse problems, set forth clear expectations for conduct while performing job-related duties, and ensure due process for employees facing disciplinary proceedings.

III: THE CURRICULUM

Although every lesson should be tailored to the sophistication of the students it is intended to reach, certain themes should be present in the curriculum at all age levels. Some of these themes relate to the knowledge that students should be acquiring at every step; some relate to behaviors and values students should manifest. Among the themes that should be present at **all** levels are the following:

- A clear and consistent message that the use of alcohol, tobacco, and other illicit drugs is unhealthy and harmful;
- Knowledge of all types of drugs, including what medicines are, why they are used, and who should (or should not) administer them;
- The social consequences of substance abuse;
- Respect for the laws and values of society;
- Promotion of healthy, safe, and responsible attitudes and behavior by correcting mistaken beliefs and assumptions, disarming the sense of personal invulnerability, and building resistance to influences which encourage substance abuse;
- Strategies to involve parents, family members, and the community in the effort to prevent use of illicit substances;
- Appropriate information on intervention and referral services, plus similar information on contacting responsible adults when help is needed in emergencies; and
- Sensitivity to the specific needs of the local school and community in terms of cultural appropriateness and local substance abuse problems.

The Message

While curricula can convey these themes in a variety of ways, it is essential that there be no confusion about the basic message: that drug, alcohol, and tobacco use will not be tolerated. The no-use message must be clear, consistent, and positively communicated throughout the materials, the lesson plans, the resources, and actual implementation at every grade level in the K-12 sequence.

Yet in too many curricula, that message is seriously compromised. In some curricula, it is lost altogether as publishers strive to balance conflicting views, or rely on outdated theories about drug use. Consumers should watch out for the most common fallacies:

- Curricula which advocate "**responsible use**" of drugs should be rejected. Such curricula tend to foster a belief that some illicit drugs, especially marijuana, are not particularly harmful if used in

moderation. Yet we know from research that marijuana and other drugs, including alcohol and tobacco, can have devastating effects, especially on developing bodies. While today's curricula seldom urge "responsible use" in the same explicit fashion as those marketed in the 1970s, consumers should be alert to curricula which rely even implicitly on camouflaged versions of this theory.

- For example, pay attention if a curriculum tells students that drugs themselves are neither good nor bad, but that **how** they are used is the most important factor.
- Another warning sign is the "some believe this... while others believe that" approach which avoids being "judgmental" about drugs. Phrases like "research is inconclusive" or "not enough is known to make a judgment" about the effects of drugs are red flags. There is a wealth of conclusive research about the harmful effects of drugs, and curricula should not waffle on this point. Any curriculum which contains unclear messages about using dangerous substances should be rejected.

- Curricula which emphasize **open-ended decisionmaking** about using dangerous substances should likewise be rejected. Many such curricula currently marketed are based on the controversial "values clarification" approach to teaching students decisionmaking skills and ethical standards. Values clarification is a strategy that avoids leading the student to any particular conclusion, relying instead upon the child's inner feelings and logic to develop a set of values that are consistent with those embraced by the culture at large. Yet, as noted by Dr. Michael Klitzner, a leading prevention curriculum analyst, such strategies may confuse the issue:

  > "Many programs continue to imply that students must decide for themselves whether to use drugs or alcohol, at the same time the programs attempt to communicate a strong stance against drug and alcohol abuse. This emphasis on personal choice on the one hand, and a "no use" message on the other, has often led to conflicting or ill-defined program objectives.[2]"

- **Therapeutic educational strategies** are another problem. Most therapists do not express judgments about a patient's behavior or attitudes, since it is imperative to reinforce the patient's self-esteem and create a relationship of mutual trust. Persons in therapy are guided carefully through a painstaking process of discovery. This approach, designed to remedy psychological problems, is not appropriate for the classroom. Few teachers are actually trained in psychoanalytic techniques — and most students in prevention classes need education rather than therapy. (For those that may

require therapy, intervention and referral should be carried out by trained staff.)

A final word of caution concerning one prevalent drug-education technique: **Former addicts and pushers should not be used as speakers in prevention education settings.** While the power of confession may impress adults, children often get a different message — that the speaker used drugs for a time and survived, or even became wealthy and famous. Using such persons as role models may be useful in counseling high-risk students who are recovering users, but not for the prevention aspects of a drug education program aimed at the broader spectrum of students, most of whom are **not** recovering users.

Whose Curriculum Is It?

Much of what is discussed here may already be taught in health education classes. At the high school level, some of the material may be taught as part of driver education. Just as drug prevention curricula can be purchased off the shelf, created from scratch, or adapted to fit local needs, schools can deliver the material in numerous ways. Whether taught as a separate subject or integrated into various parts of the existing curriculum, **it is imperative to assign responsibility for the prevention curriculum in a clear way to those who will teach it, in whole or in part.**

What follows is a series of suggestions for desired outcomes at different grade levels. Absolute grade specificity is not possible, since student needs and learning speeds vary widely. There are, however, certain elements that should be mastered by certain ages and information on these learning goals is provided. These outcomes are grouped into three categories: **knowledge** to acquire, **values** to absorb, and **actions** to take. Suggestions for integrating substance abuse prevention into other subject areas are also provided.

The Adult/Child Distinction

Learning cannot take place in a chaotic atmosphere, and educators understand the need to maintain adult authority in the classroom. Maintaining the distinction between student and teacher takes on added importance in drug abuse prevention education. A classroom is not a "bull session," and real damage can be done when teachers attempt to curry students' favor by revealing their own past indiscretions. Curricula which promote teacher "self-disclosure" as a means of stimulating classroom discussion may open a Pandora's box.

Honest dialogue is an important aspect of prevention education, and students should be encouraged to hone their thinking skills by considering the real-life dilemmas they will face. But curricula which call for personal revelations by students and teachers, or which put students in counseling roles for which they are not prepared, can have serious consequences.

> It is not wise to engage a class in group discussions of personal drug experiences, as some curricula suggest. Exercises which have students discuss, "relate", or "confess" their drug experiences can be counterproductive — and sometimes devastating. By their presumption of prior drug use, they may create conflict and uncertainty in the non-using student.
>
> Such exercises may also generate uncomfortable pressure for the teacher to play along. But teachers should never find themselves forced to explain their own pasts to students. Curricula which lead teachers into this situation should be rejected.[3]

Just as it is unwise to erode teachers' legitimate authority, it is equally unwise to allow students to counsel others, or to depend on students to report reliably on the behavior of others. While carefully monitored peer support can be useful, actual counseling and referral should be handled only by trained personnel.

Children beginning their school years are also just beginning their exposure to the world outside home. They lack social awareness; "I" predominates over "we." Thinking tends to be very literal and concrete, with a high premium placed on exploring and sensing through hands-on experiences.[4] Early childhood substance abuse prevention curricula therefore should emphasize structured experiences as a principal teaching strategy.

Knowledge. Much of early health education emphasizes "wellness" — an approach that stresses the positive benefits of being healthy and acting safely. In its physical, psychological, and social contexts, "wellness" is also the key concept in developing young children's determination to avoid drugs. Many of the popular curricula on the market employ this approach.[5] By the end of third grade, children should:

- know what drugs are, with specific reference to alcohol, tobacco, marijuana, cocaine, and inhalants;
- know the differences among foods, poisons, medicines, and illicit drugs;
- understand that some medicines may help during illness, when prescribed by a doctor and administered by a parent, nurse, or other responsible adult — but that medicines are drugs and can be harmful if misused;
- be aware that people can become dependent on alcohol, tobacco, and other drugs, but that there are ways to help them;
- know to avoid unknown and possibly dangerous objects, containers and substances;
- know and practice good nutritional and exercise habits;
- understand that each individual is ultimately responsible for his or her own health and well-being, and that for young children this is a shared parent/child responsibility;
- know which adults, in school and out, are responsible persons to whom one may go to ask questions or seek help; and
- know what the school and home rules are regarding drug use; understand why rules exist and why people should respect them. By grade three, **the law** should have been introduced as a concept and discussed as part of the subject matter.

The knowledge gained in the K-3 grades should be the foundation for all future substance abuse prevention education. By the end of third grade, the curriculum should be drug-specific and should have already

discussed four substances—alcohol, tobacco, marijuana and cocaine — in some detail, as well as introducing students to the dangers of inhalants. A special effort should be made to counter the myths that marijuana and other substances are not particularly harmful. K-3 students may learn who should be considered a responsible adult through homework assignments involving parents, and through classroom presentations by police officers, school nurses, doctors, and clergy. Parents can participate in homework assignments — by identifying family rules for behavior, conducting safety checks, and helping with class assignments. Having parents sign homework exercises is a good way to involve and inform them about what is going on in class.

Information on drugs may be integrated throughout the regular curriculum. Examples of K-3 infusion include:

- science lessons that incorporate materials and projects on foods, medicines, poisons, and other dangerous substances and ways to identify and avoid them;
- learning to read labels, signs, and instructions as part of language skills;
- gathering collections of containers, types of safety hazards, and kinds of rules and instructions as class projects;
- setting up simple graphs and charts on substance abuse prevention themes as part of mathematics education;
- discussions and homework assignments on rules and laws as part of social studies.

Values. At this age children should begin to develop a sense of responsibility toward themselves and others, including the responsibility to tell adults if something is wrong. By the end of third grade, the curriculum should have contained the following lessons on values:

- learning that each individual is unique and valued;
- learning to share and to understand how one's actions affect others;
- developing a sense of responsibility toward younger children, beginning with siblings;
- knowing to avoid strangers;
- learning to say no to things that one has been taught are wrong, and knowing how to do this;
- knowing one's responsibility to tell appropriate adults about strangers, about unknown things or substances, and about problems;

- learning that rules and laws are meant to help people cooperate, and that without them life would be difficult; and
- realizing that growing up is a great adventure, one best enjoyed through safe, healthy, positive, and drug-free habits and attitudes.

Actions. At the early elementary level, instruction may include both formal curricula and other types of classroom activity: songs and skits, and the use of character props, such as puppets, cartoon characters, and clowns.[6] These are particularly useful for relaying messages about safety, personal health, and dangerous substances. Skits enable children to practice resistance skills by acting out scenarios in which they might encounter dangerous substances or unsafe situations. Songs encapsulate important information in an easily-remembered form. Some packaged curricula incorporate standardized songs and skits; teachers often enjoy creating their own.

These supplements **do not**, however, substitute for a sound, academic substance abuse prevention curriculum. An entire curriculum based upon props or gimmicks may not be effective, and may trivialize the message. By third grade, the teacher should be delivering prevention lessons directly as part of normal classroom instruction.

Upper Elementary School (Grades 4-6)

In these grades, peer influences continue to grow. Some older elementary children may begin to experiment with alcohol, tobacco, and other drugs. They need more information, more complex ways of examining subject matter, and stronger motivation to avoid drugs.

Knowledge. The themes of health, safety, and responsibility should be continued in this grade range, albeit in more detailed and sophisticated form. By the end of sixth grade, a child ought to know:

- ways to identify specific drugs, such as alcohol, tobacco, marijuana, cocaine, inhalants, hallucinogens, and stimulants in their various forms;
- how and why the effects of drugs may vary from person to person, especially immediately after use;
- why specific substances should not be used, and the effects and consequences of use;
- the fact that alcohol, tobacco, and other drugs are illegal, either for minors or all persons, and that they are against school rules;
- how drugs affect different parts of the body, and why drugs are especially dangerous for growing bodies and developing minds;
- that some social influences promote drug use, and what they are, including:
  - — media advertising and promotions,
  - — peer pressure,
  - — family influences, and
  - — community mores;
- what addiction is, and how it can affect the sufferer and others, such as family members; and
- that there are specific people and institutions available to help people resist negative influences and to assist those in trouble, and how to contact them.

Children should continue learning about health and nutrition, emphasizing how their bodies work (lungs, circulation, digestion) and knowledge of good fitness habits.

Because upper elementary children often have more freedom, may travel alone to and from school and other local destinations, and may be left alone part of the day, curricula should now emphasize personal safety. For example, children can be taught the "buddy" system of always traveling in groups of at least two, why to avoid certain routes,

how to get help (such as through the local emergency telephone number), and how to answer the telephone or door.

As the content of their social studies work broadens, students can build on their understanding of rules and laws. They can learn about society's interest in protecting people from dangerous substances and unsafe behavior. They can understand that they have certain rights — including the right to be safe, to learn, and to say "no" — and that along with these rights come duties and responsibilties.

At this grade level, children still tend to think in concrete terms — but gain increasing sophistication. They watch more television than their younger siblings[7], and may be receptive to lessons that clarify confusing media messages. For example, children might think "if root beer doesn't contain beer and ginger ale doesn't contain ale, then why should wine coolers contain wine?"

Values. Values education in grades 4-6 should continue to promote positive lessons learned both in school and at home. Because of an expanding world of friends and experiences, older elementary children have a particular need to deal with increased temptations and pressures. By the end of sixth grade, children should have received the following lessons:

- that breaking rules and laws about substance abuse can have serious consequences;
- that it is important to get help as soon as possible for anyone, including oneself, friends, or family members, who has a substance-abuse problem;
- how to recognize and respond to both direct and indirect social influences and pressures to use alcohol, tobacco, or other drugs; and
- how to get help or talk over questions and problems while in school.

In the upper elementary grades, students begin to develop an understanding of citizenship. Curricula may capitalize on this burgeoning social awareness by embedding the prevention message in field trips, household safety surveys, letters to community leaders, and other activities that underscore students' growing sense of responsibility toward others. Presentations by community persons directly involved in substance abuse prevention and treatment, such as doctors, nurses, police, and counselors, can broaden students' appreciation for the seriousness of their community's interest in stopping drug use.

School citizenship is important, too. By participating in projects that illustrate school rules or by making presentations to other classes,

Teaching Problem-Solving Skills

All substance abuse prevention programs suggest ways of teaching students how to deal with drug-related problems. Some of these approaches are controversial. Two things are important to keep in mind: it is inevitable that children will eventually make their own choices, and it is important that these choices be informed by parental and community standards of right and wrong, by knowledge of the facts, and by respect for the law.

Decisionmaking is never value free, nor should it rely on the student's personal "good instincts." Any exercise involving problem solving, such as peer pressure resistance, needs to be guided by teachers and should have a clear purpose. Teaching a refusal technique may require a session on thoughtful decisions, but should draw distinctions between good and bad decisions, and should portray the consequences of each. It takes much longer to teach behavior skills than to impart factual knowledge, so the effort should be continuous, with educators and parents not expecting rapid results.

The classroom setting may not always be the most effective place to teach "life skills"; extracurricular activities may be a more appropriate setting. Children may learn social responsibility more effectively in adult supervised, real-life social situations, such as drug-free activities and clubs, than in "pretend" exercises.

Prevention curricula need to provide appropriate grounding in resistance and problem-solving skills. However, **if a curriculum has only minimal material on substance abuse, and is mainly a social skills or self-esteem package, then it is not a real prevention curriculum.**

students develop a stronger sense of mutual responsibility among the members of their school community.

Action. Children in the upper elementary grades need specific strategies for resisting pressure. Learning how to "say no" involves skills that can be used in other circumstances besides resistance to social pressures to use drugs. Within the classroom, students in the upper

elementary grades can benefit from hands-on learning experiences. Examples that curricula use are:

- preparing class projects reflecting real-life events, such as mock television interviews and press conferences (to which visiting speakers can be invited);
- keeping individual or class journals containing information on dangerous substances; conducting safety checks of the home or neighborhood (with parental participation); building and using simple models to illustrate health lessons (such as drug effects on the circulatory and respiratory systems); and
- promoting critical thinking skills by assigning independent research projects.

Intervention and Referral

While prevention education is the basis of a school-wide program, schools may also need to provide access to counseling and referral help. The first step toward effective and timely intervention is for those involved in prevention education to observe student **and** staff behavior for signs of drug-related problems. When problems are identified, the school should provide confidential ways to seek assistance. It is important that school personnel understand the intervention process and know how to identify problems. It is equally important that they be able to refer these cases to trained staff who can evaluate the situation and take appropriate action.

For both students and staff, self-reporting of personal problems should be encouraged and protected. Students should feel free to talk with counselors about their own problems, but information they divulge about third parties — students or staff — should be corroborated by a trained staff member and treated confidentially.

Middle School and Junior High School (Grades 7-9)

The onset of adolescence creates new challenges for substance abuse prevention:

- Changing bodies and developing minds are very vulnerable to damage from dangerous chemicals.
- Adolescents' social opportunities are greatly expanded. The world of the adolescent begins to be more separate from that of parents and other adults.[8] Access to drugs, tobacco, and alcohol is, unfortunately, relatively easy at this stage.
- The natural desire for peer acceptance may become an overwhelming cause of anxiety, strengthening the influence of peer pressure to use drugs.
- The desire to appear adult and independent rapidly emerges, leading to impatience with adult authority and skepticism about what is being taught.

At these grade levels, the typical school day is more sharply divided into different subject areas. This offers new opportunities for imaginative infusion of drug prevention material into other subject areas — but requires close cooperation among teachers and administrators in order to coordinate the various lessons.

Knowledge. Learning objectives in grades 7-9 should be geared to what students need to know in order to deal with the real threats they will encounter. Some local school environments will feature more intense pressure to use tobacco, alcohol or other drugs than others. In general, though, students at this level should receive the following information as part of their classroom education:

- more advanced knowledge of the characteristics and chemical nature of specific drugs and drug interactions;
- an understanding of the physiology of drug effects on the circulatory, respiratory, nervous and reproductive systems;
- an awareness of the short-term effects of drugs on appearance and functioning, with some coverage of long-term effects;
- awareness of the stages of chemical dependency, and their unpredictability from person to person;
- an understanding of how using drugs affects activities requiring motor coordination, such as driving vehicles or playing sports;
- continued familiarization with addiction, including the possible impact of heredity and other factors affecting one's susceptibility to it;
- an understanding of the drug problem, including its cost to society,

the ways in which drugs are pushed, and the tactics society has adopted to fight the problem;

- knowledge of the relationship between drug use and Acquired Immune Deficiency Syndrome (AIDS);
- knowledge of local, state, and federal laws and policies regarding drug use, and of school policies;
- an understanding of media pressures and advertising, particularly as directed toward adolescents; and
- an appreciation of the scope of the local substance abuse problem and locally available resources for assistance.

Students at this age level need to know the hard facts about drugs, especially in terms of what they can do to their bodies and minds. They can learn these tough lessons in a variety of classes:

- novels and plays about addiction in English and other language classes;
- information on the scope of the substance abuse problem in social studies lessons on geography, civics, and history;
- discussion of substance abuse effects during biology and general science classes; and
- attention to good nutrition and healthy lifestyles in physical education and athletics.

Adolescents often possess a sense of personal invulnerability ("It can't happen to me"), together with a great insecurity about their personal attractiveness and social acceptability. For these reasons, emphasizing how alcohol, tobacco, and other drug use can immediately affect their appearance, coordination, thinking, and behavior can be an effective teaching strategy. Nothing gets the attention of junior high school students like knowing that they may look ridiculous, smell bad, may not be capable of playing sports, may become unattractive, or may not develop physically and sexually. Suggestions that drugs can impair one's chances of getting into college or succeeding in a career begin to have a powerful impact at this age. And — particularly in view of the many other strains on today's families — young teenagers are likely to pay close attention to discussions of how drugs can impair family relationships.

Values. Most adolescents understand that they are gradually gaining greater freedom; they should also understand that this means greater accountability for their own actions. Accordingly, at this grade level, curricula should emphasize personal responsibility, awareness of the

Athletes and Steroids

Students involved in school athletics need to be informed about the dangers of mixing drugs and sports, including the drugs used by some athletes to improve body strength and performance.

Anabolic steroids became popular among professional and world-class amateur athletes in the 1960s as a means of boosting weight-training results. The immediate effects of steroid use may be impressive: increased muscle mass, enhanced power, and a feeling of confident aggressiveness and invulnerability. The health consequences of these drugs can, however, be serious and sometimes fatal. Athletes on steroids can experience a psychotic condition called "bodybuilder's psychosis," which involves hallucinations, power delusions, paranoid episodes, erratic motor behavior, and uncontrollable violence. In addition, victims may suffer chronic illnesses associated with the changes in their bodies brought on by steroids: heart disease, liver ailments, urinary tract problems, sexual dysfunctions, baldness, acne, and alterations in appearance. Some steroid users become impotent and/or sterile. Life expectancy may be significantly shortened. Cessation of steroid use can lead to depression and a pronounced sense of weakness.

The use of anabolic steroids is generally forbidden in amateur and professional athletics, and heavy penalties may be imposed on those caught, and on their coaches and trainers.[9] School-sponsored sports programs should be conscientious in preventing the use of steroids or other illicit chemical agents among student athletes. Coaches and trainers who suggest or tolerate their use should be disciplined.

law, and penalties for lawbreaking. As students begin dating, contemplate college, and anticipate a driver's license and other emblems of adulthood, the time is right for introducing a positive theme of preparation for adult responsibilities.

Other important value components for students completing ninth grade include:

- a heightened awareness of their obligation to maintain a drug-free environment — not just in school, but everywhere;
- the idea that their community cares about them and is counting on them — and does not tolerate drug use;
- recognition that participation in activities sponsored by the school — such as athletics and social events — is predicated upon no use of illegal substances;
- a developing sense of self-worth and appreciation of the positive aspects of growing up; and
- a sense of citizenship regarding the law and safety that incorporates an awareness of laws and public standards regarding illicit substances.

Actions. Since junior high school students will probably be exposed to people who use drugs and who pressure them to do so, they need to be familiar with available support resources. The curriculum should make students aware of what these services are and how they function. Students should learn that they are not responsible for creating or curing another's problem, but that there are responsible adults and services to which it is proper to turn for help when needed.

Junior high students will begin to become involved in school-sponsored social events and activities on a larger scale than before. The organization and supervision of these activities, and others such as bands, athletics, clubs, and student organizations should be focused on making and keeping them drug-free. Students at this age can also benefit from field trips, guest presentations, and research assignments; the content of such activities can be much more detailed than previously. For example, students in these grades might visit a hospital, might hear presentations from representatives of groups working with addicts, and might cooperate on developing class-wide research projects involving different media.

High School (Grades 10-12)

Substance abuse prevention education in high school should be the culmination of comprehensive school-based prevention efforts. Students at this level are beginning the transition to adulthood — and it is a confusing time. Even though they are obtaining licenses to drive and preparing for work and postsecondary education, most high-schoolers are still minors under the law. Alcohol and other drugs are illegal for them and in most places, tobacco use is illegal and remains against school policy. Substance abuse education faces the challenge of motivating these students to continue resisting illicit substances, and helping them behave responsibly as they prepare to assume new roles in society.

The focus of the high school curriculum should continue the change begun in junior high school from students as children to students as adult citizens and consumers. Prevention education at this level can address not only the facts and consequences that each person must face, but also the costs which each citizen must help to bear.

Students may already know, for example, that the cost of obtaining car insurance is increased by accidents caused by drunk drivers. The same premise can be extended society-wide — that we pay the cost of drug problems through higher taxes, shoddy goods and services, and a presumption that youth are not responsible.

Students in high school are engaged in the process of establishing themselves in the world. Thus, it is essential that the lessons of substance abuse prevention education carry over into students' lives outside class. Among the aspects of increasing responsibility that should be stressed are the importance of serving as positive role models for younger children; realizing one's responsibilities in the workplace; and understanding how substance abuse can affect one's chances for personal growth and professional success.

Knowledge. By graduation, high school students should have mastered a complete scientific and civic introduction to the drug problem. By the end of 12th grade, students should:

- understand both the long- and short-term physical effects of specific drugs, including addiction and possible death;
- understand the relationship of drug use to related diseases and disabilities, including AIDS, learning disorders and handicapping conditions, birth defects, heart, lung and liver disease;
- understand that combining drugs, whether illicit or prescription, can be fatal;
- understand how alcohol, tobacco, and other drugs affect the fetus during pregnancy and the infant during lactation;

- know the full effects and consequences of operating equipment and performing other physical tasks, such as sports, while using drugs;
- be fully informed about the legal, social, and economic consequences of drug use, both for themselves and for others;
- be familiar with treatment and intervention resources; and
- be prepared, where appropriate and supervised, to serve as peer leaders for younger children.

Prevention lessons can be integrated into virtually every other subject at these grade levels — a practice which will help convey their academic importance. For example:

- coaches can discuss steroids, as can health educators;
- science classes can explore motor coordination effects, chemical characteristics, medical and psychological effects of specific drugs;
- math classes can teach how researchers develop predictions about drug use in society, and can use statistics to teach a realistic appreciation for the risk of long-term damage due to drug use;
- civics, social studies, and history classes can deal with the law, the philosophy behind it, and the need for personal and social accountability, as well as the economic and social costs of drug use;
- visual arts and English classes can discuss media pressures and advertising techniques; and
- vocational education classes can learn about job safety and responsibility, as well as how employers view substance abuse.

Values and Action. Some curricula use older students—often high school age—as peer leaders: older children who make presentations to classes in lower grades and serve as "buddies" to younger children while in school. Peer leadership can be very effective in motivating older students, particularly those considered at-risk. However, the activity needs to be closely supervised and monitored by teachers. Student leaders:

- should be both drug free and well-trained;
- should refrain from amateur psychology; and
- should refer any problems to teachers or other school officials.

Properly supervised, peer leaders can help maintain communication and reduce the likelihood of tragedy during a very critical period in students' lives.

Assessing What Students Have Learned

It is important to keep clear the distinction between **assessment** of the knowledge learned in drug-prevention curricula, and **evaluation** of a school's comprehensive program. Assessment, discussed briefly in the following paragraphs, should be a relatively straightforward process. Evaluation of the overall program, discussed in the next section, requires more extensive and discerning measurements.

Concerning assessment, one principle is paramount:

At all levels, substance abuse prevention material ought to be graded the same way, and to the same standards, as other academic work.

There should be regular testing and monitoring of student progress throughout the lesson sequence. When prevention lessons are isolated from the rest of the schedule or treated as non-academic, children may view prevention as "playtime" and ignore the message.

In each grade, students should be graded on the knowledge and skills they have acquired in class. Assessment of attitudes **should not** be part of students' grades. In the words of psychologist William Coulson:

> "You have a child who takes civics, but does he vote or not? We hope that he will but he isn't graded on that. We can't grade a child in drug education on whether he uses, even as we hope he doesn't. The purpose of the curriculum is to teach what is known."[10]

In addition to routine classroom testing, each child should receive a comprehensive review of the curriculum at the end of each significant grade-range:

- early childhood, at the end of third grade;
- leaving elementary school, at the end of sixth grade;
- leaving junior high school, at the end of ninth grade; and
- before graduating from high school, at the end of twelfth grade.

IV: SUPPORTING THE CURRICULUM

The preceding section described the main features of a sound K-12 prevention curriculum. But research tells us that no curriculum, by itself, can guarantee a drug-free school. That kind of environment can be created only by effective leadership, determined teaching, and active involvement of parents and others outside the school. Successful prevention education requires a **comprehensive program.**

This section discusses the responsibilities of principals, teachers, parents and community in implementing such a strategy, and provides criteria for judging the effectiveness of the schoolwide program (as distinct from the curriculum itself).

Administrative Leadership

Policymakers must follow through on what policies imply. In most school systems, the key support comes from superintendents and principals. They need to understand the prevention goals of the schools, appreciate the needs of teachers and other staff involved in the program, and commit the requisite time and resources.[1] Clear lines of responsibility and accountability must be established; in the words of one state health education specialist: "When something appears to be everyone's responsibility it often becomes no one's responsibility."[2]

In addition, school officials should support teachers and other school personnel in matters of discipline. When staff members are challenged in the valid performance of their duties, legal protection for them is critical.[3]

Emotional as well as legal support may be needed — especially where schools are experiencing intractable substance abuse problems or student violence. Some schools provide support groups for faculty and staff where they can share experiences, vent frustrations, and receive help with personal problems—all in confidence.[4]

Faculty Training

It is critical that prevention curricula be taught and supported by school personnel who are properly trained and who are committed to the goal of drug-free schools. Yet, for a variety of reasons, training is too often haphazard or incomplete. [5]

Many packaged curricula provide training, but often at inconvenient locations and great cost. Furthermore, publisher-sponsored training may be closely protected by copyright laws and thus unavailable to anyone who is not purchasing a particular curriculum in certain quantities. Such training may also be product-oriented; trainees may

not be able to apply the principles learned to other curricula or teaching strategies.[6] As a general rule, publisher training should be closely scrutinized by curriculum adopters for quality, reasonable access, and cost.

Training that is **generic** for all staff is best. Generic prevention training means that teachers who participate in implementing the prevention curriculum, like teachers of any other subject, obtain a good working knowledge of the field and are then able to pick up and use **any** approach or set of materials. Generic training is particularly important where substance abuse prevention education is integrated throughout regular subject matter areas[7] or where more than one curriculum may be used.

Training ought to be available for school administrators and support staff as well as for teachers. Administrators need to know enough to help select the best curriculum, oversee implementation, provide necessary assistance, interpret evaluations and monitor school substance abuse problems. School board members with responsibility for oversight of these areas should be able to obtain training as well.

Support staff also need to know that they have important roles in the substance abuse prevention education process — reinforcing school policy against drug, alcohol and tobacco use; monitoring drug-free school events; and giving moral support to students experiencing personal or family problems with addictive substances. School administrators report that some of the best support comes from prepared and alert cafeteria workers, bus drivers and custodians.

While every member of the school staff has a role to play in prevention education, **substance abuse referral and counseling must be entrusted only to those who possess proven competence in this field.** School nurses and guidance counselors may have limited knowledge and experience in this area — so school officials should either see that they have appropriate training, or turn to some other individual whose knowledge and skills are solidly established through academic work and professional experience.

In many states, substance abuse prevention counseling is now a recognized educational specialization leading to state certification.[8] Some states even provide state-sponsored training. Teachers and other school personnel can receive in-service credit and compensatory time for undertaking prevention training; these credits may count toward promotions, professional recertification, and local merit pay and benefits programs.[9]

Involving Parents

Parents are a child's first and most important teachers. The law generally requires parents or guardians to be notified of any disciplinary, intervention, or medical action being taken relating to their child; considering the sensitivity and seriousness of drug prevention education, schools should also seek parental participation in the educational process itself. Some curricula reach parents through homework assignments designed to teach both parents and children. Other curricula may contain specific units intended for parents that are presented to them in scheduled meetings with the teacher.

In addition to academic work, schools should provide channels through which parents can influence policymaking and curriculum selection. Some schools accomplish this through PTAs and other parent organizations; Drug-Free Schools and Communities Advisory Councils are another excellent means by which parents can express their views. (Refer to the Department of Education's handbook, *What Works: Schools Without Drugs.*)

Involving today's parents in prevention education may take considerable effort and imagination. In many families, both parents work; many other families are headed by single parents. The traditional "after school" hours for parent-teacher conferences may not be realistic. Schedules can be worked out if schools and employers cooperate.

Community Involvement

The larger community can be an important curricular resource. For example, businesses and professional associations acting in "partnerships" can help defray the costs of curricular materials and training; provide classroom speakers; and sponsor interns, apprentices, and cooperative education programs. Partnerships help the school convey a powerful message: that employers do not hire or tolerate substance abusers.[10] Schools may seek similar arrangements with churches, synagogues, hospitals, and civic associations — organizations which may lack the financial resources of business, but which may be able to teach important moral lessons to augment the curriculum.

Offers of community support may not always be appropriate. Prevention education specialists warn school personnel not to be tempted by assistance at too great a price. There are cases where some for-profit treatment facilities and alcoholic beverage distributors have offered high-quality materials containing promotional advertising to schools. Such materials send a very confusing message, and have no place in a prevention program.

Whether they are parents, adult volunteers, business people, or community leaders, **any adults who assist in class or speak to groups of children should understand the aims of prevention education and the age level to which they are relating, and not contradict the school's no-use message. And any materials provided to the school should be screened to ensure that they support school policies.**

Substance abuse prevention curricula must reach every child in school, regardless of cultural background, educational attainment, or economic circumstance. This may require close attention to scheduling, especially for transfer students or those in "pull-out" classes who might miss essential information. Certain student populations pose specific problems:

High-Risk Students. The Drug-Free Schools and Communities Act of 1986, as amended, defines a high-risk child as "an individual who has not attained the age of 21 years, who is at high risk of becoming, or who has been, a drug or alcohol abuser" and who:

" (1) is a school dropout;

(2) has become pregnant;

(3) is economically disadvantaged;

(4) is the child of a drug or alcohol abuser;

(5) is a victim of physical, sexual, or psychological abuse;

(6) has committed a violent or delinquent act;

(7) has experienced mental health problems;

(8) has attempted suicide; or

(9) has experienced long-term physical pain due to injury."

A high-risk environment can develop in any kind of neighborhood, regardless of location or economic circumstance. In such an environment, children are under great internal and/or external pressure. They lack motivation, may be absorbing anti-social attitudes, and are confronted by home or neighborhood lifestyles that greatly increase the temptation and opportunity to become drug users. One researcher has summed up the high-risk problem in this way:

> "Youths at high risk of becoming multiple illicit drug users...are likely to have little motivation to use skills to resist drug-prone influences, even if they have such skills. Such youths may ask 'Why Say No?'"[11]

Curricula for high-risk students should present drug facts early and in a form that is appropriate for the childrens' age and experience. Resistance training and lesson plans should pay attention to the total environment in which such children function. If they have not begun using drugs, prevention-oriented education can be useful. Recovering users can also benefit from a positively presented message about drug-free lifestyles. Children who are using drugs, recovering, or dealing with the addictions of family members and friends, need to learn and to be constantly reminded that addiction doesn't end when treatment ends; that it cannot be cured, only controlled.

Both children who are recovering users and those who are subjected to high-risk environments need support services outside the curriculum. **Support groups** are an effective method of in-school or out-of-school assistance for students and staff. These are confidential discussion and counseling sessions led by professionals or trained volunteers. Non-users may find such groups helpful in dealing with friends who use drugs, and with home problems such as the addictions of parents or siblings. For recovering users, support groups can help reinforce their determination to stay off drugs, while helping fulfill the terms of their conditional re-entry into school.

Parents can be instrumental in helping children stay off drugs. Yet it may be difficult to involve some parents of high-risk children. Some may not be willing or able to help. Some may deny that a problem exists. Some may themselves be addicts or alcoholics in recovery programs — or in jail. Reaching out to parents of high-risk children may be a complex process involving other public agencies as well as private organizations and employers. Suggested approaches to reaching these parents include:

- arranging with employers to allow them paid leave, on an hourly basis, so they may perform volunteer work at their childrens' school (this can also be viewed as an employer public service in support of local prevention efforts);
- school district or state arrangements with employers to require parents' participation in intervention and referral activities as well as prevention education sessions;
- arranging for prevention education programs and advice on available services to be presented outside of routine school schedules — for example, at church gatherings and community-center meetings; and
- bringing school-sponsored programs and information to local neighborhood watch groups in cooperation with law enforcement officials.

For those students undergoing a full-time treatment program or who are under juvenile authorities' jurisdiction, it may be advisable to provide separate education facilities, or even to remove them from conventional schools. Schools need to know when a problem completely exceeds their capabilities. One prominent treatment specialist advises, "Don't be blinded by the glint of [your] own armor. If a student is not responding to the help the school can offer, send him or her to a treatment program. Schools are holding on too long."[13]

Making High-Risk Intervention Work With and Through the Curriculum

One district has implemented a program for at-risk students and their families which enlists the cooperation of students, faculty, and parents in giving recovering drug users and other at-risk students a chance to stay in school.

Cooperating faculty and counselors refer cases of suspected substance abuse to a trained staff panel. After a review of confidential records, counselors and the school nurse (all trained in intervention and referral) interview the student in question. If a substance abuse problem is identified, the student and parents are notified; the parents are required to place the student in a support program as a condition of the student's remaining in school. Parents and student must sign a contract, which requires that:

1. the student must maintain a good attendance record;
2. all school building and ground rules must be followed; and
3. the student must not be under the influence of alcohol or drugs, nor in possession of illegal substances, while at school or at any school-sponsored activity.

Students are also assigned to a school substance abuse counselor and to a support group dealing with their specific problem. Participation is mandatory. All these requirements must be met until school personnel certify satisfactory completion of the program. Failure to complete the program means dismissal from school. [12]

Special Education Students. Mainstreamed special education students present other challenges. Many special education students do not go to some classes (such as health and physical education, science, or mathematics) where essential elements of an integrated prevention curriculum may be taught. Significant gaps in their prevention education knowledge can result.

Physically and mentally handicapped students may also be at greater risk of pressure to use drugs than other children.[14] They are vulnerable to exploitation, may have low self-esteem and may feel an intense

need for acceptance. Since special education students may be especially vulnerable to peer pressure, high-risk environments, and exploitation by pushers, and since they may not always understand the risk without careful instruction, it is incumbent upon school authorities to teach them sound prevention principles.

At the same time, educators need to recognize that many physically and mentally handicapped students may be partially or totally dependent on medicines and life support mechanisms. They are psychologically sensitive to implications that there is something wrong with them because they must rely on medication, or that their condition may be the product of, or affected by, their parents' use of dangerous drugs.

Schools may have to make special arrangements for students with specific disabilities — for example, delivering curricular materials via signing for students with hearing impairments, or materials in Braille for the severely visually handicapped. For some special education students, the curriculum's cognitive demands should be examined. Certain handicaps can impair students' judgment. In these cases, a direct approach may be best; unnecessarily complex language and illustrations should be avoided.

The class schedules of special education students should be monitored to ensure that they are getting their full share of prevention education. The issue should be addressed in the Individual Education Plan (IEP) drawn up for each such student.

Gifted Students. Gifted students are sometimes treated as if their intellectual powers negate the need for basic prevention education and normal monitoring. This is not so. Gifted children are not necessarily more socially mature than their peers, and may be less so. More challenging academic material may be needed for such students, but the essentials of message, values, and behavior remain constant.

Socially Promoted Students. Another special category is the so-called "over-age underachievers" — students who are promoted from elementary school into junior high classes because of the onset of adolescence, despite having inadequate preparation. Such students need to receive individual assessments and plans that ensure the receipt of sound prevention education.

Transient Students. Schools with transient student populations need to ascertain what these children already know, and get them up to grade level as soon as possible. The regular administration of comprehensive review tests is one way of discovering the prevention education needs of transient students; schools may find it useful to test **any** new transfers in order to determine their knowledge level. Remedial

instruction is appropriate when it appears that new students do not possess appropriate preparation in substance abuse prevention.

For students with a history of transiency, who may arrive in the middle of a semester, teachers and administrators should make certain that the students and their parents fully understand the new school's policy regarding substance abuse.

Drug-Free Extracurricular Activities

Student-led activities and school-sponsored events can teach important lessons about how enjoyable and fulfilling life can be without drugs. Schools should encourage clubs and youth groups which sponsor non-school activities to help spread the same message by insisting that these events remain drug-free.

Extracurricular activities have traditionally served to build character and develop leadership. Sports teams, drama societies, debating clubs, and service organizations provide ideal opportunities for students to learn the benifits of drug-free lifestyles. Students who take the initiative to organize drug-free activities, and who work within school organizations to build a healthier life for their community, ought to be encouraged and rewarded.

Teachers and guidance counselors should make students aware of how colleges, vocational schools and prospective employers feel about drug use. Universities have begun developing strong policies to deal with drinking and drug use, and students' chances of access to some forms of scholarship aid may be adversely affected by a record of substance abuse. Employers and training programs do not tolerate the use of drugs, nor do they countenance the use of alcohol if it affects work productivity. Tobacco use is also being increasingly restricted in the workplace.

Evaluating Results

In judging the success of a comprehensive, schoolwide prevention program, the central questions are these:

- Do students know the facts about alcohol, drugs, and tobacco?
- Are they resisting the use of these substances? If students have already become involved with these substances, are they turning away from them?
- Are students developing healthy attitudes? Are they resolving to stay drug-free?

Routine classroom assessment of student learning, as previously described, provides one critical component in evaluating prevention education efforts. But in order to determine the success or failure of a comprehensive program, educators must examine that program in its totality. The curriculum is only one part of the whole picture.

First, it may be useful to ask some additional questions about how well a curriculum actually functions within a particular school setting:

- Is the curriculum being implemented faithfully and on schedule? Are teachers actually able to cover all the material?
- Is the staff training adequate and practical? Does it anticipate problems arising in actual classroom use? Is the training accessible for all concerned, and is it adequately monitored by local and state authorities?
- Are teacher manuals useful? Do they explain and amplify the material in a constructive way, or do they restrict teachers' freedom to adapt materials to their own teaching strategies?
- Are the objectives of each unit appropriate and well-defined?
- If the curriculum contains its own assessment criteria, are they clear?
- Are high quality and up-to-date materials available to teachers and students?

Prevention curricula, in other words, should be subject to the same kinds of scrutiny and the same standards of performance applied to any other teaching tool.

Additional information that may help in evaluating the success of a comprehensive, schoolwide strategy include the following:

- Students' self-reporting of substance abuse.
- Faculty feedback, in writing, on the program's components.

- Data on incidents of school-based substance abuse policy violations, drug-related misconduct (absences, vandalism, thefts), and intervention referrals.
- Data such as arrest records and drug-related emergency room admissions that can establish the incidence of substance abuse by students outside school grounds.
- Results of surveys on student attitudes toward alcohol, tobacco, and drug use. (These should be done on a regular basis; some states will provide assistance in designing the instruments, conducting the survey, and evaluating results.)
- Comments from parents: Do they feel their children have developed better attitudes about and heightened awareness of the dangers of illicit substances?
- Feedback from members of the community: Is the reputation of the school getting better because it has met the problem of substance abuse head-on? Do local employers feel more confident that graduates will refrain from substance abuse?

These are "output" data for the program as a whole. They describe whether the school is reaching overall goals it has set. Each component of the program (curriculum, training, activities, faculty and community participation) should be evaluated individually, but no one component — including the curriculum — can be held solely accountable for the success or failure of a schoolwide program. **The task of the evaluation is to judge the entire comprehensive program against the standard of reducing student substance abuse.**

After the program components are in place, periodic evaluation of the whole prevention program at the local and state levels ought to occur at least once a year. However, it can take time for a program and its components, including the curriculum, to stabilize and begin to show results. In the initial stages substance use may appear to **increase** due to better reporting. Evaluation plans should take this phenomenon into account, and not expect instant results.[15]

Evaluation Indicators[16]

The Department of Education's Regional Centers for Drug-Free Schools and Communities (see Appendix A) are responsible for assisting state and local agencies, schools and educators in developing effective prevention programs. They use, and recommend, the following checklist of indicators for evaluating the impact of prevention programs in reducing the use of drugs in schools and in educating students about the dangers of drug use.

EXTENT TO WHICH STUDENT BODY EXHIBITS POSITIVE CHANGES IN PERSONAL ATTITUDES, KNOWLEDGE, CHARACTERISTICS AND BEHAVIORAL CHOICES LISTED BELOW

- demonstrate positive self-esteem*
- demonstrate refusal skills*
- don't use alcohol/drugs
- engage in self-protective behavior* (e.g., use seat belts)
- have networks of non-using friends*
- know alcohol/drug use is harmful and
- know effect of peer influence*
- show change in attitudes toward peer usage*
- show change in attitudes toward using alcohol/drugs*

EXTENT TO WHICH STUDENT BODY PARTICIPATES IN ALTERNATIVE ACTIVITIES

- access prevention and intervention programs
- are involved in peer leadership programs
- are involved in volunteerism
- participate in drug-free activities, events, and parties (e.g., Project Graduation)
- participate in teen clubs
- take part in peer counseling activities

EXTENT TO WHICH STUDENT BODY EXHIBITS POSITIVE CHANGES IN THE FOLLOWING EDUCATION/SCHOOLING BEHAVIORS

- academic achievement
- high school graduation rates
- participation in sports and extra-curricular activities at school
- school attendance
- serving as peer tutors

(continued next page)

(continued from page 39)

POSITIVE CHANGES IN YOUTH- RELATED STATISTICS:

- admissions for detoxification
- alcohol/drug referrals
- alcohol/drug-related hospital admissions
- arrests
- deaths among children and youth
- DUI/DWI
- liquor law violations
- suicides and attempted suicides
- traffic fatalities
- use/abuse of alcohol/drugs*
- use of tobacco products*

POSITIVE CHANGES IN SCHOOL- RELATED STATISTICS:

- alcohol/drug related disciplinary referrals
- dropouts
- expulsions
- suspensions
- tardiness
- truancy/school absenteeism

*Typically ascertained via student surveys

Drug prevention programs should be held to the same standards of accountability as all other aspects of school system performance. Evaluation results should be reported regularly to parents and community leaders, to school board members, to state officials, and to the public.

Evaluation in this field can be difficult — but it is indispensable. Many states now require evaluations that show concrete results, and the General Accounting Office has recently recommended that federally supported drug prevention efforts be required to demonstrate success in reducing the local drug problem in order to qualify for continued assistance.[17]

V: THE SELECTION PROCESS

Substance abuse prevention education can provoke controversy within communities. Schools may be reluctant to acknowledge that they have a drug problem, believing that such an admission may make them appear culpable in the eyes of the community. Winning over local officials and school people is an important step toward effective prevention education. The reported attitude of one superintendent—"I'm not on tenure, I'm not independently wealthy, and I don't have a death wish, so I'm not going to deal with this now"—is not healthy for schools or the communities and children they serve.[1]

When administrators are considering curricula for adoption, it is important that key personnel, including teachers, be consulted. Since classroom teachers will implement the curriculum — and will be largely responsible for its success or failure — they should feel comfortable with what is adopted. They deserve assurance that the materials they will teach are clear, up-to-date, and appropriate for their students.

Selecting officials need good advice on specific curricula, but should avoid having publishers' representatives dominate the decision making. Independent consultants should be screened to ensure that they endorse a "no-use" drug education philosophy. State agency staffs are in a good position to provide objective consultation; they are usually able to assist local schools in selecting prevention curricula. [2] The U.S. Department of Education has established five regional centers (see Appendix A) which can also provide information and guidance.

Whether to Buy, Adapt or Develop

Local selection officials must, of course, follow applicable state requirements for substance abuse prevention curricula. A majority of states require some form of prevention education and set minimum curriculum standards. In ten states, the teachers involved in prevention education must be specially certified. In some states there are requirements regarding what curricula may be used. (Refer to Table in Chapter I: The Scope of the Problem.)

- States with detailed regulations, such as California, require very specific content and procedures. Some states are currently in the process of developing or revising substance abuse prevention curricula guidelines.
- Twenty-five states have adopted commercial or state-developed curricula. In some of these states, such as Pennsylvania, the adopted curriculum is mandated for all districts. Others, like Texas,

may suggest a range of approved curricula from which a selection may be made. In still others, such as Virginia, the adopted curriculum is approved but not required.

State agencies involved in assisting local schools in substance abuse prevention education include the state education agencies, state alcohol and drug abuse prevention agencies, and Governors' special task forces. Among the services often provided are the following:

- lists of approved curricula,
- help in setting up support activities,
- surveys of the student population,
- services for high-risk students,
- policy development and enforcement assistance,
- coordination with community groups,
- program design support,
- teacher training,
- curriculum design,
- student leader training,
- financial assistance, and
- evaluation.

A list of relevant state agencies is located in Appendix C of this Guide.

Packaged curricula can be very expensive—as much as $6,000.00 for a single set of materials plus teachers' and students' manuals. (Training sessions and transportation boost costs further.) When there is a need for more than one curriculum, the price of prevention education can escalate beyond the means of many districts.

Some schools, even in smaller and less affluent districts, have successfully adapted curricula to their local needs or developed their own. Schools in Arkansas, California, Florida, New York, Utah and Wyoming, among others, have had good results with adapted or locally-created curricula.

A growing number of school systems have entered into cooperative agreements with law enforcement agencies to produce and implement portions of the prevention curriculum. In these agreements, costs are shared by the school system and the law enforcement agency. Police officers are assigned to classroom instruction after special selection and training. Evaluation results indicate that this unusual solution can

be effective and can win the support of teachers, parents, and students.[3] Several police-taught curricula are now available, but none is comprehensive through all grade levels.

Whether commercially purchased, or developed within a school district, the message and content of a curriculum are its most important features. Selection should also be based on the following considerations:

- ease of use;
- appropriate and clearly defined goals and objectives;
- longevity and regular updating;
- flexibility and adaptability to different teaching styles and needs;
- completeness, timeliness and accuracy of materials;
- ability to be integrated with other subjects;
- proven track record of success (if purchased from a publisher);
- readily available customer service (if purchased); and
- cost effectiveness — considering published materials plus training and other prevention program components.

For a quick review of the many factors which may affect the decision to select curricula, return to the Summary Checklist, found in the opening section of this Guide.

Notes

Introduction:

[1] *Report to Congress and the White House on the Nature and Effectiveness of Federal, State and Local Drug Prevention/Education Programs.* Prepared in response to section 4132(d) of the Drug-Free Schools and Communities Act, Public Law 99-570. (Washington; U.S. Departments of Education and Health and Human Services, October 1987).

I: The Scope of the Problem

[1] Office on Smoking and Health (Centers for Disease Control) *Smoking and Health: A National Status Report to Congress,* C.D.C. 87-8396, (Washington; U.S. Government Printing Office, 1988).

[2] Judith Funkhouser (OSAP) and Sharon Low Amatetti (NCADI), "Alcohol and Drug Abuse Prevention: From Knowledge to Action," in the report of the National Governors Association, *Task Force on Alcohol and Drug Abuse,* 1987.

[3] National Parents' Resource Institute for Drug Education, Inc., *P.R.I.D.E. Drug Usage Prevalence Questionnaire: 1986-87,* (Atlanta, P.R.I.D.E., Inc., 1988).

[4] National Institute of Drug Abuse, HHS, *Drug Use and Lifestyles of American Youth; High School Survey: 1987,* in conjunction with the University of Michigan's Institute of Social Research. (Washington; NIDA/HHS, 1988).

[5] G. Klerman, Department of Psychiatry, Cornell University, and Stella Pagano, M.D., quoted in "When the Pain's Too Great: Substance Abuse and Suicide," *DARE Magazine* (Archdiocese of New York Office of Substance Abuse Ministries), Vol. 2., No. 2, 1987. See Table 7.6, "Rate of Death Among 5- to 34-Year-Olds, by Age and Cause of Death: 1970 to 1985," in *Youth Indicators* (Washington: U.S. Department of Education, 1988), for a view of how the teenage suicide rate has historically increased.

[6] William Bennett, "Children and Drugs," *Education Magazine,* Winter 1987.

[7] Ibid.

[8] Lloyd D. Johnston, statement announcing the release of the 1987 Senior Survey by the University of Michigan Institute of Social Research and the National Institute of Drug Abuse. (Washington, D.C.; Department of Health and Human Services, January 13, 1988).

[9] Bradford Chaney and Elizabeth Farris, "Prevention Activities of State Education Agencies"; and National Association of State Alcohol and Drug Abuse Directors and The National Prevention Network, "Prevention Activities of State Alcohol and Drug Abuse Agencies," both in the Department of Education's *Report to Congress and the White House,* October 1987.

[10] Chaney and Farris, in the Department of Education's *Report to Congress and the White House,* October 1987.

III: The Curriculum

[1] Carol Sager, statement at the November 7, 1987 session of the K-12 Curricula Guide Panel, Washington, D.C.

[2] Michael D. Klitzner, "Summary of an Assessment of the Research on School-Based Prevention Programs," in Part I (Overview), *Report to Congress,* October, 1987.

[3] William R. Coulson, "Principled Morality vs. Consequentialism: Relections of Recent Conversations with Drug Educators" (Comptche, California; Center for Enterprising Families, 1987).

[4] Richard A. Hawley, Robert C. Peterson, and Margaret C. Mason, *Curriculum for Building Drug-Free Schools* (Rockville, Maryland; American Council for Drug Education, 1986).

[5] Ibid. See also Funkhouser and Amatetti, NGA Report, on effective learning theories.

[6] Phyllis L. Ellickson and Abby E. Robyn, "Toward More Effective Drug Prevention Programs," RAND Note N-2666-CHF, (Santa Monica, CA: The RAND Corporation, October 1987); and Klitzner, in *Report to Congress,* October 1987.

[7] National Assessment of Education Progress (NAEP), "Television: What Do National Results Tell Us?" (Princeton, New Jersey; Educational Testing Service, December, 1986.)

[8] E. H. Erickson, *Childhood and Society,* 2nd Ed., (New York; Norton, 1963).

[9] Office of General Counsel, U.S. Olympic Committee, telephone interview, August 26, 1988.

[10] William R. Coulson, statement at the November 6, 1987 session of the K-12 Curricula Guide Panel, Washington, D.C.

IV: Supporting the Curriculum

[1] Remarks of Thomas Farrell, John T. Kelly and Carol Sager at the November 6-7, 1987 sessions of the K-12 Curricula Guide Panel, Washington, D.C. Also the site visit report of Joyce N. Tobias, RN, to the Caddo Parish School Board, Shreveport, Louisiana, February 16, 1988.

[2] Len Tritsch, Oregon Department of Education, letter, August 12, 1988.

[3] Remarks of Lt. Roger K. Coombs, Marilann Melton, and Thomas Farrell at the November 6-7, 1987 sessions of the K-12 Curricula Guide Panel, Washington, D.C.

[4] Materials furnished by Thomas Farrell, Principal of Skowhegan Area High School, Skowhegan, Maine, April 5, 1988.

[5] Surveys conducted by the Education Committee of the White House Conference for a Drug-Free America, during six regional meetings, November-December, 1987, placed training first on the list of priority concerns of educators responsible for prevention education, parents, and health professionals.

[6] Lee Dogoloff, Executive Director, A.C.D.E., Statement at the November 7, 1987 session of the K-12 Curricula Guide Panel.

[7] Statement by Elizabeth S. McConnell at the April 29, 1988 session of the K-12 Curricula Guide Panel.

[8] Telephone interview with Ms. Pat Chesler, Illinois Certification Board, April 4, 1988, and material furnished by John T. Kelly of the K-12 Curricula Guide Panel.

[9] Statement by Susan Downey at the November 6, 1987 session of the K-12 Curricula Guide Panel; materials furnished by the Los Angeles Unified School District; and by site visit March 20, 1988.

[10] Information on "Adopt-A-School" programs furnished by Trina Brugger of A.C.D.E., April 1, 1988; also Carol O'Connell, *How to Start a School/Business Partnership,* Fastback No. 226. (Bloomington, Indiana; Phi Delta Kappa Educational Foundation, 1985).

[11] Hawkins and Catalano, NIDA.

[12] Materials supplied by schools in the Los Angeles, California Unified School District, and by site visit, March 20, 1988.

[13] Dr. Mitchell Rosenthal, President, Phoenix House, New York, NY, statement made at the White House Conference for a Drug-Free America, Washington, D.C., March 9, 1988.

[14] James C. Dean, Angela M. Fox and Wesley Jensen, "Research Note; Drug and Alcohol Use by Disabled and Nondisabled Persons: A Comparative Study," *The International Journal of the Addictions,* 20(4), 1985; Diana M. DiNitto and Curtis H. Krishef, "Drinking Patterns of Mentally Retarded Persons," *Alcohol Health and Research World,* Vol. 7, No. II, Winter 1983; Bonnie Benard, Barbara Fafoglia and Jan Perone, "Knowing What To Do — and Not to Do — Reinvigorates Drug Education," in Association for Supervision and Curriculum Development, *Curriculum Update,* February 1987; A.J. Schecter, ed., *Drug Dependency and Alcoholism,* Vol. II, (New York; Plenum Press, 1981); see also Kevin W. Allison, "Annotated Bibliography: Substance Abuse Among Handicapped Adolescents Project," unpublished manuscript, (College Park; University of Maryland Department of Special Education, April 1987).

[15] Thomas Farrell, statement at the November 7, 1987 session of the K-12 Curricula Guide Panel.

[16] *Regional Center Reporting System, Schedule C,* Regional Drug-Free Schools and Communities Centers Reports to the U.S. Department of Education, (Silver Spring, Maryland; Triton Corp., April, 1988).

[17] General Accounting Office, *Drug Abuse Prevention: Further Efforts Needed to Identify Programs That Work; A Report to the House Select Committee on Narcotic Abuse,* HRD-88-26, (Washington, D.C.: General Accounting Office, December 1987).

V: The Selection Process

[1] Related by panel member Carol Sager at the White House Conference for a Drug-Free America, March 9, 1988.

[2] Susan P. Downey, statement at the November 7, 1987 session of the K-12 Curricula Guide Panel.

[3] Site visits to Los Angeles, California and New York City, NY, where police-taught curricula are used; and Glenn F. Nyre, "Final Evaluation Reports, 1984-1985, Project DARE (Drug Abuse Resistance Education)," unpublished report, (Los Angeles; Evaluation and Training Institute, August 1985).

APPENDICES

APPENDIX A: Department of Education Resources

Drug-Free Schools Recognition Program
Room 508, CP
555 New Jersey Avenue, N.W.
Washington, D.C. 20208-5645
(202) 357-6155

This is a competitive evaluation and award program to identify and recognize public and private elementary and secondary schools implementing comprehensive prevention programs which have succeeded in reducing student substance abuse.

Schools Without Drugs: The Challenge

400 Maryland Avenue, S.W.
Washington, D.C. 20202-3726
(202) 732-4161

A network of schools and school districts committed to initiate or sustain a comprehensive program based on the twelve principles in the handbook, *Schools Without Drugs.*

Audiovisual Grants Program for Drug Education

Room 2089, FOB6
400 Maryland Avenue, S. W.
Washington, D.C. 20202-4247
(202) 732-4637

Develops film and video materials bearing a clear no-use message to be used by schools and television stations.

Drug-Free Schools State and Local Grants Program

Room 2135, FOB-6
400 Maryland Avenue, S.W.
Washington, D.C. 20202-6151
(202) 732-4595

A formula grant program allocating funds to States based on school-age population, in which 70 percent goes to the State Education Agency and 30 percent to the Office of the Governor. At least 50 percent of Governors' Funds must be used for programs for high-risk children.

Secretary's Discretionary Fund

Room 4149, FOB-6
400 Maryland Avenue, S.W.
Washington, D.C. 20202-5524
(202) 732-4377

Grants for preservice or inservice training or demonstration programs in prevention education for use in elementary and secondary schools.

Programs for Indian Youth and Native Hawaiians

Room 2135, FOB-6
400 Maryland Avenue, S.W.
Washington, D.C. 20202-6151
(202) 732-4595

Cooperative assistance in prevention education co-administered with the Bureau of Indian Affairs and the Office of the Governor of Hawaii.

The Regional Centers for Drug-Free Schools and Communities

Five regional centers have been designated by the Department of Education to assist in accomplishing the following purposes: (1) train school personnel; (2) assist State education agencies in coordinating and strengthening local programs; (3) assist local agencies and postsecondary

institutions in developing training programs; and (4) evaluate and disseminate information on successful prevention programs. The Centers are:

Northeast Regional Center

Super Teams, Ltd.
12 Overton Avenue
Sayville, N.Y. 11782
(516) 589-7022

Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont.

Southeast Regional Center

PRIDE, Inc.
100 Edgewood Avenue, Suite 1110
Atlanta, GA 30303
(404) 688-9227

Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, Virgin Islands, West Virginia.

Midwest Regional Center

BRASS Foundation
2001 N. Clybourn, Suite 302
Chicago, IL 60614
(312) 726-2485

Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin.

Southwest Regional Center

University of Oklahoma
555 Constitution Avenue
Norman, OK 73037
(405) 325-1711

Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah.

Western Regional Center

Northwest Regional Education Laboratory
101 S.W. Main Street, Suite 500
Portland, OR 97204
(503) 275-9479

Alaska, American Samoa, California, Guam, Hawaii, Idaho, Montana, Nevada, Northern Marianas, Oregon, Trust Territory of the Pacific Islands, Washington, Wyoming.

National Clearinghouse for Alcohol and Drug Information (NCADI)

P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Information and services for the general public on questions about all types of drug and medicine use and abuse. NCADI is especially designed to serve community leaders, youth workers, parents, health care providers, and concerned citizens. **This is the chief National Information Center for citizen information on substance issues.**

Drug Alliance Office

ACTION
806 Connecticut Avenue, N.W.
Washington, D.C. 20525
(202) 634-9759

Voluntary projects to provide prevention programs and staff via VISTA, Foster Grandparents, and Retired Senior Volunteers Program (RSVP). These programs enlist the activity of trained private citizens who commit to joining programs and contributing full- or part-time effort for a specified time in an area to which they are assigned by ACTION.

Drug Prevention Program for Department of Defense Schools

Office of Dependent Schools
Hoffman Building 1
2461 Eisenhower Avenue
Alexandria, VA 22331-1100
(703) 325-0660

Prevention programs in the Department of Defense's schools for personnel dependents.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Department of Health and Human Services
Room 14C-17
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2954

Information and research on alcoholism and alcohol-related problems of children and adolescents, and school- and community-based intervention programs.

National Institute on Drug Abuse (NIDA)

Department of Health and Human Services
Room 10-04
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4577

Information, research and programs on all aspects of drug abuse prevention and treatment.

National Institute of Mental Health (NIMH)

Department of Health and Human Services
Room 15C-05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4515

Research on the stages of dependency, prevention and intervention, and links between substance abuse and delinquent behavior.

Office of Smoking and Health (OSH)

Public Health Service
Technical Information Center
Park Building
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1690

Information on all aspects of tobacco and its effects, methods of ingestion, and prevention and treatment programs.

Indian Education Prevention Programs

Office of Indian Education Programs
Bureau of Indian Affairs (BIA)
Department of The Interior
Mail Codes 4659 - MIB
1951 Constitution Avenue, N.W.
Washington, D.C. 20245
(202) 343-4071

Substance abuse prevention education in BIA-sponsored schools and educational activities.

Drug Enforcement Administration (DEA)

Demand Reduction Section
Department of Justice
Room 1203
1405 Eye Street, N.W.
Washington, D.C. 20537
(202) 786-4096

Sports Drug Awareness Program and drug abuse education and prevention publications.

Safe Schools Program

National Institute of Justice
Room 805
633 Indiana Avenue, N.W.
Washington, D.C. 20531
(202) 272-6040

A program to assist school administrative personnel in developing and maintaining safe learning environments at the school building level.

National School Safety Center

Office of Juvenile Justice and Delinquency Prevention
Department of Justice
Suite 200
16830 Ventura Boulevard
Encino, CA 91436
(818) 377-6200

A project to study the frequency and patterns of delinquency at the school building level, identify possible remedies, and promote crime prevention and the restoration of discipline. Substance abuse as well as other causes of delinquency are studied.

Drug and Alcohol Abuse Prevention and Treatment

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Department of Justice
Room 758
633 Indiana Avenue, N.W.
Washington, D.C. 20531
(202) 724-8491

Assistance to communities experiencing serious substance abuse problems among children and youth.

Law-Related Education

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Department of Justice
Suite 400
25 E Street, N.W.
Washington, D.C. 20001
(202) 662-9620

Assistance and programs designed to enhance prevention education efforts and promote knowledge and respect for laws regarding substance abuse.

National Highway Traffic Safety Administration (NHTSA)

Department of Transportation
Room 5232
400 Seventh Street, S.W.
Washington, D.C. 20590
(202) 366-9550

Programs and Youth and Prevention/Intervention through the Alcohol Programs Division, designed to promote sober and responsible driving.

APPENDIX C: State Agencies

Nearly every state and territory has more than one public agency involved in substance abuse prevention education. Generally speaking, three types of agencies predominate:

- State Departments of Education, often called SEAs (shorthand for State Education Agencies);
- State agencies for general health issues or, specifically, for substance abuse prevention; and
- Task Forces created by governors' offices specifically to coordinate prevention efforts and allocate funds.

Usually, **education agencies** are responsible for implementation of staff education policy, allocation of resources, oversight of schools and school districts, certification and licensing, and coordination tasks (often serving as a link between Federal and local programs). **Health agencies** may be responsible for school health programs and may also have curriculum-related authority in the area of health and safety education. **Governors' special task forces** are set up to coordinate statewide prevention efforts and to provide direct assistance from resources controlled by the Governor's office.

The following is the most current listing of relevant state agencies.

Alabama

State Department of Education
Division of Student Instructional Services
607-A State Office Building
Montgomery, AL 36130
(205) 261-5252

Governor's Drug Abuse Policy Board
11 South Union Street
Montgomery, AL 36130
(205) 261-7126

Alabama Department of Mental Health
P.O. Box 1710
Montgomery, AL 36193-5001
(205) 271-9246

Alaska

Alaska Department of Education
Drug-Free Schools Programs
P.O. Box F
Juneau, AK 99811-0500
(907) 465-2841

Alaska Department of Education
Rural & Native Education Coordination
P.O. Box F
Juneau, AK 99811-0500
(907) 465-2800

Alaska Council on Prevention
7521 Old Seward Highway, Suite A
Anchorage, AK 99502
(907) 349-6602

American Samoa

Department of Education
Office of Pupil Services
American Samoa Government
Pago Pago, AS 96799
(684) 633-1246

LBJ Tropical Medical Center
Alcohol and Drug Program
Pago Pago, AS 96799

Arizona

Arizona Department of Education
Chemical Abuse Prevention
1535 West Jefferson
Phoenix, AZ 85007)
(602) 255-3457

Governor's Office
Office of Substance Abuse Prevention
700 West Washington, 9th Floor
Phoenix, AZ 85007
(602) 255-3456

Arizona Department of Health Services
Office of Community Behavioral Health
700 W. Washington, 9th Floor
Phoenix, AZ 85007
(602) 255-3456

Arkansas

Arkansas Department of Education
Special Projects Program
No. 4 Capitol Mall, Room 405B
Little Rock, AR 72201
(501) 682-4474

Department of Human Services
Office of Substance Abuse Prevention
400 Donaghey Plaza North
P.O. Box 1437
Little Rock, AR 72203
(501) 682-6656

California

State Department of Education
Office of Curriculum & Instruction
721 Capitol Mall
Sacramento, CA 95814
(916) 322-2363

California Department of Alcohol and Drug Programs
111 Capitol Mall, Suite 450
Sacramento, CA 95814
(916) 445-0834

Colorado

Colorado Department of Education
Federal Relations and Institutional Services
201 East Colfax
Denver, CO 80203
(303) 866-6783

Governor's Office
Citizen's Advocate Office
121 State Capitol
Denver, CO 80203
(303) 866-2844

Colorado Department of Health
Alcohol and Drug Abuse Division
4210 East 11th Avenue
Denver, CO 80220
(303) 331-8201

Connecticut

State Department of Education
Office of Substance Abuse, Health and Safety
165 Capitol Avenue, Room 369
P.O. Box 2219
Hartford, CT 06145

State Office of Policy & Management
Substance Abuse Mobilization
80 Washington Street
Hartford, CT 06106
(203) 566-7458/4414

Connecticut Alcohol and Drug Abuse Commission
999 Asylum Avenue
Hartford, CT 06105
(203) 566-7458/4414

Delaware

Department of Public Instruction
Health Education Services
Townsend Building
Loockerman Street
Dover, DE 19903
(302) 736-4885

Office of the Governor
Alcohol and Drug Abuse Programs
Carvel State Office Building
820 North French Street
Wilmington, DE 19801
(302) 571-3210

Bureau of Alcoholism and Drug Abuse
1901 North DuPont Highway
New Castle, DE 19702
(302) 421-6101

District of Columbia

D.C. Department of Education
Drug-Free Schools Programs
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004
(202) 727-0248

D.C. Commission of Public Health
Office of Health Planning & Development
425 Eye Street, NW
Room 3200
Washington, D.C. 20004
(202) 724-5641

Florida

Florida Department of Education
Educational Prevention Center
Knott Building
Tallahassee, FL 32399
(904) 488-6304

Department of Health and Rehabilitation Services
Alcohol and Drug Abuse Program
1317 Winewood Boulevard
Tallahassee, FL 32399
(904) 488-0900

Georgia

Georgia State Board of Education
Health and Physical Education
2066 Twin Towers East
Atlanta, GA 30334
(404) 656-2414

Department of Human Resources
Administrative Service Section
47 Trinity Avenue
Atlanta, GA 30334
(404) 894-6573/656-1721

Department of Human Resources
Alcohol and Drug Abuse Services
Room 319,
878 Peachtree Street, N.E.,
Atlanta, GA 30309
(404) 894-4786

Guam

Office of the Director of Education
P.O. Box DE
Agana, GM 96910
(621) 472-8901

Governor's Office
Office of Executive Direction
P.O. Box 2950
Agana, GM 96910
(671) 472-3931/3939

Department of Mental Health and Substance Abuse
Community Support Services
P.O. Box 8896
Tamuning, GM 96911
(671) 646-9261

Hawaii

Department of Education
Office of Instruction
1390 Miller Street
Honolulu, HI 96813
(808) 548-2360

Office of the Governor
Office of Children and Youth
426 Queen Street
Honolulu, HI 96813
(808) 548-7582/7583

Department of Health
Office of Primary Prevention
1627 Kilauea Avenue, Room 421
Honolulu, HI 96816
(808) 735-5272

Idaho

Idaho Department of Education
Drug Education Office
Len B. Jordan Building
Boise, ID 83720
(208) 334-2165

Idaho Department of Health & Welfare
Division of Family & Child Services
450 West State Street
Boise, ID 83720
(208) 334-5700/5935

Illinois

Illinois State Board of Education
Program Support Office
100 North First Street
Springfield, IL 62777
(217) 782)3810

Department of State Police
Office of the Deputy Superintendent
200 Armory Building
Springfield, IL 62706
(217) 782-6429

Department of Alcoholism & Substance Abuse
222 South College
Springfield, IL 62706
(217) 785-9067

Indiana

State Department of Education
Drug-Free Schools Programs
State House, Room 229
Indianapolis, IN 46204-2798
(317) 269-9611

State Department of Education
Office of School Assistance
State House, Room 229
Indianapolis, IN 46204-2798
(317) 269-9641

Indiana Department of Mental Health
Division of Addiction Services
117 East Washington Street
Indianapolis, IN 46204-3647

Iowa

Iowa Department of Education
Substance Education Office
Grimes State Office Building
Des Moines, IA 50319
(515) 281-3021

Iowa Department of Public Health
Office of the Director
Lucas State Office Building
Des Moines, IA 50319

Iowa Division of Substance Abuse
Colony Building, Suite 500
507 Tenth Street
Des Moines, IA 50319

Kansas

State Department of Education
Educational Assistance Office
120 East Tenth Street
Topeka, KS 66612
(913) 296-3851

Office of the Governor
Drug and Alcohol Abuse Administration
Capitol Building, 2nd Floor
Topeka, KS 66612
(913) 296-3011

State Rehabilitation Services
Alcohol and Drug Abuse Services
700 West 6th Street
Topeka, KS 66606
(913) 296-3925

Kentucky

State Department of Education
Substance Abuse Education Branch
Capitol Plaza Tower, Room 1715
Frankfort, KY 40601
(502) 564-6720

Governor's Cabinet for Human Resources
Division of Substance Abuse
275 East Main Street
Frankfort, KY 40621
(502) 564-2000

Department for Health Services
Substance Abuse Branch
275 East Main Street
Frankfort, KY 40601
(502) 564-2880

Louisiana

Louisiana Department of Education
Bureau of Student Services
P.O. Box 94064
Baton Rouge, LA 70804-3480
(504) 342-3375

Department of Health & Human Resources
Committee on Drug-Free Schools and Communities
Office of Prevention & Recovery from Alcohol and Drug Abuse
P.O. Box 52129
Baton Rouge, LA 70892
(504) 922-0722

Maine

Department of Education & Cultural Services
Division of Alcohol and Drug Education Stevens School Complex
State House Station No. 57
August, ME 04333
(207) 289-3876

Department of Human Services
Office of Alcoholism and Drug Abuse Prevention
State House Station No. 11
Augusta, ME 04333
(207) 289-2781

Maryland

State Department of Education
Drug-Free Schools Programs
200 West Baltimore Street
Baltimore, MD 21201
(301) 333-2318

Office of the Governor
Office of Justice Assistance
6776 Reisterstown Road, Suite 301
Baltimore, MD 21215
(301) 764-4336

Department of Health & Mental Hygiene
Alcohol and Drug Abuse Prevention Unit
201 West Preston Street
Baltimore, MD 21201
(301) 225-6541

Massachusetts

State Department of Education
Office of the Commissioner
1385 Hancock Street
Quincy, MA 02169
(617) 770-7300

Office of the Governor
Governor's Alliance Against Drugs
McCormack Building, Room 2131
One Ashburton Place
Boston, MA 02108
(617) 727-0786

Department of Public Health
Division of Alcohol and Drug Rehabilitation
150 Tremont Street
Boston, MA 02111
(617) 727-8614

Michigan

Michigan State Board of Education
Department of Health Education
P.O. Box 30008
Lansing, MI 48909
(517) 373-2589

Office of Substance Abuse Services
3500 North Logan Street
P.O. Box 30035
Lansing, MI 48909
(517) 335-4837

Minnesota

Minnesota State Planning Agency
Anti-Drug Abuse Program
100 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101
(612) 296-4854

Department of Human Services
Chemical Dependency Program Division
Space Center
444 Lafayette Road
St. Paul, MN 55101
(612) 296-4574

Mississippi

State Department of Education
Drug-Free Schools Programs
550 High Street, P.O. Box 771
Jackson, MS 39205
(601) 359-3598

Governor's Office of Federal and State Programs
Criminal Justice Planning
301 West Pearl Street
Jackson, MS 39203-3088
(601) 949-2225

Department of Mental Health
Division of Alcohol and Drug Abuse
1102 Robert E. Lee Building
Jackson, MS 39201
(601) 359-1297

Missouri

Department of Elementary and Secondary Education
Division of Instruction, P.O. Box 480
Jefferson City, MO 65102
(314) 751-4234

Office of the Governor
Office of the Assistant to the Governor
State Capitol Building
Jefferson City, MO 65101
(314) 751-3222

Missouri Department of Mental Health
Division of Alcohol and Drug Abuse
1915 Southridge Road
P.O. Box 687
Jefferson City, MO 65102
(314) 751-4942

Montana

State Department of Education
Office of Public Instruction
State Capitol
Helena, MT 59620
(406) 444-4434

Montana Department of Justice
Crime Control Division
Scott Hart Building, Room 4-2
303 Roberts Street
Helena, MT 59620
(406) 444-3604

Department of Institutions
Alcohol and Drug Abuse Division
1539 Eleventh Avenue
Helena, MT 59620
(406) 444-2878

Nebraska

State Department of Education
Office of the Assistant Commissioner
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987
(402) 471-2783

Nebraska Department of Public Institutions
Division of Alcoholism & Drug Abuse
West Van Dorn & Folsom Streets
P.O. Box 94728
Lincoln, NE 68509-4728
(402) 479-5583

Nevada

State Department of Education
Office of Public Instruction
Capitol Complex
Carson City, NV 89710
(702) 885-3100

Office of the Governor
Bureau of Alcohol and Drug Abuse
505 East King Street, Room 500
Carson City, NB 89710
(702) 885-4790

New Hampshire

Department of Education
Alcohol and Drug Education Office
State Office Park, South
101 Pleasant Street
Concord, NH 03303
(603) 271-2376

Department of Health & Human Services
Office of Alcohol & Drug Abuse Prevention
6 Hazen Drive
Concord, NH 03301-6525
(603) 271-4629

New Jersey

Department of Education
Drug and Alcohol Program
225 West State Street
Trenton, NJ 08625
(609) 984-1890

New Jersey Division of Alcoholism
Training, Prevention and Education Unit
129 East Hanover Street
Trenton, NJ 08608
(609) 292-0729

New Jersey State Department of Health
Division of Narcotic Drug Abuse Control
CN-360, Room 100
Trenton, NJ 08625
(609) 292-4414

New Mexico

State Department of Education
Division of New Federal Programs
300 Don Gaspar
Santa Fe, NM 87501
(505) 827-6648

Office of the Governor
Liason for Drug-Free Schools Programs
Executive Legislative Building
Santa Fe, NM 87503
(505) 827-3000

Drug Abuse Bureau
P.O. Box 968
Santa Fe, NM 87504-0968
(505) 827-2587

New York

State Education Department
Bureau of Health & Drug Education
Washington Avenue
Albany, NY 12234
(518) 474-1491

Executive Office of the Governor
Division of Substance Abuse Services
Stuyvesant Plaza, Executive Park
Albany, NY 12203
(518) 457-2965

New York Division of Alcoholism and Alcohol Abuse
194 Washington Avenue
Albany, NY 12210
(518) 457-5840

North Carolina

Department of Public Education
Division of Alcohol and Drug Defense
210 North Dawson Street
Raleigh, NC 27603-1712
(919) 733-6612

Department of Human Resources
Division of Mental Health/Mental Retardation/Substance Abuse Services
Albermarle Building, Suite 1122
325 North Salisbury Street
Raleigh, NC 27611
(919) 733-4506

North Dakota

Department of Public Instruction
Office of Chemical Health
State Capitol
Bismarck, ND 38505
(701) 224-2769

Department of Human Services
Division of Substance Abuse
State Capitol - Judicial Wing
Bismarck, ND 58505
(701) 224-2769

Northern Marianas

Department of Education
Office of Science Education
Commonwealth of the Northern Marianas Islands, Lower Base
Saipan, CM 96950
(Overseas Operator 952)

Department of Education
Office of the Washington Representative
2121 R Street, N.W.
Washington, D.C. 20008
(202) 328-3847

Ohio

State Department of Education
Substance Abuse Section
65 South Front Street, No. 719
Columbus, OH 43266-0308
(614) 466-9202

State Department of Health
Drug-Free Schools Programs
246 North High Street
Columbus, OH 43266-0588

Ohio Department of Mental Health
Bureau of Drug Abuse and Alcoholism
170 North High Street, 3rd Floor
Columbus, OH 43266-0586
(614) 466-7893

Oklahoma

State Department of Education
Office of Federal Programs
2500 North Lincoln Boulevard
Oklahoma City, OK 73105-4599
(405) 521-4507

State Department of Education
Comprehensive Health Education Office
2500 North Lincoln Boulevard
Oklahoma City, OK 73105-4599
(405) 521-2345

Office of the Governor
Drug-Free Schools Programs
State Capitol
Oklahoma City, OK 73105
(405) 521-2345

Department of Mental Health
Alcohol & Drug Abuse
4545 North Lincoln Boulevard, Suite 100
Oklahoma City, OK 73152
(405) 521-0044

Oregon

State Department of Education
Division of General Education
700 Pringle Parkway, S.E.
Salem, OR 97310
(503) 378-2677

Department of Human Resources
Office of Alcohol and Drug Abuse Programs
301 Public Service Building
Salem, OR 97310
(503) 378-2677

Palau (Trust Territory)

Office of the Minister of Social Services
Bureau of Education,
Republic of Palau
P.O. Box 189
Koror, TT 96940
(Overseas Operator 952)

Pennsylvania

State Department of Education
Division of Student Services
333 Market Street
Harrisburg, PA 17126-0333
(717) 783-6777

Office of the Governor
Governor's Policy Council
Finance Building, Room 310
Harrisburg, PA 17103
(717) 783-8626

Pennsylvania Department of Health
Office of Drug & Alcohol Programs
N&W Building, Room 929
Harrisburg, PA 17108
(717) 783-8200

Puerto Rico

Department of Education
Office of Federal Affairs
P.O. Box 759
Hato Rey, PR 00919
(809) 753-9251

Department of Addiction Control Services
414 Avenida Barbosa
Hato Rey, PR 00928
(809) 751-6915

Rhode Island

State Department of Education
Office of Substance Abuse Education
22 Hayes Street
Providence, RI 02908
(401) 277-2651

Office of the Governor
Executive Chamber
State House
Providence, RI 02903
(401) 277-2080

Department of Mental Health, Mental
Retardation and Hospitals
Division of Substance Abuse
Substance Abuse Administration Bldg.
Cranston, Rhode Island 02920
(401) 464-2191

South Carolina

Department of Education
Substance Abuse Education Unit
1429 Senate Street
Columbia, SC 29201
(803) 734-8097

South Carolina Commission on Alcohol and Drug Abuse
Division of Program Support
3700 Forest Drive
Columbia, SC 29204
(803) 734-9589

South Dakota

State Department of Education
Division of Education
700 Governors Drive
Pierre, SD 57501
(605) 773-3121

State Department of Health
Division of Alcohol & Drug Abuse
Joe Foss Building, Room 125
523 East Capitol Street
Pierre, SD 57501-3182
(605) 773-3123

Tennessee

Tennessee Department of Education
Division of Curriculum & Instruction
Cordell Hull Building, Room 200
Nashville, TN 37219
(615) 741-0874)

Tennessee State Planning Office
Drug-Free Schools Programs
John Sevier Building, Room 307
500 Charlotte Avenue
Nashville, TN 37219-5082

Department of Mental Health
Division of Alcohol and Drug Abuse
James K. Polk Building
505 Deaderick Street
Nashville, TN 37219
(615) 741-1921/4241

Texas

Texas Education Agency
Programs for Comprehensive School Health
1701 North Congress, Suite 5-123
Austin, TX 78701
(512) 463-9501

Texas Commission on Alcohol and Drug Abuse
1705 Guadalupe Street
Austin, TX 78701-1214
(512) 463-5510

Utah

Utah State Office of Education
Drug-Free Schools Programs
250 East 500 South
Salt Lake City, UT 84111
(801) 533-6040

Utah Commission on Criminal and Juvenile Justice
Drug-Free Schools Programs
101 State Capitol Building
Salt Lake City, UT 84114
(801) 538-1031

Utah State Division of Alcoholism and Drugs
150 West North Temple, Room 350
P.O. Box 2500
Salt Lake City, UT 84102
(801) 533-6532

Vermont

State Department of Education
Comprehensive Health Education
State Street
Montpelier, VT 05602
(802) 828-3111

Vermont Agency of Human Services
Office of Alcohol and Drug Abuse Services
103 South Main Street
Waterbury, VT 05676
(802) 241-2170

Vermont Agency of Human Services
Office of Administrative Services
103 South Main Street
Waterbury, VT 05676
(802) 241-2170

Virgin Islands

Department of Education
Office of Traffic Safety Education
44-46 Kongens Gade
Charlotte Amalie
St. Thomas, VI 00802
(809) 774-7288

Office of the Governor
Office of the Assistant to the Governor
21-22 Kongens Gade
Charlotte Amalie
St. Thomas, VI 00801
(809) 774-0001

Department of Health
Division of Mental Health, Alcoholism and Drug Dependency
P.O. Box 520
Christiansted
St. Croix, VI 00820
(809) 773-1311/5150

Virginia

Commonwealth Department of Education
Division of Health & Physical Education
P.O. Box 6-Q
Richmond, VA 23216
(804) 225-2066

Department of Mental Health/ Mental Retardation
Prevention, Information and Training Services
P.O. Box 1797
Richmond, VA 23214
(804) 786-1530

Washington

Department of Public Instruction
Office of Physical Education and Health
Old Capitol Building, FG-11
Olympia, WA 98504
(206) 753-6752

Department of Community Development
Drug-Free Schools Programs
9th and Columbia Building, GH-51
Olympia, WA 98504
(206) 753-0307

State Bureau of Alcohol and Substance Abuse
OB-44W
Olympia, WA 98504
(206) 753-3203

West Virginia

State Department of Education
Drug Education Programs
Capitol Complex, Building B-309
Charleston, WV 25305
(304) 348-9930

Office of Criminal Justice and Highway Safety
Drug-Free Schools and Communities Programs
5790-A Mac Corkle Avenue, S.E.
Charleston, WV 25304
(304) 348-8814

West Virginia Department of Health
Division of Alcoholism and Drug Abuse
1800 Washington Street, East
Charleston, WV 25305
(304) 348-2276

Wisconsin

Department of Public Instruction
Bureau of Pupil Services
125 South Webster Street
P.O. Box 7841
Madison, WI 53707
(608) 266-8960

Department of Health and Social Services
Bureau of Community Programs
1 West Wilson Street
P.O. Box 7841
Madison, WI 53707
(608) 266-3719/267-8933

Wyoming

State Department of Education
Office of Public Instruction
Hathaway Building, Room 362
Cheyenne, WY 82002
(307) 777-6202

Department of Health & Social Services
Substance Abuse Programs
Hathaway Building, Room 362
Cheyenne, WY 82002
(307) 777-6493

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