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DRUG EDUCATION AS A CHALLENGE FOR TEACHERS

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Abstract

The teacher is expected to implement not only teaching activity, but also educating one. Therefore, teachers are often accused of solving issues related both to academic achievement and poor behaviour of students. In addition to these responsibilities, educational system and all staff involved in it is considered to contribute to health education, and particularly drug education of students. At the same time many teachers view drug education as a peripheral area of their activities and do not feel competent and confident in order to justify the obligations imposed on them in this field. The purpose of the paper is to analyse some theoretical foundations on which the teacher preparation crucial for the implementation of drug education can be based. The author underlines that the difficulty of preparing teachers for drug education is determined by its non-disciplinary nature. As drug education cannot be represented in the body of academic knowledge there is no clear volume of knowledge and methods, the transfer of which would be sufficient to reach the aims of drug education. Planning lessons in the field of prevention requires efforts, self-confidence and knowledge on the part of the teacher and demands in-depth initial training of teacher students and their continuing education within the framework of professional development. Therefore, the training of teacher students related to health education and managing risky behaviours cannot be limited to a series of information sessions on related topics. The teacher training programs should include both educational component and reflexive practice.

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1. Introduction

The problem of public health is one of the most important. Health is not only the main value of an individual but also the treasure of the nation, the basis of its prosperity and well-being. As the future of any society depends on young people, the issue of the mental and physical health of young people is especially topical today.

The main reason for the low level of health and high mortality is the person himself, namely his behavior, including eating habits, lifestyle, substance abuse, lack of physical activity. The lifestyle formed by the above mentioned factors, often in the childhood and adolescence, in adulthood can lead to premature morbidity and early mortality.

The scientific understanding of this relationship served as a starting point for the modelling, development and practical implementation of health promoting programs for children and adolescents that will not be limited to traditional information provision, but rather will positively influence their daily behavioural health models.

Adoption of healthy lifestyles and safe behavior models by adolescents will help them to develop the readiness to contribute to general well-being in society, which is seen as a component of socio-oriented education.

Maintenance of the social health of children and adolescents is also a topical task in the socio-economic conditions in which our country has been lately. Negative social conditions caused by the uncertainty of the future, the inequality of starting opportunities, problems with employment may lead to the search for deviant forms of self-assertion, one of which can be drug abuse.

Therefore, the efforts of the whole society should be aimed at this problem, beginning with the person himself, and ending with the state. It is believed that the education system has a special role in that regard.

2. Problem Statement

In order to prevent drug abuse among adolescents and young people, schools are now developing and implementing preventive programs within the framework of educational process. Many researchers agree that the teacher's training is crucial for the effectiveness of prevention programs and the greatest positive effect of these programs can be achieved if they are implemented by the classroom teacher (Sharp, 1994; Tobler, & Stratton, 1997; McBride, 2003). Thus, his preparation and training is of primary importance. At the same time, surveys of teachers and analysis of the effectiveness of drug education implemented in schools allow to conclude that there are problems with the teacher training in this field (Ofsted, 2013).

3. Research Questions

Teachers are often accused of solving issues related both to academic achievement and poor behaviour of students. In addition to these responsibilities, educational system and all staff involved in it is considered to contribute to health education, and particularly drug education of students. At the same time many teachers view drug education as a peripheral area of their activities and do not feel competent and confident in order to justify the obligations imposed on them in this field. The purpose of the paper is to

analyse some theoretical foundations on which the teacher preparation crucial for the implementation of drug education can be based.

4. Purpose of the Study

This contradiction determined the purpose of our research - to consider the theoretical bases on which the pedagogical education necessary for the implementation of health-oriented, and in particular drug prevention component in the educational process, can be based.

5. Research Methods

The paper is an analysis of theoretical and empirical evidence of preventive science on the given topic. Surveys carried out in the UK at different times, questionnaires and interviews with managing staff of teacher training institutions with a view to incorporation of health promotion component in training programs are reviewed. The study employs the comprehensive approach that allows exploring teacher training in terms of drug education as a complex and continuous process depending on multiple factors. Common scientific methods such as classification, synthesis and comparison are used as well.

6. Findings

Historically, the main mission of the school is to educate students and develop their cognitive skills. In addition to it, many requirements and tasks are put forward to the school today, among them health promotion and contribution to the well-being of students by means of drug education. Health promotion in a school setting can be viewed in two ways: on the one hand, it is a way to improve students' health, on the other hand – a way to encourage their academic achievements (Jourdan, 2011). Implementation of health-oriented education is not an easy matter and there several reasons for this.

Firstly, it is not the main function of the school and many teachers are reluctant to take new responsibilities for drug prevention among students. In fact, many teachers experience difficulties in organizing preventive work due to a number of reasons including the following: insufficient theoretical background on the topic (Powney, & Lowden, 2001), weak citizenship, personal reluctance to carry out this kind of responsibilities, strong belief that this is the prerogative of specialists (Gizyatova, 2016). To achieve positive results in drug education of students, the quality and level of the teacher's initial training are undoubtedly as important as the content and the structure of educational programs (Hecht et.al, 2003).

Since the result of prevention is much more difficult to measure than the growth of students' cognitive knowledge, one can assume that this is another reason why teachers are not enthusiastic about devoting their time and efforts to the implementation of preventive activities (Wiggins, 1974).

At the same time, all teachers, one way or another, face various patterns of risky behavior in their classroom. They may be wondering about their own roles in this process, about how they may be of help in improving the situation and how they can contribute to the students' safety. Dealing with these questions is a challenge for the teacher. Addressing the issues he may need to bring together all his knowledge, skills and experience.

Secondly, drug education is fundamentally different from the teaching of such subjects as, for example, mathematics or physics. There is no universally accepted body of knowledge and skills acquired

in drug education. The activities of the teacher in this field are determined not only by strict instructions, but also by a complex mix of external and internal factors. Externally, his activities depend on the goals of the whole school community, its strategy, and the specific tasks of the prevention program implemented. Under internal or personal factors, one should understand the personality of the teacher himself, his own ideas about his role in the process of drug education and the accumulated life experience.

Thus, the training of teachers for drug education differs from the traditional role of the teacher as a transmitter of knowledge. And, if the education system places teachers in need to try on non-traditional roles and solve the problems of drug prevention among students, it is logical to expect that the system of initial teachers' training should meet certain requirements and be responsible for the competence of graduates in the field of health-oriented education.

To fulfil their role successfully, teachers need basic knowledge and the ability to integrate preventive programs into the educational process that they can master as a result of the relevant training. The fact that specialists trained in the field of health and well-being promotion, as well as risk assessment, are more likely to participate actively in drug prevention gives favor to the initial training of teachers. (Ofsted, 2013). A number of researchers stress that programs are more effective when teachers have access to continuous and quality training and support and are confident of their role (Kirby, Roller, & Wilson, 2007). In addition, teacher training is associated with the need to integrate programs with precision, since programs that are implemented with fidelity are more likely to succeed (Ahmed et al., 2006).

An integral and consistent system of the initial teachers' training should cover the full range of issues related to the adolescents' use of drugs, namely:

- theoretical foundation of prevention programs and methods of their implementation in schools;
- skills that can help students overcome or minimize adolescent problems;
- patterns of age-related changes in adolescents, explaining their behaviour;
- interactive teaching and learning strategies, such as role playing, discussions, working in small groups, because they are the most effective due to the ability to activate and engage students in the work.

What is the situation regarding the initial teacher training in this sphere? Undoubtedly, modern pedagogical education is aware of the new roles of the teacher and the discomfort and uncertainty that many teachers experience from the tasks assigned to them. However, the preparation of students-teachers in this area is weak, and the degree of their readiness to implement preventive programs is low.

In England in 2011-2012 there were conducted the questioning and interviewing of representatives of various educational institutions in charge for the training programs for future teachers. The aim of the study was to find out how health promotion is incorporated into the programs of initial training. Although the majority of respondents acknowledged the importance of integrating health and welfare topics into the curriculum of teacher training and adhered to the holistic perspective of education, the results showed that currently insufficient attention is given to public health priorities and there is heterogeneity of the situation throughout the country. Greater attention has been given to topics that are considered to be more closely related to student learning and education, such as emotional health, rather than the skills needed to promote positive health behaviour (Dewhirst et al., 2014).

Primary and secondary school teachers are willing to teach their students basic skills such as reading and writing and do that well enough, but few get any training that would help them cope with drug related

problems among adolescents (Ringwalt, Vincus, Ennett, Johnson, & Rohrbach, 2004; Davis, 2006). Some authors conclude that few teachers have the experience of implementing a prevention program since their training usually does not require to be acquainted with materials on the prevention of drug abuse among adolescents (Harthun, Drapeau, Dustman, & Marsiglia, 2002; Ennet et al., 2003).

Thus, it is not appropriate to give rise to calls for the teachers to act as a prevention specialist without equipping them with the training necessary to perform this role effectively.

So, what should this training include? How should it be organized? What competences should a student teacher develop during pre-service training to be able to manage drug related questions successfully?

First of all, he is not expected to be an expert on drugs. However, the teacher acting in this role should have sufficient body of knowledge about drugs and current trends in drug related issues in order to feel comfortable when supporting class discussions and answering the questions of students. The teacher should be able to direct the students to other reliable sources of information when necessary. While the need for information about drugs is not denied, much greater emphasis should be placed on skills and values that will enable the teacher to help his students develop the personal and interpersonal skills necessary to help them avoid destructive behaviour, including drug abuse, and make right choices. Drug education concerns decision making skills more than just supply with factual information (Cohen, 2015).

Students' cultural backgrounds must be taken into consideration in order to influence them positively. The teacher should be able to realize different ways the students interpret his messages through the prism of cultural differences (Harthun et al., 2002; Haupt, 2006).

In the development of a teacher training model three phases can be singled out:

1. pre-training teacher perception. At this stage a student teacher become aware of where he is: his strong and weak points, ideas and attitudes towards drug abuse and drug prevention. He may analyze the way he resolves conflicts and interacts with others.
2. modeling. The purpose of this stage is to realize what needs to be changed and how these transformations can be achieved within the training.
3. fostering. The aim is to equip the student teacher so that he is able to contribute to his students' growth and development.

The most desirable way of preparing teachers to develop prevention activities with students is their initial training that is at the stage of obtaining pedagogical education in colleges and universities. Firstly, due to a variety of forms and methods of organizing the educational process and supporting cross-curricular links, it is possible to promote future teachers' active citizenship (Fakhrutdinova, 2011). Secondly, some students can experiment with drugs themselves, so providing them with training covering health and social risks of drug abuse is useful for them in terms of revising their attitude towards their own well-being.

Another means of building teachers' confidence, increasing knowledge and developing skills in the field of drug education is continuous professional development courses. The model when teachers are taught directly by preventive program authors is likely to have positive results (Tobler, 1992). Educational model under which a teacher receives training, and later acts as a carrier of the experience gained for the group of fellow teachers, may not be effective due to his lack of confidence and skills for training others. Therefore, the teacher who is to implement the program of drug education among students should pass the training himself (McBride, 2003).

7. Conclusion

One may suggest that drug and health related issues will become more pressing in the future. Nowadays young people are exposed to greater risks of experimenting with drugs stemming from the fact that new kinds and types of psychoactive substances are emerging. The boundaries between legal and illegal substances thus are increasingly blurred.

The school can't be fully responsible for drug prevention. But it has responsibility to develop students' ability to act and deal with issues in a balanced and responsible manner, and the skills to cope with problems and better face the new realities. Drug education therefore is not supplementary; it is at the centre of what schools do.

Lack of priority in health-oriented education may lead to inadequate training of future teachers to address these problems. Given that prevention of drugs, alcohol and tobacco use are public health priorities for the health of children and young people this is a significant omission.

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