



A Review of Drug Prevention Program: Implementation in Several Countries

Durrah Athirah Walid¹, Ahmad Jazimin Jusoh^{2*}, Siti Zobidah Omar³

^{1,2}Faculty of Human Development, Universiti Pendidikan Sultan Idris, 35900 Tanjong Malim, Perak Darul Ridzuan, Malaysia.

³Faculty of Modern Languages and Communication, Universiti Putra Malaysia, 43400 Serdang, Selangor Darul Ehsan, Malaysia.

*Corresponding author: jazimin@fpm.upsi.edu.my

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Abstract:

Drug prevention programs implemented need to adhere to the policy in achieving the effectiveness to combat drug abuse among adolescents. Further action to improve the prevention program has to be implemented by the authorities to help the nation in countering the drug problems effectively. This study aims to review drug prevention programs implemented in various countries. The method used in this study will be using the four steps developed by Hamzehgardeshi, Shahhosseini, & Gelekholaee (2015) that include recognizing the research question, searching methods to point out applicable studies, choosing the study, and lastly charting the information, summarizing, and detailing the results. Results show that there are different drug prevention methods implemented in Malaysia, India, China, Sweden, The United States, Brazil, and Australia. Each drug prevention program has its focuses, techniques, and also limitations. In a nutshell, drug prevention programs conducted in any form of methods need to be ensured their effectiveness in achieving desired objectives.

Keyword: Drug prevention, Program activity, School education, Student development, Adolescents

INTRODUCTION

Adolescents nowadays have to put more effort into coping with life challenges. Those who lack the knowledge to fulfil their psychological needs positively will eventually drag themselves to involve in bad activities. A study on Brazilian students shows the early adolescence start to have illegal drugs between the age of 12 and 14 years old (Sanchez et al., 2017). The series of drug onset may be due to a few reasons such as impacts of one sedate utilize on another, demographic, psychosocial, and familial characteristics, or a union of distinctive variables (Guerra et al., 2000 as cited in Nkansah-Amankra & Minelli, 2016). While the environmental factors are such as having a lack of availability of rewarding life choices

besides drugs, bad peer influence, inadequate role models, family relationships with little emotional bonding, and also poor family education. School interventions demonstrate more successful when educational experts and parents are included (Handrianto et al., 2020). An inclusive approach is needed in making school prevention more functional. Thus, it is essential that the intervention is work on both at home and in the school environment as its lack of available programs, as a reason in the context of substance use. Youth portrayed drug use as reachable in their society (Ishak et al., 2015). A good prevention program should probably be attractive, boost participant competence, engage in values clarification, acquire new expertise that is essential for drug prevention, and acknowledge the bad consequences of drug use (Hansen et al., 2019; Jusoh, & Hussain, 2015).

This review is to identify the drug prevention program or module used in other countries to lessen the harm of substance abuse among adolescents. The countries discussed are China, India, Malaysia, Sweden, the Philippines, United States, Brazil, and Australia. The significance of this review is to help in a deeper understanding of which implementation of a drug prevention program is applicable in adapting to our society. This review can be used as guidelines to implement drug abuse prevention. Thus, this study aims to review drug prevention programs implemented in several countries.

RESEARCH METHOD

This literature review followed the four steps by Hamzehgardeshi, Shahhosseini, & Gelehkolaee (2015). The four steps include recognizing the research question, searching methods to point out applicable studies, choosing the study, and lastly charting the information, summarizing, and detailing the results. The protocol of the literature review has been approved by the Ethics Committee of Mazandaran University of Medical Sciences.

Recognizing the Research Question

What is the drug prevention program implemented in several countries?

Searching Methods to Point Out Applicable Studies

The researchers make use of Google Scholar's general search engine, and later more focus on Scopus. The search strategy was carried out using the subsequent keywords. The keywords used were: "drug prevention", "drug prevention program", "school", "student", "prevention program", "drug prevention module" and countries chosen such as, "Malaysia", "India", "China", "USA", "Brazil", "Sweden", and "Australia". Selection of the topics of the articles applicable to the study was carried out from 1989 to 2018.

Choosing the Study

Initially, there are 17 articles however after the screening process only nine articles are acceptable for this study. The criteria in doing the screening process include the newest and complete article, the abstract and objective of the article meet the needs of the researcher, and all articles written in English. The studies are all in inclusion criteria.

Data Collection and Analysis

All titles and abstracts recognized throughout the literature searches were retrieved by reviewing the search results and identifying reports for exclusion or inclusion. The information is entered into tables after the data has been extracted from the articles. The information is such as the authors, the published year of the article, the country, and the program or methods used in implementing drug prevention.

Charting and Summarizing the Data

Data extracted were summarized in Table 1.

RESULTS

Drug Prevention in Malaysia

There are programs established by the National Anti Drugs Agency for primary school, secondary school, and higher education institutions to prevent drug abuse. *Program Intelek Asuhan Rohani* (PINTAR) aims to increase awareness and develop self-restraint among primary school students between ages 10 to 12 years old who are identified as at risk of drug abuse (Jusoh et al., 2011). The goals of the program are to prevent the students from drug abuse, delay the onset of drug abuse among students, and implement the intervention for those who are involved in freeing from drug abuse. PINTAR was implemented in 1998 and was been taken over by the Ministry of Education from 2009 to 2015 using the name *Program Sifar Dadah Sekolah Rendah* (PROSIDAR). The program was implemented in the form of 4 days and 3 nights camp which involved 50 students identified as at risk in each district. The camp is implemented every year, the content of the program focused on life skills and does not interfere with the classroom learning session.

Sayangi Hidup Elak Derita Selamanya (SHIELDS) aims to increase awareness of drug abuse among secondary students aged 13 to 18 years old. The implementation of SHIELDS involved identifying students who are problematic and risky. Knowledge, awareness, and understanding of drug abuse are highlighted in the program instead of focusing on life skills such as coping skills, assertive skills, the establishment of a positive attitude, and a healthy lifestyle. There is also the involvement of families in their ability to guide their children through drug problems.

While for the students in higher education of institute, Tomorrow's Leaders is the program implemented to increase the awareness of drug abuse and the importance of drug prevention to encourage them in taking responsibility for the prevention also. The program started to be implemented in 2011 and usually, a talk, seminar, or forum will be held (National Anti-Drug Agency, 2016).

Drug Prevention in India

Salam Bombay Foundation (SBF) program is an initiative for drug prevention intervention in India. A non-profit organization established the SBF in 2002 to achieve the vision of "empowering children to live their life free from the threat of tobacco and to become confident to lead tomorrow's India". The program aims to lessen tobacco use and the prevalence among low socio-economic youths in Mumbai, India state of Maharashtra. The program focused on the holistic approach of life skills as tobacco uptake and addiction can lead to low self-esteem, the incapability of dealing with peer pressure, and lack of refusal skills (Sorensen et al., 2012). The objectives of the SBF program include gain knowledge about products that contain tobacco and tobacco local legislation, steps in preventing people from tobacco abuse, and also show a positive attitude and life skills.

The SBF program is developed to help youth in making the right decision to counter life's challenges using reasonable information and the applicable life skill tools. These actions are advocated through school programs targeted for the first-year students on building awareness and in the second year students on training advocacy.

For the implementation of the program, year 1 students will be exposed to create understanding about tobacco, and also refusal skills, personality development that centers on strides communication, habit formation, and taking care of peer pressures. While students of year 2 are involved to collaborate with a variety of civic authorities to support the implementation of the tobacco control law. In involving with the communities, students

collaborate with the media (Siang et al., 2019), the health departments, the police, and also use cultural and religious festivals. There are two sections which are classroom and out-of-classroom activities. Activities in the classroom aimed to provide each child exposure to ten times one-hour classroom sessions for each year. Attendance of the students was recorded. Besides, the session will be postponed and held at another date if the attendance was below 70%. While activities out-of-classroom which focused on creating peer leaders were managed regularly, two to three times a week. There are also after-school programs that offer educational content through arts, journalism, and sports to build refusal skills, confidence, and peer relations.

Another drug prevention in India is Project Mobilizing Youth for Tobacco-Related Initiatives (MYTRI). The project aimed to lessen tobacco intake among students especially in urban settings. There are 6000 youths that the project can target compared to other studies managed with much smaller samples in the United States. For the context, content, delivery, and communication throughout the project, Indian was used entirely. However, the intervention is available in English and can be accessed through the website. As a frame of reference, the project is based on the existing-based smoking prevention programs and social cognitive theory. The intercession of the project includes school posters, training of the intervention implementers who are among teachers and student peer leaders, classroom curriculum, and parent postcards.

In the context of structure for classroom curriculum, each classroom will be conducted by teachers and peer leaders associated with the students to conduct the intervention for about 35 to 60 minutes. Teachers' and students' scripts, a written text of learning objectives, games, worksheets, discussion, and wrap-up are provided for the implementers. There is 7 classrooms that the participants need to attend and each classroom has different themes or topics including the prevalence of tobacco, introduction on tobacco, the harm of tobacco, the effect of tobacco in every sphere of life, the effect of tobacco on others, the reasons not to use tobacco, and advocate for no tobacco us (Goenka et al., 2010).

Drug Prevention in China

The project P.A.T.H.S is one of the initiatives for the drug prevention program implemented in China. Adolescent Training through Holistic Social Programmes (P.A.T.H.S) was initiated in 2014 by The Hong Kong Jockey Club Charities aiming to develop the holistic development of Chinese adolescents (Shek & Sun, 2011).

The program may be enough to approach different types of youth development issues instead of having a variety of prevention programs for teen problems. The project P.A.T.H.S promotes the holistic development of students in Hong Kong and as an evaluation, many papers demonstrate that the project was effective in reducing the risk behavior of adolescents in Hong Kong. According to Weissberg, Caplan, and Sivo (1989), the project P.A.T.H.S has five stages to the conceptual framework for conceptualizing, designing, implementing, and disseminating school-based social competence promotion programs (Shek et al, 2011).

Other than environmental supports that prevent mental health problems and promote social competence, the first stage in conceptualization also requires the recognition of personal resources such as skills, beliefs, and knowledge. The second stage is designing effective classroom teaching principles that are developmentally and culturally appropriate. The third stage is an execution where the program mechanisms are used to monitor the program integrity and be flexible with the school setting. The fourth stage is the researcher will evaluate the effectiveness of the program which helps in the development of the youth. The last stage is the maintenance of the program by considering the way to sustain the program.

Drug Prevention in Sweden

The SMART contract-signing strategy has been used among Swedish adolescents to lessen the risk behavior and the growth of drug use. SMART was found in 2001 and it aims to delay the start of taking the alcohol, tobacco, and illegal substance use among school students through the signing of contracts and positive reinforcement. SMART used the concept of volunteer and consciously help the participants to make smart choices in avoiding drug misuse. This program target 10 to 16-year-old students in compulsory school.

There will be dissimilar in the delivery and the implementation in other places because they will be different providers leading the contract activities in a different location. The providers may be schools, police, social services, country councils, NGOs, and sports clubs. For motivating the students, different providers provide different levels of emphasis on fun activities such as lotteries and discounts. There are also many various names for local implementation. However, the operation and development of the programs need to consider the flexibility of the program to fit in their local context. SMART applies a general concept without necessarily being a uniform, manual-based, and also step-by-step program, by adapting to the local context.

According to Bortes et al. (2016), the idea of SMART is a parent must give written consent at the beginning of the school year for the student to sign the contract. The contract is an agreement to guarantee the students in refraining from taking tobacco, snus (Swedish moist snuff), or smoking cigarettes, during the coming year. The agreement may also contain extra items as well such as stealing, wrecking other people's possessions, or shoplifting, and also includes incorporate in being a good friend and manifest respect for other people. Instead of getting a membership card, activities and discounts are examples of positive reinforcement that will be provided to students to help them develop positive behavior after the agreement is signed. The student may decide to continue their contract by signing a new contract for one year at a time. The parents will be contacted if the student breaches the contract agreement. The findings in a study on Evaluating the Effectiveness of the Smart Contract-Signing Strategy in Reducing the Growth of Swedish Adolescents' Substance Use and Problem Behaviors show that the intake of alcohol, snus, smoke, and delinquent acts among students was decreasing when the students take a longer time to take part in the SMART contract program (Bortes et al., 2016).

Drug Prevention in the United States

The study on Universal Classroom-Based Drug Prevention in The USA and an Overview of the Role of the Facilitator was conducted by Rigga and Menendez in 2018. The module focused on the responsibility of implementing universal classroom-based drug prevention lessons and managing activities such as games, role-playing, and debates, instead of managing classroom behavior, incorporating community members and parents where appropriate, and establish fidelity. The study pointed out the possible providers who can be involved in delivering universal classroom-based drug prevention. The three most common providers in the USA are classroom teachers, mental health professionals, and the police. Teachers are more familiar with students, as they gain trust, bond, and have more rapport with students than other providers. Teachers have access and are well-positioned to scheduled implementation throughout the year. Besides, they are likely to know very well about their student's learning styles and are qualify for the proper adaptation that students need. However, the teachers did not get any extra pay for the implementation of universal classroom-based drug prevention programs which can lead to poor care regarding the implementation. Teachers have to do extra works as they also need to teach other subjects. Other than teachers, for the mental health professionals as providers, students may recognize them as being more qualified and have experience. Mental health professionals who have done their clinical training may become very

expert in developing rapport and trust, thus are also credible to answer student queries related to risk factors and effects of drug use. However, instead of their expensive services, there is also a lack of mental health professionals in the USA. As providers, the mental health professionals may not be very familiar with how to conduct a classroom of students thus it is important to pair the provider with a classroom teacher. For the police, they are known to legal sanctions and useful in the trend of rapidly changing drug law thus, students will be more interested to hear from police. The police also can be part of school resource officers. The challenges for police are some young people will have harbor negative effects which can lead to having a negative personal experience. According to the study, the drug prevention program needs to be related to mental health too not only crime. In summary, clearly that schools have to make important decisions on the drug prevention program. Some research pointed out that the program providers might as well contribute to the success of the prevention program (Rigga & Menendez, 2018).

Positive Youth Development (PYD) substance prevention program is seen as a comprehensive process that helps students in managing the challenges in life by empowering them to be emotionally, socially, cognitively, morally, and physically competent (Wade-Mdivanian et al., 2016). Research indicated that the PYD approach has to lead to positive outcomes including escalated initiative, emotional regulation, and teamwork, as well as a reduced school dropout and drug abuse (Fredrick & Eccles, 2006; Kendellen & Camire, 2015; Larson et al., 2006; Lower et al., 2015; Riley, Author, et al., 2016; Yin & Moore, 2004; in Wade-Mdivanian et al., 2016). Positive youth development (PYD) substance prevention program focused on empowering the youth. Some practices to empower the youth are through involving with them and providing a platform to engage in decision-making processes, youths also have the opportunity to practice leadership skills and learn other vital life skills in real-world contexts. The results from the study have shown that youth involved in such activities indicated higher self-perceptions such as self-efficacy and leadership. Instead of enhancing drug prevention programs across communities and school districts, the empowerment-based program also increasing for the aim of preventing drug abuse by focusing on educational activities. The study on Positive Youth Development (PYD) substance prevention program recommends about build strategies on how the impacts can continue after participation in the programs as the program's effectiveness could vary depending on the cultural background of the participants. The studies of this approach aimed to identify changes in the perception of drug use and abuse, but it should be understood that this may not directly indicate changes in behavior.

Another program is the Life Skills Training drug prevention program or known as the LST program. The LST program is a universal and school-based program developed to prevent alcohol, tobacco, and other illegal substance among students. The program was held for three years and focused on three skills. The skills include self-management skills such as adapting to anxiety and decision-making, social skills such as assertiveness and communication, and lastly acquiring knowledge that relates to substance use (Mihalic et al., 2008). Lessons on drugs are conducted by the classroom teacher using different teaching techniques such as classroom discussion, didactic instruction, demonstration of skills, and behavior skill rehearsals. However, monetary incentives will not be provided to the schools participating with the initiative in conducting LST but were provided with all curriculum materials, technical assistance, and training needed to operate the program. The three years of the program represent three levels. The first year is that 15 lessons will be taught one to five times per week in at least 50-minute class periods to all sixth- or seventh-grade students. In the second year of execution, ten booster sessions will be implemented, while during the third year, five booster sessions will be provided for the students (Mihalic et al., 2008).

Another drug prevention implement in the United States is Project Towards No Drug Abuse (TND). The idea of the TND program is it emphasizes the “motivation skills-decision-making” theoretical model focused on rectify cognitive misperception about substance use such as believe the effects of drugs are positive and that most adolescence is using drugs. The program helps to build social and self-control skills and also strengthening rational decision-making processes to make informed choices about their drug use. Centre for the Study and Prevention of Violence (1998) stated that TND is the only universal substance abuse prevention initiative for high school students that meets the criteria as a "model" program by the Blueprints for Violence Prevention (Ozer et al., 2010). While in a smaller district Too Good for Drugs and Violence (TGDV) program is implemented. Mendez Foundation (2000) stated that the social norms, social cognitive theory, and the social development model are included as the TGDV program is based on a theory of change grounded in approaches (Ozer et al., 2010; Siang et al., 2020). Furthermore, the TGDV is the only universal high school implementation with a large focus on peer violence prevention that is contemplated to be a model program by the Mental Health Services Administration (SAMHSA) and U.S. Substance Abuse.

Reconnecting Youth (RY) is known as a school-based drug prevention program planned to deal with education, drug use, and mood management goals among adolescents in danger of throwing in the towel of high school. However, research on Program Characteristics and Organizational Factors Affecting the Implementation of a School-Based Indicated Prevention Program stated that some characteristics of RY program characteristics made it difficult to implement (Thaker et al., 2008). However, during early 1990, RY was firstly tested and indicated to be effective in a trial. RY is a school-based prevention program for youth who are at risk for school dropout. The program targets students who have begun using drugs or are involved in other risk-related behaviors. It was developed to connect back together these youths to school by helping them build a bigger sense of personal control, adaptive coping behaviors, interpersonal communication, and relationship skills. RY implements a theoretical framework based on social learning, strain, and control theories and conveys the correlations between increased school performance, decreased drug involvement, and decreased emotional distress. Program designers recommend that schools recognize participants of the program among students by using specific characteristics, such as students with the top of truancy for their grade level and grade promptly declining. Classes are enrolled for a semester-long course taken and are limited to 10–12 students. The providers, especially teachers need to be those that have a reputation for working best with at-risk students. Certified RY trainers should provide training to each teacher especially on how to create a positive and supportive peer group, teach the curriculum, and pro-social skills in the class (Thaker et al., 2008).

Drug Prevention in Brazil

A study on The #Tamojuntó Drug Prevention Program in Brazilian Schools: a Randomized Controlled Trial was conducted by Zila et al. in 2017. According to the study, in Brazil, the approaches of prevention were conducted through the implementation of three evidence-based prevention programs that had positive outcomes in other countries which are Unplugged, called #Tamojuntó in Brazil, for adolescents between 10 to 14 years old, Good Behaviour Game, for children between 6 and 10 years old, and lastly the Strengthening Families Program, which focused on families in the public welfare system. The Unplugged program was culturally adapted to the Brazilian context after the first assessment, which was then called #Tamojuntó. The intervention schools received the #Tamojuntó program conducted by teachers in the classroom. The intervention was firstly developed by the European Drug Addiction Prevention trial (EU-DAP) group and involves four times of 1-hour attitudes toward drugs classes, four social and interpersonal skills classes, and four personal skills classes. In each class, there were 3 to 5 activities implemented. The 12 classes lasted an average of 50

minutes and were guided by the student and teacher manuals. Both of the manuals can be obtained on the EU-DAP website in other languages. In the end, the teachers need to complete the fidelity questionnaire to assure that the program is delivered appropriately. However, the results of this study suggest that the expansion of the #Tamojunto program should be evaluated again and been analyzed why the program's outcomes were inconsistent with those of previous European studies.

Drug Prevention in Australia

A school-based resilience intervention was used in Australia to lessen alcohol, marijuana, and tobacco abuse among high school students. The consent and information letter will be given to each student for their parents thus, those parents that do not respond to the letter will be follow-up by phone. According to Hodder et al. (2011), this resilience and protective factor intervention is an idea of multi-strategic intervention based on the existing student protective and resilience factor. Data can be gained from a survey that was used to notify the selection of protective and resilience factor intervention strategies in each of the three health-promoting schools` domains including curriculum, teaching and learning, ethos and environment, and lastly partnerships and services.

The implementation of numerous curriculum materials and programs was involved in the domain of curriculum, teaching, and learning strategies. Implementation for curriculum materials developed to build up student connectedness, empathy, communication, and self-awareness, while implementation programs aiming for protective and resilience factors. There are three development and enhancement involve in the domain of ethos and environment strategies. Firstly, in increasing school connectedness, the invention and modification of programs and school policies are involved. Secondly, in developing student autonomy, aspirations, and goals through acknowledgment of student achievements student recognition programs are involved. Lastly is the development of peer support programs to increase self-esteem. The last domain is partnerships and services strategies, which involved schools build an official partnership with local services to supply youth services access within school hours to develop, promote, and initiate greater parent involvement through active engagement in school. This domain can provide the promotion of links with community organizations with the school. However, the implementation from different schools can be varied based on the priorities identified by the school (Hodder et al., 2011).

DISCUSSION

The ideal environment of school settings to provide drug prevention programs had encouraged many developers to design programs for school students. The factors may vary including the availability of providers, easy access to materials, and give early exposure to youths on drug abuse which then leads to delay in the onsets of illicit drug use among them. The main objective of this literature review is to identify the drug prevention program implemented in several countries. Through the objective of this review, there are shared values discovered which lead to the success of the drug prevention program. The table below shows the summarize of data extracted from the literature review.

Table 1. Summarize of Data Extracted from the Literature Review

Author of the article/website	Year	Country	Drug Prevention Program
Khary K Rigga & Kimberly M Menendez	2018	USA	Universal Classroom-Based Drug Prevention

Rebecca Wade-Mdivanian, Dawn Anderson-Butcher, Tarkington J. Newman, Danielle E. Ruderman Jill Smock, & Stephanie Christie	2016	USA	Positive Youth Development (PYD) Substance Prevention Program
Zila M. Sanchez Juliana Y. Valente, Adriana Sanudo, Ana Paula D. Pereira, Joselaine I. Cruz, Daniela Schneider, and Solange Andreoni	2017	Brazil	Tamojuntó Drug Prevention Program
Rebecca K Hodder, Justine Daly, Megan Freund, Jenny Bowman, Trevor Hazell, & John Wiggers	2011	Australia	A School-Based Resilience Intervention
Samruddhi Thaker, Allan Steckler, Victoria Sa´nchez, Shereen Khatapoush, John Rose & Denise Dion Hallfors	2007	USA	Reconnecting Youth (RY)
Sharon F Mihalic, Abigail A Fagan, & Susanne Argamaso	2008	USA	Life Skills Training (LST) Drug Prevention Program
Emily J. Ozer & Maggie G. Wanis & Nickie Bazell	2010	USA	Project Towards No Drug Abuse (TND), Too Good For Drugs And Violence (TGDV)
Cristian Bortes, Susanna Geidne & Charli Eriksson	2016	Sweden	SMART Program
Daniel T. L. Shek & Rachel C. F. Sun	2011	China	The Project P.A.T.H.S
Shifalika Goenka, Abha Tewari, Monika Arora, Melissa H. Stigler, Cheryl L. Perry, J. P. Saulina Arnold, Sangita Kulathinal, & K. Srinath Reddy	2010	India	Mobilizing Youth For Tobacco-Related Initiatives (MYTRI)
Glorian Sorensen, Prakash C. Gupta, Eve Nagler, & Kasisomayajula Viswanath	2012	India	Salaam Bombay Foundation Intervention (SBF)
National Anti-Drug Agency of Malaysia	2016	Malaysia	PINTAR SHIELD Tomorrow's Leader

Based on the literature review, different countries have different ways of combating drug abuse. Some prevention programs focused on the development of skills in the life of adolescents such as in China. In China, the project P.A.T.H.S promoted the holistic development of youth and different types of development issues can be tackled in the project. Meanwhile, a program such as in India, Malaysia, the USA, Brazil, and Australia are examples of countries that promote knowledge, awareness, and understanding about the subject that needs to be prevented. In the context of encouragement to prevent drug abuse among students, the prevention program in Sweden provides the incentive to those who can follow the policy to not involve in drugs, and not breaking the rules. No matter what form of the prevention program, the shared characteristic of the program supposedly is the ability of the provider to

deliver the material and the engagement with participants, which play an important role to develop a successful prevention program.

Regarding the limitation of drug prevention programs discussed, Rigga and Menendez (2018) mentioned that Universal classroom-based drug prevention in the USA experienced a shortage of external support, lack of confidence, time constraints, difficulty fitting drug prevention content and the facilitators of the program are overloaded with drug facts. Meanwhile, Positive Youth Development (PYD) substance prevention program efficacy could fluctuate depending on the cultural background of the participants (Wade-Mdivanian et al., 2016). Although such studies have suggested school-based resilience intervention implemented in Australia has the capacity to extent student resilience and protective factor scores, however, the clinical significance is unknown (Hodder et al., 2011). For Life Skills Training (LST) drug prevention program, it is telling that schools, in any case, confronted numerous challenges amid execution. According to the program staff through interviews, it was found that finding space within the school schedule for the program is one of the barriers (Mihalic et al., 2008). Besides, teachers suggested instructional changes in Towards No Drug Abuse (TND) project, including applying small group discussions rather than didactic instructions for several lessons, they see the use of exterior speakers, the substitution of local characters into role-play activities, and students' involvement of the possess culturally-relevant role models into the educational modules (Handrianto et al., 2021; Ozer et al., 2010). However, for Mobilizing Youth for Tobacco-Related Initiatives (MYTRI) program which is held in India, teachers do not have enough time to review the curriculum before the delivery of the intervention. Thus, health mediation programs ought to be developed where teachers do not have to plan before the intervention of the curriculum. The instructor manuals also got to be straightforward and brief instead of detailed and expound (Shek & Sun, 2011).

CONCLUSION

The findings on the drug prevention program in several countries that have been discussed are Malaysia, India, China, Sweden, the United States, Brazil, and Australia. The findings lead to the documentation of several countries on the implementation of the drug prevention programs and what factors are considered to apply in drug prevention. The evaluation of effects on each program needs to be emphasized to assure the quality of the programs in achieving the desired objectives. Some implication for future research have been highlighted in this study. In preventing drug abuse, authorities should promote prevention programs that give a positive impact. The effectiveness of the drug prevention program also needs to be evaluated continuously to collect feedback from participants and implementers thus, skill gaps and problems can be identified to help improve prevention programs and the overall experience these programs provide. Future research can focus on the development of effective and non-harmful drug prevention programs by examining the causes of potential outcomes identified.

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