



SCHOOL BASED PROGRAM FOR EARLY PREVENTION OF DRUG USE

Thesis

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ABSTRACT

This study was carried out among pupils of first and second preparatory grades one private preparatory school for boys and another one for girls and first secondary grade of one secondary nursing school for a sample of 248 pupils to test the feasibility of the implementation of a school based program for prevention of drug use “Unplugged” in Egypt which is implemented effectively in schools of some European countries.

The intervention arm received parts of the Unplugged program while the control arm received no intervention.

Pre and post intervention assessment were done using an assisted questionnaire form to obtain data about own substance use, knowledge and opinion about substances, substance use in the close environment, family and social environment, school environment and climate and problem and skills. In addition, the pupils and conductors’ comments and evaluation of the lessons were obtained through in depth interview with the conductors, pupils’ comment forms and lessons’ monitoring forms.

Analysis of the quantitative study data which was obtained from the questionnaire was based on comparison of the intervention to the control group in each school separately as well as comparison of the pretest to the posttest for the different groups while the qualitative study components obtained from the monitoring and evaluation forms was analyzed using Talley charts which were used to summarize and categorize the responses of pupils supported by quotations of the pupils’ in their own words and a report was prepared from the lesson monitoring form and the conductors’ interview.

The study results showed improvement of the beliefs on consequences of cigarettes use among boys’ intervention group. Benefiting from these abridged lessons was the common theme in the pupils’ comments with a great desire among pupils and conductors to learn more, which provides evidence for the potential success of the program when fully implemented.

Key words: drug use – addiction – dependence – smoking - prevention – awareness – school based program – Unplugged - EUDAP

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APA	American Psychiatric Association
APD	Addiction Personality Disorder
BC	British Columbia
CAMH	Centre for Addiction and Mental Health
CDC	Center for Disease Control
CNS	Central Nervous System
CSAP	Center for Substance Abuse Prevention
D.A.R.E.	Drug abuse Resistance Education
DALYs	Disability-Adjusted Life-Years
DMT	Dimethyltryptamine
DSM	Diagnostic and Statistical Manual
EENET	Enabling Education Network
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EUDAP	European Union Drug Abuse Prevention
FAS	Fetal Alcohol Syndrome
FDS	Fetal Drug Syndrome
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HEDG	Health Econometrics and Data Group
HEDG	Health Econometrics and Data Group
HIV	Human Immunodeficiency Virus
HOC	Health Officers Council
HPANI	Health Promotion Agency for Northern Ireland
HSD	Healthy School and Drugs Program
ICD	International Classification of Disease
IHP	International Health Programs
IOM	Institute of Medicine
LSD	Lysergic Acid Diethylamide

List of Abbreviations

LST	Life Skills Training
MDA	Methylenedioxyamfetamine
MDMA	Methylenedioxymethamfetamine
MOHP	Ministry of Health and Population
NCPC	National Crime Prevention Centre
NDRI	National Development and Research Institute
NHS	National Health Services
NHTSA	National Highway Traffic Safety Administration
NIDA	National Institute of Drug Abuse
OSAP	Office of Substance Abuse Prevention
PCP	Phencyclidine
PHA	Public Health Agency
SUD	Substance Use Disorders
TOT	Training of the Trainers
UK	United Kingdom
UN	United Nations
UNICRI	United Nations Interregional Crime and Justice Research Institute
UNODC	United Nations Office on Drug and Crime
USA	United States of America
USDHHS	United States Department of Health and Human Services
WHO	World Health Organization
YRBS	Youth Risk Behavior Survey

LIST OF DEFINITIONS

DEFINITION	PAGE NO.
Abstinence	20
Abuse (drug, alcohol, chemical, substance, or psychoactive substance)	11
Addiction, drug or alcohol	14
Compulsion	17
Controlled Substances	8
Craving	17
Demand Reduction	21
Dependence Potential	17
Dependence syndrome	16
Depressant	10
Drug	7
Drug Control	21
Drug Policy	21
Dysfunctional Use	24
Habituation	15
Hallucinogen	10
Harmful Use	24
Hazardous Use	24
Illicit Drug	8
Intoxication	19
Licit drug	8
Misuse, drug or alcohol	13
Multiple drug use	14
Neuroadaptation	18
Psychoactive drug or substance	8
Psychoactive substance use disorders	20
Psychotropic	8
Stimulant	9

List of Definitions

Tolerance	17
Tranquillizer	11
Unsanctioned Use	24
Use (alcohol or drug)	11
Volatile Substances	11
Withdrawal syndrome	18

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INTRODUCTION

Illicit drug use is a growing public health problem in Egypt. In 2004 Ministry of Health and Population (MOHP) showed that there is an increase of cannabis abuse which is also accompanied by decreased age of onset of drug abuse from 25 years to 15 years (**MOHP, 2004**).

Drug addiction is commonly described from both the medical and the sociological point of view as a chronic, relapsing disease, characterized by the effects of the prolonged use of the drug itself and by the behavioral disorder due to its compulsive seeking. Once established, addiction "is an uncontrollable compulsion to seek and use drugs" (**Leshner, 1997**).

The Egyptian psychiatrist El-Akabawi, warned that drug abuse affects young people within their productive years and leads to many medical and social problems (**El-Akabawi, 2001**).

In general, people begin taking drugs for a variety of reasons; sensation seeking, as a way to deal with life's problems or with a dysphoric mood (**Centre for Disease control CDC, 1994**). In fact, experimental use is considered typical of adolescents' behavior. Adolescents start using drugs simply for the pleasant feelings or the euphoria that drugs can produce they also feel that it makes them accepted by their peers (**Leshner, 1999**).

However there has been a common understanding that young people initiate substance use due to peer-pressure; which is a social determinant of drug use; it has been purported that the important process would rather be the "peer affiliation". Adolescents would mutually choose each other and form groups on the basis of pre-existing attitudes and susceptibility to specific behaviors (such as risk-taking behaviors and substance use) (**Leshner, 1997**).

The United States (UN) National Institute on Drug Abuse (NIDA) pointed out the fact that adolescence is a critical period for initiation of drug use because the risk

of drug abuse increases greatly during time of transition including physical development (puberty) or social situations, for example, when the adolescence advances from middle to high school, they face new and challenging social and academic situations beside the availability of the drug; furthermore the teens still developing judgments and decision making skills may limit their ability to assess risks accurately and make some decisions about using drugs , which in turn has profound and long lasting consequences. Besides that, many behaviors that are normal aspects of adolescent's developments such as curiosity and the desire to do something new or risky, may increase their tendencies to experiment with drug (**NIDA, 2007**).

Another social determinant is the parent's different behaviors and attitudes; they can be directly related to the drug use of the children in terms of protective and risk factors (**Velleman et al.,2000**), (**Simons-Morton et al.,1999**) and (**Brook et al.,1990**). Besides parents' own substance use, strong and positive bonds within a pro-social family; parental monitoring; clear rules of conduct that are consistently enforced within the family and parents that are involved in the lives of their children are factors that has a protective effect of substance use.

Factors that are associated with "risk" include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially for children with difficult temperaments or conduct disorders (**American Legacy Foundation, 2002**).

Biological predisposition has also been forwarded as explanation for drug and alcohol abuse (**Leshner, 1997**). A genetic trait would make some individuals more prone to abuse than others. Individual vulnerability, due to neurological or psychological susceptibility, may in its turn speed up the progression from occasional drug use to addiction.

Our concern in this study is the primary prevention of drug use among adolescents in the school settings. Primary prevention in this context means prevention of initiation and hindering the progression from the experimental use to addiction. This early prevention will not only spares individual the harmful health and

social effects of drug use and the difficult struggle of treatment and relapse, but also spares the society the tremendous burden related to disease and premature death, lost capacity for productive work, crime and cost of treatment (**Hanson, 2002**).

According to NIDA 2007 early prevention is better as preventing early use of drugs may reduce the person's risk of progressing to later abuse and addiction. This early prevention will enhance the perception of drug abuse as harmful and provide some social skills early in life (before the beliefs and expectations about substance use have been established) and will reduce the risk of drug abuse throughout life (**NIDA, 2007**).

Therefore primary prevention that targets adolescents in the school setting is one of the most appropriate strategies to tackle substance use, as it targets age groups and in vulnerable period, as well as schools offer systematic and efficient way of reaching enough number of adolescents to test the acceptability and the efficiency of drug abuse prevention programs and enforce a broad spectrum of educational policies (**United Nations Interregional Crime and Justice Research Institute UNICRI, 2003**).

There are three major types of school based intervention (**Faggiano et al., 2008**):

- The knowledge programs aim to enhance students' knowledge on the biological and psychological aspects of substance use in order to accomplish a more negative attitude towards substance use.
- The cognitive-affective programs argue that psychological factors place students in vulnerable positions and therefore aim to improve students' self-confidence and self-awareness (**Malmberg et al., 2010**).
- The third program is the social influence model, of which "Life skills" is an example, recognizes drug-use as a primarily social behavior (**Stothard B and Ashton M, 2000**).

Gottfredson claims that both knowledge programs and cognitive-affective programs (information and values clarification, affective education and alternatives to