

Implementation and Effectiveness of Drug Education Program Of Saint Joseph Institute Of Technology

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Abstract - The study endeavoured to determine the level of implementation and level of effectiveness of Drug Education Program (DEP) of Saint Joseph Institute of Technology which shall be the basis for Drug Education Program enhancement in the institution. Results revealed that DEP in the school was fully implemented as evidenced by its inclusion in the curriculum and provision of relevant resources which aimed to nurture, build resilience and wellbeing and support the development of emotional intelligence and social competency of the students. Announcement or publication, trainings among faculty ,information drive through relevant symposium or fora, and monitoring and evaluation were as well highly implemented to enable the students gain awareness and adequate information concerning the ill effects of unlawful drugs. Most of the student respondents admitted that the knowledge they gained out of the Program has nothing to do with changing their behaviour, but they claimed that somehow, the Program has helped them

become more aware of the effects of drugs to their behaviour once influenced or enslaved by them.

Keywords - Implementation, effectiveness, Drug Education Program, SJIT

INTRODUCTION

Drug abuse among youth is not a new problem in our nation, but rather, one that has grown steadily in recent years and has resisted our best efforts to combat it (Johnston, 1996). How drugs has taken foothold in our society is the absence of massive and serious information and education about its ill effects. The Filipino people, specially the youth were taken captive in a surprise due to absence of exact education and knowledge about drugs. All they knew about drugs was a gateway to happiness and stairway to heaven. And it was too late when the drug users realized that drugs has already chained them to wanting more and more of it until their physical well being has fallen to degradation and destruction. Drugs has burned millions of human brain cells and have died through lung cancer, ulcer, heart disease and others fell to zycosophrenia (derived from the speech of P/Supt. Glenn Dichosa dela Torre, Regional Director, PDEA RO XIII, May 25, 2005).

There is a growing body of evidence suggesting that drug-related risk share common causal pathways with other health and social outcomes such as youth suicide, social dislocation, mental and sexual health problems, and that prevention and early intervention along these pathways can make a difference across those outcomes. The potential for drug-related damage to affect young people is influenced by a range of factors that occur in the many different domains of their lives, including the community, family and school. Schools can and do make a difference, not only through their programs but also through the opportunities for learning and support that they bring to their students. In any consideration of school drug education, it needs to be kept in mind that schools can contribute to, but not be expected to or be held fully accountable for, preventing or reducing students' drug use (Milgram, 1987).

The anti-drug campaign through effective Drug Education Program plays an important role in the realization of the country's goal for drug-free nation. To ensure effective mechanism, the school has to do proper implementation of the programs in terms of integrating drug education in the school curriculum, trainings among faculty, publication, promotion of drug prevention and awareness through relevant activities, randomized drug test and even monitoring and evaluation which are key factors in carrying out the drug-free environment.

A school's drug education programs, policies and practices need to be underpinned by evidence-based practice. Schools draw on current theory and research to plan and effectively implement their drug education and to determine through evaluation if plan and its implementation has been effective. Schools clearly determine educational outcomes for their drug education that are relevant to the school context and seek to contribute to minimizing drug related problems. Schools practice drug education within a whole school approach to promoting health and well-being for all students and staff, rather than in isolation. In using this broad based, schools should have comprehensive approach and integrate activities related to drug education across disciplines. This approach provides schools with a coherent framework for their drug education practice (Fox, C. L., Forbing, S. E., and Anderson, P. S., 1988).

Saint Joseph Institute of Technology is an institution of higher learning committed to take part of the nation-wide call for drug-free nation. For many years, the school takes part of addressing the nation-wide call through integration of drug education core concepts in the school curriculum and is actively involved with many relevant activities to promote a healthier academic community. Hence, the conduct of this study is one mechanism and avenue that the school has expressed its support to the government and to the greater number of youth. Results of this study shall become a basis for Drug Education Program enhancement.

FRAMEWORK

There is an increasing recognition of the need for comprehensive approaches to tackling drug use problems in young people. It is now recognized that there are multiple layers to drug use, involving the individual, their relationships to peers, family, school and community, as well as broader structural factors, all of which interconnect and are relevant to a young person's health outcomes. Programs, policies and the extent of implementation need to be evaluated. Further, safe and supportive school climate, in which all students have a sense of belonging and can participate and contribute, is also needed. A nurturing environment can be a strong protective factor against a number of high-risk behaviors in young people's lives. An inclusive school fosters collaborative relationships with students, staff, families and the broader community, providing opportunities for relevant drug education and partnerships with parents, external agencies and services.

Schools are encouraged to provide a multi-dimensional response that seeks to foster positive social networks and support structures within which young people have clear expectations for their conduct as well as opportunities to participate in the life of the school and the broader community. A whole school approach requires moving beyond traditional notions of a teacher being responsible for drug education lessons within the health curriculum. The school executive, staff and all teachers have a role to play. A class program becomes part of a system-wide approach that seeks a comprehensive response across the school's policies, practices and programs. Nurturing a positive climate and relationships across the school community is as fundamental to addressing drug-related harm for young people as is determining appropriate classroom programs (Tricker, R., and Davis, L. G., 1988).

The following principles promote a comprehensive approach to drug education program:

Principle 1: Base drug education on sound theory and current research-based evidence and use of evaluation to inform decisions. Drug education needs to be based on what works. Evidence-based practice within a school involves staff: using current theory and research to determine programs that are appropriate to their students; staying

informed about effective curriculum practice; applying professional judgment to implement and monitor programs; and evaluating outcomes to determine their impact. Regular evaluation of the school's drug education processes and outcomes is critical, providing evidence of the value of activities and informing future school practice.

Principle 2: Embed drug education within a comprehensive whole school approach to promoting health and wellbeing. Tackling drug-related issues in isolation and only at a classroom level is less likely to lead to positive outcomes. Drug education activities are best understood and practiced as part of a comprehensive and holistic approach to promoting health and wellbeing for all students. Through a whole school approach schools can provide a coherent and consistent framework for their policies, programs and practices.

Principle 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimizing drug-related harm. When schools establish agreed goals and outcomes for drug education they have a common understanding for consistent and coordinated practice. The process of ensuring that those goals and outcomes are clear and realistic supports schools in achieving targets within their sphere of influence.

Principle 4: Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm. A safe and supportive school environment is protective for young people against a range of health related risks, including substance use problems. A positive climate within and beyond the classroom fosters learning, resilience and wellbeing in students and staff. An inclusive school provides a setting where students, staff, families and the broader community can connect and engage in meaningful learning, decision-making and positive relationships.

Principle 5: Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education. Schools that use collaborative processes whereby students, staff, families and the broader community are consulted, are more likely to provide relevant and responsive drug education. Broad approaches that integrate school, family, community and the media are likely to be more successful than a single component strategy. Strong relationships with families, external agencies and the

broader community can enhance students' sense of connectedness, and support access to relevant services.

Principle 6: Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities. Drug education needs to be relevant to all students. In providing programs, schools should be sensitive to the cultural background and experience of students. Diverse components of identity, including gender, culture, language, socio-economic status and developmental stage, should be considered when providing drug education that is targeted to meet students' needs.

Principle 7: Acknowledge that a range of risk and protective factors on health and education outcomes, and influence choices about drug use. Drug education should be based on an understanding of the risk and protective factors that affect young people's health and education. Schools that recognize the complexity of issues that may impact on students' drug use are in a better position to provide relevant drug education.

Principle 8: Use consistent policy and practice to inform and manage and practice responses to drug-related incidents and risks. The school's discipline and welfare responses should protect the safety and wellbeing of all students and staff. Policies and procedures to manage drug-related incidents and support students who are at risk are best determined through whole school consultation and implemented through well-defined procedures for all school staff. Vulnerable students may require additional support from the school and relevant community agencies. Retaining students in an educational pathway should be a priority of care for students who are at risk.

Principle 9: Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education. Drug education programs are best provided within a clear curriculum framework for achieving student learning outcomes. Drug issues should be addressed within a broader health context relevant to students concerns and stage of development. The timing and continuity of drug education across students' schooling is critical. Programs should commence before young people start to make decisions about drug use, be developmentally appropriate, ongoing and sequenced, and provide for progression and continuity.

Principle 10: Ensure that teachers are resourced and supported in their central role in delivering drug education programs. Teachers are best placed to provide drug education as part of an ongoing school program. Effective professional development and support enhance the teacher's repertoire of facilitation skills and provide current and accurate information and resources. Appropriately trained and supported peer leaders and visiting presenters can complement the teacher's role.

Principle 11: Use student-centered, interactive strategies to develop students' knowledge, skills, attitudes and values. Skills development is a critical component of effective drug education programs. Inclusive and interactive teaching strategies have been demonstrated to be the most effective way to develop students' drug-related knowledge, skills and attitudes. These strategies assist students to develop their problem solving, decision-making, assertiveness and help-seeking skills. Inclusive methods that ensure all students are actively engaged are the key to effective implementation of interactive strategies.

Principle 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges. Students need credible and relevant information about drugs and the contexts in which choices about drugs are made. They need to engage in meaningful activities with their peers, examine the social influences impacting on drug use and encounter normative information about the prevalence of use, which is typically lower than students' expectation.

Curriculum Development

Central to drug education is provision of comprehensive drug education curriculum which provides age-appropriate information about tobacco, alcohol, and other drugs, symptoms of drug use, factors associated with dependency, and legal aspects of drug use. In addition, and common to all areas of health education, the curriculum should offer activities (such as role playing) for development of peer refusal skills, self-esteem, assertiveness, and problem-solving skills. Curriculum options include purchasing a curriculum, developing the curriculum within each school, or a combination of both. Tobacco,

drug, and alcohol education also offers many opportunities to infuse content into other curricular areas. Language arts, science, math, social studies, and driver education are among classes in which various aspects of substance use might be incorporated.

The notion of “curriculum” may be broadened in a comprehensive drug and alcohol prevention program to include treatment referral for those who are substance-dependent and post-treatment aftercare for those returning to school. Some programs have found success with support groups, peer teachers, and peer counselors (Fox et al., 1988).

Teacher Development

Dusenbury and Falco (1995) identify that failure to include interactive skills components is a key area of breakdown in the implementation of drug education programs. Successful programs have placed an emphasis on teacher development. The program should include a professional development component in which all teachers delivering the program received specific training in the rationale and pedagogical approach used in the teaching materials. The Hansen and McNeal study (cited in CHAC 2004) into how drug education programs are implemented by teachers found that teachers tended to focus on the knowledge components of the drug education program and were less likely to engage students with the skills development components.

It is important that the challenge of teacher development is addressed. A strong case can be made for the provision of teacher professional development that identifies the conceptual and the pedagogical approach to be taken. Collegial support in the form of consistent behaviour management approaches, and school-wide adoption of active learning techniques, may assist the health or personal development teacher to work in this way. Professional development that models the use of such activities may support the teachers to adopt these types of activities. Without the inclusion of these skill development activities, the classroom drug education program may amount to little more than a knowledge-only approach and as such may produce limited results both as an education strategy as a health promotion strategy.

In Service Teacher Education

In service education is essential, not just for teaching teachers strategies for drug and alcohol education, but to emphasize how comprehensive school health education fits into the curriculum at every year level. Considerable evidence exists that teacher training is as important as selecting the “right” curriculum for assuring program success. In addition, support staff should be included in any training program. In their evaluation of two drug and alcohol education curricula, Tricker and Davis (1988) found that in service training needs of experienced and inexperienced teachers differed. The inexperienced teachers needed a great deal more information about all aspects of alcohol and drugs. Experienced teachers benefited more from hands-on time with curriculum materials.

On the Effectiveness of the Drug Education Program to Students

Effectiveness of any component of the school health program can be measured in three ways: (1) gain in student knowledge, (2) change in student attitudes, and (3) adoption of healthier behaviours. Knowledge is relatively easy to measure and is certainly easier to change than attitudes or behaviours. Drug, tobacco, and alcohol education programs have been found to increase student knowledge (Milgram, 1987). However, a gain in knowledge is not always associated with a corresponding change in attitudes or behaviours. Most drug education programs have never been evaluated (Goodstadt, 1986). Of those for which some evaluative information is available, the following generalizations can be made: instruction is most effective when it begins early in life and is continuous; one-shot programs are less successful than those that are part of a multi-grade, comprehensive health curricula; community support, parent involvement, and peer involvement enhance program success; the teacher plays a critical role, and teacher training is essential.

Program Monitoring and Evaluation

The research indicates that drug education should take place before young people are routinely exposed to making choices about drug use. In addition, further monitoring should be provided so that appropriate control and prevention can be best done before severe problems can occur. Program evaluation is often cursory and conducted as an afterthought. However, since program evaluation assures accountability and may justify expenditures of money and time, a broad approach which examines knowledge, attitudes, and behaviors is appropriate. Some pre-packaged curricula include evaluative tools. (McBride et al 2004).

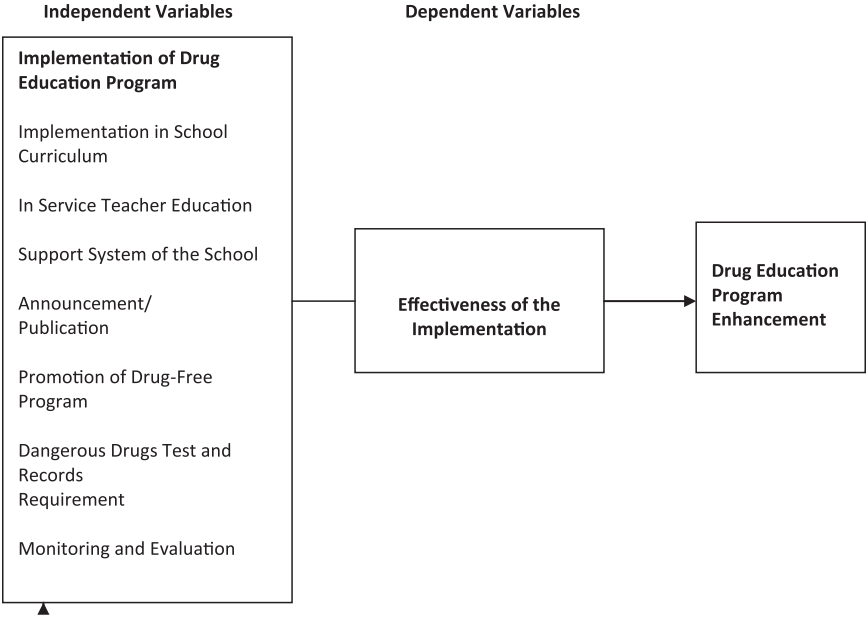


Figure 1. Research paradigm showing the relationship of independent and dependent variables of the study.

OBJECTIVES OF THE STUDY

This paper aimed to address the following objectives:

1. to determine the level of implementation of Drug Education Program of SJIT as rated by the social sciences faculty along the following areas: implementation in school curriculum, in service teacher education, support system of the school, announcement/publication, promotion of Drug-Free Program, dangerous drugs test and records, and monitoring and evaluation

2. to assess the level of effectiveness of the school's Drug Education Program as rated by the social sciences students in the following areas: gain in student knowledge, change in student attitudes, and adoption of healthier behaviours

METHODOLOGY

This study was conducted in two phases: during Phase 1, selected school faculty specially those who are teaching social sciences subjects were personally interviewed to gather information in relation to the implementation of Drug Education Program of the school. During Phase 2, students especially those who were enrolled in social sciences subject were given the questionnaires. Descriptive research design was employed in the investigation since it intends to find out the level of implementation and effectiveness of Drug Education Program of SJIT as rated by the social sciences faculty and students.

Researcher-constructed instrument was employed for data gathering purposes. This questionnaire underwent review and evaluation by experts to ensure validity and reliability of the items. The first part of the questionnaire aimed to determine the level of implementation of drug education program of SJIT. Whereas, the second part aimed to determine the extent of effectiveness of the said program measured in terms of the following areas namely: gain in student knowledge, change in student behaviour, and adoption of healthier behaviour.

This study made use of the mean which was used to ascertain the level of implementation and effectiveness of the Drug Education Program of SJIT.

RESULTS AND DISCUSSION

Implementation in the School Curriculum

In terms of implementation in the school curriculum, overall results indicate that Drug Education Program in the school is fully implemented in the curriculum as revealed by the concerned faculty who are teaching social sciences subjects. Strategy like role playing in the classroom was adopted to provide meaningful learning experiences and enhance peer refusal, self-esteem, assertiveness and problem solving skills among students. Moreover, there was a provision of a framework of core concepts and values to support effective drug education practice.

In terms of in service teacher education, emphasis on how comprehensive school drug education fits into the curriculum was substantially evident. However, this holds true only to subjects in which drug education related topics were integrated like social science 2 and partly in sociology. As revealed, the school had not conducted any drug-related advocacy trainings but was able to send a faculty who was teaching social science 2 for purposes of gaining more information about all aspects of dangerous drugs. However, concerned faculty admitted that the school was able to hire experienced professional to teach inexperienced teachers and students about dangerous drugs and their ill effects.

As to support from the administration, provision of relevant resources which aim to nurture and build resilience and wellbeing and support the development of emotional intelligence and social competency among students was substantially made available. Referral system and the provision of appropriate counselling and support services for students who experience problems related to the use of drugs, alcohol and dangerous controlled substances was substantially put into operation. However, cases on drug-related problems referred to the Student Personnel Services Office occurred rarely.

With regards to announcement or publication, there was an evidence that the school through the initiative of Student Personnel Services displayed any form of materials for information purposes about drugs. The announcement did not only attempt to inform

students about the different types and classifications of dangerous drugs but also their ill effects to both body and attitudes.

There is an evidence that the school has pushed notable efforts to ensure that students are well-informed about unlawful drugs, its effects to human health and behaviour. The school has substantially implemented mechanisms such that seminars, symposiums and lectures are conducted other than awareness efforts through slogan, tarpaulin display, conduct of poster making contest and the like.

On Monitoring and Evaluation

Overall results of the survey indicate that monitoring and evaluation on Drug Education Program of SJIT is substantially implemented. SJIT being an ISO certified institution ensures that feedback mechanisms provided by the school in order to check the functionality of Drug Education Program is substantially implemented. There are mechanisms sufficient enough to reflect the degree of compliance of the said program and these mechanisms are found to be credible and reliable. Problems encountered in the implementation of the program were likewise immediately addressed.

While the school adheres to quality management system specifically on monitoring and evaluation, the school is opened to monitoring system of the agency like PDEA. The Commission on Higher Education, referred to as CHED, is also partly involved in the process of monitoring and evaluation. Based on records, CHED rarely visited SJIT for Drug issues and concerns Circular Memorandum addressing the needs among HEIs to be actively involved in the nationwide call against drug abuse was also evident. This forms part of the said agency's monitoring system.

On the Effectiveness of the Drug Education Program

The program has significantly provided students with basic facts concerning the different unlawful drugs and their ill effects. The majority of the students further advocated that because of a comprehensive presentation of their faculty during their class sessions in relation to dangerous drugs, they learned more about

pertinent provisions stipulated in the Republic Act 9165 which further reinforce their understanding of the government's goal for a drug-free citizen. However, most of the student respondents admitted that the knowledge they gain out of the Program has nothing to do with changing their behaviour in full measure, but they claimed that somehow, the Program has helped them become aware of the effects of drugs to student's behaviour once influenced or enslaved by it. This information presented by the selected student respondents, confirmed the claim of Goodstadt (1986) in which he said: "a gain in knowledge about dangerous drugs is not always associated with a corresponding change in attitudes or behaviours".

RECOMMENDATIONS

On the basis of the results of the study, the following recommendations are hereby presented:

1. Coordinated and collaborative efforts between or among SJIT and agencies like the Philippine Drug Enforcement Agency (PDEA), Local Government Units (LGU), Department of Interior and Local Government (DILG) and even the Department of Health (DOH) must be strengthen. A Memorandum of Agreement may be established to come up with collaborative efforts geared towards the elimination of dangerous drug and incidence of drug abuse.

2. Trainings for faculty teaching social sciences subjects need to be an integral part of the school's support to ensure that effective learning for students are assured. Information and skills learned in the training can then be transmitted to the communities as part of the school's extension services.

3. Drug test results requirement should not only be limited to selected colleges but should form part as the school's mandatory requirement for all students across disciplines entering the campus on semestral basis.

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