**Overview**

- Many levels of prevention
  - Primary
  - Secondary
  - Tertiary

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**Primary Prevention**

- Is related to general Deterrence
- Can include a broad range of activities
  - Is aimed at reducing the risk of drug use among non-users
  - Targets at-risk neighborhoods or communities
  - Can also target families.

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**Small Group Aspects**

- Peer mentoring
- Conflict resolution
- Changing peer norms
- Finding alternatives
  - May focus on community levels as well
- Strengthening families units
  - May include communication
  - May focus on tighter family bonds

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**Community level**

- Strengthening school-family links
- Strengthen school-community links
- Development of community support systems
- Development of media advocacy efforts
- Reduce alcohol and cigarette marketing
Secondary Prevention
- Targets at-risk groups
- Also can target early experimenters or high-risk populations
- Designed to stop the progression to drugs of abuse
- Stop gateway drugs
  - Nicotine
  - Alcohol
  - Marijuana

Variety of intervention strategies
- Assessment strategies
  - Identify abuse subgroups
  - Conduct interventions with couples
    - May include sanctions
  - May include a teacher-counselor-parent team approach
- Develop healthy alternatives
  - May include sports, after school programs, scouting, or other alternatives

Tertiary Prevention
- Is an advanced state of drug use/abuse prevention
- Is very similar to drug abuse treatment.
- May include
  - Assessment of the person or group
  - Referral for treatment
  - Case management

History of Prevention
- Wide variety of approaches
- China prohibited sale and use of opiates
  - Causes the opium wars with Great Britain
- Temperance Movements
  - Mostly related to alcohol
  - Stop sale of alcohol
    - Blue Laws
    - Prohibition
      - Does reduce sales and use of alcohol
      - Causes all sort of other illegal behavior

1950’s – Early 60’s
- Drugs are initially a problem in the ghetto
- Then spreads outside the ghetto
- Used to escape pain and avoid reality
- Intervention – Scare Tactics
  - Use movies and speakers

Late 1960’s
- Drugs are considered a national epidemic
- Are used to intensify life
  - Have psychedelic experiences
- Intervention
  - Provide information
  - Not scare tactics
  - Use films and speakers
Early 1970’s
- Drugs are used for many reasons
  - Enhance experiences
  - Escape from reality
  - Expand perceptions
  - Relieve boredom
  - Conform to peer pressure
- Intervention
  - Drug education with factual information
  - Begins K-12

Mid to Late 1970’s
- Drug tolerance by society
- Users become more sophisticated
- Interventions
  - Drug education
  - Provide alternatives to drug use
  - Use developed curricula

1970’s to 1980’s
- Groups form to combat drug abuse
  - Usually parents
  - PTA’s
  - Other
- Interventions
  - Education
  - Alternatives to drug use
  - Training to reduce drug use

1980’s to Present
- Drug use is recognized as complex
- Models are developed for drug abuse
- Models are then tested for effectiveness
  - Research is the way
  - Must get good reliability
- Interventions
  - Interventions target many different aspects
  - Evaluation is the key
  - Can include active media participation
  - Programs may be culturally sensitive

Make Drug Programs More Effective
- Practice deliberate planning
- Review the previous history
- Establish links between the messages conveyed and learned and other aspects of students’ life experiences
- Effectively promote programs
- Properly allocate resources
- Evaluate constantly

Targets of Prevention Programs
- Attitude Change
  - Focus - Change the attitudes about something in a society
  - Very difficult
  - Often takes a long time
  - Is very difficult to measure
  - Feels good, but often does not make behavioral changes
Examples

- Drunk Driving
  - Don’t drink and drive campaigns
  - Everyone says it is bad (attitude change)
  - Many people continue to do it
- Racial Prejudice
  - Past separation of races
  - School integration and other techniques
  - Attitudes toward races have changed somewhat
  - Still lots of separation in communities
  - Ask outside of politically correct contexts – don’t see lots of change

Information/Awareness Approaches

- Assumes information about something will cause attitude or behavioral changes
- Most used approach
- Often use PSA’s, billboards, etc.
- Does increase knowledge about the issue
- Does not usually create behavioral changes
- Example
  - HIV

Behavioral Interventions

- Can be done with a variety of techniques
- Is easily measured
  - As you increase taxes on a product, use rates usually go down
- Cigarettes
  - Can also have a side effect of reducing tax revenue
- Can also use law enforcement techniques
- Drunk driving
  - Put lots of police on the street, use check points, bartender training, DWI rates decrease

Other Models

- Affective education model
  - Assumes people use drugs because of a lack of self-esteem
  - Increase self-esteem and youth do not use drugs
  - Hard to test
  - Most techniques don’t work in the long term.
- Social influences model
  - Assumes that drug users lack resistance skills
  - Provide techniques to train people (usually youth) to resist drugs
  - Easy to train
  - Hard to maintain effects

Comprehensive Prevention Programs

1. Community-Based Prevention
2. School-Based Drug Prevention
3. Family-Based Prevention Programs

Prevention Variables that Decrease Drug Use

- Family involvement
- After school activities
- Church involvement
Note:
- What is cool for parents is not necessarily cool for kids
- What is cool for kids is not necessarily cool for parents or adults
  - Clothing
  - Music
  - Etc.
- Parents provide stability and boundaries
  - No boundaries, anarchy
  - Hard when both parents need to work
  - Must find other alternatives

Conclusions
- Lots of programs
- Many have minimal success
- Lots of issues that are important
- CSAT
  - Promoting best practices
  - Requires states only use best practices
  - Must be evaluated
- Increasing requirements for prevention specialists
  - 8 years funding users must have certified prevention specialists on staff