

Prevention of Adolescent Substance Abuse

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The Principle of Zero Tolerance

- The explicit ideological basis of US policy for both adults and young people
- Justifies criminalization and the equivalent in school disciplinary policies
- Has had little if any effect on prevalence
- Redefining the problem as a public health concern would transform prevention and humanize school policies

Prevalence of Use

- In the past 15 years prevalence of specific substances has fluctuated
- overall use of illicit drugs currently registers well above the average for the period.
- Alcohol use has declined recently. Why?

HIGHS VS. LOWS 1991-2006

Monitoring the Future Survey

	LOW %	HIGH %	2006 %
Any Illicit Drug	27.1 (1992)	42.4 (1997)	36.5
Alcohol	current	77.7 (1991)	66.5
Cannabis	21.9 (1992)	38.5 (1997)	31.5

Increased Use of Pharmaceutical Drugs

- Prescription pain medications and anti-anxiety drugs (15% of California 16 year olds)
- Prescription stimulants (for attention-deficit disorder)
- Over-the-counter cold and cough medicines
- Diet pills (also stimulants), primarily female use

Sources of Diverted Drugs

- INCB estimates 10 million illegal shipments entered US in 2005-2006
- Internet a major source
- Home medicine cabinets reflect huge increase in legal prescriptions
- Black market in painkillers estimated 2 to 3 million doses stolen from pharmacies (DEA)
- Similar situation in Canada and Mexico

Two-Headed Federal Youth Policy on Substance Use

**Education vs. Surveillance:
SAMHSA vs. ONDCP**

**Which direction for the
future?**

ONDCP

- **GAO (2006) reports \$1.2 billion youth directed media campaign a failure, but youth-directed messages continue in the media**
- **now promoting mandatory, random alcohol and illicit drug testing for secondary school students**

Prevention as Inoculation

The following assumption has been assumed self-evident, (needing no proof):

Pre-teenage children can be inoculated against later use of alcohol or illicit drugs.

Prevention Education: Drug Abuse Resistance Education (DARE)

- **A national curriculum delivered by local police departments**
- **Strong support in the Congress and many local communities**
- **Delivered early (late elementary school)**
- **Negative findings in independent evaluations**
- **A “new” DARE is coming on-line**

Federally Approved" Evidence-Based" Curricula

- **negative information on AOD plus training in "resistance" & "social norms"**
- **Mainly directed at upper elementary (pre-teenage) children**
- **Early evaluations (by developers) were positive**

Problems with Evidence-Based Programs

- **federal standards for approval have weakened significantly over time**
- **faulty early research in initial evaluations by developers**
- **replication studies by independent evaluators mainly negative**
- **low fidelity of delivery in schools**

Time for a Change

- New approaches to prevention education for young people (rather than children) are needed
- Developers must work together with young people in their development
- There are serious barriers to re-inventing the system

Barrier # 1: Zero Tolerance Ideology

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Barrier # 2: Federal/State Policy

- **SDFS funds limited to “evidence-based” curricula by SAMHSA**
- **Federal/state education bureaucracies unaware or unconcerned about negative later evaluations.**
- **Acknowledging failure of long-standing policies has consequences.**

Barrier #3: Competition from DARE

- **Local support for DARE often precludes use of alternative programs**

Barrier # 4: Limitation of Evaluation Research

- **Evaluation research can show that a program does not work.**
- **It rarely if ever identifies alternative conceptions of practice.**

Barrier #5: Pressures on Evaluation Researchers

- **Evaluation researchers usually try their best to find positive results.**
- **Developers should never do summative evaluations of their own programs!**

Goals of a Realistic Approach Include Reducing Harm for Drinkers/Users

- Increase percentage of abstainers
- Promote knowledge of risks and strategies for avoiding negative consequences of use
- How and when to assist others when needed (e.g., alcohol poisoning)
- Evaluate own relation to drugs and others who use them problematically, including family members

There is no magic bullet!