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Review Article

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Drug prevention among young people

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Abstract The costs of drug use to society and individuals include risk of chronic illnesses, such as HIV, hepatitis C and hepatitis B, and risk of accidental injury. Among accidents involving fatalities, drugs have been found in 15 to 20% of riders and drivers. Generally, the effectiveness of drug prevention programmers has tended to be assessed in relation to so-called 'gateway' drugs, such as alcohol, tobacco and marijuana, rather than specifically illicit drug use. The impact of drug prevention programmers on illicit drug use has not been adequately reviewed. Drug prevention in schools is a top priority and several well-designed studies have shown that prevention programs have the potential of reducing drug use in adolescents.

Keywords Alcohol, drug problems, drug prevention, young people

Introduction

Since the 1970s there has been a real increase in the overall levels of illicit drug use, particularly among young people. Major national surveys of secondary schoolchildren [1-2] suggest that among 11 to 15 year olds in England reported levels of drug use increased between 1998 and 2000. Figures for 2001 indicate that 20% of this age group had used illicit drugs in the preceding year [3]; figures for 2003 show a slight increase, with 21% of this group having used drugs in the preceding year [1-2]. It is estimated that Class A drug use costs society and the economy between 10bn and 17.4bn a year. Problem users in England and Wales are estimated to cost around 35,500 per person each year. Recreational use by young people and older people costs around 28m and 6.2m a year respectively [4]. The purpose of this review is to evaluate the effectiveness of drug education interventions by identifying those programmes that are most effective.

The costs of drug use to society and individuals

The costs of drug use to society and individuals include risk of chronic illnesses, such as HIV, hepatitis C and hepatitis B, and risk of accidental injury. Among accidents involving fatalities, drugs have been found in 15 to 20% of riders and drivers [5-7]. Costs to individuals also include the extent to which drug use exacerbates a range of problems that young people might experience. For example, drug misuse contributes to and intensifies the problems experienced by homeless young people and young people in and leaving the care system [8-9]. Drug misuse is also strongly associated with social exclusion [10].

Effectiveness of drug prevention programmes

Generally, the effectiveness of drug prevention programmes has tended to be assessed in relation to so-called 'gateway' drugs, such as alcohol, tobacco and marijuana, rather than specifically illicit drug use.

The impact of drug prevention programmes on illicit drug use has not been adequately reviewed [11]. However, a number of points about the effectiveness of interventions can be made, as follows:

- ✓ Review evidence suggests that one US life skills training (LST) programme [12-13] demonstrated some continuing success five years after the end of the programme [14]. Although a recent external evaluation suggests that neither LST nor other primary prevention programmes are likely to have a major impact on drug use and drug problems, LST is one of the few programmes that has been extensively evaluated and for which there is research evidence of a small but positive impact on drug use [15].
- ✓ Universal prevention programmes appear to be more effective for lower-risk adolescents than those at higher risk [16].
- ✓ Evidence shows that school-based interventions aimed at adolescents can delay for a short time the start of substance misuse by non-users, and temporarily reduce use by some current users, although the effects decrease with time [14].

Teacher- drug education

The majority of teacher- programmes used in Britain fall into three groups: curricular programmes, Theatre in Health Education (THE) and resource packs. Several curricular programmes have been developed in the US. Some examples are: Students Taught Awareness and Resistance (STAR) [17], Life Skills Training (LST) [13] and Project Alert [18]. Programmes that have been delivered in Britain include: Drug Education in Primary Schools (DIPSI) [19] and the Northumberland Drug Education Project. A further example is Project CHARLIE (Chemical Abuse Resolution Lies in Education), developed in the US during the late 1970s [20]. Many drug-specific resource packs for teachers exist and have been listed elsewhere [21]. The Drug Studies Resource Pack developed by the Lambeth Drug Prevention Team is an example of the resources available to British teachers.

Drug prevention work in schools

The Haven Center plans to develop and fund community outreach to local in-school drug prevention programs. Drug prevention in schools is a top priority and several well-designed studies have shown that prevention programs have the potential of reducing drug use in adolescents. What do these findings imply about funding of school-based drug prevention? First, they suggest that model drug use prevention programs can be justified on a benefit-cost basis by the reductions in substance use. Drug prevention thus appears to be a wise use of the funds devoted to it. Whether it is the wisest use of those funds depends on whether there are other uses that could reap even greater social benefits. The majority of preventive interventions are universal school-based programmes. However, as the National Advisory Committee on Drugs (NACD) has commented: 'The relatively greater emphasis on schools, homes and communities and the media reflects something about the volume of activity in these areas without any claim that these produce the most important results' [22].

Prevalence and trends in alcohol and drug misuse by young people

Numerous studies in Europe report high rates of alcohol use among young people. A European School Project on Alcohol and Drugs [23] reported that the UK had amongst the highest rates of drunkenness, binge drinking and alcohol consumption in Europe. Participants reported that 75% had had one episode of drunkenness, while nearly one third had 20 or more episodes in their lives or 10 or more episodes in the last year. Half had been intoxicated in the last month and a quarter intoxicated at least three times in the same period. The trends of the last decade are: more young people are drinking regularly (at least once a week); weekly drinkers are drinking more; regular young drinkers are drinking more alcohol per session; there are changes in the types of alcohol consumed (alcopops/designer drinks). In the UK, after cannabis use, dance drugs, amphetamines (lifetime prevalence rate 8%), LSD and Ecstasy (3.4 methylene-dioxy-N-methamphetamine) are the next most common, with a minority using heroin or crack cocaine (Ramsey & Partridge 1999 reported rates of 1-3%). Measham *et al* (1998) [24] reported on the "unprecedented rise in youth drug use in the mid-1990s, among adolescents from all diverse backgrounds

sometimes in the context of dance culture and against a background of increasing availability, acceptability and popularity of drug use in youth leisure time.

Complications of alcohol and drug misuse

Young people may suffer significant adverse consequences either directly related to their drug and alcohol use and/or as a result of their lifestyle, influenced by their substance misuse. Commonly reported psychosocial consequences include arguments with families and friends, financial difficulties and problems at school. On a physiological basis, young people's metabolism of alcohol, for instance, differs from adults. There is greater risk of intoxication, of low blood sugar, epileptic seizures or coma for a given level of alcohol ingestion [25]. Intoxication and drunkenness more than dependence are linked with problems such as violence, crime and accidents. Numerous epidemiological studies internationally have reported on the prevalence and trends of licit and illicit drug use by young people over the decades. While these studies varied because of different definitions of populations of young people, different methodologies, ages and cultures, the various reports are nevertheless useful in generating data concerning approximate trends in use of different drugs. The latest European school survey project on alcohol and other drugs (ESPAD) [26] data for 15- to 16-year old students show that lifetime prevalence of cannabis use ranges from 3% to 44%. Between 2% and 36% of school students report having used the drug in the last 12 months, while use in the last month ranged from 0% in some countries to 19% in others.

Alcohol and drug problems and families

The alcohol and drug problems of individuals also affect their children and families. These effects have been well documented [27] and the phenomenon is a universal one [28-29]. Velleman & Templeton (2003) [30] have made an estimate of the number of family members that may be affected by drugs and/or alcohol in the UK. They reason as follows: the latest figures suggest that as many as 4 million people aged 16-65 are dependent on alcohol and/or drugs. Assuming that each substance misuser will negatively affect at least two close family members, this suggests that there may be about 8 million family members (spouses, children, parents, siblings) living with the negative consequences of someone else's drug or alcohol misuse.

References

1. NatCen and NFER (National Centre for Social Research and the National Foundation for Educational Research) (2001). *Smoking, drinking and drug use among young people in England in 2000*. London: Stationery Office.
2. NatCen and NFER (National Centre for Social Research and the National Foundation for Educational Research) (2002). *Drug use, smoking and drinking among young people in England in 2001: preliminary results*. London: Stationery Office.
3. DH (Department of Health) (2002). S*tatistics on young people and drug misuse: England, 2002 and 2001*. Bulletin 2002/15. London: Department of Health.
4. Godfrey, C., Eaton, G., McDougall, C. and Culyer, A. (2002). *The economic and social costs of Class A drug use in England and Wales, 2000*. Home Office Research Study 249. London: Home Office Research, Development and Statistics Directorate.
5. DETR (Department of the Environment, Transport and the Regions) (1998). Press Notice 94/Transport 11 February 1998 'Government acts on drug-driving enforcement'.
6. ACMD (Advisory Council on the Misuse of Drugs) (2000). *Reducing drug related deaths*. London: Stationery Office.
7. ACMD (Advisory Council on the Misuse of Drugs) (2002). *The classification of cannabis under the Misuse of Drugs Act 1971*. London: Home Office.
8. Wincup, E., Buckland, G. and Bayliss, R. (2003). Youth homelessness and substance use: report to the drugs and alcohol research unit. Home Office Research Study 260. London: Home Office.

9. Ward, J., Henderson, Z. and Pearson, G. (2003). *One problem among many: drug use among care leavers in transition to independent living*. Home Office Research Study 260. London: Home Office.
10. Stead, M., Hastings, G. and Eadie, D. (2001). *Desk research to inform the development of communications to reduce drug use and drug related harm in socially excluded communities*. Glasgow: Centre for Social Marketing.
11. Black, D. R., Tobler, N. S. and Sciacca, J. P. (1998). Peer helping/involvement: an efficacious way to meet the challenge of reducing alcohol, tobacco and other drug use among youth? Journal of School Health 68 (3): 87-93.
12. Botvin, G. J. (1999a). Adolescent drug abuse prevention: Current findings and future directions. In: Glantz, M. D. and Hartel, C. R. (eds) Drug abuse: Origins and interventions. Washington DC: American Psychological Association.
13. Botvin, G. J. (1999b). Prevention in schools. In: Ammerman, R. T. and Ott, P. (eds) Prevention and societal impact of drug and alcohol abuse. Mahwah, NJ: Lawrence Erlbaum Association.
14. White, D. and Pitts, M. (1998). Educating young people about drugs: a systematic review. Addiction 93 (10): 1475-87.
15. Coggans, N., Cheyne, B. and McKellar, S. (2003). The Life Skills Training Drug Education Programme: a review of research. Scottish Executive Effective Interventions Unit, Scottish Executive Drug Misuse Research Programme. Scotland: University of Strathclyde.
16. Windle, M. and Windle, R. C. (1999). Adolescent tobacco, alcohol and drug use: current findings. *Adolescent Medicine: State of the Art Reviews* 10 (1): 153-63.
17. Pentz, M., Cormack, C., Flay, B., Hansen, W. and Johnson, C. (1986). Balancing programme and research integrity in community drug abuse prevention: Project STAR approach. *Journal of School Health* 56: 389-93.
18. Ellickson, P. L. and Bell, R. M. (1990). *Prospects for preventing drug abuse among young adolescents*. Rand Publication Series.
19. Watson, M. (1997). An Olympic boost to fight drugs. Health Education 1: 38-40. Allott, R., Paxton, R. and Leonard, R. (1999). Drug education: a review of British Government policy and evidence of effectiveness. *Health Education Research Theory and Practice* 14 (4): 491-505.
20. McGurk, H. and Hurry, J. (1995). Project Charlie: an evaluation of a life skills drug education programme for primary schools (1). London: Home Office Drugs Prevention Initiative.
21. DfE (Department for Education) (1995b). *A digest of drug education resources for schools*. London: Department for Education.
22. NACD (National Advisory Committee on the Misuse of Drugs) (2001). *Drug use prevention: overview of research*. Dr Mark Morgan. Dublin: Stationery Office, Government of Ireland.
23. Hibbell, B., Andersen, B., Ahlstrom, S., Balakirevo, Bjarnasson, T., Kokkevi, A. & Morgan, M. (1999) The ESPAD (European School Project on Alcohol and Drugs) The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe Pompidou Group
24. Measham, F., Parker, H. & Aldrridge, J. (1998) The teenage transition: from adolescent recreational drug use to the young adult dance culture in Britain in the mid 1990s Journal of Drug Issues 28, 9-32
25. Wright, L. (1999) Young People and Alcohol – A Literature Review London: Health Education Authority
26. Hibbell, B., Andersen, B., Bjarnasson, T et al (2004) The ESPAD Report 2003: Alcohol and other Drug Use among Students in 35 European Countries The Swedish Council for Information on Alcohol and Other Drugs (CAN) and Council of Europe Pompidou Group
27. Orford, J. & Harwin, J. (eds.) (1982) Alcohol and the Family London: Croom Helm
28. Orford J. (1990) Alcohol and the family: an international review of the literature with implications for research and practice in Kozlowski, L., Annis, H.& Cappell, H. (eds.) Research Advances in Alcohol and Drug Problems New York: Plenum Press

29. Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K., Bradbury, C., Bowie, N., Copello, A. & Velleman, R. (1998) Tolerate, engage or withdraw: a study of the structure of families coping with alcohol and drug problems in South West England and Mexico City Addiction 93, 1799-1813
30. Velleman, R. (2003) Alcohol and drug problems: an overview of the impact on children and the implications for practice in Gopfert, M., Webster, J. & Seeman, M. (eds.) Seriously Disturbed and Mentally Ill Parents and Their Children (2nd ed.) Cambridge: Cambridge University Press.