

Suggestions as to How to Develop a Lesson on Drug Abuse: Adderall Case

“No educational endeavor is complete without a set of clearly defined objectives to guide your progress.”

Objectives:

By the time you have finished reading this document, you will have...

- (1) Learned about the “KASB” approach to designing classroom learning activities concerning drug abuse.
- (2) Learned about the importance of using developmentally appropriate techniques when teaching children and adolescents about drug abuse.
- (3) Conceptualized appropriate teaching techniques relevant to drug abuse in the context of the accompanying Power Point presentation.

Before we begin, a brief note: this document is intended to set you, the reader, on the “fast track” to being able to effectively use the information presented in the Indiana Prevention Resource Center’s Power Point presentation. Should you be interested in a more technical and lengthy instructional document, please contact one of the following organizations:

- The Indiana Prevention Resource Center @
 - i. <http://drugs.indiana.edu>
- Substance Abuse and Mental Health Services Administration @
 - i. <http://www.samhsa.gov>

Included on the SAMHSA web site is a list of “SAMHSA Model Programs,” which are evidence-based, best practice drug prevention programs that are designed for use in elementary, middle, and high school settings. These programs have been implemented, evaluated, and replicated in numerous settings with a variety of populations. If you are interested in implementing a more comprehensive drug prevention curriculum in your school, then we suggest the use of these programs, many of which address “harder” drugs like Adderall.

If you represent a public school in Indiana, you are encouraged to contact the Indiana Prevention Resource Center (IPRC) regarding the potential for the provision of training and materials for a SAMHSA Model Program.

Use of ADD/ADHD related stimulants, while relevant for primary and secondary school youths, is most prevalent among individuals between the ages of 18 and 25 (data that is often generalized to read “college age) (The DAWN Report, 2006).

(1)

The so-called “KASB” approach to designing classroom activities is based on four of the primary principles that are used in public health programming. These principles are:

Knowledge
Attitudes
Skills
Behaviors

In other words, *the questions that you should ask yourself when designing an activity are:*

- What information do I want to impart through this activity?
 - i. This is primarily *cognitive*.
- What attitudes do I want to change through this activity?
 - i. This is primarily *affective*.
- What skills should my students have obtained by the end of this activity?
- What behaviors will my students **perform during the activity in order to gain the specified knowledge, attitudes, and skills?**

In a short-term educational context – if you can’t realistically spend 10 hours studying Adderall with your students – it is usually best to choose one or two lessons for each of the four principles to be integrated into an exercise.

Bearing in mind the fact that your messages should be targeted to a specific audience (should be age-specific and relevant), on the following page you will find an example of how you could use the KASB approach to develop an exercise for 6th graders about eating *fruits and vegetables*:

	Lesson One	Lesson Two
Knowledge	This exercise will teach 6th grade students in a moderately sized suburban school ¹ that eating at least 9 servings of fruits and vegetables per day (where a serving is <i>not</i> an entire fruit or an entire vegetable, but rather a <i>cup</i> of a fruit or vegetable) will make them healthier, strengthen their immune systems, etc...	
Attitudes	This exercise will encourage 6th grade students in a moderately sized suburban school to view fruits and vegetables as foods that are <i>appetizing</i> and that <i>taste good</i> .	This exercise will encourage 6th grade students in a moderately sized suburban school to view fruits and vegetables as viable <i>snacks</i> to be chosen instead of soda or candy.
Skills	This exercise will enable 6th grade students in a moderately sized suburban school to select, prepare, and encourage the purchase of fruits and vegetables in their own homes and at school.	
Behaviors	The instructors will engage in an interactive dialogue session with students using both Power Point slides and a lively group-based discussion in order to attempt to impart the specified knowledge and attitudes to students.	The instructors will provide real fruits and vegetables in order to help students identify those that they prefer, and in order to help students determine portion size and methods of preparing those fruits and vegetables that they like.

Please remember that most educational research has found that lecturing is among the most ineffective methods of teaching! Students are much more likely to remember the things that they are *doing*.

(2)

Educational texts for traditional academic subjects such as mathematics and history/social studies are often explicitly designed for specific grade levels.

Not only does one not teach simple multiplication to a 12th grader from an elementary school manual, *one does not teach simple multiplication to a 5th grader from that manual either*. **This is because students moving through the numerical, pre-college grade levels are maturing and changing rapidly.**

In the same way, health-based education *must be targeted to a specific audience*.

In the Journal of School Health (2002), Clark, Brey, and Wantz discuss using a question and answer technique and developing categories for **K-4, 5-8, and 9-12**, or elementary

¹ This could just as easily be a large urban school or a very small rural school. It is included simply to exemplify the fact that it is *always* best to identify the target audience as specifically as possible.

school, junior high school, and high school. While I would not recommend broadening these categories any further, tightening them (making them more narrow, such as K-2, 3-4, 5-6, 7-8, 9-10, 11-12) while substantially more work, has the potential to allow you to address your students more appropriately. The SAMHSA Model Program approach typically splits students into the same three categories, listing the differentiations as elementary, middle, and high school, although there are some programs that attempt to target intermediary audiences (such as “Grade 5 through Grade 10”) (SAMHSA, 2006).

Age and maturity are not the only factors that need to be considered when preparing a drug prevention message. **Gender, for instance, is also quite relevant.** Some studies, such as one by Svensson (2003), have found that females tend to have *less deviant peer groups* and to be *watched more closely in the home* than males. This distinction can make a substantial difference in the impact of educational materials and further establishes that they need to be targeted as precisely as possible.

Culture is also extremely relevant. A study by Gosin, Marsiglia, and Hecht (2003) found that, for pre-adolescents, drug prevention activities are much more effective when they are *culturally targeted* rather than designed with all possible cultures in mind. It is fallacious to assume that a program that works for one culture will be equally effective for other cultures, because many cultures have and maintain different normative beliefs in areas that are relevant to drug use.

In sum, all theory aside, your *educational endeavor will be more successful if you make an effort to know and understand your audience before you plan your educational intervention.*

References:

- Clark, S.E., Brey, R.A., and Wantz, M.S. (2002). A question-and-answer approach to drug education. *Journal of School Health, 72*(8), 346-347.
- Gosin, M., Marsiglia, F.F., and Hecht, M.L. (2003). Keepin’ it R.E.A.L.: A drug resistance curriculum tailored to the strengths and needs of pre-adolescents of the southwest. *Journal of Drug Education, 33*(2), 119-142.
- Svensson, R. (2003). Gender difference in adolescent drug use. *Youth and Society, 34*(3), 300-329.
- The DAWN Report (2006). Emergency room visits involving ADHD stimulant medications. Retrieved on 11/10/06 from:
<https://dawninfo.samhsa.gov/files/TNDR09ADHDmeds.htm>