



Understanding Drug Prevention

145464

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been
granted by
Office of National Drug Control

Policy

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

An Office of National Drug Control Policy
White Paper
May 1992

145464 C1
797541

Understanding Drug Prevention

Preface

One of the most important goals of the President's National Drug Control Strategy is to prevent Americans, especially the young, from ever using drugs. The Strategy calls for applying pressure across all fronts of the drug war simultaneously, but recognizes that, in the long run, prevention is the key.

When this Administration took office, 14.5 million Americans were current users of drugs, including 2.9 million who were using cocaine. Nearly 2 million young people, aged 12-17, were using drugs. The number of arrests for drug violations had been rising dramatically. And those statistics represented more than numbers — they represented people whose lives had been destroyed by cocaine addiction, families torn apart by a drug-using child, and most tragically, babies born exposed to drugs because of their mothers' addiction.

In response to the devastation caused by drug use, the President boldly announced the first National Drug Control Strategy in a televised address to the Nation in 1989. That Strategy was a landmark document. Not only did it establish a coherent, coordinated policy for the entire Federal effort against drugs and join State, local, and private sector efforts in a national partnership, but it committed unprecedented new resources for drug prevention, treatment, and law enforcement.

And the Strategy is working. The use of illegal drugs by Americans is declining. Between 1988 and 1991, almost 2 million fewer Americans were using drugs, a drop of almost 13 percent. For young people, the news is even better. By 1991, about half a million fewer young people were current users of drugs, a drop of more than 25 percent, and drug use by high school seniors fell to its lowest level since 1975.

While this progress is encouraging, drug use remains unacceptably high and continues to erode the well-being of our children and the safety of our streets. The Administration remains committed to eliminating the demand for illegal drugs by supporting the mobilization of communities against drugs, the education of our children about the dangers of drug use, the encouragement of businesses to implement drug-free workplace programs, and the promotion of media campaigns that communicate anti-drug messages.

The President's National Drug Control Strategy describes in detail the goals and funding levels of the Federal government's prevention programs and initiatives. But this White Paper has a narrower focus. In the pages that follow, it examines the principles of drug prevention, describes promising strategies for preventing drug use, and discusses the characteristics of successful prevention programs. The paper also discusses who needs drug prevention, and what kind of prevention should be provided. It is written for the general public, policymakers, and other government officials. In short, the goal of the White Paper is to contribute to our public discussion of drug prevention so that decisions made about the funding and administration of drug prevention programs are based on a deeper understanding of the subject. More important, it provides information that can be used now to start new prevention programs and strengthen existing ones so we can continue to build a Nation free of drugs.

BOB MARTINEZ
*Director, Office of National
Drug Control Policy*

Prevention: A Historical Overview

Over the past century, America has undergone several cycles of waxing and waning drug use. During the late 19th and early 20th centuries, the use of cocaine reached epidemic proportions, the result of its depiction by the medical profession and advertisements as a safe, nonaddictive treatment for many common ailments. Cocaine was thought to be so harmless that it could be found in everything from cough drops and skin ointments to tonics and soft drinks. As awareness grew of cocaine's addictive nature, however, citizens began to call for government action to curtail its availability.

Cocaine and other drugs were regulated with the passage of the Harrison Anti-Narcotics Act of 1914, the first anti-drug legislation in the Nation's history. By the late 1940s, World War II and the disruption of international trafficking organizations had reduced the number of chronic drug users to less than 100,000.

Because the Nation's first cocaine epidemic had been so thoroughly suppressed, the general public, as well as educators, legislators, and law enforcement officials, grew complacent about the danger posed by cocaine and other drugs. As a result, throughout the 1950s and 1960s, children received virtually no drug education. As this generation of young people came of age, the Nation was destined to relearn a painful lesson.

The 1960s ushered in a period of renewed and widespread use of addictive and mind-altering drugs, including marijuana, LSD, amphetamines, and heroin. For young people of that era, drugs became the symbol of generational defiance.

By the 1970s, drug use had reached unprecedented levels. The use of drugs became not only tolerated, but also glamorized by many segments of the intellectual, educational, and cultural elite. Movies, television, and popular music portrayed drug use as safe, enjoyable, spiritually enlightening, and a rite of passage for young people. Even President Carter's drug policy adviser described cocaine as neither addictive nor dangerous.

Many citizens, especially parents, became outraged at the pervasive use of and tolerance for drugs and, concerned about their children's welfare, they took action. Groups of anti-drug parents began to form around the country. They mounted a massive awareness campaign to teach young people and adults about the destructive nature of drugs, and demanded that the authorities enforce existing anti-drug laws and pass new, tougher laws. Citizens urged the schools to establish and enforce strict policies against drug use and to implement anti-drug

curricula. They pressured Hollywood and the media to stop glamorizing drugs and the drug lifestyle. And from the efforts of First Lady Nancy Reagan, "Just Say No" became a universal symbol of the Nation's hardening attitudes toward drug use.

The appearance in the early 1980s of a new, potent form of smokeable cocaine, popularly called "crack," brought devastating consequences. Its highly addictive nature led many of its users to abandon all responsibility and obligation, even to their unborn children. The enormous profits to be made by dealing in crack seduced thousands of young people into a life of lawlessness and turned neighborhoods into battlegrounds. The death of basketball star Len Bias from a cocaine overdose in 1986 gave added impetus to the prevention movement by demonstrating that drug use was not just addictive, but also deadly.

Responding to the outcries and concerns of parents, Federal, State, and local governments began to take action on a variety of fronts: street-level law enforcement, education and public awareness, treatment for drug users, border interdiction, and international efforts. The Federal government's role in countering illegal drugs expanded greatly in the mid-1980s, as several major pieces of legislation were enacted. In addition to stepping up law enforcement and supply reduction efforts, these Acts (in 1984, 1986, and 1988) created a major Federal role in drug prevention. The Office for Substance Abuse Prevention (OSAP) was created within the U.S. Department of Health and Human Services to spearhead Federal prevention initiatives, and the Drug-Free Schools and Communities Act was passed, providing money to schools and colleges for anti-drug programs. The Office of National Drug Control Policy (ONDCP) was established by the Anti-Drug Abuse Act of 1988 to coordinate national anti-drug efforts and oversee Federal anti-drug programs.

Between 1988 and 1991, the number of Americans using marijuana dropped by nearly 2 million, and those using cocaine dropped by 1 million. Among high school seniors, drug use decreased 58 percent from its historic high in 1979, and negative attitudes about the perceived risk of using drugs increased. Although many communities throughout America remain devastated by the effects of drug trafficking and use, the tide has begun to turn.

Why Do People Use Drugs?

There are as many reasons for using drugs as there are drug users. And there is no typical drug user. Drug users are rich and poor; white, black, Hispanic, Native American, and Asian; and they live in big cities, suburbs, and rural areas. However, there are a few common themes that

appear time and again. Drug use often begins out of curiosity. Some young people say they began to use drugs because they wanted to feel grown-up. Others report using drugs as a way to fit in with the right social group, or because an older sibling, a friend, or even a parent offered them drugs. Many young people take drugs to relieve stress, boredom, or unhappiness in their lives.

No one begins to use drugs with the idea of becoming addicted. But such substances as heroin and cocaine are so highly addictive that any use of them often leads to addiction. Studies of American soldiers in Vietnam and the results from the National Household Survey indicate that as many as one-fourth to one-third of those who take heroin or cocaine will become addicted. These probabilities are high enough to ensure that any level of drug use in the population will create addicts, but low enough to delude young people into thinking they can use drugs and beat the odds.

Researchers have identified several risk factors that point to an increased probability that a young person will use drugs. These include:

- Early use of alcohol or tobacco;
- Alienation from family, religious institution, school, and community;
- Poor academic performance and boredom with school;
- Anti-social behavior;
- Having friends who use drugs;
- A lack of strong positive role models;
- A family history of drug and alcohol use; and
- No consistent discipline or direction from adults.

Although the presence of one or more of these factors does not necessarily mean a child will use drugs, as the number of risk factors increases, so does the probability of a person using drugs.

In addition to factors that are largely a function of a young person's attitudes and family situation, we should not underestimate the effect of living in close proximity to drugs and drug trafficking. When drugs are being openly sold on the street corner, and when drug traffickers are envied and seen as respected and prosperous members of the community, the task of deterring a young person's involvement with drugs is made much more difficult.

What is Drug Prevention?

The challenge for those who make drug policy, indeed for all Americans, is not only to reduce drug use, but to prevent it before it starts. There are two ways to influence whether an individual decides to use drugs. The first is to convince him that drugs are undesirable. This can be done by providing information about the medical harm caused by drugs, persuading him that drug use is wrong, and making available attractive drug-free alternatives. The second approach is to make the individual fear the consequences and penalties imposed for drug use. Traditionally, the first approach is thought of as prevention, while the second is viewed as law enforcement. In truth, both reduce demand and both are essential to an effective prevention strategy.

Typically, the term "prevention" has been used to refer to dissuading people from ever trying drugs. This White Paper will focus on prevention primarily in this sense, with the understanding that drug prevention works best when it is coordinated with law enforcement and treatment, as part of a comprehensive strategy for attacking a community's drug problem.

Illicit drugs such as cocaine, heroin, and marijuana are not, of course, the only substances that are harmful to adolescents. The use of tobacco and alcohol by underage persons, as well as the use of steroids and human growth hormones, are major national public health problems, and for many young people their use is linked to the use of other illicit drugs. For this reason, virtually all prevention programs for young people address alcohol and tobacco. When this White Paper discusses various approaches to preventing drug use by young people, it should be understood to include alcohol, tobacco, and steroids, as well as illicit controlled substances.

Guiding Principles

The question most often asked about prevention is: What works? Unfortunately the answer is neither simple nor readily available. And because there are so many factors affecting an individual's decision to use or not use drugs, prevention is not an easy subject to quantify. Nevertheless, through a growing body of research as well as through trial and error, we have learned something about why some prevention approaches succeed while others fail. The following section describes three guiding principles of successful prevention efforts.

The Family is the Key

The family is the first, and the most important, line of defense against drug use. Parents teach their children moral values and a sense of personal and social responsibility. For the vast majority of children, their parents — not athletes, movie stars, or musicians — are the most important role models. Children usually grow to embrace many of the same values and behaviors of their parents. And so, children whose parents have strong anti-drug attitudes will often grow to share those beliefs. Conversely, if parents appear to be indifferent toward, or even to condone, drug use, it should not be surprising to see their children use drugs.

Unfortunately, many children in America are not being raised in stable, functional families, and these children are at high risk of using drugs. Indeed, drugs have done much to undermine the family, especially in many inner-city neighborhoods. It is critical to try to restore the families. But when these efforts fail, responsible adults such as relatives, neighbors, teachers, groups such as Big Brothers and Big Sisters, and others have to step in and provide the guidance and love that children need to become responsible adults.

Community-Wide Approaches Are Essential

The second line of defense against drugs must be the community. When illegal drug use is attacked by all parts of the community — families, schools, businesses, law enforcement, the media, service clubs, recreational programs, and churches and synagogues — the chances of success are greatly enhanced. No one sector of the community can be effective alone. Police cannot be on every street corner, watching for every drug deal. Courts cannot punish every drug offender. Schools cannot monitor young people every minute of the day. But local education and law enforcement officials can cooperate to keep drug pushers away from school buildings; local service clubs can join forces with public housing agencies to provide tutors and mentors for high-risk youth; newspapers and television and radio stations can carry anti-drug messages and report on community anti-drug initiatives; and the local business community and labor groups can team up to sponsor drug-free workplace programs.

But any community strategy will be more effective if each citizen sees the anti-drug effort as his or her personal responsibility. Exercising this responsibility could take many forms, from volunteering as a tutor or mentor to a young person, to organizing a neighborhood block watch program.

Common Ingredients of Successful Prevention Programs

Prevention programs have a greater likelihood of success if they:

- Have a clear goal of no use of illegal drugs.
- Treat young people as individuals and address their individual needs.
- Provide information that is factual and credible.
- Recognize cultural differences and tailor their strategies accordingly.
- Teach young people to be responsible for their actions.
- Are led by dedicated men and women who have the capacity to be both tough and compassionate.

High-Risk Populations Need Concentrated Attention

Recent statistics show unequivocally that overall drug use in America, particularly among young people, has declined significantly in recent years. But these declines have not been uniform across all sectors of the population. In the inner city, where the damage caused by crack cocaine and other drugs has been greatest, the decline in drug use has been relatively smaller and indeed the drug problem may even be worsening among some groups. Moreover, there are never enough resources to address all the individuals in a community equally. Nor do some people need as intense a "dose of prevention" as others. In any community, some children will be at greater risk than others: children of addicts and alcoholics, runaway and homeless youth, dropouts, and abused and neglected children. Many of these children suffer from the same basic underlying problem: insufficient guidance from caring adults.

Reaching these young people is not easy; they may not be in school; their families may be in disarray; and they may instinctively shy away from police, teachers, clergy and other authority figures who could help them. Yet with concentrated effort can come success. Helping young people to take advantage of educational and cultural resources within the community, instilling in them a clearer sense of social norms and

values, helping them to learn about their heritage, giving them a safe haven for study and play, and helping them to find adult role models and mentors are some of the ways of making a difference in their lives.

Promising Strategies

Although it can be difficult to measure the success of drug prevention strategies, there are several approaches that seem promising, particularly when they are part of a comprehensive community-wide approach. These include: school-based programs, media campaigns, mentoring, teaching resistance skills, drug-free activities, early childhood programs, community coalitions, and user accountability. Each is discussed below.

School-Based Programs

One of the six National Education Goals calls for all American schools to be free of drugs and violence by the year 2000. Because children spend many of their waking hours in the classroom, schools are important sites for drug prevention. Perhaps the best way that a school can prevent its students from using drugs is simply to be a good school. This means a challenging curriculum, high expectations for all students, dedicated knowledgeable teachers, an energetic principal, involved parents, and an orderly disciplined learning environment.

An essential component of any school's prevention program is a comprehensive prevention curriculum at all grade levels. Effective prevention curricula emphasize a message of "no use" of alcohol and drugs, encourage civic responsibility and respect for the law, and teach children the importance of being healthy and drug-free. Effective curricula also present accurate information about what drugs can do to young people's bodies and minds, and teach students how to resist peer pressure to use drugs.

Schools should supplement and reinforce their anti-drug curricula by establishing and enforcing drug-free school policies. Such policies should provide sanctions or consequences up to and including expulsion for students who use or sell drugs on school grounds, and also deal firmly with drug use by faculty and other staff members. In addition, schools should vigorously address other problems that are associated with the drug trade, such as the presence of weapons in the schools, as well as provide a student assistance program and offer drug-free activities to the students. All of these measures — the curricula, the policies, and the programs — are most effective when schools cooperate

closely with local police, community groups, and businesses, and when they work hand-in-hand with the parents.

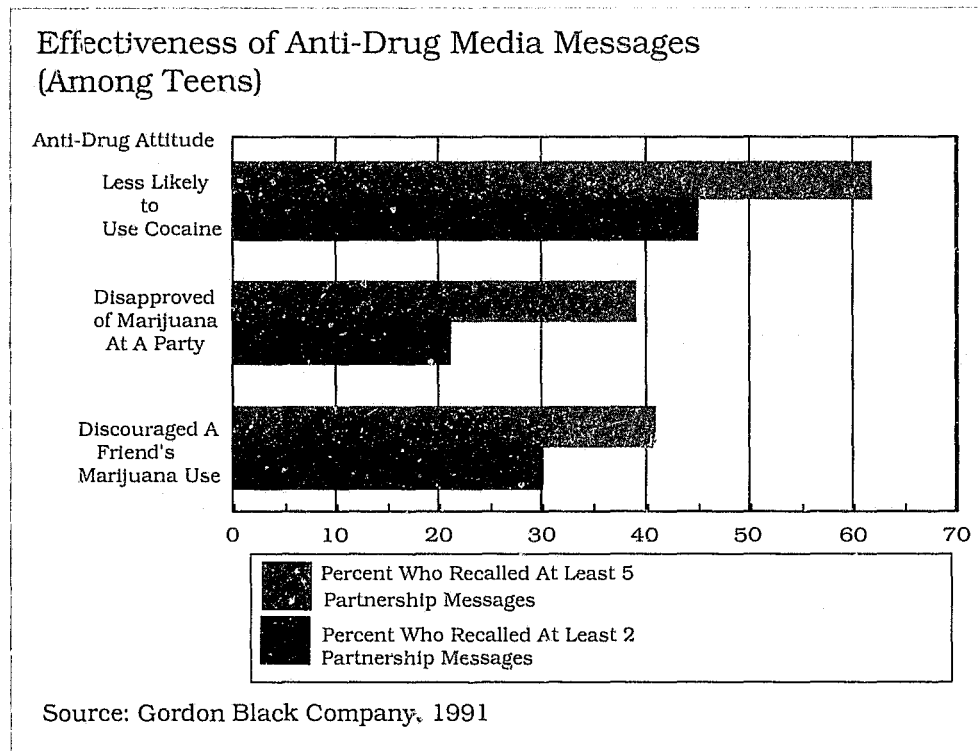
Washington Middle School, Albuquerque, New Mexico

Washington Middle School, where 93 percent of the students are from low income families, has been recognized by the U.S. Department of Education as an exemplary Drug-Free School. In just three years, the school was transformed from a place of rampant drug and gang activity to an orderly place where students can learn. The school now enforces tough policies against drugs and gangs, and has a three-day in-school suspension program for first-time drug or alcohol offenders. Parent and community involvement are keys to the success of Washington Middle School. The school operates a Parent Center, which offers parenting classes, English lessons, and counseling for recent immigrants. It also has developed several business and community relationships, arranging, for example, tutors from the Internal Revenue Service and volunteer physicians from the University of New Mexico.

Media Campaigns

Intensive, well-conceived, and sustained media campaigns can shape public attitudes about drugs. Many people believe that the anti-smoking campaign of the 1970s had a great deal to do with reductions in teen smoking during that decade. Recently the same kind of attention has been directed towards drugs. For example, since 1987 the Partnership for a Drug-Free America, a privately-funded initiative of the advertising industry, has conducted an extensive national campaign to encourage negative attitudes towards drugs. The Partnership calls this "denormalizing" drug use, changing the public's attitude from one of acceptance of drug use as normal to one of viewing drugs and the people who use them as abnormal, unfashionable, and unpopular. Survey research conducted in the cities where the Partnership conducted intensive public awareness campaigns has demonstrated a significant impact on public attitudes toward drug use.

In addition to transmitting anti-drug messages, it is important that the media refrain from portraying drug use as normal, desirable, or fashionable. Furthermore, the entertainment industry can strengthen society's anti-drug messages by producing films that depict drug use realistically — damaging to the users and heartbreaking to their family and friends.



Less useful, and perhaps even counterproductive in the opinion of many experts, is the use of sports and entertainment stars who are reformed drug users to tell young people not to do as they have done. While well intentioned, they can carry the unintended message that addiction is not a great risk — you can always recover, go on to become rich and famous, and be a role model for other young people.

Mentoring

Many young people, especially those growing up in high crime, drug-infested neighborhoods, lack a stable, long-term adult presence in their lives. These young people may be completely disengaged from responsible community institutions such as school, church, youth groups, or legitimate employment. Cast adrift from strong adult role models and guidance, they too often succumb to the lure of the drug trade and the lawless culture of the street.

Adult mentors can play a vital role in steering them away from drugs and crime and toward a productive life. For example, adults and older peers can be organized, trained, and placed in supportive relationships with young people. High school seniors can help incoming freshmen. Professionals, college students, and recent college graduates

can volunteer to work with young people. Older parents can be matched with teenage mothers and fathers who may be unprepared for the rigors of parenthood.

Choice Program Baltimore, Maryland

Baltimore's Choice program works with troubled youths in the city's most distressed neighborhoods. Choice is run by recent college graduates who have agreed to spend a year or more working with inner city young people who have been referred by various public agencies. Typically, a Choice worker will see the youth to whom he or she is assigned three to five times a day, virtually every day of the year. The purpose of the program is to provide intensive attention, guidance, and discipline to adolescents who are used to getting none of these. Choice staff make it their business to know the whereabouts of their young charges at all times, to make sure they attend school, avoid loitering, and stay out of trouble, and to hold them accountable for their missteps.

Resistance Training

Often called "refusal skills training," this strategy grew out of successful efforts to teach adolescents how to say "no" to smoking. This approach recognizes the enormous role peer pressure plays in influencing a young person's decision to try alcohol or drugs. Resistance training gives children the practical social skills they need to handle such pressure. Unlike some previous school-based approaches, resistance training is predicated on the proposition that using drugs is wrong and harmful and should be resisted. Lately, this training has been further expanded to help youth resist peer pressures to participate in other criminal activities.

Drug-Free Activities

If we expect young people to lead drug-free lives, we must provide them with appealing alternatives. Activities ranging from Boys and Girls Clubs to Midnight Basketball leagues can help relieve the boredom that tempts many young people to become involved with drugs, as well as provide them with responsible adult supervision. Another positive aspect

of such programs is that they provide young people with a sense of camaraderie and community that can compete with the appeal of youth gangs and drug trafficking networks.

Other activities can also fill this role. Many schools have begun to offer alcohol- and drug-free after-prom parties, graduation parties, and other school-based celebrations that allow young people to have fun without exposing them to negative peer pressure. Local businesses are also an excellent source of support for alternative activities such as athletic teams or part-time jobs.

Boys and Girls Clubs in Public Housing

The Boys and Girls Clubs of America has developed and tested ways to create clubs in public housing communities across the Nation. Because of these efforts the number of Clubs in public housing has increased rapidly, from fewer than 40 in 1987 to more than 170 in early 1992. Club staff are trained to recruit high-risk children, schedule them into Club activities, maintain formal linkages with community agencies, and carefully track the progress of each participant. Public housing communities with Clubs with Targeted Outreach (a juvenile delinquency prevention program) and SMART Moves (a drug prevention program) have shown significantly less drug use and juvenile delinquency, and increased adult involvement with youth.

Early Childhood Programs

Drug prevention programs once targeted only high school and junior high school students. However, we now understand that prevention is most effective when young people are reached at a much earlier age, even as early as preschool, before they are faced with the opportunity to try drugs. Early childhood programs reach youngsters before they develop bad habits or face negative peer pressure. Effective preschool programs, such as Head Start or Missouri's New Parents as Teachers Program, enhance positive child development as well as work with parents to improve their parenting skills. Research findings suggest that these programs can partly counteract the effects of dysfunctional families and exposure to violent surroundings, both factors associated with adolescent drug use. They have been shown to reduce the long-term incidence of academic failure, criminal behavior, and other behavioral problems associated with drug use.

Community Coalitions

The most effective strategies for preventing drug use and keeping drugs out of our schools and neighborhoods are those that mobilize all elements of a community in a coordinated plan of attack. One way for a community to develop and implement that plan is to form a community coalition. Coalitions can be formed in a number of ways. Often an individual — a concerned parent, a business leader, a school official, or a chief of police — will take the initiative. A coalition enables the community to mobilize all the key residents and organizations, including government officials, parents, schools, service clubs, businesses, the media, houses of worship, health providers, and law enforcement to forge a broad consensus about how to attack the community's drug problem.

What unites the diverse groups that make up a community coalition is a heightened sense of concern, and even outrage, about what drug use is doing to a community and an urgent commitment to take actions that will be effective. Successful coalitions are able to translate this initial urgency and energy into a process that continually unfolds, takes advantage of, and generates new opportunities for action.

The Miami Coalition

The Miami Coalition for a Drug-Free Community works actively with all parts of the community. Drug-free school zones have been established. The local "Drug Court" has diverted thousands of users into treatment. Ministers have been trained in drug prevention. The Urban League has a comprehensive neighborhood clean-up campaign to stop drug trafficking — Operation POP (Push Out the Pushers). The Coalition's Jobs committee is matching people who have completed drug treatment programs with job opportunities. Because of the joint efforts of the Coalition and the Greater Miami Chamber of Commerce, more than a third of all employees in Dade County now work in companies that have drug-free workplace programs. Local media have contributed over \$3.5 million worth of air time and print space for anti-drug messages. More than 1,500 crack houses have been closed. Its broad-ranging and successful approaches have made the Coalition a model for community action against drug use. More than 200 communities in the U.S. and 60 foreign countries have sought assistance from the Coalition or sent delegations to Miami.

Successful coalitions focus on specific goals and objectives, rather than attempt to solve all of the community's drug and drug-related problems. For example, a community may choose to concentrate on bringing law enforcement and service providers together to make the community free of violence, to work with older teens and young adults who have dropped out of school, to strengthen after-school and weekend programs for adolescents, or to improve school-based prevention programs.

User Accountability

User accountability seeks to make users of illegal drugs responsible for the harm they bring upon society, to induce them to enter treatment, and to deter nonusers from ever starting to use drugs. Laws and policies to hold users accountable articulate a range of clear and appropriate consequences for possessing or using illegal drugs. They can take a number of forms, including school policies, workplace policies, diversion to treatment, and denial of Federal and State benefits.

In schools, user accountability is best attained through policies that are unambiguous, straightforward, and consistently applied. The consequences of violating these policies can range from parental notification to suspension, expulsion, and mandatory participation in an alternative school. The objective of the policies is not to force students who use or sell drugs to leave school; rather, it is to teach them that using drugs not only harms them, but also interferes with the right of other students to learn.

Because approximately two out of every three drug users are employed, the workplace is an important focus for drug prevention and user accountability. Drug-using employees are more likely to miss work, have health problems and be involved in accidents and thefts. Many employers have found that comprehensive drug-free workplace policies can enhance safety, increase productivity, and hold down costs, while sending employees a clear message that drug use can endanger their continued employment. Such policies include: educating employees about the harmful effects of drugs, training supervisors to recognize and respond to symptoms of drug use, and establishing employee assistance programs to ensure that employees can get the help they need to stop using drugs. In addition, experience has shown that drug testing in the workplace can be an effective deterrent to drug use and a powerful means to identify drug users in need of treatment.

Texas Instruments Drug-Free Workplace Program

The Texas Instruments Corporation (TI) has been one of the leaders in preventing substance abuse in the workplace. Over the last five years, TI has implemented an anti-drug policy which includes training for managers, education for employees, employee assistance programs, and a rigorous drug testing program, including applicant and universal testing of all 73,000 employees. The TI corporation has also required that suppliers and contractors who operate on their property have a similarly rigorous program in place in order to do business with Texas Instruments. TI's practice of using corporate leverage to encourage other businesses to get involved in drug-free workplace activities is a good example of corporate leadership in demand reduction efforts.

Does Drug Prevention Work?

Defining Success

In conducting research on prevention programs, it can be difficult to isolate all of the many factors that influence an individual's decision to use drugs, and therefore to establish cause and effect. In addition, there is an issue with respect to specifying the time frame that should be applied in order to determine whether a prevention program has worked. In cancer treatment, for example, medical science defines a patient as "cured" if he or she remains cancer-free for five years following treatment. With drug prevention, on the other hand, the goal is for an individual to remain drug-free over his entire lifetime.

The ultimate goal of prevention should not obscure the fact that partial success can be obtained by programs that lower school dropout rates, increase enrollment in postsecondary education, increase employment rates, increase participation in drug-free activities, decrease time spent with drug-using friends, or develop various coping skills. Although these programs may not prevent someone from ever using drugs, they may very well contribute toward a person ultimately leading a drug-free life. Furthermore, if a program can delay the onset of first use of a drug, while not the primary goal of prevention, it will decrease the likelihood of the user becoming addicted and a burden on society.

For Whom Does Prevention Work?

It is ironic that drug prevention programs work best for those who need them least; that is, for those young people who come from stable, supportive families and who live in communities that are not marred by violent crime and drug trafficking. Young people who have many responsible adult role models in their lives, and who respect and trust these adults, are more likely to heed their warnings not to use drugs. Such young people usually have definite career plans and a strong sense of obligation to their family and community, and therefore it is easier to convince them of the damage that drugs can do to their lives.

But adolescents whose lives have already been scarred by dysfunctional family situations, poverty, or exposure to violence may be unable to see how using or selling drugs could make matters any worse; and they may view drugs as a way to alleviate their pain and despair or as a quick route to material gain. These adolescents need drug prevention programs that are both more intensive and appropriate to their lives and experiences.

Making Prevention Work Better

The dramatic changes in nationwide attitudes toward drugs and the equally dramatic long-term downward trend in casual use demonstrate clearly that prevention works. Despite the growing body of research on the effectiveness of drug prevention programs, much remains to be learned about which prevention strategies are most effective, in what circumstances, and for which populations.

We need more research to tell us what approaches are most effective for high-risk youth, which types of community coalitions work best with different ethnic and cultural groups, how to replicate successful programs, and what effects early childhood programs have on adolescent drug use. Some of this research is already underway. For example, researchers are conducting studies to determine what makes some young people in high-risk circumstances more resistant to the temptation of drugs and the illegal drug trade.

What Doesn't Work

Although we do not know definitively which prevention programs work best, we do know, based on research as well as years of experience, a great deal about which prevention approaches are ineffective. Several such approaches are described below.

Legalization

Despite the fact that the use of illegal drugs has decreased significantly over the past several years, there are still those who advocate legalizing drug use. But if we have learned anything about drug policy, it is that legalization would have catastrophic implications for our efforts to convince young people and others not to use drugs.

Allowing drugs such as cocaine and heroin to be sold openly in pharmacies and supermarkets would undercut — indeed, would make a mockery of — society's efforts to convince young people that taking drugs is wrong and harmful. Legalization would also undercut other efforts to reduce the demand for drugs. For example, drug treatment would be much less effective if addicts leaving treatment programs found themselves surrounded by readily available, legalized drugs.

One of the chief arguments of legalization proponents is that legalization would eliminate drug-related crime and violence by removing the profit motive for criminals. But there is no evidence that this scenario would reduce drug use or drug trafficking, and plenty of evidence to suggest that both would increase dramatically. Under virtually any of the legalization proposals, drugs would continue to be off-limits for certain groups, such as children and known criminals. This would inevitably give rise to illegal drug markets. Additionally, the easy availability of such drugs as cocaine and heroin would, as experience suggests and even many legalization advocates concede, lead to more drug use, more addicts, and more of the harmful by-products of drug use: crime, violence, family disintegration, impaired infants, and social disruption. In short, the lesson is clear: drugs are not dangerous because they are illegal; they are illegal because they are dangerous.

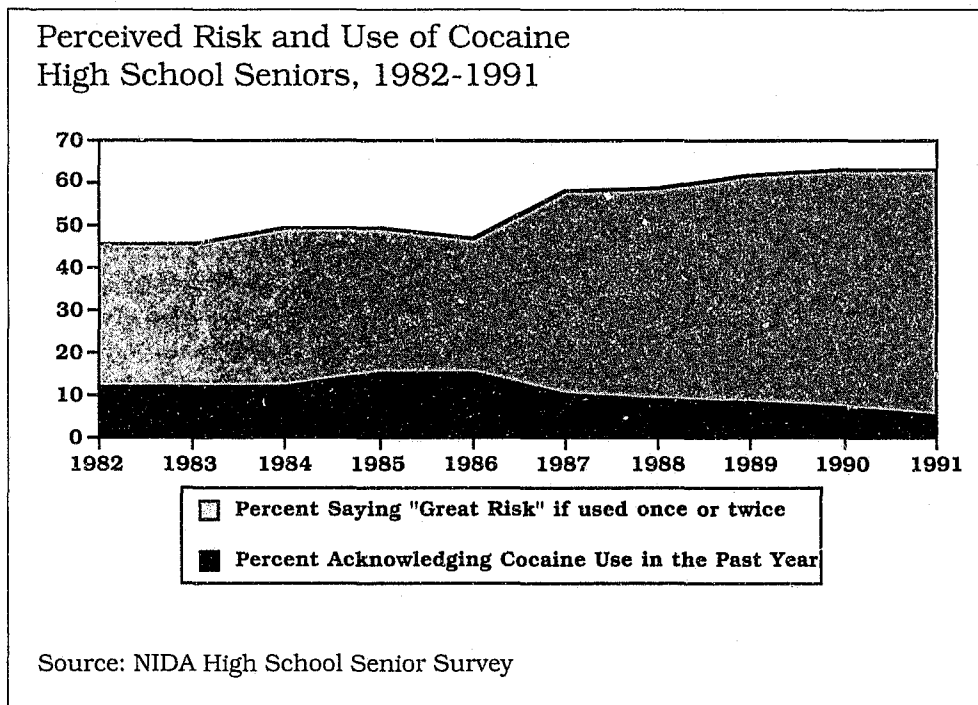
Responsible Use Messages

Some people have argued that instead of issuing a blanket denunciation of all drug use, educators and government officials should be content with trying to get students to use drugs — including alcohol — responsibly and in moderation. This approach, sometimes referred to as "harm reduction," seeks to reduce problems associated with illegal drug use rather than prevent such use. Until very recently, a number of widely-used drug education curricula incorporated this philosophy. The strategy is flawed, however; because of the addictive nature and harmful side effects of illegal drugs, the only responsible use is "no use". By leading young people to think otherwise, the "responsible use" approach may have actually encouraged many youngsters to experiment with drugs — experimentation which in many cases led to regular use, and ultimately to addiction.

Providing Information Without Direction

In the 1970s, it was widely believed that if we merely provided young people with specific information on drugs — what they look like and their effects — youngsters would make an informed choice not to try them. Ironically, the opposite frequently occurred. Many young people, finding their curiosity aroused, decided to experiment with illegal drugs, using the prevention materials they had been given as a primer on how to use drugs.

However, some people have misinterpreted the lessons learned in the 1970s, and concluded that the best way to persuade young people not to use drugs is to give them no factual information whatsoever. This too is ill-advised. Particularly for the low-risk child, providing information on the health and legal implications of using illegal drugs is often enough incentive to avoid them. A comparison of the perceived harmfulness of using illegal drugs with the actual reported use of illegal drugs in the High School Senior Survey shows clearly that when young people understand the dangers of illegal drugs, they choose to remain drug-free. High-risk youth may not be so easily dissuaded from using drugs, and for them additional intervention is necessary.



Scare Tactics

Another strategy that has been deemed ineffective is the use of scare tactics. When, in order to deter young people from using drugs, we present them with exaggerated or outright erroneous information about drugs' effects, the credibility of the entire anti-drug message is damaged. A prime example of this is the almost comically exaggerated view of the effects of smoking marijuana portrayed in propaganda such as the movie "Reefer Madness," which distracted a generation of young people from the drug's very real and very serious medical dangers. We should teach young people the truth about drugs. The reality of drug use — mental impairment, long-term medical damage, loss of employment, the horrors of addiction, and the possibility of an early death — is sobering enough without having to resort to misinformation.

Self-Esteem Exercises

A widely used prevention strategy seeks to prevent drug use among young people by reinforcing their self-esteem through a variety of motivational and values-clarification exercises. The rationale behind this approach is that young people use drugs because they have a low opinion of themselves; consequently, if youngsters can be made to feel good about themselves, then they would choose not to use drugs.

The self-esteem argument has an element of validity. But there is a difference between self-esteem that is earned through an acceptance of responsibility for oneself, one's family and one's community, and the self-esteem promoted by some of these exercises in which, young people are told, self-esteem is intrinsic, without any obligation to study in school, to stay away from drugs, or to obey the law. It is important that drug prevention curricula and programs help children gain esteem by promoting hard-won accomplishments, passing a challenging math test, for example, rather than by relying on feelings alone.

Magic Bullets

Motivated by an understandable desire to save children from the ravages of drug addiction, many adults seize upon a variety of anti-drug promotional materials as the answer to keeping young people from using drugs. The most common are items of clothing bearing anti-drug slogans, such as T-shirts, caps, buttons, rings, and headbands. Of a similar nature are bumper stickers, posters, anti-drug rap songs, school assembly programs, and books or brochures aimed at children. Although such techniques can be helpful in deglamorizing illegal drugs

and can provide a forum for young people to express their decisions to lead a drug-free lifestyle, no single "magic bullet" will keep a generation of young people from using drugs. These techniques can only be effective when they are an integral part of a long term effort to influence the attitudes and behavior of young people.

The Federal Role in Prevention

By itself, the Federal government can do very little to prevent drug use among young people. The most important agents of any effective prevention policy — families, schools, religious institutions, and community coalitions — are, by tradition and by their nature, well outside the locus of Federal government control.

Nevertheless, it is also true that drug prevention probably cannot succeed on a national scale without the assistance of the Federal government. The Federal government supports efforts to prevent drug use in a number of ways, for example, by providing funds to communities to start anti-drug programs, by conducting research to identify the most effective prevention programs, and by funding demonstration projects to initiate innovative new approaches to drug prevention. Moreover, the Federal government requires school systems and universities to adopt tough anti-drug programs as a condition of continued receipt of Federal funds.

All of the Federal government's activities for preventing drug use are motivated by a few basic principles. These are:

Decentralization. If drug prevention is to be successful, local leaders, not the Federal government, must decide how best to tailor prevention programs to meet the particular needs of their community. Providing funding through block grants is one way to give communities the resources to implement anti-drug programs and the flexibility to decide how the funds should be spent.

Accountability. While the Federal government supports decentralization of control over drug prevention programs, it also seeks to hold State and local governments accountable for how they spend Federal money.

Targeting. As drug use continues to decline among young people generally, the Federal government should focus prevention resources on those parts of the population in which drug use remains high.

The Federal commitment to funding drug prevention programs and research has increased dramatically in recent years. For Fiscal Year 1993 the President is seeking nearly \$1.8 billion for drug prevention and related research, more than double what was spent in Fiscal Year 1989. More than one-third of the prevention budget will be allocated by the Departments of Health and Human Services and Education in the form of block and formula grants to the States.

Understanding Drug Prevention

Prevention is an essential component of the Nation's comprehensive strategy to combat the use of illegal drugs. Drug prevention has a proven record of success, as shown by the dramatic decline in the number of drug users, especially among the young, over the past decade. However, it is important to recognize that prevention alone cannot solve this Nation's drug problem. Effective drug treatment is needed for those Americans who are unable to resist the lure of drugs. Effective law enforcement is needed to deter non-users from becoming involved with drugs, and to restrict the supply of drugs by disrupting drug trafficking organizations. Effective interdiction and international efforts are needed to prevent drugs from reaching our borders and to disrupt the transit of drugs within our country. No single part of the National Drug Control Strategy can win the war against drugs, nor can we be successful by neglecting any major element of the Strategy.

Nonetheless, research and experience give us confidence that some prevention approaches are effective. We know that community-wide coalitions, well-conceived media strategies, school-based approaches that include firm policies, and intensive engagement of adults in the lives of high-risk youth, among others, can help to prevent young people from using drugs and becoming involved in the drug trade. More fundamentally, we know that prevention approaches work when they use clear no-use messages.

The challenge is to build upon our successes and learn from our mistakes. More resources must be directed toward saving our young people who are at the highest risk of becoming mired in drug addiction, violence, and crime. More must be done to ensure that funding for prevention programs is spent on approaches that work, and greater efforts must be made to learn through research what approaches are effective and why. Most important, we must avoid falling prey to the false promises of legalization and other gimmicks that pretend to be cheap, easy solutions to the complex problem of drug use in America. Through the combined efforts of millions of ordinary parents, community leaders, teachers, and others across America, we can be confident that drug prevention will continue to play a vital role in the fight against drugs.

Resources on Prevention

Government Publications

All these publications are available free from the Federal Drug, Alcohol and Crime Clearinghouse Network, and may be obtained by calling 1-800-788-2800.

Citizen's Alcohol and Other Drug Prevention Directory, Office for Substance Abuse Prevention (OSAP), 1990.

Drug Prevention Curricula: A Guide to Selection and Implementation, U.S. Department of Education (ED), 1988.

Growing Up Drug-Free: A Parent's Guide to Prevention, ED, 1990.

Learning to Live Drug-Free: A Curriculum Model for Prevention, ED, 1990.

Preventing Adolescent Drug Use: From Theory to Practice, OSAP, Prevention Monograph 8, 1991.

Prevention Plus II: Tools for Creating and Sustaining Drug-Free Communities, OSAP, 1989.

Success Stories from Drug-Free Schools: A Guide for Educators, Parents & Policymakers, ED, 1992.

What Works: Schools Without Drugs, ED, 1989.

Other Resources

Federal, Drug, Alcohol and Crime Clearinghouse Network

1-800-788-2800

A toll-free number for seven major information sources: drug prevention, drug treatment, drug-free workplace programs, public housing drug initiatives, AIDS and drug use, crime and national and international criminal justice efforts.

National Families in Action

2296 Henderson Mill Road
Suite 204
Atlanta, Georgia 30345
(404) 934-6364

Maintains a drug information center with more than 500,000 documents; publishes Drug Abuse Update, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers.

American Council on Drug Education

204 Monroe Street
Suite 110
Rockville, Maryland 20852
(301) 294-0600

Organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films.

OSAP National Training System (NTS)

8630 Fenton Street, Suite 300
Silver Spring, Maryland 20910
(301) 588-5484

Conducts workshops on a variety of prevention and community organization topics. NTS also operates the Prevention Training Information System, which provides information on trainers, existing prevention curricula and program designs, and other training resources. Telephone (301) 588-5484, extension 314.

Institute for a Drug-Free Workplace

1301 K Street, NW
Suite 1010 - East Tower
Washington, D.C. 20005
(202) 842-7400

An independent, self-sustaining coalition of businesses, business organizations, and individuals dedicated to educating employers, employees, State and Federal legislators, and the public about substance abuse prevention programs in the workplace.

National Crime Prevention Council

1700 K Street, NW
Second Floor
Washington, D.C. 20006-3817
(202) 466-6272

Works to prevent crime and drug use in many ways, including developing materials (audio visual, reproducible brochures, and other publications) for parents and children.

National School Safety Center

Department of Justice, Suite 200
16830 Ventura Blvd.
Encino, California 91436
(818) 377-6200

Studies patterns of substance use-related delinquency, identifies remedies, and promotes crime prevention.

Drug-Free Schools and Communities Regional Centers

Five regional centers provide training and technical assistance in developing drug education and prevention programs.

Northeast Regional Center, 12 Overton Ave., Sayville, NY 11782-0403; (516) 589-7022; Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont.

Southeast Regional Center, Spencerian Office Plaza, University of Louisville, Louisville, KY 40292; (502) 588-0052; (800) 621-7372 (outside KY); Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, Virgin Islands, Puerto Rico.

Midwest Regional Center, 1900 Spring Rd., Suite 300, Oak Brook, IL 60521; (708) 571-4710; Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin.

Southwest Regional Center, 555 Constitution Ave., Room 138, Norman, OK 73037; (405) 325-1454; (800) 234-7972 (outside OK); Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah.

Western Regional Center, 101 SW Main St., Suite 500, Portland, OR 97204; (503) 275-9480; (800) 547-6339 (outside OR); Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands, Republic of Palau.

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328
ISBN 0-16-037934-2

ISBN 0-16-037934-2



90000

9 780160 379345

Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20500