

**IFTE 2017**  
**III International Forum on Teacher Education**

**FORMS AND METHODS OF DRUG EDUCATION OF STUDENTS**

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*Abstract*

It's quite obvious that in modern society with its trend for the normalization of drug use is nearly impossible to completely isolate young people from them. The major expected goal of preventive education is to provide young people with the skills to make informed and healthy choices that will enable them to live successful and problem-free life. Drug education is more likely to attain its goals when it is regarded as a planned and systematic process with clearly defined and achievable goals, properly selected forms and methods of prevention. The paper aims to determine the most effective techniques and methods when educating students about drugs and substance abuse.

Due to the complexity of the topic under investigation the study draws on the systematic approach within which prevention is considered as a complicated multicomponent process including students, teachers, peers, parents. Method of analysis of theoretical and empirical evidence of preventive science was used in research as well as common scientific methods of classification and comparison.

Preventive education is effective when it is student-oriented and interactive. Experiential methods enable students to contribute to the discussion, to "live" the situation, to analyse, to empathize and thus are presumably the most productive ones. Several ways of how drug education methods could be classified are distinguished.

The results of the study may be of special interest to teachers and social workers when planning and implementing prevention activities among students.

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**Keywords:** Student; drug education; drug prevention; efficiency; method.



## 1. Introduction

Young people are the most dynamic and active social group in any society. They are characterized by mobility and a relatively high level of health. However, it is in adolescence and early adulthood when attitudes, behavior patterns and values affecting teenagers' future health and well-being are formed. Personality identification often results in experimentation with different ways of life. Risky behavior as a way of individualization of personality often characterizes the transition to adulthood, so a little experimentation with drug fits within such behavior (Baumrind, 1985). While most youth are able to stop experimenting with drugs as they mature there are always those who are more prone to becoming addicted to drugs, regarding them as the only way of solving problems.

Young people are influenced by a variety of socio-cultural factors responsible for drug abuse and, nevertheless, the top priority is given to family and peers. These factors could be affected through intervention. Based on position that drug abuse is a pedagogical problem and due to a number of specific features of the educational system, the school has the most favorable conditions for conducting preventive work with young people and adolescents (Gizyatova, 2016).

Today, drug education programs are being widely implemented throughout the world with the aim of providing students with accurate information about the harmful social and personal consequences of drug use. Drug education contributes to responsible attitude to health and well-being, and also helps young people to choose safe conduct model in risky situations. Schools face the challenge to teach students to resist outside pressure from their peers and the media as well. The ability to cope with pressure is a feature of an active civic position (Fakhrutdinova, 2010), so the goals of drug and civic education overlap in this context.

According to Hansen (1992), the following building blocks could be distinguished in drug education programs: information, decision making, pledge, values clarification, goal setting, stress management, self-esteem, resistance skills training, life skills training, norm setting, peer assistance, alternatives. Each prevention program may include one or more of these elements. In case when a program has a similar combination of blocks it is possible to say that this program employs a similar approach. Thus, there are five major approaches to drug education: information model, affective education, social influence model, comprehensive and alternatives.

The information model is the earliest and well-known model of preventive work. It is based on the idea that informing a person about the negative consequences of taking psychoactive substances for health and social well-being helps prevent their use. Dorn and Murji (1992) describe this relationship in KAB model: information or knowledge influences attitudes and attitudes influence behaviour.

In affective drug education approach the focus is not on substance use itself as drug use is considered to be just a symptom of more serious problems. Robinson (1975) believes that this type of education helps students to think intelligently and rationally, control their destructive impulses and make wise decisions.

Social influence model is based on the belief that young people are influenced by the media, family, peers, community and those who are not able to resist such pressures may start experimenting with drugs. So, the aim of this approach is to teach students to say no by developing their resistance skills.

Programs based on comprehensive approach have elements of the different prevention models including problem solving, decision making, self-esteem, stress management and effective communication.

The model for providing an alternative requires the development of alternative social programs in which young people could realize their needs for communication, self-affirmation, self-realization, identification, etc.). Coggans and Watson (1995) assume that drug use results from lack of opportunities for positive forms of satisfaction. Tobler (1986) classifies alternative model into two kinds depending on target group: activities aimed at an average young person and those who are at risk.

## **2. Problem Statement**

The organization of drug prevention work with young people is one of the main tasks of an educational institution. But if the work is organized incorrectly, then it can cause irreparable damage to those for whom it was conducted. The traditional problem-oriented approach to prevention appears as a "struggle, "opposition" to something. The results of the studies show that this approach does not achieve the desired goals. Thus, the problem of drug use cannot be solved, since the reasons for encouraging children and young people to experiment with them are not eliminated.

It is necessary to create a system of constructive prevention, which focuses not on pathology and its consequences, but on the person, his/her resources, and his/her choice and provides support and assistance in realizing his/her own life purpose.

## **3. Purpose of the Study**

The aim of the paper is to determine the most effective forms and methods of drug education of students

## **4. Research Methods**

Due to the complexity of the topic under investigation the study draws on the systematic approach within which prevention is considered as a complicated multicomponent process including students, teachers, parents.

Method of analysis of theoretical and empirical evidence of preventive science was used in research as well as common scientific methods of classification and comparison.

## **5. Findings**

The choice of methods or forms of drug education is always determined by purpose and content of a particular program as well as age, cultural and psychological characteristics of the target audience.

In universal prevention aimed at all population group methods and methods using mass media could be distinguished. Group methods include drug education in classroom environment, lectures, role playing, discussions, conferences, exhibitions, seminars, forums. These methods significantly affect trainees' behavior and attitudes to drugs and contribute to the formation of pressure resistance skills.

Group work is conducive to the establishment of closer relationships between “integrator” (a person implementing preventive program) and audience, which helps him or her to organize prevention effectively by taking into account specific cultural and socio-psychological factors of the trainees.

The use of media resources mean:

- drug awareness-raising campaigns on national and local levels with broadcasting relevant material on TV and radio;
- preventive radio and TV programs providing popular information about drug related affairs, addiction treatment, interviews with (former) drug users and experts on drugs;
- advertising in newspapers and magazines as well as providing teaching material;
- distribution of brochures, broadsheets and posters in the streets and to door;
- informational services using phone numbers (helplines, hotlines).

Researchers differ in the identification of the use of media campaigns in terms of their ability to seriously affect health behavior. While some assume that the media using methods can directly or indirectly lead to positive changes in health-related behavior (Wakefield et al., 2010), the others put in question their benefits (Hornik et al., 2008). When using mass media, the audience becomes larger, and the connection with integrator weakens. Thus, notable changes in people's behavior cannot be expected. The media is more likely to carry out the function of promoting and supporting public initiatives in the field of drug abuse prevention and health care.

Another way of categorization of methods of drug education is according to the provider of intervention: teachers, police officers, peers and parents (Allott et al., 1999).

Teachers realize drug education with students through ready to use resource packs, curriculum classes and the theater.

Students often prefer the theater as a means of studying issues related to risky behavior and health. They are attracted by the opportunity to get an assessment of their opinions, have fun, and identify themselves with the characters, the opportunity to discuss sensitive issues with an outside observer in a free manner. The theater can be used in a variety of ways. Sometimes the performances are staged by professional actors, in other cases students are motivated to put on plays themselves for an audience consisting of other students and/or parents. As a rule, performances are followed by discussions conducted by teachers or actors or both of them.

In this form of prevention, cognitive and affective components and skills can be distinguished (Allott et al., 1999). In addition to informing, the use of theatre influences feelings by stimulating the study and evaluation of attitudes and values, and also serves as a platform for practical implementation of decision-making skills. The theater helps students to be in the character's place, experiment with behavior and explore themselves in a safe environment.

In cases where performances are put by outside professionals, the theater, like any other external resource for building health-oriented behavior, should undergo a thorough verification procedure. (Drugs, 2004). This implies that

- a teacher should be present in the classroom throughout the performance and conduct preparatory and follow-up work in order to consolidate the result;
- intervention should be a planned part of the learning process, rather than an isolated one-time event;

- schools are responsible for competence of the outside professionals;
- the content of performances should be discussed to ensure that it meets the needs of the students and the overall objectives of drug education;
- schools should evaluate effective interventions through feedback from students in order to take this information into account when planning future activities.

Drug education resource packs are designed to help teachers plan prevention activities with students and contain textbooks with lesson plans, disks with interactive resources.

When implementing drug education components in curriculum, the teacher has an extensive range of forms and methods. Thus, during classes in the mother tongue students can read texts, conduct discussions, study literature and the media on the topic; in mathematics classes they can process data, discuss and analyze the results of surveys; in music classes students are able to examine the influence of modern culture on the consumption of drugs by young people. A review of the effectiveness of numerous drug education programs implemented in many countries enabled researchers to conclude that the use of interactive teaching methods is vital to the achievement of drug education objectives (School-based education, 2004).

The teacher may use the following methods to ensure the active participation of all students in the process:

- brainstorming activities
- associative map – a method of structuring concepts and ideas using a graphical record in the form of a diagram
- case studies – discussion, analysis and decision making on real or simulated situations
- group games – teamwork with students, during which they can perform assignments, socialize and learn new concepts and skills
- creative writing – develops the creativity of students, helping to find non-ordinary solutions to problems
- discussions, debates
- conducting local surveys
- analysis of the media on the topic
- questionnaire
- quiz
- watching video and listening audio with the following discussion
- “fishbowl” method – only 2-3 people take part in role situation, the others act as observers.

While some of the students "live" the situation, the others empathize and observe and report from the outside

- “draw and write” (also known as “jugs and herrings” technique) – is effective for revealing students' level of awareness about drugs.

Focus on the experiential experience of students assist in maintaining balance between didactic and interactive methods of drug education and implies getting feedback from them. Interactive methods allow to place students rather than drugs at the center of prevention process.

Drug education by peers is a commonly used approach when dealing with junior and secondary school students. Peers are often viewed as a reliable source of information that is why peer-instructors

should be aware of their role and provide accurate information and demonstrate good examples to be followed. Students are usually interested in education when providers are their peers but sometimes it is peer instructors themselves who benefit the most. Teachers should bear in mind this fact when choosing an instructor student giving priority to those from a risk group. It will probably reduce negative influence and strengthen protective factors in relation to the most vulnerable students. (Drugs, 2004).

Parents also play a crucial role in drug abuse prevention. Young people tend to stay drug free if family ties are strong, there is parental control and trusting relationships in the family. It is in parents' power to maintain preventive effect. To this end, many schools hold seminars for parents, or invite them as integrators. In this case, school teachers are not isolated in conducting preventive activities, but are supported by the parents.

## 6. Conclusion

The effectiveness of prevention among students depends on many components: well defined and achievable goals, program content, suitable teaching methods and techniques, consistence and commitment to program realization. The personality of the teacher and his/her pre-training with regards to drug education play the most significant role in prevention (Gizyatova, 2016). Well-trained teachers enjoy the trust of students and implement drug education programs more successfully than outside experts.

The most effective drug education methods, forms and techniques are those of interactive character. Drug relating information itself does not have a positive impact on adolescents. Interactive methods allow to transform students from being passive recipients into active participants of the process. In turn, taking on the role of active participants, students through the exchange of knowledge, thoughts, interaction with others have the opportunity to reconsider issues related to risky behavior and drug abuse. For example, to refute the false stereotype that drug use is the norm that characterizes most adolescents, rather than deviation from the perspective of adults.

Drug education is not a discussion of the harmfulness of the remote consequences of smoking, alcohol and drug addiction, not scaring young people. First of all, it should provide students with skills of effective social adaptation (the ability to communicate, build their relationships with peers and adults) and with ability to assess and manage their emotional state. Of particular importance is the development of a culture of health in children and young people – an understanding of the value of health and a healthy lifestyle. Only awareness of the personal value of health allows a person to understand the danger of drug use.

## Acknowledgments

The work is performed according to the Russian Government Program of Competitive Growth of Kazan Federal University.

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