Substance Abuse Prevention and Youth
Applying and Extending the Comprehensive Theory of Substance Abuse Prevention

Alan Markwood

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Based on the Comprehensive Theory of Substance Abuse Prevention (1/27/2011), a case can be made for devoting a majority of substance abuse prevention efforts toward parents and other adults in regard to youth substance use, rather than directly toward youth. The purpose of the current discussion is to better define the limits of that balance, and how to best serve youth in programs that aim to serve youth.

One important point is to understand the intended meaning of “substance abuse prevention efforts”. Based on the “prime dichotomy” described in the Comprehensive Theory, one set of efforts would be aimed at young parents and young adults who are likely to soon be parents, and would focus less on the issue of substance abuse than on the larger issue of parenting that avoids introducing major traumas (or major neglect) into the lives of very young children (under age 3), and to some extent also 3-10 year-olds. The main way that issues of substance use and abuse would be included would be in terms of avoiding substance use when pregnant (or likely to become pregnant), and avoiding substance abuse by parents at any time. For the most part, the mission and resources for these kinds of efforts would be in various elements of public health and child protection fields, since both the range of potential family problems and the impact of effective interventions would be much broader than just substance abuse issues. This is where the idea of the commonality of various youth problems and need for combined, multifaceted preventive efforts is most accurate.

The second set of efforts, on the other hand, would need to be very focused on issues of alcohol and other drug use by youth. The prime goal of this set of efforts is to protect youth (especially pre-teens and teens) from social influences that promote substance use, and prevent youth access to alcohol or other drugs. The rest of the discussion pertains to this set of efforts, concerned with preventing substance use by current teens and pre-teens.

Another important distinction is between “primary prevention” efforts that help keep youth from ever starting regular use of any substance, as distinct from “secondary prevention” programs that intervene with youth who have already used a substance, if not regularly, at least two or more times. Although some primary prevention efforts, such as making alcohol less accessible to underage youth, may also have some effect on youth who have started to use a substance, the magnitude of intervention needed to respond appropriately to these youth goes beyond “universal prevention” initiatives, and into the realm of “indicated” services for each youth individually identified as needing secondary intervention. Both types of services are needed, but should rarely, if ever, be combined. When funds or positions to address community-wide primary prevention are combined
with “secondary prevention” (such as Screening, Brief Intervention, and Referral for Treatment), the greater urgency of intervention needs will tend to divert more and more resources from primary prevention. For example, if one person is hired to engage in primary prevention of drugs half the time and individual interventions half the time, the community prevention work will tend to displaced whenever there are more than average intervention needs, but rarely will intervention services be in a position to yield time to community prevention efforts. Both kinds of service are needed, but they are different and usually should be separately planned and funded, though collaboratively implemented.

Given the kinds of limitations discussed so far, the rest of this discussion can be described as pertaining to the primary prevention of substance use by pre-teens and teens. It is within that goal area that the Comprehensive Theory suggests that adult-targeted programs to prevent and limit youth substance use may be underutilized in proportion to their relative power to lower the incidence and prevalence of youth substance use. This is a difficult concept for many adults concerned about youth, because direct appeals to youth seem more logical than time spent communicating with adults about youth substance use. The problem is that drug prevention programs for youth have limited capacity for success if adult norms about youth use are not strongly against use. Also, strategies that focus only on basic drug education for youth have very little chance of ever lowering youth substance use, for reasons discussed in the Comprehensive Theory.

The magnitude of negative effect of youth substance use on society is generally underestimated by those not familiar with the studies on that topic. The economic and social costs of youth substance use are sufficient to justify increased private and public support (including in-kind efforts) for all kinds of effective AOD (alcohol and other drug) prevention, but especially for increased work with adults regarding youth use. For those efforts that remain focused on youth more directly, what considerations should guide the nature of these programs and strategies?

The answer likely to be given by a professional substance abuse preventionist or prevention researcher at this time would emphasize “evidence-based” or “research-based” methods. This is because there has traditionally been a lot of effort wasted on approaches that continue to be used even after research shows them to be ineffective. While it is true that ineffective approaches should be replaced with effective approaches, two cautions are in order:

1. There is a tremendous difference between avoiding ineffective programs or strategies and avoiding all but proven programs or strategies. Most of the potential for great improvement in prevention may fall between those two approaches, in the yet-to-be-proven innovations that would be ruled out by the second approach.
2. If the goals of a particular program or strategy are based on more than just decreasing youth substance use among participants, then criteria for effectiveness must address the full set of goals. This consideration is perhaps most relevant to programs that involve cultivating and supporting youth peer leadership of AOD prevention efforts.
Prevention efforts that feature developing youth leaders capable of playing a major role in prevention programs for youth or for adults regarding youth substance use are valuable as investments in the future of substance abuse prevention, irrespective of whether or not they add program-specific effectiveness or short-term cost-effectiveness in regard to lowering youth substance use. The delivery of youth prevention programs by trained youth leaders may or may not increase the effectiveness of a program, but its long-term effect on youth leaders is a whole other issue. In many cases there might not be much room for decreasing use rates among youth leaders, to the extent that youth who tend toward avoiding substance use are recruited. However, what is the potential role of the trained youth leader as a future parent, community member, and in many cases future preventionist?

As a future parent, a young person who participates as a leader in drug prevention activities probably will be better prepared to handle youth AOD (alcohol and other drug) issues as a parent. Given the importance to successful drug prevention of parents who are educated about drug prevention issues and committed to action, theoretically the more parents who had prevention leadership experiences as youth, the stronger the protective effect and the lower the youth use rate years after the youth leadership events. The same kind of effect is likely to result from larger segments of the general adult population being active in prevention leadership when they were youth.

The greatest impact would probably take place when individuals who start as a youth prevention leader take on drug prevention as an ongoing professional endeavor. Though in many cases the term “prevention professional” refers to a person employed to carry out prevention efforts, there are some highly motivated and talented adult volunteers whose dedication to preventing youth AOD use leads them to be involved in such a skilled and passionate way that they must be considered to be unpaid professionals in the field.

The impact of a lifetime of work on an issue can be so valuable that a prevention program that inspires just one or two youth to be adult prevention leaders may be paying for itself many times over, over the course of decades.

The current balance between AOD prevention efforts toward youths, on one hand, and efforts with adults in regard to youths seems to be too tilted toward youth programs in many cases. Though some AOD primary prevention programs directly for youths are needed, as much as 75-80% of resources for AOD prevention regarding teens and pre-teens should be used for parent and other adult education about preventing youth substance use, for reasons described in the Comprehensive Theory. When prevention programs do aim to directly reach youth, in most cases the involvement of youth peer leaders would be most desirable, for long-term capacity building for AOD prevention. Drug-free youth leaders can also play a role in programs or strategies to engage adults in youth AOD prevention.