Teachers’ Training Experience as a Critical Determinant of the Quality of Drug Education among Students

Landysh A. Gizyatova*

*Corresponding author: Landysh A. Gizyatova, klandish@rambler.ru

Abstract

Educational system plays a significant role in drug prevention nowadays. Preventive work requires an interaction of all the links in the anti-drug preventive measures system due to the responsibility and complexity of work with young people. Therefore, the appropriate training of teachers, that will enable them to integrate some components of preventive education programs into the learning process, as well as to use suitable teaching methods is of great importance. The purpose of the paper is to identify key obstacles for teachers in implementation of preventive anti-drug activities among students and to reveal some ways of increasing its effectiveness. According to the results, the key constraints for teachers in delivering drug prevention activities to students are lack of knowledge on the topic; inactive civic standpoint; lack of personal commitment to carry out this type of work; teachers’ belief that drug abuse prevention is a responsibility of specialized trained experts, but not all teaching staff; low level of social recognition of a teacher’s profession in contemporary society.

The article suggests the following possible ways of enhancing the effectiveness of prevention in educational institutions: the development of positive motivation of teachers to implement elements of prevention; qualified pre-service training with the focus on effective prevention techniques; continual education and retraining of both the teachers and the training of staff by means of training courses, workshops; active cooperation of all agencies involved in prevention activities.

1. Introduction

Drug abuse and steady "rejuvenation" of the narcotization process is a critical issue in contemporary society. Age of first drug experience is about 11-14 years in Russia (Yentina, 2001) and 11-15 years in the UK (Fuller, 2005; Miller and Plant, 1996). Numerous studies show that the number of young people experimenting with drugs have significantly increased during the last decades (Parker, Aldridge and Measham, 1998; Balding, 1994). Despite the fact that some authors underline the stabilization of the drug situation (Shiner and Newburn, 1996; Balding, 2000), high rates of youth narcotization
continue to pose a major threat to the future of the nation. Therefore, the organization and implementation of drug prevention activities is a priority task for any government and country. This complex task requires interaction of all the links in preventive measures system. Primary prevention is perceived as the most effective and preferable. School-age is critical in terms of experimenting with illicit substances and development of deviant behaviors that can lead to drug use. Therefore, schools and other educational institutions are seen as one of the main places in which drug prevention and education take place. Surely teachers cannot be solely responsible for drug prevention, but the system of education has incontestable advantages in providing drug education programs. Firstly, young people spend considerable part of their lives in a school setting and teachers have an opportunity to create health-promoting environment and to encourage the youngsters make right choices and have healthy lifestyle. Secondly, teachers are able to constantly assess the results of preventive work and have a chance to increase the effectiveness of drug education by means of close cooperation with parents. In these circumstances the teachers’ training in terms of drug education becomes of paramount importance.

The purpose of the paper is to identify key constraints for teachers to drug education and to define the ways of increasing teachers’ readiness to deliver preventive programs.

2. Research methods

The paper is a theoretical analysis of empirical data obtained through teachers’ surveys conducted throughout Russia and the UK at different times.

The study employs the comprehensive approach that permits the examination of teacher training in terms of drug education as a complex and continuous process depending on a variety of factors.

General scientific methods such as the method of analysis and comparative method were used. The application of comparative method enabled the author to reveal the common and the distinctive in the way Russian and English teachers perceive their role in drug education delivery.

3. Findings

The effectiveness of drug prevention and education and the role a teacher plays in these activities are under constant evaluation. Researchers conclude that the efficiency of any program strongly depends on the quality of teacher training (Sharp, 1994; Tobler and Stratton, 1997; McBride, 2003). According to Tobler (1992), drug education is effective when conducted by classroom teachers as they understand the class particular needs and level of students’ development. Therefore, elements of drug education enter the educational process at an appropriate time and level for students. Besides, teachers can make small changes to the program to adapt it to the needs.

Surveys carried out in two countries revealed a real contradiction between the preconditions- primary prevention to be carried out by teachers on the one hand, and teachers’ readiness to deliver drug education on the second. This contradiction justified the need for detailed study of teachers’ role in drug prevention among students.

Teachers are reluctant to speak on drug related topics to their students and deeply convinced that the problem of drug use prevention among young people is the mission of trained experts. Though teachers
perceive drug education as an integral part of healthy lifestyle, they put themselves only in the fourth place among those who have to carry out prevention among students after specialized agencies’ employees, psychologists, trained experts (Materials of 11th National Conference of the Association of Social Workers, 1998).

Teachers usually lack confident knowledge and experience of drug scene (Powney and Lowden, 2001; Materials of 11th National Conference of the Association of Social Workers, 1998; Chernyshova, 2015), this makes them feel uncomfortable with providing drug education. Despite this, schools are supported by government and local authorities to deal with drug related incidents; teaching staff lack confidence to act on their own and often prefer to draw on external supporters from the police and other agencies. Indeed, external contributors such as doctors and medical staff, police officers, psychologists, social workers, etc. are often attracted to deliver drug education (White, Buckley and Hassa, 2004). External sessions often differ from routine teaching methods in terms of interactivity as children and teenagers get involved in role-playing and discussions. The disadvantage of external provisions is that experts must fit in the curriculum. Besides, some preparatory and follow-up work should be done by classroom teachers. As specialized experts are not qualified teachers, their teaching skills, methods of education delivery and quality of knowledge should also be assessed.

It is important to bear in mind that drug education doesn’t involve only providing information about drugs. Another and more crucial aspect of prevention is helping young people to make informed decisions concerning their health and well-being. In this relation, students would rather respond to such teaching methods that increase their own participation such as role-play or discussion. It means that a teacher providing drug education doesn’t need to be an expert on drugs. The point is that drug prevention concerns decision making skills more than just supply of factual information (Cohen, 2015).

So, to guarantee that school-based providers have sufficient and up to date knowledge, understand effective teaching methods and feel comfortable delivering drug education programs, a certain type of training is required. Sharp (1994) and Williams et.al (1999) underline that training should directly train the teacher engaged in the classroom delivery as the trainer patterns often turn to be ineffective due to key teachers’ lack of certainty, skills and experience in training colleagues. Training represents a stated value when provided by program developers and offered to motivated and determined teachers (Tobler, 1992).

Speaking about motivation another obstacle for teachers should be mentioned namely inactive civic standpoint or lack of personal commitment to carry out drug education activities. There is no strong demand among most teachers for consideration of health oriented education. It’s a concern of minor number of teachers; for the vast majority of those working in schools drug education is of secondary concern (Jourdan, 2011). More than 50% of teaching staff who attended training courses on prevention claimed that they were motivated by external factors such as getting a certificate for increasing the qualification category (Materials of 11th National Conference of the Association of Social Workers, 1998).

Teachers’ personal involvement with drug prevention programs is also important as it is associated with the frequency these programs are integrated into the learning process.
It is obvious that hard preparatory work should be accomplished at the stage of initial training of student teachers. Pre-service training would enrich student teachers’ appreciation of important drug and health related issues, provide them with contextual information about drugs and drug cultures, about harmful effects of drugs on health, introduce approaches and methods proven to be effective, build teachers’ confidence to deliver drug education, increase their personal involvement in the process.

Among other obstacles, teachers mention dissatisfaction in their profession’s social position and recognition (Materials of 11th National Conference of the Association of Social Workers, 1998), lack of curriculum time, lack of financial support (Thurman and Boughelaf, 2015).

To sum it up, the possible ways of enhancing the effectiveness of drug education are: adequate teachers’ training, including quality pre-service training with the focus on the effective prevention techniques, continuous re-education of teaching professionals by means of boost training, workshops, provision of teaching staff with clear guidelines and resources, increasing their motivation and job satisfaction.

4. Conclusions

The analysis of theoretical literature and empirical data on the issue of teachers’ training in the field of drug education and prevention in a school setting revealed the following:

1. Teachers in the framework of educational process have great potential to carefully instill students with the skills of healthy lifestyle. The quality of drug prevention programs is determined by the personal desire and involvement as well as by the level of teachers’ training.

2. The key constraints for teachers in delivering drug prevention activities to students are lack of knowledge on the topic; inactive civic standpoint; lack of personal desire to conduct such work; teachers’ belief that drug abuse prevention is a responsibility of highly specialized experts, but not for teaching staff; growing dissatisfaction of a teacher’s work due to low level of social recognition of this profession in today’s society.

3. It is crucial to carry out preliminary work with the teachers in order to get them interested in a result because lack of motivation and personal commitment to drug education may make teachers to be less successful in prevention. The teachers’ training should take into account their individual psychological characteristics and internal emotional state.

4. Pre-service training in drug education for student teachers has to be an integral part of educational process and should begin with modeling the pedagogically justified learning environment.

5. Recommendations

The findings of the study can be used by pedagogical and social staff to develop the algorithm of activities aimed at increasing the effectiveness of drug prevention educational programs provided by teachers.
References


However, the use of random drug testing on students as a component of drug prevention programs requires additional, more rigorous scientific evaluation. Widespread implementation should await the result of ongoing studies to address the effectiveness of testing and evaluate possible inadvertent harm. If drug testing on students is conducted, it should never be implemented in isolation. A comprehensive assessment and therapeutic management program for the student who tests positive should be in place before any testing is performed. Schools have the Education is critical to social and economic development and has a profound impact on population health. We review evidence for the health benefits associated with education in the context of a socioecological model of health. Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education. Research based on decades of experience in the developing world has identified educational status (especially of the mother) as a major predictor of health outcomes, and economic trends in the industrialized world have intensified the relationship between education and health.