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DRUG-FREE SCHOOLS AND CHILDREN: A PRIMER FOR SCHOOL POLICYMAKERS

PREFACE

The Drug-Free Schools and Children: A Primer for School Policymakers materials were developed by the American Council for Drug Education under a grant from the Department of Education (Grant No. R184C80124-88). The materials consist of the following three products:

1. An introductory video. This 10-minute videocassette for school policymakers, parent organizations, and community and religious organizations presents an overview of the drug-related problems now facing our schools and sets the stage for using the policymakers' handbook.

2. A handbook for policymakers. This handbook provides a step-by-step blueprint for developing, implementing, and evaluating drug policies. The handbook discusses issues relevant to policies for elementary, middle/junior high, and senior high schools.

3. A trainer's guide. This guide is designed for persons who will train school policymakers in using the handbook. The guide presents information on customizing training to suit individual situations as well as general tips on conducting effective training.

Taken together, this multimedia package will assist school policymakers in their important task of developing comprehensive, appropriate, and effective drug policies. For further information or to order any of the Drug-Free Schools and Children materials, please contact--

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DEDICATION

"The purpose of life is
to serve others;
The joy of life is
to love others"
Karen Elizabeth Noonan

Few professions embody both love and service as clearly as education. This handbook is dedicated to an exceptional young woman, Karen E. Noonan, who was preparing for a career in education until she died in the crash of Pan Am Flight 103 in Lokerbie, Scotland on December 21, 1988.

Like the best educators, Karen was committed to imbuing children with the knowledge and skills to shape their lives. Only 20 years old and a junior majoring in early childhood education at Boston College, Karen had already devoted numerous volunteer hours to working with youngsters during the summers and after school.

Karen was the daughter of Nancy Noonan, a long-time volunteer at the American Council for Drug Education and her husband, Patrick Noonan. We dedicate this handbook to Karen and the spirit which she and other committed educators share.

The American Council for Drug Education

ACKNOWLEDGEMENTS

DRUG-FREE SCHOOLS AND CHILDREN: A Primer For School Policymakers is part of a multi-media training program funded by the U.S. Department of Education. Its purpose is to provide school policymakers such as principals, school superintendents, school board members and parent representatives with the tools to design, implement, and provide on-going evaluation of a drug policy in their school systems.

The manual was produced by the American Council for Drug Education; the primary authors are Laura J. Colker, Ed.D. and Charles H. Flatter, Ed.D. Colette Roberts and Anita Hetzer collaborated on the graphics and artwork used throughout the handbook. Ms. Hetzer and Michael Silard provided invaluable support services during its development.

Lee I. Dogoloff
Executive Director
American Council for Drug Education

"The contents of this book were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government."

DRUG-FREE SCHOOLS AND CHILDREN: POLICY MAKER'S HANDBOOK

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DRUG-FREE SCHOOLS AND CHILDREN

This handbook, Drug-Free Schools and Children, offers a set of procedures to help educators implement and sustain comprehensive drug use policies in their school systems.

Although originally developed as a take-home document to reinforce concepts and methods discussed during a training program for educational personnel sponsored by the Department of Education, Drug-Free Schools and Children can also be used as a stand-alone handbook on drug use policy for the schools.

In the context of this handbook, drug use means the use of illicit drugs, the use of alcohol by underage persons, the use of tobacco, and the use of licit medications without a doctor's supervision.

Excellent materials such as What Works, Schools Without Drugs published by the U.S. Department of Education, explain what needs to be done about drug use in our schools. This workbook suggests how to do it.

The activities described in this workbook are based on five premises:

1. Sound drug use policy, consistently and uniformly applied, can substantially reduce drug use at school and at school-sponsored events.

2. Combining an information-based, drug curriculum for grades K through 12 with sound school policy can decrease students' drug use at school and at home.

3. Although the school can serve as a catalyst and model, the ultimate responsibility for preventing children from using drugs lies with their parents.

4. The school has a unique opportunity to help parents and the community respond to the threat of drug use and to prevent it.

5. Educators are responsible for fostering behavior that will result not only in drug-free schools but also in a drug-free society.

Each of these premises points to the same conclusion: school policymakers can significantly change attitudes toward drugs in their schools and communities and actively inhibit drug use.

Background

Before 1962, children's drug use was not a prominent concern for legal, educational or medical personnel anywhere in the United States. During the next 10 years, however, use of illegal drugs skyrocketed among school-age children. Serious crimes, including homicides and other felonies, rose dramatically among all classes of school-age youth, while scholastic aptitude scores dropped to record lows. During this time, the age of first use of illegal drugs was between 12 and 16.

In many schools, students disrupted classes and even staged protests. Use of illicit drugs, regarded by some students at the time as a sign of "personal liberation," persisted long after the passing of the political issues that had accompanied increased use of drugs.

Today, educators know that drug use by students diminishes their ability to learn and remember, increases their likelihood of skipping school or dropping out, and contributes to suicide, accidents, teen pregnancy, and sudden death. Drug-related impairments are reflected in children's behavior and academic performance at school and in the tone of the educational environment. If schools are to educate children, they have no choice but to deal with the drug problem.

Schools battling drugs and alcohol are deluged with information on a variety of programs and techniques designed to reduce or prevent use. Charged with sifting through these programs, educators face critical questions:

* What constitutes an effective program to prevent drug and alcohol use by our young people?

* How can educators select the right program for their school?

* Will a program strain already overextended finances, schedules, and personnel resources?

* Is a substance abuse curriculum alone enough?

* How does a school balance its roles in teaching, counseling, and enforcement?

How a school answers these questions depends on its drug use policy and that policy's underlying principles.

The policy proposed here is that schools should not tolerate any drug use by students, and, indeed, cannot tolerate any drug use by anyone, if drug prevention efforts are to succeed. In addition, the policy must:

* Provide a plan that ensures a drug-free climate at school and at school-sponsored activities by enlisting the cooperation of teachers, administrators, and students.

* Offer protection for the majority of students who do not use drugs and define procedures to help those who do.

* Establish expectations and consequences for violating the rules.

* Outline the steps that faculty and parents should follow to reinforce appropriate activity and to correct unacceptable behavior, specify the steps for faculty and administration to follow in carrying out the policy, and describe ways in which parents and other members of the community can support the school's efforts.

The Role of Policymakers

In schools where the drug use policy works effectively, educators (school administrators and school board members) work together as policy developers to formulate the specifics of the policy and see that it is fully implemented. In some exciting cases, these educators have used their school's experience to galvanize the community into action.

To do these things, educators have to be comfortable assessing needs and building coalitions. After assessing the level of drug use in the school or system, they need to determine the direction in which the new or revised policy should go, understand how other practices in the school or system may affect the drug policy, and match the needs for a specific policy and particular activities with available resources. In addition, they must develop ways to implement, assess, and update policy and the means to enlist both parents and the community to apply it.

How to Use This Handbook

The first section of this handbook outlines the process of developing a "no-use" drug policy. Seven steps are identified and discussed. The second section provides a framework for helping systems adapt this general process to fit idiosyncratic needs and presents a number of key issues that should be examined during policy formulation.

In addition, to help users of this handbook translate the information contained into action, a number of handouts have been developed for use in the field. For example, rather than merely stating that a needs assessment should be conducted for gathering data on the extent of the drug problem, the handbook provides forms for collecting these data from students, parents, faculty, and community representatives. In all, this volume contains 14 worksheets, each of which provides a mechanism for collecting needed data, reviewing relevant documents, or evaluating existing programs and practices. Using these worksheets, educators can have at hand all of the information needed to make considered judgments regarding policy.

Also included in this document are 12 information sheets which supplement the information in this handbook.

The materials contained in this handbook have been designed to facilitate policy development within school systems. It is hoped that by following the procedures outlined here, schools can make themselves drug-free, so that education in the truest sense of the word can flourish.

SECTION I: DEVELOPING A DRUG USE POLICY

There is no single solution to resolving the drug crisis facing our children and youth; yet our nation's schools have both the opportunity and the responsibility to address the problem directly. Through developing comprehensive school policies that govern students' use of drugs and alcohol, schools can lay the foundation for a drug-free society. Information Sheet #1 summarizes the underlying assumptions of a "no-use" drug policy.

THE SEVEN STEPS IN DEVELOPING A "NO-USE" DRUG POLICY

Step 1: Understanding Chemical Dependence

The first step in developing a sound system-wide policy is to understand chemical dependence. Chemical dependence is a contagious, progressive disease that does not disappear of its own accord. Because drugs have a destructive impact on the brain, regular users lose control over their behavior, and most of them find it extremely difficult to stop using drugs without outside intervention.

Children and young people whose bodies and minds are developing, are far more susceptible to the physical and psychological effects of psychoactive drugs than adults. Although it may take 10 to 15 years to "grow" an adult alcoholic, for example, adolescents can develop serious drinking problems within six months of binge alcohol use. Understanding that chemical dependence is a progressive disease underscores the importance of primary prevention, early identification of suspected users, and intervention. With drug abuse, the earlier the intervention, the more effective and less costly it is likely to be.

The contagious nature of drug abuse is another serious aspect of the problem. Substance abuse by some people fosters and supports substance abuse by others.

Once young people cross the line to illegal use of drugs, other illegal behavior seems more acceptable and less dangerous. With judgment impaired by drugs, children may engage in a range of destructive behaviors that can seriously affect themselves and persons with whom they come in contact. Highway fatalities, teen suicides, homicides, random violence, and unplanned pregnancies are often the by-products of adolescent drug use.

Information Sheet #2 summarizes the principles of chemical dependency.

Step 2: Assessing Local Needs

The second step is to understand the nature of the problem in a particular location. Often, characteristics unique to a particular locale or to specific recent or past events are important aspects of the problem. Therefore, to develop the most useful substance abuse policy possible, it is essential to conduct a local assessment of both the perceived problem and the current practices. This needs assessment should cover data on students' use of drugs--both real and perceived--as well as data on attitudes toward drug use. Worksheets #1 through #9 are questionnaires that can be used to gather these data from students, parents, faculty and support staff, and community representatives.

In addition to statistics on use, schools need to look at other indicators of a drug use problem. Research has shown that when such a drug problem exists, attendance at school and school-sponsored activities plummets. Characteristically, students drop out, and teachers attempting to deal with students who use drugs burn out. Therefore, in documenting the problem, educators should examine hard data related to attendance, test scores, and student and faculty satisfaction with school life. In particular, it is important to note whether any trends are apparent and how individual situations compare with state and district norms. Worksheet #10 is a form for examining such data.

Step 3: Determining the Direction Policy Should Follow

The third step is to decide what to do with the information collected in the needs assessment. Although there are any number of alternative approaches, this handbook takes the position that school systems have a legal, ethical, and educational obligation to take a lead role in helping students be drug-free. Through a policy that focuses on learning, resulting in knowledge and changes in attitudes and behavior, the essential function of education is realized.

Step 4: Comparing Past and Present Policies With a "No-Use" Drug Policy

After deciding the course that policy should take, a school system is ready for the fourth step: examining current policies to determine how effectively they address currently documented needs and responsibilities. A telling exercise is to ask selected administrators to recall as much of the substance of the policies as possible prior to reviewing any written documents. Points that cannot be recalled easily may have been forgotten or not understood. This exercise will help show which parts of the policies need to be restated or reworded.

Next, all written documents pertinent to the policies should be collected, carefully reviewed, and evaluated for relevance to the desired outcomes. Worksheet #11 is a checklist to assess current drug abuse policy.

Step 5: Aligning Needs With Resources

The fifth step is a crucial one: to see whether resources are sufficient to meet needs. Are there enough staff people to monitor students' behavior? Can released time be obtained for faculty to attend preservice and in-service training? Are there volunteers who can be called on to track attendance and fill out records? Without sufficient and appropriate resources, policy becomes lip service. Worksheet #12 is a checklist to use in determining if the financial and personnel resources available are adequate for the proposed policy.

Step 6: Specifying and Implementing the Policy

Once resources have been realistically assessed, specific policies can be developed. During this step, it is helpful to keep in mind the following:

* Informed decision-making depends primarily on intrinsic motivation. Therefore, policy must do more than use and enforce existing laws that rely primarily on extrinsic forms of motivation.

* Because children do not make decisions in a vacuum, policy must be developed in cooperation with the following:

  - parents;
  - law enforcement personnel;
  - court personnel;
  - social service agencies;
  - the larger community, including recreation and religious programs and personnel; and
  - the media.

* Children's decision-making reflects their physical, social, emotional, and cognitive development; policy must take these factors into account.

* Policy aimed at helping children to make informed decisions about drug use must start early and be continuous.

The following information sheets explain some aspects of policy formulation in more detail: Information Sheet #3 spells out the components of a comprehensive policy. Information Sheet #4 presents possible solutions to problems that are likely to arise in developing policy. Information Sheet #5 discusses legal issues. Finally, Information Sheets #6 and #7 are diagrams that illustrate sample solutions for dealing with students' use and sale of drugs.

Step 7: Evaluating and Updating Policy

The seventh, and final, step is ongoing assessment. Is the policy in fact achieving its intended goals? Questions such as the following need to be considered:

* Does the policy--in both rationale and implementation--reflect the outcomes that schools, parents, and the community want?

* Is the policy enforceable?

* Does the policy conflict with any other district policies that have gone into effect since this one was implemented?

* What does data reveal about the success of the policy? Have patterns of use changed? Have attitudes toward drugs changed? Have test scores improved? Has attendance gone up? Has teacher burnout diminished? All the data in Worksheet #10 should be recollected and reviewed periodically.

* Is there support for the policy at all levels?

Worksheet #13 is a review sheet that can be used for periodic assessments of drug policy. Information Sheet #8 lists sample questions for evaluating students' learning, and Worksheet #14 is a checklist for evaluating the drug education curriculum being used.

Policy development is dynamic, as Information Sheet #9 graphically demonstrates. A school system's policies must change as needs change and as adjustments are indicated. It is not enough simply to have a policy.

SECTION II: CUSTOM-TAILORING POLICY DEVELOPMENT

The seven steps of policy development outlined in Section I apply to all school systems seeking to implement a drug abuse policy. Every school system, regardless of its locale, the nature of its student population, and its special needs, should follow this general framework to ensure that the policy that is developed is both comprehensive and rooted in reality.

Although the process of policy formulation can be standardized, the resulting policy cannot. Even if all school systems have as their common goal the creation of a "no-use" policy, the specifics must vary. To be truly drug-free, a school system needs a policy that is customized to its own unique needs.

In addition to taking demographics and special needs into account, policy developers must consider a human factor. Drug abuse policy has far-reaching effects. It affects students, both users and nonusers, but most directly, it also affects these students' families and the community in which they live. At the school level, faculty, service staff, transportation staff, and health and guidance personnel are all affected by the policy. The viewpoints and legal, moral, and ethical concerns of all these people must be considered in formulating a workable policy.

Thus, it is of prime importance that policy conform to these issues that affect a particular school and community. This section discusses some of the key issues that need to be debated and resolved in formulating a custom-tailored drug abuse policy. For ease of presentation, these issues are grouped by school level.

Issues for Elementary Schools

Elementary schools have the potential for changing the direction and impact of substance abuse in this country. Because the schools have had to react to so many substance abuse crises at the senior and junior high levels, the critical importance of the elementary school in the area of substance abuse prevention has not been fully appreciated. Yet, it is during elementary school that children can best learn the facts about substance abuse, learn and practice the elements of sound decision-making, practice refusal techniques, and develop the skills and attitudes needed to cope with the challenges of life. Moreover, it is easier to get parents involved at the elementary school level and to forge effective alliances on the child's behalf between parents and school.

Because no specific number and type of units are needed to complete elementary, middle school, or junior high school, educators can engage in an array of learning activities to develop and improve a child's mastery of a subject area and, in the process, foster self-confidence, positive self-image, and effective problem-solving and decision-making skills.

The issues of concern at the elementary level vary according to one's position and role in the policy framework. Each is discussed in turn.

Faculty: Faculty may be justifiably concerned about carrying out the mandates of a substance abuse policy, and their concern must be addressed at the outset. Even at the elementary school level, teachers worry about issues of personal liability, anonymity, and confidentiality. They also worry about disturbing their relationship with students, interfering in "non-school" problems, and behaving like police officers. Protection for faculty can be ensured by devising clear policies for responding to suspected use; resolving questions about the professional propriety of their involvement requires more imagination.

Teacher education about the effects of psychoactive substances on developing bodies and minds and the process of chemical dependency should be a part of orientation to the new policy. Training about substance abuse need not be expensive or extensive. A well-planned program can be launched within an individual school's faculty meetings or as part of a systemwide training institute. Inexpensive print materials are plentiful and motivational tapes can be rented at nominal cost. Many representatives from the mental health community, especially those dealing with child and adolescent psychological problems, are willing to conduct in-service programs on substance abuse free of charge. The contact between the school and the local government-sponsored or nonprofit mental health community also opens the door to networking and facilitates future referrals and relationships.

In most elementary schools, few teachers will be called upon to intervene directly in the detection or apprehension of drug use. Indeed, their role is primarily one of conveying information about psychoactive substances and of reinforcing positive behaviors that will preclude children's desire or need to use harmful substances later.

It may be helpful for teachers to discuss substance abuse in the context of subjects such as citizenship. When lessons taught in the classroom are not reflected in behavior, teachers intervene as mentors concerned about the miscreant's well-being and the preservation of the school as a viable institution. In such instances, teachers are not behaving like police officers, but are assuring that classroom lessons are applied appropriately. Incorporating in the drug use policy a statement along these lines can allay teachers' fears about their responsibilities under the new policy, and cast the policy as a framework for achieving broader goals of good citizenship.

Other School Staff: Maintenance, cafeteria, and transportation staff are often the first school personnel to spot suspicious, drug-related behavior. It is imperative not only to involve a representative from each of these groups in devising the policy, but to ensure that the anonymity of these persons is fully protected and that they have clear procedures to follow in reporting either suspicious behavior or incidents.

Fears of labeling or stigmatizing a child keep many school staff members from relating their suspicions about drugs or alcohol-related behavior to authorities. However, because of the progressive nature of drug dependency, it is vital to catch it early, and suspicious behavior is frequently the first clue. A substance abuse policy should include a procedure for encouraging and relaying such observations so that an early action can be taken or a child's progress can be monitored more attentively. For example, if a child's behavior on the school bus seems more aggressive than usual or if a child begins boasting about smoking cigarettes or inhaling mouth freshener, the school might advance the timing on a curriculum smoking unit for that child's class, arrange a special program on the subject, and step up its observation of that particular child's manner in class and on the playground.

All such reports should be kept confidential and anonymous; they should not be entered into the child's school record.

Counselors, Health Aides, School Nurses: The qualifications for and roles of guidance and health personnel differ from school to school. In some settings, counselors rotate throughout a cluster of schools, handle a range of academic and social adjustment problems, and are available to consult with faculty. Such personnel can contribute to policy development and help identify substance abuse education resources for teachers and referral resources for children who need drug use evaluation. The presence of a counselor, however, does not obviate the need for participation by faculty and other staff. Counselors offer specialized help and are not privy to the daily interactions among students that provide the first clues that problems are present.

In some schools, nurses are available for only a few hours per week, and health aides may be parent volunteers. Nevertheless, they should be represented in the policy development process. Not only should they have clear procedures for handling drug-related emergencies and initiating referrals, but also they should be given some responsibility for organizing wellness programs or helping teachers assess health-oriented drug prevention materials.

Parents: Parents must be considered partners and allies in an elementary school substance abuse policy. A consistent no-use message at school and at home significantly shapes children's attitudes and behavior during the elementary school years. Long, abstract, school-focused programs are unlikely to attract the interest of most parents, who respond better to Back-to-School Night, Kindergarten Round-Up, individual parent-teacher conferences, classroom holiday parties, and field trips. After-school programs not only engender enthusiastic parental support, especially from two-earner families, but also provide opportunities for regular interaction between parents and school staff. Schools might consider including a brief explanation of the substance abuse policy at these events or mandating a short, developmentally based discussion of substance abuse as part of the parent-teacher conference. Staff in after-

school programs could be urged to broach the topic with parents as well, with an emphasis on positive, drug prevention strategies.

Sound drug prevention curricula similarly include parents' participation in their children's assignments. The school's policy should mandate this participation as well.

As part of its substance abuse policy planning process, the school also might reconsider the function of its Parent-Teacher Association or parent groups. With the passage of time, teachers have virtually withdrawn from many such groups. Parents' attendance has also declined. In many schools, these organizations function on a pro forma basis or serve as a fund-raising arm whose primary purpose is to acquire funds for new school equipment.

It may be possible to reinvigorate flagging organizations around the substance abuse issue. Particularly in schools where the principal likes to work with parent leadership, designating the PTA as a key player in developing and implementing the substance abuse policy can have some distinct advantages.

Delegating some responsibility to parent groups also relieves administration and faculty of many time-consuming chores and provides the school with community support that might not otherwise be forthcoming. Tasks that parent groups handle well include the following:

* Compiling model school policies for review and adaptation.

* Asking representatives of community agencies such as the police, local social services, and health and mental health departments for their suggestions about how the school and the community can work together.

* Researching programs available through civic organizations and community nonprofit associations that can contribute materials and expertise to the school's policy development effort.

* Discussing substance abuse policies with other schools that have developed and implemented them.

* Constructing a picture of the substance abuse problem as it exists in the school's immediate environment and in the communities from which the student population is drawn. Local police, merchants, clergy, physicians, pharmacists, and criminal justice personnel can usually provide good information on this subject.

* Scrutinizing existing school policies to determine whether they contradict or support the goals of the planned new substance abuse policy. For example, in many elementary schools, substance abuse prevention generally focuses on wellness, good information, positive role models, and opportunities for developing positive self-image through mastery in academics, sports, and the arts, among other areas. However, if smoking is permitted on the premises, if materials in the media center or library are outdated or inaccurate, or if the perceived need to raise test scores has resulted in the abolition of other activities designed to promote personal growth through positive interaction and mastery, the messages conveyed by the substance abuse policy will seem confusing and shallow.

In addition, parent groups can be asked to devise strategies for enlisting parents in drafting the substance abuse policy and in participating actively in the life of the school. For example, in some settings, school-wide meetings occur only twice a year, in conjunction with a high-attendance event (e.g., Back-To-School Night, Awards Assembly, Holiday Concert). Instead of sponsoring routine monthly meetings that may attract few parents, schools emphasize grade-level or class-specific gatherings at which parents and

teachers can zero in on the particular issues affecting their children. Such meetings are not scheduled regularly, but are announced well in advance and are billed as informal opportunities to raise questions and share information. A telephone tree is organized to remind parents to attend and to arrange rides and babysitters for those needing them. Every effort is made to accommodate the schedules of employed parents.

Class-level meetings of this type are ideal forums for introducing the concept of substance abuse policy that emphasizes the need for parent involvement and describes the specifics of that involvement. In the process, parents get to know one another and learn something about each other's concerns and parenting styles. This knowledge is as important to the success of the substance abuse policy as is increased understanding about the dimensions of the drug problem.

Information Sheet #10, "What Parent Groups Can Do," is a summary that can be handed out to parent groups for discussion and follow-up.

Issues for Middle Schools and Junior High Schools

Because children first use drugs in grades 4 through 8, middle schools and junior high schools are pivotal for drug prevention. Although the ideal situation is to build a substance abuse prevention policy from the bottom up (starting in kindergarten or first grade), scarce resources may make this impossible. If a school or system must make a choice in allocating resources for drug prevention, this level is the one that should be selected.

Children in this age group, 11 to 13, have the capacity to see a relationship between cause and effect, although many still cannot distinguish between information and misinformation. At the same time, they are at a stage where they begin to replace parental norms with those of their peers. The combination of poor discrimination and heightened susceptibility to peer influences makes this group particularly vulnerable to beginning use of drugs.

Fortunately, unlike high school-age students, preadolescents and young adolescents are still impressed by authority and are able to hear and accept information from people in authority.

When designing a substance abuse prevention policy for middle school and junior high schools, administrators should recognize the positive force of their authority and use it unreservedly. The code of conduct should be clear and strong, the curriculum should be factual and convincing, and all activities designed to reinforce both the code and the class work should clearly indicate what choices should be made and what behavior accepted. Open-ended exercises and unstructured, unsupervised activities should have no place in programs or policies designed for this age group.

Faculty: Although many students in later middle and junior high school look like teenagers and try their best to act like them, they are, for the most part, still children in terms of their mental and emotional development. The faculty must be absolutely clear on this point: the school is dealing with children, not emerging adults. The school's role is still parental; the objectives of the policy are to empower the significant adults in the children's lives to create situations in which drugs are not perceived as needed, desired, or tolerated. Teachers and administrators are not friends, although they can be trusted mentors. Students in this age group should be encouraged to look to the adults in their lives for guidance and structure. The students still need to be protected and actively assisted in making good choices about their own behavior. When middle school and junior high students must travel to new neighborhoods to attend school with children they do not know, faculty have a special responsibility to observe behavior and to relay any concerns they have to the children's parents.

Unfortunately, as children grow older and leave the familiar security of elementary school, parents frequently cease to participate in Parent-Teacher Associations, school-based volunteer activities, and other programs that keep them involved in the life of the school. They start losing contact at the time when their children are changing friends and spending time with youngsters whose parents are strangers to them. Also during this

period, after-school care, either at school or at home, often ceases so that children are unsupervised for two or three hours in the afternoons. Unless the schools provide information to the parents about the child's adjustment, parents may lose touch with the child's daily life just when their involvement is needed most.

Parents are central to the success of any substance abuse policy for this age group. Yet in some settings, parents are ignored. For example, some policies state that after a specified number of suspected drug-related instances, a parent may be notified, particularly if the school's attempts to handle the problem have not proved effective. Under these circumstances, the parent can be the "last to know," and valuable time is lost as the child continues to use illegal substances without any outside intervention.

Underlying many of these policies is the unspoken belief that the parents are the problem --that they are not doing their job and that the child is rebelling because of difficulties at home. This attitude reflects a dangerous misunderstanding of how children become ensnared by drugs and points to the need for faculty education about substance abuse before devising or implementing a substance abuse policy.

Because the illegal use of psychoactive substances (especially tobacco, alcohol, and marijuana) is a reality for many children in this age group, administrators need to be aware of the concerns that faculty have about their role and their potential liability if the situation becomes troublesome. Because faculty figure so prominently in the policy, they must have an opportunity to express their fears openly and the school must respond promptly and fully to their questions. At the same time, administrators must recognize that although a fully activated substance abuse policy may make faculty uncomfortable and will certainly require more work, the policy cannot be watered down to resolve their complaints. Instead, procedures should be designed to eliminate, insofar as possible, problems associated with relaying observations to parents and the increased workload imposed by the addition of substance abuse to the curriculum.

Other School Staff: Just as with elementary school staff, personnel in middle schools and junior high schools should be trained to recognize substance-abuse related symptoms and behavior and should have a voice in devising procedures for reporting their observations which protect their anonymity.

Other school staff should also be taught the proper procedures for responding to a drug emergency.

Counselors, Health Aides, School Nurses: Middle school and junior high school counselors should have specific training in understanding chemical dependence. Children confiding in a school counselor frequently describe an array of other problems in addition to their use of drugs. Some counselors dismiss the drug use as a "symptom" of these other problems and do not recommend a drug evaluation out of the mistaken belief that it will subside once the other problems are addressed. Other counselors perceive drug use, particularly the use of alcohol, as normative behavior for this age group and ignore it, deeming it unimportant or capable of improving on its own. As part of the policy development process, administrators must be sure that counselors not only accept the school's position but act in accord with its principles. Again, a good educational program about drugs can clarify misconceptions and convince counselors of the wisdom of the school's philosophy.

Health aides and school nurses at this level should be trained to recognize the symptoms of drug abuse, to refer students for drug evaluation, and to respond appropriately to a drug-related emergency. Rescue squad, hospital emergency room, drug abuse treatment, and law enforcement personnel frequently handle such emergencies and can provide demonstrations of what to do. School health staff are not expected to provide treatment, nor should they. In an emergency, however, they should know what to do until specific medical help can be provided and, when confided in by a student, should be fully acquainted with the procedures for referring that student for help. Unless a school has staff specifically trained to provide drug abuse counseling services, the school should not attempt to handle these situations on its own.

Parents: As mentioned previously, parents are harder to reach but even more important to involve at the middle and junior high school level. Persistent and creative efforts to communicate with parents about the school's policy must be a top priority if the substance abuse prevention policy is to work.

One way of approaching the problem is to examine information carefully and think about the policy as a product to be marketed. Some schools rely on the Postal Service to communicate with parents, because students at this age are unreliable messengers. By asking parents to sign progress reports, report cards, and forms stating that they have received the code of student conduct, and to return these documents to the school in the envelope provided, schools have some assurance that important information has been seen by parents. The same technique also could be used for the substance abuse policy, with the PTA assuming responsibility for mailing and tracking responses.

In addition, administrators can ask, or have the PTA president ask, local newspapers to write a story about the school's policy which emphasizes parental responsibility and involvement. If large numbers of parents are employed by a few companies, their employers could be asked to distribute information about the school policy in memos or through the employee newsletter. The company could express its support for the policy by establishing a drug education policy of its own, including the company's stand on insurance payments for counseling of dependents and procedures for taking leave or consulting with the company's Employee Assistance Program. The school might also ask utility companies to include information about the policy with their bills.

The same general tactics can be applied to local religious institutions and civic and fraternal organizations. The objective is to reach as many parents as possible with information about the school's policy.

A variety of other communication channels may be available through the school board. Members can discuss the policy at the various other organizations to which they belong. Although this practice may not reach students directly, it may reach employees,

grandparents, and other adults who come into contact with students. Broadening the information network in this way can engender community support for the school's efforts and may result in a more consistent attitude toward the drug problem among citizens. Information Sheet #11 summarizes a potpourri of ideas for community participation.

Parents can also be reached through class-level get-togethers at which substance abuse prevention can be discussed along with other issues such as curfews, parties, dating, and homework. Room mothers or PTA representatives can be asked to organize these gatherings. Members of the faculty, including guidance counselors and school nurses, can be invited, but every effort should be made to keep the get-together informal so that parents will be encouraged to raise issues, ask questions, and respond honestly. As an outgrowth of these gatherings, parents who work together or have children participating in the same activities may develop relationships that foster discussions about values and can lead to pacts to share information about one another's children's behavior.

As in elementary school, parent-oriented activities should be planned to accommodate the needs and interests of the greatest number of parents. In some settings, group activities simply will not work, but parent-teacher conferences will if they are scheduled conveniently. Administrators may have to rethink "conference day" and consider a series of "conference nights" with supervision provided for children in an "all-purpose" room or gymnasium.

The school may even have to "travel" to get its message across. In one state, faculty regularly staff "Talk to the Teacher Booths" at community shopping centers. Faculty could also accompany bookmobiles or be available for talks in WIC waiting rooms or neighborhood health clinics. These activities offer a good opportunity to reach parents who might not otherwise come in contact with the school until their child's situation had deteriorated beyond the point where prevention action will help. The PTA or members of the school board can be asked to devise opportunities for parent-school

involvement, oversee their implementation, and initiate any changes needed to permit faculty to engage in these activities and to be compensated for them.

Issues for Senior High Schools

To date, most policy-making efforts in substance abuse prevention have been directed toward senior high schools. Many schools have clearly stated their "no-use" policy and have devised graduated penalties for violations, procedures for contacting parents and referring students for evaluation, and systems for readmitting students. Procedures for protecting staff anonymity and safeguarding them from liability also have been worked out.

Missing from most policy models at the senior high school level, however, are viable plans for continuing to prevent drug abuse which (1) meld the substance abuse curriculum with disciplinary standards and extracurricular, school-sponsored activities; (2) provide strong initiatives to prevent the underage use of alcohol, and (3) work with the community to provide some consistency between the school's message and the behavior condoned elsewhere. Each of these issues is discussed in turn.

Links Among Curriculum, Discipline, and Extracurricular Activities: Administrators should review the various components of the substance abuse curriculum to ensure that each part reflects the same philosophy as the school's policy. One way of approaching this task is to appoint subject-area teachers who are skilled in curriculum development to a task force that will take responsibility for the academic portion of the review. Home economics, law, psychology, and other elective subjects should also be carefully scrutinized as part of this task. Worksheet #14 is a checklist for evaluating the quality of drug curricula in use.

In addition, the school should look carefully at its clubs and sports programs to ensure that eligibility and participation requirements are consistent with the drug use policy. Athletic coaches need to be particularly careful about the indirect messages conveyed by the sports program. Encouraging play despite pain and emphasizing bulk,

endurance, and unusual energy need to be reconsidered in light of the drugs available to attain these ends. Although high school coaches may not condone the use of steroids, amphetamines, cocaine and nonprescribed anesthetics, an overemphasis on speed, strength, and perseverance in the face of injury and fatigue indirectly supports such abuse.

Coaches and club sponsors need opportunities to discuss potential substance-abuse situations and plan their responses. Because abuse may occur on school buses and vans and at sites away from campus, procedures also must be devised to reflect those situations.

Extracurricular activities provide opportunities for students to develop lifelong interests and in many instances develop and demonstrate a sense of mastery that may not be possible for them in the academic arena. Coaches and moderators not only should be aware of their potential influence and encouraged to use it, but also need to be included in any specific substance abuse training provided by the school. They are in a position to notice symptoms that may escape observation in the classroom, and thus may be able to summon help to deal with problems.

Underage Use of Alcohol: Alcohol is an illegal drug for all high school students. Despite the extremely heavy cost paid in lost lives and injuries by adolescent drinkers, many adults are reluctant to intervene with underage use of alcohol.

Tacitly assenting to its use by ignoring it, undermines all the principles espoused by an effective substance abuse policy. Permitting alcohol use in effect signals that the law can be ignored with impunity, that intoxication is acceptable, and that standards are relative. Failing to respond to underage use also results in a major inconsistency between curricular and behavioral expectations.

In developing policy on underage use, the school has to be very clear about where it stands. Because alcohol use is prohibited and the goal is to prevent underage use,

administrators need to consider their positions on such activities as the SADD program. Although laudable in its aims, SADD accepts teenage drinking as inevitable and offers strategies to protect students from their illegal behavior. When the school endorses this kind of approach, it not only compromises its position on substance abuse but also sends out a very confusing message to students.

Schools that have experienced the horror of prom-night tragedies and near-misses and have responded with clear policies spelling out their position on drinking have been surprised and gratified by the results. Administrators have found that students will comply, despite their complaints and those of their parents, if all concerned know that the school is serious in its intentions.

When taking a stand against alcohol, it is particularly helpful for administrators to have strong, public support from the school board. Endorsement from the PTA, local business, the Chamber of Commerce, the Booster Club, and other parent-oriented school organizations is also useful.

Community Cooperation: Many high school students have after-school and weekend jobs; others participate in transitional work-study programs where the bulk of the day is spent in a working situation.

Unfortunately, an active drug subculture exists in some malls, suburban restaurant strips, and neighborhood shopping centers to which high school students are easily drawn. Through board members or the PTA, the school can arrange a group meeting or series of interviews with employers of teens to inform them of the school's policy and to glean their impressions of drug use among students in general and the employees at their business site. Pending the outcome of this approach, employers may elect to develop their own substance abuse policy, include drug prevention as a topic in their employee orientation, or form a coalition of merchants and request stepped-up surveillance from local police or private security to discourage drug

transactions and the loitering, rowdiness, and vandalism that frequently accompany them.

It is also useful to brief local religious institutions and civic and fraternal organizations about the school's substance abuse policy. These organizations can also be asked to sponsor activities for high-school-age youth that would adopt many of the school's strategies for preventing substance abuse.

CONCLUSION

The issues confronting schools are many and complex. Yet, by thoughtfully analyzing, debating, and resolving these issues, school faculty and administrators can formulate policies that truly reflect the needs and concerns of individual schools.

Information Sheet #12 presents some general tips for ensuring that a school's individual policy is well accepted by all who are affected by it.

INFORMATION
SHEETS

Information Sheet #1

ASSUMPTIONS UNDERLYING A "NO-USE" DRUG POLICY FOR SCHOOLS

1. Drug use is illegal and incompatible with learning.

2. There is no such thing as "responsible" use of illegal drugs and alcohol.

3. Intoxicated, hung-over, drug-affected students cannot develop to their full potential.

4. Intoxicated, hung-over, drug-affected students disrupt the learning environment and interfere with the opportunity for other students to develop to their full potential.

5. The safety of students and faculty members is compromised in schools with drug problems.

6. Prevention and intervention are needed to stop the cycle of drug use. Because chemically dependent students cannot usually stop on their own, schools have the responsibility to address the problem.

7. The earlier prevention/intervention occurs, the more positive and less costly the eventual outcome.

8. A "no-use" policy that is effectively implemented helps reduce related problems, such as random school violence, teen suicide, adolescent pregnancy, and AIDS.

STAGES OF CHEMICAL DEPENDENCY

- Using a drug "one time" predisposes a person to try it again because he or she has seemingly violated a taboo with impunity.

- Drug use has a social component: users gravitate toward one another to "share" the experience.

- Users equate feeling intoxicated with feeling good. Binge users consider drug use the highpoint of a "good time."

- Users equate feeling intoxicated with feeling normal. When this happens, binging gives way to chronic use.

Information Sheet #2B

PRINCIPLES OF CHEMICAL DEPENDENCY

- The initial use of any drug is usually both casual and naive.

- Chemical dependence is a progressive disease. Chemically dependent persons usually do not get better on their own.

- Because of the ways drugs act on the brain, regular users lose control over their behavior and find it nearly impossible to stop using drugs on their own. This is called denial.

- People who care about the user (e.g., parents, teachers, nonusing friends) often unintentionally become "enablers," ignoring the user's behavior changes or ascribing them to something less worrisome than chemical dependence.

- Children and adolescents are more susceptible to the physical and psychological effects of drugs than are adults. A teenager can easily become drug dependent within six months.

Information Sheet #3

COMPONENTS OF A COMPREHENSIVE DRUG POLICY AND PROCEDURES

* Rationale for action
* Position statement (philosophy and goals)
* Definition of key terms and players
* Definition of scope (who is affected, under what circumstances, and in what locales)
* Materials and resources needed
* Procedures for communicating policy to all cognizant parties
* Procedures for implementation (training, scheduling, assigning responsibilities)
* Procedures for enforcement (monitoring, documentation)
* Procedures for dealing with violations (consistent and uniform application of sanctions)
* Procedures for reviewing and revising policy in the future (evaluating and measuring success)

Information Sheet #4

RESOLVING POLICY PROBLEMS

Problem	Possible Solution
Parents or members of the school board are not convinced that the school has a drug problem.	Conduct a needs assessment survey to gather data on students' use of drugs.
Parents or community leaders believe that a "no-use" policy is too strong a stance.	Conduct a workshop or open house to explain why a "no-use" policy is essential; present health, legal, and educational data to support this position and show the video "Three Schools: Drug-Free."
Funds are not available to hire staff to monitor grounds, track attendance, and perform routine paperwork.	Work with parent and community groups to arrange for volunteers to assist school personnel. Training for these volunteers can be conducted using existing structures such as PTA, church groups, and community service organizations.

Problem	Possible Solution
Staff and volunteers are afraid that reporting drug incidents will lead to reprisals.	Establish procedures for maintaining confidentiality in reporting. Work with legal agencies to assure staff and volunteers that people who make accusations in good faith are free from liability.
Parents or community groups have raised the question whether enforcement robs students of due process.	Obtain and circulate information on court decisions that have upheld the rights of schools. Discuss with students, parents, and community leaders the Supreme Court's 1985 ruling on "common sense" due process for students.
Students refuse to consent to locker searches.	Inform students and parents in writing at the beginning of the school year that school lockers are public--not private--property. As public areas, lockers can be subjected to unannounced searches. The individual's right to privacy is not compromised, because no private property is involved.

Problem	Possible Solution
Staff and parent volunteers fear lawsuits from disgruntled students and parents.	Circulate information on the legal basis of school policy to all concerned. As a backup, the school should consider obtaining insurance coverage to protect the school and its employees from liability.
Parents and taxpayers believe that resources should be spent only on the upper grades, where drug use is actually a problem.	Hold a workshop or town meeting on the need for preventive education; cite data that show children exposed to education prior to drug use tend to postpone the age of first use, and have a county curriculum specialist explain how the curriculum presents an integrated approach for students in grades K through 12.
Parents and teachers do not feel confident to speak knowingly about drugs.	Hold preservice and in-service training sessions. Allied Health professionals and law enforcement officials can be called in to brief staff and parents on current practices and street names for drugs.

Problem	Possible Solution
Students and parents feel that extenuating circumstances should be considered before meting out punishment to student offenders.	Underscore through public assemblies and workshops that the policy is effective only if it is applied consistently, without exceptions. Show "Three Schools: Drug-Free" to illustrate this rationale.

Information Sheet #5

LEGAL ISSUES TO CONSIDER IN DEVELOPING POLICY

Issue

School policy regarding punishment for drug violations may violate students' Constitutional rights.

Implication

Students or parents may sue individuals, schools or both for violation of rights.

Resolution

Document and distribute the Supreme Court's ruling that a school's disciplinary code need not be as detailed as the criminal code because schools "need to be able to impose disciplinary sanctions for a wide range of unanticipated conduct disruptive to the educational process." Also, outline and circulate the disciplinary procedures to show they are consistent with local and state sanctions.

Issue

Students who are suspended without benefit of a hearing may be deprived of due process.

Implication

Students or parents may sue individuals, schools, or both for violation of rights.

Resolution

If a suspension is less than 10 days, the Supreme Court has upheld that hearings are not required in order for schools to maintain order. If a suspension of more than 10 days or an expulsion is imposed, due process demands that students be informed in writing of the charges against them; be given the names of witnesses who will be called to testify against them; and be given the opportunity to present their own defense.

Issue

Locker searches invade students' right to privacy.

Implication

Students or parents may elect to sue for damages. If evidence is obtained, it may be declared inadmissible because it was obtained without a search warrant.

Resolution

Legally, lockers can be declared public, not private property. Students should be informed in writing at the start of the school year that lockers are subject to unannounced searches.

Issue

Searching students for drugs without "probable cause" or a search warrant is a violation of Constitutional rights.

Implication

Students or parents may sue individuals, schools, or both. Evidence obtained illegally will be inadmissible in court.

Resolution

Document and distribute copies of the 1985 Supreme Court ruling regarding the school's need for probable cause or a search warrant. Also, train staff on what constitutes "reasonable grounds" for a search; obtaining noncoercive consent for a search; and making searches that are not extensively intrusive "in light of the age or sex of the students."

Issue

Students punished by the school for violation of the school's policy on off-campus drug use are beyond the school's jurisdiction and, therefore, not subject to sanctions.

Implication

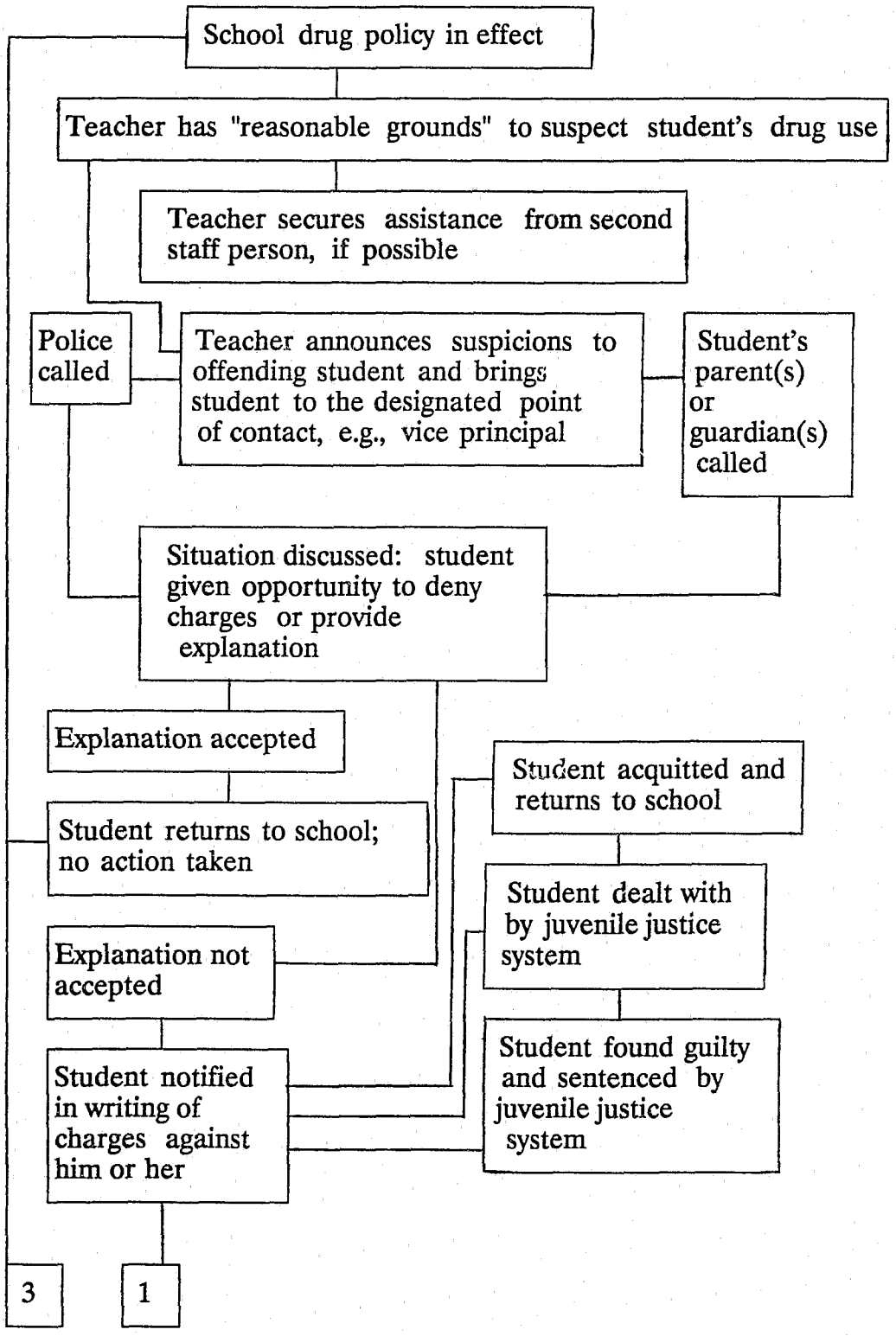
Students or parents may sue to have the student reinstated in school, claiming the punishment is invalid.

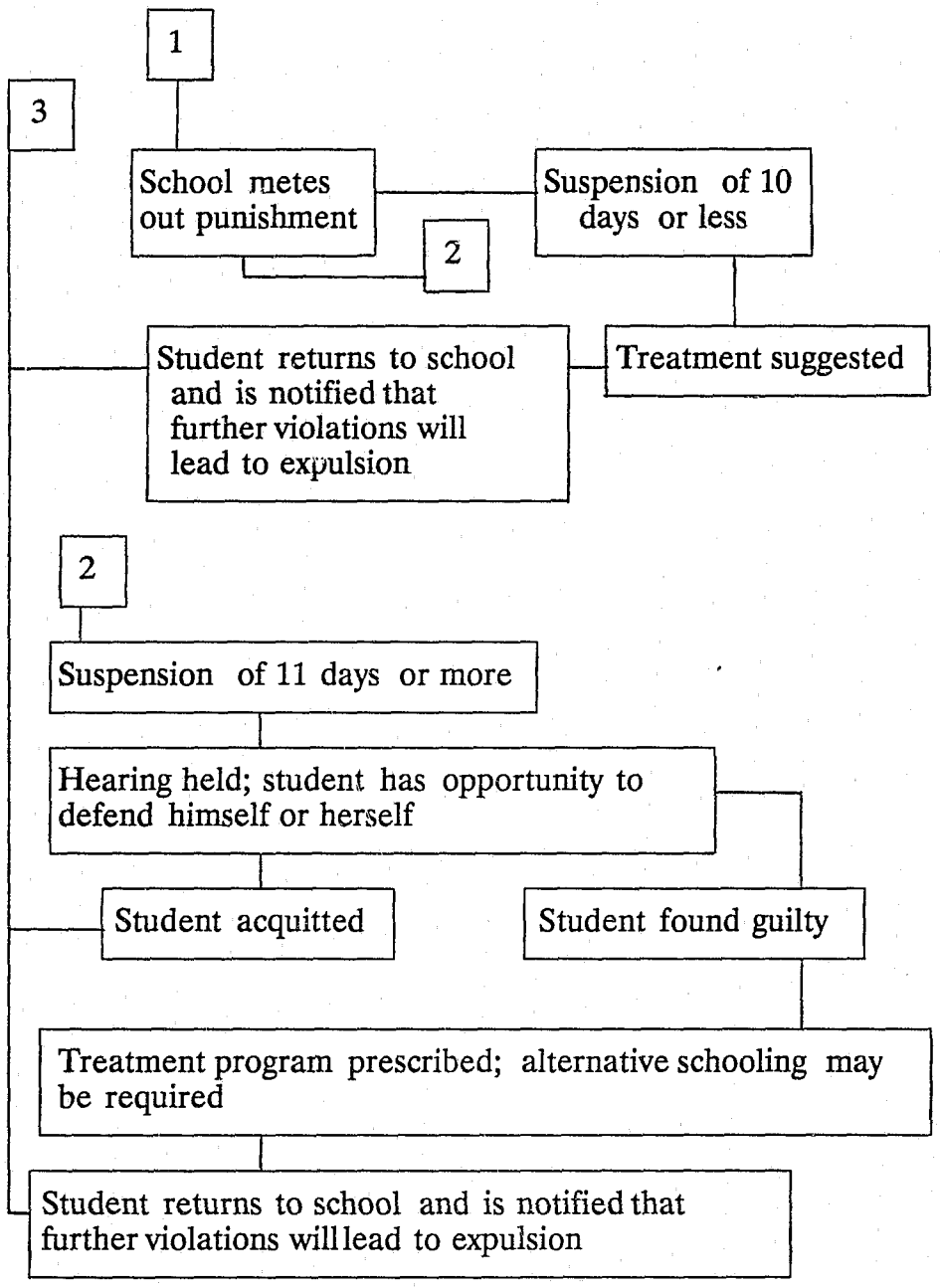
Resolution

State and local laws vary. However, most school-related functions are considered to be under the jurisdiction of the school. Off-campus activities that have a "direct and immediate effect on school activities" are usually perceived by the courts as being under the school's jurisdiction as well. Work with legal authorities to share this information in writing with students and parents.

Information Sheet #6

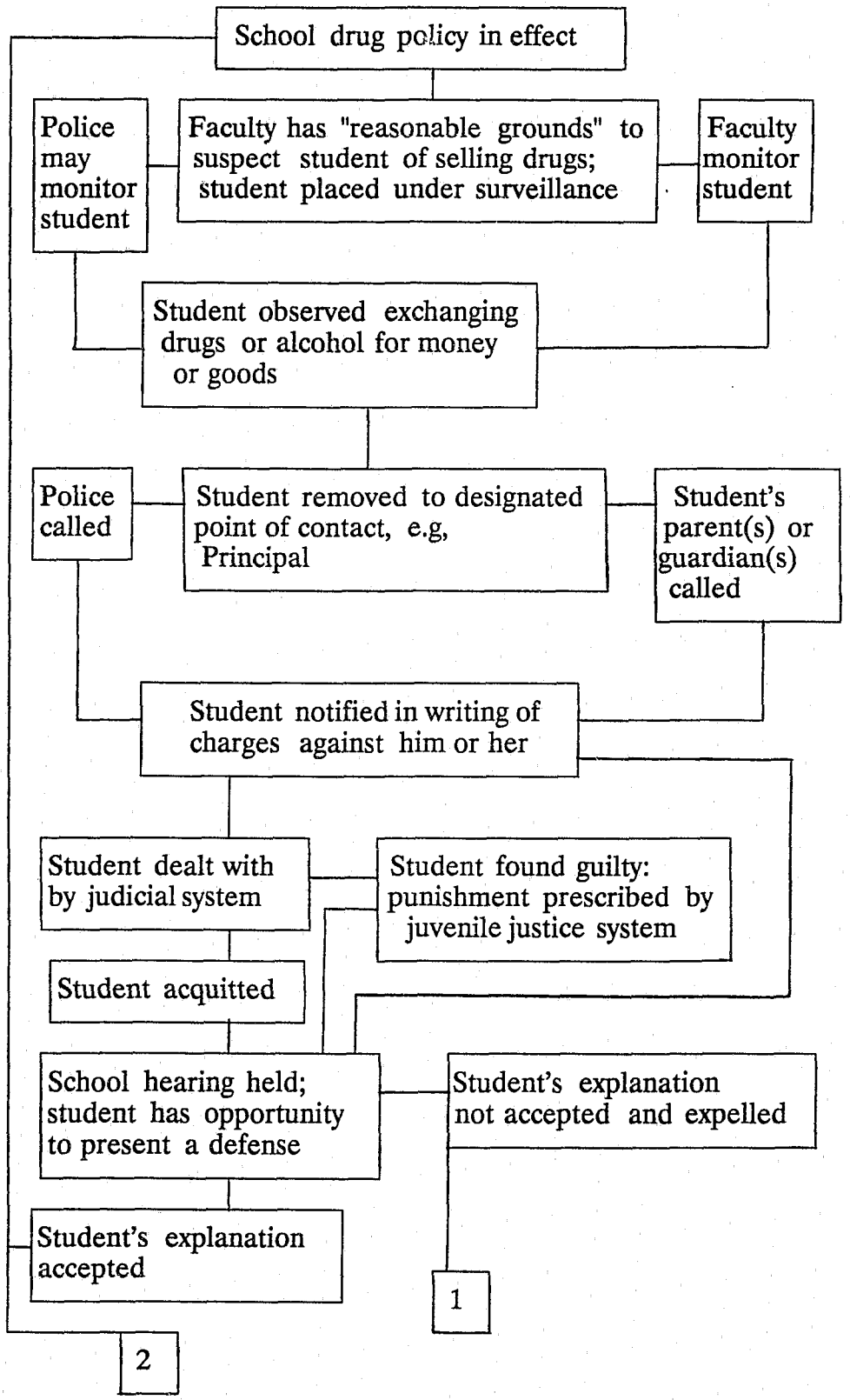
HOW SCHOOL POLICY WORKS: USE OF DRUGS OR ALCOHOL AT SCHOOL OR SCHOOL-SPONSORED FUNCTIONS

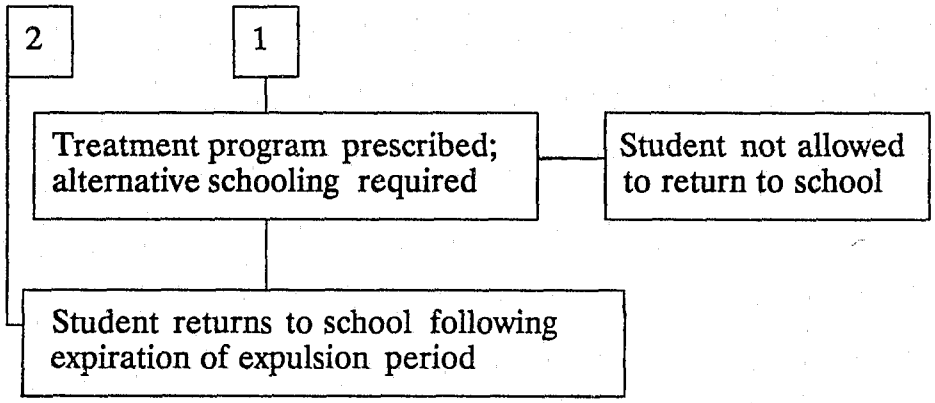



1
3
School metes out punishment
Suspension of 10 days or less
2
Student returns to school and is notified that further violations will lead to expulsion
Treatment suggested
2
Suspension of 11 days or more
Hearing held; student has opportunity to defend himself or herself
Student acquitted
Student found guilty
Treatment program prescribed; alternative schooling may be required
Student returns to school and is notified that further violations will lead to expulsion

Information Sheet #7

HOW SCHOOL POLICY WORKS: A SCHOOL'S RESPONSE TO A STUDENT SELLING DRUGS OR ALCOHOL




2
1
Treatment program prescribed; alternative schooling required
Student not allowed to return to school
Student returns to school following expiration of expulsion period

Information Sheet #8

SAMPLE QUESTIONS TO ASSESS STUDENTS' GAINS IN KNOWLEDGE (To Be Used in Developing Both Pretests and Posttests)

For Students in Grades K through 3

1. Drugs can be--
   (a) swallowed
   (b) sniffed
   (c) smoked
   (d) all of the above

2. TRUE or FALSE: Drugs always make you feel sick.

3. TRUE or FALSE: Medicines are dangerous.

For Students in Grades 4 through 6

1. Research shows that smoking marijuana can lead to--
   (a) memory loss
   (b) pregnancy
   (c) acne
   (d) all of the above

2. TRUE or FALSE: Wine coolers are more like lemonade than like alcohol.

3. TRUE or FALSE: People can become addicted to strong drugs like heroin or crack, but not to cigarettes or beer.

For Students in Grades 7 through 9

1. Using steroids can make an athlete--
   (a) bald
   (b) pimply
   (c) sterile
   (d) all of the above

2. TRUE or FALSE: Marijuana grown today is a lot more powerful than it was in the 1960s.

3. TRUE or FALSE: Students who smoke cigarettes are more likely to become users of drugs and alcohol than are students who don't smoke.

For Students in Grades 10 through 12

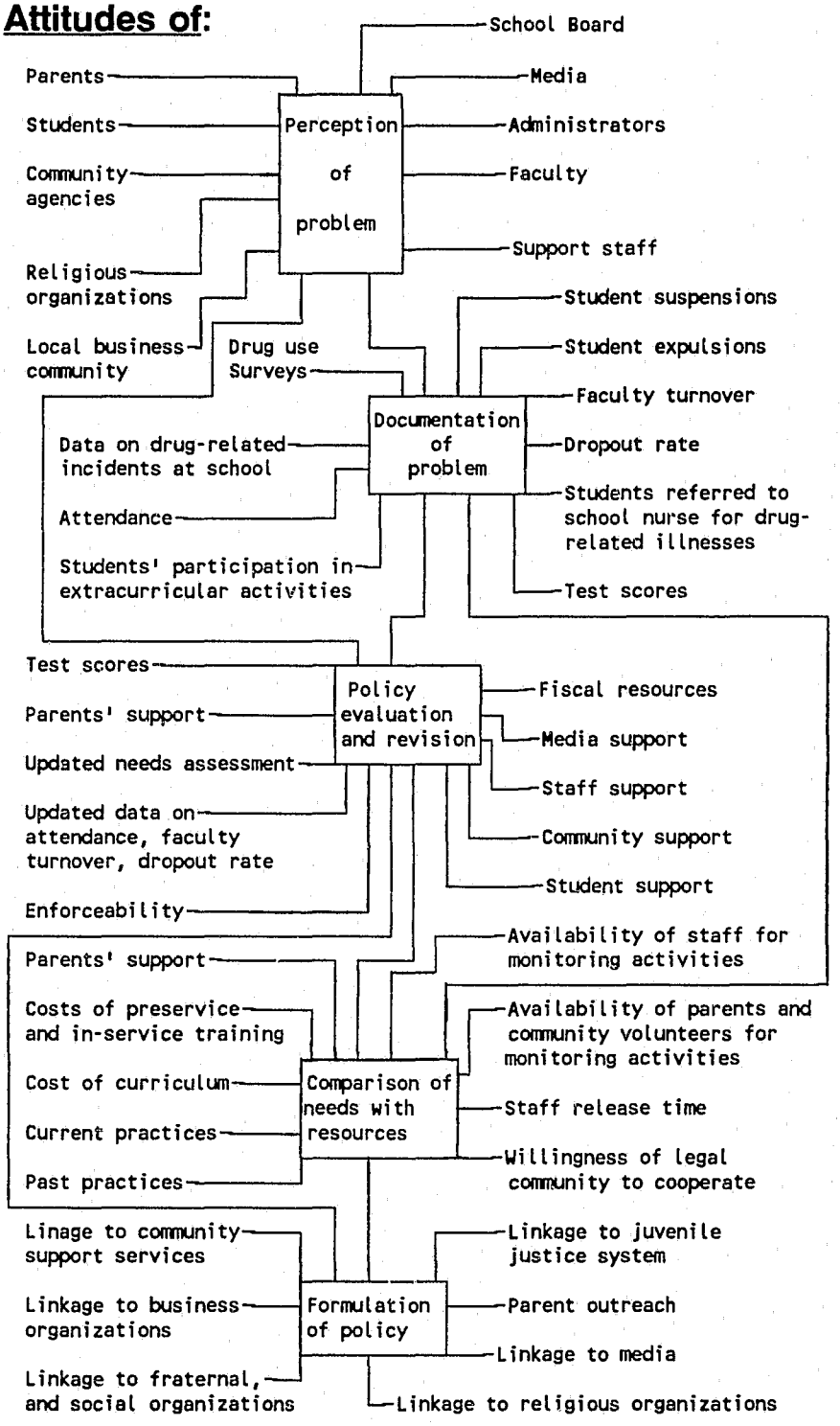
1. Because of the potential harm to an unborn child, pregnant women are advised not to--
   (a) have sex
   (b) smoke or drink
   (c) exercise
   (d) work
   (e) all of the above.

2. TRUE or FALSE: Every drug has both short-term and long-term problems associated with using it.

3. It is against Federal law to--
   (a) sell controlled substances to anyone under age 18
   (b) sell drugs within 1,000 feet of a public school
   (c) sell drugs within 1,000 feet of a private school
   (d) all of the above

Information Sheet #9

THE DYNAMICS OF POLICY FORMULATION



Information Sheet #10

WHAT PARENT GROUPS CAN DO TO HELP SCHOOLS BE DRUG-FREE

* Share information on the warning signs of drug use. Invite a police officer or allied health professional to make a presentation.

* Invite parent educators to talk to parents about how to communicate with their children about drugs.

* Develop model guidelines for dealing with their children's behavior, including guidance on appropriate rules and curfews and establishing a parent phone network.

* Develop handouts for parent on sources for help, support, therapy, and rehabilitation. Provide phone numbers and references.

* Sponsor workshops, talks, or potluck dinners to talk about drug-related issues and possible solutions.

* Strengthen the PTA's (or other Parent-Teacher Organization's) position on working with schools to fight the drug problem.

* Conduct surveys of drug use at home, malls, concerts, school-sponsored events, etc.

* Compile and review model policies and drug education curricula used in other schools.

* Contact civic organizations and community nonprofit associations for donations of materials, funds, and expertise that can be used in drug education.

* Sponsor speakers from the county juvenile services office or the police to speak to parents and school staff about legal issues.

* Invite religious and business leaders to speak to parents and school staff about drug policy issues. Service organizations such as the Lions Club have launched drug education programs and can explain what they are doing.

* Conduct fund-raising events to help schools buy better curricula materials, provide resources for teacher training, or hire support staff to monitor students' drug use. Work with community organizations to solicit donations through inserts in phone bills or bank statements.

* Provide volunteers to assist school staff in monitoring school grounds, taking attendance, and helping with paperwork.

* Arrange with businesses to hire students who are drug-free.

* Write articles or press releases to document progress in making schools and children drug-free.

Information Sheet #11

WHAT COMMUNITY GROUPS CAN DO TO HELP SCHOOLS BE DRUG-FREE

* Hold meetings with their membership to plan activities aimed at helping schools become drug-free.

* Sponsor "town meetings" on drug policy for schools.

* Sponsor a "speaker's bureau" for use by schools or parent groups.

* Develop materials for promoting drug-free schools, e.g., curricula for use by Boy Scouts, Girl Scouts, Camp Fire Girls, 4H, Future Homemakers, Future Farmers, Boys Clubs, Big Brothers and Big Sisters.

* Sponsor activities for students in their after-school hours.

* Develop a compendium of drug treatment facilities and counseling programs, outlining philosophy, costs, length of stay, references, and other important information.

* Hire youngsters who are drug-free to perform community service or work in businesses.

* Sponsor health seminars for families.

* Sponsor court watchers to monitor arrests, trials and sentencing of those committing drug-related crimes.

* Provide volunteers to assist schools in clerical and monitoring activities.

* Provide no-cost training to schools or parents if members have expertise related to drug education.

* Publicize drug-free programs through newspapers, op-ed pieces, letters to the editor, magazine articles, TV, and radio public service spots.

* Donate pro bono services to help schools with technical writing, survey research, or legal services related to their drug education programs.

* Donate materials and funds to assist schools and parent groups in implementing a drug-free policy.

* Hold fund-raisers to help schools purchase materials or hire staff needed for drug education.

Information Sheet #12

TIPS FOR GENERATING SUPPORT OF A DRUG - FREE POLICY

* Make sure all involved parties know about the policy, what is expected of them, and what they should do under all circumstances.

* Conduct surveys on drug use and attitudes and disseminate the results.

* Hold preservice and in-service training for all teachers and support staff.

* Train all volunteers.

* Hire adequate staff to implement and monitor the program.

* Secure release time for faculty to attend training, speak to community and parent groups, and counsel students.

* Secure up-to-date, comprehensive curricular materials (print and video) for students in grade K through 12.

* Work with the PTA (or other Parent-Teacher Organization) to plan activities.

* Work with religious organizations to coordinate programs.

* Work with community businesses to sponsor activities related to the program.

* Work with fraternal and service organizations in the community to sponsor projects related to the program.

* Periodically hold focus groups for students, parents, and faculty to express their opinions about the program.

* Have a mechanism in place for any grievances (e.g., suggestion box, editorials in the student newspaper).

* Speak to parent and community groups about the program.

* Arrange for speakers from the legal community to speak to student, faculty, and parent groups.

* Invite health professionals to speak to student, faculty, and parent groups.

* Sponsor seminars on drug-related issues.

* Publish op-ed pieces in the local newspaper; write articles for local journals.

* Consent to be interviewed on local talk shows (radio and TV).

* Conduct annual evaluations of progress (in knowledge, attitudes, and behavior) and disseminate the results.

* Set in place a mechanism for revising policy in the future.

* In sum,

  -- Make sure everyone knows his or her role;

  -- Establish routine procedures so that practices can be applied uniformly and consistently;

  -- See that sufficient resources are in place to implement and enforce the policy;

  -- Support participants through training and group activities;

  -- Provide a mechanism for dealing with problems;

  -- Publicize and share information; and

  -- Be flexible and willing to revise the policy, if needed.

NOTE ON WORKSHEETS #1 THROUGH #9

Worksheets #1 through #9 have been developed to assist you as tools in collecting Needs Assessment data from students, parents, faculty, and community representatives on real and perceived drug use by students. These forms have been designed as models for collecting the types of data considered to be important in formulating policy. While these forms have been critically reviewed by experts, no reliability or validity data have been established, as the questionnaires are not intended for standardized use.

You are invited to use these forms as they are now or to adapt them in any way you would like to make them more useful. If you are already collecting some of these data, by all means, continue using the forms now in use. You may, however, wish to supplement your data collection with forms provided here. These questionnaires are your working tools.

Worksheet #1

NEEDS ASSESSMENT: FORM I-A
STUDENT USAGE QUESTIONNAIRE

Directions for Question I: For each item, please check the box that best describes what you do.

I. HOW OFTEN DO YOU...

	Never	Only tried once	Once a year or less	Every few months	Every week	Every day
1. Smoke cigarettes?						
2. Drink wine coolers?						
3. Drink beer, wine, or hard liquor?						
4. Smoke marijuana?						
5. Use cocaine or crack?						
6. Use uppers or downers?						
7. Sniff glue?						
8. Use acid?						
9. Use PCP?						
10. Eat psychedelic mushrooms						

Directions for Question II: For each item, please check as many boxes as apply to you.

II. WHEN DO YOU...

	Never	Before school	At school	After school	On weekends
1. Smoke cigarettes?					
2. Drink wine coolers?					
3. Drink beer, wine, or hard liquor?					
4. Smoke marijuana?					
5. Use cocaine or crack?					
6. Use uppers or downers?					
7. Sniff glue?					
8. Use acid?					
9. Use PCP?					
10. Eat psychedelic mushrooms?					

Directions for Question III: For each item, please check the appropriate box.

III. DO YOU KNOW ANYONE WHO...

	No	Yes
1. Smokes cigarettes?		
2. Drinks wine coolers?		
3. Drinks beer, wine, or hard liquor?		
4. Smokes marijuana?		
5. Uses cocaine or crack?		
6. Uses uppers or downers?		
7. Sniffs glue?		
8. Uses acid?		
9. Uses PCP?		
10. Eats psychedelic mushrooms?		

Grade Level _____

Male ☐ **Female** ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #2

NEEDS ASSESSMENT: FORM I-B
STUDENT USAGE QUESTIONNAIRE

(For Use In Secondary Schools)

---

1. Have you ever smoked cigarettes?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Do you know anyone who smokes cigarettes?

☐ No

☐ Yes

Go on to Question 2.

B. ☐ Yes

(1) How old were you the first time you smoked a cigarette?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get your <u>first</u> cigarette?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ I took it from my parents' house without telling them

☐ My parents gave it to me

☐ Someone offered it to me at a party or concert

☐ Other: _____

(3) How often do you smoke cigarettes?

- ☐ Only tried it once (Skip to Question 2)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually smoke cigarettes?
(Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually smoke cigarettes?
(Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) Where do you currently get your cigarettes?
(Check the answer that applies most often)

- ☐ I buy them
- ☐ I get someone else to buy them for me
- ☐ An older sibling gets them for me
- ☐ I just smoke them when they're offered to me
- ☐ I take them from my parents' house
- ☐ Other: _____

2. Have you ever had a wine cooler?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Do you know anyone who drinks wine coolers?

☐ No

☐ Yes

Go on to Question 3

B. ☐ Yes

(1) How old were you the first time you drank a wine cooler?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the first wine cooler you ever drank?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ I took it from my parents' house without telling them

☐ My parents gave it to me

☐ Someone offered it to me at a party or concert

☐ Other:_____

(3) How often do you drink wine coolers?

- ☐ Only tried them once (Skip to Question 3)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually drink wine coolers? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually drink wine coolers? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get wine coolers? (Check the answer that applies most often)

- ☐ I buy them
- ☐ I get someone else to buy them for me
- ☐ An older sibling gets them for me
- ☐ I take them from my parents' house
- ☐ I just drink them when they're offered to me
- ☐ Other: _____

3. Have you ever had beer or wine?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Do you know anyone who drinks beer or wine?

☐ No

☐ Yes

Go on to Question 4

B. ☐ Yes

(1) How old were you the first time you drank beer or wine?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the first wine or beer you ever drank?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ I took it from my parents' house without telling them

☐ My parents gave it to me

☐ Someone offered it to me at a party or concert

☐ Other: _____

(3) How often do you drink beer or wine?

- ☐ Only tried it once (Skip to Question 4)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually drink beer or wine? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually drink beer or wine? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get beer or wine? (Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
- ☐ I take it from my parents' house
- ☐ I just drink it when it's offered to me
- ☐ Other: _____

4. Have you ever had hard liquor (e.g., Scotch, gin, vodka, bourbon, tequila)?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Do you know anyone who drinks hard liquor?

☐ No

☐ Yes

Go on to Question 5

B. ☐ Yes

(1) How old were you the first time you drank hard liquor?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the first drink of hard liquor?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ I took it from my parents' house without telling them

☐ My parents gave it to me

☐ Someone offered it to me at a party or concert

☐ Other: _____

(3) How often do you drink hard liquor?

- ☐ Only tried it once (Skip to Question 5)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually drink hard liquor? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually drink hard liquor? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get hard liquor? (Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
- ☐ I take it from my parents' house
I just drink it when it's offered to me
- ☐ Other: _____

5. Have you ever smoked marijuana?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you marijuana in the past year?

☐ No

☐ Yes, approximately _____ times

(3) Do you know anyone who smokes marijuana?

☐ No

☐ Yes

Go on to Question 6

B. ☐ Yes

(1) How old were you the first time you smoked a joint of marijuana?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get your <u>first</u> joint of marijuana?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ Someone offered it to me at a party or concert

☐ Someone sold it to me

☐ Other: _____

(3) How often do you smoke marijuana?

- ☐ Only tried it once (Skip to Question 6)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually smoke marijuana? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually smoke marijuana? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get marijuana? (Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
- ☐ I just take it when it's offered to me
- ☐ Other: _____

6. Have you ever used cocaine?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you cocaine in the past year?

☐ No

☐ Yes, approximately _____ times

(3) Do you know anyone who uses cocaine?

☐ No

☐ Yes

Go on to Question 7

B. ☐ Yes

(1) How old were you the first time you used cocaine?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the cocaine the <u>first</u> time you used it?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ Someone offered it to me at a party or concert

☐ Someone sold it to me

☐ Other: _____

(3) How often do you use cocaine?

- ☐ Only tried it once (Skip to Question 7)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use cocaine? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use cocaine? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get cocaine? (Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
- ☐ I just use it when it's offered to me
- ☐ Other: _____

7. Have you ever used crack?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you crack in the past year?

☐ No

☐ Yes, approximately _____ times

(3) Do you know anyone who uses crack?

☐ No

☐ Yes

Go on to Question 8

B. ☐ Yes

(1) How old were you the first time you used crack?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the crack the first time you used it?

☐ A friend gave it to me

☐ An older sibling gave it to me

☐ Someone offered it to me at a party or concert

☐ Someone sold it to me

☐ Other: _____

(3) How often do you use crack?

- ☐ Only tried it once (Skip to Question 8)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use crack? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use crack? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ At a "crack" house
- ☐ Other: _____

(6) How do you currently get crack? (Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
- ☐ I just take it when it's offered to me
- ☐ Other: _____

8. Have you ever used uppers (e.g., "speed," "bennies," "dexies," "black beauties")?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you uppers in the past year?

☐ No

☐ Yes, approximately _____ times

(3) Do you know anyone who uses uppers?

☐ No

☐ Yes

Go on to Question 9

B. ☐ Yes

(1) How old were you the first time you used uppers?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the uppers the first time you used them?

☐ A friend gave them to me

☐ An older sibling gave them to me

☐ I took them from my parents' house without telling them

☐ Someone offered them to me at a party or concert

☐ Someone sold them to me

☐ Other: _____

(3) How often do you use uppers?

- ☐ Only tried them once (Skip to Question 9)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use uppers? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use uppers? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get uppers? (Check the answer that applies most often)

- ☐ I buy them
- ☐ I get someone else to buy them for me
- ☐ An older sibling gets them for me
- ☐ I just take them when they're offered to me
- ☐ I have a prescription for them
- ☐ I take them from my parents' house
- ☐ Other: _____

9. Have you ever used downers (e.g., "yellow jackets," "red devils," "ludes")?

A. ☐ No

(1) Do you think you ever will?

☐ No

☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you downers in the past year?

☐ No

☐ Yes, approximately _____ times

(3) Do you know anyone who uses downers?

☐ No

☐ Yes

Go on to Question 10

B. ☐ Yes

(1) How old were you the first time you used downers?

☐ Under 10

☐ 10-11

☐ 12-13

☐ 14-16

☐ 17 or older

(2) How did you get the downers the first time you used them?

- ☐ A friend gave them to me
- ☐ An older sibling gave them to me
- ☐ I took them from my parents' house without telling them
- ☐ Someone offered them to me at a party or concert
- ☐ Someone sold them to me
- ☐ Other: _____

(3) How often do you use downers?

- ☐ Only tried them once (Skip to Question 10)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use downers? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use downers? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get downers?
(Check the answer that applies most often)

- ☐ I buy them
- ☐ I get someone else to buy them for me
- ☐ An older sibling gets them for me
- ☐ I just take them when they're offered to me
- ☐ I have a prescription for them
- ☐ I take them from my parents' house
- ☐ Other: _____

10. Have you ever sniffed glue or whippets?

A. ☐ No

(1) Do you think you ever will?

- ☐ No
- ☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you whippets in the past year?

- ☐ No
- ☐ Yes, approximately _____ times

(3) Do you know anyone who sniffs whippets or glue?

- ☐ No
- ☐ Yes

Go on to Question 11

B. ☐ Yes

(1) How old were you the first time you sniffed glue or whippets?

- ☐ Under 10
- ☐ 10-11
- ☐ 12-13
- ☐ 14-16
- ☐ 17 or older

(2) How did you get the glue or whippets the first time you used them?

- ☐ A friend gave it (them) to me
- ☐ An older sibling gave it (them) to me
- ☐ I took it (them) from my parents' house without telling them
- ☐ Someone offered it (them) to me at a party or concert
- ☐ I bought it (them)
- ☐ Other: _____

(3) How often do you sniff glue or whippets?

- ☐ Only tried it (them) once (Skip to Question 11)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually sniff glue or whippets? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually sniff glue or whippets? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get the glue or whippets? (Check the answer that applies most often)

- ☐ I buy it (them)
- ☐ I get someone else to buy it (them) for me
- ☐ An older sibling gets it (them) for me
- ☐ I just sniff it (them) if it's (they're) offered to me
- ☐ I take it (them) from my parents' house
- ☐ Other: _____

11. Have you ever tried acid?

A. ☐ No

(1) Do you think you ever will?

- ☐ No
- ☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you acid in the past year?

- ☐ No
- ☐ Yes, approximately _____ times

(3) Do you know anyone who uses acid?

- ☐ No
- ☐ Yes

Go on to Question 12

B. ☐ Yes

(1) How old were you the first time you had acid?

- ☐ Under 10
- ☐ 10-11
- ☐ 12-13
- ☐ 14-16
- ☐ 17 or older

(2) How did you get the acid the first time you had it?

- ☐ A friend gave it to me
- ☐ An older sibling gave it to me
- ☐ Someone offered it to me at a party or concert
- ☐ Someone sold it to me
- ☐ Other: _____

(3) How often do you use acid?

- ☐ Only tried it once (Skip to Question 12)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use acid? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use acid?
(Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get acid?
(Check the answer that applies most often)

- ☐ I buy it
- ☐ I get someone else to buy it for me
- ☐ An older sibling gets it for me
  I just use it if it's offered to me
- ☐ I know someone who makes it
- ☐ Other: _____

12. Have you ever used PCP?

A. ☐ No

(1) Do you think you ever will?

- ☐ No
- ☐ Probably, when I'm ____ years old

(2) Has anyone tried to sell you PCP in the past year?

- ☐ No
- ☐ Yes, approximately _____ times

(3) Do you know anyone who uses PCP?

- ☐ No
- ☐ Yes

Go on to Question 13

B. ☐ Yes

(1) How old were you the first time you used PCP?

- ☐ Under 10
- ☐ 10-11
- ☐ 12-13
- ☐ 14-16
- ☐ 17 or older

(2) How did you get the PCP the first time you used it?

- ☐ A friend gave it to me
- ☐ An older sibling gave it to me
- ☐ Someone offered it to me at a party or concert
- ☐ Someone sold it to me
- ☐ Other: _____

(3) How often do you use PCP?

- ☐ Only used it once (Skip to Question 13)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually use PCP? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually use PCP?
(Check all that apply)

- [ ] At my house
- [ ] At a friend's house
- [ ] In a car
- [ ] At a party or concert
- [ ] At school or a school-sponsored event
- [ ] Other: _____

(6) How do you currently get PCP?
(Check the answer that applies most often)

- [ ] I buy it
- [ ] I get someone else to buy it for me
- [ ] An older sibling gets it for me
  I just use it if it's offered to me
- [ ] I know someone who makes it
- [ ] Other: _____

13. Have you ever eaten psychedelic mushrooms?

A. [ ] No

(1) Do you think you ever will?

- [ ] No
- [ ] Probably, when I'm ____ years old

(2) Has anyone tried to sell you psychedelic mushrooms in the past year?

- [ ] No
- [ ] Yes, approximately _____ times

(3) Do you know anyone who takes psychedelic mushrooms?

- [ ] No
- [ ] Yes

Go on to Question 14

B. ☐ Yes

(1) How old were you the first time you had psychedelic mushrooms?

- ☐ Under 10
- ☐ 10-11
- ☐ 12-13
- ☐ 14-16
- ☐ 17 or older

(2) How did you get the mushrooms the <u>first</u> time you had them?

- ☐ A friend gave them to me
- ☐ An older sibling gave them to me
- ☐ Someone offered them to me at a party or concert
- ☐ Someone sold them to me
- ☐ Other: _____

(3) How often do you take psychedelic mushrooms?

- ☐ Only tried them once (Skip to Question 14)
- ☐ Once a year or less
- ☐ Every couple of months
- ☐ Every week or so
- ☐ Every day

(4) When do you usually take psychedelic mushrooms? (Check all that apply)

- ☐ Before school
- ☐ During school
- ☐ After school
- ☐ On weekends

(5) Where do you usually take psychedelic mushrooms? (Check all that apply)

- ☐ At my house
- ☐ At a friend's house
- ☐ In a car
- ☐ At a party or concert
- ☐ At school or a school-sponsored event
- ☐ Other: _____

(6) How do you currently get psychedelic mushrooms? (Check the answer that applies most often)

- ☐ I buy them
- ☐ Someone else buys them for me
- ☐ An older sibling gets them for me
- ☐ I just use them if they're offered to me
- ☐ I know someone who grows them
- ☐ Other: _____

Please write any comments here: _____

_____

_____

_____

_____

_____

Grade Level _____

Male ☐ **Female** ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #3

NEEDS ASSESSMENT: FORM II-A
STUDENT OPINION QUESTIONNAIRE
(For Use in Upper Elementary and Middle Grades)

I. DO YOU THINK THAT ANY OF THE STUDENTS IN THIS SCHOOL...

	No	Yes
1. Smoke cigarettes?		
2. Drink wine coolers?		
3. Drink beer, wine or hard liquor?		
4. Smoke marijuana?		
5. Use cocaine or crack?		
6. Use pills?		
7. Sniff glue?		
8. Take acid?		
9. Take PCP?		
10. Use psychedelic mushrooms?		

II. IN GENERAL, DO YOU THINK THAT DRUG OR ALCOHOL USE IS A PROBLEM AT THIS SCHOOL?

☐ No

☐ Yes, especially with these drugs:

1. _____
2. _____
3. _____

Grade Level _____

Male ☐ Female ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #4

NEEDS ASSESSMENT: FORM II-B
STUDENT OPINION QUESTIONNAIRE

(For Use in Secondary Schools)

1. IN YOUR OPINION, HOW MANY STUDENTS IN THIS SCHOOL...

	Almost no one	A few	Many
A. Smoke cigarettes?			
B. Drink wine coolers?			
C. Drink beer or wine?			
D. Drink hard liquor?			
E. Smoke marijuana?			
F. Use cocaine?			
G. Use crack?			
H. Use uppers?			
I. Use downers?			
J. Sniff glue or inhalants?			
K. Use acid?			
L. Use PCP?			
M. Take psychedelic mushrooms?			

2. CIRCLE THE NUMBER THAT YOU THINK BEST DESCRIBES THE DRUG AND ALCOHOL PROBLEM AT YOUR SCHOOL.

No problem	A small problem	A definite problem	A serious problem	A severe problem
1	2	3	4	5

3. DO YOU THINK THE SCHOOL SHOULD TAKE ACTION TO KEEP DRUGS OUT OF SCHOOL? CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR OPINION.

I'm strongly against the school taking action	I'm somewhat against the school taking action	I'm not sure whether or not the school should take action	I'm somewhat in favor of the school taking action	I'm strongly in favor of the school taking action
1	2	3	4	5

4. PLEASE WRITE ANY COMMENTS HERE:_____

_____

_____

_____

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_____

Grade Level _____

Male ☐ **Female** ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #5

NEEDS ASSESSMENT: FORM III-A
ATTITUDINAL QUESTIONNAIRE
(For Use in Upper Elementary and Middle Grades)

Circle the number that best describes your opinion.

	Agree	Not sure	Disagree
1. All drugs are dangerous.	1	2	3
2. Using drugs makes you feel more grown up.	1	2	3
3. I wouldn't go to a party if I knew there would be drugs or alcohol being used.	1	2	3
4. It's easy to get hooked on drugs or alcohol.	1	2	3
5. Most sports stars use drugs.	1	2	3
6. Parties are more fun with drugs.	1	2	3
7. You can learn to use drugs safely if someone older shows you how.	1	2	3
8. The most popular kids in school use drugs.	1	2	3
9. I'd try drugs if my friends did.	1	2	3
10. If you use drugs even once, your health could be ruined for life.	1	2	3
11. People who use drugs should be punished.	1	2	3
12. It's stupid to use drugs.	1	2	3

Grade Level _____

Male ☐ Female ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #6

NEEDS ASSESSMENT: FORM III-B
ATTITUDINAL QUESTIONNAIRE
(For Use in Secondary Schools)

I. Circle the number that comes closest to your opinion.

	Strongly agree	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Strongly disagree
1. Alcohol makes you do stupid things.	1	2	3	4	5
2. Your school work goes down when you use drugs.	1	2	3	4	5
3. Marijuana should be legalized.	1	2	3	4	5
4. I'd like to try cocaine just once to see what it's like.	1	2	3	4	5
5. It's OK to take a drink every now and then to calm your nerves.	1	2	3	4	5
6. It takes a lot of years to get hooked on drugs or alcohol.	1	2	3	4	5
7. Most celebrities use cocaine.	1	2	3	4	5
8. If you know your sources, using drugs is safe.	1	2	3	4	5
9. Marijuana makes you more creative.	1	2	3	4	5
10. If you try a drug even once, you're likely to get hooked on it.	1	2	3	4	5

	Strongly agree	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Strongly disagree
11. If you use drugs when you're young, your health will be ruined forever.	1	2	3	4	5
12. I'd stay away from a party if I knew they'd be serving alcohol or using drugs.	1	2	3	4	5
13. Most of the information you hear about drugs is greatly exaggerated.	1	2	3	4	5
14. People who use drugs should be punished.	1	2	3	4	5
15. Whether or not I take drugs or alcohol is my business. The schools have no business policing students for drugs and alcohol.	1	2	3	4	5

Grade Level _____

Male ☐ Female ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #7

NEEDS ASSESSMENT: FORM IV
PARENT QUESTIONNAIRE

Directions: Please complete this questionnaire only for the student designated by school staff. If you have other children in the school system, you may be asked to fill out separate questionnaires for them. For each item in sections I and II, please check the box which is most appropriate.

I. TO THE BEST OF YOUR KNOWLEDGE, HAS YOUR CHILD EVER...

	Yes, I am certain	Probably	I don't think so	I'm certain he/she has not
1. Smoked cigarettes?				
2. Drunk a wine cooler?				
3. Drunk beer or wine?				
4. Drunk hard liquor?				
5. Smoked marijuana?				
6. Used cocaine?				
7. Used crack?				
8. Used uppers?				
9. Used downers?				
10. Sniffed glue or other inhalants?				
11. Taken acid?				
12. Taken PCP?				
13. Eaten psychedelic mushrooms?				

II. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY STUDENTS IN YOUR CHILD'S SCHOOL...

	Almost no one	A few	Many
1. Smoke cigarettes?			
2. Drink wine coolers?			
3. Drink beer or wine?			
4. Drink hard liquor?			
5. Smoke marijuana?			
6. Use cocaine?			
7. Use crack?			
8. Use uppers?			
9. Use downers?			
10. Sniff glue or other inhalants?			
11. Use acid?			
12. Use PCP?			
13. Take psychedelic mushrooms?			

III. 1. **How would you assess the problem of drug and alcohol use at your child's school?**
Circle the number that best reflects your opinion.

No problem	A small problem	A definite problem	A serious problem	A severe problem
1	2	3	4	5

2. **Do you think your child's school has a responsibility to take action to keep drugs and alcohol out of school? Circle the number that best reflects your opinion.**

I'm strongly against the school taking action	I'm somewhat against the school taking action	I'm not sure whether or not the school should take action	I'm somewhat in favor of the school taking action	I'm strongly in favor of the school taking action
1	2	3	4	5

3. **Do you think your child's school has a responsibility to educate children to be drug-free? Circle the number that best reflects your opinion.**

I'm strongly against the school educating children on this subject	I'm somewhat against the school educating children on this subject	I'm not sure whether or not the school should educate children on this subject	I'm somewhat in favor of the school educating children on this subject	I'm strongly in favor of the school educating children on this subject
1	2	3	4	5

4. Please write any comments here: _____

_____

_____

_____

_____

_____

Child's Grade Level _____

Child's Gender: Male ☐ Female ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #8

NEEDS ASSESSMENT: FORM V
FACULTY AND SUPPORT STAFF QUESTIONNAIRE

Type of School:_____

Position:_____

Male ☐ Female ☐

I. FOR EACH ITEM, PLEASE CHECK THE MOST APPROPRIATE BOX. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY STUDENTS IN THIS SCHOOL...

	Almost no one	A few	Many
1. Smoke cigarettes?			
2. Drink wine coolers?			
3. Drink beer or wine?			
4. Drink hard liquor?			
5. Smoke marijuana?			
6. Use cocaine?			
7. Use crack?			
8. Use uppers?			
9. Use downers?			
10. Sniff glue or other inhalants?			
11. Use acid?			
12. Use PCP?			
13. Take psychedelic mushrooms?			

II. 1. **Overall, how would you assess the problem of drug and alcohol use at this school?**

Circle the number that best reflects your opinion.

No problem	A small problem	A definite problem	A serious problem	A severe problem
1	2	3	4	5

2. **Do you think this school has a responsibility to take action to keep drugs and alcohol out of the school? Circle the number that best reflects your opinion.**

I'm strongly against the school taking action	I'm somewhat against the school taking action	I'm not sure whether or not the school should take action	I'm somewhat in favor of the school taking action	I'm strongly in favor of the school taking action
1	2	3	4	5

3. **Do you think this school has a responsibility to educate children to be drug-free?**

Circle the number that best reflects your opinion.

I'm strongly against the school educating children on this subject	I'm somewhat against the school educating children on this subject	I'm not sure whether or not the school should educate children on this subject	I'm somewhat in favor of the school educating children on this subject	I'm strongly in favor of the school educating children on this subject
1	2	3	4	5

4. **Do you think <u>you</u> should be given personal responsibility to...**

	Yes	No
a. Monitor students' behavior for possible signs of alcohol or drug use?		
b. Search suspected students for drugs or alcohol?		
c. Search students' lockers?		
d. Report students who are not drug-free?		
e. Work with law enforcement officers in enforcing drug use policy on campus?		
f. Counsel students about drug-related behavior?		
g. Educate children about drugs and alcohol?		

5. **Please write any comments here:** _____

_____

_____

_____

_____

_____

_____

THANK YOU FOR YOUR COOPERATION

Worksheet #9

NEEDS ASSESSMENT: FORM VI
PARENT AND COMMUNITY ATTITUDE SURVEY

Directions: For each item listed below, please circle the number that comes closest to your opinion:

	Strongly agree	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Strongly disagree
1. Drug and alcohol use by students (in my child's school/in our community's schools) interferes with the education students receive.	1	2	3	4	5
2. Schools have a responsibility to do something about student drug and alcohol use.	1	2	3	4	5
3. Drug education helps change children's attitudes about alcohol and drugs.	1	2	3	4	5
4. Drug education helps change children's alcohol and drug-related behavior.	1	2	3	4	5
5. Drug education should begin as early as kindergarten.	1	2	3	4	5
6. Drug education is pointless if schools don't take strong action to prevent alcohol and drug use on school grounds.	1	2	3	4	5

	Strongly agree	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Strongly disagree
7. Schools can and should teach students to use alcohol and drugs responsibly.	1	2	3	4	5
8. School officials should be allowed to search students' lockers if they suspect drugs or alcohol is being hidden there.	1	2	3	4	5
9. Schools should take a hard line on behavior: students caught using drugs should be suspended; students caught selling drugs should be expelled.	1	2	3	4	5
10. Giving students too much information about drugs is likely to make them want to experiment with drugs.	1	2	3	4	5
11. The police have no business being called into a school for drug-related problems.	1	2	3	4	5
12. The first time students are caught using drugs they should receive probation and counseling--not punishment.	1	2	3	4	5
13. Even when only a small number of students at a school use alcohol or drugs, everyone is affected.	1	2	3	4	5

	Strongly agree	Agree somewhat	Neither agree nor disagree	Disagree somewhat	Strongly disagree
14. Students and school administrators should spend their time solely on teaching activities--not patrolling the halls looking for students using or selling drugs.	1	2	3	4	5
15. Schools should ban alcohol and drug use from all school dances, sporting events, and extracurricular activities.	1	2	3	4	5
16. If the schools become drug-free, students will just take their alcohol or drug use underground.	1	2	3	4	5
17. As long as students attend class and don't disrupt their fellow students, it's none of the school's business whether they use alcohol or drugs.	1	2	3	4	5
18. Making schools drug-free is a good use of tax dollars.	1	2	3	4	5

FOR PARENTS ONLY:

Child's Grade Level _____

Child's Gender: Male ☐ **Female** ☐

THANK YOU FOR YOUR PARTICIPATION

Worksheet #10

DRUG-RELATED DATA TO BE EXAMINED WHEN CONDUCTING A NEEDS ASSESSMENT*

1. For the past three years, how many drug-related incidents have been reported by the school nurse(s)?

   This year _____ State average _____

   Last year _____ District average _____

   Two years ago _____

2. For the past three years, how many students have been referred to the Principal's or Vice Principal's office for problem behavior?

   This year _____ State average _____

   Last year _____ District average _____

   Two years ago _____

3. For the past three years, how many student suspensions have been reported?

   This year _____ State average _____

   Last year _____ District average _____

   Two years ago _____

4. For the past three years, how many student expulsions have been reported?

   This year _____ State average _____

   Last year _____ District average _____

   Two years ago _____

* This form should be filled out at either the school or district level, depending on the size of the system. If the form is filled out by individual schools, data should be compiled for district use.

5. **For the past three years, what has been the average daily attendance rate?**

This year _____ State average _____

Last year _____ District average _____

Two years ago _____

6. **For the past three years, what has been the average daily tardiness rate?**

This year _____ State average _____

Last year _____ District average _____

Two years ago _____

7. **For the past three years, what have been the average scores on national tests?**

Specify test: _____

This year: Verbal _____ State average: Verbal _____

Math _____ Math _____

Last year: Verbal _____ District average: Verbal _____

Math _____ Math _____

Two years ago: Verbal _____

Math _____

8. **For the past three years, what has been the dropout rate?**

This year _____ State average _____

Last year _____ District average _____

Two years ago _____

9. **For the past three years, what has been the faculty turnover rate?**

   This year _____ State average _____

   Last year _____ District average _____

   Two years ago _____

10. **For the past three years, has student attendance at school-sponsored functions been at, near, or below capacity?**

    This year _____

    Last year _____

    Two years ago _____

11. For the past three years, has student attendance at extra-curricular activities and sporting events been at, near, or below capacity?

    This year _____

    Last year _____

    Two years ago _____

Worksheet #11

CHECKLIST FOR EVALUATING CURRENT DRUG-USE POLICY

I. Does the current policy...	Yes	No
1. Conform to state policy regulations?		
2. Stipulate "no-use" (i.e., there is no tolerance in policy for "responsible use")?		
3. Outline procedures for students suspected of using drugs or alcohol?		
4. Outline procedures for students caught using drugs or alcohol?		
5. Outline procedures for students caught selling drugs or alcohol?		
6. Provide for consistent enforcement with no exceptions?		
7. Outline legal procedures for working with enforcement agencies and judicial authorities?		
8. Stipulate procedures for conducting searches and seizures?		
9. Guarantee confidentiality?		
10. Enumerate procedures for handling drug-related medical emergencies?		
11. Stipulate a comprehensive drug education program?		
12. Provide for preservice and in-service training for staff?		
13. Provide for drug counseling for students?		
14. Provide a structure for working directly with parents?		
15. Provide a structure for working directly with community groups?		

II. Are the following groups aware of the current policy?

	Yes	No
1. Students		
2. Parents		
3. Faculty		
4. School support staff		
5. Community groups		

Worksheet #12

RESOURCE CHECKLIST

	Yes	No
1. Are there sufficient staff available to monitor hallways, stairwells, restrooms, locker rooms, the cafeteria, and outdoor grounds?		
2. Are staff or parent volunteers available to chaperon school-sponsored functions?		
3. Are staff or parent volunteers available to track attendance, tardiness, and class cutting?		
4. Do staff have sufficient release time for preservice and in-service training in drug education?		
5. Are fiscal resources available to secure appropriate curricula?		
6. Do staff have release time to work with the judicial authorities in enforcing policy?		
7. Has support been obtained from parent groups?		
8. Are treatment programs available for working with students?		

Worksheet #13

REVIEW SHEET FOR ASSESSING IF POLICY NEEDS UPDATING

I. Expressed Support for the Policy

	Yes	No
1. Students follow the policy as outlined in the student handbook.		
2. Parents support the policy, as indicated by signed consent forms and participation in volunteer activities.		
3. Faculty express support for the policy, in their behavior and discussions at teachers' meetings.		
4. Support staff endorse the policy, as indicated by their behavior and conversations.		
5. Volunteers support the policy, as indicated by their participation in monitoring activities and help in completing paperwork.		
6. Community groups (churches, businesses, services, fraternal organizations) support the policy, as indicated by their participation in sponsoring drug-related programs for students.		
7. Legal liaison personnel demonstrate support for the policy as indicated by their continued cooperation.		
8. Therapeutic support groups in the community express support for the policy, as indicated by their continued participation in conducting treatment programs.		
9. The atmosphere at the school appears to be centered on learning.		
10. School spirit has gone up.		

II. Indicators of the Program's Success

	Yes	No
1. The drug education curriculum is favorably received by teachers and students.		
2. Students exposed to the drug education curriculum show knowledge gains, as evidenced by pretest and posttest data.		
3. Students exposed to the drug education curriculum show increasingly positive attitudes towards being drug-free, as evidenced by data from the attitudinal questionnaires.		
4. The number of drug-related emergencies has decreased.		
5. School attendance has improved and tardiness has gone down.		
6. Students' participation in school-sponsored functions and extracurricular activities has increased.		
7. The dropout rate has declined (high school).		
8. Test scores have improved (SAT, Iowa Test of Basic Skills).		
9. The number of faculty requests for transfer or retirement has declined; the number of teachers requesting transfer to the school has increased.		
10. User surveys report decreased use of drugs and alcohol.		

III. Additional Factors to Consider in Evaluating the Need for Changing the Policy

	Yes	No
1. The costs of hiring staff for monitoring students' drug use are becoming prohibitive.		
2. The costs of preservice and in-service training are placing a strain on the budget.		
3. Staff do not have enough release time to meet the need to attend court and meet with parent and therapeutic groups.		
4. The number of law suits filed by students and parents is increasing substantially.		
5. A disproportionate amount of staff time is devoted to enforcement.		
6. Annual needs assessment surveys have identified new areas of concern or patterns of abuse.		

Worksheet #14

CHECKLIST FOR EVALUATING DRUG EDUCATION CURRICULA

I. Standards of Educational Quality

	Yes	No
1. Does the curriculum include clearly articulated goals?		
2. Can the curriculum's objectives be observed and measured?		
3. Is the information current and accurate?		
4. Are the messages consistent and noncontradictory?		
5. Can the curriculum be integrated into the regular classroom curriculum?		
6. Can the curriculum be implemented during the school year?		
7. Is the curriculum sequenced for grades K through 12?		
8. Are the components freestanding?		
9. Can teachers be trained to teach the curriculum themselves?		
10. Are the activities age-appropriate?		
11. Is the content geared to students' developmental levels?		
12. Is the reading level appropriate?		
13. Are a variety of learning approaches used?		
14. Is the curriculum easy-to-use?		
15. Do illustrations enhance the material's attractiveness?		

	Yes	No
16. Is the writing nonjudgmental?		
17. Are the text and illustrations nonsexist?		
18. Are the text and illustrations nonracist?		
19. Can students' progress be monitored?		
20. Is the curriculum cost-effective to purchase and implement?		
21. Are field test data on the curriculum's effectiveness and acceptability available from the developer or publisher?		

II. Appropriateness of Drug-related Information

	Yes	No
1. Is the "no-use" message primary and prominent?		
2. Is information on all types of drugs given?		
3. Is the information on the effects of drugs research-based?		
4. Are popular names for drugs referenced?		
5. Are popular myths debunked?		
6. Are peer factors addressed?		
7. Are family factors addressed?		
8. Are the social consequences of substance abuse presented?		
9. Is respect for society's law integral to the curriculum?		
10. Are role models appropriate?		
11. Does the curriculum include a component for parents?		
12. Does the curriculum include a component for the community?		

III. Appropriateness of Learning Outcomes

	Yes	No
1. Is the curriculum aimed at increasing students' knowledge of drugs and their effects?		
2. Is the curriculum aimed at developing drug-free attitudes?		
3. Is the curriculum aimed at effecting "no-use" behavior?		
4. Does the curriculum promote verbal mediation?		
5. Does the curriculum promote pleasure management?		
6. Does the curriculum stress healthy biological and social processes?		
7. Does the curriculum teach decision making based on healthy distinctions?		
8. Does the curriculum teach critical thinking and analysis skills?		
9. Does the curriculum enhance self-esteem?		

APPENDICES

COMMONLY ABUSED SUBSTANCES

DEPRESSANTS

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Alcohol: Beer Wine Wine Coolers Liquor Liquors <u>Street Names:</u> booze, hooch, brew, and juice	o Liquid, usually legally available commercial products but sometimes homemade preparations; products containing alcohol (e.g., vanilla) used when beer, wine or liquor is not available.	o Flushing of face o Impaired coordination o Slurred speech o Dizziness o Drowsiness o Hangover o Constricted pupils o Staggering gait o Confusion o Talkativeness	o Odor on breath and clothes	o Impaired judgment, reflexes, memory and coordination o Alcoholism o Liver damage o Pancreatitis and peptic ulcers o Vitamin deficiencies o Congestive heart failure o Cancers of mouth, stomach and bladder o Malnutrition o Neurological disorders
o Sedatives o Hypnotics o Tranquilizers <u>Street Names:</u> downers, barbs, pills, yellow jackets, red or blue devils	o Tablets or capsules; ingested orally.	o Relaxation and disinhibition o Impaired coordination and judgment o Slurred speech o Staggering gait o Confusion o Constricted pupils o Drowsiness o Mood Swings o Hangover	o Red, yellow, blue capsules loose in pockets, drawers o Disappearance of prescription drugs	o Loss of appetite, nausea, vomiting o Dizziness, lethargy o Anxiety, emotional depression and instability o Blurred vision o Respiratory depression o Addiction o Death from overdose o Death from unsupervised withdrawal

STIMULANTS

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Tobacco Street Names: butt, smoke, cigs, chaw, quid	Smoked in cigarettes, cigars, and pipes; taken orally as snuff or chewing tobacco.	o Stained teeth, fingers o Tobacco breath o Nervousness when not smoking	o Cigarettes o Smokeless tobacco o Odor on breath and clothing o Stained teeth and fingers	o Cancers of lung, throat, and mouth o Heart disease o Stroke o Emphysema
o Cocaine Street Names: C, coke, snow, girl, toot, nose candy, blow, flake	White crystalline powder; inhaled (snorted), injected, or, less frequently, smoked.	o Weight loss o Dilated pupils o Elevated blood pressure o Runny nose o Rapid breathing o Sleeplessness, restlessness o Irritability o Unpredictability o Paranoia, delusions o Violent behavior	o White powder o Razor blades o Small spoons o Mirrors	o Headaches o Ulcerated nasal passages o Lung injury o Respiratory problems/ respiratory arrest o Irregular heartbeat o Paranoia o Hallucinations (coke bugs) o Convulsions o Infection from injection (AIDS) o Sudden death from overdosing o Addiction
o Crack (freebase cocaine) Street Names: cloud, rock, cokesmoke, superwhite, scotty	o Light beige pellets o Crystal rocks o Dirty–white powdery chunks	o Erratic mood swings o Hoarseness o Parched lips, tongue and throat o Weight loss o Sleeplessness	o Water pipe o Pellets, rocks, or chunks	o Rapid addiction o Irregular heartbeat o High blood pressure o Respiratory problems o Brain seizures o Radical changes in behavior and personality

STIMULANTS (continued)

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Amphetamines o Methamphetamines <u>Street Names:</u> speed, uppers, pep pills, bennies, dexies, meth, crystal, black beauties, crank, ice, ecstasy/XTC	Off-white powder sold loose or in capsules or tablets that resemble commercially available pills; ingested, smoked, or injected.	o Excitability o Loss of appetite o Sleeplessness o Mood swings o Dilated pupils o Dizziness o Confusion o Skin rash	o Needle or hypodermic syringe o White powder o Pills, capsules	o Hallucinations o Paranoia o Psychosis o Convulsions o Irregular heartbeat o Stroke o Heart failure o Infection from injection (AIDS)

HALLUCINOGENS

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Marijuana Street Names: pot, grass, joint, weed, reefer, dope, acapulco gold, hash or hashish, and sinsemilla	Looks like dried herbs with stems and small seeds. Usually smoked in a hand-rolled cigarette, but may be eaten. Sometimes mixed with phencyclidine in a product called superpot.	o Distortions of time and space o Chronic cough o Muddled thinking o Depression o Reddened eyes o Increased appetite o Dry mouth o Increased heart rate o Lack of interest in appearance and personal hygiene	o Strong odor of burnt leaves, incense o Cigarette papers o Heavy use of eye drops o Seeds in pockets, in bedroom	o Dependence o Impaired memory and concentration o Interference with learning o Lung damage o Contains more cancer-causing agents than tobacco
o PCP Street Names: loveboat, hog, killer weed, angel dust, lovely, peace, pill	Liquid, white powder, pills or capsules; taken orally, inhaled, injected, or smoked in cigarettes.	o Severe confusion, agitation o Unusual strength o Inappropriate aggression o Violent behavior o Incoherent speech o Slowed movement o Impaired coordination o Constricted pupils o Sweating	o Unknown liquid, white powder or loose pills	o Chronic memory and speech problems o Hallucinations o Severe convulsions o Psychotic reactions o Accidental or self-inflicted injury o Suicide o Respiratory depression, coma and death

HALLUCINOGENS (continued)

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o LSD Street Names: acid, window panes, blotter acid	Comes in tablets or impregnated absorbent paper, sugar cubes or gelatin squares which can be licked or ingested	o Dilated pupils o Increased heart rate and blood pressure o Loss of appetite o Sleeplessness	o Sugar cubes with discolored centers o Unknown liquids o Thin squares of gelatin	o Sensory distortions o Flashbacks o Panic reactions o Breaks from reality
o Mescaline o Psilocybin o Peyote Street Names: mesc, mushrooms or magic mushrooms, buttons	Mescaline comes as tablets or capsules that can be swallowed, while peyote and psilocybin are natural materials (cactus buttons and mushrooms) which can be chewed and swallowed or smoked	o Dilated pupils o Increased heart rate and blood pressure o Loss of appetite o Sleeplessness	o Fresh or dried mushroom-like substances or unknown tablets	o Sensory distortions o Flashbacks o Panic reactions o Breaks from reality o Nausea and vomiting

NARCOTICS

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Codeine o Dilaudid o Heroin o Methadone o Morphine o Opium <u>Street Names:</u> junk, smack, horse, H, boy, mud, scag, black tar, meth.	White to brown powder; injected, smoked or inhaled.	o Stupor o Drowsiness and "nodding" o "Pin-point" eye pupils o Watery eyes o Nausea and vomiting o Loss of appetite o Constipation o Needle marks on body o Runny nose o Skin abscesses o Itching o Decreased sensitivity to pain	o Needle or hypodermic syringe o Burnt bottle caps or spoon o Tourniquet o Glassine envelope o Pills or capsules o White powder in envelopes o Empty cough syrup and cold medication bottles	o AIDS, hepatitis, and skin infections from non-sterile injections o Coma or sudden death from overdose o Endocarditis o Addiction

INHALANTS

Drugs Commonly Used and Street Names	*Appearance & Methods of Use*	*Physical Symptoms*	*Evidence of Use*	*Hazards of Use*
o Glue o Volatile chemicals: Ether Benzene Toluene o Gasoline o Lighter fluid o Paint thinner o Household aerosols <u>Street Names:</u> glue, sniff, poppers, locker room, whippets, laughing gas, tywol	Vapors found in such products as gasoline, airplane glue, paint thinner, dry cleaning solutions, and aerosol sprays; inhaled or sniffed, often with a paper or plastic bag or a rag.	o Impaired judgment, vision or memory o Slurred speech o Drunken appearance o Irritated nose, eyes and lungs o Violent behavior o Lack of coordination o Odor on breath and clothes o Light-headedness, disorientation, unconsciousness o Nausea, fatigue, headache o Loss of appetite o Poor personal hygiene	o Glue smears and tubes of glue o Large paper bags or handkerchiefs o Hose or instrument used to inhale gasoline and other volatile substances o Empty aerosol cans	o Psychosis o Accidental suffocation o Heart failure o Kidney failure o Bone marrow disorders o Accidental injury of self or others

* This chart contains a selected listing of commonly abused drugs and is intended as a guideline only. Other drugs and substances, which do not appear on the chart, may be prevalent in your area. To ensure that you are aware of the drug-using patterns in your community, it is wise to check with your local law enforcement agency.

** Two or more psychoactive drugs are frequently used together. This practice not only compounds effects, but may also provoke fatal reactions. Combining barbiturates with alcohol, for example, can be deadly for the user.

*** Psychoactive drug use by pregnant women may have serious negative effects on the fetus, the newborn and the woman, herself. Among the problems linked to maternal drug use are toxemia, spontaneous abortion, placental separation, preterm delivery, low birth weight, mental retardation, birth defects, hyaline membrane disease, fetal alcohol syndrome, distress syndrome and AIDS.

Prepared by the American Council for Drug Education, 204 Monroe Street, Suite 110, Rockville, MD 20850.

NATIONAL RESOURCES

American Council for Drug Education (ACDE)
204 Monroe Street
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(301) 294-0600

ACDE writes and publishes educational materials, reviews scientific findings, and develops educational media campaigns. ACDE's pamphlets, monographs, films and videos, and other teaching aids on the health risks associated with use of alcohol and other drugs are targeted at specific audiences such as children, educators, parents, physicians, and both employees and employers in the workplace. The quarterly newsletter, The Drug Educator, is available to members. Free catalog available upon request.

Families In Action
3845 North Druid Hills Road
Suite 300
Decatur, GA 30033
(404) 325-5799

This organization maintains a drug information center which more than 100,000 documents. Families In Action also publishes Drug Abuse Update, a 16-page newsletter containing abstracts of articles published in medical and academic journals and newspapers throughout the country.

National Clearinghouse for Alcohol and Drug Abuse Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(800) 729-6686

NCADI is a government sponsored clearinghouse with maintains a reference library and materials for distribution to the public on the abuse of alcohol and other drugs. NCADI performs computerized searches and distributes materials free of charge to the public upon request. Free catalog available upon request.

National Federation of Parents for Drug-Free Youth (NFP)
Communications Center
1423 North Jefferson
Springfield, MO 65802
(417) 836-3709

NFP provides a network of informed parents, community groups and individuals. It provides youth education through the REACH program (Responsible Educated Adolescents Can Help America...stop drugs) and LIFERS, the 7th and 8th grade complement to REACH. NFP monitors legislation and directs the National Red Ribbon Campaign.

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
Woodruff Building
100 Edgewood Avenue
Suite 1002
Atlanta, GA 30303
(800) 241-9746

This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug use survey service. It conducts an annual conference; publishes a newsletter, youth group handbook, and many other publications; and sells and rents books, films, videos and slide programs.

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 post-secondary 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, NY 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.
50 Hurt Plaza
Suite 210
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) 883-8888

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 610
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.

DRUG-FREE SCHOOLS AND CHILDREN
TRAINER'S GUIDE

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DRUG-FREE SCHOOLS AND CHILDREN: A TRAINER'S GUIDE

I. INTRODUCTION

Drug-Free Schools and Children: A Policymaker's Handbook (hereafter referred to as Drug-Free Schools and Children) is a handbook designed to assist policymakers in developing comprehensive drug policies. This training guide is designed to assist persons who will train school policymakers using the handbook.

This training guide includes both specific information on using the handbook and general information on conducting effective training. Depending on your background and experience as a trainer, you may wish to concentrate on particular sections, using other sections only for reference.

II. BACKGROUND AND RATIONALE

Currently, many schools and districts have drug policies in effect. However, all too often, these policies are no more than brief philosophical statements against drugs. Too few schools and districts have comprehensive drug policies, and even more rare are schools and districts that have evaluated the effectiveness of their policies.

The handbook Drug-Free Schools and Children offers assistance to all schools and districts regardless of their stage of policy development. Schools and districts that are in the beginning stages of policy development can use the handbook as a step-by-step primer on how to develop a comprehensive drug policy. Schools and

districts that have policies in effect can use the materials to examine their existing policies critically and decide if adjustments should be made. The handbook can also help schools and districts revise and update policies that have proven to be effective. However, schools and districts at different stages of policy development will use Drug-Free Schools and Children differently, and it is incumbent on you to determine your audience's needs and tailor the training accordingly.

You and your audience should be aware of the philosophical assumptions on which Drug-Free Schools and Children is based. Knowing these assumptions will help you understand and teach from the materials and will help your audience implement the recommended policies and procedures. The assumptions underlying Drug-Free Schools and Children are as follows:

1. **Every school has a legal and moral responsibility to implement a drug education policy**. A school's mandate is to educate. Using drugs[1] in school is not only illegal, it is incompatible with learning.

2. **The short-term goal of a school's policy should be to make the school drug-free; the long-range goal should be to make the children drug-free**. Although creating a drug-free environment in which students can learn is a school's first priority, it is shortsighted to push drug use underground. An effective school policy garners support from parents and the community in removing drugs from children's lives.

3. **A school's drug policy needs to be comprehensive**. Prevention and treatment are as important as enforcement.

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[1]As used here, the term "drugs" includes alcohol and all psychoactive substances.

4. School policy should cover children in all grades. Most experts agree that children need to learn about drugs before the age when first use of drugs is likely to occur (typically in the 6th or 7th grade).

5. School policy should unequivocally call for "no use". There can be no leeway for any use of drugs both because the use of drugs is illegal and because of the devastating physical, emotional, and social effects of drugs on developing minds and bodies.

III. SELECTING AN APPROPRIATE AUDIENCE

The key to effective training is matching users' needs with what the training has to offer. The only thing that is worse than training an uninterested audience is training an audience that is powerless to make use of the training. Therefore, be sure that participants are both interested in policymaking and in a position to implement what they learn.

Prior to arranging a training session, assess the stage of policymaking in the target audience's school or district. At the same time, find out who (if anyone) has been assigned responsibility for making drug policy, and if anyone who should be involved in policymaking has been excluded. With this information, you can determine who would most benefit from training.

As you organize specific groups for training, you might wish to consider the following suggestions:

* **You may need to hold more than one training session at a particular site to meet the needs of different groups**. For example, parents will have different concerns from faculty, and unless both groups will be involved in writing policy, it is often best to separate them so that you can address each group's unique concerns directly.

* **Unless schools or districts are at the same point in policy development, it is best not to combine these groups for training**. Individualization is the key to success.

Finally, once you have identified your target audience, work with the training organizers to make sure that all participants know well in advance of the scheduled training date why they are attending training and what will be expected of them both during training and afterward.

IV. LOGISTICS

No matter what the topic, training is most successful when it is planned effectively. Here are some general pointers that apply to all training programs:

* **Make sure that all materials and equipment have been arranged for or prepared in advance**. For example, you may need audiovisual equipment, films, flip charts, markers, tape, chalk, handouts, and evaluation sheets. Ensure that all equipment is in working order and that the necessary replacement bulbs, extension cords, and adapters are on hand.

* **Check that the room is comfortable**. Chairs need to be large enough for participants to sit for long periods of time without getting restless. Also, participants will need something to write on (other than their laps). The room temperature should be comfortable, and air should be circulating freely. An overheated room can put an audience to sleep quicker than a boring speaker.

* **Arrange furniture in a pattern that suits your working style**. Most trainers prefer semicircles or small groupings of tables. As a general rule, training is best received when the room is arranged informally.

* **Display name tags, sign-in sheets, agendas, and reference materials in areas that are readily accessible to participants**.

* **If you cannot greet participants when they enter the room, arrange for someone else associated with the training to do so**. By welcoming participants individually, you will set them at ease.

* **At the outset, let participants know the rules that will be in effect**. Given the nature of this training program, a no-smoking rule during training is appropriate. However, tell participants where smoking is permitted during breaks.

* **Before beginning, point out the location of rest rooms, telephones, and water fountains**. Doing this will cut down on interruptions once training begins.

V. OVERVIEW OF THE HANDBOOK

Drug-Free Schools and Children contains two sections, information sheets, worksheets and appendices. Section I provides a step-by-step overview of how to develop, implement, and evaluate drug policy. For participants who are in the beginning stages of policy development, you will need to cover all seven steps carefully. In contrast, participants from schools and districts with policy in place will need only to review the early steps, while concentrating on policy review and revision. Reviewing the early steps of policy development with you will enable these participants to compare their own procedures against the model to see if these procedures need adjustments. To illustrate, many schools with existing policies conduct needs assessments annually, but the data collected are almost always limited to data on students' use of drugs. Few (if any) systems now collect data from parents or support staff. Questionnaires developed for Drug-Free Schools and Children provide a model for collecting data from students, faculty, support staff, parents, and community representatives, and participants might decide to include some of the questionnaires in their own evaluation procedures.

Section II of Drug-Free Schools and Children is a contextual exploration of issues related to policy at the elementary, middle-junior high, and senior high levels. Depending on the composition of the audience, some of the issues will be more relevant than others. Therefore, you may want to use Section II as background reading. Alternatively, this section could be the basis for small-group assignments, as this material was developed to be used as a springboard for discussion.

The Information Sheets, which summarize key points of information, will be helpful to you when going over Section I with participants. The Worksheets can

be used as handouts. They are in the form of questionnaires for collecting data and evaluating a program's effectiveness.

There are two appendices. The first categorizes commonly abused drugs, and provides their street names and other information about their effects. The second lists national resources working in drug abuse prevention from which additional help can be obtained.

VI. KEY POINTS TO BE COVERED DURING TRAINING

Although you will be customizing training to meet the participants' needs, there are some key general points that you will probably need to cover, no matter what the focus or structure of training:

* Policy development as a dynamic process. Once in place, policy must be evaluated and updated continually to reflect changing needs and resources. (Refer to Information Sheet #9.)

* The principles of chemical dependency. Participants need to know the stages of chemical dependency and understand why drug use is especially devastating for children and youth. (Refer to Information Sheets #2A and #2B and Step 1.)

* Why needs assessment data should be collected as a baseline for formulating policy. (Refer to Step 2.)

* **How to reconcile perceptions of the drug problem with the realities of drug use**. (Refer to Step 2.)

* **How to gather reliable data in the sensitive area of illegal drug use**. You should discuss assurances of confidentiality, use of self-reporting and reporting data on groups rather than individuals. (Refer to Step 2.)

* **How to reconcile needs with available resources**. (Refer to Step 5.)

* **The components of a comprehensive policy statement**. (Refer to Information Sheet #3.)

* **How to develop policy in accordance with State laws governing due process for students**. (Refer to Information Sheets #4 and #5.)

* **Procedures for reviewing and updating existing policy**. (Refer to Worksheet #13 and Steps 4 and 7.)

VII. SAMPLE AGENDA

As a general rule, training for Drug-Free Schools and Children can be completed in one full-day session. If released time cannot be obtained for faculty, conduct training on a weekend or in-service day. Training involving parents or community representatives is probably best slated for nights or a weekend, so that participants will not need to lose time from work. For parents, you may need to provide child care, if you want to maximize participation.

The sample agenda that appears as Figure #1 is a model only. You should adapt this sample agenda to your audience's needs and your own working style.

Figure #1

SAMPLE TRAINING AGENDA

9:00-9:20 Introduction and Welcome

- Overview of the workshop and agenda
- Introduction of attendees
- Expectations for training

9:20-9:30 Introductory Video, Drug-Free Schools and Children: A Partnership for Success

9:30-11:00 The Seven Steps of Policy Development

11:00-11:15 Break

11:15-12:30 Applying the Seven Steps to Real-Life Situations

- Film (e.g., 3 Schools: Drug-Free or Gift for Life, both of which are available from the American Council for Drug Education)
- Case studies
- Discussion

12:30-1:30 Lunch

1:30-2:30 Small-Group Work

- Relating the Seven Steps to one's own situation
- Legal issues

2:30-3:00 Group Reports

3:00-3:15 Break

3:15-4:30 Group Synthesis: Applying Small Group Work to Policymaking

- Brainstorming
- Discussion

4:30-5:00 Where Do We Go From Here?

- Assignments for the future
- Summary and closing remarks
- Assessment of training

VIII. PRESENTATION TECHNIQUES

Training is most successful when it accommodates the ways in which adults learn. Here are some principles to keep in mind when planning your training session:

* Adults bring to the training session a wealth of previous experience.

* Adults perceive their own experiences as unique and private. They are not always comfortable sharing these experiences with a group.

* For adults, the investment of time in an activity may be as important as the investment of money or effort.

* Adults are self-directed.

* Adults learn in a variety of ways. However, research indicates that the majority of adults prefer to participate actively in training--in addition to watching and listening.

* Motivation for learning is closely related to the perceived immediate usefulness of the information being taught.

In applying these tenets of adult education to your training program, consider using these techniques:

* Explain the specific training goals and objectives to participants. Effective training involves developing a shared group commitment to goals and objectives.

* Draw on participants' experiences. Training becomes more meaningful when participants can relate concepts to personal situations and experiences.

* From the beginning, establish that participants are responsible for their own learning. It is important to state at the outset that everyone will take something different away from the session. What participants accomplish depends on what is important to them, how much effort they put into the session, and whether they integrate and use what they learn.

* Emphasize the development of skills, rather than the rote learning of responses. Learning is the process of assimilating and accommodating new information and using it to improve skills.

* Encourage trainees' active involvement. Role playing, working in small groups, discussion, and case studies afford participants the opportunity to apply concepts, principles, and strategies to real-life situations.

* Allow trainees to make interpretations and draw conclusions. You should provide the background information, data, and examples needed to permit the group to identify patterns or trends, make generalizations, and draw conclusions on their own.

* Balance different types of activities, using a variety of instructional media. A balance of approaches increases the group's interest and ultimately ensures greater retention and application of knowledge and skills.

However, your choice of presentation techniques must--and should --be influenced by your own personality. If you are a skilled lecturer, by all means make use of didactic presentations. If you are uncomfortable as a lecturer, rely on group-oriented activities. To help you in selecting presentation techniques, the remainder of this section highlights some popular approaches.

Handouts: Written material (such as Section II of Drug-Free Schools and Children) should serve as background reading or provide further illustration of topics only touched on during training.

Audiovisuals: These ever-popular training tools should be used only to reinforce or enhance learning--not to pass time. For example, a film such as 3 Schools: Drug-Free (see Figure #1) can be used effectively as part of your training to spark discussion. If participants debate the case studies in the film, they will be applying their training to real life.

When showing films to a group, ensure that viewing conditions are adequate. Although VCRs are readily available and easy to use, they are not recommended for groups larger than eight persons.

Overhead Transparencies: Transparencies are recommended as accompaniment to lectures. They not only break up the monotony of the spoken voice, but reinforce the key points participants should remember. If you choose to present the seven steps of policymaking (Section I) in the form of a mini-lecture, consider converting the Information Sheets at the back of the handbook into transparencies to highlight your presentation. Here are some suggestions for developing your own transparencies:

* Include key words and phrases only.

* Use large printed letters. The visual should be readable from any point in the room.

* Keep color to a minimum. Color should highlight, not decorate.

* Be sure the color contrast between the background and lettering is sufficient for easy readability.

* Keep illustrations, if any, simple.

* Be sure graphs, if used, are simple and can be readily understood.

Problem-Solving Activities

As most training revolves around the need to solve problems, some of the most popular--and effective--training techniques center on solving problems in groups. Brainstorming is one of the older systematic forms of this technique. Originally developed by advertising agencies in the 1950s, it has been widely embraced in education. The basis of brainstorming is separating creating ideas from evaluating ideas. The technique works best in groups of 5 to 12; a recorder and a moderator are needed. Here are the rules:

* No critical remarks are allowed. All ideas are valued equally.

* "Hitchhiking" is permissible. If one participant can improve or combine previously mentioned ideas, all the better.

* **"Freewheeling" is encouraged**. Even outlandish ideas keep the group moving.

* **Ideas are evaluated only after participants seem to have generated all the ideas they can**.

For this training course, you might ask participants to brainstorm--

* Ways of generating community support for a school's drug policy,

* Ways to involve parents in supporting a school's policy,

* How to raise funds for drug education and treatment programs, or

* How to protect students' rights.

Some other problem-solving techniques you might wish to try include the following:

* **Reverse brainstorming**. In this method, participants identify all of a problem's negative aspects that need to be remedied. This technique can be especially useful in examining drug policies to see what is not working.

* **The slip method**. Participants write their solutions to a stated problem on slips of paper that are collected and grouped into logical categories for analysis and discussion. This technique can be helpful in generating plausible solutions to a specific problem, such as "How do you help

teachers overcome their fears that by enforcing drug policy they will lose students' trust?"

* The Delphi technique (group approach). Individual participants generate as many responses to a particular problem as they can. Then these ideas are consolidated and presented for the group to consider and rank in order of viability. Through this filtering process, three to five "best" solutions to the problem are identified.

Case Studies

Borrowing heavily on the methods of fables and parables, this teaching device is as old as ancient Greece. In the 1880s, the Harvard Business School introduced case studies into its curriculum. The chief advantage of this method is that it helps participants apply what has been taught through lectures or assigned reading to "real-life" examples. Figures 2 through 4 present three case studies you might wish to use during training. Each of these cases focuses on issues discussed in Section II of Drug-Free Schools and Children. Figures 5 through 7 list study questions that might be used in conjunction with these case studies.

Figure #2

CASE STUDY 1

Kennedy Elementary School

Kennedy Elementary School, part of a large, suburban school district, serves 260 students in grades K through 4.

In response to increasing concern about drugs, the county developed a no-use drug policy five years ago. Although the policy has had moderate success--especially at the middle schools--it does not apply to the elementary grades.

There is no drug education program in place at Kennedy. However, the topic is explored at the school's annual health fair and through take-home fliers a local retailer supplies for students.

Although there is a general feeling that drug abuse--in particular, alcohol abuse--continues to be a problem for the upper grades, there has been little expressed support for drug education at Kennedy. When the topic was broached at a faculty meeting, teachers were uneasy. They feared that taking on an enforcement role would ruin the sense of trust they had worked so hard to establish with their students. Only the school counselor was strongly in favor of instituting a comprehensive program of drug education, citing the widespread problems awaiting children in secondary schools. The principal wants more data before deciding whether to take any action. The school board would like to be responsive to parents, but parents have not voiced any opinions on the matter. Neither have school support staff, business representatives, or students.

In essence, Kennedy functions well as a school. School spirit is high and turnover among teachers is low. On the average, Kennedy's teachers have been at the school eight years. Test scores are well above the national and State norms and slightly above the district norm.

Figure #3

CASE STUDY 2

Challenger Middle School

Challenger Middle School is a relatively new middle school, spanning grades 6 through 8. It serves 600 children in the fast-growing southern portion of a rural district. Children in the northern part of the district are served by an older junior high school.

Challenger's district has had a drug abuse policy in effect for four years, covering grades 7 through 12. The policy takes a no-use stance, but the curriculum used at Challenger teaches learning to use alcohol and tobacco responsibly. Teachers in 8th-grade civics incorporate the drug education curriculum into their course of study throughout the year.

Challenger at one time had a problem with children smoking on school grounds, but this activity has stopped. There is no evidence of daytime drug use at school at present, although students have been punished for bringing alcoholic beverages, particularly wine coolers, to nighttime sporting events and dances held at school.

Teachers are divided on the issue of whether the drug policy at Challenger needs to be changed. Parents have generally avoided school issues altogether, although some parents have expressed concern about drugs, particularly in light of the cocaine-related death of a high school football player. The principal is undecided on the issue, but tends to think the current policy is adequate, whereas the school board has recommended developing a more extensive policy at Challenger, citing the tragedy of the high school football player. The religious community has

expressed the desire to help children in any way it can. Support staff and students have not expressed publicly any opinions on the issue.

In general, Challenger meets its educational goals effectively and enthusiasm for school-sponsored activities is high among both students and faculty. Test scores are at the norm for the State and slightly above scores for the nation as a whole.

Figure #4

CASE STUDY 3

King High School

King High School is an inner-city facility serving 900 students in grades 9 through 12. The school district of which King is a part has had a no-use policy in effect for two years. In writing, the policy takes a hard-line stance: students caught using drugs will be suspended; those caught selling drugs will be expelled.

King, like other schools in the district, has had a hard time enforcing the policy, however. Law enforcement agencies have been cooperative, but because of their large caseload, have not been able to handle school offenders. Students, parents, and faculty have accused King of enforcing its policy inconsistently. Recently, a disgruntled student expelled from the school sued the principal, the guidance counselor, and the district superintendent. The judge dismissed the case, but having had a suit filed against staff has made everyone at King nervous.

In addition to having a largely enforcement-centered policy, King uses a standardized drug education curriculum as part of health education. No testing or follow-up is included.

In many ways, the school is in disarray. Teachers report spending most of their day dealing with disciplinary problems and are retiring and requesting for transfers at a record rate. Students do not attend extracurricular activities except for sporting events and the annual class play.

Parents' organizations are in place, but rarely used. Parents have made known their dissatisfaction with the current situation, however, and editorials in

newspapers and religious sermons have echoed the need for change. One local business has offered a monetary reward to any student who agrees to stay drug-free for six months.

In anonymous, self-report questionnaires, students confirmed that drug use on school grounds is commonplace. Very few of the students indicated they would change their habits because of fear of reprisals.

The only area at King that has shown improvement is national test scores. After a steady drop for seven years, scores have risen for the past two years. However, they still remain below the national norm.

Figure #5

DISCUSSION QUESTIONS FOR CASE STUDY 1

1. Does Kennedy need a drug education policy? If so, how should the school proceed in developing it? What should be the focus of the policy?

2. Would you need outside help in creating a developmentally appropriate program for an elementary school?

3. Should children in middle schools serve as mentors to younger children?

4. How would you implement a policy if teachers are unsure of their role?

5. How can a school get parents to support a drug policy if the parents have not shown interest in such a policy?

6. How can a school encourage commitment to a policy among students, community groups, and support staff?

7. What would be an appropriate measure of success at this school? Because Kennedy has few problems with drugs, would you have to look at drug use in the middle schools to judge the policy's effectiveness?

8. How would Kennedy's policy comply with the district's guidelines?

Figure #6

DISCUSSION QUESTIONS FOR CASE STUDY 2

1. Why might teachers be divided on the issue of whether the policy should be changed? How can teachers who are against revising the policy be persuaded to support a change?

2. How should Challenger, a middle school, adapt the out-of-date district policy governing junior high schools?

3. Do children in the lower grades of middle school need a different type of policy than children in the older grades? Will parents of sixth-graders be comfortable with a policy aimed at eighth-graders?

4. How can the school obtain educational materials that support the policy's no-use position? Should curriculum materials that suggest responsible use of alcohol and tobacco be abandoned, even though considerable funds were spent to purchase them?

5. How can the school win the support of parents and community leaders who are apathetic to the problem?

6. How can success be evaluated?

Figure #7

DISCUSSION QUESTIONS FOR CASE STUDY 3

1. Why has this no-use policy not been more effective? Is it a question of time? Of resources?

2. Does the policy need to be changed, or is implementation at fault?

3. What are the goals for the current policy? How is success evaluated?

4. What is the impact of providing drug education without follow-up?

5. What alternatives do school officials have for dealing with offenders when the juvenile justice system is already overcrowded?

6. How can parents' and the community's dissatisfaction be channeled constructively? What is the impact of monetary incentives on the school's policy?

7. How is enforcement reviewed? How do you determine if the school truly is inconsistent in meting out punishment?

8. Has the school invested in improving test scores at the expense of other goals? Is there any relationship between improved scores and the existence of a drug policy?

Role playing

Putting the trainee in another person's "shoes" is one of the most popular of all training techniques. It actively allows the participant to act out a real-life situation in a risk-free environment. By seeing things from another's perspective, the participant can gain insight on how to approach a problem. You might consider using role playing by asking participants to react to their current or proposed drug policies from the points of view of any of the following:

* A student who uses drugs,
* A student who does not use drugs,
* A parent of a student who uses drugs,
* A parent of a student who does not use drugs,
* A teacher,
* A school bus driver,
* A member of a civic association,
* A manager of a mall frequented by students,
* A social worker connected with the juvenile justice system,
* The State's attorney general, or
* A member of the school board.

As popular as role playing has become, you should be aware that it is not without detractors. A growing number of participants have loudly voiced their displeasure with this technique, finding it artificial, awkward, and (worst of all) a waste of time. Therefore, if you do decide to incorporate role playing into your training, make sure that participants are not predisposed against this kind of exercise. Most important, be sure that the role playing will result in learning, not just fill up time.

Discussion Techniques

Trainers use several techniques to stimulate discussion. In the fishbowl technique, participants are divided into two groups, forming an inner and an outer ring. Participants in the inner group are asked a question based on a lecture or reading. For example, you might ask how school officials can involve parents and community representatives in enforcing a school's drug policy. While the inner group discusses this question for 10 to 15 minutes, the outer group observes. At the end of the allotted time, the two groups switch roles. At the conclusion of the outer group's discussion, both groups comment on what they have observed.

Fantasy and visualization are techniques that draw on participants' right brain (i.e., creative thinking) powers. Fantasy techniques commonly involve asking participants to reflect on hypothetical situations: for example, "What if your school had unlimited resources. What type of drug policy would you develop?" This type of exercise allows participants to formulate the components of an ideal policy. Fantasy can also be used to think through worst-case scenarios, such as the following:

> Suppose your school implements a no-use drug policy that calls for the expulsion of students who sell drugs at school or school-sponsored events. Johnny Jones is caught selling marijuana at a basketball

game in the school gym. Following written notification to Johnny and a school hearing at which he contests the charge, he is found guilty and expelled, and his case is turned over to the county's juvenile justice system for review. Johnny and his parents claim that the school has not applied its enforcement procedures uniformly. They feel that Johnny is being used as an "example" to scare the other students. Accordingly, they sue the school, the school system, the school's principal, and the teacher who observed Johnny selling the marijuana.

Trainers sometimes use visualization to help participants relate the tasks at hand to past experiences. For example, you might ask participants to think about an experience in which they were forced to do something they were not comfortable with. What were the circumstances? How did they feel? What did they do to relieve their discomfort? Did they ever get over being uncomfortable? This type of reflection might be useful if you sense that participants are uncomfortable with particular aspects of a proposed policy, such as the need to search students' lockers.

A Few Additional Techniques

There are, in addition to the techniques discussed, a few other approaches you might wish to incorporate into your training:

* Simulations. Participants role play scenarios likely to occur in real life.

* Games. Participants play board games or work on puzzles related to the content of training.

* Risk assessments. Participants evaluate the amount of risk involved in overcoming particular problems. (e.g., Given that there are not enough staff to physically monitor the school grounds, parking lots, athletic field, lunch room, and rest rooms for possible infractions of drug policy, what would be the risks involved in using parent volunteers, student patrols, or letting these areas go unmonitored?)

IX. TROUBLESHOOTING

Every trainer has had the stomach-churning experience of working with a group that appears to be staring back blankly. Here are a few suggestions to pull you through those tight moments when you ask a question and no one responds:

* Wait for an answer. Your silence puts pressure on the group to respond. Almost everyone finds prolonged silence difficult to bear; someone in the group is likely to feel the need to break the silence.

* Rephrase your question. "Perhaps that wasn't clear. Let me restate the question. What would happen if...?"

* Interject some humor. "I didn't mean for you to reflect on your answers quite so hard."

* Call on someone. "Julie, how do you think the teachers in your school will react to having workshops on chemical dependency a mandated part of in-service training?"

* Direct the group to come up with an answer. "Why don't you all find partners to discuss this issue with?"

X. CONTROVERSIAL MATERIAL

For many people, talking freely about drug-related matters is difficult. One of your most important functions is to help participants feel comfortable about expressing their views. If everyone's feelings are not fully shared and explored, the chances of any implemented policy succeeding are greatly diminished. Here are some ideas you might try to help participants feel comfortable:

* Acknowledge that the topic is emotionally charged.

* Underscore that sharing all views is important to the policymaking process.

* Emphasize that there are no repercussions for dissenting views.

* Look for visual cues that participants are uncomfortable with the subject matter. Squirming, avoiding eye contact, and other forms of body language can indicate if participants are ill at ease, shy about talking, or even angry. If you notice such signs, try to respond to them.

* Do not force anyone to contribute. Embarrassing participants in this way only increases their discomfort.

* Use small-group activities as opportunities to discuss feelings. Role playing, simulations, and problem-solving assignments can serve this function.

* Be available to talk with participants during breaks. Some participants may be more comfortable sharing their views with you privately rather than in front of the whole group.

XI. ASSESSING THE TRAINING

To know how well your training program met the participants' needs, you should include an assessment at the end of your agenda (see Figure #1). This assessment need not be lengthy or involved; a one- or two-page questionnaire is usually sufficient to gather all the data you need. Figure #8 presents a sample questionnaire that you can use or adapt to evaluate your training program.

Unless you will be reporting back to a sponsoring organization such as the school board or the PTA, it is not usually necessary to analyze the data beyond the level of gross generalizations (e.g., "94% of participants rated this training program either 'very good' or 'excellent'.") However, you should use the evaluation data to get a "feel" for the following:

* How effectively the training accomplished its goals,

* How valuable the training was to the participants,

* What changes to the training program are indicated, and

* Whether participants will need follow-up training.

By examining the data in light of these questions, you can determine how effective your training program was, if you should alter your approach in the future, and if participants are prepared to proceed with policymaking.

Assessment is a valuable tool. It can provide you with insights that will help you hone your training skills and data that will enable you to customize your training program to meet users' needs better.

Figure #8

SAMPLE QUESTIONNAIRE FOR EVALUATING TRAINING

To the participant: Please complete this questionnaire. Your candid opinions about this training program are important. All responses will remain strictly confidential.

For questions 1 though 10, circle the number in the rating scale that comes closest to your opinion. There is also space for you to write any additional comments.

1. Was the length of the training program appropriate?

   1 2 3 4 5
   Not at all Extremely

   Comments:_____

2. Was the content relevant?

   1 2 3 4 5
   Not at all Extremely

   Comments:_____

3. How would you rate the discussions and lectures?

   1 2 3 4 5
   Poor Excellent

   Comments:_____

4. How would you rate the small-group assignments?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

5. How would you rate the film?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

6. How would you rate the group exercises, games, and simulations?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

7. How would you rate the handouts and assigned reading?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

8. How would you rate the training staff?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

9. How much did you benefit overall from the training program?

1 2 3 4 5
Not at all Very much

Comments:_____

_____

_____

10. What type of recommendation would you give this training program?

1 2 3 4 5
Poor Excellent

Comments:_____

_____

_____

11. What did you like best about the training? _____

_____

_____

12. What did you like least about the training? _____

_____

_____

13. Please write any additional comments here. _____

_____

_____

THANK YOU FOR YOUR PARTICIPATION

XII. CONCLUDING THOUGHTS

A clear, comprehensive drug policy must be the backbone of every school's response to the drug crisis. Training policymakers how to effectively develop such policy is an exciting, challenging task. It is also an essential one. The Drug-Free Schools and Children materials should allow you to assist school policymakers in taking this first--and most important--step.