

# Implications for Prevention Policy: A Commentary

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## INTRODUCTION

The prevention of addiction to alcohol and other drugs before it starts is a dream that is shared by parents, youth, educators, and the general public (DuPont 1989a). This goal is vividly reflected in public discussions of addiction and in funding decisions made at all levels of the public and private programs addressing addiction. Prevention does not depend only on research. It cannot be silenced by even the most negative research findings. For many people in North America and elsewhere around the world, the goal of drug use prevention is both a great hope and a deeply held belief.

Prevention research is of vital public interest even though belief in and support for prevention do not depend on prevention research. It is essential that research provide evidence that, when it comes to the prevention of addiction, “something works.” Especially in the increasingly contentious struggle for dwindling resources, a “no” vote from prevention research will have a dampening effect on prevention budgets. Conversely, findings from research that prevention is possible have strong positive effects on funding decisions, since they reinforce the underlying political will to support prevention programs. Far more important than the yes/no decision about the funding of prevention programs, prevention research can provide guidance for fundamental decisions about the what, the how, and the when of addiction prevention spending. Prevention research findings operate as pathfinders for funding and programmatic decisions as study results support the most fruitful approaches to fulfilling the irrepressible dream of addiction prevention.

It is useful to recall the history of prevention over the past three decades, the period of the modern drug abuse epidemic. Initially, when scare tactics were laughed at by skeptical youth, it was assumed that providing young people with factual information would deter them from using drugs. The early findings from the first prevention research that such information programs did not work was deflating to the goal of prevention. Especially troubling were facts presented to youth that tended to undermine the goals of primary prevention, which was to stop first use of addicting drugs including alcohol and

tobacco. The unsettling facts were that many youth use addicting drugs and then stop, and that many youth who use various drugs do so without apparent problems. These facts had a chilling effect on this first wave of information-based alcohol and drug use prevention. Not only were negative consequences uncertain, but they were often long delayed. Later, skills training, especially peer refusal techniques, were developed with better, but still modest, results. More recently, addiction prevention research has branched out to include a broad range of related problem behaviors of youth, including tobacco use, eating disorders, sexual activity, and violence (DuPont 1990, 1991).

The challenge for the next generation of prevention research is to define a practical, cost-effective array of promising prevention strategies and to conduct the studies needed to establish what works and what does not. Past studies have shown that the needs of youth when it comes to addiction prevention are heterogeneous. When it comes to prevention, one size definitely does not fit all. In particular, it is now clear that high-risk youth are an identifiable and a particularly important challenge for addiction prevention programs.

In earlier studies, it was enough to be able to show that experimental subjects did better than control subjects, however small the benefits. Experience has shown that it is remarkably difficult to demonstrate efficacy, especially sustained efficacy, in addiction prevention programs, so any benefit is hard earned and unusual. In the 1990s, the challenge for prevention research goes beyond simple efficacy to showing that specific, practical, and affordable interventions produce strongly positive and long-term cost-effective and cost-benefit results. The contemporary public and private funding environment requires that prevention research results be scored in economic terms. Prevention research is now being held to this additional standard: Can prevention programs marshal research evidence that shows they are wise investments of public and private funds, given the intense competition for these funds that exists today? Research that fails to meet the test of cost-benefit and cost-effectiveness will fail to be persuasive in the budget environments of the 1990s.

Even without reasonable results, significant sums will continue to be spent on addiction prevention programs because the goal of prevention is unstoppable. Prevention advocates will continue to complain that insufficient resources are being spent, regardless of the level of prevention funding. No matter how wise the decisions are in selecting which prevention programs to fund, the demands for more funding for addiction prevention programs will not be quieted, let alone silenced. If the experiences of addiction treatment and law enforcement during the past three decades are any precedent, the more money that is invested in addiction prevention, the more the demands for additional funding will increase. Funding for human

services, including addiction prevention, creates a powerful advocacy for additional resources.

The challenge for prevention research is less the determination of whether prevention is possible and whether funding should be increased than it is which prevention programs are the wisest investments of scarce funds. If poor choices are made about which addiction prevention programs to fund, there will be a waste of valuable resources, and the resulting addiction problem will only be made worse. The real losers in such a scenario are not the recipients of prevention funds. The real losers will be the youth, the families, and the communities of the Nation. The needs of real people who are suffering and dying because of addiction are the driving force behind prevention research today.

### HIGH-RISK YOUTH

There are some youth who are virtually invulnerable to addiction. Regardless of how negative their environments are, they simply will not use alcohol and other drugs. Other youth will use alcohol and other drugs in ways that create serious problems for themselves and others no matter how positive their environments are. The first group appears to be larger than the second group, but both groups are far smaller than the third group, youth who can go either way depending on their environments. These youth may or may not use alcohol and other drugs based on a wide variety of factors, and when they choose to use alcohol and other drugs they may quickly or slowly abandon the use, or they may progress to serious addiction problems, again depending on specific environmental factors. It is the third group that is the most important target of addiction prevention programs and addiction prevention research (DuPont 1984, 1997*a*).

Youth in the less vulnerable segment of this third group are particularly amenable to social influence programs using peer refusal and other techniques pioneered in the smoking prevention programs over the past three decades. Youth who are in the relatively more vulnerable segment of this third group are likely to need compelling reasons not to use alcohol and other drugs. Prevention programs that impose consequences are not in conflict with prevention programs that provide education and skills. These two approaches are synergistic.

The more vulnerable youth who are at high risk of addiction have an identifiable constellation of characteristics (DuPont 1984). The most striking aspect of the high-risk youth is their relative inability to think through choices to possible future negative consequences. Thinking only about the present places youth at great risk of

addiction because alcohol and other drugs produce immediate brain reward. The dangers and pain of using alcohol and other drugs are experienced in some relatively remote and uncertain future time. Youth who habitually are concerned about future consequences are less attracted to alcohol and other drugs because they are fearful of negative outcomes, ranging from social rejection by adults and nonusing peers to addiction and even death as a result of alcohol and other drug use.

Lying is like alcohol and other drug use: It is particularly attractive to high-risk youth because it gives them what they want right now. Lying puts off to some unconsidered future time the consequences of getting caught in the lie. Easy, frequent lying and cigarette smoking are the two most apparent markers of high-risk youth during the teenage years in North America today. Youth who are dominated by present reward, and who are relatively oblivious to uncertain and delayed future risks, are also attracted to high-risk sexual activity and violence. They are not attracted to delayed gratification, homework, or saving money, all of which involve pain now and reward later (DuPont 1988, 1994).

One of the most important research findings about drug use among young people is that, after two decades of steady and predictable declines, the rates of use for some drugs are again climbing. Johnston, the director of the Monitoring the Future Study of the University of Michigan Institute for Social Research, has noted that the best predictor of trends in future drug use is the extent to which youth perceive great risk from the use of alcohol and other drugs (University of Michigan 1996). Preceding the recent upturn in use rates was a downturn in the percentage of youth who perceived great risk from using drugs such as marijuana and the hallucinogens, the drugs whose use is now rising most rapidly.

What are the risks of trying illicit drugs, especially marijuana and the hallucinogens? More particularly, how would high-risk youth who characteristically do not think of low-probability future dangers answer that question? Many adults, as well as many low-risk youth, are acutely aware of serious risks from even trying alcohol and other drugs even once or twice, including the risk that the young people would like the drugs and that their attraction would lead to serious addiction. High-risk youth are seldom deterred by such concerns. They do not so much feel invulnerable as they simply do not think of the future at all when they make decisions, including decisions to use alcohol and other drugs. High-risk patterns of thought and behavior have both biological and environmental dimensions, but these patterns tend to peak during adolescence and to endure over many years. To prevent addiction, little can be done to change genetically determined risk factors for addiction except to identify them early and provide specific help to those at highest risk, including helping

their families cope with their behaviors. On the other hand, the environmentally determined risk factors of addiction offer great opportunities for prevention efforts (DuPont 1989*b, c*).

## SOCIAL TOLERANCE FOR ALCOHOL AND OTHER DRUG USE BY YOUTH

One prevention idea that deserves a thorough trial is to reduce the social tolerance for young people who use tobacco, alcohol, and other drugs, all of which are illegal for youth in the United States today. As long as the decision to use or not use these addicting substances is left to youth in environments that impose few predictable swift and painful consequences for use, there will continue to be large numbers of youth who choose to use alcohol, tobacco, and other drugs because of the predictable and effective brain rewards these substances produce (DuPont 1997*a*).

Modern drug testing technology permits easy identification of recent use of addicting substances (DuPont 1997*b*). Think how different the calculation would be for high-risk youth if they knew that they would be tested for alcohol, nicotine, and other drugs on a regular basis. Here is a simple, broadly based, and relatively low-cost prevention strategy: test all prospective automobile drivers under the age of 21 for recent use of tobacco and other drugs. If they test positive, indicating recent use, deny them a license until they are 21. This approach brings the consequences of deciding to use tobacco and other drugs right into the present where these consequences easily will be perceived to be serious, even by high-risk youth (DuPont 1988, 1994).

Here is another relatively simple way to change the environment in which decisions to use or not to use are made: when young people participate in extracurricular activities, including sports, test them for the use of alcohol, nicotine, and other drugs.

In the summer of 1995, the U.S. Supreme Court ruled 6 to 3 in favor of the constitutionality of mandatory random drug tests for public school athletes (*Vernonia School District 47J v. Wayne Acton, et ux., Guardians Ad Litem for Acton*, 115 S. Ct. 2386, 515 U.S. 646 [1995]). This was the first Supreme Court ruling on random drug testing. The major resistance to drug testing of students was removed by this definitive ruling, which was supported by the Clinton Administration and both of President Clinton's nominees to the U.S. Supreme Court.

Positive test results would disqualify the youth from participation for 30 days. Why not make testing technology accessible to the parents

of teenagers and provide these parents with support and guidance in imposing reasonable sanctions when use is detected? Coupling these testing programs with student assistance programs (SAPs), the way workplace testing uses employee assistance programs (EAPs), brings 12-step programs and addiction treatment into the prevention picture.

Addiction prevention needs to broaden its focus to include practical approaches to changing the social tolerance/intolerance balance in the use of tobacco, alcohol, and other drugs by young people. These ideas, which may appear radical, are a place to start this discussion.

## SUMMARY

Addiction prevention research today is a small but vitally important endeavor that promises to help the country make wiser choices for scarce prevention resources. Especially important are studies of specific, focused efforts to deal with high-risk youth and practical programs that decrease the social tolerance for young people who use tobacco, alcohol, and other drugs.

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