

A PUBLIC HEALTH PERSPECTIVE ON HIGH-RISK YOUTH BEHAVIOR: HARM REDUCTION IN PREVENTION POLICY

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Introduction:

In the spirit of presenting alternative prevention practices, The EMT Group, Inc. will be presenting a series of editorials regarding new and promising methods of alcohol and other drug (AOD) prevention. This article is the first in the series. We hope you enjoy this discussion.

Damage control is a sensible fallback strategy when a cause of harm cannot be eliminated. For example, as long as people drive cars there will be accidents. To reduce the number of accidents we have laws regulating driving, traffic signals, warning signs, and divided roads. Cars have been made safer by adding seat belts, air bags, crash bars, and padded steering wheels.

Damage control is also a fundamental principle of public health policy, but it is usually referred to as harm *reduction or minimization*. Harm reduction is reflected in occupational safety codes and regulation of environmental pollution. Smoking is another familiar target. Warnings about smoking dangers are everywhere. Smoke-free restaurants, work places and airplane cabins protect non-smokers. Smokers, who don't want to quit but believe they can reduce risk, buy low tar cigarettes with filter tips. Those who decide to quit can use nicotine patches and attend cessation programs. In other words, harm reduction as a public health principle is widely applied and ordinarily evokes little or no controversy.

In contrast, harm reduction has been vehemently opposed when applied to use of tobacco, alcohol, and illicit drugs by young people. This opposition reflects the principle of "zero tolerance," which is the explicit basis for national drug policy. Zero-tolerance endows law enforcement (rather than public health) with the lead role in a war on drugs. Penalization, rather than intervention and assistance, is the dominant strategy against drug use by both young people and adults.

Yet, despite these stern policies, use of alcohol and illicit drugs by young people persists at significant levels. Is it is time to consider alternatives? If so, what are we to do? In particular, does a public health perspective offer a more promising alternative?²

² Basic principles of harm reduction in substance abuse treatment appear in Marlatt, A. (Ed). (1998). *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors*. Guilford. (p. 7).

Barriers to Acceptance of Harm Reduction

Prevention, whether in the form of education, enhancement of safety, or intervention and assistance to problematic drinkers and users, is also shaped by zero-tolerance. Federal guidelines specify that drug education programs send “no-use” messages only. This restriction seems appropriate because few adults think it is OK for young people to drink or smoke marijuana. However, the problem is not the message, but that in practice it seriously restricts the content of prevention. For example, from a public health perspective the following advice might be given to young people:

“We view drugs as harmful. We discourage you from using them, and we are eager to help you quit if you have started. But if you will not quit using drugs, we can help you to use them less harmfully.” (McCoun & Reuter, p. 391)

Under zero-tolerance the first sentence is acceptable, but the second is forbidden. Giving advice that might reduce harm to those who choose to drink or use drugs—about half of the older teen population for illicit drugs and close to eight out of ten for alcohol—must be avoided. It is assumed that information on safer use gives young people “permission to try drugs.” The validity of this assumption has not been assessed in research, partly because it is widely assumed to be self-evident.

The “wrong message” response is a standard objection to all harm reduction proposals, not only for prevention education, but also for every other facet of drug policy. It has been used against needle exchange, medical use of marijuana, sober driver programs for young people, and indeed for virtually all interventions that treat substance abuse as a public health rather than criminal justice problem. Only methadone maintenance managed to slip through, probably because it was proposed very early in the struggle against illicit drug use, and thus before the principle of zero tolerance fully took hold.

Consequences of Drug Control Policies

Interventions into complex social problems usually have both positive and negative consequences. An intervention can itself cause harm at the same time that it manages to reduce other harms. For example, when a defective vaccine transmits a live agent, people acquire the disease that the vaccine is supposed to prevent. This is a current objection to universal smallpox inoculation as insurance against bio-terrorist threat. The counter argument is that, while a few people might become ill, the benefit to the majority outweighs this harm to a few.

Perhaps overall drug use would increase if the harm reduction strategy of informing about safe use were included in prevention education. This is the implication in the “wrong message” argument. However, “no-use” prevention programs have their downside as well, and if benefits are slight or even nil, total harm might outweigh gain. Experience over the last three decades of the drug war has taught us that no drug control strategy is a magic bullet. All have been associated with negative side effects.

Can Zero-Tolerance Prevention Be Ineffective or Even Harmful?

A substantial body of research confirms that some approaches to prevention do more harm than good. Zero-tolerance promotes distortion by giving out false or biased information. At best, the message is one sided. What is touted as education morphs into indoctrination, and indoctrination falls flat in the face of experience common among American young people. Most are aware that the majority of people who try drug drugs do not suffer harm. They view marijuana as a “soft” drug despite having been told that it will lead to use of cocaine or heroin. That such “scare tactics” do not work and are if anything counterproductive has been rediscovered at least three times in the 100-year



history of youth drug prevention in the USA (beginning long ago in the alcohol temperance movement). To their credit, current developers of prevention programs mainly avoid scare tactics, although the same cannot be said for typical anti-drug messages in the media and probably for many naïve parents who are exhorted to “talk to their children about drugs.”

Indoctrination about the dangers of drugs also backfires with most young people because it fails to take into account a basic principle of adolescent mental development as well as the social world in which most of young people live.

- Adult reasoning ability is achieved early in the teen years, meaning that young people think independently, detect bias in what they are told, evaluate messages in the light of their own experience, and identify hypocrisy, especially from adults.
- Drug use in the teen population has long been normalized in that most teenagers (a) believe that the majority of their peers have tried alcohol and marijuana, (b) are aware that members of elites such as athletes and school social leaders often use these drugs, and (c) view substance use a normal part of teen social life even if they choose to abstain themselves.

These principles work together to generate skepticism about biased prevention messages. Even if they are abstainers, young people acquire information about drugs from peers or by observing what goes on around them. They see that some people have problems relating to use, but that the most users or drinkers do not. They learn that for many peers getting high can be a lot of fun. Many are curious

about what it feels like to be high on booze or weed, and act accordingly in a social milieu that is quite tolerant of individual choice.

Even though current social influence programs such as Life Skills Training (LST) or Project Alert do not use scare tactics, they must focus entirely on abstinence. For example, the approach taken in Life Skills Training is described as follows, "...information salient to adolescents...was taught including information concerning the immediate negative consequences of drug use, the decreasing social acceptability of use, and actual prevalence rates among adults and adolescents."³ Unfortunately, this one-sided message must compete against awareness among the majority of young people that alcohol or marijuana use can also deliver benefits such as "kicking-back," "bonding with friends," or "having a blast," as well as their perception that most peers have tried marijuana and that some may even use it regularly.⁴

Current programs are also grounded in a false diagnosis of why most young people try drugs. Life Skills Training and similar social-influence programs assume that young people use drugs because they suffer from personal deficits. In the case of LST this theory assumes a deficit in "self-efficacy" or lack of confidence in specific personal social skills or other aspects of living. This assumption seems highly improbable when substance use is common among student elites. Not surprisingly, a recent report by the National Research Council concluded that there is limited evidence supporting the effectiveness of current prevention programs, including social influence programs, and that there have been serious research design and measurement flaws in research ostensibly supporting these programs.⁵

Exaggerating harms and denying contradictory personal experience promotes cynicism among young people – just as earlier scare tactics did. "Honesty is the Best Policy" was once a core principle of American life. This principle is not mere idealism; it also has practical benefits when applied to education. Honesty does not alienate young people who have their own sources of information about alcohol and drugs. Research suggesting that current approaches to prevention are associated with increased use by some groups supports this conclusion.^{6,7}

³ Botvin, G.J., Baker, E., Dusenbury, L., Botvin, E.M., & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association*, 273(14), 1106-1112. (p. 1107)

⁴ These quotations are from ongoing peer interviews of current college and university students. They are representative of many spontaneous observations by interviewees made in response to questions about normalization of drug use among peers and reactions to prevention education. Interviewees were not asked about their own drug use, but often spontaneously identified themselves as abstainers or users. Virtually all interviewees agreed that drug use was a "normal" part of social life in the high schools they had attended.

⁵ National Research Council (2001). *America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us*. Committee on Data and Research for Policy on Illegal Drugs. Charles F. Manski, John V. Pepper, and Carol V. Petrie, editors. Committee on Law and Justice and Committee on National Statistics. Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

⁶ Rosenbaum, D.P., & Hanson, G.S. (1998). Assessing the effects of school-based drug education: a six-year multilevel analysis of project D.A.R.E. *Journal of Research in Crime and Delinquency*, 33(4), 381-412.

⁷ Brown, J.H. (2001). Youth, drugs, and resilience education. *Journal of Drug Education*, 31(1), 83-122.

Maintaining the Current System through Fear

In the larger perspective of national drug policy, promoting an atmosphere of crisis by exaggerating dangers is likely to result in ill-considered and often counterproductive programs. Misreporting and other forms of sensationalizing the drug problem have been common tactics for promoting public fear and consequent willingness to enhance budgets for ineffective interventions and increasingly punitive law enforcement practices.⁸

Taking a public health approach should promote accurate assessment of the nature and extent of problems associated with drug distribution and use. Above all, a marginal increase in the use of a drug should not be characterized as an “epidemic.” While not ignoring the real dangers associated with drug use, exaggeration of those dangers must be avoided.

⁸ A recent report by the federally supported National Center for Alcohol And Drug Abuse at Columbia University claimed that underage drinkers accounted for 25% of the alcohol consumed in the US. This figure was quickly exposed as a gross overestimate by a variety of sources, including the government's own Substance Abuse and Mental Health Services Administration and the *Washington Times* (March 1, 2002).

How Prevention Would Change

Under the wider umbrella of public health, there would be significant change in the objectives, process, and content of both prevention education and assistance for young people. While abstinence would remain the preferred goal, strategies that reduce harms associated with use would also be covered.



Objectives

There would be significant expansion of the criteria by which prevention is evaluated. Current prevention programs are assessed almost entirely on whether there is a decline in overall prevalence — the percentage reporting use of a substance at least once in a given time period. Unfortunately, a measure of overall prevalence fails to distinguish between moderate versus heavy, problematic use. A decrease in overall prevalence is likely to be based almost entirely on a drop in the number of one time or occasional users.⁹ Since most of the harms resulting

from use occur among problem users, an overall reduction in prevalence may be little benefit as far as reduction in harm is concerned.

Measures of abusive or problematic use would be as important as overall prevalence. The former would include binge drinking, mixing drugs, frequent or heavy use, experimenting with a variety of illicit drugs, problems associated with use, drinking and driving, passing out, and so on. Knowledge about safety would be assessed. This would include using unknown substances, mixing alcohol and over-the-counter drugs, as well as unsafe places and times for use. Reducing these dangerous behaviors would be worthwhile even if overall prevalence did not decline.

Prevention Education

Three principles would characterize prevention education under a public health perspective:

- Adults would establish their credibility by offering honest and balanced information, which includes acknowledging that some people have positive experiences with alcohol and other drugs without negative consequences.

⁹ See Skager, R., & Austin, G. (2002). Eighth Biennial California Student Survey of Alcohol and Other Drug Use. California: Office of the Attorney General of California, Crime Prevention Center.

- While free to express concern about safety, adults would be non-judgmental in order to encourage young people to share experience and express their own questions and concerns. This kind of educational process stimulates participation rather than withdrawal.

- Content would be expanded to include (a) maximizing safety for those who nevertheless choose to experiment, (b) how to recognize addiction and dependency in self and others, and (c) how to approach and assist family and friends who drink or use problematically.



Assistance

There would be three main types of assistance:

1 Promote Personal Safety

Information about unsafe mental states, practices, and social contexts would be provided for those who do not choose abstinence. What kinds of experiences and feelings prior to use of alcohol or drugs contribute to negative consequences? Why is it dangerous to use substances obtained from unreliable sources? What kinds of social or other situations are particularly risky, especially to inexperienced users?

2 Decrease Potential Harms

Students Against Drug Driving (SADD) and Dance Safe are examples of programs that provide assistance on occasions where youth drinking or using is common. SADD employs sober student drivers to get party-going peers home safely. Dance Safe staff work rave parties where ecstasy and other drugs are likely to be used. Program staff do free chemical tests to assess purity of drugs and provide advice on safe use and behavior. Both programs have been strongly opposed for the usual reason — giving the wrong message. Yet, their purpose is not to promote drinking or drug use, but to prevent injury and save lives.

3 Provide Help to Problematic Users

Student assistance programs associated with high schools provide a place to refer problematic users for counseling and support groups. All secondary schools should offer these programs.

Choosing Between Zero-Tolerance and Harm Reduction

Zero-tolerance as a law enforcement policy has the advantage of offering a solution. It promises to eliminate substance use among youth and illicit drug use among adults. Harm reduction as a public health strategy does not claim this kind of ultimate solution. It works towards minimizing harm from drug use, as well as other harms stemming from anti-drug policies. It is pragmatic rather than idealistic. Instead of the single criterion of universal abstinence, it focuses on minimizing total damage associated with drug use, as well as the strategies adopted to suppress it.

A pragmatic perspective means asking which approach would achieve the greatest reduction in total harm. Unfortunately, science cannot provide an answer until both approaches have had a fair trial. And only one has been tried thus far. For each of us the choice reflects personal values and beliefs. Here are the bases on which the choice should be made:

Zero-tolerance is the choice if one believes (a) that substance use among young people can be eliminated without using methods that cause greater harm than use itself and (b) that harm reduction measures would increase total damage associated with use.

Harm Reduction is the choice if one believes (a) that youth substance use cannot be eliminated without resorting to methods that will generate more harm than use itself and (b) that harm reduction would reduce the total damage associated with use.

The persistence of substance use among youth and adults demands that alternatives to current policies be discussed openly without prejudicial attributions as to the motives of proponents of either side of the debate. This applies to prevention education as much as it does to the War on Drugs itself. Our society needs a dialog rather than a shouting match.

This editorial is published by The EMT Group, Inc., under its Community Alcohol and Other Drug Prevention contract with The California Department of Alcohol and Drug Programs (DADP). The purpose of this publication is to help practitioners in the prevention field stay abreast of best practices emerging from current research and to provide practical tools and resources for implementing proven strategies.

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