

Effective Approaches to Substance Abuse Prevention

In light of growing media attention to Oregon's "Methamphetamine Epidemic," the Oregon Department of Education, Office of Student Learning & Partnerships and the Department of Human Services, Office of Mental Health and Addiction Services offers this position statement related to appropriate, effective prevention strategies.

Background

Methamphetamine abuse is a serious issue that must be addressed by multiple systems and partners. The goal of alcohol and drug abuse prevention is to make a positive impact on individual, family, and community behavior. The existing prevention knowledge base, founded on research and principles of effectiveness, should guide prevention strategies applied by agencies and communities to address this issue.

The prevention field has learned from past mistakes. Over the years, well-intended strategies have been applied and proven to have no positive impact on reducing drug use and abuse (e.g., scared straight, fear arousal, moral approaches and one time assemblies) programs that focused on building self-esteem. It must be ensured that strategies implemented have the greatest potential to prevent and impact this destructive behavior pattern. Strategies most likely to have a positive impact on behavior change are well known and documented in the research.

One way to implement prevention strategies in schools is through comprehensive school health education. Effective health education curricula employs practices that are grounded in research and focus on skill development such as accessing information (quit lines, how to help a friend), advocacy (advocating for your own health and the health of others), analyzing influences (positive and negative influences of media, peers, family, self) and interpersonal communication skills (refusal skills, negotiation skills).

Strategies that have the best opportunity for positive behavior change in Alcohol, Tobacco and other Drug Use Prevention programs (drugstrategies.org: Making the Grade)

1. Help students recognize internal pressures such as wanting to belong to the group and external pressures like peer attitudes and advertising that influence them to use alcohol, tobacco and other drugs.
2. Facilitate development of personal, social and refusal skills to resist these pressures.
3. Teach youth that using alcohol, tobacco and other drugs is not the norm among teenagers, thereby correcting the misconception that "everyone is doing it" and promoting positive norms through constructive role models.

4. Provide developmentally appropriate material and activities including information about the short-term effects and long-term consequences of alcohol, tobacco and other drugs.
5. Use interactive teaching techniques, such as role-plays, discussions, brainstorming and cooperative learning.
6. Cover necessary prevention elements in at least eight well-designed sessions a year (with a minimum of three to five booster sessions in one or more succeeding years).
7. Actively involve the family and the community so that prevention strategies are reinforced across settings.
8. Include teacher training and support in order to assure that curricula are delivered as intended.
9. Provide material that is easy for teachers to implement and culturally relevant for students.

Prevention Principles for Children and Adolescents

These principles can be applied to either existing programs or for designing innovative programs.

- Prevention programs should be designed to enhance protective factors and move toward reversing or reducing known risk factors.
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.

- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. Every dollar spent on prevention, can save 4 to 5 dollars in costs for treatment and counseling.

(Excerpt from "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide" by the National Institute for Drug Abuse, 1997, p. i-ii)

For more information

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