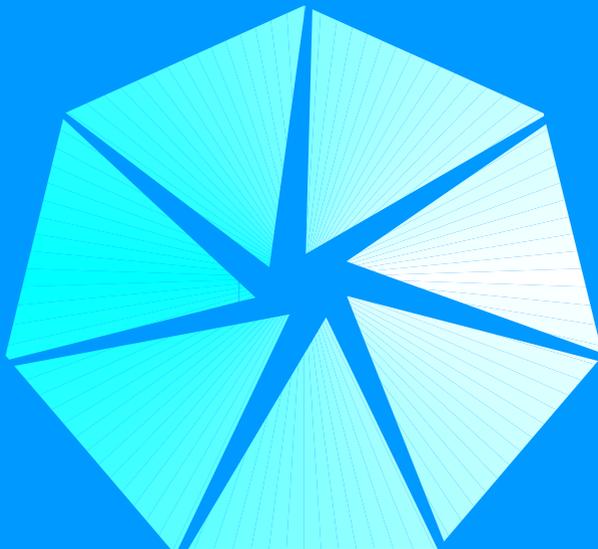




UNITED NATIONS  
*Office on Drugs and Crime*  
Regional Centre for East Asia and the Pacific

# PE<sup>2</sup>AC<sup>2</sup>E

**A FORMULA FOR EFFECTIVE PREVENTION  
OF SUBSTANCE ABUSE**



## Acknowledgement

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In 2001, Task Force I met in Bali to consider priority actions that would support the first pillar of the ACCORD Plan of Action: Proactively advocating civic awareness on dangers of drugs and social response. The task force recognized a need to enhance national and regional public awareness and understanding of the drug problem through the designing of public communication strategies and it also called on UNODC to coordinate this action with other countries and to develop guidelines on how to design comprehensive communication strategies. That guidance provided a further incentive for the development of this publication.



# ***PE<sup>2</sup>AC<sup>2</sup>E:***

## A Comprehensive Approach for the Prevention of Substance Abuse

### **Introduction: Understanding the Nature of Drug Use**

In order to develop effective narcotics control programs, it is first necessary to understand the nature of drug use and abuse. While many theories have been developed over the years, one of the most useful models for program planners is the perspective on risk and protective factors.

This model promotes the view that the likelihood a person is going to engage in drug use is related to a series of negative (risk) factors and positive (protective) factors that are present in that individual and in the environment in which he or she lives.

A risk factor is a condition in a person's life that may make it difficult for that person to engage in healthy behavior. For example, a history of drug abuse in an individual's family or living in a community where most of an individual's friends use drugs are considered to be powerful influences (risk factors) that will increase the likelihood that a person would in fact use drugs.

By contrast, a protective factor is a condition in a person's life that may support healthy behavior. For example, a sense of direction and goals for one's life is considered a factor that might protect an individual from engaging in drug use.

Risk factors and protective factors are present in both individuals and communities. In the case of an individual they are functions of an individual's personality, cognitive skills and social competence. In the community they can be found in families, peer groups, schools, cities and villages, and the society as a whole.

Exhibit One shows a number of risk and protective factors that have been identified for each of the key areas mentioned above. It is important to note that this theory does not contend that the presence of any one of these factors can predict with certainty the use or non use of drugs by a specific individual, but does promote the notion that it is the collective influence of a combination of risk and protective factors that either increase or decrease the likelihood of drug use.

## **Exhibit One: Risk and Protective Factors**

*Adapted from Hawkins, J.D., & Catalano, R.F. (1992). Communities that care: Action for drug abuse prevention. San Francisco: Jossey-Bass.*

### **Risk Factors - Individual**

- Rebelliousness to society
- Favorable attitudes towards drugs
- Early adoption of drug use
- Biological and physiological factors

### **Risk Factors - Peers**

- Friends who are rebellious to society
- Friends with favorable attitudes towards drugs
- Friends who engage in drug use

### **Risk Factors - Family**

- Family history of drug use
- Family management problems
- Family conflict
- Favorable parental attitudes towards drug use
- Parents engage in drug use

### **Risk Factors - School**

- Inability to get along with other youth
- Academic failure beginning in early grades
- Lack of commitment to school

### **Risk Factors - City and Villages**

- Availability of alcohol and other drugs
- Community attitudes favor drug use
- Lack of stability of residents
- Low attachment to neighborhood

### **Risk Factors - Society**

- Social norms that are tolerant of drug use

- Weak or unclear policies
- Lack of enforcement of laws designed to prevent drug use

**Protective Factors - Individual**

- Resilient personality
- Positive feelings towards society
- Positive relationships with others
- Healthy beliefs and a clear sense of what is right

**Protective Factors - Peers**

- Friends who have positive feelings towards society
- Friends with negative attitudes towards drug use
- Friends who do not engage in drug use

**Protective Factors - Family**

- Positive relationships among family members
- Parents who communicate a sense of warmth, trust, and high expectations
- An emotionally supportive family

**Protective Factors - School**

- Caring and supportive teachers
- High expectations from adults
- Clear standards of behavior
- Youth participation in prevention programs
- Positive school climate

**Protective Factors - City and Villages**

- High expectations of youth
- Community norms and laws unfavorable to drug use
- Low accessibility of alcohol, tobacco and other drugs

**Protective Factors - Society**

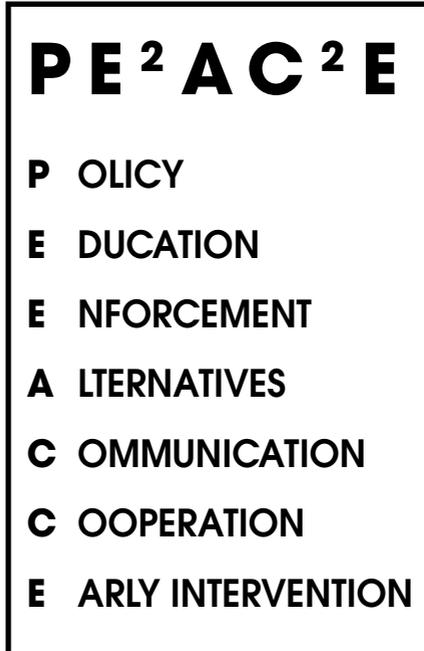
- Social norms that discourage drug use
- Policies that reduce the availability of alcohol and other drugs
- Strict enforcement of laws designed to prevent drug use

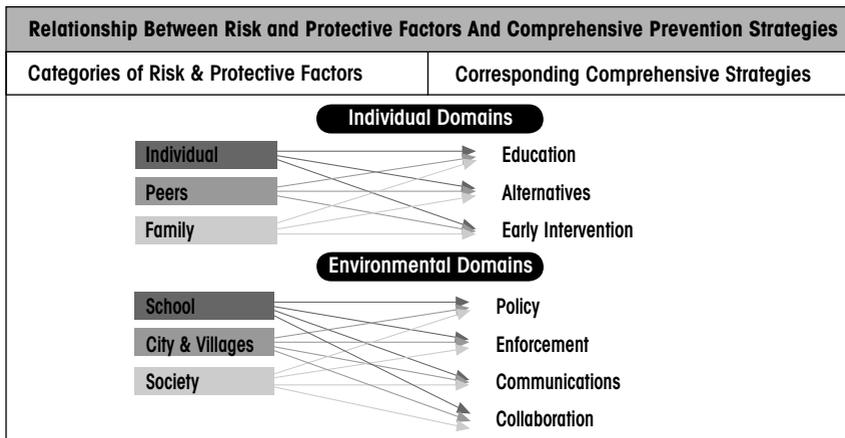
## An Overview of Evidence-Based Prevention Approaches

In addition to providing insight into a basic understanding of drug use, a review of the research on effective demand reduction strategies reveals a number of key underlying principles and specific strategies that have been proven effective in reducing drug use.

In the case of large-scale program interventions, it appears that three major underlying factors are critical to success. They are: (1) drawing on theory-based strategies that blend individual and environmental approaches; (2) applying multiple strategies in multiple settings; and (3) developing logically designed strategic plans to guide program implementation and evaluation.

Further, a review of the literature identifies seven program strategies which taken together represent our best chance for effective program development. These strategies are policy, enforcement, education, alternatives, communications, collaboration, and early intervention.





**Policy** refers to standards for behavior that are formalized rules, regulations and procedures. For example, a policy can impose strong penalties for the use of illicit drugs or require court-supervised treatment for young people. Policies can mandate that penalties for selling drugs will be doubled if the violation occurs near schools. Policies can also be developed to control the distribution of precursor chemicals used in the manufacturing of amphetamine-type stimulants.

Policies are often thought of as attempts by authorities to control the actions of individuals. While they certainly can be applied in that spirit, public health policies work best when the members of a society regard the policy as a social compact that has been developed to protect the common good.

**Enforcement** is a compelling observance of, or obedience to, a policy or regulation by not merely targeting the individual caught breaking the law, but also targeting the wider population that might consider breaking the law. It aims to convince people that there are consequences to their actions, that laws are taken seriously, and that there is a significant enough likelihood of being caught to make it unwise to engage in a given risky behavior. It also makes a public statement that the community stands behind its laws, and that those

laws are important for the health and safety of the community and its citizens.

Enforcement and policy are closely connected; nevertheless, there are reasons to draw a distinction between them. Enforcement needs to be accounted for as a strategy in its own right: in the absence of enforcement, policies can be merely abstract ideas, without action to back them up. Enforcement, moreover, may depend on a different set of community systems than policy does. The individuals who develop policies are not always the same people who are in a position to enforce them.

**Education** refers to all programs that attempt to educate individuals about the dangers of drug use as well as teach specific skills and actions that can be taken to protect themselves and their communities from the harmful consequences of drug use. Education typically occurs in school settings as part of health and social curricula, but it can also take place in community settings that involve adults as well as young people. For example, parents can learn about the role they can play in discouraging drug use by their children; likewise, professionals such as doctors, police officers, and storeowners can be educated as to the ways in which they can support a community-wide demand reduction program.

Whatever groups we target, it is always important to remember that information alone typically does not affect individual drug behavior; however, when we combine information with skill development including critical thinking, refusal skills, decision making, and social interaction we significantly improve our chances for success.

**Alternatives** are a strategy that incorporates recreational, enrichment, and leisure activities into the approach to demand reduction. Drop-in recreation centers, after-school and weekend programs, dance, music and other traditional cultural activities, community service activities, tutoring, mentoring, and other events are offered in these programs as alternatives to dangerous activities, such as drug use. While many alternative approaches have not been evaluated with rigor, researchers have learned some valuable lessons

about elements that increase an approach's likelihood of success. Alternative strategies are most likely to be effective if they: (1) target youth at high risk who may not have adequate adult supervision or access to a variety of activities; (2) target the particular needs and assets of individuals; and (3) provide intensive approaches that combine many hours of involvement with access to related services.

**Communications** are strategies that examine the ways in which media can be used to promote demand reduction. Communications strategies include media advocacy, media literacy, public education, and social marketing.

*Media advocacy* attempts to engage the media in a constructive relationship that serves to influence the way in which they report drug issues. It seeks to have the media play a more involved and responsible role in addressing this issue by providing accurate information as well as suggestions on how individuals can contribute to reducing drug use in a society.

*Media literacy* is a strategy that focuses on educating individuals, especially young people, about the ways in which the media functions, as well as providing both the information and the skills we each need to be critical consumers of information the media provides regarding drug use. This is particularly important when we consider the many ways in which the alcohol and tobacco industries use the media not only to promote the use of their products, but also to create a general impression that the use of any substance to alter one's mood is a perfectly acceptable behavior.

While media literacy programs traditionally address commercial advertisements using curriculum lessons presented in school settings, it is possible to use these techniques in a wide range of community settings to reach a variety of target audiences. For example, the same critical thinking skills that a teacher would review and practice with her students in a classroom lesson could be presented by a community outreach worker to help young people better analyze the street messages they receive from traffickers and local drug

pushers. These messages are most often based on misinformation or appeals to emotion and do not present an accurate representation of the true consequences of drug use.

In addition to using youth outreach workers to help teach critical thinking skills to young people in out-of-school settings, community-based organizations might also consider working with peer educators as yet another appropriate way to bring this information to youth who are at high-risk for drug use.

*Public Education* is the technique of using media channels and outlets to provide information to large numbers of individuals. Typically these efforts involve the development of a communications message that is used on billboards or in television and radio public service announcements. These campaigns are highly visible and serve to quickly provide basic information to large groups of people. They are a good way to raise community awareness about a particular issue, but used as a single strategy they typically do not result in a significant change of behaviors.

*Social Marketing* is a strategy that is similar to public education, but differs from that strategy in one very important aspect. While public education provides broad information to the general population, social marketing seeks to influence behavior by constructing messages that appeal to specific target audiences. Messages move beyond simply providing information and instead use highly sophisticated techniques that professional advertisers use to sell products. This technique has been used successfully to address a range of health and social issues around the world including issues related to demand reduction.

**Collaboration** refers to a process of participation through which people, groups, and organizations come together in a mutually beneficial and well-defined relationship to work toward results they are more likely to be achieved together rather than alone. In many settings, such as business, collaboration is viewed as the preferred technique. Certainly, by coordinating efforts, agencies and organizations can pool and maximize their human and financial resources.

In the field of demand reduction it is also regarded as a value and reflects a particular point of view: by working together partners, formal or informal, can bring different perspectives to bear to solve a problem and to bring about change.

**Early Intervention** is a demand reduction strategy targeted at individuals and groups at risk of developing substance abuse problems. It focuses on youth who, because of their family situation, individual characteristics, or environment, have risk factors known to be associated with drug use. Early intervention to reduce the demand for substances includes those interventions that: (1) work with children at risk for abusing substances in the future, either because of family risk factors, environmental risk factors, individual risk factors, or early childhood behavioral indicators; (2) work with young people who have just begun to abuse substances but before the problem becomes even more serious; or (3) work with families, whose home environment or parental behavior increases the likelihood of youth substance abuse.

As societies around the world are learning, the key to effective demand reduction is to use multiple strategies, in multiple settings, toward a set of clearly defined outcomes. As demand reduction programs are developed at the national and community levels, societies should examine their own situations and look for ways to combine the seven strategies that have proven effective: policy, enforcement, education, alternatives, communications, collaboration, and early intervention.



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- 6/2000 Reducing Illicit Drug Use in the Highlands of East Asia: External Sub-regional Appraisal Report
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