

Don't Do It! Ineffective Prevention Strategies

Prevention pioneers have learned much about ineffective programming and strategies that practitioners have a responsibility not to repeat. Ineffective strategies include scare tactics and moralistic appeals, curricula that relies solely on information about drugs and their dangers, curricula that work only to promote self-esteem and emotional well-being, and one time assemblies, events or testimonials.

Scare tactics

U.S. Department of Health and Human Services National Institutes of Health science panel found in 2004 that programs that rely on scare tactics to prevent children and adolescents from engaging in violent behavior are not only ineffective, but may have damaging effects.

When exaggerated dangers, false information or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger (J. Beck, 1998). Golub and Johnson (2001) point out that exaggerated messages and failure to provide truthful information often backfire when youth have access to contrary information and experience.

Petrosino, Turpin-Petrosino and Finckenauer (2000) found that well-meaning programs can have harmful effects. Scared Straight and other prison or parole programs which bring together inmates and students have resulted in higher rates of re-arrest and delinquent behavior than youths not involved in the intervention. The researchers warn against rationalizations used to justify the absence of outcome evaluations including such assertions as "we know our programs are working," "they can't possibly harm anyone," and "if they only help one kid they're worth it."

Motivational or Cautionary Speakers and Assemblies



Some adults report that stand alone multi-media presentations, heart wrenching testimonials or grotesque techniques such as displaying crumpled cars and classroom visits from the grim reaper are “powerful”, however the effects they observe are temporary emotional arousal. These strategies may capture the attention of children and youth who view explicit television, movies and computer games, and have become inured to disturbing images or crave increasingly vivid experiences. However, when students are asked what they remember about these programs, they will talk about the destruction, sadness or horror of the experience, without relating them to their future

behavior, reflection or intention. Further, students who have been sheltered from modern media may find these experiences traumatic and will try to not remember details of the event.

Similarly, programs that depend upon an “expert” telling the uninformed student the perils of drug use fail, because there is little or no contextual framework, and the youth and presenter have no meaningful connection (Bown, D’Emidio-Caston and Pollard, 1997). Presentations by former addicts or lessons that display, categorize or show how drugs are consumed have no evidence of effectiveness (Hansen, 1997).

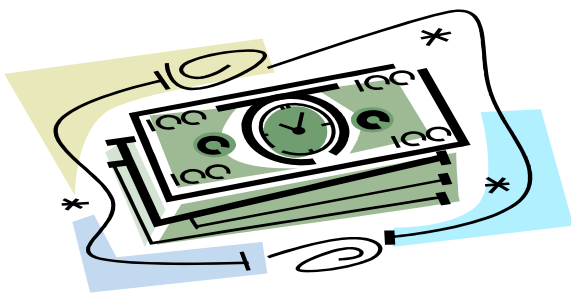
Traditional lectures, prepared by well intentioned but ill-trained classroom teachers who teach about substances and consequences, also lack research of effectiveness (Bosworth and Sailes, 1993). Even prevention programs that were proven effective in the original research may not be effective when altered in an effort to save time or money. Examples of ways school staff render research-based programs ineffective include requiring untrained staff to deliver lessons, eliminating lessons or attempting to provide information via large assembly settings. The most popular prevention programs are ineffective in reducing tobacco, alcohol and other drug use if they are implemented without social skills practice or attention to developmentally appropriate strategies.

Punitive and Zero Tolerance Approaches

Del Elliot, Director of the Center for the Study and Prevention of Violence at the University of Colorado at Boulder states that "Many after-the-fact punitive reactions focus on deterrents rather than causes of the problem. Serious violence continues because the underlying problems are never addressed."

Programs which remove youth from their peers and group together young people with problem behavior, result in increased problem behavior because the novices learn from the more practiced youth. Described in the 2001 "Youth Violence: A Report of the Surgeon General", evaluation of boot camps for delinquent youths modeled after military basic training showed significant harmful effects on youths, with significant increase in recidivism. Youths are also placed with other delinquent youths, who are role models as they reinforce each other's undesirable behavior.

Investing Prevention Time and Money Wisely



Nancy Tobler (1992) and Linda Dusenbury (1995) sum up elements of the most effective prevention strategies: focus on healthy alternatives, peer involvement, interactive approaches that include skill practice and normative education, which portrays true use rates and corrects misperceptions. Positive school climates are achieved through a combination of clear policies and procedures, training and support for school staff, students and families and partnerships with community

members. Colorado practitioners share strong agreement, backed up by science, that our time and energy is best used to teach positive, healthy behavior, rather than fruitlessly trying to stop dangerous behavior through manipulation and punishment. We know how to leverage time and money with caring people to bring about safe, healthy, drug free school communities.

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Available on http://www.cde.state.co.us/cdeprevention/pi_safedrugfree.htm , under "Resources"

**Bibliographic Citations for “Don’t Do It! Ineffective Prevention Strategies
By Cindy Wakefield, Colorado Department of Education and James Campaign,
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Beck, J. (1998) 100 Years of ‘just say no’ versus ‘just say know’: Re-Evaluating Drug Education Goals for the Coming Century. *Evaluation Review* 22 (1): 15-45

Bosworth and Sailes (1993), Center for Adolescent Studies, Indiana University 201 North Rose Street #3288 Bloomington, Indiana 47405

Brown, J. H., D’Emidio-Caston, M. and Pollard (1997). *Evaluation Review*. 19 (4) 451-492.

Golub, A, Johnson, B.D. (2001) Variation in youthful risks of progression from alcohol and tobacco to marijuana and to hard drugs across generations. *American Journal of Public Health*; 91:225-232

Hansen, W.B. (1997). Prevention Programs: Factors that individually focused programs must address. In *Resource Papers for the Secretary's Youth Substance Abuse Initiative SAMSHA/CSAP Teleconference*, Oct. 22, 1997. Pre-publication document.

Petrosino, A.J., Turpin-Petrosino, C. and Finkenauer, J.O. (2000). Well-meaning programs can have harmful effects: Lessons from the “Scared Straight” experiments. *Crime and Delinquency*, 46 (3), 354-379

Tobler, N.S. (1992) Drug Prevention Programs Can Work: Research Findings. *Journal of Addictive Diseases* 11(3) 1-36.

U.S. Department of Health and Human Services, National Institutes of Health, NIH Consensus Development Program, NIH News, October 15, 2004

U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health. Government Printing Office