

16 Best practices

in School-Based Drug Education for Grades 7-9



- 1** Drug education needs to be age and developmentally appropriate, to focus on risk and protective factors, and to address local substance use patterns.
- 2** Key features of the provincial and, where possible, the local situation should be compiled and analyzed through formative research at the program design stage.
- 3** Address only those substances for which there is a pattern of use in a population.
- 4** Units that focus on a single drug appear more effective after 14 years of age than units that address a number of substances.
- 5** Focus on short-term, preferably social consequences, rather than longer-term effects when providing drug-specific information.
- 6** Ensure that the information is accurate and balanced, acknowledges the benefits that users perceive from their use, and highlights the fundamental relationship between the user, the substance, and the context of use.
- 7** Drug education programs need to give priority to behavioural, rather than knowledge or attitudinal, outcomes.
- 8** Accurate and balanced information is important, and it needs to take the form of “utility knowledge”, which helps students build relevant and useful skills.

16 Best practices

in School-Based Drug Education for Grades 7-9 continued...

- 9 Sessions need to emphasize “student-to-student”, rather than “student-to-teacher” interactivity, employing role-plays, Socratic questioning, simulations, service-learning projects, brainstorming, co-operative learning, and peer-to-peer discussion. Teachers need to establish an open non-judgmental atmosphere in order to effectively process these activities.
- 10 Social influences programming can be effective. It can create a greater awareness of media and social influences, and help students develop skills to analyze and minimize their impact.
- 11 Normative programming, highlighting the percentage of students not using, and correcting misperceptions, can be effective, particularly in the early junior high school years.
- 12 Adding general competency enhancement, or life skills training (e.g., developing skills such as communication, assertiveness, goal orientation, decision-making and stress management) may strengthen program effects when it is tied to drug-related situations or scenarios.
- 13 At, or just prior to, the point where significant numbers of students are using a particular substance (e.g., greater than 40% have used in past year), provide messages that promote safety and ways of minimizing harm within an overall message emphasizing abstinence as the safest option.
- 14 To sustain behavioural effects, drug education needs to provide adequate coverage from year to year, with approximately 10 sessions per year. If this cannot be achieved, 3-5 booster sessions per year, following an initial 10-session module, can be effective.
- 15 All in all, teachers who have been trained in interactive instructional methods are best able to deliver a drug education program as intended.
- 16 Guest presenters invited to deliver a drug education session, need to be able to address curricular goals and work interactively with the students, rather than present an isolated session unconnected with the curriculum.

The 16 best practice statements are based on a literature review prepared for the Department of Health Promotion and Protection, Addiction Services during the development of *A Question of Influence Curriculum Supplement: A Teacher's Drug Education Resource for Health/Personal Development and Relationships Grades 7-9*.

The complete literature review, entitled *Literature Review: Best Practices in School-based Drug Education for Grades 7-9* and written by Gary Roberts, is available for downloading at www.gov.ns.ca/hpp (Click on *Addiction Prevention*)