

# PREVENTION

“Our true salvation lies in prevention of addiction. In the case of those who were unfortunate enough to have acquired the habit, the hope for a cure lies in the individual.”

Historically, many have felt that prevention was the best answer to limiting drug abuse but unfortunately, they didn't know how to do it well.

“Unlike alcohol, when you take too much at one time, you don't pass out. You more than likely run the risk of an unpredictable and unpleasant bummer.”

Drug abuse prevention has often been politicized or based on inexact science. It's only in recent years that there has been an effort to objectively test prevention techniques.

Traditionally there have been three approaches to drug abuse prevention. The first two are: reduce the supply of drugs through interdiction, legislation, and legal penalties, and secondly reduce the DEMAND for drugs through prevention activities, education, intervention, and treatment.

“There have been periods in this country where we have focused a lot on supply reduction and there's good and compelling evidence that some forms of supply reduction are more effective than others in reducing the supply. What typically happens is you'll get a, an increase in supply reduction on a local level without a companion increase in treatment.”

The third form of prevention is harm reduction which means “accepting limited drug use rather than calling for total abstinence or for severe criminal sanctions.”

“Harm reduction has always been part of the prevention field but it's changing and continues to evolve. It's moved from designated driver programs, closing bars at two, two in the morning and that alcohol levels that you can have while you're driving to more permissive strategies like replacement therapies, methadone replacement therapy for heroin, needle exchange, giving out needles and as these changes come about, it has raised a lot of controversy as to what exactly are we trying to achieve with harm reduction.”

“Why not bring it out in the open and make it legal in America? It's just that there are too many unstable people in America who would become emotionally dependent on marijuana and end up as nonfunctioning weed heads.”

Each prevention method has its drawbacks:

for supply reduction, dealers will find a way to get around the coast guard boats, avoid conviction, and subvert the law;

for demand reduction, users will switch to another drug that is more available or legal;

for harm reduction, methadone maintenance users will try to supplement the effect of methadone with other drugs,

while needle exchange programs often fail to create effective outreach programs to get addicts into treatment.

Demand reduction is the preferred prevention method of controlling the drug problem.

Traditionally, there have been three levels of demand reduction:

Primary prevention, aimed at those who have never used;  
Secondary prevention, aimed at those who have tried some drugs but haven't yet developed a serious problem;  
And finally tertiary prevention, for those who are having serious problems due to their drug use.

Recently, other designations have come into use;

Universal Prevention, aimed at the entire population;  
Selective prevention, aimed at particular population segments such as teens, women, Latinos, or low income groups;  
and finally, Indicated Prevention, aimed at drug users on the brink of abuse or addiction;

"Non dependent users are new users and users who still have control over their decision to use or not and new users tend to be the vectors of spread of drug use to non users .....

...so they don't look to someone who has a chronic alcoholism or chronic heroin addiction and say I want to be like them. They look to a nondependent user and they say hey that guy is handling his drug use, I can do that too."

For this reason, prevention efforts that are aimed at preventing non-users and non-addicted users from advancing to abuse and addiction have become more prevalent. Most people in this category are teens or preteens.

"The best predictor that you would have a future problem with drugs and alcohol is age of first use. The younger a person begins to experiment with alcohol, with marijuana, with nicotine, with any kind of drug, the much more likely that person will develop a chemical dependency problem."

"I started at 12, 13 years old and um, I remember at that time when I started um, the first time I really got high I remember thinking this is the way I want to feel for the rest of my life..."

"A youth who starts or begins to experiment with nicotine, with alcohol, and marijuana between the age of 8 to 12 years old say, is going to be five times, five fold, 500% more likely to end up with a drug abuse problem sometime in their life, than somebody who delays their first experiments, experiment with those types of drugs or addictive drugs until they're 18 or 19 year old."

And if the person can delay initial drug use until they are older than 19, they are 15 times less likely to become addicted.

"We also know that a young person who doesn't start smoking before the age of 17, if they don't get caught, and hooked and, and buy into smoking of cigarettes before 17 or 18 they probably are not going to start across their lifetime."

"Prevention, you know, should be now targeted to age of first use, see. You know, it's not about just "say no" and never use or anything like that. It's saying if we can at least delay the age of first use for a wide number of people, we could have much less drug problems and alcohol problems."

Research shows that from the ages of approximately 5 to 21 years, the brain matures by pruning and refining its own gray matter, generally from back to front. Sensory processing develops first,

while reasoning and judgment develop last, mostly in the prefrontal cortex and mostly during the teen years.

The prefrontal cortex unfortunately, is also the stop switch, that part of the reward/reinforcement pathway that helps people stop compulsive behaviors. This means that if psychoactive drugs, including cigarettes, are used during the early teen years, the more likely the users' reason and judgment will be disrupted, increasing the odds of abuse and addiction in later years.

"I do think that we should start, um, even as young as elementary school kids, to, to just to tell them like this is what can happen if you do start right now."

"They need to know about this two years ahead of when they will consume alcohol or when they're going to be put in that situation and so it makes sense for us to spend the money at sixth grade you know and, and then they tell their siblings who in turn join our club the next year."

At Talent Junior High School in Oregon, they have developed a program aimed at raising the age of first use to at least 21 years old.

"Basically it's a club at the Middle School and when you join, you commit yourself to being drug and alcohol free..."

"We have about 170 students signed up and it's, it's been in the hundreds every year and every year it's more and more kids."

"We have things like the town hall meeting that we did this last year

"We've gone on a bike ride; we've gone bowling, um, we have movies after school and then we focus on some community projects."

"One of the really cool things that we have is you know, is just these shirts and when we wear them and people come up to us and say what is that? Um, we can show them yeah, I've committed myself to a drug and alcohol free lifestyle."

The long-term success of the program by itself is hard to judge since not enough time has passed to follow the kids through young adulthood. Generally more than one program is needed.

"So it's a subject that they can't just talk to us once when we're ten years old and it will be sunk in and you know it will stick with us for the rest of our lives. They need to start early and just keep going."

"So what has to happen now is that we have to take the programs that are in existence and amplify them by allowing for the repeat or booster sessions and amplifying their effect by putting them in more um, places in the community."

Besides age of first use, two other crucial factors that move young people towards or away from drugs is their relationship with their families and their peers.

"Years ago, only the criminal and socially deprived grew grass or used heroin. Today, the nicest people may be on grass. Why is that a fact?"

“I took it on a dare.”

“But only kids take dares.”

“I dare ya.” “Come on” “jump, jump, I dare ya, jump.” “Jump, jump, jump...”

“Research shows that um, youth say the number one reason that they don’t use alcohol or other drugs is because of their parents and what their parents will say.”

“As a kid you have responsibilities but your parent does too and if you see them being a hypocrite and I don’t know, just also messing up their lives that just, that would just tear someone apart because you always will look up to the older people and definitely our parents.”

“Kids respond best in an environment where the rules are known, the rules are clear and the rules are enforced and we need a bright line in the sand that’s set, that, that declares to the person who would approach it and maybe cross it to drug use, that this is the point at which the behavior becomes dangerous.”

But luckily, even when positive parental influence is absent, young people can survive and overcome.

“Many of them tell stories about family members that have drank or, or done drugs and, and how they don’t want to go down that, that road and, and, and being able to stand up in front of their peers and say I, I choose not to drink.”

“Children reported in the focus group that their most important influence was their parent and parents reported that they believe the most important influence in their teen’s life was their peers.”

“I’m influenced a lot by my friends I mean, I’m not, I have my own beliefs and so I’m going to stop when I want to stop...”

“Many communities now are engaged in prevention activities and there’s always a concern as to whether they are completely or totally effective. What we know is that much of what gets done is like trying to drive a nail in a wall with a blunt instrument, it’s not a hammer but it gets the job done in a rough or crude kind of way and most of what’s done in prevention does part of the job in a rough or crude kind of way.”

To help choose more effective strategies, the National Institute on Drug Abuse has created a list of Evidence-Based programs that have been tested and proven to have an impact on future drug use.

Misperceptions about the levels of use and non-use of drugs and alcohol have led to another effective prevention technique called “Normative Assessment”.

“I think a lot of the misconceptions that you see with teens and alcohol is that basically, everybody’s doing it and they’re actually not. A lot of people actually aren’t using and for some of the reasons that people start is that they think everybody’s doing it.”

“We have statistics of how many of our eighth graders have had alcohol within the last thirty days from that statistic and that’s where we take our information to say to kids hey there’s 78% of kids who aren’t drinking alcohol.”

And when the true facts are advertised to the students, the use of alcohol and other drugs goes down significantly. This technique has also been used effectively at the college and elementary school levels.

“Most kids your age drink alcohol, smoke cigarettes, and use drugs. Okay Gabe, is that true or false?”

“False.”

“Now Gabe says that’s false . . . most kids your own age don’t do that. Do you agree?”

“Yes, yes, yes, yes.”

“Well good for you because he’s absolutely right. Most kids your age don’t use any of that stuff and I think you should give yourselves a great big hand for that.”

“Prevention actually is marketing and, I, I liken it to, well let’s, well let’s, let’s get in, in, into the mode here, McDonalds, number one. Are they going to stay number one if they quit marketing? Prevention is marketing, it’s education and it’s letting people know, its’ community norms, its’ trends.”

“All rise court is in session please honor, Judge J. Wesley Saint Clair.”

Another prevention technique that has proven effective is drug court, also called drug diversion. Its’ purpose is to offer drug treatment rather than incarceration for offenders. Often they are the non-dependent users that are the focus of many current prevention efforts.

“The program is premised upon giving individuals the tools to deal with their addiction effectively so that they can remove themselves from the crime filled, self destructive model that addiction leads so many people to.”

“This program here sets up structure and it sets up boundaries and you a, you’re accountable to UA’s, meetings, groups, and you have to come see they judge once a month and if you mess up, you’re going to go to jail.”

There are approximately 2000 drug courts in 40 states. The average cost of incarceration is \$25,000 to \$40,000 a year while the cost of diversion through a drug court is around \$2,500 to \$4,000 a year.

“One of the components that increases the effectiveness of drug court is that you have to be able to reach the person when they are in crisis and so that’s why we have worked hard to develop a model that is, that would identify the person who’s eligible, who doesn’t have prior sex offenses or prior serious violence offenses, identify them quickly, hopefully within the first 24 hours of their being in custody and you get them over.”

“Change does not come from no one. Change comes from you alone yourself. It is you who are willing to make that change for yourself.. Why? Because if you can’t, who else can help you?

Another controversial technique that has been used is random drug testing at the junior high and high school levels.

“When we talked to students in schools where student drug testing is going on they will tell you that it’s like carrying their parent around in their back pocket and they can bring their parent and

slap them on the table when their peers are encouraging them to use drugs because they can say you know I'm in that drug testing program and if I get discovered, I'll get kicked off the football team."

The problem with some techniques that do work is that their impact on civil liberties, family life, and economic status are severe and sometimes seemingly unconstitutional.

"Primary prevention prevents the first use in young people by reinforcing a non drug using norm and that that norm can either be strengthened or weakened depending upon what the culture of that community says about drugs."

"I want an adult to show me that they're committed to the same type of a lifestyle that I am. Of course adults can drink alcohol responsibly, but if they're not supportive of the way that I'm going to try to live my life then what are they doing for me, is really the question."

"Since 2000, the abuse of all illicit drugs and abuse of alcohol and nicotine has actually decline, declined in America, so although there's not a lot of good supportive evidence at this time, that any single prevention strategy works, when you use them all together and look back, we have an actual decrease in drug and alcohol, illicit drugs, alcohol, and nicotine and that shows to me that we're doing something correct."