United States General Accounting Office

GAO

Report to the Chairman, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, House of Representatives

January 1992

DRUG EDUCATION

Rural Programs Have Many Components and Most Rely Heavily on Federal Funds

GAO/HRD-92-34

GAO

United States
General Accounting Office
Washington, D.C. 20548

145763

Human Resources Division

B-246981

January 31, 1992

The Honorable William H. Natcher
Chairman, Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies
Committee on Appropriations
House of Representatives

Dear Mr. Chairman:

This letter responds to your request for information about the use of Drug-Free Schools and Communities Act Program grants by rural school districts. You were concerned about the ability of rural districts to implement meaningful drug education and prevention programs with the relatively small grants they receive from the program compared to grants for larger school districts. Specifically, you asked that we provide information on

- the extent of the drug problem among students in rural America;
- the types of programs that rural districts provide; and
- the extent to which these programs are funded by Drug-Free Schools funds and district officials' opinions about their future funding needs.

To respond to your request, we used a telephone survey to obtain information from a representative sample of the nation's 8,913 rural school districts.[1] We defined rural districts as those that do not serve a metropolitan statistical area. The statistics we cite based on the survey are estimates of responses we would have received had we surveyed all rural school districts. To supplement our survey, we visited 20 judgmentally selected rural districts in 10 states. Data-gathering efforts were focused on active programs in school year 1990-91. We collected data on what was being done and who was being served. We did not try to assess whether the programs were effective.[2] (See app. I for a more detailed discussion of our scope and methodology.)

[1]We spoke to district superintendents or the person they identified as most knowledgeable about the program.

[2]In our report Drug Education: School Based Programs Seen as Useful but Impact Unknown (GAO/HRD-91-27, Nov. 28, 1990), we reported that little is known about the kinds of drug education and prevention programs that change student behavior. GAO has work underway to describe promising approaches in comprehensive youth drug-abuse prevention programs and identify the important features of such efforts.

Results in Brief

Student drug use is a problem in rural areas. Students in rural America use alcohol and other dangerous drugs at rates similar to students in urban and suburban areas, according to information from the National Institute on Drug Abuse. Institute survey data show, for example, that the percentage of rural students reporting recent use of alcohol or other dangerous drugs was comparable to the percentage of urban and suburban students. Officials in the districts we visited confirmed these findings.

Most rural school districts are implementing multifaceted programs to combat the student drug problem. We estimate that 99 percent of all rural districts have at least three types of drug education components for students. Many also provide training for teachers and programs to educate and involve parents and others in the community. But most districts see a need to increase their efforts, especially student intervention services[3] and programs to educate and involve parents or others in the community.

Drug-Free Schools grants are the primary source of drug education and prevention funding in over half of all rural school districts. Overall, 86 percent of rural districts received Drug-Free Schools funds for school year 1990-91, and about 66 percent of these paid for over half of their drug education programs with these funds. Nearly all districts use funds from other sources to help meet their drug education and prevention needs.

Background

The Drug-Free Schools and Communities Act provides federal financial assistance for establishing programs for drug abuse education and prevention.[4] Since 1986, the Department of Education has distributed $1.1 billion to states, about 80 percent of the total appropriated under the act. The remaining 20 percent was used for grants to the trust territories, grants for teacher training, and various national programs authorized by the act and carried out by the Department of Education. Funds distributed to states have increased each year, from about $160 million in fiscal year 1987 to about $460 million in fiscal year 1990. States receive funds according to their share of the nation's school-age children and the number of those living in poverty.

[3]Intervention services may include individual counseling, student support groups, and peer helper components designed to intervene in and prevent student drug problems.

[4]The act defines drug abuse education and prevention to include information related to the abuse of alcohol and the use and abuse of controlled, illegal, addictive, or harmful substances. Department of Education guidelines indicate that this definition includes tobacco.

The act requires each state to allocate its Drug-Free Schools funds among state and local programs. Each state must allot, from its base allocation, 30 percent to the governor for discretionary grant programs and 70 percent to the state education agency. In turn, the state education agency must allocate at least 90 percent of its funds to the school districts on the basis of each district's share of enrolled children. School districts must apply to the state education agency for these funds.

The act states that funds should be used to supplement on-going or state-required drug education and prevention activities. Funds can be used for such things as (1) developing, acquiring, and implementing school drug abuse curricula, textbooks, and materials; (2) school-based programs on drug abuse prevention and early intervention, such as individual counseling (other than treatment); (3) family drug-abuse-prevention programs, including education for parents; (4) drug-abuse-prevention counseling programs for students, parents, and immediate family; and (5) inservice and preservice programs for teachers, counselors, and others in the community.

Our study focuses primarily on the funds allocated by state education agencies to rural school districts. About 9,000 of the nation's 15,000 school districts are rural; that is, they do not serve a metropolitan statistical area. These districts educate about 25 percent of all students. Because school districts get Drug-Free Schools funds based primarily on the number of students they enroll, most rural districts receive relatively small grants.

Student Drug Use Is a Problem in Rural School Districts

The National Institute on Drug Abuse annually surveys high school seniors about the use of 20 drugs. In its 1990 survey, the percentage of rural seniors reporting use of these drugs was similar to nonrural seniors. The three most prevalent drugs in rural areas—alcohol, cigarettes, and marijuana—were also the most prevalent drugs in urban and suburban areas. The percentage of rural students using these drugs in the 30-day period before being surveyed was 54.4 percent for alcohol, 30.4 percent for cigarettes, and 12.6 percent for marijuana—rates similar to those of urban and suburban seniors.[5]

Alcohol use is a great concern to officials in all but 1 of the 20 districts we visited, but they believe parents do not share this concern. Although alcohol is the drug of choice among students, district officials said parents

[5]Drug use estimates from this study are accurate within approximately plus or minus 1 percentage point at the 95-percent confidence level.

are generally concerned about students' use of drugs such as cocaine but not about students' use of alcohol. To illustrate the problem, one school official told us that parents support events such as "key parties," during which parents will supply students with alcohol if the students give their car keys to the sponsoring parents. An official in another district told us that parents are often apathetic when the school informs them that their son or daughter was caught using alcohol. The official told us that he often hears parents make such comments as "at least it's not crack." Appendix II provides more detail on drug use in rural areas.

Most Rural School Districts Use Multiple Approaches but Many See a Need to Expand Programs

To address the drug problem in rural areas, most school districts have developed multifaceted drug education and prevention programs. These programs include several components for students, as well as components for teachers and others. The programs have been expanded over time. The following paragraph briefly describes programs in the 1990-91 school year; appendix III provides a more detailed description.

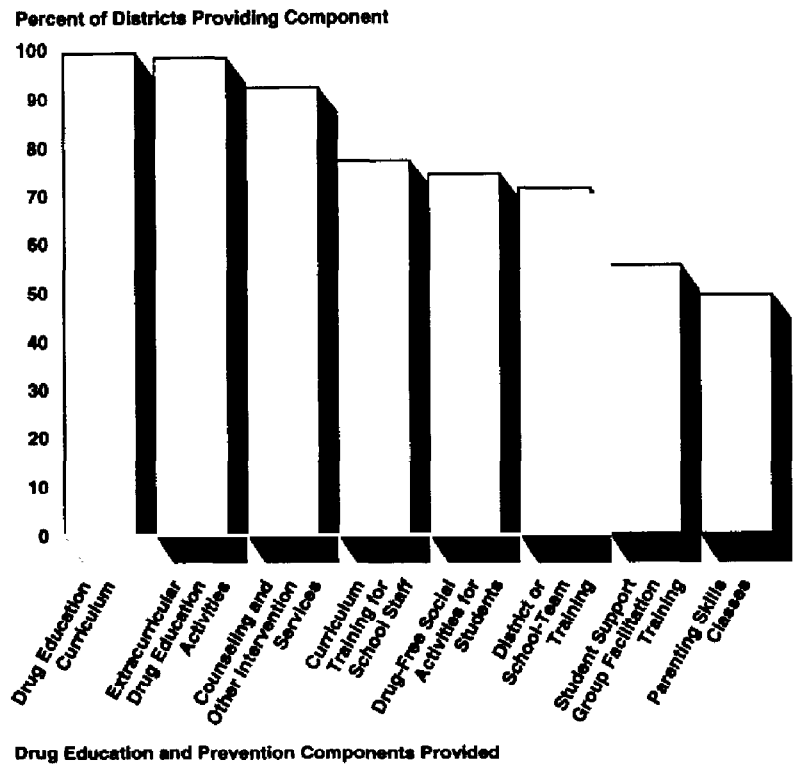
Student components of these programs included classroom-based instruction in 99 percent of all rural school districts. This instruction was usually provided through the regular curriculum, such as instruction in health classes, and often it was provided through a special drug education "packaged" curriculum.[6] Other student components included: extracurricular activities, such as student clubs; drug-free social activities, such as graduation parties; and intervention activities, such as student support groups.

In addition to student components, 9 of every 10 rural districts included components for teachers, parents, and others in the community. The most prevalent component was training for teachers to use special drug education curriculum packages. Other components included classes on parenting skills and training teachers or others to facilitate support groups.

Overall, an estimated 96 percent of rural school districts provided at least three components for students (although not all students participated in all components) and one component for teachers, parents, or others in the community. Although districts use the components in different combinations, our survey found almost every component was used in at least half of the districts, as illustrated in figure 1.

[6]Many such curriculum packages are available to school districts from commercial or other sources. Some examples are described in appendix II of our report Drug Education: School-Based Programs Seen as Useful but Impact Unknown (GAO/HRD-91-27, Nov. 28, 1990).

Figure 1: Drug Education Program Components Rural Districts Provide



A rural school district we visited illustrates how the different components are combined to make up a drug education program. With one or more components directed to students in all grades, the district uses a classroom-based instructional component called "Here's Looking at You, 2000" in grades K-9 and 11 and the "Quest-Skills for Adolescence" curriculum in the sixth grade. District high school students also listen to drug education guest speakers, act as peer helpers, and attend drug-free social events after the senior prom, graduation, and sporting events. Also, the district provides individual and support group drug prevention and intervention counseling to middle and high school students. Teachers and other school personnel also meet monthly to discuss students that teachers identify as possibly having a drug abuse problem. The group meets to discuss how these students can be helped. Teachers in this district are also trained to use the "Here's Looking at You, 2000" curriculum.

Rural school districts developed and expanded their drug education programs over time as funds became available. Our survey data showed that of the estimated 86 percent of rural districts that received Drug-Free Schools

funds for school year 1990-91, about one-fourth provided no formal drug education program before receiving federal funds. The remaining districts indicated they had existing programs before receiving Drug-Free funds. In addition, before school year 1987-88, the programs in several of the districts we visited were limited to one drug education component. For example, one rural district we visited provided drug education only to high school students in their science class. The district has since expanded its program to include (1) a special "packaged" curriculum, which targets grades kindergarten through third and six through nine, and (2) several extracurricular activities for students in the middle and high schools.

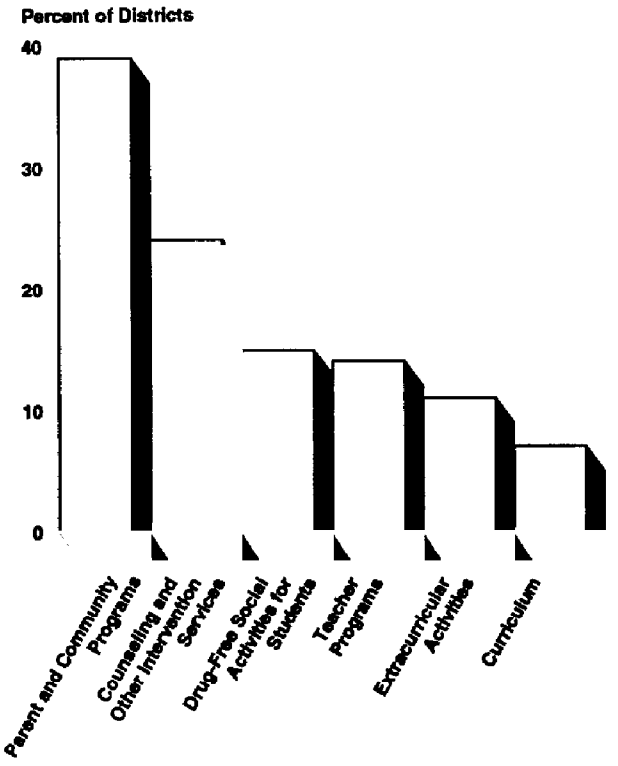
While rural school districts have developed and expanded their programs so that program components are available for students, teachers, and parents and others in the community, most districts still see a need to increase their drug education efforts to some degree. Most district officials told us that their areas of greatest need were student intervention services or programs to educate and involve parents and others in the community. Many districts had ongoing programs in these areas, but, as discussed below, most officials believe more needs to be done.

Student Intervention and Parent Programs Seen As Most in Need of Expansion

Almost all rural districts see a need to expand their programs to some degree, and about half said they need to greatly increase their efforts in one or more components;[7] but needs varied. For example, an estimated 7 percent of rural districts see a need to greatly increase their efforts in the classroom-based instruction component; 39 percent need to greatly expand their programs for parents (see fig. 2). Many districts see a need to greatly expand more than one component.

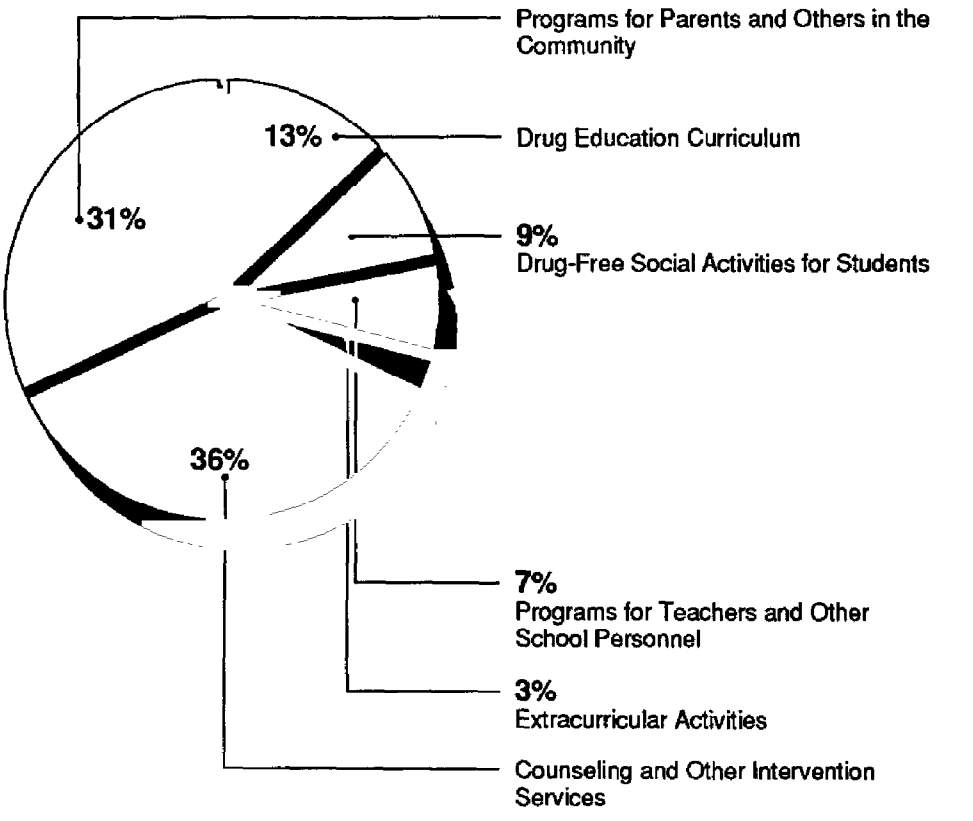
[7]Forty-nine percent, plus or minus 10 percent, at the 95-percent confidence level.

Figure 2: Percent of Rural Districts Citing a Need to Greatly Increase Efforts in Drug Education Components



Sixty-seven percent of all districts see student intervention programs or parent programs as the component most in need of expansion (see fig. 3). Many rural districts have these components in place, but most believe more needs to be done. For example, about 87 percent of districts that offer parenting skills classes, which include drug education, see a need to increase their efforts in these programs. Likewise, about 73 percent of districts that offer intervention services see a need to increase them.

Figure 3: Drug Education Need Cited as Greatest By Rural Districts



Need to Expand Programs May Not Indicate Need for Increased Funding

Although nearly all rural districts said that they need to expand their programs, about half told us they have sufficient funds to support their needs. This indicates that insufficient funding is not the factor preventing program expansion in many districts.

Officials in several school districts we visited said that even when funds are spent on parent programs, getting parents to participate is very difficult and this limited the district's ability to expand these programs. For example, one district used a large portion of its 1990-91 grant to train school personnel to conduct parent programs. However, officials said program attendance was disappointing, and the parents of children thought to be at high risk for drug use did not attend. Some district officials speculated that the low participation may be due to parental apathy toward the program and denial of the drug problem by the community.

Our visits indicated that some school districts may be able to expand their programs without significantly increased funds by using volunteers or other existing resources. For example, districts might expand classroom-based instruction as part of the school's regular curriculum, rather than purchasing a special "packaged" curriculum, which may be more expensive than using the regular curriculum. Likewise, districts could expand intervention services by using trained teachers who volunteer to facilitate support groups, instead of hiring professionals from outside agencies. In addition, districts may use volunteers to administer their programs instead of hiring a program coordinator. Such approaches were evident in some of the districts we visited. We did not assess whether such differences in approach affect program quality or effectiveness.

Drug-Free Schools Funds Are a Key Factor in Rural Prevention Efforts

The Drug-Free Schools program is a key source of drug education funds in many rural school districts. Program funds pay for at least half of the drug education program in over half of all rural districts. While some districts rely solely on program funds, nearly all districts receive additional funding from other sources. These sources include other state or federal grants, private organizations or groups, school district revenue, and other public funds. About half of the school districts said that their current funding, from all sources, was sufficient for their drug education needs. About 14 percent said they need greatly increased funding.

Drug-Free Schools Program Funds

An estimated 86 percent of rural school districts received federal Drug-Free Schools funds for school year 1990-91. Drug-Free Schools grants for the districts we sampled varied from $350 to $127,000, with a median value of $5,200. These funds paid for between 2 and 100 percent of the total drug education programs implemented in each rural district.[8] One district we visited paid for about 10 percent of its drug education program with federal Drug-Free Schools funds and used state and district funds for the remainder of its program; in a another school district, federal Drug-Free Schools funds paid for 95 percent of the program.

Overall, federal Drug-Free Schools funds paid for a larger share of the programs in larger districts. Drug-Free Schools funds paid a median of 50

[8]In discussing the draft of this report, Department officials pointed out that districts funding 100 percent of their programs from Drug-Free Schools funds could be violating the "supplement not supplant" provision of the act if the state requires drug education and prevention or if the district was conducting such activities with state or local funds before receiving Drug-Free Schools funds. We did not assess compliance with this provision.

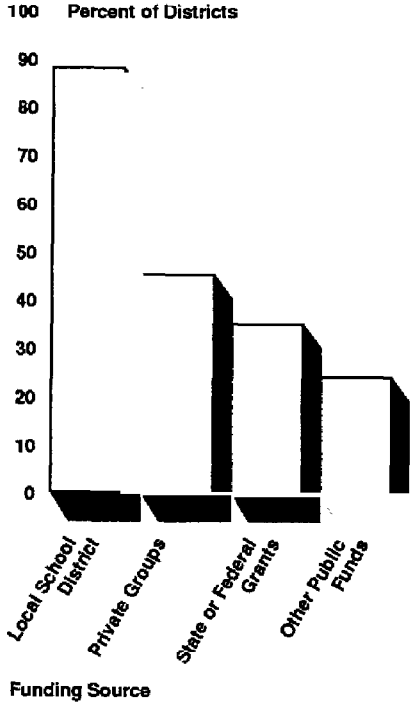
percent of drug education programs in small rural school districts and a median of 75 percent in large districts.

Approximately 1,200 of the 8,913 rural school districts did not receive a federal Drug-Free Schools grant for school year 1990-91, according to our survey responses. Most of these were districts with fewer than 1,000 students. Reasons cited by district officials for not receiving grant funds included: (1) the district did not have a drug problem, or (2) the district did not know where or how to apply for funds.

Other Funding Sources

Nearly all rural districts' drug education programs used funds from state or other federal grants, private organizations or groups, or other public funds to pay for drug education and prevention programs, according to our survey data. Also, 88 percent of rural school districts used district funds to pay for drug education. During our visits, we found that drug education programs were provided to the school districts and/or funded by a variety of public and private organizations and groups. For example, districts received assistance from the Lions Club, local foundations, the American Heart Association, a local 4H club, the YMCA, and local police departments. (See fig. 4.)

Figure 4 : Other Funding Sources for Drug Education Programs



We discussed a draft of this report with officials from the Department of Education, and in general they agreed with its contents. We incorporated clarifying language several places at their suggestion.

We are sending copies of the report to the Secretary of Education and other interested parties. Please call me on (202) 275-8848 if you or your staff have any questions. The major contributors to this report are listed in appendix IV.

Sincerely yours,

Linda G. Morra
Director, Education and
Employment Issues

Contents

Scope and Methodology

We were asked by the Chairman of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, House Committee on Appropriations, to gather information on the extent of the drug problem in rural areas and the drug education programs being implemented in those areas. To do this, we (1) reviewed existing surveys and studies of the nature of the drug problem, (2) interviewed officials from a stratified random sample of rural school districts over the telephone, and (3) visited 20 rural school districts in 10 states.

To determine the extent of the drug problem in rural school districts, we reviewed the National Institute on Drug Abuse high school senior survey results for 1990 and Department of Health and Human Services reports on alcohol use by youth released in June 1991. The Institute survey asked high school seniors about their recent and lifetime drug use as well as their attitudes and ideas about it. The Department of Health and Human Services reports were based on its survey of students in grades 7-12 that measured student use of alcohol, attitudes towards it, and knowledge about the different kinds of alcoholic beverages. During our school district visits, we obtained district officials' opinions on the nature and extent of the drug problem among students in their districts.

To determine the kinds of programs that rural districts provide and the extent to which they are funded by Drug-Free Schools funds, we conducted a nationwide survey of a stratified sample of 211 of the 8,913 rural school districts throughout the country. We defined rural school districts as those that did not serve a metropolitan statistical area. School districts were sampled at random from each of two population strata based on district enrollment.

One sample of 109 districts was chosen from the 5,740 small rural districts (fewer than 1,000 students); another sample of 102 districts was chosen from the 3,173 large rural districts (1,000 or more students).

We completed telephone interviews with officials from 97 of the small, and 98 of the large districts sampled, for an overall response rate of 92 percent. Because this sample is representative, the statistics we cite based on this survey are estimates of the extent or incidence of that characteristic in the population of all rural school districts, nationwide. Sampling errors for estimates from this survey were calculated at the 95-percent confidence level. Unless specifically noted, the confidence interval of any estimated percentage cited in this document is plus or minus 7 percentage points.

We did not determine whether programs being used were effective in changing the behavior of students and preventing student drug use. As indicated in a previous report, little is known about the effectiveness of the various drug education programs in preventing or reducing drug and alcohol abuse.[1] The purpose of this study was to obtain information on the approaches being used in rural school districts and district officials' views about the areas in which they need to increase their efforts. Data gathered through the telephone interviews included: (1) the student enrollment and amount of Drug-Free Schools funding; (2) the nature of drug education components for students, teachers, other district staff, parents, and others in the community; and (3) the percentage of the total cost of drug education programs paid for by the Drug-Free Schools program.

To supplement the information gathered in the telephone survey, we visited 20 rural school districts: two districts each in California, Maine, Mississippi, Nevada, New Mexico, Ohio, Oregon, and South Dakota; three districts in Indiana; and one in Michigan. In the 10 states, we selected rural districts to provide a cross section in terms of district size and location. (See table I.1.)

[1]Drug Education: School-Based Programs Seen as Useful but Impact Unknown (GAO/HRD-91-27, Nov. 28, 1990).

Table I.1: Student Enrollment in Districts GAO Visited (School Year 1990-91)

School district	Student enrollment
Armour School District, SD	247
Gold Beach School District #3, OR	480
Laytonville Unified School District, CA	605
Edgerton Local School District, OH	708
Monmouth School District, ME	718
Frontier School Corporation, IN	768
Bandon School District #54, OR	851
Union Public School District, MS	886
Arcata Elementary School District, CA	947
Mineral County School District, NV	1,098
Montpelier Exempted Village School District, OH	1,235
Windham School District, ME	2,215
Lincoln County School District, MS	2,623
Metropolitan SD of Steuben County, IN	2,655
Brookings School District, SD	2,821
Bloomfield School District, NM	3,499
Adrian Public Schools, MI	5,043
Espanola School District, NM	5,239
Huntington School District, IN	6,312
Carson City School District, NV	6,349

We conducted our review in accordance with generally accepted government auditing standards. We performed our work between October 1990 and September 1991.

Nature of Student Drug Problem in Rural School Districts

Student drug use is a problem in rural areas. According to the annual high school senior survey sponsored by the National Institute on Drug Abuse, rural high school seniors used each of the 20 types of drugs addressed by the survey, and used 18 of them in the 30 days before the survey. The most prevalent drugs used by rural seniors included alcohol, cigarettes, marijuana, stimulants, and inhalants. Alcohol, the drug of choice among students in all areas, was used by one out of two rural seniors in the 30 days before the Institute survey. (See table II.1.)

Table II.1: Percent of 1990 High School Seniors Reporting Drug Use 30 Days Before Survey

Type of drug	Rural	Suburban	Urban
Alcohol	54.4	57.4	59.2
Cigarettes	30.4	29.6	27.9
Marijuana	12.6	14.6	14.1
Stimulants	4.4	3.9	2.5
Inhalants	3.1	2.5	2.9
Cocaine	1.3	1.9	2.4
Other cocaine	1.3	1.7	2.2
Hallucinogens	1.7	2.4	2.3
LSD	1.3	2.0	2.0
Other opiates	1.5	1.5	1.3
Sedatives	1.5	1.5	1.2
Barbiturates	1.5	1.4	1.1
Tranquilizers	1.2	1.2	1.1
Steroids	1.5	0.9	0.7
Ice	0.9	0.6	0.3
Crack	0.6	0.8	0.8
Amyl/butyl nitrites	0.4	0.8	0.4
PCP	0.0	0.5	0.3
Methaqualone	0.0	0.4	0.1
Heroin	0.1	0.2	0.2

Source: Drug Use Among American High School Seniors, College Students, and Young Adults, 1975-1990. Volume I: High School Seniors. Department of Health and Human Services Publication No. (ADM) 91-1813

Contributing Factors District Officials Cited

Officials in districts we visited cited several factors that they said contribute to the drug problem among rural students. These included a district's proximity to a suburban or urban area; the lack of social activities; and conflicting messages from school, parents, and the community.

Officials in some districts we visited told us that the types of drugs that students use may depend on the district's location relative to urban areas. They said that the closer a district is to such an area, the greater the variety and availability of drugs to their students. For example, an official in a rural district said that the close proximity to a major city was a factor that contributed to the student drug problem in his district, particularly the availability of crack cocaine.

Another contributing factor cited was the lack of social activities for students in rural areas. Several district officials said social activities for students were limited, and they believed rural students used drugs because they have nothing else to do. Officials in many districts visited told us that virtually all student drug use occurs after school hours or on weekends. They noted, for example, that student suspensions or expulsions from school as a result of drug use during school hours have been few.

In addition to the lack of social activities available to students, district officials told us that they are concerned with the conflicting messages students receive from parents and the community. Their concern was that while the school district is trying to teach students not to use alcohol or other drugs, parents and the community are sending a different message, which undermines the effectiveness of the school districts' drug education programs. For example, parents in one school district we visited hold an annual meeting early in the school year to raise money for "project graduation," a drug-free party at the end of the year for graduating seniors. Community members attending this fund-raising meeting are served champagne while they plan the drug-free graduation party for their seniors. While district officials thought this sent a mixed message, they said the parents did not.

Drug Education and Prevention Programs in Rural School Districts

Rural school districts are implementing drug education and prevention programs that include components for students, teachers, parents, and others in the community. The student components include classroom-based instruction, extracurricular activities, drug-free social activities, and intervention services. Program components for others include parenting classes and several types of training for teachers, school staff, and others in the community.

Classroom-Based Instruction

Nearly all rural school districts use classroom-based instruction as one component of their drug education program. At most of the districts we visited, this was the first component set in place to inform students about alcohol and other drugs. This was done using one of two kinds of curriculum. In some districts, applicable topics are handled through such regular classroom subject areas as health or science. In other districts, a specific "packaged" curriculum is purchased by the district and taught to students during a class set aside for that purpose.

Whether implemented during a regular classroom curriculum, such as health, or through a special packaged curriculum, such as "Children Are People," classroom-based drug education generally covers such topics as the effects of alcohol and drug use as well as life skills (for example, decisionmaking, self-esteem, and problem-solving).

Classroom-based instruction is provided to students in all grade levels in some rural districts, but most provide it only to students in certain grade levels. For example, of the 3,725 rural districts with grades kindergarten through 12, about 23 percent provided special drug education curriculum to all grades. The grade levels covered may be influenced by such factors as the grades targeted by the curriculum package chosen or the grades the district specifically wants to cover.

The Department of Education's "Learning to Live Drug Free: A Curriculum Model for Prevention" is one of the resources used in some rural school districts. The Department sent the model, free of charge, to public and private schools in July 1990. During school year 1990-91, about 37 percent of rural school districts used at least part of the curriculum model. At the 20 districts we visited, 2 used the curriculum model during school year 1990-91 and 3 others said that they may use it in the future. Several of the districts that did not use the model said that they did not have enough time to review it before the school year began.

Several others said that they had already implemented classroom-based instruction, which met their needs before the model arrived.

Student Intervention Services

Intervention services available in rural school districts include individual counseling, student support groups, and peer-helper components. Many rural districts provide a combination of these services as part of a formal student assistance program.

During school year 1990-91, 91 percent of rural districts provided drug abuse counseling to individual students. For example, in one rural district we visited, the school counselor responsible for providing academic counseling to students was also responsible for providing drug counseling, while another district used a specialized counselor specifically trained to counsel students on drug abuse.

About half of the rural school districts had student support groups. These groups are facilitated by professionals from local drug and alcohol agencies or trained volunteers (such as teachers or other school personnel) and provide students with opportunities to confidentially discuss drug-related problems with peers who share similar problems. These groups typically meet weekly during a class period.

Another intervention component, found in 39 percent of rural districts, is peer helpers. Peer helpers are students who receive training in such areas as communication, leadership, and problem-solving. Training may be provided by a number of sources. For example, in one district, professionals from the local university trained the school district's peer helpers. In another district, the peer helpers were trained by the school counselor. Once trained, peer helpers act as role models and talk to other students about the reasons that they choose not to use alcohol and other drugs. This component provides students with opportunities to discuss drug-related problems with their peers on a less formal basis during the school day.

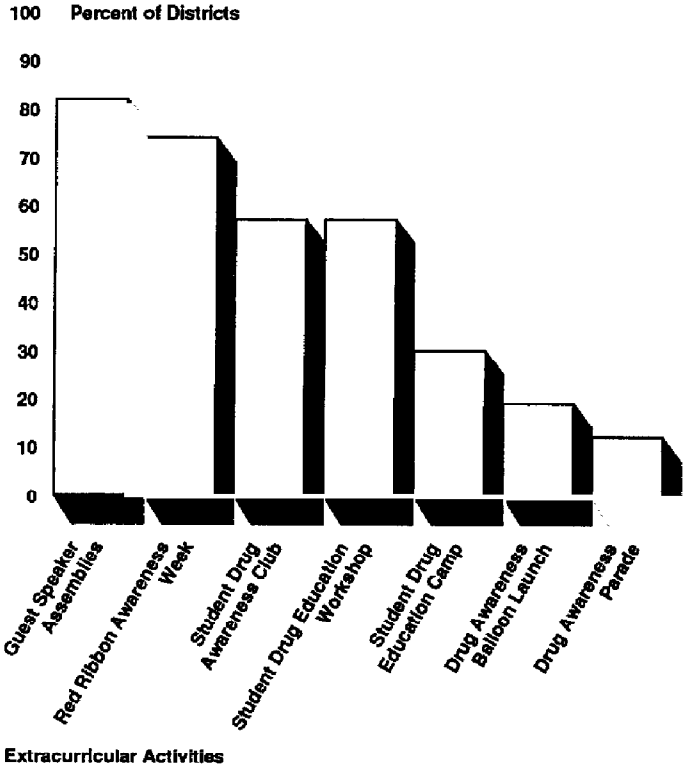
About half of the rural districts provide intervention services as part of a formal student assistance program. The student assistance program is an organized approach for intervening in and preventing student drug problems. Student assistance activities include early identification of student problems, in-school services (for example, support groups and individual counseling), referral to outside agencies, and follow-up services.

Drug Education and Prevention Activities

Rural school districts implemented two types of drug education and prevention activities during school year 1990-91: extracurricular drug awareness activities and drug-free social activities. Drug awareness activities employ a drug-free message or theme and are used to increase awareness about the effects of drugs. Drug-free social events provide students with alternative activities to using drugs.

Rural school districts sponsored a variety of extracurricular drug awareness activities during school year 1990-91. The most popular among districts were assemblies featuring guest speakers and a "red ribbon drug awareness week" (see fig III.1). Guest speakers in the 20 districts we visited included such persons as doctors, police officers, and former drug addicts. More than half of the rural districts surveyed said the guest speakers who visited their districts discussed their own drug abuse problems. Red ribbon drug awareness week is one week during the school year that is dedicated to emphasizing the drug-free message through a variety of activities and special events. For example, one district hired guest speakers, organized a group of peer listeners, and displayed drug education posters throughout the schools during red ribbon week.

Figure III.1: Extracurricular Drug Awareness Activities in Rural School Districts



Also during school year 1990-91, many rural school districts sponsored drug-free social activities. For example, one district sponsored prom night activities that included an after-prom dinner party to provide students with alternatives to drinking and using drugs for entertainment. Over half of rural districts sponsored drug-free prom night activities, and about 34 percent sponsored similar activities the evening of graduation.

Programs for Teachers, Parents, and Others in the Community

About 90 percent of the rural districts provide at least two program components for teachers, parents, or others in the community. These components may include training in the following areas: teaching a special packaged curriculum, facilitating student support groups, and planning and implementing school-based or district-wide drug education programs. The components may also include parenting classes that include drug awareness training.

Districts that use a special packaged curriculum often provide training to the teachers responsible for teaching it. For some packages the curriculum publisher considers training optional for teachers using the package but often it is required.

Districts sponsoring student support groups may use teachers or school personnel to facilitate them. Many districts provide special training to those who volunteer to facilitate groups. This training generally covers such topics as how to identify problem students, promote self-esteem among students, and facilitate communication among support groups.

Many districts also train teachers and others in how to plan and implement drug education programs. This training can be provided to people at two levels with two goals. First, school-team training is often provided to teachers and other school personnel. School-team training covers such matters as assessing the nature and extent of the school's substance abuse problem, determining the types of curricula and other programs that would best address the students' needs, and providing leadership in implementing the programs. Second, similar training is provided to administrators at the district level. Their goal is to implement programs throughout the district.

Parenting classes presented by school districts are programs that help teach parents how to understand their children. Parenting classes may include drug awareness education. For example, one district we visited trained elementary and middle school teachers and counselors to run a parenting program called active parenting. The teachers and counselors

used video tapes and group interaction exercises to help parents instill courage and develop responsibility in their children.

Major Contributors to This Report

Human Resources Division, Washington, D.C.	Ruth Ann Heck, Assistant Director, (202) 401-8623 Clarita Mrena, Technical Advisor
Detroit Regional Office	C. Robert Coughenour, Evaluator-in-Charge Kelly M. Haggard, Site Senior Suzanne S. McGillen, Evaluator Jacqueline M. Nell, Evaluator William Sievert, Technical Assistance Group Manager Sharon Fucinari, Technical Advisor

Related GAO Products

Drug Education: School-Based Programs Seen as Useful but Impact Unknown (GAO/HRD-91-27, Nov. 28, 1990).

Drug Abuse Prevention: Federal Efforts to Identify Exemplary Programs Need Stronger Design (GAO/PEMD-91-15, Aug. 22, 1991).

Rural Drug Abuse: Prevalence, Relation to Crime, and Programs (GAO/PEMD-90-24, Sept. 14, 1990).

Ordering Information

The first copy of each GAO report is free. Additional copies are $2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

U.S. General Accounting Office
P.O. Box 6015
Gaithersburg, MD 20877

Orders may also be placed by calling (202) 275-6241.

United States
General Accounting Office
Washington, D.C. 20548

Official Business
Penalty for Private Use $300

First-Class Mail
Postage & Fees Paid
GAO
Permit No. G100