

# Drug abuse prevention in school: challenges and possibilities for the role of the educator

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## Abstract

The use of drugs is a major societal concern, and schools are considered a privileged space for the development of prevention and health promotion. However, the role of education as well as the promotion of preventive actions by teachers is unclear. This paper presents the results of action research conducted in two public schools in the city of São Paulo. We investigated the factors that might hinder the development of preventive actions at school as well as possible and pertinent actions according to the participants' point of view. Several research tools were used, such as focus groups, training meetings and questionnaires. Teachers working in high schools were the subjects of the study. The assessment of their statements allowed the identification of factors that hinder the prevention of drug use in school and elements that can support training processes for these professionals. In addition, the study revealed that some of their positions and prior knowledge were consistent with the most promising predictive models, such as offering alternatives, health education, changes in the school environment and life skills training. A consideration of the knowledge and social representations of teachers as well as of the factors that hinder the implementation of educational activities may facilitate the development of drug use prevention projects and programs for schools.

## Keywords

Prevention – Drugs – Health education – Primary education – Teacher education.

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# **Prevenção ao consumo abusivo de drogas na escola: desafios e possibilidades para a atuação do educador**

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## **Resumo**

*O consumo de drogas é apontado como uma das principais preocupações da sociedade e a escola tem sido considerada um espaço privilegiado para o desenvolvimento da prevenção e a promoção da saúde. No entanto, pairam dúvidas e incertezas sobre o papel que a educação escolar pode assumir nesse tema e sobre as possibilidades das ações preventivas que professores devem empreender. Nesse sentido, este artigo apresenta resultados de uma pesquisa-ação realizada em duas escolas públicas da cidade de São Paulo, na qual se investigaram fatores que podem dificultar o desenvolvimento de ações preventivas na escola, bem como o que é possível e pertinente desenvolver nesse âmbito na visão dos participantes. Para tanto, foram utilizados diversos instrumentos de investigação, tais como grupos focais, encontros de formação e questionários. O estudo teve como sujeitos professores que atuam no ensino fundamental II. O exame de seus enunciados permitiu sistematizar fatores que dificultam a prevenção do uso de drogas na escola e elementos que podem subsidiar processos formativos desses profissionais. Revela ainda que alguns de seus posicionamentos e conhecimentos prévios encontram-se em consonância com os modelos preventivos considerados mais promissores, como o oferecimento de alternativas, a educação para saúde, a mudança no ambiente escolar e o treinamento de habilidades para a vida. Considerar tanto seus saberes e representações sociais quanto os fatores que interferem na implementação de ações educativas pode qualificar projetos e programas de prevenção ao consumo de drogas a ser desenvolvidos na escola.*

## **Palavras-chaves**

*Prevenção – Drogas – Educação em saúde – Ensino fundamental – Formação docente.*

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## Introduction

From an epidemiological perspective, the data on drug use indicate cause for concern. The *II Household Survey on the use of psychotropic drugs in Brazil* (CEBRID, 2006) indicated that in 2005, 12.3% of people aged 12 to 65 were alcohol dependent and that consumption was beginning at an increasingly earlier age. The findings of the *VI National Survey on the Use of Psychotropic Drugs Among Students in Elementary and Secondary Education* (SENAD, 2010) complements this scenario by revealing that 42.4% of Brazilian students reported having consumed alcohol in the previous year and 9.9% reported having consumed any drug (excluding alcohol and tobacco). These findings indicate the need for the development and implementation of prevention and health promotion activities, with the aim of reducing the harms caused by excessive consumption of alcohol and other drugs. Schools have been considered a privileged space for such interventions.

The interface between health and education has already been recognized in official documents, such as the *National Drug Policy* (BRAZIL, 2005), *National Policy for Health Promotion* (BRAZIL, 2010) and *National Curricular Parameters: transversal themes* (BRAZIL, 1997)<sup>1</sup>. However, specific interventions, in the form of informative lectures, are conducted mainly by extracurricular agents such as doctors and policemen, indicating an absence of management and institutionalization of actions within the school (CANOLETTI; SOARES, 2005; RUA; ABRAMOVAY, 2001).

There is a social consensus that drugs are an evil that must be eliminated. This argument is the basis for preventive actions anchored in repressive models. However, in many societies, drugs have always been present. The use of substances that promote psychological changes is a cultural production with highly

variable meanings, such as in religious services and everyday celebrations. Moreover, at the beginning of the last century, substances that are now considered illegal, such as marijuana and cocaine, were freely sold in drugstores for therapeutic purposes (ESCOHOTADO, 1997).

Scholars in diverse fields, such as historians, lawyers and health professionals (CARNEIRO, 2008; KARAM, 2008; MOREIRA, 2005; CARLINI-COTRIM, 1998), believe that drugs have become a social “scapegoat” to obscure the inefficiency of State action in securing rights. In this sense, drugs, their trade and illegal consumption are constantly blamed as the main causes of violence, family breakdown, and crime, minimizing reflections on justice and social inequity.

Placco (2011) asserts that the review on preventive models is already comprehensive and that models can be generally divided into two approaches. The first, known as the “War on Drugs” (WD), is based on a belief in a society without drugs. This model has a prohibitionist character that focuses on repressing consumption and is based on intimidation as an educational strategy for prevention. The other, “Prevention Based on Harm Reduction” (HR), is educational in nature and founded on the expansion and deepening of knowledge and information about drugs and their use, as a form of character building for the subject and the development of one’s ability to choose based on possible consequences. In this approach, drugs cease to be the main focus, and the subject in its complexity, biopsychosocial dimension and consequences for citizenship earns centrality.

In alignment with the HR approach, researchers have noted some promising preventative models. One is the model of Providing Alternatives, which comprises sporting and artistic activities with the goal of promoting a lifestyle in which drugs do not arouse interest or curiosity. Another is the model of Health Education, which is based on guidance for adequate food, non-stressful activities, and safe sex and education on

**1-** On how the prevention of drug use became an educational subject, see Ribeiro (2013).

the risks of drug use. A third model, Modifications of Teaching Conditions, proposes intense, long-lasting and early interventions, with the involvement of parents and the community (Moreira, 2006). More recently in Europe and the USA, the Life Skills Training Model has been implemented; the preventive strategy embodied by this model is used in schools with the aim of equipping young people to address unpleasant feelings and conflicting situations (FOXCROFT; TSERTSVADZE, 2011).

These models, if applied, adapted and evaluated within the context of the diversity found within Brazilian schools, can achieve significant results.

In parallel, by considering prevention and the intersection between education and health, we use the term vulnerability as an emerging conceptual framework in the field of global public health that has arisen in response to the HIV/AIDS pandemic (AYRES, 2003). The concept of vulnerability...

[...] can be summarized in exactly how this movement considered the chance of exposing people to illness as a result of a number of aspects, both individual as well as collective and contextual, that lead to increased susceptibility to infection and disease and, inseparably, greater or reduced availability of all types of resources to protect them from both (AYRES, 2003, p. 123).

The reviews on vulnerability are important because they establish that the effectiveness of drug abuse prevention increases when the factors linked to it are considered, particularly the sociocultural dimension of the problem, rather than a strictly medical-biologizing view. Moreover, Sodelli (2011, p. 612) identifies in the notion of vulnerability the possibility of developing a new preventive goal: reducing vulnerability to drug use and dependence. He establishes a counterpoint to the prohibitionist models, which work toward repression and abstinence.

In this sense, for thinking about prevention/health promotion in the school environment, it is important to perceive education as more than simply a process of socialization and integration, but concomitantly, a means of establishing normative systems and values for life, thus marking its political dimension.

Hence, the school environment is characterized by power relations and a clash of ideas, as well as changes in the various conceptions of education. We believe that the educational principles that are the most convergent for qualified prevention are those that approximate a liberating approach to education. Such an approach is characterized by a more horizontal relationship between the educator and student, with both considered subjects in the educational practice. The relationship is developed in a dialogical process of knowledge construction, guided by democratic relations and concerned with the construction of a more just and egalitarian society, with citizens able to make their own decisions (FREIRE, 2005).

Sodelli (2011, p. 612) highlights the closeness between the HR approach and the dialogical pedagogy of Paulo Freire, pointing out that this understanding establishes the meaning of prevention as directly related to education. Thus, from this perspective, education that enables students to increase their criticality, autonomy and ability to choose is itself preventative.

To broaden understanding about prevention in the school environment, it is necessary for us to understand the ideas, values, feelings and worldview of educators regarding drugs, drug users and the role of the family and school. For this, we rely on the contributions of the Social Representations (SR) theory, which is defined as “a form of socially elaborated and shared knowledge, taking a practical view and contributing to building a common reality for a social group” (JODELET, 2001, p. 32).

In this sense, Mota (2008) states that numerous distinct social representations fall on

those who consume psychotropic substances, with frequently negative consequences regarding the demonization of certain drugs and their users. The media has a pivotal role in the dissemination of reductionist views on the subject (PORTO, 2009; MOTA, 2008; NOTO et al., 2003), fostering in the social imagination the ideal (unattainable) possibility of a “drug-free” society and solidifying stereotypes about users.

Although this generalizing view and the establishment of causal links between consumption and violence are common in society, they are not consensus in the scientific field due to the complexity of the relationship between drugs and violence (MINAYO; DESLANDES, 1998).

Regarding the issue of drug use prevention at school, research shows that social representations related to negative, stigmatizing aspects predominate among educators, such as impotence and fear, undermining the effectiveness of preventive measures (ARALDI et al., 2012; DALBOSCO, 2011; PLACCO, 2011):

When teachers present negative feelings toward drugs, causing fear and distancing them from their preventive role, it will be almost impossible for the teacher to commit to this work. Thus, preventive education projects will continue to be difficult to implement in the school environment (PLACCO, 2011 p. 673).

Considering these issues, this article presents the process and some results of action research conducted with teachers from two public schools in São Paulo, with the goal of determining the following: the factors that negatively influence educators in the development of actions to prevent drug use in the school environment; the action that these participants consider relevant for their role in drug use prevention; and significant changes in the perception of educators as a result of their experience with the action research.

## Methodology

We use a qualitative approach in this study, with action research as the primary mode (THIOLLENT, 1997, 2004). This choice is due to the need for immersion in complex aspects of the subject to enable an understanding of the details underlying the discourse of educators regarding drugs while building and sharing knowledge through joint reflection. The study comprised four phases. During the exploratory phase, a literature review of the subject was performed, and a research proposal was formulated with schools and participating teachers. In the second, principal phase, we conducted the initial planning of the training meetings, based on knowledge from the field of health and perceptions obtained from conducting the focus groups (FG). During the action phase, we performed the FG and training meetings. Finally, the data were analyzed and discussed in the evaluation phase.

The FG used the axes of drugs, dependency, and prevention as guidelines and preceded two training meetings related to each axis. The questions that comprised the script used to conduct the meetings had the following main themes: how educators conceptualize and position themselves in relation to the terms *drugs*, *dependency* and *prevention*; what motivations they attribute to the use and non-use of drugs; what perceptions they have about a student who uses or is dependent on drugs and what implications result from this issue in the school environment; what actions the school develops in relation to the theme; what educators consider possible in terms of preventive actions; and what they believe facilitates and complicates the implementation of these actions in the school environment.

Transversely, throughout the script, feelings, beliefs, values, social representations, and political and ideological positions were gathered. The selected themes also composed the content of the training meetings.

The organization of the meetings is presented in Table 01.

Table 01.

Meetings	Activity	Axis	Duration
1st	Presentation and application of the questionnaire M1*	-	2 h
2nd	Focus Group I	Ideas/Drugs	2 h
3rd	Training Meeting	Drugs	2 h
4th	Training Meeting	Drugs	2 h
5th	Focus Group II	Dependency	2 h
6th	Training Meeting	Dependency	2 h
7th	Training Meeting	Dependency	2 h
8th	Focus Group III	Prevention	2 h
9th	Training Meeting	Prevention	2 h
10th	Training Meeting/ Closing	Prevention	2 h
11th	Application and evaluation of questionnaire M2 <sup>2</sup>		2 h
Total			22 h

\* M1= Initial moment of the process.

\*\* M2= Final moment of the process.

In this sense, we believe that proposing situations for the focus group preceding but in combination with the training meetings contributed immensely to organizing the times for listening and constructing data. This format did not enable neutrality (positivist) but permitted a minimum distancing, which is fundamental to avoid obscuring criticality in the face of immersion in the intersubjective dynamics of action.

The training process was conducted in two consecutive meetings after the FG and was directly associated with the respective axis. A variety of resources were used to mediate reflection, such as slides with information, excerpts from films, songs, and recreational and reflective activities.

In addition to the focus group and the training process, we used questionnaires that contemplated sociodemographic data, general knowledge about drugs and the educator's position regarding the topic, and an evaluation of the training meetings. These instruments enabled a comparison of the moments before and after the action research was conducted and the identification of significant changes over time.

A total of 25 teachers participated in this study from two public elementary schools located in the outskirts of São Paulo. These schools were chosen because they met the following criteria: they belong to the same Regional Board of Education; permitted the participation of a significant number of educators in a training process with 10 weekly meetings; featured educators who spontaneously chose to participate in the training meetings and the FGs; did not allow the presence of authority figures, such as coordinators or principals.

Guided by the steps described in the literature on FGs, we initially transcribed all records in full, became acquainted with the contents, and identified the thematic structure, followed by indexing, elimination, and interpretation of the records (COTRIM, 1996; MORETTI-PIRES, 2008; KRUEGER, 2013). Categories of analysis emerged from this process that depicted the general issues of greatest importance for the study: the teachers' previous notions and knowledge about drugs, dependency and prevention; and social representations of the role of family and society in prevention and the role of education and attribution of teachers in prevention<sup>2</sup>.

## Main findings

**Drugs, dependency and prevention:** the knowledge of teachers

The results indicate that much of the knowledge of educators is in line with scientific knowledge, mainly related to the effects of drug use and its organic consequences. They could identify most drugs and differentiate, for example, certain substances based on their direct effects on the central nervous system as stimulants, depressants and disruptors:

**2-** The data are indicated by School A (SA) or School B (SB) and the focus groups by (FGI, FGII, FGIII); the names of the educators are fictitious. The training process and data collection was conducted between the months of March and May 2012. The research project was approved by the Committee on Ethics and Research - UNIFESP.

**Rogério:** [...] a drug can be any substance that, for a given quantity, alters the working of the brain, brain functions, or accelerating or decelerating, or causing a disturbance (SB, FGI).

However, regarding the motivations and implications of the use of these substances, social representations based on moral notions prevail. These representations are linked to the stereotype of disease, which, based on their statements, includes dependence:

**Patrícia:** I said that a drug is anything that is addictive [...] that gets out of control, dependence, intolerance and disrespect (SB, FGI).

**João Bosco:** So [...] until a while ago, who was dependent was regarded as a scoundrel [...] and today there is proof that there is a chemical dependency, he is a sick person (SA, FGI).

The terms addiction and addict occurred frequently in the educators' statements, exemplifying the journey from moral order to scientific concept. This position of the educators can be attributed to the manner in which the term dependence was constructed over time in the health field. Initially, drug use was observed as "sinful", a character flaw. In an attempt to replace this view, dependence came to be defined as a disease, focusing on organic and psychological processes. Currently, the concept of dependence considers three elements: the substance itself, the individual and the sociocultural context (SILVA; DE MICHELI, 2011).

By contrast, the statements of the participant teachers reveal greater tolerance for the consumption of legal drugs such as alcohol, by indicating that negative consequences may or may not occur, depending on the time and intensity of consumption.

**Camila:** Because, for me, everything is relative. Because in this way: some people

go to a party once a month [...] And if you drink there [...]. That party [...] that there is one month. Over a lifetime, you drank sporadically. You can get it or not, like people who do not drink and die of cirrhosis (SA, FGI).

We emphasize that such considerations constitute a paradox because epidemiological data demonstrate that alcohol consumption has greater societal implications than the use of other substances. However, in the social imagination, there is greater concern about illicit substances, which hinders the design of public policies and intervention programs.

In general, a drug addict is subject to negative characterizations, such as a deviant or an abnormal person, and is associated with crime and violence:

**Diego:** When she comes out of a state that we, for us, within [...] the standard of a human being [...] evades the human characteristics.

**Diego:** By a lack of control [...].

**Diego:** For example, she [...] uses a drug [...] you know, a hallucinogenic and commits, you know, some bad things like assault [...]

**Paloma:** Killing, stealing [...] (SB, FGII).

**Amanda:** [...] I don't even remember what had happened, he said "it's that ...I'm going to aim a bomb at the school, mainly at teachers who get involved in the lives of their students" (SA, FGIII).

**Nerval:** There is trafficking that orders the school to close (SB, FGI).

**Beatriz:** I think we end up getting moving away, running a bit, because it is now closely associated with the issue of violence (SA, FGIII).

The main social consequences of this mode of conception of dependency are the perpetuation of stereotypes and stigmatization of the user, which, in turn, generates fear and

judgment by so-called “normal” individuals. In this sense, Mota (2008, p.164) states:

Virtually every society creates its stigmatized people and the crystallization of stereotypes weighs over them, imbued with the power of moral condemnation. Considering the case of an illicit drug user, this rule applies with full force.

The negative representation of a drug addict is the result of repercussions of political/ideological positions arising from the prohibitionist model, which proposes a “drug-free” society as a goal. In this model, the user and addict symbolically represent a threat to social harmony or even an affront to this desire.

This representation is also a concern because the distinction between user and addict can be quite confusing among teachers. There is a tendency to characterize any level of consumption as dependence, consistent with the study of Placco and collaborators (2006).

This drugs-crime causal relationship may represent one of the most powerful limitations of prevention actions, because an ideological struggle is present in this representation: whether the use of drugs itself is a health or criminal issue and how education can act in relation to these two differing conceptions.

According to Sudbrack and Cestari (2005), the social stereotype relating poverty with violence was replaced by the association between violence and drugs, which yields several negative consequences for both the prevention and treatment of people with problematic drug use:

The drug/violence association leads to the intensification of social control mechanisms and the prioritization of security policies over health, education, or assistance policies. Actions based on an ideology of the criminalization of drug users sustain and consolidate the delinquent identity (SUDBRACK AND CESTARI, 2005).

With respect to prevention, the data highlight the theoretical appropriation of the concept but demonstrate the lack of practical experience directly related to the school context. These data are linked to a lack of appropriation of cross-cutting themes and their own National Curricular Parameters (PCNs).

**Nerval:** Measures that aim to prevent potential harm due to a certain behavior, action or situation.

**Diego:** But in a school, how to prevent in a school? (SB, FGIII).

### **The role of the family and society: social representations of the educators**

Representations about the family reveal a significant ambivalence: families are blamed for drug consumption, in association with “family dysfunction” or are considered victims; families hinder preventive action in the school environment or play a central role in prevention.

In this sense, consumption and dependence are understood as resulting from family failure, which is characterized by a lack of dialogue, presence and affection.

**Amanda:** A person who goes, the vast majority, I think, who go toward drugs, it is because she [...] is full of so many emotional conflicts there, which began with the family [...] I think it's like this: major conflicts that sometimes lead a person to seek, you know, a crutch called drugs, I think it started in the family [...] (SA, FGII).

**Camila:** When my cousin got involved with drugs, the family was not balanced [...] not only the core, the whole family [...] (SA, FGII).

**Raquel:** Why? They are good, structured families, with great conditions. There is no need. Why would I do that? (SB, FGI).



These statements denote a reductionist view of the complexity of the phenomenon. The relationship of an individual with drugs is influenced by many biological, psychological and social factors, and these factors must be considered on an individual basis to qualify both prevention and treatment (ABRAMOVAY AND CASTRO, 2005; MOREIRA, 2005; CARLINI-MARLATT, 2003).

However, in the context of prevention, teachers assign a potent role to the family, emphasizing its importance and responsibility to address the issue, as shown in the following excerpt:

**Ozeni:** I think that the family is the most powerful factor

**Pesquisador:** Everyone, is the family primarily responsible for prevention?

**Diego:** It may not be the main factor, but it is the first.

**Raquel:** It influences the most.

**Ozeni:** It actually has the most effect.

**Diego:** the family monitors... and I think it is the most powerful (SB, FGIII).

This responsibility of the family can be understood as a way of dealing with problematic issues by delegating to others and transferring responsibility to exempt themselves. These beliefs may be derived from experiences with prevention directly experienced by the teachers in their families, i.e., “my parents acted like that with me and I did not stray” (this works), or a desire that the way they act with their children will protect them. Such positioning decreases the feelings of helplessness and fear of educators with respect to their families and school.

### **The role of school education and the attribution of educators: challenges and possibilities**

The data demonstrate that there is significant agreement in these educators' considerations about the most promising approaches for the

educational field. They emphasize democratic participation as a protective factor:

**Rogério:** [...], a school that is open to hearing the students more, that is democratic [...] where the students have forums for participation [...] student council, school board (SA, FGIII).

They validate the importance of the teacher-student bond and want a school that is integrated with the community and open to family involvement:

**Thayame:** Time with the parents also [...] (SA, FGI).

**Alexandra:** I also think partnership with health (SA, FGIII).

**Rogério:** An educational approach grounded in affection (SA, FGIII).

They indicate actions related to health education, working with various topics and developing coping strategies for difficult situations with youth in a perennial fashion that is combined with everyday school practices:

**Eduardo:** Making it part of the day-to-day discussion in school [...]

**Pablo:** Permanently (SA, FGI).

**Thayame:** Specific moments also, right? Creating specific moments. Talking about the subjects (SA, FGI).

They also emphasize the need to offer alternatives that allow young people to experience sensations such as pleasure, learning, challenges, excitement, confronting limits, and mind expansion, among others, to reduce interest in drug use.

**Paloma:** Thus, the importance of sports is crucial because it works with the body, in addition to working with the mind [...]. And then also culture [...] dance, music [...] (SB, FGIII).

By indicating the possibilities for preventive actions in the school environment, these data are a cause for optimism because they expand the field of intervention to the student's physical and social environment, increasing the chances of success of preventive actions.

However, it is pertinent that we propose the following question: if educators demonstrate a satisfactory level of information on the subject and how the work should be performed consistent with the most promising preventive models, why do these same educators perceive perception as "poor and ineffective"? In other words, why does theoretical knowledge not translate into practical action?

The next and final topic to be discussed in this paper might shed some light on these issues.

### **Challenges for the educator's role in preventing alcohol and drug abuse in the school environment.**

The various challenges presented by the educators are divided into three groups that are interrelated and influence each other. The first refers to the social representations that associate drugs and violence, attributed to drug use and/or linked to the illicit drug trade. This association has often had a crippling effect on preventive actions in the school environment, as indicated by the studies of Dalbosco (2011) and Abramovay and Castro (2005). They are largely fostered by the sensationalist manner in which the press covers the issue, spreading, without legitimate evidence, a climate of permanent insecurity.

Other challenges relate to the teachers' personal issues, such as a lack of expertise, lack of appropriate methodologies, and prejudices and moral values related to the topic.

When considering the responses to the questionnaire, it is notable that the vast majority of educators in these schools (68%) have attended training on the subject, calling into question

the training model offered by the departments of education (state and municipal), which have not achieved significant gains in knowledge for teachers, perhaps because these programs are essentially based on informational aspects and disregard social representations. There is also the possibility that discourse about a lack of knowledge constitutes a defense strategy in response to the complexity of the issue.

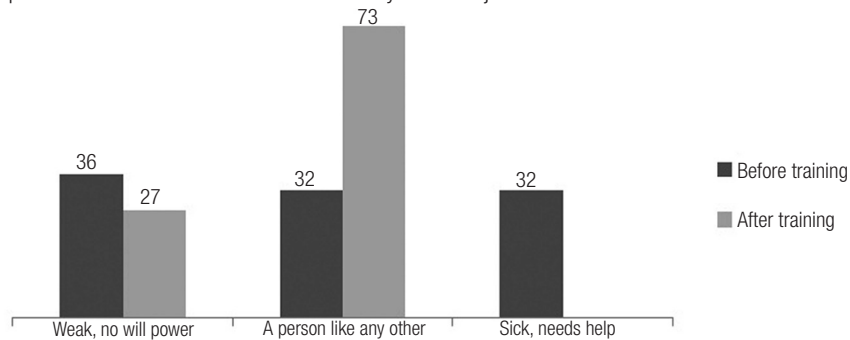
Finally, there are challenges attributed to the educational field, such as the difficulty of combining and integrating projects in school, a lack of institutional support for actions, a lack of time due to excessive school demands, and a lack of teaching resources supporting preventive actions.

In this sense, another important point to be considered is the lack of integration between the concept of vulnerability and its impact on preventive practices for drug consumption, both in teacher training and in the few prevention projects developed within the school environment. Moreover, these experiences have mostly been guided by models that are explicitly or implicitly focused on abstinence, which are ineffective (SODELLI, 2011).

A consideration of these sets of challenges listed by teachers, in combination with the possibilities glimpsed in their statements, could greatly contribute to the development of training processes in education and health, thereby enhancing the quality of prevention/health promotion programs offered to students in the school environment.

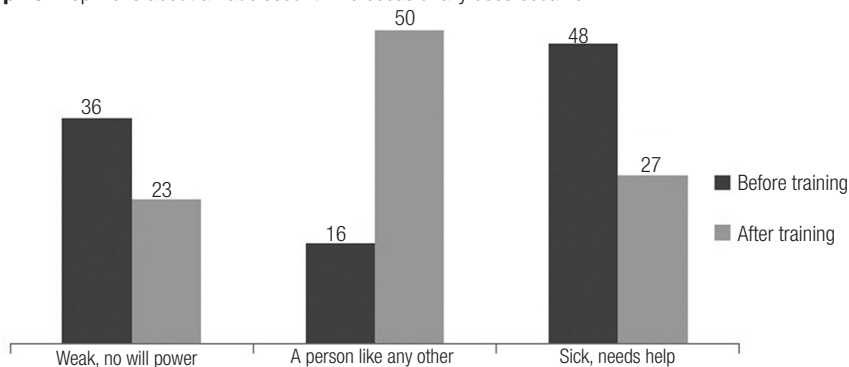
In this sense, the evaluation of the process of knowledge construction undertaken by this action research presents evidence that significant changes in some social representations, as presented, may hinder prevention efforts in the school context. We cite just a few examples. First, we observed a more tolerant social representation in relation to a student who consumes psychotropic substances, as shown in the graphs below, which include data expressed in percentages.

**Graph 01-** opinions about an adolescent who occasionally uses marijuana



Source: dates of research.

**Graph 02-** opinions about an adolescent who occasionally uses cocaine



Source: dates of research.

We believe that the reflection process undertaken by educators during the training and focus groups added information and facilitated the exchange of insights on various aspects of the consumption of psychoactive substances. For example, the presence of these “drugs” throughout human history and the different types of relationships with the substances that do not necessarily entail personal and social losses contributed to these changes: “The meetings were participatory and dynamic; exchanges of experiences were rich; the topics were interesting and encompassed different viewpoints; knowledge was built throughout the sessions” (SA, Evaluation).

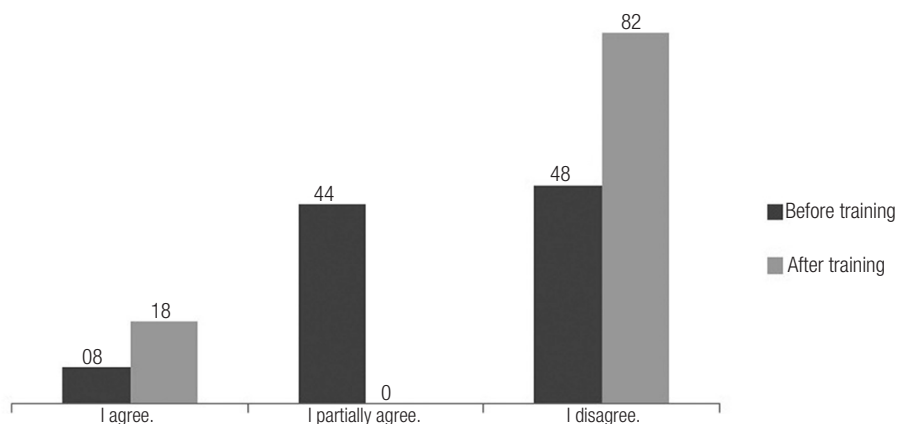
This change points to a less reductionist view and is based on knowledge validated by science regarding drug consumption.

Training based on the principles of liberating education (FREIRE, 2005) enabled certain representations and viewpoints to be denatured and new concepts to be constructed:

I thought people who use drugs were all addicts. The meetings broadened my knowledge. Today, I feel more confident when I have to talk to students about the subject. [Expectations] were met, more than expected, reaching the point of changing some views that I had, as a biased, discriminatory and fearful view (SB, Evaluation).

We found that training also changed some perceptions about aspects of preventive work, as shown in the graph below.

**Graph 03-** It is dangerous to conduct prevention in school



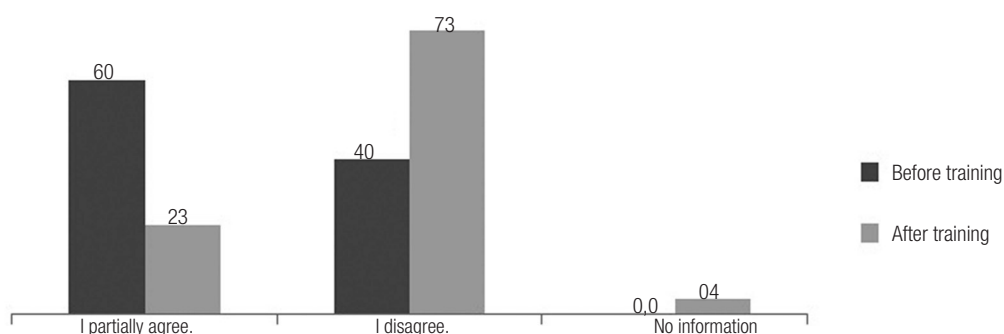
Source: dates of research.

After the training process, the number of teachers who considered it dangerous to develop preventive actions in the school environment decreased. However, in some cases, there are real restrictions on preventive work due to the actions of traffickers. Often, these considerations are part of a strategy to reduce accountability. Nevertheless, teachers described alternative ways to act preventively,

without defying the illegal drug trade, based on models of Offering Alternatives, Health Education and Modifications of Teaching Conditions, which were discussed in the meetings.

We also perceived increased teacher accountability, assigning oneself the role of key player in prevention in the school environment, as observed in the graph below.

**Graph 04 -** Preventive work conducted by professionals outside of school is more efficient



Source: dates of research.

This finding is particularly significant because it indicates that even in the face of the listed challenges to the development of preventive actions, teachers began to realize

the power of assuming this role, overcoming the attitude of attributing the responsibility or competence to conduct preventive work to others.

## Final considerations

This action research was dedicated to listening closely to educators' considerations on the topic of drugs in the school environment and concomitantly building and sharing knowledge in a training process. From the analysis of this experience, factors emerged that hinder schools and teachers from developing prevention and health promotion actions:

a) The presence of social representations that linearly relate drug use to violence and abnormality, causing feelings of fear and insecurity among teachers and making it difficult to approach students who may be using drugs as well as the topic itself;

b) The accountability of other institutions for prevention, such as the family and the fields of health and safety, rather than implicating themselves in the preventive role proposed for the field of education and educators. This factor is encountered in discourse about the need for a specialist and demonstrates the difficulty of bringing a sense of prevention to the meaning of education;

c) The operation of the public school system with multiple demands, scarce time for planning reflection, and disconnection between teachers, coordinators and principals. Prevention work is perceived as another demand for teachers, who often feel they do not have support from school management and who have few educational resources for preventive actions;

d) A biased perception of the family, which is sometimes blamed for drug use, thereby making it difficult to build necessary partnerships for broader and more effective preventive actions;

e) The short history of public policies guided by intersectionality, such as PCN, the National Household Sample Survey (PNAD), the National Health Promotion Policy (PNPS), which has resulted in limited integration of professionals in the educator's new role at the interface between education and health;

f) The lack of knowledge of the multiple aspects of a person's relationship with psychotropic substances, such as reasons for consumption and political and cultural aspects;

g) The lack of practical experience with preventive actions anchored in the notion of vulnerability and the principles of HR directly related to the school context. These data are linked to the lack of integration of cross-cutting themes and the PCNs themselves;

h) The fragility of the support network, which hinders the establishment of partnerships with health facilities, safety, sports and leisure.

It is important to note that, in addition to the recognition of these challenges, educators also indicated the possibilities they see for health promotion actions and factors that positively influence the development of such actions, as outlined below.

They emphasize the improvement of the school environment as a protective factor. They highlight some necessary changes, for example, the recognition of the importance of the teacher-student bond in coping with situations involving drug abuse and better integration between the school and community. They emphasize that the school should be open to the involvement of families and share democratic principles of participation and development of autonomy among the students considered in the civic dimension. They validate conducting activities related to sports, arts and culture, as well as the implementation of moments of reflection (inside and outside the classroom) on various topics related to adolescence as preventive actions.

They also point to the importance of preventive actions that are perennial and present in everyday school life. In the face of identifying drug use by students, teachers generally guide the intervention in the pursuit of dialogue and coordination with the family and support network.

Considering the process of action research and its consequences, educators, although fearful, recognize the importance

of prevention and position themselves as co-responsible for preventive actions.

The data demonstrate that there is significant agreement in the considerations of these educators of promising approaches for the educational field.

The limitations of this study are linked to the characteristics of its methodological choices, which produce non-generalizable data. However, this study enabled a profound expansion of knowledge and the modification of important aspects of social representations, which may facilitate the development of actions for preventive/health promotion in the schools studied.

A potentially interesting avenue for future research would be to investigate the challenges and performance possibilities for educators in projects in different sectors of the school. It is important to conduct studies in the areas of training and skill-building for educators, whether they are teachers, coordinators, principals, or professionals in non-governmental organizations (NGOs), considering that this training is permeated by guidelines based

on the notion of vulnerability and harm reduction and sustained in the liberating approach of education. Similarly, it is important to assess the consequences of these configurations in practical experiences with prevention and health promotion.

In conclusion, of the challenges to prevention in the school environment, acquiring information is the least complex. Although educators show some resistance to assuming the role of direct actors in prevention/health promotion, in light of the various challenges they face (lack of experience and SRs with paralyzing effects), they recognize this need, feel responsible and are interested in this area.

The data presented demonstrate that, more so than information, educators want preparation on “knowing how to act.” We believe that this knowledge cannot be taught but can only be built. In the process of building it, a respectful encounter between health and education may result in significant gains for training professionals in both areas.

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