



# Prevention of Substance Abuse

Psychology 470

Introduction to Chemical Addictions

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## Overview

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- Many levels of prevention
  - Primary
  - Secondary
  - Tertiary

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## Primary Prevention

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- 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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## Can Focus At Different Levels or Aspects

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- Intrapersonal factors
  - Education
  - Values
  - Assertiveness and / or refusal skills
  - Drug education

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## Small Group Aspects

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- 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

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- Strengthening school-family links
- Strengthen school-community links
- Development of community support systems
- Development of media advocacy efforts
- Reduce alcohol and cigarette marketing

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### Secondary Prevention

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- 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

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### Variety of intervention strategies

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- 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

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### Tertiary Prevention

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- 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

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### History of Prevention

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- Wide variety of approaches
- China prohibited sale and use of opiates
  - Causes the opium wars with Great Briton
- 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

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### 1950's – Early 60's

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- 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

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### Late 1960's

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- Drugs are considered a national epidemic
- Are used to intensify life
  - Have psychedelic experiences
- Intervention
  - Provide information
  - Not scare tactics
  - Use films and speakers

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### Early 1970's

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- Drugs are used for a many reasons
  - Enhance experiences
  - Escape from reality
  - Expand perceptions
  - Relieve boredom
  - Conform to peer pressure
- Intervention
  - Drug education with factual information
  - Begins K-12

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### Mid to Late 1970's

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- Drug tolerance by society
- Users become more sophisticated
- Interventions
  - Drug education
  - Provide alternatives to drug use
  - Use developed curricula

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### 1970's to 1980's

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

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### 1980's to Present

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- 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

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### Make Drug Programs More Effective

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- 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

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### Targets of Prevention Programs

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- 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

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### Examples

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- 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

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### Information/Awareness Approaches

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- 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

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### Behavioral Interventions

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- 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

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### Other Models

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- 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

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### Comprehensive Prevention Programs

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

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### Prevention Variables that Decrease Drug Use

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- Family involvement
- After school activities
- Church involvement

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Note:

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- 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

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Conclusions

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- 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

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