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School-based alcohol education

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Abstract

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Statement of Purpose

The purpose of school-based alcohol education is to reduce the number of alcohol-related problems and deaths among young people. Effective educational efforts, hopefully, will lessen children's and adolescents' chances of developing alcohol related problems as they mature and become adults. This paper will review the literature concerning school-based alcohol education in primary and secondary schools in the United States.

Alcohol is widely available and consumed in American society, and teen-agers, as well as adults, must choose if, how, and under what circumstances they will or will not consume alcohol. In a democratic society in which alcohol is a part, the only realistic and practical hope is that people will make choices about alcohol consumption that reduce their risk of alcohol-related problems. According to Thompson, Daugherty and Carver (1984), alcohol-education efforts should be focused on enabling people to adopt and maintain low-risk choices.

Young people are drinking more, at earlier ages, and with devastating consequences (Roth & Friedman, 1987). These authors note that it is no longer unusual for ten and twelve year-olds to have serious alcohol or other drug problems. Gibbons, et al. (1986), reported from a Student Alcohol

Inventory Survey of 650 students in grades 7-12, in a middle-atlantic town, that 83% had drunk alcohol and 53% had their first drink by age twelve. Twenty-five percent of the United State's population between the ages of 13 and 18 can be categorized as "problem drinkers" (Kinney & Leaton, 1983). The results of this population's problematic drinking often do not enter into the usually published estimates of the societal costs of alcoholism and alcohol abuse, because such figures report only excessive use of alcohol by adults (Sherman, Lojkutz, & Steckiewicz, 1984).

The cost of alcoholism to our society is tremendous. Kinney and Leaton (1983) estimated the cost for lost production, health care, accidents, and crime to be 42.75 billion dollars per year. Roth and Friedman (1987) estimated that alcoholism costs our country 120 billion dollars annually. Roth and Friedman also noted that alcohol is a major factor in about 15% of all health care expenditures and in 30% to 40% of hospital admissions (1987). Ravenholt (1983) noted that nearly 100,000 people die of alcohol-related causes every year. Kinney and Leaton (1983) made the point that an individual alcoholic also pays a high price for his/her addiction, in that an alcoholic's life expectancy is shortened by 10 to 12 years.

In attempting to reduce the number of alcohol-related problems, and their costs to society, educators must first establish a firm set of goals relating to alcohol education. Barnes (1982) stated that alcohol education/prevention efforts have been targeted largely toward young people, since it is widely believed that prevention of alcohol abuse (or early intervention) is the best "cure" for alcoholism; that prevention strategies are thought to be most effective before the severely debilitating effects of long-term alcohol abuse have occurred. Interestingly though, Goodstadt, Sheppard and Goodwin (1982) noted that some alcohol educators consider abstinence to be the most important factor, while still other educators aim for a reduction in alcohol consumption. According to Barnes (1984), issues plaguing the field of alcohol education include "the absence of a clear philosophy of alcohol education is reflected in the lack of goals; this in turn results in poorly formulated techniques and methods of alcohol education, and in turn leads to the inability to effectively evaluate efforts" (p. 136). Just as the goals vary from one alcohol educator to another, so do the approaches taken to meet those goals.

Curricula

Barnes (1984) noted that alcohol education is usually part of the general health education sequence of courses in

many schools. She stated that alcohol education is one of many topics taught in health education courses, and as such this "one-shot" approach is usually not effective in changing attitudes and/or behaviors with regard to the use of alcohol.

Barnes (1984) also noted that such school-based programs may not be applicable to all groups of adolescents. For example, such programs may not be effective among many high-risk groups such as students who are frequently absent from school, school dropouts, and young people with various delinquent or problem behaviors. Barnes stated that schools must work with these high-risk groups, but that they would also need cooperation from outside agencies. Barnes concluded in this context that there was very little empirical evidence regarding what kinds of approaches have what effects with what groups of people.

According to Fullerton (1983), implementing an alcohol education curriculum in a school system requires school administrators, faculty, students, and parents to make a unified commitment to the curriculum selected. Fullerton also believed that implementation necessitates agreement on answers to the following questions:

> Is the program cost effective? Could the objectives and activities be integrated into existing classroom programs with few disruptions? Can necessary teacher training be

> arranged conveniently and at a reasonable cost? Is there an established method to evaluate the effectiveness of the curricula after it has been implemented? (p. 9)

The development of a unified and widely supported alcohol education program in any community is crucial to the development of that community's prevention efforts. According to Erickson and Newman (1984), unless such social agencies as schools, mental health centers, and the judicial system work together, there is little possibility that alcohol use among young people will decline.

In their article concerning a school counselor's role in alcohol education, Erickson and Newman (1984) revealed how a school counselor, in cooperation with a county judge, and a staff member of a local newspaper began a program to address the alcohol abuse problem among teenagers in Lincoln, Nebraska. The program consisted of the following components. The local newspaper printed articles to increase parental awareness. The school counselor received probation orders directly from the judge, thus allowing the counselor to work directly with probation officers. These probation orders were also sent to the local community mental health center, with which the school counselor was also connected. A skilled alcohol consultant was brought into the school to further coordinate these efforts. Communication with other school

districts increased and parental groups were established. This example of community involvement, which was started by a school counselor, illustrates that things can be done on a small scale to prevent alcohol abuse which do not require the expenditure of large amounts of money or legislative mandates.

White (1988) noted that coordinating efforts of schools and communities was not enough, that even modifications in dress codes within the school may become a contributing factor when distributing alcohol-education information. He cited as an example a situation which occurred at Valley Center Middle School (where he was the Assistant Principal), in Valley Center, Pennsylvania. At the end of the summer of 1987, when students returned to school, many students were wearing "Spud McKenzie" t-shirts. These shirts consisted of an advertisement for Budweiser beer. White noted that the wearing of the t-shirt was inconsistent with the school's expenditure of thousands of dollars to help students to say "no" to drugs; that the wearing of these t-shirts implied that students were saying "yes" to drugs. White implemented a program that consisted of school staff members performing the following activities whenever they encountered a student wearing such a t-shirt: 1) students were asked if they believed in saying "no" to drugs; 2) they were reminded that

alcohol is the most abused drug among teen-agers; 3) they were told that it was not consistent to have an anti-drug program in the school while outwardly advertising a drug, and 4) students were told that although the law supports freedom of expression, they were asked to support their school by turning their shirts inside out and/or not wearing them to school anymore. As a result of White's intervention, the t-shirt became practically non-existent in his school of approximately 600 students.

According to DeJong (1987), an alcohol-education program which has been used in the United States is "Drug Abuse Resistance Education" (DARE). This program is designed to develop skills among elementary and junior high school students in resisting peer pressure to experiment with alcohol, tobacco, and drugs. DeJong reported that project DARE began as a joint effort of the Los Angeles Police Department and the Los Angeles Unified School District in 1985. DARE's instructors were full-time police officers who had completed two weeks (80+ hours) of alcohol education training. Each officer was assigned to five schools within the Los Angeles school district per semester, and visited the sixth-grade classrooms once a week. The officers told the students of actual alcohol related police cases involving teenagers (DeJong, 1987). (Project DARE is currently being offered by

the Cedar Falls, Iowa, police department. According to Sergeant Paul Brown (personal communication, March 27, 1989), the department has three DARE instructors, who are sworn police officers, who present alcohol information to all sixth-grade students in the Cedar Falls schools. Classes are 45 minutes in length and are held once a week, for 17 weeks.)

DeJong (1987) reported positive results concerning attitudes, knowledge, and behaviors of seventh-grade children who participated in a full semester of Project DARE activities during their sixth grade in school. Compared to a control group, students who had DARE training reported significantly lower use of alcohol, cigarettes, and other drugs as seventh graders in the Los Angeles Unified School District.

An alcohol-education program designed for younger children is "Starting Early" (Tricker & Davis, 1987). This program, developed in 1985 by the American Automobile Association, consists of five sessions of planned curricula for grades K through 6. The lessons help children respond positively to alcohol-related situations. Children are given the opportunity to learn more about how alcohol influences the mind and body. According to Tricker and Davis, the effects of the "Starting Early" program are difficult to measure, however the

foundation it lays for future programs is "Starting Early's" major asset.

Another program reported by Tricker and Davis (1987) is "Here's Looking At You, Two," developed in 1985 by Roberts and Associates. The original "Here's Looking at You" program was deemed unsuccessful and this one took its place. This curriculum, intended for grades K through 12, was designed to emphasize the four components of: 1) enhancing self-esteem, 2) improving decision-making skills, 3) coping, and 4) providing information on alcohol and other drugs. Tricker and Davis noted that each grade can be taught separately or the materials may be presented in sequence throughout the grades. In this program, students have the opportunity to examine their personal attitudes about drugs and alcohol and the influences exerted by other people. According to Tricker and Davis, the program includes lessons that extend over a 20-hour period and cover the four components in a one semester course.

Another area of concern relating to alcohol education is the number of alcohol-related teenage traffic accidents. A sobering fact is that alcohol-related traffic accidents are the leading cause of death and injury among young people in the United States (Gersten, 1984; Roth & Friedman, 1987). Watson (1988) noted that more than two out of three

teen-agers drink, that one out of four drinks weekly, and that more teens die and are injured in drinking and driving accidents than in any other manner. The Presidential Commission on Drunk Driving (1983) noted, at that time, that 50% of all highway deaths (over 26,000 annually) involved the irresponsible use of alcohol (Ungerleider & Block, 1987).

In the Deer Park, New York public schools, steps were taken to educate students and the community about the dangers of alcohol abuse and drunk driving (Gersten, 1984). Gersten reported that a planning committee was appointed consisting of school board members, administrators, teachers, students, and parents. The committee's five-part purpose was to: 1) air concerns about teen-age alcohol abuse; 2) establish workable strategies to combat drunk driving; 3) set up a timetable for implementing these strategies; 4) establish an evaluation process; and 5) involve as many members of the community as possible. According to Gersten, a week long campaign was begun to under-score the hazards of drunk driving. In order to involve parents in the campaign, an evening meeting was held during the awareness week. Experts were brought in, including a law enforcement official, a "Mother's Against Drunk Driving" representative, teen-age counselors, and teachers. Mini-workshops were held so that small groups of parents could talk about their worries. Although it is

difficult to evaluate the effects of Gersten's study, one indication of the results of the project was many more students had opened-up to school counselors about their drinking problems.

The effectiveness of an alcohol-education program is also dependent, to some degree at least, upon the age of the students participating in the program. In the course of developing Nebraska's alcohol education curriculum of 1983, its effectiveness was tested with approximately 1,800 students in grades seven through nine in 25 Nebraska schools (Newman, et al., 1984). This curriculum aimed specifically at increasing students' knowledge about alcohol and improving their decision making skills. The curriculum consisted of six units and was taught for a total of ten one-hour periods. The results of this study indicated that the curriculum did significantly affect gains in knowledge, but that these effects varied with age of the students as well as the manner of implementation of the curriculum. The fully implemented curriculum had a positive impact on the knowledge and decision-making skills of 14 to 15 year-old students. However, Newman and his associates found that the 12 to 13 year-olds made little or no gains according to the post-test analysis. The Newman study concluded that it is critical for the curriculum to be taught by trained teachers.

Alcohol information need not be distributed solely by the classroom teacher, but may be included in extra-curricular activities as well. In a study by Glicksman, Douglas, and Smythe (1983), the impact of a live theatrical performance on the knowledge, attitudes and behavior of students in grades nine and ten was assessed on eighteen measures using a pre/post-test questionnaire. (Although this study related to alcohol-education curricula outside the United States, the results appeared highly successful and might well be considered for possible adoption by school systems in this country.) In the study, approximately 1,000 students from eight Northwestern Ontario, Canada secondary schools were assigned to four research groups. One group was exposed to a live one-hour theatrical performance called "BOOZE," performed by high school students, which depicted the various problems associated with the use of alcohol. The second group was exposed to the same performance, which was then followed by four one-hour classroom lessons dealing with alcohol education. The third group of students were only given the lesson plans in class; they did not view the performance. The fourth group, the control group, received neither of the two interventions. Although only 716 students completed both the pre and post-test questionnaires, Glicksman and his associates concluded that the theatrical performance was as

effective in influencing attitudes, motives and behaviors as was the four-hour formal presentation of the lesson plans. Since the study demonstrated the short-term effects of a live theatrical performance, the authors indicated that further research must address the possible long range effects of such interventions.

In Iowa, local school district educators and officials, in cooperation with the Iowa Department of Education, have traditionally determined the extent to which alcohol education would be incorporated into their school's curriculum. In 1988, though, the Iowa Legislature mandated that alcohol and drug education be a required part of the health curricula of all public elementary, middle and high schools beginning in the 1989-90 school year (Iowa Senate, 1988). Senate File 2094 (sub-section 12.5, 3e and 4e), states that health instruction in public elementary school programs (grades 1-8) will encompass the effects of alcohol, tobacco, drugs and poisons on the human body. Sub-section 12.5, 5e, states that high school programs (grades 9-12) will include substance abuse and non-use health curricula. This new program will become law in August, 1989. John Preston (personal communication, March 29, 1989), an Area Education Agency VII health education advisor, said that the new health education curricula incorporating alcohol education is presently being

written, and will not be complete until at least the end of June, 1989.

This section of the paper has provided seven studies on what schools are doing concerning their alcohol education programs. The "Starting Early" program provides alcohol education for grades K-6, and the DARE program provides alcohol information, by a sworn police officer to sixth-graders. The "Here's Looking at You, Two" program includes alcohol education for all school grades, K-12. This section of the paper has included studies concerning how the school counselor, county judge, and a member of a local newspaper worked together to combat the teen-age drinking problem. Also presented were articles concerning the wearing of alcohol-supportive t-shirts and the development of effective driver education programs. The use of a live play was also included as a method of distributing alcohol-education information.

Teacher Preparation

Once a state or school district has selected an alcohol education curriculum, they must then determine who is going to teach the subject. As was noted earlier, alcohol education has traditionally been a part of the health education curriculum; however, health educators may need special training in order to teach this subject (Finn & O'Gorman, 1982).

These authors have stressed the importance of training teachers to be effective alcohol educators. They indicated that teachers need special skills to be able to teach effectively in this field. According to these authors, training teachers to be effective alcohol educators should be designed to achieve four principal goals. The training should promote development in teachers of: 1) attitudes and values which are conducive to effective alcohol education; 2) the ability to teach objectively about alcohol; 3) information about alcohol use, non-use, and abuse; and 4) the ability to implement effective teaching approaches. In order to meet these goals, educators must continually search for a successful nation-wide approach.

Few studies have examined the changes that alcohol-education workshops promote among teachers. An exception are two experiments in Seattle (DiCicco, et al., 1983) in which teacher training consisted of four day workshops (over two weeks) that emphasized factual information, and to a lesser extent, attitude change. There was clear evidence from this study that teacher training produced substantial knowledge gains.

A major argument of the DiCicco, et al. study (1983), was that attitude change may be just as important as knowledge gains. The authors noted that responsible decision-making

toward alcohol use was enhanced following the teacher training. The study suggested that teacher attitude does change after their training, that the change is substantial, and that much of it persists after training. According to DiCicco, these workshops did much more than simply teach the use of a particular curriculum. These authors went on to say that studies are not yet available to show how teacher attitudes affect their use of alcohol education materials.

In 1970, Congress passed the Drug Abuse Education Act (United States Department of Education, 1986) and allocated six million dollars to train alcohol educators. In 1971, this Act became known as the Alcohol and Drug Abuse Education Program (ADAEP). Soon thereafter, a "School Team Approach" model was developed by the United States Department of Education, and has remained as an integral part of ADAEP. The School Team Approach is a national network of training and resource centers set-up to train teams of school and community representatives in problem-solving techniques that help schools develop programs for youth. The main goal of the School Team Approach is not only the reduction of alcohol use and abuse, but the reduction of associated disruptive behaviors during school hours that interfere with the learning process. The United States Department of Education (1986) set-up five regional training centers for the School Team

Approach program. These centers provided training and follow-up support to teams consisting of 5-7 representatives of local schools and communities. Trainees in the School Team Program are expected to be in residence at the training center for an average of 7 days. The training involves providing trainees with the information and skills necessary in planning and implementing an early intervention and prevention school drug and alcohol program. The national School Team Approach program has established teams of school-community personnel supported with training and follow-up assistance in every state and territory in the United States.

Summary

This review of the literature presented findings of school-based alcohol education programs in the United States. The State of Iowa will have mandatory alcohol education incorporated into its health education program in the school year 1989-90. The figures presented from the literature not only confirm the number of lives lost each year and the billions of dollars spent, but also indicated that these figures are still going up. Although schools are the main source of distributing alcohol information, the community also needs to become involved, thus providing positive models for our young people in the schools. After a thorough search

of the literature, there appears very little empirical evidence as to the involvement of the school counselor in alcohol-education programs. Whether school counselors are too busy or whether school alcohol-related problems are generally referred to local agencies is unclear. The literature shows that there are alcohol curricula for all grade levels, K-12. The alcohol-education programs that are reported show that they are about the same in classroom length and they all appear designed for one semester. These alcohol-education programs are all five or six years old, so the long term effects are not readily known nor are they going to be easy to measure. With trained teachers, programs aimed at primary and secondary schools, and cooperation from community agencies and parents, new programs hopefully will reduce the number of alcohol-related problems in our country. The future well-being of our children warrants the effort and cooperation required to implement and maintain alcohol education in our schools.

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