



Life Education Activity Programme - An Early Start to Drug Prevention

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Abstract

Life Education Activity Programme (LEAP) advocates the inclusion of drug education as an essential part of the school curriculum to equip students with the knowledge and the skills to enable them to make responsible life choices, and to say “no” to drugs. Drug education is most effective if developed as a proactive approach to preparing all students to deal with issues they may encounter in their lives. Effective drug education requires a balance of content and process. LEAP adopts a student-centred approach in all its programmes, reflected through the use of role-plays, discussions, group work and simulation activities.

Life Education Activity Programme

Life Education Activity Programme (LEAP) is a charity that provides internationally recognised drug prevention education programmes to students aged between 5 and 15, including students in special needs schools. The aim is to help prevent substance abuse, particularly drugs, including alcohol and tobacco.

Life Education

Life Education was originated in Australia in 1979 by Reverend Ted Noffs, whose belief was that everyone was unique, and could be whatever they wanted to be. He also believed that drug prevention should start with children. Life Education was officially launched in Hong Kong in 1994. In addition to Australia and Hong Kong, the health-based prevention programmes are also available in New Zealand, the United Kingdom, Thailand, Indonesia, South Africa, Hungary, Finland, and Macao.

Drug Education

LEAP advocates the inclusion of drug education as an essential part of the school curriculum. Students may come into contact with a range of different drugs in their everyday life. They need to be equipped to make decisions about the drugs they may encounter, including cigarettes, alcohol, medicines, and illicit drugs such as cannabis, ecstasy and ketamine. Effective drug education requires a balance of content and process, and is most effective if developed as a proactive approach to preparing all students to deal with issues they may encounter in their lives. LEAP adopts a student-centred approach in all its programmes, reflected through the use of role-plays, discussions, group work and simulation activities.

Age and culturally appropriate, sequential and interactive programmes

Following analysis of what appears to work in drug education, Dusenbury and Falco (1995) have developed a checklist of key components of effective drug abuse prevention curricula. These are:

1. The need for research-based / theory-driven programmes: effective curricula are based on current understanding of the theory and research in drug abuse prevention.
2. The need for developmentally appropriate information: research has indicated that children and adolescents have a preference for current and up-to-date information as opposed to that concerning the distant future.
3. The need for social resistance training: successful programmes are those which empower young people to acknowledge and resist peer pressure while maintaining their friendships.
4. The need for normative education: this entails teaching individuals the accurate prevalence data and that not “everyone” uses drugs.
5. Broader-based skills training and comprehensive health education: it is acknowledged that drug prevention strategies are more effective if placed within a broader-based health curriculum.
6. Interactive teaching techniques: these result in more active participation of students and development of problem-solving and communication skills.
7. Teacher training and support: programmes produce more positive outcomes if the educators are adequately trained and, if required, are able to receive support during the implementation phase.



8. Adequate coverage and sufficient follow-up: there is a need for adequate programme coverage as well as programme reinforcers at regular intervals to prevent message loss.
9. Cultural sensitivity: programmes need to be sensitive to the broad range of differing values, opinions and experiences of their audience.
10. Additional components: programmes are likely to be more effective if supported by the family, the wider community and the media.

LEAP's programmes are informed by this analysis. Our programmes are research-based, and are age and culturally appropriate. They are sequential, interactive and innovative, and carry up-to-date information for students aged between 5 and 15 studying in primary, secondary and special needs schools. The programmes impart health and drug knowledge, and help develop students' social skills. They are delivered by professionally trained Life Educators and come with follow-up workbooks for the students and the teachers.

LEAP's programmes reach some 80,000 students annually. In addition to programmes for the students, we work closely with schools in organising parent sessions and teacher workshops to enhance mutual understanding of the programmes and to work together for the benefits of the students. Through activities organised by the Harold's Club, through supporting government's efforts, and joint activities with organisations and the media, LEAP also helps promote health messages in the community.

The Primary Programme

LEAP's Primary Programmes are delivered in uniquely designed, colourful mobile classrooms — also known as Life Education Centres — to provide a magical learning environment for children. The classrooms are equipped with teaching aids using state-of-the-art technology, including a transparent anatomical model, body system modules, a star ceiling, and a talking brain, as well as LEAP's mascots, Harold the Giraffe and Holly the Horse, who talk and sing to the children to reinforce the health messages delivered in the programmes. Currently, LEAP operates five mobile classrooms and one static centre, which services schools that cannot accommodate the mobile classrooms.

The content of the Primary Programme falls into four broad components – body knowledge, drug information, nutrition and skills development. It gives students a sound grounding in the physiological

effects and the health problems associated with drugs. The development of skills helps students learn how to deal with life issues such as friendship, peer pressure and how to say “no” without losing friends or face.

The methodology adopted in the Programme is non-judgmental, child-centred and interactive, encompassing open discussions and role-plays, and a great deal of positive reinforcements, without the use of scary tactics.

Students participate in the sequential programmes once a year, building on the knowledge and skills they have learned. The session is supplemented by a student workbook, supported by a teacher’s manual, to enable follow-up activities undertaken by the children either in the school with their teachers or at home with their parents. The follow-up workbooks further strengthen the knowledge and skills learned in the LEAP sessions.

Harold’s Club

The Harold’s Club was established as an additional follow-up activity and to provide a channel of communication between students and LEAP. In addition to regular newsletters with health-based themes, the Club organises training and recreational activities for members and their parents. The activities follow a holistic approach, and aim at helping students develop a healthy body and a healthy mind, at the same time providing team building and leadership training. Parent-child activities are also organised to strengthen family relationships and to reinforce the importance of family involvement in drug prevention.

The Special Needs Programme

In 2000, LEAP launched the Special Needs Programme for students studying in special needs schools. There are 10 separate programmes to suit students’ ability and deal with issues such as self-care, nutrition, drug knowledge, body knowledge, the effects of alcohol and tobacco on the body, emotions and refusal skills. Like the Primary Programme, the Special Needs Programme is delivered in a custom-designed mobile classroom, which is equipped with a hoist to facilitate wheelchair access. The Programme aims at helping develop the students’ confidence to help them face life’s daily challenges.



The Secondary Programme

As children enter secondary schools, they face a different learning environment, new social pressures and the awkwardness of adolescence. Knowledge or values clarification alone will not affect students' tobacco / drug use or behaviour. Students must be sufficiently confident, persuasive and skilled to both possess and use the necessary strategies to avoid unwanted offers or requests in their lives.

Thus, in 1999, LEAP started its first programme for secondary schools – Clearing the Smoke: The Quest for Truth about Cigarettes. This was followed by two additional programmes – Party Smart and Risky Business – which were launched in 2003. The programmes follow LEAP's methodology of creativity and interaction, and by means of open discussions, role-plays, animations and trigger videos, challenge the students to assess harms and to prepare for consequences.

Clearing the Smoke: The Quest for Truth about Cigarettes

The Programme looks into the content of cigarettes and the physical consequences of smoking. The effects smoking has on sports performance and appearance are discussed, as these issues are usually very important to teenagers. Other issues that the Programme looks into include the tobacco companies' marketing strategies, the factors affecting a smoking decision, the consequences of different choices, the importance of communication and refusal skills. The students are also reminded of the effects of passive smoking, the rights of non-smokers and the laws regarding smoking in public places.

Party Smart and Risky Business

These two programmes focus on alcohol, marijuana and party drugs such as ecstasy and ketamine. However, the programmes were designed to be flexible, and can be adjusted to suit schools' needs. The two programmes help students assess potential harms in situations related to drug use, and consider factors affecting risks. To impart drug knowledge, the programmes take students through the general drug groups, and look into the properties and the effects of the drugs. Accurate and updated information on prevalence is an essential element in the programmes, as are the physical, social, legal and financial consequences of drug use. Communication is also an essential element and we take students through the needs of mutual understanding between parents and teenagers and their respective concerns. We emphasise the importance of thinking ahead and planning for

safety. To deal with peer pressure, we discuss with students the reasons for people's use and non-use of drugs, and emphasise that drug use is not the norm. Through role-plays and discussions, we help develop and provide the opportunity to practise students' problem-solving, decision-making, communication and refusal skills. Last but not least, we help students assess when help is needed and where to seek help, and also to discuss some of the barriers to help seeking.

As in the Primary Programme, there are follow-up resources provided to the students and the teachers. The aims of the follow-up activities are to enable continuous learning and to stimulate the students to watch out and be prepared for the pitfalls they might encounter.

An Early Start to Drug Prevention

It is our belief that education of our young children is the only way to arm them with the knowledge and skills to help them make the right decisions when, inevitably, they are faced with the offer of tobacco, alcohol, drugs or other psychoactive substances. We teach our children skills like swimming and riding a bicycle. Yet we seem to have difficulty in teaching them the most basic, fundamental aspect of their lives – how to maintain their health by using strategies to resist pressure to drink and smoke and, later, to take drugs.

Life Education is just that: education about life in the most practical sense. LEAP uses a skill-based approach in its prevention programmes. This strategy has achieved the most success in school-based drug education. In broad terms, a skill-based approach recognises that offers to experiment with drugs occur in a social setting. In such settings, children who lack the confidence or wherewithal to decline the initial offer of drugs may inadvertently go on to use drugs regularly.

In addition to giving students a sound grounding in the physiological effects and the health problems of drug taking, a skill-based strategy teaches children to analyse, anticipate and experience the social settings in which the offers to take drugs will occur. This is done in the classroom using role-plays in simulated social settings. Such experiences will help to prevent impulsively or unthinkingly accepting the offer of drugs. After all, prevention is better than cure.

Reference

Linda Dusenbury & Mathea Falco. (1995). Eleven Components of Effective Drug Abuse Prevention Curricula. *Journal of School Health*. December. Vol.65. No. 10