A Teachers' Guide

FOR SUBSTANCE ABUSE PREVENTION EDUCATION

A Project of the National Council on Drug Abuse

With input from Teachers, Guidance Counsellors & the Guidance & Counselling Unit of the Ministry of Education Youth & Culture

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Edited by Penelope Budhlll

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The overall goal of this manual is to provide the teacher and guidance counsellor with information that will assist her or him to develop an effective substance abuse prevention programme within the school and community. It is intended that this manual be used along with:

1. Training provided by the Guidance and Counselling Unit of the Ministry of Education, Youth & Culture in the area of substance abuse prevention education
2. The Substance Abuse Prevention Education Scope and Sequence as written for the relevant grade levels
3. The Health and Family Life Education Scope and Sequence (Grades 1-6) and Curriculum (Grades 7-9)
4. Among the substance abuse prevention materials recently developed are those listed in the table below:

<table>
<thead>
<tr>
<th>Material</th>
<th>Title</th>
<th>Target groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall chart</td>
<td>Substance Abuse Chart for Teachers</td>
<td>Teachers</td>
</tr>
<tr>
<td>Wall chart</td>
<td>Stick to Healthy Activities</td>
<td>Grades 1-3</td>
</tr>
<tr>
<td>Wall chart</td>
<td>Substance Abuse may Lead to Death</td>
<td>Grades 7-11</td>
</tr>
<tr>
<td>Workbook</td>
<td>Positive and Drug Free – That’s me</td>
<td>Grades 7-9</td>
</tr>
<tr>
<td>A Teachers’ Guide</td>
<td>A Teachers’ Guide for Substance Abuse Prevention Education</td>
<td>Teachers</td>
</tr>
<tr>
<td>Comic book</td>
<td>A Tale of Two Families</td>
<td>Grades 4-6</td>
</tr>
<tr>
<td>Poster</td>
<td>Protect yourself</td>
<td>Grades 10-11</td>
</tr>
<tr>
<td>Poster</td>
<td>Friends Share Interests</td>
<td>Grades 7-9</td>
</tr>
<tr>
<td>Poster</td>
<td>Real friends Help</td>
<td>Grades 1-3</td>
</tr>
<tr>
<td>Poster</td>
<td>Talk to us</td>
<td>Grades 4-6</td>
</tr>
<tr>
<td>Colouring book</td>
<td>Early Childhood Colouring Book</td>
<td>Early Childhood</td>
</tr>
<tr>
<td>Flyer</td>
<td>Teachers Wear Many Hats</td>
<td>Teachers</td>
</tr>
<tr>
<td>Parent Book</td>
<td>A Resource Book for Parents</td>
<td>Parents</td>
</tr>
</tbody>
</table>
OBJECTIVES:

Teachers and guidance counsellors, who have read this manual and been exposed to the Prevention Education Programme (PEP) training should:

- be able to plan, in association with parents and “significant others,” substance abuse prevention programmes for relevant grade levels
- be sensitive to the needs of disruptive students
- be able to teach the substance abuse prevention education programme through the application of infusion and integration methodologies
- be aware of the resources that are available to assist students at various levels of the prevention model.

The Mission of the Ministry of Education, Youth and Culture

The mission of the Ministry of Education Youth & Culture is to provide a system, which secures quality education for all persons in Jamaica and achieves effective integration of educational and cultural resources in order to optimize individual and national development.

The working group of the Ministry of Education, Youth & Culture engaged in developing the principals of the Prevention Education Programme (PEP) states that prevention approaches and intervention must be holistic, multi-faceted and multi-targeted. The group also states that the critical factors contributing to the incidence of drug misuse/abuse seem to include:
1. An absence of positive self-esteem, and
2. Severely impaired family and personal relationships.

The focus of the Ministry of Education, Youth & Culture (MOEYC) is on (primary) prevention and the application of strategies that would achieve prevention through:

1. developing positive self-esteem, self-image and values;
2. imparting decision-making, coping, problem-solving and other skills in students;
3. providing information on prevention and awareness through curriculum support materials and the use of multi-media;
4. providing alternatives to substance misuse by encouraging curricula activities, sports and constructive recreation, school gardening and income-earning activities.

**WHY STUDY ABOUT SUBSTANCE ABUSE?**

The chart below provides information on the extent to which the stated substances were abused in 1987 and 1997. You will note the age at which the substance abuse started in some cases and the extent of the abuse. It is a problem that does exist and which will not go away unless a concerted effort is made jointly by the school, community and home. The statistics provided below may be used by teachers in their mathematics, social studies and science classes, and through these means may encourage the cessation of the abuse of substances.
# % Substance Abuse Among Youth According to Grade Level (1987¹ & 1997²)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Year</th>
<th>Below Gr. 7</th>
<th>Gr. 7</th>
<th>Gr. 8</th>
<th>Gr. 9</th>
<th>Gr. 10</th>
<th>Gr. 11</th>
<th>Gr. 12/13</th>
<th>Never used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>1987</td>
<td>8.0</td>
<td>3.6</td>
<td>3.1</td>
<td>3.0</td>
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<td>1.2</td>
<td>0.1</td>
<td>78.5</td>
</tr>
<tr>
<td></td>
<td>1997</td>
<td>9.8</td>
<td>3.2</td>
<td>3.0</td>
<td>3.3</td>
<td>1.1</td>
<td>0.8</td>
<td>0.2</td>
<td>78.9</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1987</td>
<td>23.4</td>
<td>12.6</td>
<td>10.9</td>
<td>11.8</td>
<td>6.1</td>
<td>2.7</td>
<td>0.4</td>
<td>29.3</td>
</tr>
<tr>
<td></td>
<td>1997</td>
<td>22.9</td>
<td>13.5</td>
<td>10.3</td>
<td>9.2</td>
<td>5.7</td>
<td>3.3</td>
<td>0.4</td>
<td>34.3</td>
</tr>
<tr>
<td>Cannabis - smoked</td>
<td>1987</td>
<td>3.6</td>
<td>1.9</td>
<td>1.9</td>
<td>2.4</td>
<td>1.4</td>
<td>0.9</td>
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<td></td>
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<tr>
<td>Tranquilizers</td>
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<td>0.0*</td>
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<td>1997</td>
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<td>0.1</td>
<td>98.8</td>
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</table>

**MALES**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Year</th>
<th>Below Gr. 7</th>
<th>Gr. 7</th>
<th>Gr. 8</th>
<th>Gr. 9</th>
<th>Gr. 10</th>
<th>Gr. 11</th>
<th>Gr. 12/13</th>
<th>Never used</th>
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<tbody>
<tr>
<td>Cigarettes</td>
<td>1987</td>
<td>16.4</td>
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<td>0.9</td>
<td>0.4</td>
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<tr>
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<td>1987</td>
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<td></td>
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<td>2.0</td>
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<td>1987</td>
<td>9.6</td>
<td>4.5</td>
<td>3.4</td>
<td>4.2</td>
<td>1.9</td>
<td>1.6</td>
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<td>74.5</td>
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<tr>
<td></td>
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<td>2.8</td>
<td>1.2</td>
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<td>64.9</td>
</tr>
<tr>
<td>Crack</td>
<td>1987</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.0</td>
<td>98.5</td>
</tr>
<tr>
<td></td>
<td>1997</td>
<td>0.6</td>
<td>0.3</td>
<td>0.2</td>
<td>0.4</td>
<td>0.6</td>
<td>0.1</td>
<td>0.0*</td>
<td>97.6</td>
</tr>
<tr>
<td>Cocaine</td>
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<td>0.2</td>
<td>0.5</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
<td>n/r</td>
<td>98.2</td>
</tr>
<tr>
<td></td>
<td>1997</td>
<td>0.3</td>
<td>0.1</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.1</td>
<td>98.2</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1987</td>
<td>1.8</td>
<td>0.3</td>
<td>0.4</td>
<td>0.4</td>
<td>0.4</td>
<td>0.2</td>
<td>n/r</td>
<td>96.6</td>
</tr>
<tr>
<td></td>
<td>1997</td>
<td>1.0</td>
<td>0.2</td>
<td>0.3</td>
<td>0.5</td>
<td>0.1</td>
<td>0.5</td>
<td>0.1</td>
<td>97.2</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1987</td>
<td>0.9</td>
<td>0.2</td>
<td>0.2</td>
<td>0.3</td>
<td>0.0*</td>
<td>0.1</td>
<td>0.0*</td>
<td>98.1</td>
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<tr>
<td></td>
<td>1997</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
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<td>0.3</td>
<td>0.2</td>
<td>98.1</td>
</tr>
</tbody>
</table>

¹ 1987 Study completed by MOEYC (all figures are in percentages)
² Study completed by Ken Douglas
³ Percentage is less than 0.05%
**RISK AND PROTECTIVE FACTORS**

Several efforts have been made to determine the etiology of substance abuse, i.e. why the problem starts, how the problem starts and how it progresses. There are several factors which differentiate those who use drugs from those who do not. Factors associated with greater potential for drug use are called "risk" factors, and those associated with reduced potential for such use are called "protective" factors.

Research has revealed that there are many risk factors for drug abuse, each representing a challenge to the psychological and social development of an individual and each having a differential impact depending on the developmental stage of the child.

Risk and protective factors exist wherever an individual interacts with others and the society around him or her. Each person brings his or her own qualities, values or characteristics to each interaction, and these factors make a difference in the input and output of each interaction. There are six major environments in which these interactions occur. For each environment there are factors which put persons at greater risk for abuse and factors which protect, nurture and support the person. Some of these risk and protective factors are identified below.
Individual

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Individuals:</td>
<td></td>
</tr>
<tr>
<td>• Think most friends abuse substances</td>
<td>• Display negative attitudes toward substances and substance use</td>
</tr>
<tr>
<td>• Associate with substance-abusing peers</td>
<td>• Experience bonding to pro-social culture</td>
</tr>
<tr>
<td>• Display certain physical, emotional or personality traits</td>
<td>• Experience positive relationships with adults</td>
</tr>
<tr>
<td>o inherited genetic vulnerability</td>
<td>o view parents, teachers, doctors, law enforcement officers and other adults as allies</td>
</tr>
<tr>
<td>o low self esteem</td>
<td>• Demonstrate social competence</td>
</tr>
<tr>
<td>o psychological disturbances</td>
<td>• Are involved in a variety of alternative activities</td>
</tr>
<tr>
<td>o violence/aggression</td>
<td>• Display a positive sense of well-being/self confidence</td>
</tr>
<tr>
<td>o risk taking propensity</td>
<td>• Have positive goals and future plans</td>
</tr>
<tr>
<td>o impulsivity</td>
<td></td>
</tr>
<tr>
<td>o alienation and rebelliousness</td>
<td></td>
</tr>
<tr>
<td>o rejection of pro-social values</td>
<td></td>
</tr>
<tr>
<td>• Demonstrate an absence of certain social skills</td>
<td></td>
</tr>
<tr>
<td>o lack of peer refusal skills</td>
<td></td>
</tr>
<tr>
<td>o absence of or inadequately developed coping skills</td>
<td></td>
</tr>
<tr>
<td>o absence of conflict management skills</td>
<td></td>
</tr>
<tr>
<td>o inability to make positive social choices</td>
<td></td>
</tr>
<tr>
<td>• Experience early and persistent problems</td>
<td></td>
</tr>
<tr>
<td>o early sexual activity</td>
<td></td>
</tr>
<tr>
<td>o teen parenting</td>
<td></td>
</tr>
<tr>
<td>o exposure to substance abuse/use at an early age</td>
<td></td>
</tr>
<tr>
<td>o early anti-social behavior</td>
<td></td>
</tr>
<tr>
<td>o peer rejection in elementary grades</td>
<td></td>
</tr>
<tr>
<td>• Are subject to academic failure</td>
<td></td>
</tr>
<tr>
<td>• Are less involved in recreational, social and cultural activities</td>
<td></td>
</tr>
<tr>
<td>• Lacks information on positive health behaviors</td>
<td></td>
</tr>
<tr>
<td>• Lacks information on drug-related topics</td>
<td></td>
</tr>
</tbody>
</table>
Peer

**RISK FACTORS**

- Experience reinforcement of negative norms and expectations within peer group
- Think alcohol and drug use are "cool"
- Practise inappropriate sexual activity among peers
- Are linked to deviant peer influence
- Are associated with gangs
- Rely on the group to define self perception and identity

**PROTECTIVE FACTORS**

- Are involved in substance-free activities
- Have friends who disapprove of alcohol and other drug use
- Have the ability to discriminate between real and false friends
- Demonstrate positive self-perception and identity, and are therefore able to make decisions independent of peer group

Family

**RISK FACTORS**

- Experience reinforcement of negative norms and expectations within peer group
- Think alcohol and drug use are "cool"
- Practise inappropriate sexual activity among peers
- Are linked to deviant peer influence
- Are associated with gangs
- Rely on the group to define self perception and identity

**PROTECTIVE FACTORS**

- Are involved in substance-free activities
- Have friends who disapprove of alcohol and other drug use
- Have the ability to discriminate between real and false friends
- Demonstrate positive self-perception and identity, and are therefore able to make decisions independent of peer group

Some families:
### Some School Environments

<table>
<thead>
<tr>
<th><strong>RISK FACTORS</strong></th>
<th><strong>PROTECTIVE FACTORS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Some individuals:</td>
<td></td>
</tr>
<tr>
<td>- Demonstrate a lack of clear expectations, both academic and behavioral</td>
<td>- Display positive attitudes toward school</td>
</tr>
<tr>
<td>- Lack commitment or sense of belonging at school</td>
<td>- School bonding</td>
</tr>
<tr>
<td>- Are among the high numbers of students who fail academically at school</td>
<td>- Regular school attendance</td>
</tr>
<tr>
<td>- Have parents and community members who are not actively involved</td>
<td>- Communicate high academic and behavioral expectations</td>
</tr>
<tr>
<td>- Are not involved in any extra-curricular activity</td>
<td>- Tutoring available</td>
</tr>
<tr>
<td>- Experience difficulties in relating to the social and emotional needs of students</td>
<td>- Positive instructional climate</td>
</tr>
<tr>
<td>- Display a lack of respect for some teachers and administrative staff</td>
<td>- Provides leadership and decision making opportunities for students</td>
</tr>
<tr>
<td>- Have an absence of clear and unequivocal policies regarding substance abuse</td>
<td>- Foster active involvement of students, parents and community members</td>
</tr>
<tr>
<td></td>
<td>- Sponsor substance-free events</td>
</tr>
<tr>
<td></td>
<td>- Experience schools that are responsive to students’ needs</td>
</tr>
</tbody>
</table>
### Community

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>PROTECTIVE FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Some communities:</strong></td>
<td><strong>Have many opportunities for community involvement</strong></td>
</tr>
</tbody>
</table>
| • Have alcohol and other drugs readily available  
  o Irresponsible servers and sellers  
  o Affordability | **Have a strong community religious composition** |
| • Have ordinances that are unclear or inconsistently enforced | **Have ordinances that are consistently enforced** |
| • Demonstrate norms that are unclear or encourage substance abuse | **Enforce informal social control** |
| • Have residents who feel little sense of "connection" to community | **Have policies and norms, which encourage non-abuse of substances** |
| • Demonstrate neighborhood disorganization | **Have many community service opportunities available for youth** |
| • Experience rapid changes in neighborhood populations | **Have many resources (housing, healthcare, childcare, jobs, recreation, etc.) that are available** |
| • Experience high unemployment | • **Have comprehensive risk prevention programmes available** |
| • Have residents who are at or below the poverty level |  
  o Programmes for parents of children and adolescents  
  o Early childhood and family support programmes  
  o Widely supported community prevention efforts exist |
| • Experience extreme economic deprivation | • **Display a lack of strong social institutions** |
| • Display a lack of strong social institutions | **Demonstrate a lack of monitoring youths' activities** |
| • Demonstrate a lack of monitoring youths' activities | **Have inadequate and inappropriate media portrayals** |
| • Have inadequate and inappropriate media portrayals | • **Focus on pro-use messages** |
| • Focus on pro-use messages | |
All substance abuse prevention education programmes should seek to reduce risk factors and increase protective factors, or those influences on children or their environment that would serve to prevent them from using drugs or alcohol. An example of increasing a protective factor would be helping children develop a strong attachment or bond with their parents.
POSSIBLE RESPONSES

A variety of approaches exist to prevent the use of alcohol and drugs. Responses must relate to the specific school and community needs. Programmes must be geared towards all age levels with specific emphasis on

- early childhood and family health (prenatal care, health care and nutrition, educational opportunities and social support for parents),
- programmes for parents of children and adolescents, e.g.
  - how to discipline children and handle conflict,
  - social competence skills training (teach social interaction skills and values),
  - provide opportunities for academic achievement and promotion (a variety of instructional approaches),
  - organisational changes in schools (improve the school-faculty-community relationship, change discipline procedures, restructure curriculum),
  - youth involvement in alternative activities (school government, career education programmes);
- comprehensive risk prevention programmes (programmes that target multiple risk factors and that integrate information with education, social competencies and skills building).
APPLYING RISK AND PROTECTIVE FACTORS TO PREVENTION PROGRAMMES

Prevention efforts should:

- reduce risk factors
- increase protective factors

Some primary targets for prevention programmes include:

- family relationships,
- peer relationships,
- the school environment,
- the community environment.

Some elements in each primary target are briefly described below. Each of these domains can help to deter the initiation of drug use by increasing social and self-competency skills, adoption of pro-social attitudes and behaviors, and awareness of the harmful health, social, and psychological consequences of drug abuse.

Family Relationships: Prevention programmes can enhance protective factors among young children by teaching their parents skills for better family communication, discipline, firm and consistent rulemaking, and other parenting skills. Parents should be encouraged to take a more active role in their children's lives, including talking with them about drugs, monitoring their activities, getting to know their friends, and understanding their problems and personal concerns.
**Peer Relationships:** Prevention programmes focus on an individual's relationship to peers by developing social-competency skills. These involve improved communications, enhancement of positive peer relationships and social behaviors, and resistance skills to refuse drug offers.

**The School Environment:** Prevention programmes also focus on enhancing academic performance and strengthening students' bonding to school, by giving them a sense of identity and achievement and reducing the likelihood of their dropping out of school. Most curricula include support for positive peer relationships (described above) and a normative education component designed to correct the misperception that most students are using drugs. Research has found also that when children understand the negative effects of drugs (physical, psychological, and social) and when they perceive the disapproval of drug use by families and friends, they tend not to initiate drug use.

**The Community Environment:** Prevention programmes work at the community level with civic, religious, law enforcement, and government organisations to enhance anti-drug norms and pro-social behavior through changes in policy or regulations, mass media efforts, and community-wide awareness programmes. Community-based programmes might include new rules and regulations, law enforcement, advertising restrictions, and drug-free school zones - all designed to provide a cleaner, safer, drug-free environment.
Educating children about the negative effects of drugs, especially the most immediate adverse effects in their lives, is an important element in any prevention programme. In addition, helping children become more successful in school behavior and performance helps them to form strong pro-social bonds with their peers, school, and community.

**PREVENTION AND CHILD DEVELOPMENT**

The most vulnerable time for children is when they undergo transitions – physical, emotional and/or psychological – from one developmental stage to another. Exposure to risks, however, can start even before a child is born; this is one reason that mothers are advised to abstain from abusing substances during pregnancy.

Exposure to substance abuse can also be within the family or the extended family environment or within the family’s circle of friends,

The first big transition for children is when they leave the security of the family and enter school. When they advance from primary school through the different levels, they often face social challenges, such as learning to get along with a wider group of peers. During adolescence and pre-adolescence many children are likely to encounter peer pressure to abuse substances. In high school, young people face social, psychological, and educational challenges as they prepare for the future, and these challenges can lead to sustained abuse of alcohol, tobacco, and other drugs if not handled properly.
When young adults go on to college or get married or enter the workforce, they again face new risks from alcohol and other drug abuse in their new adult environments.

Other periods of high risk are when students face some trauma, e.g.

- When a parent, sibling, close relative or close friend dies
- If there is any kind of physical or emotional abuse
- When the normal family situation is disrupted in any way, e.g. parents quarrelling, a divorce or separation
- Any significant disturbances within the community or neighbourhood, e.g. gang warfare, rapes, violent robberies or incidents or gun battles
- When there is any acute peer pressure, or
- When parents, older siblings, relatives or friends set the example of abusing drugs.

Teachers need to be cognizant of these events and ensure that adequate support is given and that children are allowed the opportunities to express themselves in whatever way they can. This may be by writing a letter, a poem, a song or a drawing or by painting a picture or through the performing arts.

Because risks appear at every transition from infancy through young adulthood, prevention planners need to develop programmes that provide support at each developmental stage.
When is the child likely to start?

Children have been known to begin abusing substances by choice at nine years of age. Many pre-schoolers may be exposed to ganja tea long before they attend school. Young people may start by illicitly using legal substances (such as tobacco, alcohol, and inhalants); others may go on to abusing illegal drugs (marijuana is usually the first). Progression tends to start with legal drugs with a gradual movement to illegal substances and harder drugs. Progression tends to be evident within the context in which drinking and smoking are socially acceptable and where these drugs are widely available and easily accessible.

Using the chart “Substance Abuse Chart for Teachers” will assist in the recognition of the signs of substance abuse, however it is important that teachers and other adult mentors do not confuse normal behavioural patterns of adolescence with signs of abuse.
PRINCIPLES FOR TEACHING THE SUBSTANCE ABUSE PREVENTION EDUCATION PROGRAMME (PEP)

The Ministry of Education, Youth and Culture in collaboration with several teachers and guidance counsellors have identified a framework within which each school may establish substance abuse prevention education programmes. Below are the principles:

1. A primary focus of the PEP is to strengthen the identifiable protective factors.
2. PEP is best taught within the context of the health and family life education programme.
3. PEP messages across the school system should be consistent and clearly understood.
4. PEP should enhance but not substitute for the teacher, normal activities or resources in the classroom.
5. PEP should address the values, attitudes and behaviours of the community and the individual.
6. PEP should be based on research, effective curriculum practice and identified student needs.
7. PEP should respond to the developmental, gender, cultural, language, socioeconomic and lifestyle differences relevant to the student population.
8. PEP strategies should be related directly to the achievement of its objectives.
9. PEP activities and resources for the implementation should be made on the basis of their ability to contribute to long term positive outcomes and the health status of the school community.
10. PEP, to be effective, should reflect an understanding of characteristics of the individual, the social context, the drug and the interrelationship between these factors.
11. Mechanisms should be developed to involve students, parents and the wider community at both the planning and implementation stages.
12. PEP should have sequence, progression and continuity, over time, throughout the grades.
PREVENTING DRUG ABUSE

How can we prevent drug abuse?
The first thing we need to recognize is that preventing drug abuse occurs in three stages:

**Primary prevention:** Primary prevention is carried out at the early stages when either there has been no abuse or there has only been a first try. At this stage there can be education, alternative activities and substance abuse prevention counselling.

**Secondary prevention:** Secondary prevention becomes necessary when abuse has become a habit and professional treatment is required. Secondary prevention, depending on the drug of choice, usually takes place in an institution, e.g. a treatment centre.

**Tertiary prevention:** This refers to the stage when the recovering addict is in the process of rehabilitation, resocialization and reintegration within the community.

To operate within this framework, there should be an awareness of the current status of substance abuse in the community and in the schools,

- names and effects of substances subject to abuse\(^4\).
- Places from which help can be obtained\(^5\)

\(^4\) See Wall charts: “Substance abuse May Lead to Death” & “Substance Abuse Chart for Teachers”
- Stages of development of the children involved
- Risk and protective factors to which students are exposed

Figure 1: The Prevention Model as designed by Dr. Winston Davidson and modified by Dr. Charles Thesiger (former Chairmen of the National Council on Drug Abuse.

5 See Appendix Two for a schedule of treatment and rehabilitation centres.
THE PREVENTION CONCEPTS

The PEP is developed around eight concepts which may focus the teaching of substance abuse prevention:

- **Identity**
- **Self-esteem and Self-Perception**
- **Responsibility**
- **Relationship**
- **Citizenship**
- **Empowerment**
- **Leisure**
- **Drug Awareness**
PREVENTION STRATEGIES

1. Classroom Enhancement

Primary Prevention may be achieved by

- helping students and other youths to develop positive self esteem, present a positive image and act out positive values
- making the classroom more inspiring and attractive by creating a relaxed and entertaining atmosphere
- enhancing decision-making, coping, problem-solving and other skills among students
- providing information on prevention and awareness through curriculum support materials and the use of multi-media
- providing alternatives to substance misuse by encouraging extra-curricula activities, sports and other constructive recreation, school gardening and income-earning activities.
- encouraging the participation of parents in school and extra-curricular activities; some parents may be used as resource persons
- facilitating the empowerment of students, e.g. have them write a roster for cleaning the chalkboard or classroom or writing on the chalkboard
- devising and using a wide variety of strategies for teaching substance abuse prevention, e.g. poetry, music, role play, research, debating as appropriate.
2. Refusal Skills

Skills building: How Can I Say NO?

BE SMART! DON'T START! 6

But if someone asks you,

"Want some alcohol, tobacco, or other drugs?"

Say, “No, I'm smart!” I'd rather...

1. Call a friend. Write your best friends' numbers here:
   ____________________
   ____________________
   ____________________

2. Be nice to myself...
   Sing, dance, read, swim, draw . . .

3. Get involved...
   Help other people or join a group.

4. Dream about what I want to be, who I want to be like.

__________________________
__________________________
__________________________

6 Source: U.S. Department of Health & Human Services and SAMHA’s National Clearinghouse for Alcohol and Drug Information
3. Decision Making

Below is a sample lesson plan for teaching decision making for preventing alcohol and tobacco use.

**Topic:** Health

**Grade:** All

**Time:** 45 Minutes

**Goal:** Students will identify and demonstrate refusal skills and list alternatives to smoking and drinking.

**Objectives:** Students will

- identify five alternative activities to smoking and drinking
- demonstrate skills to refuse smoking and drinking
- be able to make decisions regarding drinking and smoking.

**Concepts:**

- Alternative activities
- Healthy decisions
- Refusal skills

**Activities**

1. Students will be given a written quiz to determine their knowledge of FIVE alternative activities to smoking and drinking.

2. The students will design their own anti-smoking and anti-alcohol advertisement geared to help adolescents understand the healthy decisions on smoking and alcohol.

3. Students will write a journal entry on how they make a healthy decision when they come across alcohol and drinking throughout their lives.

**Evaluation**

Students will role-play the use of refusal skills in different circumstances, e.g. peers, parents and others.
4. A Parent Incentive Scheme

Traditionally, the parents whose presence is most desired are those who do not attend parents’ meetings. However, there are many ways in which parents can be encouraged to participate. Students have been known to exert a significant influence over their parents. Perhaps some kind of reward or recognition could be given to students for the attendance of their parents at PTA meetings and participation in school activities. This may provide an incentive to increase parent participation.

Mechanisms which will facilitate the participation of parents may include:

- specific assignments at PTA meetings
- home visits by guidance counselors
- special invitations to school open days and other student-led activities, e.g. concerts, sports days, plays and other special occasions
- involvement of parents on the school advocacy team.

5. Advocacy Team

This team may include representatives of students, teachers, administrative staff, ancillary staff, parents and other community members, including vendors. Under the supervision of the principal and chaired by the Guidance Counsellor, the team would be responsible for planning all substance abuse prevention activities in support of the school prevention programme. It could also assume responsibility for working along with various support groups, e.g. Jamaica Cultural Development Commission (JCDC), Neighbourhood Watch, NCDA, Community Drug Abuse Prevention Committees (CODACS), Police and other
youth and sports clubs in the community, the church, service clubs and the private sector. This team should write a detailed plan including a budget with fund-raising events and a set of indicators identifying how the activities would help to prevent substance abuse and its progress. New team members must constantly be recruited and oriented to the team’s work and general goals of substance abuse prevention.

6. Some Prevention Programme Activities

Prevention activities must be multi-faceted and involve students, teachers, parents and as far as is possible, community members. Activities should be participatory and facilitate the real involvement of students in the classroom, on the playing field, at home and in the community; they should be culturally relevant and not linked necessarily to academic pursuits. Activities should relate to the ability, intellectual level and social framework of the students. Below are some suggestions:

- production of a wide variety of materials by students for themselves, their peers, their parents, friends and relatives. They should be able to use these materials (posters, flyers,
advertisements, etc.) at school, in the home, in the community or at church—wherever they live and play;

- the training of teachers in substance abuse prevention techniques and the development of curriculum support materials;

- the infusion and/or integration of substance abuse prevention where relevant and practical as part of teaching the core curricula;

- maintenance of contact with the community by teachers and guidance counselors, whether through student or their parents, so that teachers become aware of the trends and behavioural practices in their school and community. It would also be useful to engage students in research to determine the local and international trends in substance abuse and substance abuse prevention;

- continued strong collaboration between schools and cultural and other agencies; including organisations, the police, community-based organisations, e.g. neighbourhood watch, police youth clubs and other youth groups initiated by the Social Development Commission. This will help to provide useful extra-curricular activities, where teachers are unable to supervise after school activities;

- verification of suspected substance abuse cases for referral and, if required treatment and rehabilitation;

- making information on substance abuse prevention more readily available throughout the country;

- providing community outreach in collaboration with other agencies,

- utilizing student leadership in the positive development of their peers;

- networking with community groups.
TEACHING PEP THROUGH INTEGRATION AND INFUSION

Integration

At the early childhood and lower primary levels there is no discrete subject. **All subject areas are taught through the process of integration, which is achieved through the identification of several discussion questions.** The process of integration involves the recognition of similar concepts across subject areas and the application of the principle: unity of concepts.

Integration, therefore, seeks to bring the content of all the existing subject areas together in order to effect a continuous flow of ideas, even without identifying particular subject areas.

In effect, a single concept for example, “Who am I?” is used to teach knowledge from a variety of subject areas relevant to that theme at the early childhood level. However the focus is on the single concept, rather than on the varying subject areas. In order to achieve integration, one needs to:

- identify within the discussion question the areas of content common to various subject areas
- write objectives for those subject areas as they relate to the discussion question;
- develop activities to achieve the objectives and assess whether the objectives have been achieved and the extent to which this has been done.

The focus throughout the teaching process is on the selected theme and no reference is made to the subject areas, although those areas are being taught.
A MODEL OF INTEGRATION

Figure 2: Model of Integration
Developed in Prevention Education Workshops; 1993
THE INFUSION PROCESS

INFUSION is the strategy through which the concepts of one teaching/learning programme are added to another without changing the basic aim of the lesson. In effect, infusion results in reinforcing the concepts of the existing curricula.

Infusion is the strategy recommended for adding substance abuse prevention concepts to the themes, which are currently being taught in all subject areas. This is achieved by adding content relevant to the prevention education concepts without detracting from the normal lesson content or that of the existing curricula.

The unity of concepts is also used as the avenue for infusing those substance abuse prevention concepts, which are common with the existing themes within the curricula. Specific themes have been identified therein as being most relevant to the teaching of the substance abuse prevention education programme.

The process of infusion involves the merging or fusion of two bodies of knowledge, for example, the content of the curriculum and prevention education through one concept, which is common to both.
THE INFUSION PROCESS requires the following steps:

- Identification of the theme/subject area within the curriculum
- Identification of the concepts which are common to both the subject and prevention education, e.g. self
- Introduction of the prevention education concept while teaching the subject, i.e., I am a person, who has an identity
- Development of a focus relevant to both the prevention education programme and the curricular content
- Consultation of the existing curriculum and prevention education material;
- Writing of at least one objective for teaching both prevention education and the normal curriculum
- Including activity that is related to the prevention education material as part of the teaching process. This activity can be used for introduction, enhancement and/or evaluation. It can also be used for review purposes
- Review of the effectiveness of the substance abuse prevention-related activity
- Review of the effectiveness and the comfort of the infusion process.
Figure 3: Revised Model of Infusion (Winsome Russell, Ph. D., October 2001); Original developed in Prevention Education Workshops, 1993
**APPENDIX ONE:**

**OVERVIEW OF POLICY FOR THE MANAGEMENT OF SUBSTANCE ABUSE IN THE EDUCATION SYSTEM, 2003**

**Purpose of Substance Abuse Policy**

- To address the course of action to be taken when members of the school community are involved in substance abuse
- Ensure health, safety and welfare of members of school community

**Factors contributing to incidence of substance abuse**

- Absence of positive self-esteem
- Impaired family and personal relationships
- Availability of substances subject to abuse
- Cultural norms and values
- Distortion of accurate information

**Why is education so important?**

- Effect of prevention measures
- Lower success rate of rehabilitation than prevention
- Substance abuse is occurring at earlier ages
- Significant cost benefits from prevention rather than treatment and rehabilitation
Role of MOEYC

- Establish guidelines with respect to Substance Abuse within the school system
- Provide materials and guidelines
- Training – content, methodology to include integration and infusion
- Collaboration & Networking
- Development of Programmes

Role of the School Community

- Equipping students and staff with life skills
- Providing material and information to enhance awareness to students and others
- Providing alternatives
- Providing support
- Identifying and referring cases
- Observing substance awareness day or week
- School rules

Role of Parents

- Attention to behaviour patterns
- Regular medical checks
- Knowing friends
- Random checks of children’s books & bags
- Establishing and maintaining good rapport
Rules Governing Substance Abuse Prevention

- Formulation of clear, easily understood, just school rules
- Provide Public Education
- Use of positive approach to help those involved
- Provide access for up-to-date and relevant information
- Commitment to action
- Nomination of responsible member of staff as focal person
- Introduction of prevention and intervention strategies
- Establishment of links with support agencies
- Collaboration between school, home and community
- Training

Procedures for Students

- Written or Oral report to Principal
- Referral within 24 hours
- Observation
- Notification of parents/guardians
- Convening of conference
- Contract
- Disciplinary action
- Counselling
- Referral
Procedures for other Members of School Community

Reference to-

✓ Education Regulations – 1980
✓ Public Service Regulations - 1961

Reports

✱ Annual report
✱ Data
APPENDIX TWO:

SCHEDULE OF SOME SUBSTANCE ABUSE PREVENTION ORGANISATIONS

- **Assessment and Detoxification Unit**: University of the West Indies, Mona, Kingston 7; Tel: 977 0705
- **Ward 21**: University of the West Indies, Mona, Kingston 7; Tel: 977 2240
- **Richmond Fellowship (Patricia House)**, 6, Upper Musgrave Avenue, Kingston 10; Tel: 978 1670; 978 2324
- **Will Chamberlain Centre**, 53 Lyndhurst Road, Kingston 10; Tel: 908 0389
- **Addiction Alert Organisation**, 57 East Street, Kingston; Tel: 967 3777-9; Hotline 0 888 991 4146
- **National Council on Drug Abuse**, 2-6 Melmac Avenue, Kingston 5, Tel: 926-9002-3
- **Cornwall Regional Hospital**, Montego Bay, St. James; Tel: 952 5100-9
- **Bellevue Hospital**, 161/2 Windward Road, Kingston 2; Tel: 928 1830-1; 938 1562-3
- **Teen Challenge**, 34 Hopefield Avenue, Kingston 6, Tel: 978 0014; 978 23259; For females only: 10 Shaw Park Avenue, Ocho Rios, St. Ann, Tel: 795 2695, 974 4598
- **Ionie Whorms Counselling Centre**, Fletcher’s Land Community Centre, 155 Church Street Tel: 948 2948