CHAPTER 11

Anti-Drug-Abuse Policies as Prevention Strategies

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INTRODUCTION

Drug use in the United States, particularly tobacco and marijuana use among 8th- and 10th-grade students, increased between 1991 and 1996, following several years of decline or level use (Johnston, O'Malley, & Bachman, 1996). Then, in 1997, there appears to have been some leveling off or slight decrease in use, primarily among 8th-grade students (Johnston, Bachman, & O'Malley, 1997). This cyclic pattern suggests that the national drug abuse problem may ebb and flow with attention to the problem and implementation of prevention programs. The decrease in drug use among adolescents, for example, appears to be related to their perceived risk of harm from using drugs, national media attention to the drug abuse problem, and participation in drug abuse prevention programs (Pentz, 1998, 1999). Fortunately, the limited reductions in drug use that have been achieved from carefully evaluated social influences-based prevention programs with adolescents suggest that such programs have the potential to overcome cyclical changes if they are disseminated widely and implemented and over long periods (Pentz et al., 1990). If drug abuse is a cyclical problem in the United States, drug abuse prevention efforts may have to be population-based, continuous, and systems (rather than person) oriented in order to bring about larger and longer declines than would be predicted from historical trends (Musto, 1995; Pentz, 1998).

Unfortunately, several factors limit the capacity of prevention programs to affect whole populations for long periods. These limitations include inadequate technologies for transferring knowledge of effective prevention programs from researchers to lay communities (Pentz, 1986), limited community, and school resources to support and monitor the quality of program implementation.
(Pentz et al., 1990); lack of sufficient precedent for institutionalizing drug prevention programs in communities (Goodstadt, 1989); and a relative lack of research on systems approaches to preventing drug use (Moscowitz, 1989). Specific limitations include the individual behavior-change focus of most programs in which skills training, education, or intervention is delivered to small groups of individuals. This face-to-face method yields stronger immediate effects than do mass media or broad-based community education efforts (Farquhar et al., 1990) but is too labor and time intensive to be used on a community wide basis. In addition, the small-group method of program delivery typically reaches only those who agree to participate. School dropouts, for example, will not be affected by in-school programs. Finally, recent research suggests that the primary mechanism by which the more effective social influences programs change behavior is by building the perception that drug use is not acceptable to peers, parents, and the public (Hansen, 1992; MacKinnon et al., 1991). But a person’s perceived change in social norms may be short-lived if it is not reinforced by evidence of an actual change, such as a change in a community’s policy about liquor outlets or monitoring of drug-free zones around schools. Bringing about such obvious changes in social norms is beyond the scope of most small prevention programs.

A logical complement to current drug prevention programs is comprehensive policies for drug abuse prevention. Such policies would be less subject to community limitations and constraints and would reach more individuals, including high-risk populations. Policies for drug abuse prevention are designed to affect all individuals in a specified area (state, county, or community) regardless of whether they choose to participate in a drug abuse prevention program. For example, school dropouts no longer affected by a school-based drug abuse prevention program will still be subject to work-site policies about tobacco, alcohol, or drug use if they work and to community policies about use, sales, taxation of use, removal of promotional materials regarding drug use, and drunk driving laws regardless of whether they work, return to school, or participate in any prevention program. In addition to reaching larger and more segments of the population than do most prevention programs, local prevention policies would also be less expensive to implement. Most such policies can be disseminated through inexpensive local print media.

WHAT IS PREVENTION POLICY?

Public policy is generally designed to reflect societal values by specifying actions to be taken for social improvement. In the field of drug abuse control, policy consists of both formal laws, regulations, requirements, and court orders, as well as informal guidelines and directions for action (Lynch & Bonnie, 1994; Pentz, Bonnie, & Shopland, 1996). For purposes of this chapter, prevention policy refers to both formal and informal regulations intended to reduce drug supply and demand among youth who have not yet tried drugs, as opposed to those who are regular users in need of treatment or have violated a formal regulation or law.

Formal Regulations and Informal Directives

There are four types of formal legal regulations (Pentz et al., 1996). One establishes the conditions under which a potentially harmful substance is available by either prohibiting its production or distribution for nonmedical uses or by regulating its price, and the conditions under which it is accessible. These are supply-side strategies. A second type of formal regulation controls the flow of information regarding the use of a particular substance through mandatory warnings or certain types of messages. These are demand-side strategies. A third is direct regulation of