**Center for Research on School Safety, School Climate
and Classroom Management**

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Substance Abuse Prevention Methods for Middle School Students

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Adolescent substance abuse is a serious problem within the United States. Despite public efforts to inform adolescents about the potentially serious health, social, and psychological consequences, adolescents continue to engage in substance abuse behaviors at high rates. Alcohol and cigarettes are the most common substances used by youth. These popular drugs may pose a greater threat to public health than more illicit substances. Research has shown that smoking has been linked to more deaths than all other substances including illicit drugs (Severson & James, 2002). Among high school students, 34.8% have reported smoking cigarettes during the past 30 days. An alarming 70.4% of students nationwide have tried cigarette smoking even if it involved taking only one or two puffs of a cigarette (Severson & James, 2002). In addition to cigarette smoking, data included in the 1999 national Monitoring the Futures survey indicated that 24% of 8th graders and over half of high school seniors reported using alcohol in the past 30 days (as cited in Meschke & Patterson, 2003). This clearly shows that adolescent substance abuse is not a passing phase but a problem that may become part of a daily lifestyle.

Schools provide an important arena for the implementation of intervention strategies (Edwards, Hunt, Meyers, Grogg, & Jarrett, 2005). School-based prevention programs are a crucial element for substance abuse prevention because "there is an available audience of youth, parents, community members and infrastructures with ancillary resources that support drug abuse prevention" (Zavela, 2002, p. 252). Additionally, the prevention of smoking, alcohol, and other addictive behaviors fits well within the mission of the schools health curriculum and community values for health promotion (Severson & James, 2002).

In general, a three-tiered intervention model (see below) offers an integrated school based approach in which to develop comprehensive intervention programs. It ensures that all students needs will be met efficiently as each child is exposed to the level of intervention that best suits his/her needs (Walker, Ramsey, & Gresham, 2003/04).

Tier 1: Universal Interventions

Schoolwide interventions, typically called primary prevention or universal intervention measures, focus on enhancing protective factors in all students to keep minor problems and difficulties from developing into more serious ones (Walker & Shinn, 2002). The main goal is to prevent children from ending up at greater risk for developing problem behaviors. According to Sugai et al. (2002) approximately 80 to 90 percent of all students will respond successfully to a well-implemented universal intervention (as cited in Walker et al., 2003/04).

Various empirically supported universal intervention programs are delineated in the research. However, one must be aware of the various skills and abilities each intervention chooses to enhance and determine the appropriate program according to school necessity. The following is a list of empirically supported universal prevention strategies:

- Life Skills Training (LST) curriculum (Belcher & Shinitzky, 1998; Botvin & Griffin, 2000; Komro et al., 2001)
- Project ALERT (Belcher & Shinitzky, 1998)
- Project Northland (Komro et al., 2001; Tobler et al., 2000)

Tier 2: Selected Interventions

Universal school based interventions are not designed to meet the needs of high-risk youth, which constitute 5 to 15 percent of the student population. Students who are at risk will "pop up like corks in water" (Walker et al., 2003/04, p. 13). These students will have selected themselves as needing more intensive interventions because they are demonstrating problematic behaviors. Selected interventions involve skill development through programs such as drama workshops (Hastings, Stead, & MacKintosh, 2002), mentoring, and other types of assistance to at risk youth. The goal for these students is to decrease the frequency of their problem behavior and make them more responsive to universal interventions (Walker et al., 2003/04).

Tier 3: Targeted Interventions

The vast majority of students will respond to the primary or secondary prevention methods. However, schools can expect a very small percentage (1 to 5 percent) to be non-responsive. Tertiary prevention methods involve interventions that are targeted to the "most troubled children from the most chaotic homes" (Walker et al., 2003/04, p.13). These children are already identified as having chronic problems and have demonstrated a life-course pattern of antisocial and other destructive forms of behavior. Successful interventions for this group of students typically involve a comprehensive family focused program with participation and support from mental health, juvenile justice, social services agencies, as well as schools (Walker et al., 2003/04; Walker & Shinn, 2002). Many non-specialized schools may find running a targeted intervention beyond their capacity and may need to refer the student to an alternative education setting.

Parent Collaboration

Schools cannot be expected to solve the complexity of adolescent substance abuse alone. Research has found at least circumstantial evidence that substance abuse prevention will benefit from the involvement of parents (Dowrick et al., 2004; Jason, Pokorny, Dohner, & Bennetto, 1994). Increasing the amount of time parents spend with their children and opening the door to effective communication is significantly associated with reduction of adolescent substance abuse. Therefore programs, such as the Strengthening Families Program: For Parents and Youth 10-14 (Gordon, 2000), that includes parent, child, and family skills training typically yield promising results in the reduction of substance abuse behavior among adolescents. Other parent training interventions that are less cost prohibitive include parent training CD-ROM's. The CD-ROM based intervention, Parenting Wisely (PW), is a brief (approximately 3 hours) and easy to use program that teaches parents adaptive parenting skills.

Community Collaboration

According to Kumfer and Kaftarian (2000) the key to preventing adolescent problem behaviors is a strong family combined with supportive schools and community involvement. Collaboration among these entities facilitates a positive environment that fosters resiliency. The irony is that, while schools campaign and legislate against drugs, the surrounding society appears

to sanction and glamorize many substances (Aldeman & Taylor, 2003). The impact of the glamorization of substance use in the media is compounded by the proclivity of many young people to be curious and test limits. Campaigns for substances such as tobacco have been curtailed in recent years however, mass media campaigns for alcohol and over-the counter drugs is omnipresent (Aldeman & Taylor, 2003). Thus, adolescents are warned of the consequences of substance abuse while being bombarded with pro-use messages. The community can support school and parent substance abuse prevention initiatives by participating in workshops and panel discussions as well as increasing their knowledge of substance abuse within the community.

References

Adelman, H. S., & Taylor, L. (2003). Creating school and community partnerships for substance abuse prevention programs. *The Journal of Primary Prevention, 23*(3), 329-369.

Belcher, H. M. E., & Shinitzky, H. E. (1998). Substance abuse in children. *Archives of Pediatrics & Adolescent Medicine, 152*, 952-960.

Botvin, G. J., & Griffin, K. W. (2000). Preventing substance use and abuse. In K. M. Minke & G. G. Bear (Eds.), *Preventing school problems-promoting school success: Strategies that work* (pp. 259-298). Bethesda, MD: National Association of School Psychologists.

Dowrick, P. W., Leukenfeld, C. G., & Stodden, R. A. (2004). Substance abuse early prevention programs for young children with school difficulties. *The Journal of Primary Prevention, 25*(3), 309-328.

Edwards, D., Hunt, M. H., Meyers, J., Grogg, K. R., & Jarrett, O. (2005). Acceptability and student outcomes of a violence prevention curriculum. *Journal of Primary Prevention, 26*(5), 401-418.

Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *The Journal of Primary Prevention, 21*(2), 227-251.

Hastings, G., Stead, M., & MacKintosh, A. M. (2002). Rethinking drugs prevention: Radical thoughts from social marketing. *Health Education Journal, 61*, 347-364.

Jason, L. A., Pokorny, S. B., Kohner, K., & Bennetto, L. (1994). An evaluation of the short-term impact of a media-based substance abuse prevention programme. *Journal of Community & Applied Social Psychology, 4*, 63-69.

Komro, K. A., Perry, C. L., Williams, C. L., Stigler, M. H., Farbakhsh, K., & Veblen-Mortenson, S. (2001). How did Project Northland reduce alcohol use among young adolescents? Analysis of mediating variables. *Health Education Research, 16*(1), 59-70.

Kumfer, K. L., & Kaftarian, S. J. (2000). Bridging the gap between family focused research and substance abuse prevention practice: Preface. *The Journal of Primary Prevention, 21*(2), 169-183.

Meschke, L. L., & Patterson, J. M. (2003). Resilience as a theoretical basis for substance abuse prevention. *The Journal of Primary Prevention, 23*(4), 483-514.

Severson, H. H., & James, L. (2002). Prevention and early interventions for addictive behaviors: Health promotion in the schools. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II: Prevention and remedial approaches* (pp. 681-701). Bethesda, MD: National Association of School Psychologists.

Tobler, N. S., Roona, M. R., Ochshorn, P., Marshall, D. G., Streke, A. V., & Stackpole, K. M. (2000). School-based adolescent drug prevention programs: 1998 meta-analysis. *The Journal of Primary Prevention, 20*, 275-336.

Walker, H. M., Ramsey, E., & Gresham, F. M. (2003/04). Heading of disruptive behavior: How early intervention can reduce defiant behavior and win back teaching time. *American Educator, 2*, 6-21, 45-46.

Walker, H. M., & Shinn, M. R. (2002). Structuring school-based interventions to achieve integrated primary, secondary, and tertiary prevention goals for safe and effective schools. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), *Interventions for academic and behavior problems II: Prevention and remedial approaches* (pp. 681-701). Bethesda, MD: National Association of School Psychologists.

Zavela, K. J. (2002). Developing effective school-based drug abuse prevention programs. *American Journal of Health Behavior, 26*(4), 252-265.