YOUTH SUBSTANCE MISUSE PREVENTION PROGRAMS

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This rapid response research outlines findings on peer-led prevention programs for drug and alcohol misuse among youth. It is comprised of observations on the literature surrounding this issue from a third-year course on corrections and penology at the University of Guelph. The brief synthesizes students' findings on the current state of prevention programs, their effectiveness, and some suggestions for shifts in policy. The findings, by and large, support those outlined in the Wellington Guelph Drug Strategy Prevention Inventory compiled in 2009. The effectiveness of informational campaigns led by police and/or teachers is called into question, and the value of going beyond traditional programs is explored. Peer-led prevention strategies are highlighted as a potential avenue for policy expansion, based on evidence from the academic literature.

INTRODUCTION

As discussed in the 2009 Prevention Inventory prepared by the Wellington Guelph Drug Strategy, substance use is prevalent among high school students in the Waterloo Wellington region. Assessing the current state of prevention programs in this geographic area, the report reveals a relatively fragmented approach to substance use prevention for youth in the area, with different stakeholders making use of divergent strategies to address the prevention of substance use. Though some of these programs are evidence-based and demonstrably effective, notably those which focus on multi-level approaches (ie. individual, familial and community bases of intervention), there is still a lack of collaboration and continuity between the diverse initiatives. The following outlines some approaches to youth substance misuse prevention programs, which may help to inform policy in the Guelph-Wellington area.

METHODOLOGY

Findings for this report are drawn from eighteen student-prepared papers relating to youth substance misuse prevention programs. With topics varying from social action projects to peer-led prevention initiatives, the students' observations informed the conclusions drawn herein.

KEY TERMS

- **Peer Education:** broadly, peer education refers to education that is done by young people, for young people. The "peer" element of this type of programming varies depending on the program, but often refers to programs that come from the ground up and that are informed by youth themselves.

AGE OF IMPLEMENTATION

A common thread among the papers was a concern for the appropriate age at which to begin intervention strategies. While many of the articles addressed the 12-18 age range as important years for strong prevention programming[i], tensions were addressed with respect to the potential for

beginning prevention at an earlier age in order to better prevent or delay onset of experimentation with drugs and/or alcohol[ii]. As several of the reports point out, youth as young as 12 to 14 begin experimenting with alcohol and drugs, respectively[iii]. Further, beginning to address issues of substance misuse at an earlier age may help to foster a peer environment that is critical of drug use, which may increase the effectiveness of prevention efforts.[iv] The reports did not come to one concrete conclusion with respect to the appropriate target age for prevention initiatives, but rather emphasized the necessity for careful consideration of the material addressed and methods used for each age group to ensure appropriateness and effectiveness. Several reports advocated for continuing prevention efforts throughout the high school years as a way to maximize the benefits that accrue from being actively involved in prevention programs[v].

PEER-LED INITIATIVES

The viability of peer-led initiatives was another key element addressed in the literature for building effective prevention programs. Several papers outlined examples of programs in which comparisons were made between traditionally delivered and peer-led programs. Interactivity, participatory and peer-, group- and skills-based training were cited as key elements for successful programming[vi]. Further, literature has been highly critical of programs such as DARE which provide few practical skills for drug refusal and deliver information in a traditional learner-teacher diachotomized model[vii]. Peer-led initiatives have been effective due to their focus on factors beyond informational awareness-raising, including their emphasis on enhancing resiliency and social environments, which several authors point out are key to preventing substance misuse[viii]. Engaging the peer group in drug and alcohol prevention efforts may also help students to build the skills and environment necessary to avoid substance misuse issues[ix]. Rearranging the social structures and norms that surround drug use are noted as key to preventing drug misuse among youth[x].

Peer-led initiatives' effectiveness hinges on several factors. These include the increased credibility that peers lend to substance misuse prevention efforts[xi], the ability of peers to provide

feedback on effective interpersonal skills[xii], the empowerment and ownership stemming from actively participating in programing[xiii] and the positive emotions associated with being treated as autonomous individuals able to make decisions about health[xiv]. Peer-led initiatives receive much attention in the literature as effective methods of engaging youth in prevention efforts and leading to decreases in or delayed onset of substance misuse. However, there are several limitations that must also be considered in order to understand the variable effectiveness of peer-led strategies.

As peer-led strategies operate in an interactional manner, the composition of the peer group must be considered in implementing this approach. Often, peer-led initiatives are targeted at high-risk youth, and aim to build a social network that promotes more pro-social norms[xv]. Though this aim is admirable and the adoption of pro-social behaviours in a peer group can help to build self-esteem, minimize alienation and increase positive social ties, some concern has been raised with respect to the acceleration of existing peer influences among at-risk youth[xvi]. As peer-led prevention strategies are most effective in settings with low drug-use norms[xvii], it is important to take into account not just the character of the information and activities provided but the social environment when designing these programs. It thus becomes even more important to avoid a "one-size fits all" approach when designing peer-led prevention programs than traditional information-only approaches[xviii].

CONCLUSION

By and large, the student papers are highly critical of programs such as DARE, and advocate for programs that transcend the typical information-only model. Despite the numerous studies critiquing DARE, it is hypothesized that the program continues to be used due to its long history, parental approval of the program's aims and implementation, and governmental support for what they see as its cost-efficiency[xix]. Alternative courses of action, though potentially risky in the eyes of policy makers, may actually result in increased effectiveness and cost-savings down the road, according to the literature[xx]. By focusing on enhancing skills, competencies, pro-social behavior and healthy alternatives among

youth through peer-led and participatory techniques, it is possible that prevention efforts will prove more effective.

In the Wellington-Guelph context, the literature would advocate for continuing to place an emphasis on those programs that apply a multi-sector, participatory method. Establishing overarching policy for youth prevention in the area could go beyond the traditional education style approach and encourage peer-led initiatives and learner-centered prevention initiatives.

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[i] Cuijpers 2002

[ii] Gottfredson & Wilson 2003; Csiernik & Rose 2010

[iii] San 1999

[iv] Cuijpers 2002; Sloboda & Bukoski 2003

[v] Kay 2008

[vi] Valente et al. 2007; Shiner 1999; Blum 1978; Gottfredson nd; Csiernik 2011; Cuijpers 2002

[vii] Ennet, Rosenbaum, Flewelling, Bieler, Ringwalt & Bailey 1994; Dukes, Stein & Ullman 1996; Ennet, Tobler, Ringwalt & Flewelling 1994

[viii] see, for example, Johnson, Bryant, Collins, Noe, Strader & Berbaum, 1998

[ix] Cuijpers 2002; Sloboda & Bukoski 2003

[x] Diamond, Schensul, Snyder, Bermudez & Sincere 2009

[xi] Sloboda et al. 2003

[xii] Black, Tobler & Sciacca 1998; Battjes 1985

[xiii] Black, Tobler & Sciacca 1998; Shiner 1999

[xiv] for example, 40 Baker program evaluations reveal that the autonomy given to participants in designing their space and social/health norms increases feelings of empowerment and social support

[xv] Valente, Ritt-Olson, Stacy, Unger & Okmoto 2007

[xvi] Valente et al. 2007

[xvii] Valente et al. 2007

[xviii] Cuijpers 2002; Black, Sciacca & Tobler 2009

[xix] Bean, Bryman, Cramer & Nemitz 1998; Gorman 1998; Gorman and Huber 2009

[xx] Ennet, Tobler, Ringwalt & Flewelling 1994; West & O'Neal

REFERENCES

Battjes, R. 1985. Prevention of adolescent drug abuse. *Substance Use & Misuse, 20*(6-7): 1113-1134.

Bean, P., Bryman, A., Cramer, D. & Nemitz, T. 1998. Drug prevention and the DARE programme in Britain. *International Review of Law Computers and Technology, 12*(3): 487-500.

Black, D., Tobler, N., Sciacca, J. 1998. Peer helping/involvement: an efficacious way to meet the challenge of reducing alcohol, tobacco, and other drug use among youth? *Journal of School Health*, *68*(3): 87-93.

Csiernik, R. 2011. *Introduction to substance use and abuse: everything matters.* Toronto: Canadian Scholars Press.

Csiernik, R. & Rowe, W. 2010. *Responding to oppression of addiction: Canadian social work perspectives (2nd ed.)* Toronto: Canadian Scholars Press.

Cuijpers, P. 2002. Effective ingredients of school-based drug prevention programs: A systematic review. *Addictive Behaviours, 27*(6): 1009-1023.

Diamond, S., Schensul J., Snyder L., Bermudez A., Sincere D. 2009. Building Xperience: a multilevel alcohol and drug prevention intervention. *American Journal of Community Psychology, 43*(3): 292-312.

Ennett, S.T., Rosenbaum, D.P., Flewelling, R.L., Bieler, G.S., Ringwalt, C.L. & Bailey, S.L. 1994. Long term evaluation of drug abuse resistance education. *Addictive Behaviours, 19*(2): 113-125.

Ennett, S.T., Tobler, N.S., Ringwalt, C.L. & Flewelling, R.L. 1994. How effective is drug abuse resistance education? A meta-analysis of project DARE outcome evaluations. *American Journal of Public Health, 84*(9): 1394-1401.

Gorman, D.M. 1998. The irrelevance of evidence in the development of school-based drug prevention policy, 1986-1996. *Evaluation Review, 22*(1): 118-146.

Gorman, D.M. & Huber, C.J. Jr. 2009. The social construction of "evidence-based" drug prevention programs: a re-analysis of data from drug abuse resistance education (DARE) program. *Evaluation Review, 33*(4): 396-414.

Gottfredson, Denise C. nd. School-based crime prevention. <http://ncjrs.gov/works/chapter5.htm>

Gottfredson, D. & Wilson, D. 2003. Characteristics of effective school-based substance abuse prevention. *Prevention Science, 4*(1): 27-38.

Johnson, K., Bryant, D.D., Collins, D.A., Noe, T.D., Strader, T.N. & Berbaum M. 1998. Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work, 43*(4): 297-308.

Kay, B. 2008. The solution is abstinence. *The National Post* July 28th.

San, L. (1999). Drug misuse prevention: Where and why? *Addiction, 94*(9), 1307- 1309.

Shiner, M. 1999. Defining peer education. *Journal of Adolescence, 22*(4): 555-566.

Sloboda, Z. & Bukowski, W. 2003. *Handbook of drug abuse prevention: theory, science, and practice.* New York, NY: Kluwer Academic/Plenum Publishers.

Valente, T., Ritt-Olson, A., Stacy, A., Unger J. & Okamoto, J. 2007. Peer acceleration: effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction, 102*(11): 1804-1815.

West, S.L. & O'Neal, K.K. 2004. Project DARE outcome effectiveness revisited. *American Journal of Public Health, 94*(6): 1027-1029.