

UNIVERSITY OF HAWAII AT MANOA

**A SURVEY OF SUBSTANCE ABUSE PREVENTION EDUCATION PROGRAMS
IN HAWAII SCHOOLS**

MASTER OF PUBLIC ADMINISTRATION

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ABSTRACT

Policy makers and educators continue to debate the presence and effects of substance abuse in Hawai`i, specifically, government and community efforts to address this threat through substance abuse prevention education programs in Hawai`i schools. This capstone project focuses and creates a snapshot inventory of substance abuse prevention education programs in Hawai`i schools, particularly programs that are federally recognized, while attempting to discover the appropriateness of substance abuse prevention curricula. Surveying 257 K-12 public schools and forty-five private schools throughout the state, with assistance from the Safe and Drug Free Schools program of the Office of Curriculum and Instruction of the Department of Education, the capstone project team uses a questionnaire as the survey instrument. In addition, asking forty randomly selected schools to be contributors to an in-depth written interview, the project captures opportunities for future research and studies.

An effort to present a clear and concise understanding of the quantitative and qualitative aggregate survey data of 246 public and private responding schools, offers immediate and accessible facts, while providing for interesting reflections on the in-depth interview statements of ten responding schools.

INTRODUCTION

According to a 2002 study of 27,995 students in Hawai`i schools, ten percent of sixth graders in Hawai`i schools have used an illicit drug in their lifetime.ⁱ Rising steadily by grade, 49% of the students reported using an illicit drug by the 12th grade.ⁱⁱ

While numerous individuals and groups in the community are suggesting varying approaches to deal with this important issue, a common theme in these proposals involves education. Lieutenant Governor Duke Aiona proposes a multi-pronged method that includes substance abuse prevention education programs as an essential component.ⁱⁱⁱ Offering many recommendations to reduce adolescent substance abuse in the state, the Hawai`i Department of Health, Alcohol and Drug Abuse Division advocates strengthening substance abuse prevention education programs in the schools and community.^{iv}

An inventory of the types of substance abuse prevention education programs currently operating in the state's schools does not exist. To assist with prudent policy decisions regarding substance abuse prevention education programs, an awareness of existing programs, information on currently implemented programs, and the strengths and weaknesses of all those programs is essential.

Therefore, a team of graduate students from the Public Administration (PUBA) program at the University of Hawai`i at Manoa conducted a survey of all public K-12 Hawai`i schools as well as 45 private schools, receiving access to resources and services from the Safe and Drug Free Schools (SDFS) program of the Office of Curriculum, Instruction, and Student Support in the Hawai`i Department of Education (DOE). The SDFS program, a federally funded state office, administers federal funds and makes

resources available to schools through the Safe and Drug Free Schools Act. Serving as the PUBA team's point of contact, Mr. Kendyl Ko, is an Educational Specialist with the DOE and is the Program Manager for the SDFS program.

PURPOSE OF THE PROJECT

The purpose of this project was multifold:

1. To identify substance abuse prevention education programs operating in Hawai`i schools.
2. To identify which federally recognized substance abuse prevention education programs are operating in Hawai`i schools.
3. To ascertain through schools' self-reports, successful and culturally appropriate programs or curricula that the SFDS can recommend for use in other similar districts, schools, and complexes.
4. To inventory the programs and curricula schools that receive federal assistance currently utilize for substance abuse prevention education.
5. To determine the utility of leveraging information gained from the questionnaire for obtaining more resources for substance abuse prevention education programs vis-à-vis the state's political process.
6. To determine the validity of the qualitative data along with ten in-depth interviews to subjectively measure the success of substance abuse prevention education programs in Hawai`i schools.
7. To obtain a glimpse of the perception of administrators and others involved in prevention programs regarding the programs, curricula,

or any other information they chose to offer that may aid the overall prevention efforts by the state's community

METHODOLOGY

Attempting to attain a snapshot of substance abuse prevention education programs currently implemented in Hawai'i schools, specifically the extent of those federally recognized, a two-sided questionnaire was used as the survey instrument and mailed to all K-12 public schools and 45 private schools. In addition, selecting forty schools for an in-depth interview by email or the phone, a team member solicited responses to the following qualitative questions before the aggregation of the questionnaire data:

1. If you had a blank slate and unlimited resources, how would you design a substance abuse education program?
2. Do you think there should be a state mandated substance abuse education program?
3. Do you feel it is the school's responsibility to teach substance abuse education?
4. Currently, should more resources be allocated to fund substance abuse education program(s)? Why?
5. Is it possible for school(s) to track their program(s)' success? How?
6. What is your definition of a successful substance abuse education program?

Quantitative and qualitative data received from 246 respondents were coded in the following categories:

- Island location of the school
- Public or private school
- School complex of the school

- Grade levels of the school

The design of the questionnaire and succeeding follow-up calls by this team enabled a response rate of 81.5%. As a result, the data collected was treated as a whole population response.

DATA ANALYSIS

Questionnaire Results

The “Safe and Drug-Free Schools and Communities Program Questionnaire” consisted of nine questions. The first seven questions were quantitative in nature and the final two questions requested subjective, qualitative information. When contemplating the data several pertinent issues must be kept in perspective- the data is self-reported by schools and is reflective of public and private school responses that may influence the interpretation. In addition, comparisons across the public school complexes are complicated by the variance in complex size. This section is organized to examine the responses by following the question order of the questionnaire itself.

Question One

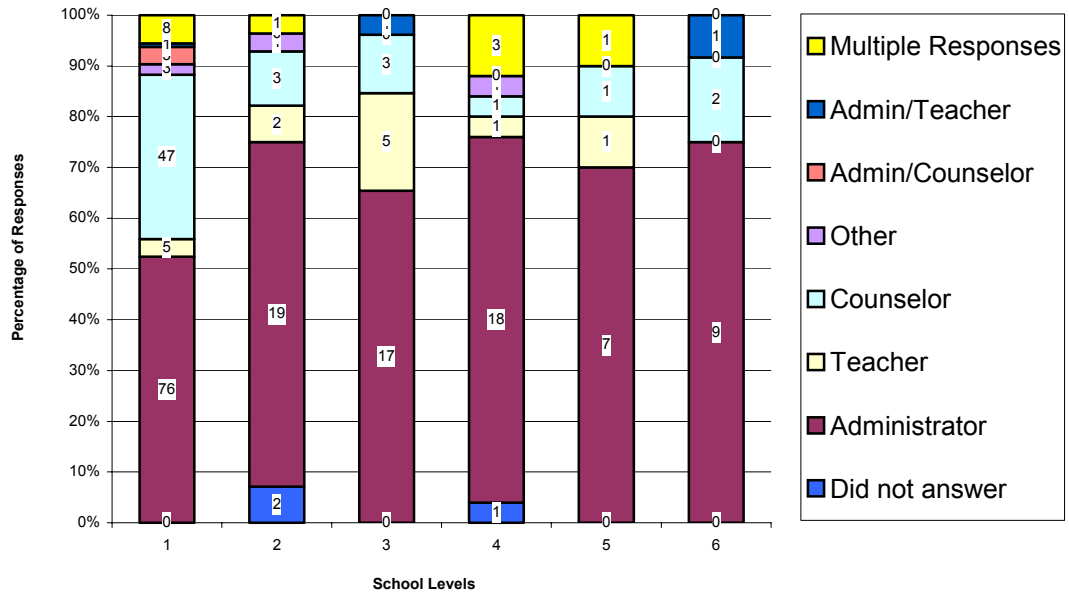
Question One read, “What is your role at your school?” and four options were provided:

1. Administrator
2. Teacher
3. Counselor
4. Other

DOE protocol required that the questionnaires be sent to the schools’ principals; “TO: Complex Area Superintendents and Principals.” The cover letter stated, “If you are unsure about some of the answers, please feel free to forward the survey to the appropriate teacher or administrator to ensure accuracy.” Protocol dictated the design of Question One and in an effort to obtain accurate information and a high response rate the cover letter explicitly mentioned the appropriateness of forwarding the questionnaire.

Primarily administrators filled out the questionnaires across all school levels, 59% of the total responses came from administrators. Responses by individuals other than administrators only occurred significantly at the elementary level where 32% of respondents identified themselves as counselors. Figure 1 illustrates respondents' school roles by school levels:

Fig. 1. School Role by School Level (All Schools)

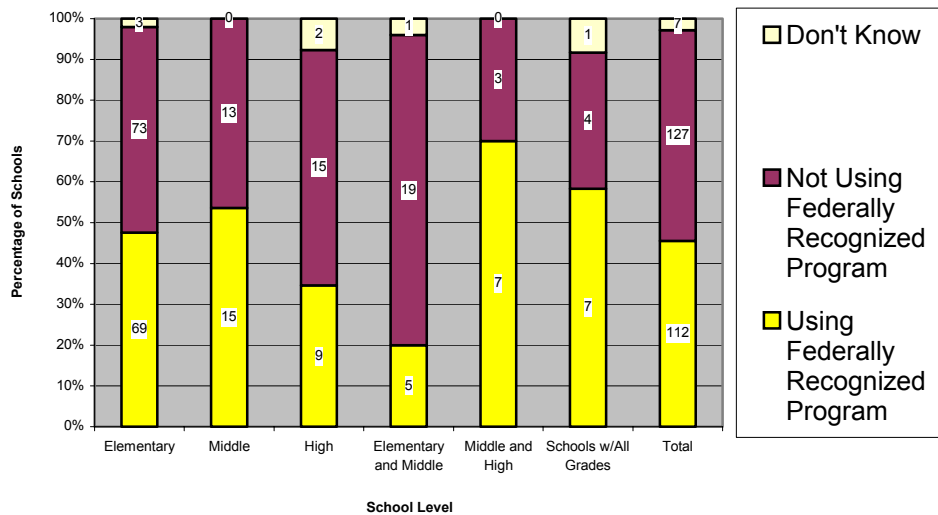


Question Two

Question Two furnished a list of forty-four check boxes that included forty-two federally recognized substance abuse prevention education programs as well as boxes for “Don’t Know” and “None of These.” The question read as follows, “Please check any of the following Federally recognized substance abuse prevention education programs your school is implementing this year. (Check all that apply).”

The responses indicated that 52% of the schools that replied were not currently employing a federally recognized program, while 48% of the schools that replied used one or more of twenty-nine federally recognized programs. Presently thirteen federally recognized programs were not used in any of the schools that responded. 2.8 % of the respondents replied, “I don’t know.” Figure 2 shows the use of federally recognized programs by school level across all the schools that responded.

Fig. 2. Use of Federally Recognized Programs at Various School Levels (All Schools)



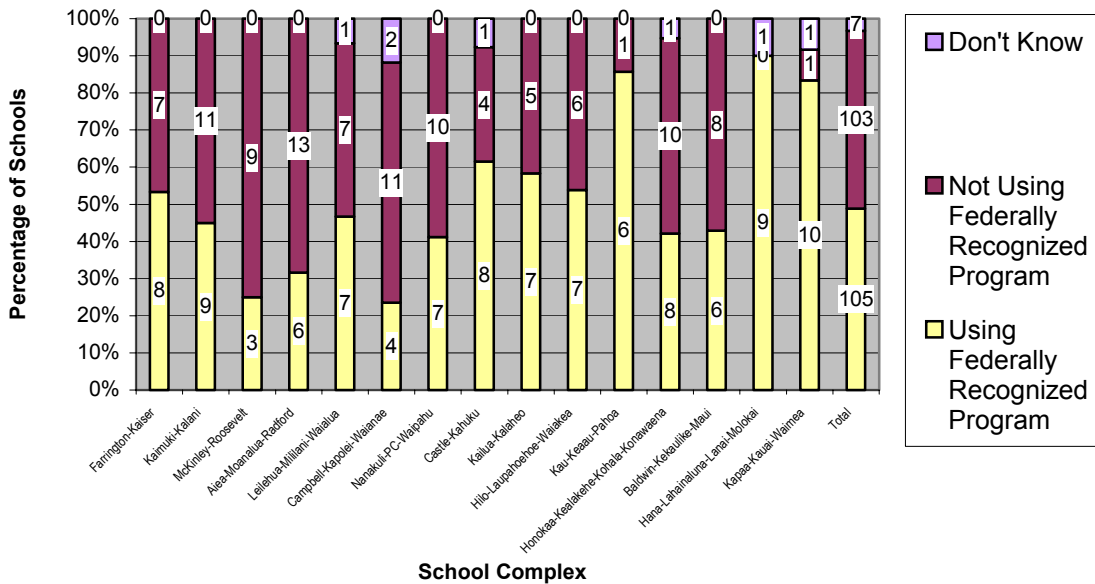
This graph exhibits that only three notable deviations exist from the gross generalization that almost half of the responding schools in Hawai`i that replied use federally recognized programs:

1. 76% of institutions comprised of elementary and middle schools combined are using federally recognized programs this school year.

2. Only 33% of schools with all grade levels have federally recognized programs in place.
3. Schools with combined middle and high schools responded with the lowest rate overall at 30%.

Figure 3 illustrates the use of federally recognized programs by complex for public schools only. One interesting, general phenomena demonstrated by the chart was the fact that in some of the state's most rural areas the public schools were reporting using federally recognized substance abuse prevention education programs, whereas urban areas included many public schools that failed to employ such programs. For example, in the Hana-Lahainaluna-Lanai-Molokai complex all the public schools operated federally recognized programs; six out of seven of the public schools in the Kau-Keaau-Pahoa complex and ten out of the twelve schools in the Kapaa-Kauai-Waimea complex used federally recognized programs. In contrast, only one complex in urban Honolulu contained schools where more than half reported using federally recognized programs- Farrington-Kaiser.

Fig. 3. Use of Federally Recognized Programs by Complex (Public Schools Only)



The most popularly employed, federally recognized substance abuse prevention education programs include Second Step: A Violence Prevention Curriculum (n = 12), Life Skills Training (n = 18), Lions-Quest Skills for Adolescence (n = 21), and Positive Action (n = 39). Appendix Four on page 71 provides a table of the use of federally recognized program by complex (same data represented in preceding chart).

Question Three

Question Three afforded respondents an opportunity to convey information concerning substance abuse prevention education programs not listed in Question Two. The question read, “Are you using any substance abuse prevention education programs other than the ones listed on question number two? (e.g. D.A.R.E., Health curriculum,

Guidance Curriculum)” Below the query three check boxes (Yes, No, Don’t Know) were followed by, “If Yes, Please describe:”

Overall, 95% of responding schools reported that they use a non-federally recognized program, solely or in addition to federally recognized program(s). Connecting the responses received for Questions Two and Three provided a more complete snapshot of substance abuse programs in Hawai`i schools. Question Two responses indicated that 52% of the schools currently did not operate with a federally recognized substance abuse prevention education program. Of these 128 schools not using federally recognized programs, 122 reported using other curricula. With the 48% of schools that reported using a federally recognized substance abuse prevention education program in Question Two, 105 (94%) reported also using other curricula in their school as well. Six schools reported using neither a federally recognized program nor other curricula.

Fig. 4. Top Five Programs Found in Hawai`i Schools (Non-Federal)

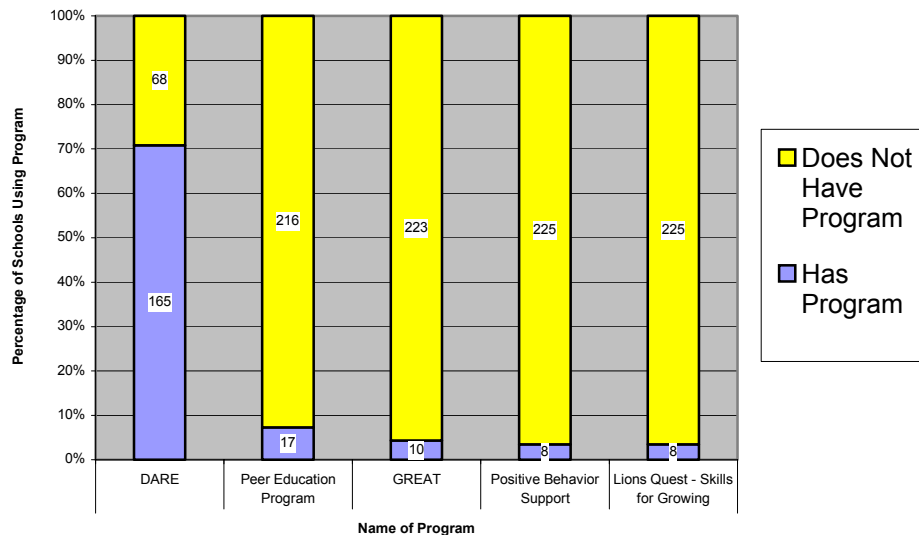
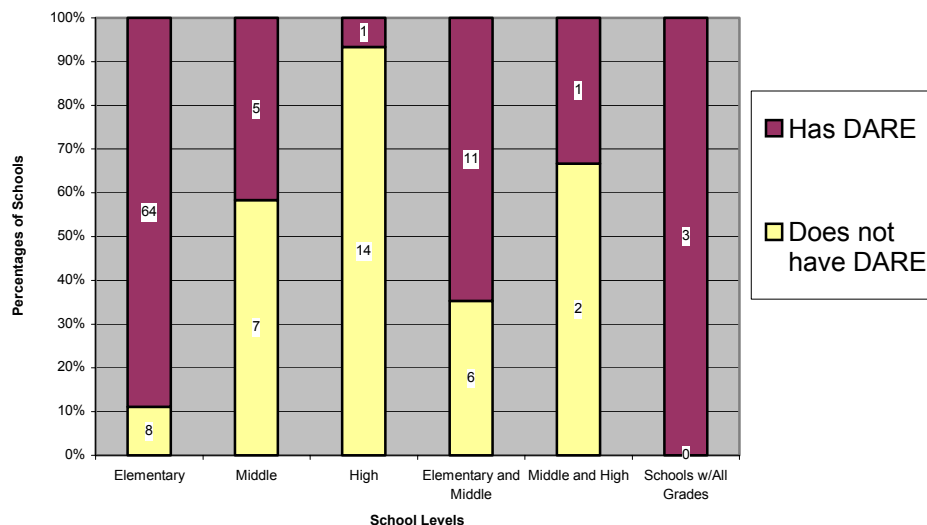


Figure 4 illustrates the top five substance abuse prevention education programs used in schools that were not federally recognized ones. Moreover, with nearly 70% of the schools that responded D.A.R.E. was by far the most popular program. The other four programs not federally recognized and reported used by schools were Peer Education Program (n = 17), GREAT (n = 10), Positive Behavior Support (n = 8), and Lions Quest – Skills for Growing (n = 8).

In looking at schools that did not use a federally recognized program, D.A.R.E. had the greatest usage in elementary schools (almost 90%). Moreover, in high schools that reported not using federally recognized programs, D.A.R.E. was only in use by one of fifteen respondents. Sorted by school level Figure 5 shows where D.A.R.E. was operating in schools that did not use federally recognized programs:

Fig. 5. The D.A.R.E. Program in Schools Without Federally Recognized Programs Sorted by School Level

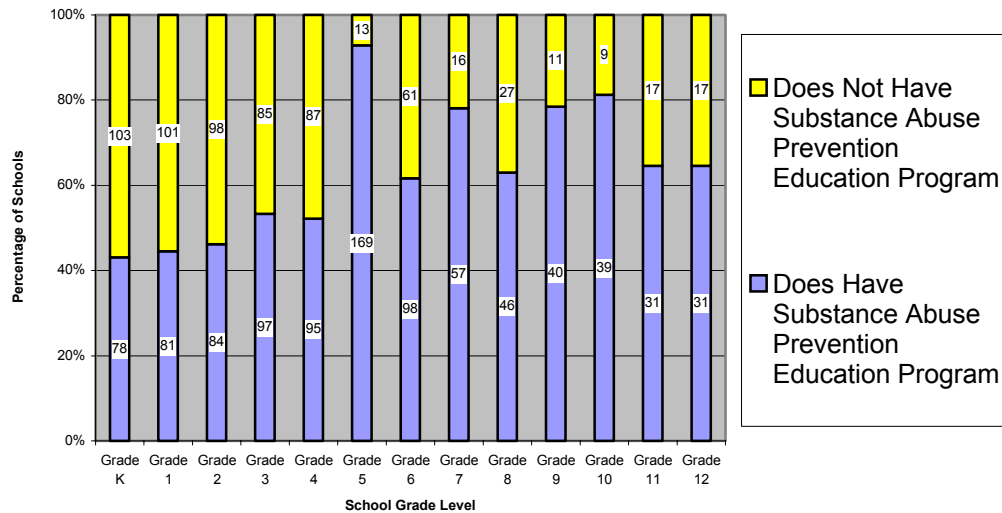


Question Four

Question Four was designed to delineate at what grade levels substance abuse prevention education programs were taught. The question asked, “At what grade level(s) is/are your substance abuse prevention education program(s) taught? (Circle all that apply)”

At grade levels K through 4 the programs were taught between 48% and 58% of the time. The percentage jumped dramatically at grade 5 where the schools reported having programs at a rate of 96%. The percentage dropped to 65% at grade 6 and rose again to 91% at grade 7. According to Mr. Ko, these two spikes in percentages were due to the existence of the D.A.R.E. program in grade levels 5 and 7. The percentage of schools reporting usage of substance abuse prevention education programs remained above 70% for grades 8 through 12. Figure 6 illustrates reported prevention education programs by grade level:

Fig. 6. Where Substance Abuse Prevention Education Programs Exist by Grade (All Schools)



In the public school complexes substance abuse prevention education programs were used at widely divergent levels by grade. Noteworthy trends by grade level reported from the public complexes include the following: (a chart reflecting the following information is provided in Appendix Four, “Where Substance Abuse Prevention Education Programs Exist by Grade Level and Complex (Public Schools Only) on page 75.

- Hilo-Laupahoehoe-Waiakea and Kailua-Kalaheo were the only two complexes that reported using substance abuse prevention education programs at or above 75% in grades K through 4.
- Farrington-Kaiser, McKinley-Roosevelt, Leilehua-Mililani-Waiialua, and Campbell-Kapolei-Waianae complexes reported using substance abuse prevention education programs in less than 40% of their grade levels K through 4.
- Nanakuli-PC-Waipahu, Kau-Keaau-Pahoa, and Kapaa-Kauai-Waimea complexes were the only complexes that did not implement substance programs in 100% at the seventh grade level according to the data received.
- The Hilo -Laupahoehoe-Waiakea complex reported all grade levels received high percentages of substance abuse prevention education programs. The lowest reported percentage by grade level from this complex is Kindergarten with 78%; in grades 5 through 12 schools in this complex reported that substance abuse prevention education programs existed in 100% of these grade levels.

- McKinley-Roosevelt and Castle-Kahuku complex schools reported that 100% of grade levels 7 through 12 had substance abuse prevention education programs.
- Farrington-Kaiser and Nanakuli-PC-Waipahu complex schools reported that 100% of grade levels 9 through 12 included some form of substance abuse prevention education programs.
- Leilehua-Mililani-Waialua and Campbell-Kapolei-Waianae were the only two complexes that indicated their substance abuse prevention education programs existed in 50% or less of their grade levels 10-12.

Figure 7 provides a glimpse of where substance abuse prevention programs existed in the private schools by grade level.

Fig. 7. Where Substance Abuse Prevention Education Programs Exist in Private Schools by Grade

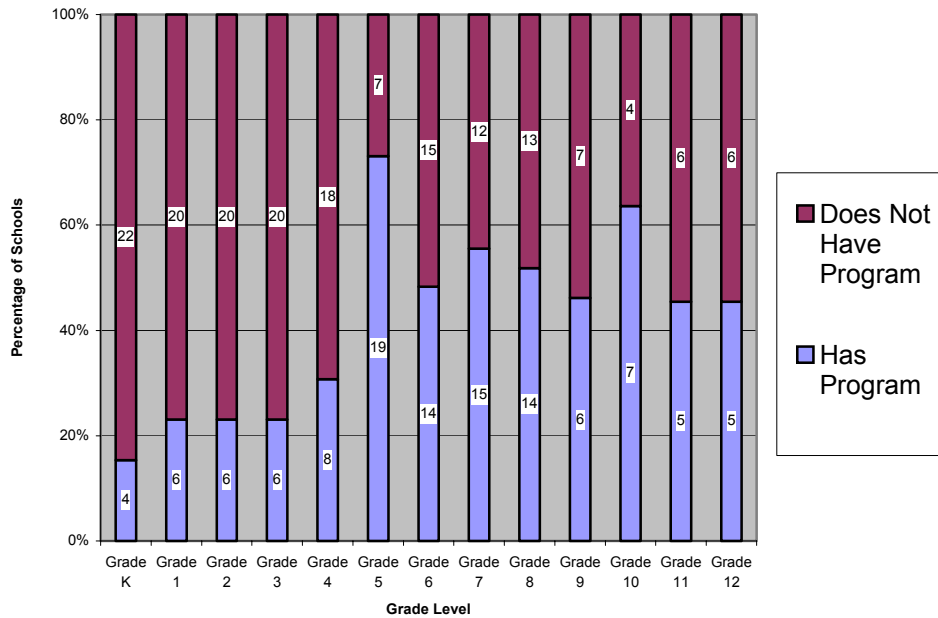


Figure 7 indicates that only in three grades (levels 5, 7, 8) do the students in the private schools that responded have substance abuse prevention education programs in 50% or more of their classes.

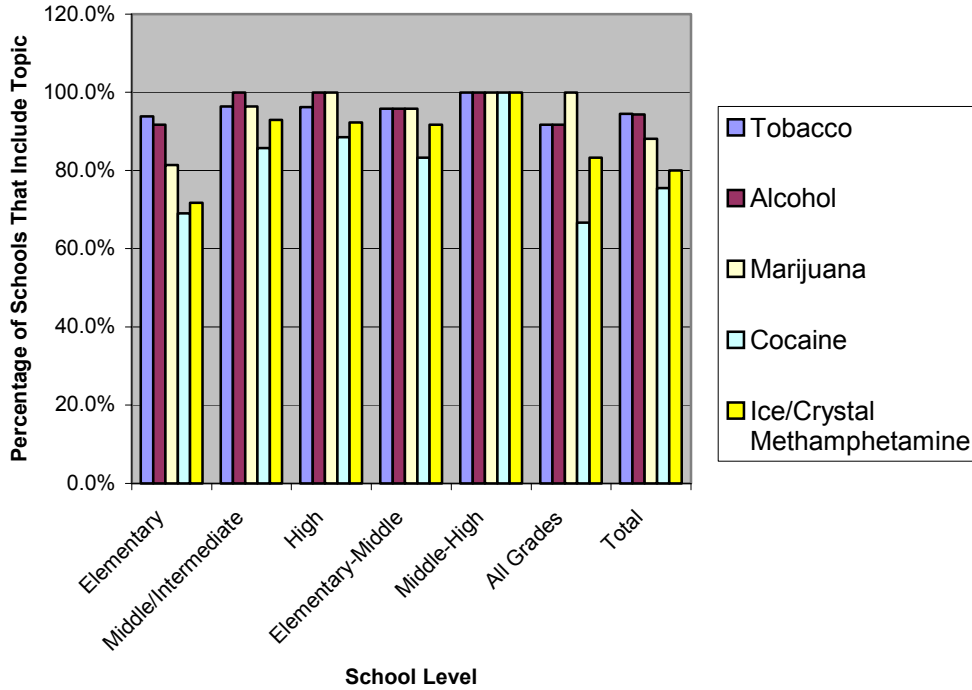
Question Five

Question Five simply sought which topics were included in the schools' substance abuse prevention education programs. The query stated, "Which of the following topics are included in your substance abuse prevention education program(s)? (Check all that apply) The six choices provided were tobacco, alcohol, marijuana, cocaine, ice/crystal methamphetamine, and other.

The topics integrated in the curricula included all five substance choices and consistently tobacco and alcohol topped the list in the returned questionnaires (95%). Marijuana (87%) as a topic in substance abuse curricula was included by respondents at nearly the same level. Cocaine (75%) and Ice/Crystal Methamphetamine (80%) were accorded the least treatment.

Figure 8 illustrates responses to the topics by school level; tobacco and alcohol were reported as being included more frequently in elementary schools than the "harder" drugs cocaine and ice. High school respondents indicated that alcohol and marijuana were included in substance curricula at a rate of 100%.

Fig. 8. Topics Included in Program by School Level (All Schools)



Answers including “other” in the checkbox in question five were relatively rare.

The following is a list of topics included in the “other” responses:

- Ecstasy
- Prescription drugs
- Inhalants
- Over the counter drugs
- Heroin
- Club drugs
- Kava
- Designer drugs
- Hallucinogens

Also included in comments by schools were the following topics not substance-

based per se:

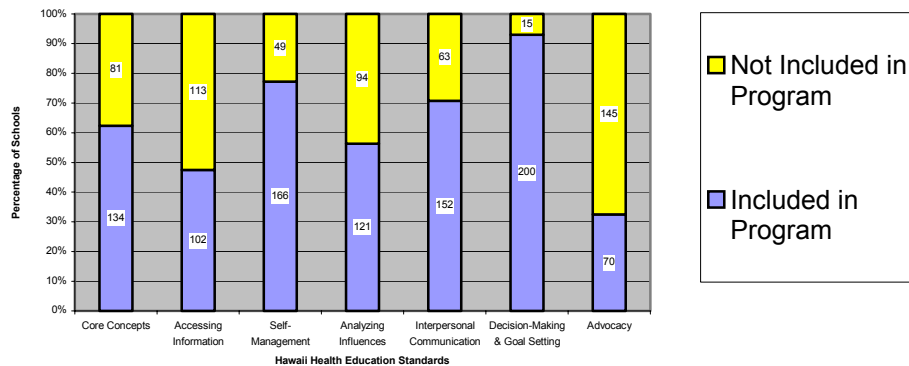
- Domestic violence
- Spiritual

- Social skills
- School-wide learning
- Responsible behavior
- Esteem

Question Six

Question Six attempted to capture a glimpse at how substance abuse prevention education programs related to the Hawai`i Health Education Standards. The question read, “Which of the following Hawai`i Health Education Standards are included in your substance abuse prevention education program(s)? (Check all that apply).” Boxed choices included a listing of all the Hawai`i Health Education Standards: Core Concepts, Accessing Information, Self-Management, Analyzing Influences, Interpersonal Communication, Decision-Making & Goal-Setting, and Advocacy. Figure 9 illustrates the responses to the question from the public schools that were mandated by the DOE’s policy requiring these standards be met. The top three standards included in substance abuse prevention education programs were Decision-Making and Goal Setting (93%), Self-Management (77%), and Interpersonal Communication (70.%).

Fig. 9. Hawai`i Health Education Standards Included in Substance Abuse Prevention Education Programs in Public Schools



Question Seven

In Question Seven the questionnaire asked respondents to approximate how many hours the average student receives during the school year. The question read, “Approximately how many hours of substance abuse prevention education does the **average** student in your school’s program(s) receive during the school year? Give your best estimate.” The query design attempted to capture the number of hours by the average student and not students placed in substance abuse prevention education programs because of behavioral interventions. Therefore, “average” was bolded in the phrasing of the question. Figure 10 shows the responses for all school levels:

Fig. 10. Hours Received at All School Levels

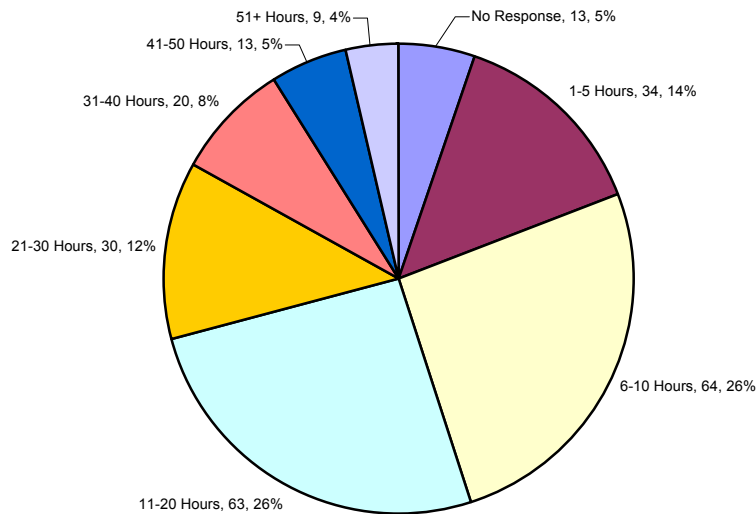


Figure 10 illustrates that in the responding schools the average student received between six and twenty hours of substance abuse prevention education per school year (52%). The chart also displays that only 17% of average students received thirty-one or

more hours while 14% of average students received between one and five hours according to the schools that responded.

The following list includes several notable observations about the number of hours of substance abuse prevention education per school year received by students of the schools that responded to the questionnaire.

- Elementary/Middle: schools comprised of both elementary and middle schools failed to respond to Question Seven far more than other schools (24%). 12% of these schools reported their average student received thirty-one or more hours of substance abuse prevention education per school year and 54% received between one and ten hours.
- All Grades: schools with all grades reported the highest percentage of responses in the 1-5 hour range (25%).
- High schools: twelve of twenty-six high schools responded by indicating their students received between six and twenty hours of substance abuse prevention education. Five of the high schools (19%) reported their students received fifty-one or more hours of substance abuse prevention education per school year.
- Elementary schools: ten of 141 schools that responded to the questionnaire reported that their students received forty-one or more hours per school year of substance abuse prevention education. Only two elementary schools reported that their students received fifty-one or more hours. Forty-one percent of responding elementary schools indicated that their average student

received between one and ten hours of substance abuse prevention education per school year.

- Intermediate/Middle: of the schools consisting of both intermediate and middle grades one out of twenty-eight indicated their students received fifty-one or more hours of substance abuse prevention education per school year.

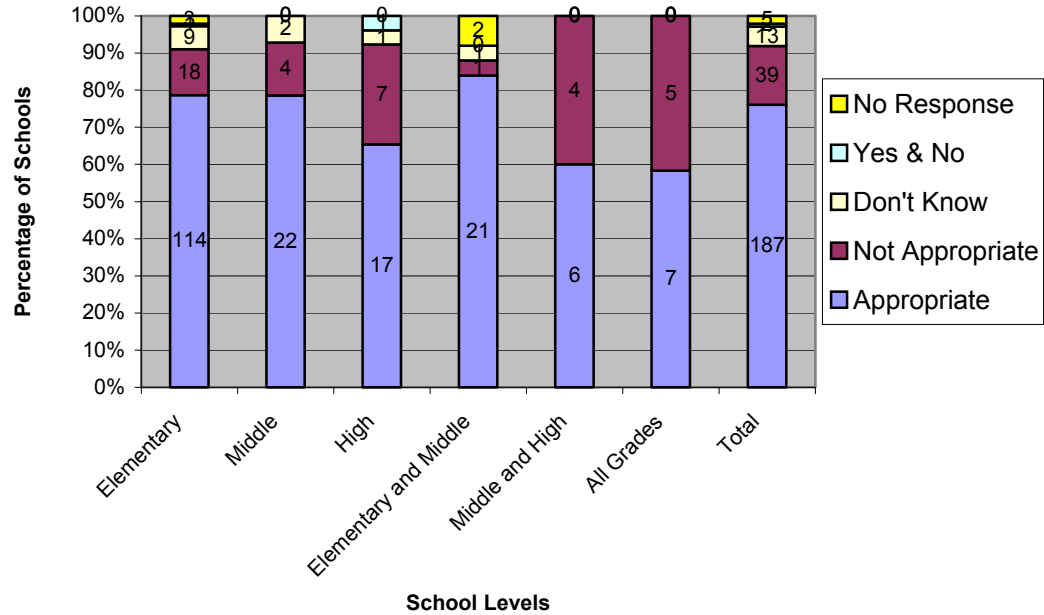
Question Eight

The questionnaire included an opportunity to provide qualitative data in the form of the question: “Do you believe the school’s current substance abuse prevention education program(s) is/are appropriate for your students? Check box options included “Yes”, “No”, and “Don’t know”. The question ended by asking, “Why?”

Out of 246 responses (public and private schools), 187 (76.3%) said “yes” their current substance abuse prevention education programs were appropriate. The elementary schools (114/78.6%), middle schools (22/78.6%), and combination elementary/middle schools (21/84.0%) stated that their substance abuse prevention education programs were most appropriate for their grade levels, followed by the high school level (17/65.4%).

Figure 11 demonstrates the aforementioned information.

Fig. 11 Perceived Appropriateness by School Level (All Schools)



The following are summarized comments from schools satisfied with their programs:

- Helps to build character and teach life skills for success rather than information on drug effects. (Skills for Success, PBS, D.A.R.E., Guidance, Quest, Positive Action, Tribes)
- Attendance rate is excellent, student achievement generally high, no rumors of substance abuse/use this year. (D.A.R.E., Guidance, extramural sports program, intramural recess sports program)
- Hawaiian language and cultural values are important. (D.A.R.E., Health, Guidance, Ho’oponopono)

- Programs involve parents and families with a goal to ensure that every family attends and is involved with the programs. (D.A.R.E., Parent Project, Loving Solutions, Getting Along Together)
- Students can be evaluated and receive treatment during the school day. There is a lot of parent involvement in the full-time program. (BISAC, PEP)

In contrast, thirty-nine schools responded that their current programs were not appropriate; eighteen (12.4%) were at the elementary school level, four (14.3%) at the middle level, and seven (26.9%) at the high school level. Interestingly, public schools dissatisfied with their programs primarily represented complexes in outlying areas such as Kau-Keaau-Pahoa (42%), Hana-Lahainaluna-Moloka`i (40%), Castle-Kahuku (30.8%), and Kapaa-Kauai-Waimea (25%).

These are the most frequent comments by grade level from schools that were not satisfied with their programs:

Elementary level:

- Teach dangers of drug usage, but little is done regarding the impact drug use has on academic achievement.
- Need simple program incorporating all grade levels and components of Positive Action and Project Charlie.
- Need more intervention and treatment. (Trained drug counselors for students and families)

Middle Level:

- Not enough resources to be meaningful.

- Stand alone school program insufficient; needs K-12 initiative and community support.
- Need more focused approach through program expansion.

High school level:

- “More exposure” with less mandates (“legalities”). Difficulty incorporating into other classes because of standards requirements.
- Need skill building relevance and time to incorporate all information.
- Teachers not willing to give up class time to educate students in a school-wide effort.

Multi-level schools:

- Need a Teen Care program (grades 7-8) and tobacco cessation year-round program.
- Need honest, ex-addicts to teach life lessons. Serious drug problems exist even with current drug programs.

Question Nine

Question Nine provided schools the opportunity to communicate recommendations or comments in the following statement: “Please share any recommendations or comments about improving substance abuse prevention education in your school.”

Overall, recommendations and comments included the following:

- Need for additional funding and personnel.
- Funding is needed for staff and faculty training and development.

- Would like more information on programs and resources.
- Definite need for partnerships and involvement of community and parents.
- Outside speakers would definitely be assets to programs.
- Each community and school is unique, requiring culturally appropriate programs.
- Teachers and staff are overworked.
- Integration of programs with curriculum.
- No time. Concentration is on standards and achievement. Difficult to teach all requirements.
- Need for both prevention and intervention programs.
- Address the root cause. It's about social change. Parents need jobs.
- Parents and community also need substance abuse prevention education for reinforcement.

In-Depth Interviews

One additional step was necessary to round out the study after the results from the substance abuse prevention education survey were tabulated. The group believed that it was important to further examine the possibilities of improving substance abuse prevention education throughout the state. Subsequently, forty principals were randomly selected as the target group, from the pool of the substance abuse prevention education survey respondents. Ten out of the forty principals answered questions from the in-depth written interview and their insight and answers proved invaluable.

The in-depth interview questions with summaries of the respondents' answers are as follows:

1. If you had a blank slate and unlimited resources how would you design a substance abuse education program?

- a. Lions Quest Skills and D.A.R.E. are sufficient.
- b. Choose a program that is research based and has evidence of effectiveness and is based with local population. Integrate it with character education, guidance and health as well as provide annual training for staff.
- c. Drug awareness infused in health curriculum in grades 4-6 and strong character education program.
- d. Incentive for parents to participate, e.g. employment positions for parents and/or offer hope of employment and upward mobility.
- e. Systematically address environmental, character building (especially self worth), and providing options besides drug usage.
- f. Posters, videos, guest speakers, and HPD personnel.
- g. Medical/psychiatric treatment center with a psychiatrist to prescribe medication for those developing schizophrenia.
- h. Prevention and coping skills integrated into the curriculum with intervention programs at school for students and parents.
- i. Involve students in positive alternatives.
- j. A program that incorporates both prevention and intervention strategies.

2. Do you think there should be a state mandated substance abuse education program?

- a. No- Needs to be based on community.

- b. No.
- c. No- Each school's population is different.
- d. Yes and No- Schools are not the same so there should be some sort of funding like Title I where schools in areas with high amounts of substance abuse are allocated more funds.
- e. Does not believe substance abuse education program in itself is the answer.
- f. Cannot see how this would be done effectively.
- g. Education is not enough.
- h. No.
- i. Yes- State should provide a curriculum for each grade level and funds for material or activities. The state should also plan community activities to call drug abuse to the community's attention. The state should get in line with the national campaign in October. The earlier in the school year the better.
- j. No. Too many mandates already.

3. Do you feel it is the school's responsibility to teach substance abuse education?

- a. Yes- Through the health curriculum.
- b. Yes- Through the health and guidance programs.
- c. Yes- Teach drug awareness and promote a positive lifestyle, but the home plays a much larger role.
- d. Yes- Educate students to make responsible decisions, be good citizens, and say no to drugs.

- e. Yes- Need some form of education, but in reality, it is everyone's responsibility.
- f. Yes- Schools are taking on and addressing more and more of today's social issues, but the potential benefits outweigh the potential hassles.
- g. It is everyone's responsibility.
- h. Yes- Coping skills and making good choices need to be taught. Major life issues would be addressed thru the collective commitment to teach skills on how to make good choices.
- i. Schools should share the responsibility with the state.
- j. No- More responsibility must be placed on parents.

4. Currently, should more resources be allocated to fund substance abuse education program(s)? Why?

- a. Yes- To purchase a program for their school.
- b. Yes not state funds, federal funds should be allocated.
- c. No- Currently the school receives adequate funding. Although middle and high schools have different needs.
- d. Yes- Allocations should be given to areas with higher populations of substance abuse. For example, this school needs funds for social workers and psychologists to help students see that school can make a difference in students' lives and to pick up the beach homeless children.
- e. A drug education program is not necessarily the answer; money needs to be distributed to help all factors attributing to drug usage.

- f. Yes- Money is needed to address any plans for drugs, safety, or education.
- g. Yes- It is an epidemic that the state has denied since the late 1980s.
- h. Yes- Enable schools to contract service providers and purchase relevant teaching materials.
- i. Yes- Funds should be given only if the school has a plan. Funds are currently available on a competitive basis. School administrators have more responsibilities than to write grant applications annually.
- j. No- Money needs to be spent on literacy. Many students turn to drugs because they lack basic skills.

5. Is it possible for school(s) to track their program's success?

- a. Yes- Currently not able to get the information from the intermediate and high schools.
- b. Elementary schools would have a difficult time unless there was an attitudinal pre-post test or interviews being done.
- c. It would be very difficult to track results solely to the program.
- d. Currently track one family at a time. From the time the student is identified with needs until they leave the school after the 6th grade. It is on going. They are tracked through the Comprehensive Student Support System).
- e. It is possible through surveys and or interviews, but will be costly and time consuming.

f. Yes- While in schools we have Chapter 19 for all offenses. After leaving school, should the student get arrested, the HPD or whatever arresting agency, could relay this data back to the high school they went to for data compilation to examine the success of failure of existing programs. (Potential constitutional/legal issue)

g. Yes- Through student surveys.

h. Yes- With the standards report card the general learner outcomes will be graded. If done appropriately, the grade should match the skill learned.

i. Yes- If the students stay in the system. Currently, they have tracked some of their high-end cases through counselors and administrators.

j. Yes- By using surveys, student interviews, as well as the number of students caught using drugs on campus. Students know best as far as drug use on a school campus and they can provide a realistic picture of what is really happening.

6. What is your definition of a successful substance abuse program?

a. Students not choosing the path of substance abuse.

b. One that reaches kids and families to establish strong positive attitudes toward healthy lifestyles and real strategies for responding to the wrong choices being made by adults or peers.

c. A program that creates an awareness of drugs and effects of their use. A program that motivates, inspires, and gives opportunities for students to be successful and to feel worthy and accepted without the use of drugs.

d. Less drugs and drug items found on campus, less violent behaviors identified; promotes team work and self esteem that is evident not only at school level but in the community as well; promotes higher academic success; promotes attendance; has a parent education component; promotes parent participation; it's a research based program that addresses social and emotional needs of individuals; promotes community service; unifies the community against drugs; offers support services for the community.

e. It would be multifaceted and incorporate the environment, alternatives to drug use, and character building.

f. A program that 90% or more of those who went through the program remain drug free for life-no suspension or arrest because of drug use.

g. A medical treatment center that is always open for support with a psychiatrist who is able to help when a person is tempted to slip or does fall back again into abuse.

h. Students and families learning skills to make good choices. Substance abuse prevention is integrated into the curriculum as part of learning and it should teach students to be responsible adults that make good choices.

i. Involve students in positive alternatives as well as teach children about drugs and how to respond when offered. Also, we need parent involvement and mandatory responsibility in supporting/guiding their students. Mandatory parenting classes are needed in many cases.

j. A program that helps students quit drug usage and helps others to stay off drugs. Believes that cultures or lack of one plays a big role in the use of drugs.

The results of the in-depth questions revealed the complexity of substance abuse prevention education. Even as differences emerged, there were many similarities stated. Most of the principals questioned agreed:

1. A state mandated substance abuse prevention education program would not be effective due to the diverse populations of the state.
2. It is the school's responsibility to teach substance abuse prevention education through its health and guidance curriculum.
3. Currently, more funds are needed for substance abuse prevention education.
4. It is possible to track the success of the substance abuse prevention education programs in schools.

While they agreed on the previously listed points they disagreed on others. Overall, most of the principals had varying opinions on how to design the perfect substance abuse prevention education program, as well as how to determine the success of the program. For example, each of the principals designed their ideal program around the needs of the community in which they reside. Due to the diverse needs of their population, the programs varied greatly from one another. The varying program designs confirmed the strong opinion against a state mandated program, validating a consensual belief that there is a need for different approaches in effective substance abuse prevention education programs.

All the opinions expressed were valuable and allowed the group to broaden the scope of the study. While the substance abuse prevention education survey provided a snapshot of the present; the in-depth interview responses provided a small glimpse at providing for a better future.

SIGNIFICANCE OF RESULTS

Achieving consensus about a particular issue proves difficult in a diverse state like Hawai`i. However, the peoples and communities of the State of Hawai`i agree that substance abuse in Hawai`i has reached epidemic proportions. One common refrain offered in response to this crisis involves improving substance abuse prevention education in Hawai`i schools in some way. This common notion to place more responsibility on educators and the education community proves problematic for one core reason: the lack of data about substance abuse prevention education in Hawai`i schools.

The PUBA capstone group therefore designed this questionnaire as a first step to fill in this information gap. The development of an inventory of substance abuse prevention education in Hawai`i schools provides the opportunity for policy makers and education professionals to base their decisions on data, however broad, rather than philosophies or theories. The development of this inventory is the single most significant aspect of the results.

Significances

- The development of an inventory of substance abuse prevention education that includes a majority of K-12 schools in Hawai`i, importantly incorporating

information regarding what federally recognized programs currently operate in these schools.

- Recognizing the need for substance abuse prevention education, the educators of Hawai`i's children are responding by providing programming but express need for information to help them provide appropriate curricula for their schools.
- The education professionals in Hawai`i largely agree about many basic issues confronting the schools with regards to substance abuse prevention education-
 1. Resource allocation presently requires improvement.
 2. Schools need more funding and resources to address the issue.
 3. Mandates on a statewide level do not represent an appropriate solution.
 4. Schools are part of the solution, but improving parental and community involvement in the schools is essential and remains problematic.
 5. Programs suitable for individual schools currently operate in the state but sharing information is difficult and requires unique solutions for this island state.
 6. Staff development requires training and upgrading to improve the situation.
 7. Solutions addressing the issue of substance abuse prevention education need to take into account all the demands presently made on schools regarding standards and curricula.
 8. Overall research on substance abuse prevention education needs to increase.

- The use of federally recognized substance abuse prevention programs is not prevalent in Hawai`i schools, a confounding issue due to the state's unique ethnic and socioeconomic make-up that brings the appropriateness of national standards into question.
- The public schools in rural areas of the state presently operate with federally recognized substance abuse prevention education programs to a higher degree than schools in urban areas.
- The schools in the State of Hawai`i largely utilize non-federally recognized programs for substance abuse prevention education.
- The schools rely upon D.A.R.E. for substance abuse prevention education especially when federally recognized programs are not in place.
- The students in Hawai`i schools receive more substance abuse prevention education in grades 5 through 10 than at any other grade level; with the exception of grade 5 the number of programs that exist at grade levels increases until falling off in grades 11 and 12.
- The public school complexes in Hawai`i take widely diverging approaches to substance abuse prevention education programming, with some complexes providing substance abuse prevention education across all grade levels while other complexes focus on particular grades.
- The private schools in Hawai`i do not employ substance abuse prevention education programs to the extent public schools do.
- The topics of substance abuse prevention education programs address tobacco, alcohol, and marijuana more than Ice or cocaine.

- The students in Hawai`i schools are exposed to more substance abuse prevention education programs dealing with the “harder” drugs as they progress through grade levels.
- The educators in Hawai`i recognize needs differ at various grade levels and believe appropriate programs for grade levels are available.
- The Hawai`i Health Education Standards integration into substance abuse prevention education programs in the public schools is incomplete.
- The students in Hawai`i schools are exposed to substance abuse prevention education between six and twenty hours on average. Very few students receive more than forty-one or more hours of substance abuse prevention education per school year, while many students receive between one and five hours per school year.
- The students at the high school level are more likely to receive more substance abuse prevention education than students at other levels; students in elementary schools receive substance abuse prevention education of smaller duration.
- The schools comprised of more than one level of students (elementary/middle, etc.) offer less substance abuse prevention education than schools comprised of a single level of grades.

Recommendations

- The dissemination of survey’s aggregate information to various groups and agencies, including within the DOE, would enable this “first step”

questionnaire to serve as a tool for thinking and formulating policy decisions regarding substance abuse prevention education.

- One integral next step is to follow up by building on this survey to investigate in greater detail several of the aspects uncovered by the survey- investigating the effectiveness of widely used substance abuse prevention programs, determining whether or not these programs are federally recognized, and developing culturally appropriate curriculum and resources.
- The development of measurement tools regarding the effectiveness of programs allows for decision-making to occur based on research instead of non-research methods. Moreover, the development of measurement tools will facilitate decision-making regarding funding and resource allocation for substance abuse prevention education.
- The SDFS office can serve as a network hub to ameliorate the lack of information and information sharing. As an example, identification of schools that report operating successful substance abuse prevention education programs may assist similar ethnic, socioeconomic, and geographic schools with opportunities to collaborate and network.
- The SDSF office can seek awareness and partnerships with other entities in the community to augment its efforts to utilize information derived from the survey and investigate aspects of the information it deems important.

CONCLUSION

Recognizing that this project provides only a snapshot of existing substance abuse prevention education program inventory in Hawai`i schools, accumulated quantitative and qualitative data also disclose that a majority of Hawai`i schools believe that currently implemented substance abuse prevention programs are appropriate for their students. While many of the schools may not use a federally recognized program, most agree that some kind of substance abuse prevention education is necessary and suggest that this education should extend beyond the students. In addition, this data provides not only a preview of what the needs and opportunities are for future research and development, but substantiates the strong commitment of the schools' administrators, teachers, and counselors to their students, parents, and community.

NOTES

¹ Hawai`i Department of Health's *The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2002): Adolescent Prevention and Treatment Needs Assessment*

² Ibid.

³ Apgar, Sally, "Funds called key to success in drug war," *Star Bulletin*, September 16, 2003.

⁴ Hawai`i Department of Health's *The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2002): Adolescent Prevention and Treatment Needs Assessment*

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