

This drug-specific approach is more appropriate in the context of this Region because there is more evidence for their effectiveness, they are less resource-intensive, require less training and evaluation, and the impact can be seen in the short and medium term.

## ●● What are the strategies that do not work?

Some approaches have been shown to have minimal impact on changing drug-using behaviour but remain popular and are considered effective. In some cases, these approaches may even result in increasing drug use (Hawthorne, 1995).

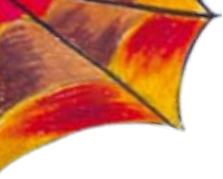
### Some programmes which are not effective:

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- One-off programmes (e.g. lectures to large audiences)
- Didactic, or one-way lectures
- Providing factual information on the harm caused by drugs
- Extolling non-use, and seeking commitment for non-use
- Resistance skills programmes preparing students to face peer-pressure and to “Just say no” to drugs

Unfortunately, the evidence for transferring research knowledge to practice about school-based substance-use-prevention programmes is limited (Gorman, 2003). Thus many myths related to the structure and content of “effective” drug prevention programmes continue to be perpetuated.

A drug-specific approach is more appropriate in the context of this Region, since it has a more visible impact, both in the short and medium term.



One-off programmes such as lectures to large audiences have no significant effect, instead these can be counter-productive. Also programmes will fail despite being well planned and funded, unless the determinants of drug-use behaviour are addressed appropriately.

Many of us fail to appreciate that knowledge alone rarely changes behaviour. Factors affecting behaviour are diverse and many, and knowledge itself plays a minor role. Therefore, providing facts alone can be counter-productive with those groups that are most likely to experiment with and initiate regular use. For younger thrill-seeking groups, the danger of an activity may be an incentive to indulge in it.

It has also been shown that very few implementers use effective content delivery (Ennett, 2003). “Effective delivery” covers how programmes are delivered, by whom, to whom, where, etc. The content is the issues that are contained within the programmes, aimed at changing drug-using behaviour.

Some experts are of the opinion that adolescent drug use has risen in recent years despite the infusion of resources into school-based drug-use-prevention efforts. They also feel that evaluations continue to show that the effectiveness of school-based drug-use-prevention programmes is limited (Gorman, 1998).

Such critiques should be taken seriously, as some highly publicized and funded school drug-use-prevention programmes which have been implemented for a long period of time, such as Drug Abuse Resistance Education (Project DARE), have been shown to be ineffective for nearly ten years now, although the programme still continues (Clayton, 1996). One fundamental area of the DARE programme is “resistance skills”, or more popularly “just say no” to

drug use. Therefore, the basis on which such prevention programmes are conceptualised and executed should be questioned.

Studies conclude that there is little evidence that health education makes people refrain from using alcohol and illicit drugs or reduces the levels of their use. According to Tobler and Stratton (1997), scare tactics, providing only factual information on drugs and their effects, self-esteem building, responsible decision-making and didactic presentation of material have not proved to be particularly effective in the prevention of alcohol, tobacco and other drug use. Some of these programmes are built on the premise that awareness of the harms of drug use will prevent drug use (Botvin and Botvin, 1992).

The long-term impact of the programmes is another issue that should be considered (Wiehe, 2005). Skara and Sussman (2003), show that meta-analyses indicate that programmes that have been shown to be not effective in the longer-term are also not effective in the short-term. Programmes that have shown some effects in the short-term have had longer-term beneficial impact. Therefore, it is argued that the continuance of the impact depends on the initial results, which in turn depends on the robustness of the design and content of the programmes.

## ●● What are the general features of effective prevention programmes?

The single most important characteristic of an effective drug prevention initiative is its ability to change behaviour. Therefore factors that initiate and maintain drug use should be addressed effectively if programmes are to be successful. Behaviour change is a continuous process. Factors related to a certain type of behaviour

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