

Prevention and Intervention at Whole School and Targeted Levels

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Hypothetical Situation

School A in an Urban City has reported increase in substance abuse cases. Another additional difficulty being faced is the immense peer pressure to “fit in” and use drugs and hence those already abusing drugs are offering the drugs to other students. There have also

been rumours of 11th graders selling vapes in washrooms. Other drugs that are being abused include alcohol and marijuana in the school. The school has identified 5-6 children (from 11-12th grades) who are abusing these drugs.

(It is important to keep in mind that the intervention that follows shall keep these contextual and cultural implications in mind.)

Introduction

A report by the Ministry of Social Justice and Empowerment, Government of India highlighted the prevalence of drug abuse in India. As per the findings, alcohol, cannabis and opioids are the most prevalently used drugs in India. Alcohol is used by 4.6 % of the population , followed by cannabis which is at 2.8 and opioids at 2.1%. However, the prevalence of dependent, alcohol abuse is at 19% (Singh, 2020).

Findings in the school context highlight that 12.5% of high school students (India) either use or abuse drugs. The reasons given for the same include ‘easy availability’ and ‘relief from tension’. Other key findings include that the levels of knowledge regarding the harmfulness of drugs was fairly appropriate. Those who used drugs were able to successfully influence their peers as well (Pal et al., 2010).

Research has indicated that there still remains ambiguity regarding how to approach these increasing cases and what sort of evidence based programs to follow.

Following is a plan to intervene in School A regarding the drug use and abuse situation. The primary, secondary and tertiary interventions have been discussed. However, it is important to note that before implementation of the plan, a need assessment needs to be done by the school psychologist and other influential administrative stakeholders regarding various factors that might be causing substance abuse. Estimating the figures of abuse patterns is important as well. Hence, employing students themselves as part of the

collaborative stakeholders deems to be essential so they gave give inputs regarding what factors they feel might be causing this (United Nations Office on Drugs and Crime, 2020).

Tier 1 Universal Intervention

Research has contended that the use of effective Life Skills Training (LST) Program has positive effects on preventing drug abuse amongst the youth (Moshki, M., Hassanzade, T., & Taymoori, P. 2014). Further, evidence-based programmes pertaining to prevention of drug abuse in school and amongst the youth have incorporated LST as an essential element for preventing drug abuse amongst students. LST programs focused on drug abuse have various LS elements such as Self-management skills, Social Skills and Information and Resistance skills (Blueprints Programs – Blueprints for Healthy Youth Development, n.d.-b).

This intervention shall focus on one domain of Self- Management Skills that is Critical Thinking Skills. Critical thinking skills has been identified as a core element of Life Skills by the World Health Organisation. Hence, the Tier 1 intervention shall focus on fostering Critical Thinking Skills amongst students in order to prevent Drug Abuse.

Development of critical thinking skills on a school wide level would involve training teachers on the following:

Techniques to foster Critical Thinking Skills	Implication	Method
Awareness workshop on importance of developing Critical Skills in relation to prevention of drug abuse.	To interconnect the relation between drug abuse and critical thinking skills development.	Interactive Session
Incorporation of Reflective Questions in assessments/ daily classroom	Reflection helps in building critical skills (Sahoo et al., 2020)	Interactive Session and Encouraging Journaling
Incorporation of Socratic Questioning in classrooms	Encourages independent thinking (Makhene, 2019).	Interactive Session with role Play

According to Sulyman (2020), development of critical thinking skills in students is vital for drug abuse prevention. This is because critical thinking skills helps in developing the aspects of rationalism, empiricism and scepticism which can transfer regarding the use/ abuse of drugs.

Tier 2: Secondary Intervention Selected Level

The tier 2 intervention would be a targeted intervention involving caregivers and their children. At this level, interventions would be caregiver focused and children focused. The involvement of the caregiver is substantial due to the fact that poor caregiver involvement is one of the key aspects of drug abuse amongst youth (Blueprints Programs – Blueprints for Healthy Youth Development, n.d.). As per Sarkar et al. (2016) family involvement in drug abuse treatment in India is vital to provide motivation, support and practical resources to the individual, especially in a collectivistic society like India.

This intervention would be delivered to groups of 5-6 families and would go on for a period of 6 weeks. The intervention shall involve training caregivers and students on the following aspects:

Caregiver Focused Intervention:

Training Aspect	Implication	Method
Behaviour Management Techniques	Knowledge of ineffectiveness of punishment to with positive and negative reinforcements	Role Play + Interactive Session
Parenting Styles Theory- Dianne Baumrind	Learning about different and effective parenting styles	Interactive session with lecture
Effective Communication Skills	Involves communication of family expectations and values to the child (United Nations Office on Drugs and Crime, 2009)	Role Play + Interactive Session

Incorporation of behaviour management skills in the intervention involves versing parents about effective reinforcement methods in lieu of punishments, modelling appropriate behaviour as well as to prevent harsh, inconsistent discipline techniques. Research has shown that parents who use punitive disciplinary techniques or disagree with their spouse about parenting techniques tend to have children with control problems (Kandel, 1990). Further,

interventions that incorporate behavioural intervention training to parents have proven to have promising results (Toumbourou et al., 2001; Blueprints Programs – Blueprints for Healthy Youth Development, n.d.). Further, this intervention also involves versing parents with various parenting styles such as Authoritative, Authoritarian, Permissive and Neglectful. This shall deem helpful as research shows that parents who employ authoritative parenting styles have more resilient children. Further, various studies have shown authoritative parenting style to be a protective factor against drug abuse in children (Calafat et al., 2014; Cohen & Rice, 1997; Stephenson et al., 2005). Another effective factor that acts as a protective factor and fosters resiliency is effective communication between parents and children which has been incorporated in the intervention. Further, it has been noted that processes relating to management of feelings, role structures communication and need fulfillment within the family system are related to drug abuse behavior (Gruber & Taylor, 2006, p. 5) and poor communication between family members is one of the contributing factor towards drug abuse (Gruber & Taylor, 2006)

Child Focused Intervention:

This component would focus on children at risk of substance abuse. It would be delivered to children / adolescents in a group of maximum 12 at once. This would take place concurrently alongside the parent training component in order to attain maximum outcomes.

An important aspect of the child focused intervention would be a prior need assessment of the youth at risk for drug abuse. Their concerns and insights would be noted and a joint action plan would be developed to address their concerns. Research has proven that the most effective programs are built conjointly with the youth (United Nations Office on Drugs and Crime, 2020).

Further, this program would involve training on the following components:

Training Component	Implication	Method
Effective Communication Skills & Assertiveness Training	Protection against Peer Pressure	Interactive Session and Role Playing with peers.
Fostering Self-Regulation and Self-Control		Interactive Sessions
Anxiety Management and Relaxation Techniques	Manging physiological arousal	Mindfulness and Yoga practice

Communication skills and assertiveness has been incorporated as it has been associated as a protective factor against drug abuse amongst youth (Schwinn et al., 2016). Further, assertiveness training can not only reduce the risk of drug abuse but can also foster an individual's mental health and quality of life (Schwinn et al., 2016b). Building communication skills and fostering assertiveness also helps in building self-efficacy as well as improves drug-resistance skills (Barkin et al., 2002; Adolescent Relationships and Drug Use, 2000). In addition, fostering self regulation helps in advocation of a healthy lifestyle and acts as a protective factor against drug abuse as found in a meta-analytic study by Robson et al. Poor Self-control has also been related to more vulnerability in youth for drug abuse and hence that has also been incorporated (Allahverdipour et al., 2006). Further, relaxation training techniques have been added as behaviour therapy techniques have proven effective for drug abuse prevention (Azrin et al., 1994); however more importantly help in reducing physiological, anger and anxiety issues related to drug abuse (Williams et al., 2005; (Coping Power, n.d.).

Tier 3 Indicated Level Intervention

This intervention component would focus on the individual who has abused drugs.

One on one counselling sessions would be provided to the client and CBT techniques shall be followed as they have proven efficacy in treatment of drug abuse (McHugh et al., 2010). The client meeting with the counsellor shall be scheduled once every week for about 6 months, depending upon the severity and situation.

The Tier 3 intervention would involve:

Component	Implication
Counselling Sessions: a) Contingency Management b) Relapse Prevention c) Motivational Interviewing	a) Contingency management helps in countering the effects of the drug that the abuser might crave for. b) Relapse prevention focuses on identification of drug cues and avoiding those drug cues for use. c) Motivational interviewing helps challenging the ambivalence towards changing and abusing drugs. (McHugh et al., 2010)
Mindfulness Techniques: a) Focused Attention b) Open Monitoring	A powertool tool for RP, mindfulness has been found to be positively associated with heightened executive control functioning (Priddy et al., 2018, p. 105)

As CBT techniques and mindfulness meditation programmes have proven to be highly effective for drug abuse relapse and intervention, they have been incorporated.

Stakeholder Collaboration and Effectiveness of Intervention Program

Identifying potential stakeholders and resources is an essential step for planning any intervention (). Hence, in this context, the parents, teachers, students have been deemed to be important stakeholders that shall predict the effectiveness of this program. However, it is also important to note that at the level of the school culture and ethos, appropriate policies should be formulated regarding drug use and abuse. The school should however, restrict framing punitive policies as well as should keep systems of support in place. For example keeping a school counsellor and also reaching out to certain NGOs as and when necessary.

Reflection:

This assignment had a personal experience element as my sister had told me the increase in drug use in her school. This really made me think a lot all night and hence working on this intervention was not only insightful, but also challenging. I kept asking myself “is this even possible in the Indian scenario?”. However, upon reflection, I realised how even the smallest of resources available can make big changes, such as by simply incorporating reflection in classroom settings. I also initially felt a bit lost as I started thinking if I am even incorporating everything. It was only later that I realised that incorporation of all possible elements is not possible and that I need to start and work with whatever I feel would be effective in a given scenario. I also reflected a lot regarding how certain school cultures and policies might burden and stress their students so much that their students might start abusing drugs. In such a scenario, it’s a very conflicting situation wherein on one hand the school is aiming for preventive program, but on the other, having backward overall school policies that stress and drain the students. This made me realise that working on school policy

frameworks is as important as working with children who are abusing or at risk for abusing drugs.

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