Social Justice Analysis Paper

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The Prevalence of Effective Substance Use Prevention Curricula in the Nation’s High Schools

Students’ use of drugs and alcohol typically increases from middle school through high school. The use of evidence based substance use prevention programs in high schools is less than in middle schools, if in existence at all. Although the No Child Left Behind Act requires the use of evidence based practice programs in regards to substance prevention education, they are scarce. Many schools do educate on substances within the framework of another course, however the information is not delivered as part of a packaged substance prevention program.

There were two purposes in this study. The primary purpose was to determine the proportion of high schools in the United States implementing universal evidence base practice programs for substance use prevention curriculum during the 2004 through 2005 school year (Ringwalt et al., 2008). The secondary purpose was to report the proportion of high schools delivering any type of substance use prevention program.

The samples used for this study were taken in two phases. One from a 1997 through 1998 sampling frame of education data from regular public schools in all fifty states and the District of Columbia; excluding non-regular schools and schools with fewer than twenty students (Ringwalt et al., 2008). The second sample was taken form education statistics from 2002 through 2003 and included the same exclusions, as well as accounting for new schools and reorganized districts (Ringwalt et al., 2008). The final sample included 1,392 school districts (Ringwalt et al., 2008). The response rate was 83.9%, 66.8% responded online, 16.3% responded by paper, and 16.9% responded over the phone (Ringwalt et al., 2008).
Universal, evidence based curriculum targeting substance use prevention in high schools was defined using the National Registry of Evidence-based Programs and Practices cited as model or effective, “model” or “promising” on Blueprints for Violence Prevention, supported by the Office of Juvenile Justice and Delinquency Prevention (Ringwalt et al., 2008). Six different curriculums were identified to ask respondents about, including an option for a write in. It was found only 10.3% of the nation’s high schools implemented universal evidence based curriculum (Ringwalt et al., 2008). Only 56.5% implemented any substance use prevention program (Ringwalt et al., 2008). Suggesting improvement has been made in substance use curriculum, but not necessarily progress. Considerably more work needs to be done, but it is acknowledged that high school may have limited class time for such prevention programs, especially given the requirements of the No Child Left Behind Act. 36.3% of schools implemented their own programs; however their effectiveness has not been evaluated (Ringwalt et al., 2008).

An evaluation of the fidelity of implementation of a school-based drug abuse prevention program: Project toward no drug abuse (TND).

There is substantial research in regards to the effectiveness of drug use prevention programs in schools in the United States. The 2001 Safe and Drug-Free Schools and Communities Act, which is the primary source of funding for substance abuse prevention in schools across the nation, requires that funds be used to support only programs that are evidence based (Skara, Rohrbach, Sun, & Sussman, 2005). Many of these preventions programs are component based. This study goes on to evaluate essential components of Project Towards No Drug Abuse that has been identified as a “model” or “exemplary” program by the National
Institute on Drug Abuse, Center for Substance Abuse Prevention, University of Colorado Center Institute of Behavioral Science Blueprints, Health Canada, and numerous other agencies (Skara, Rohrbach, Sun, & Sussman, 2005). It is one of the few evidence based programs that is for high school students.

For this trial a test of two distinct theory-based thematic content components; cognitive perception information only curriculum; and the combined cognitive perception information and behavioral skills curriculum (Skara, Rohrbach, Sun, & Sussman, 2005). There is a concern for the reliability when it comes to implementation of these programs, which is lessened when the programs are evidence based. The goal of this study is to present assessments of five measures of implementation fidelity, including dosage, adherence, quality of program delivery, participant responsiveness or acceptance, and program differentiation of Project Towards No Drug Abuse (Skara, Rohrbach, Sun, & Sussman, 2005). High schools were evaluated in this study. There were nine school districts from two different counties in southern California, two high schools from each district (Skara, Rohrbach, Sun, & Sussman, 2005). 2,331 students took part. The schools were randomly given one of the experimental conditions. A new third curriculum was developed for testing comparison purposes.

Measures were collected from students using a standardized, self-report, close-ended response, written questionnaire and were administered over one class period (Skara, Rohrbach, Sun, & Sussman, 2005). The curriculum received favorable ratings by students, and significantly improved their knowledge of content being conveyed (Skara, Rohrbach, Sun, & Sussman, 2005). Combining the multiple components was preferred by students. The results of the study suggested the Project Towards No Drug Abuse curriculum could be implemented with both high risk and low risk youth, and provide for input in drug use prevention programs.
Strengthening prevention performance using technology: A formative evaluation of interactive Getting To Outcomes®

It is challenging for communities to implement evidence-based substance use prevention programs in schools, let alone nationwide implementation. The capacity of communities for implementation affects how positive the outcome is to a certain extent (Chinman, Tremain, Imm, & Wandersman, 2009). The challenge is how to implement these programs nationwide. The article reports on the evaluation of an internet-based program with the potential to advance substance use prevention programs on a large scale (Chinman, Tremain, Imm, & Wandersman, 2009). Previous efforts have had little effect nationwide.

Getting To Outcomes builds the capacity to provide effective prevention programs using a ten-step planning, implementation, evaluation, and quality improvement model (Chinman, Tremain, Imm, & Wandersman, 2009). Early evaluations of these models show impacts on drug use, risk factors for drug use, and the quality of prevention performance (Chinman, Tremain, Imm, & Wandersman, 2009). Use of the internet increases their reach substantially. The need to understand internet-based systems is addressed in this article.

This study of Getting To Outcomes was performed in Missouri and Tennessee and was part of those states' Strategic Prevention Framework State Incentive Grant funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (Chinman, Tremain, Imm, & Wandersman, 2009).

For the study Getting To Outcomes training and technical support was included for the coalitions in these two states. The goals of the study were to evaluate the impact of Getting To Outcomes in substance use prevention, and documenting in several different ways the use of the
system in the coalitions in each state. Some of the limitations and implications of this study included major differences in the coalitions of each state, as well as difficulties in the relationship between state and local officials in the use and implementation, and the massive technical support that is needed with a pilot system such as this (Chinman, Tremain, Imm, & Wandersman, 2009).

Community Coalitions as a System: Effects of Network Change on Adoption of Evidence-Based Substance Abuse Prevention

Community coalitions help to deliver health services effectively to their community members. This occurs in phases including planning, implementation and stability in order to mobilize resources and coordinate activities (Valente, Chou, & Pentz, 2007). They can be used to implement evidence-based substance use prevention programs through different groups within a community. Many factors can affect the effectiveness of these coalitions, and communication is the major factor. Centralized networks utilizing structure and key members may be most effective at facilitation of services.

This study was part of a larger trial--STEP--that evaluated the dissemination of evidence-based drug prevention programs to twenty-four small to medium sized cities from Massachusetts, Colorado, Arkansas, Iowa, and Missouri participating in a five-year randomized trial (Valente, Chou, & Pentz, 2007). These cities were matched with United States census data. Cities were assigned to one of three conditions. The conditions were televised prevention training plus technical assistance, televised prevention training only, or prevention as usual (control) (Valente, Chou, & Pentz, 2007).

The results indicated that simply increasing communication will not provide for improved implementation of evidence-based practices. Density and centralization in a coalition
may be needed in order to adopt evidence based practice programs. Solely increased communication is not the only necessary factor in implementation, leadership is necessary as well.

Summary: The Prevalence of Effective Substance Use Prevention Curricula in the Nation’s High Schools

This article discussed substance use prevention programs in schools across the United States. Often we see these programs utilized in middle schools in order to prevent use before it begins. Substance use increases substantially from middle school through the high school years, yet many substance use prevention programs and not implemented in high schools. High school students received some education in individual classes, but there are no broad programs. Issues with substance abuse in students are more often handled individually. This study looked at two different sets of census and data from two different two year periods from schools in all fifty states. This study only utilized “regular” schools. Therefore alternative schools, special education programs, and schools with under twenty students were not a part of the study. When the second phase of the study was conducted they went through all the school data again to make sure all schools were accounted for in case new schools or reorganized districts came into play. They attempted multiple efforts and means of retrieving the information needed from their respondents. When the respondents did not reply online, they sent them out paper surveys and if that did not suffice, they called respondents they had not yet heard from. They wanted to account for as much of the sampling as possible. They noted had a high response rate for this type of study. They found only around ten percent of schools were utilizing evidence based programs for substance use prevention. Evidence based programs were a requirement after the No Child Left Behind Act was put into place. About half of schools were using any substance
use prevention program. They also found that actually about a third of schools utilized their own community based program for substance use prevention.

I believe of all the studies I researched, this one was the clearest for me to comprehend in relation to my two fields of study, addictions and school social work. What I liked about this study was the large sampling they utilized from the entire country, and not just a few states or a region. I think the comparison between middle schools and high schools in correlation with an increase in substance use as students’ age was important for multiple reasons. It is not a direct correlation, but is an important factor when discussing the topic of drug prevention programs. I also liked that they asked questions about what substance use prevention programs are used other than evidence based programs. This article led me to research the remainder of my articles in a consequential sequence.

After researching the prevalence of drug use prevention programs, I wanted to look at the reliability of a specific drug use prevention program, a possible alternative way to administer drug use prevention programs, and how best to implement such programs as a community. I thought it would be prudent to learn about drug use prevention programs, their implementation or lack thereof, and why that may be so. What this research reiterated, is technology can be a barrier in moving towards more efficient methods of learning and sharing information. I found in this research, so often programs fail due to a lack of support in many different forms of support. This was not a surprise. Having excellent researched programs, proper training, funding, and excellent leadership are some of the catalysts needed in order for programs to be successful. Unfortunately funding is a major concern when it comes to public schools. This is also an area of interest to me. One of the many reasons I entered the master of social work program was to work on advocacy for groups and communities on a large scale.
I chose to research drug use programs and their prevalence and implementation because I am not only working towards my CADC, but my Type 73 school social worker certificate as well. I have entered into the master of social work program in order to become an effective advocate for children who may have no other advocate in their lives. The addictions field is prevalent throughout the arena of social work. I am currently working with adolescents in outpatient rehabilitation for substance abuse. Many of these students are refereed by their high schools. Another reason I want to work in a school is because of the multitude of concerns pertaining to different individuals, and sometimes to the same individual. Substance use and the potential magnitude of the fallout is one of those many concerns. What this research has shown me is an inconsistency when it comes to substance use prevention programs in high schools. There is inconsistency in the type of program, in implementation, and in success. I feel this is an area within school(s) I can work diligently to contribute towards an improvement. Utilizing the training and skills I have learned in addictions and hope to learn in my impending school social work studies, I hope to be able to bring these programs into a high school and develop enhanced implementation methods. I understand it is a major hill to climb, and definitely will not happen easily. When there are other officials, administrators, teachers, and parents who may not see things with the same approach. Obtaining research, creating a plan, and utilizing allies can help provide for better collaboration among colleagues. However, I would also like to look into combining substance use prevention programs with other programs to help students develop skills to provide for a high sense of self-esteem and respect for their peers. A lofty goal, but if I cannot help one million young people, maybe I can help some.
References


