

INEFFECTIVE PREVENTION STRATEGIES

Just as research has identified key elements of effective drug prevention strategies, research has also identified strategies that **do not** appear to reduce alcohol, tobacco, and other drug use. These strategies include:

- scare tactics and moralistic appeals;
- curricula that rely solely on information about drugs and their dangers;
- curricula that only work to promote self-esteem and emotional well-being, without providing training in resistance skills and normative education;
- single shot assemblies and testimonials by former addicts may reinforce a negative norm that “everyone uses drugs” at some point in their lives.

Source: Drug Strategies (1999). Making the grade: A guide to school drug prevention programs. Washington, D.C.: Levine and Associates, Inc.

Avoid these strategies that have been shown to be ineffective in reducing substance use:

- Counseling students, particularly in peer-group context. This does not reduce substance use or delinquency.
- Offering alternative activities such as recreation and community service activities without additional comprehensive strategies.
- Programs focusing on information dissemination, fear arousal, and moral appeal as they are also not effective prevention strategies.

Source: U.S. Department of Education, (2000). Key School-Linked Strategies and Principles for Preventing Substance Abuse and Violence.
[http://notes.edc.org/HHD/MSC/mscres.nsf/0/5044870fadcb56d6852568e800532418/\\$FILE/Topic3-Strategy.doc](http://notes.edc.org/HHD/MSC/mscres.nsf/0/5044870fadcb56d6852568e800532418/$FILE/Topic3-Strategy.doc)

Unproven Programs—CSAP’s Western Center for the Application of Prevention Technologies

The following programs and strategies for which multiple research results failed to support program effectiveness for identified problem behaviors. **However, they may be used as one component of a comprehensive prevention program.**

- [Alternative Activities](#)
- [Drug Abuse Resistance Education \(DARE\)](#)
- [Fear Arousal/Moral Appeal/Information Dissemination](#)
- [Self-Esteem Enhancement Programs](#)

Alternative Activities (e.g. Midnight Basketball, Drug-Free Dances)

(The following is an excerpt from “Selected Findings in Prevention: A Decade of Results from the Center for Substance Abuse Prevention, 1996, pp.27-28)

Recreational and cultural activities, known generically as “alternative activities” often are regarded as attractive enhancements of prevention programs. Community prevention planners sometimes describe such activities, including organized sports and elaborate field trips, as the “hook” that attracts youth participants to community-based prevention programs. The implication is that other activities, such as skills training, are more essential components of prevention programming.

A national cross-site evaluation of community prevention partnerships conducted by CSAP found that alternative activities were cited as the single largest expense for roughly one-third of the partnerships. At least in terms of their relative cost, drug-free recreational and cultural activities often appear to dominate the agenda of community-based substance abuse prevention.

Despite a continuing lack of scientific evidence for their effectiveness, some prevention professionals believe that drug-free recreational and cultural activities that incorporate social skills development and mental health promotion are core elements in the prevention of substance abuse. The Center for Substance Abuse Prevention believes in conducting more focused research to resolve the issue of the appropriate role for alternative activities in the overall prevention agenda.

For more information, order the following free document:

A Review of Alternative Activities and Alternative Programs in Youth-Oriented Prevention, CSAP Technical Report #13, Center for Substance Abuse Prevention, 1996. Order form SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), 800-729-6686, and request publication order no. "PHD 731".

1. **Drug Abuse Resistance Education (DARE)**

The following is an excerpt from Preventing Crime: What Works, What Doesn't, What's Promising, Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, 1997, p. 5-32 to 5-36.

Summary

Using the criteria adopted for this report, D.A.R.E. does not work to reduce substance use. The program's content, teaching methods, and use of uniformed police officers rather than teachers might each explain its weak evaluations. No scientific evidence suggests that the D.A.R.E. core curriculum, as originally designed or revised in 1993, will reduce substance use in the absence of continued instruction more focused on social competency development. Any consideration of D.A.R.E.'s potential as a drug prevention strategy should place D.A.R.E. in the context of instructional strategies in general. No instructional program is likely to have a dramatic effect on substance use. Estimates of the effect sizes of even the strongest of these programs are typically in the mid- to high teens. D.A.R.E.'s meager effects place it at the bottom of the distribution of effect sizes, but none of the effects are large enough to justify their use as the centerpiece of a drug prevention strategy. Rather, such programs should be embedded within more comprehensive programs using the additional strategies identified elsewhere in this chapter.

Fear Arousal/Moral Appeal/Information Dissemination

The following is an excerpt from Preventing Crime: What Works, What Doesn't, What's Promising, Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, 1997, p. 5-29.

Several meta-analyses and reviews of the effectiveness of school-based drug prevention instruction have been conducted (Botvin, 1990; Botvin et al., 1995; Dryfoos, 1990; Durlak, 1995; Hansen, 1992; Hawkins, Arthur, and Catalano, 1995; Institute of Medicine, 1994; Tobler, 1986, 1992). Botvin (1990) traces the historical development of these programs. He shows that "information dissemination" approaches which teach primarily about drugs and their effects, "fear arousal" approaches that emphasize the risks associated with tobacco, alcohol, or drug use, "moral appeal" approaches which teach students about the evils of use, and "affective education" programs which focus on building self-esteem, responsible decision making, and interpersonal growth are largely ineffective for reducing substance use. On the contrary, approaches which include resistance-skills training to teach students about social influences to engage in substance use and specific skills for effectively resisting these pressures alone or in combination with broader-based life-skills training do reduce substance use. Curricula which focus on general life skills are typically longer than those which focus only on social resistance skills.

For more information, see the following:

Preventing Crime: What Works, What Doesn't, What's Promising, Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, 1997, <http://www.ncjrs.org>, (800) 851-3420.

Self-Esteem Enhancement Programs

(The following is an excerpt from Selected Findings in Prevention: A Decade of Results. Center for Substance Abuse Prevention, 1997, pp. 11-12)

Background

Some addiction research of the 1960's and 1970's focused on the self-esteem portion of the self-concept model of personality, using such instruments as the Rosenberg Self-Esteem Inventory. Patients undergoing detoxification for alcohol or heroin dependence often revealed very low levels of self-esteem; theories were proposed to explain the apparent relationship between self-esteem and addiction. More recent analysis propose that the early studies were in fact developing a model of personalities undergoing detoxification rather than a model of a personality potentially susceptible to either addiction or substance abuse. Cocaine users in particular often exhibit unusually high levels of self-esteem before the onset of addiction. Nevertheless, many substance abuse prevention interventions continue to be based on the theory that self-esteem is a central issue to the onset of substance abuse (see, for example, Shcroeder, Laflin and Weis [1993]).

Implication

A 1994 consensus panel convened by CSAP, after reviewing all available evidence, concluded that improving adolescent self-esteem is not necessarily protective against substance use and that poor self-esteem alone is not predictive of future substance abuse. Increased self-esteem probably should not be used either as a measure of the effectiveness of a substance abuse prevention effort or as an objective of prevention efforts. Alternate psychological measures that may be more useful to prevention include changes in such areas as positive self-concept, future orientation, family conflict, or self-perceived social competence.

Additionally, acquisition of competence in specific social and communication skills may have inherent protective value against substance rather than merely contributing to the problematic sense of self-esteem.

For more information, see the following: Selected Findings in Prevention: A Decade of Results. Center for Substance Abuse Prevention, 1997. To order a free copy, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) Phone: 800-729-6686, and request publication order no. SMA 97-3143.