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Teaching Early Prevention of Substance Abuse

Maria G. Camacho

California State University of Monterey Bay

Introduction

There has been an increase in youth substance abuse in the US. Research shows that substance abuse leads to consequences such as lower education, lower opportunities to succeed, and overdoses (Freeman et al., 2018). Use of alcohol, marijuana and prescription drugs can also lead to use of heavier drugs like heroin, cocaine, and methenamine that have higher addiction rates (Freeman et al., 2018). One solution is to create early prevention programs that target children before they are heavily exposed to alcohol and drugs. For my capstone project, I presented a workshop to parents in South Monterey County on how they can communicate with their school-age children about alcohol and drugs and prevent them from using or abusing substances in the future. The workshop was designed for parents who work in agriculture and have low socioeconomic status. It was conducted through the non-profit organization, Sun Street Centers, in Gonzales, California.

Needs Statement

The focal group of current prevention programs is adolescents whose age range is 13 to 18 years. Programs that are designed to prevent the onset use of drugs and alcohol might have a low outcome because by age 13 most of those adolescents have already been introduced to drugs/alcohol either by family members or peers, so it can be too late to change their perceptions of harmful effects that drugs can have (Freeman et al., 2018). The lowest age group studied was 9 to 11-year-old students in 5th and 6th grade, which are children in middle school (Williams, et al., 2001). In South Monterey County most drug use begins in middle school therefore it could be too late for prevention programs that are offered in high schools.

Alcohol, prescription medicines, and marijuana are drugs that open the doors to the use of harder drugs like cocaine, heroin, and ecstasy (NIDA, 2109). Parents being aware and informed of what drugs are being used and their effects can lead them to take preventative measures to be used for their children. It is important for parents to know what the drugs look like, how they are being used, and the signs of being under the influence. One of the most important things to know is how it effects a child's development, physically and mentally.

Early prevention in school age children would consist of parents and other caregivers communicating with children beginning at age 6 about drugs and alcohol with appropriate language and in a manner that the child would comprehend the information. For example, parents can explain to their children the difference between a candy and pain pills. This teaches the children that there are certain pills that can be harmful to them even thought they might look like candy. At age 10, as children are closer to transitioning into middle school, parents can have further direct conversation with their child preparing them with information on drugs or alcohol that might be offered to them in middle school. According to the exploratory trial (Segrott, et al., 2016), involvement of parents increases the effectiveness of prevention of drugs and having a social development model can promote pro-social family communication. By informing parents and providing tools to communicate with their children at an early age prior to being exposed to drugs early prevention can have a greater effect on reducing the use of alcohol and drugs amongst youth.

The type of communication between parent and child can depend on the parenting style being used. Authoritative parenting style has resulted in having a better communication with children. Research done by Montgomery Fisk, and Craig (2008) looked at adolescents who were divided into two groups, those who had used drugs and non-users, in order to rate their parents.

What was found is the users group rated most of their parents' style as neglectful and non-users with a significant number rated their parents' style as authoritative, resulting in lower consumption of drugs. Parents who are involved in their children's life leads to higher parent-child communication. Parents talking about alcohol use gives children knowledge on alcohol resulting in them making healthier choices, regarding alcohol use.

Parents having knowledge of drugs, understanding appropriate time to introduce certain drug topics to their children, and knowing what open communication is and how to carry it out can provide a preventative measure of substance abuse. Having the tools necessary to talk to their children, to be able to inform them of what is healthy for them and what can have negative consequences, with they choices they make regarding to drugs.

Theory and Development

Vygotsky's theory in cognitive development showed that social learning comes before development. Cognitive development comes from social interactions that are learned with help or guidance within the zone of proximal development (Vygotsky, 1978). Parent providing verbal instructions for the child is an example of collaborative dialogue. Children learn from actions or instructions provided by a tutor, where they first observe then they try to make sense of it for themselves with guidance.

The project focused on children age 6 to 12 and the importance of early communication that can help prevent the use of drugs and those attending the session will be adults. The importance of understanding a child's development is because in order to communicate with a child it is important to understand how they learn. With the help and guidance of parents, their child can be well informed about the dangers of drugs. Parents' involvement in their child's life,

including communication with them from an early age can make a difference in a child's future choices. The importance of focusing on school age children rather than adolescent when talking about drugs is because after some research about communication and drugs it all seemed to focus on adolescents. But when parents talk to their child at the adolescent age most of them have already been exposed to drugs, which defeats the point of prevention (Freeman, Wilson, Mackie, 2018). In addition, the participation of parents in a child's life can also have a great impact of for some studies the lack of participation of parents seemed to affect the child's decision to using drugs (Montgomery et al., 2008).

Consideration of Diversity

The importance of communication at an early age is a general topic that affects all groups regardless of race, but for this project the target group were those parents who resources were not available to them in their language, Spanish in South Monterey County. The total population in Monterey County is 415,057 out of that 230,003 (55.4%) are Hispanic/Latino (U.S. Census Bureau, 2010). The furthest south cities, which resources can lack reaching Chular to San Ardo which the Hispanic/Latino population is 64,836 (U.S. Census Bureau, 2010). Most of the parents work in the fields and tend to work until late in the evening therefore the presentation started at 7 p.m. It was important to consider the culture of Spanish speakers when preparing the presentation and using examples that they could relate to. It was also be important to be sensitive to this group when introducing the topic of communication and explaining the difference between telling children what to do and having a communication that involves both the child and parent taking turns listening and talking. In the Hispanic culture it can be considered unrespectful to allow child to answer back or the child asking why (Marsiglia et al., 2014). The importance of

being aware of different social groups, cultures, language, and time in order to carry out this project successfully.

Learning Outcomes

I provided a presentation to parents at Sun Street Center's office in Gonzales.

- 1. Participants will have the knowledge of different communicating styles regarding drugs and alcohol with children.
- 2. Participants will be able to explain the negative effects of drugs and alcohol to children.
- 3. Participants will know key stages in a children's development to communicate about drugs and alcohol.

Method

Participants

The presentation on November 19, 2019 took place in Gonzales, California, at Sun Street Center's office. Sun Street Centers is a non-profit organization dedicated to building healthy and safe communities. The prevention center provides a variety of services to community members and their families, in order to build awareness and promote action in resolving community health problems relating to drug and alcohol abuse. I presented to 7 participants, five mothers and two fathers with an age range of 29 to 62. Out of the 7 participants 3 had education level of below elementary and 4 went to high school. The family size of the participants ranged from a small family of two to a large family of 8. All participants had at least one child between the age of 11-15. All participants identified as Latino/ Hispanic and were Spanish speakers.

Procedures and Materials

Participants form part of a previous parent training where their child was or is a participant in Sun Street Center's program Road to Success, designed for first time offenders between ages 14 to 17. It was a one-day workshop at the Sun Street Center office in Gonzales and it took place on November 19 of 2019 and started at 7 p.m.

First the room was prepared with materials needed and presentation set-up, along with a light dinner for the parents. A sign-in sheet (see Appendix A) was by the entrance for parents to sign as they came in. Next a pre-test (see Appendix B) was handed out to parents to be filled out prior to starting the presentation. Once all pre-tests were collected, I proceeded to presenting the power point, "Prevención Temprana" (see Appendix C) to parents. Throughout the presentation I interacted with the parents. I asked questions and answered their question as well. We also did some role play, where I pretended to be a 6-year-old girl and the parent explained to me that gummy vitamins were not candy and why I could only have 2 per day. Parents had to use appropriate language that would be used for a 6-year-old using communication tools that were provided in the presentation. There were also visual aids provided to help parents have a better understanding of the information that was being presented.

At the end of the presentation a short video was shown to parents to conclude the presentation: https://youtu.be/Ebm_-bkDQ7c. A post-test test was handed out to all parents. The post-test had the same questions as the pre-test. All post-tests were collected, and participants were thanked for their time and participation in the workshop.

The materials used were a laptop, projector, sign-in sheet, survey, pre and post test, power point presentation, and visual aids. The power point presentation consisted of, first part was on gateway drugs information, drugs given to children, then communication, and last why it is important to talk about drugs to children at an early age. Visual aids were presented through

the presentation which included: Tylenol and Dimetapp medication for children, gummy vitamins, vape pens, vape pen battery and charger, marijuana cartridges, smoking pipes, lighter, medicine capsules, and dabber tool. All materials were in Spanish and well as the presentation was carried out in Spanish.

Results

The first learning outcome was for parent to be able to identify various drugs, like marijuana and what are their negative effects. I believe this outcome was fully met. From the test that participants took, question 1 and 2 assessed their knowledge that was gained from the first part of the presentation about gateway drugs. All participants answered both questions fully and correctly. Question 1 asked what were some drugs that adolescents used, in the pre-test there was only 12 answers, on the post-test there were 16 answers. Question 2 asked what the negative effects of those drugs? On the pre-test there was only 8 answers, on the post-test it doubled to 16 answers. This means that participants were able to fill in all 3 blank lines on both questions.

Learning outcome 2 was partially met, parents had to identify appropriate timeline to introduce topics on drugs and alcohol to school age children. Question 3 was, at what age can you start talking to children about drugs? Question 4 was, at what age do children start using drugs? Question 3 and 4 on the test most parents answered "young" instead of giving an age number. The word young could have many meanings, for some young could be 10 years old for others it could mean 5 years old. The questions might not have been clear enough for parents to understand what was being asked. Or I might not have given enough examples or information on the power point.

For leaning outcome 3 it was fully met, parents were able to list components of communication. They understood the different parts that involve having a communication with their child, like verbal and non-verbal communication. Question 5, what are the components/parts of having a healthy communication? In the pre-test had only 5 answers whereas the post-test had 19 answers. Question 6, give examples of where is a good place to have a conversation with your child? in the pre-test there were 12 answers and in the post-test 13. It seems parent were more aware or informed on the importance of where to have a conversation with their child even prior to my presentation.

Discussion

I believe overall my project was successful because parent wanted more information and wanted to know when another workshop would be offered. When interacting with the parents they were surprise about the visuals that were presented to them and some had no idea what a vape pen was or what it looked like. This confirmed that many parents are not aware that their children are being exposed to drugs and might even be using them already. They understood that if they begin talking to their children from the age of 6 that they can help them and guide them to understand that drugs are unhealthy and prevent their child from abusing substances.

Regarding diversity all my participants identified as Hispanic/ Latino. They were all Spanish speaking. I believe I reached my target group, which was those who didn't have resources available to them. Barriers like resources not being provided in Spanish, participants not having transportation to the facility, or because the resources were not available at an appropriate time that they could attend.

Some limitations when conducting my project were limited time, the need of assistance and participants' limitations. After presenting the presentation I realized there was not enough time to give as many examples or do as many role play activities as I had hoped. With some participants not being able to read or write it took more time away from the presentation because I had to help them fill out their papers. If I would have had an assistant, it would have saved some time. (See Table 1 for result)

For my project's future direction, I would like to expand the workshop into multiple ones instead of just one. There is too much information that needs to be provided and one hour does not give enough time. Some topics that I would like to expand on would be the importance of talking about emotions, behaviors at home, and to be able to provide information with resources available to parents. I would also have this workshop open to the community, not only to parents who already have children in the Road to Success.

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Table 1

Assessment Results from the pre and post test

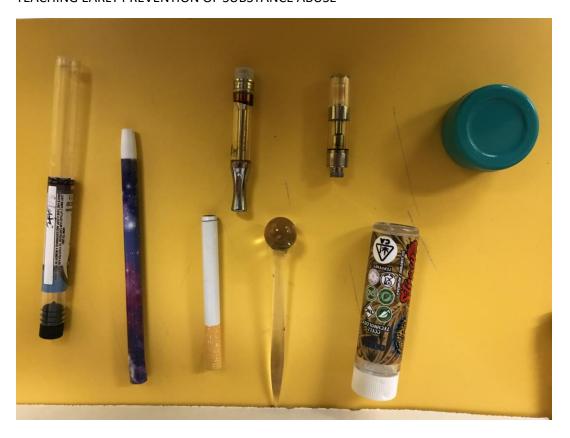
| QUESTION #1 | PRE-TEST | POST-TEST |
|-------------|----------------|-----------|
| #1 | 12 | 16 |
| #2 | 8 | 16 |
| #3 | "no se", | "chicos" |
| | "grandes: | |
| | "adolecentes" | |
| #4 | "no usan" | "chicos" |
| | "adolescentes" | |
| | 10 yrs old | |
| #5 | 5 | 19 |
| #6 | 12 | 13 |

Figure 1 Visual aids









| TEACH | ING EARLY PREVENTION OF SUBSTA | NCE ABUSE | |
|---------|------------------------------------|------------------|--------------------------------------|
| Appen | dix A | | |
| Survey | y | | |
| | | Encuesta | |
| Instruc | cciones: Por Favor escribe o circu | ıle la respuesta | apropiada. |
| 1. | Es usted: | | |
| | 1 Hombre 2 Mujer | | |
| 2. | ¿Qué edad tiene? (and | os) | |
| 3. | Cual es el nivel mas alto de ed | lucacion que h | a completado? |
| | 1. Menos de secundaria | | 4. Diploma de Bachillerato |
| | 2. Secundaria | | 5. Diploma de Maestría |
| | 3. Diploma de Asociado/ 2 a | anos de colegio | 6. Diploma de Doctorado |
| 1. | ¿Cuál es su estado civil actual | ? Es usted: | |
| | 1. Soltero | | 4. Divorciado |
| | 2. Casado | | 5. Viudo |
| | 3. Separado | | 6. Otro |
| 2. | Cual de los siguiente lo/a desc | ribe mejor? | |
| | 1. Latino o Hispano | 4. | . Indio Americano o Nativo Americano |
| | 2. Afroamericano | 5. Blanco | o no Latino |
| | 3. Asiático | 6. Otro | |
| 3. | ¿Incluyendo a usted, cuantas | personas viver | n actualmente en su hogar? |
| | | | |
| 4. | ¿De estos miembros del hogar | , cuantos está | n entre las edades de 11 a 15 años? |

Appendix B

| Pre-Test & Post-Test | (used same questions) |
|----------------------|-----------------------|
|----------------------|-----------------------|

Pre- Encrusts/ Post-Encuesta

| | FIE- Eliciusts/ Fost-Elicuesta |
|----|--|
| 1. | ¿Cuáles son algunas Drogas que usan los adolescentes? |
| | a. |
| | b. |
| | c. |
| 2. | ¿Cuáles son los efectos negativos de esas drogas? |
| | a. |
| | b. |
| | c. |
| 3. | ¿A qué edad se les puede empezar a hablar a los niños sobre drogas? |
| | a. |
| 4. | ¿A qué edad empiezan los niños a usar drogas? |
| | a. |
| 5. | Cuales son los componentes/ partes de tener una comunicación saludable? |
| | a. |
| | b. |
| | c. |
| | d. |
| | e. |
| 6. | Dar ejemplo/s de donde es un buen lugar para tener una conversación (comunicación) |
| | con su hijo/a? |
| | a. |
| | b. |
| | c. |
| | |

Appendix C

PowerPoint on early prevention

Prevención Temprana

Drogas y Efectos

DROGAS:

CAMBIOS:

- Marihuana
- Emociones
- Alcohol
- Estado mental
- Medicamentos recetados
- **❖** Tabaco
- Hábitos

MARIHUANA

- ≻Hojas, tallos, flores de planta de cáñamo
- ➤ Cannabis sativa
- **≻**THC
- ➤ Mas común
- ≻Inhalación
- **≻**Oral







1960s comparado 2019 = 200- 400x's

TIPOS:

Relaja (noche)

Sativa

Estimulante (Día

Hibrido

50/ 50, Sativa/ Indica (mezclada)

EFECTOS,

Marihuana sobre active partes de cerebro (receptors) = HIGH

- Ausencia de Interés
- Estado Animo
- Ansiedad/ Pánico
- + Accidentes
- Memoria
- +Riesgo ciertos canceres
- ❖Sistema Inmune
- ❖- capacidad sexual
- Destrucción de fibras del
- pulmón
- Lesiones al cerebro (permanentes)
- Problemas respiratorios











MEDICAMENTOS RECETADOS

Analgésicos (dolor)

- **❖**Vicodin
- Norco
- Percocet
- Oxycontin

Calmantes/ Depresores

- >Ansiedad, ataques pánico, dormir
- **≻**Valium
- **≻**Xanax
- **≻**Ambien
- >Lunesta

Estimulantes

- Hiperactividad, narcolepsia, depression
- Adderall
- Ritalin
- Dexedrine
- Benzedrine

EFECTOS

- ≻Fuera de si
- Adicción
- Respiración
- ➤ Cerebro lento
- Alucinaciones
- Ansiedad
- ➤ Latidos Corazon
- ➤ convulsiones

TABACO

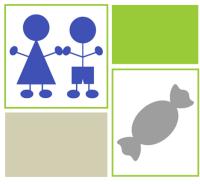
- ♦+ 60 = causar cancer
- ❖ Nicotina= adictivo
- Estimulante

EFECTOS

- >+ Riegos canceres
- >+ Adicción
- **≻**Bronquitis
- >Ataques al Corazon
- ▶ Dientes

























- **❖**Toz
- Fiebre
- ❖ Dolor
- Diarrea
- Congestion

***VITAMINAS**

EFECTOS

- > Hiperactividad
- ►Insomnio (- dormir)
- > Irritabilidad
- ➤ Sobredosis
- ➤ Complicaciones





















COMUNICACION

COMUNICACIÓN = CONFIANZA

- Desarrollar:
- Mostrar interés
- Propios pensamientos & sentimientos
- Escuchen
- Esperen su turno
- NO reaccionen rápidamente

CONSISTENTES

- Hablar cada día
- Desacuerdo
- 1 la vez
- ❖ Hagan ???s
- Pausa
- ❖ Terminar platica
- No siempre será facil

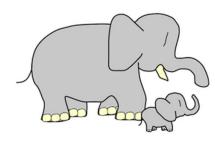
Evitar Malentendidos v Verbal v NO Verbal vEspecifico vParafrasee

- vMismo mensaje
- vHacer Preguntas

- □65S% 80 % = No Verbal

Razones Entender nuevas: Pensamientos Sentimientos





Empezar a Edad Temprana

vAlcohol

vDrogas

vTomar Buenas Decisiones

vConsecuencias

vValorar

vPensar por si mismo vEstar informado

vInfluencias



GANGAS







ADICCION



SOBREDOSIS



JUVENIL



EN LA CALLE



- *Leciones del pulmon (vapear) = 2,000+; 40 muertes
- *2/3 jovenes (18 34 anos)
- ❖Seaside: 700+ Xanax w/ Fentanyl
- 4.7 millones studiantes secundaria
 = producto de tabaco (2018)







5,400 lb= cannabis, 5lb= cannabis concentrada, 114 lb aceite de miel, lapizeros vaporizadores, marijuana conjelada, Butane Honey oil lab.



PORQUE ES IMPORTANTE

Razones Comunes:

- vAumento de Accesibilidad
- vTendencias:
- vPresión de compañeros
- vPopularidad
- vCuriosidad/ Aburrimiento
- vMecanismo de Supervivencia
- vEmociones



https://youtu.be/Ebm_-bkDQ7c