

While I haven't conducted a rigorous, statistical review of the contents of *The Daily Republic*, it seems, nevertheless, that there has been a stunning upswing recently in the number of stories therein on drugs, specifically opioids, meth, and prescription drugs. That this is consistent with the opioid, etc. epidemics reported to be sweeping the country gives that impression greater credence.

What brought it home even more was the recent attendance of a couple of Mitchell School District employees at a community task force meeting discussing this scourge within our community and region. At that meeting—as predictable as weddings in June—the inevitable, accusatory finger was pointed at the educational community in this seemingly fact-seeking question: Just what are the schools doing to address this problem? By which is meant: If you people just taught kids not to use drugs, we wouldn't have this problem.

And that assertion is wrong for two reasons. First, we do include instruction in tobacco, alcohol, and drug resistance in our curricula. Second, teaching kids not to use drugs is typically not very effective. At times, it can even be counter-productive.

To explain that latter point, I need to step back and quickly review some seminal educational research by Dr. Benjamin Bloom. In 1956, Bloom described his now famous 'Taxonomy of Learning Domains' in which he divided learning into three taxonomies or categories: Cognitive, Affective, and Psychomotor. Cognitive learning includes what we tend to think of as things to learn in school, reading, adding/subtracting, diagramming sentences, logic, etc. Schools are generally pretty good at teaching cognitive skills. We've done it a long time and we know what we are doing. Likewise, with psychomotor which involves training students' physical bodies to master certain skills such as skipping, galloping, writing (the physical component anyway), shooting baskets, catching footballs, dancing, etc. We are good at teaching these skills, we've been doing it a long time, and we know what we are doing.

Then comes the affective domain, learning how to feel about something. Yes, I can see your eyebrows arching over that sentence but, interestingly, there are lots of affective things we teach that are well-accepted. We teach students to be patriotic through the daily recitation of the flag pledge. We teach them not to bully others through our guidance curricula. In civics and American government class we teach them to support our republican form of government and to love the freedoms that come in a democracy. But a difficult truth remains. While we have been teaching affective learning for a very long time—read Plato and Aristotle—we aren't very good at it. In many ways, we don't know what we are doing.

We are ineffective at the affective.

Direct instruction aimed at helping students to avoid tobacco, alcohol, and drugs is a centuries-old failure and, to make matters worse, the time we spend on it subtracts necessarily from the time we could spend on cognitive and psychomotor learning. Need an example: DARE.

Drug Abuse Resistance Education was a much lauded, well-supported program offered typically at 5<sup>th</sup> grade in elementary schools across the country, including at Mitchell. The Mitchell Department of Public Safety provided a skilled, engaging, and friendly police officer to teach students in the classroom how to resist the all too often successful siren song of drugs. The program was well-funded, provided strong community and school support, and given sufficient instructional time to make the impact it desired. Research on its long-term effects were predictable, given what we know about cognitive and affective learning. Cognitively, students who received DARE instruction knew many more facts and concepts about drug abuse. They were significantly more knowledgeable. Affectively, these same students went on to abuse drugs at the same rates as students who received no such instruction. (Some researchers even argued they abused drugs at slightly higher rates but those numbers are disputed and certainly not statistically significant in any case.)

In other words, DARE was a dry hole. Direct instruction to students not to use drugs is basically a non-starter.

So then, what can schools do to address this issue that might prove to be effective or at least more effective than either teaching in a way we already know doesn't work or doing nothing?

As usual with me, that's a bit of a long story so I'll save that for my next column two weeks from today. See you in a fortnight.