By the end of this lesson, you should be able to:

- Demonstrate an understanding of the effects of prohibiting substances;
- Describe harm reduction and its use in prevention programs; and
- Interpret three different types of prevention based on the timing of drug use: primary, secondary, and tertiary.

How do we go about fixing the harmful impacts of drug use in our culture?

What if, rather than worrying about prevention, we just got rid of all drugs?

Many politicians have successfully campaigned for office by promising to eliminate some or all drugs. Not only is that an unwise and non-specific goal, as we will explain, it is not even remotely attainable. For the sake of argument, let’s assume that we have been given some magical power, and in our efforts to prevent drug use harms, we decide to actually get rid of entire categories of drugs.

We would probably want to start with illegal drugs, such as cocaine and heroin.

However, it really isn’t that simple. While illegal for recreational use in the U.S., cocaine is approved for use as a topical anesthetic in medicine and similarly, heroin has a medical use in the United Kingdom.

Still, let’s assume that we have now successfully eliminated all illegal drugs, even though they may have legitimate medical purposes. While a great number of police officers would be out of jobs, eliminating illegal drugs still wouldn’t stop all people from using legal drugs for intoxication, such as alcohol. In fact, alcohol accounts for more harm to users and others than any other drug. Yet, we don’t see a national movement to reinstate Prohibition again. So, following along with our magical powers scenario, let’s also get rid of all legal intoxicants. Would this eliminate the possibility of a drug problem?
In a world without illegal drugs and legal intoxicants, people would probably gravitate towards abusing prescription and over-the-counter—or OTC—drugs. They would soon find which of these drugs they could use for cheap intoxication. This is evident in the abuse of OTC cough syrup among adolescents, a group that has more limited access to legal and illegal intoxicants. So for the sake of our argument, let's get rid of these drugs, as well. What impact do you think this would have on fixing the drug problem?

As you may have already guessed, people would then move on to another category, such as using all sorts of chemicals, including solvents and aerosols. Large numbers of people are already addicted to solvents, glue sniffing, and, even though it may seem strange to some people, huffing gasoline. In getting rid of all of these, transportation would be difficult, but we really don’t want people intoxicated! Would this work? At this point, we’re guessing you know the answer to this question!

People would simply move to yet another category, like plants. Thousands of plants and fungi cause intoxication and hallucination. We could defoliate the planet, and while it would stop intoxication, it would, incidentally, also end all human life.

As you can see, the futility of simply trying to get rid of one category of drugs is readily apparent when one uses this model. Even if we crack down on substances, users will not stop using altogether. Some people have such a strong need for intoxication that they will use almost any substance to meet the need. It’s more productive to try to understand this drive and find ways of meeting it that are of minimal danger to either the individual or the society. We could teach people to use drugs responsibly, but a major effort is also needed to help people adopt attractive non-drug alternatives.
What is the goal of prevention as it relates to alcohol, tobacco, and other drugs?

The answer is: it depends. If one were to listen carefully to the rhetoric of some drug abuse prevention professionals, the message is clear: people shouldn’t start using certain drugs or should stop using them if they have already started. The reasons given are that all drug use is dangerous, and bad things happen to all users.

Part of the problem with this approach is that drug abuse is far too complex a problem to respond with simplistic generalizations. Anyone with even a small amount of drug experience will seldom see themselves or other users in these messages. They will come back with arguments based on personal experience in which they claim that most drug use is rather innocuous, provided users do not get caught by parental, school, or legal authorities or harm other individuals.

Also, what about the large percentage of people who dabbled in drugs such as marijuana, LSD, and cocaine for a period of time in the late 1960s and early 1970s, who are successful and productive members of society today? In fact, there is a good chance that the parents of high school students today used alcohol and marijuana at the same age as their children, even though these same parents may be desperately trying to prevent their children from using alcohol and marijuana today.

Given that there are limited resources to address drug-related problems, is it reasonable to go after, and label as criminal, the huge numbers of people who use drugs? Is a smaller, more reasonable goal attainable?

**Aiming prevention at youth and those who are already experiencing problems is one way of limiting the targeted pool.**

Public health efforts are most successful when the scarce resources available are concentrated on and target problems that threaten society. If someone can use a drug without significant negative consequences either to themselves or to the community, then from a public health standpoint, fewer resources should be aimed at those individuals than at the ones who are proven to be a cost to the community.

People with drug-related problems do so at tremendous cost to themselves, their families and friends, and the community. Youth, on the other hand, are more vulnerable to long-term damage because they are at risk of not
developing the social skills necessary for successful integration into the community while intoxicated. Substances interrupt normal development and can have profound long-lasting impacts on youth. Therefore, the overall goal should be prevention strategies that focus on younger ages, as well as efforts to reduce the number of people who are dysfunctional as a result of their drug use. This approach is called harm reduction. While this is a more achievable goal than targeting everyone, harm reduction is controversial, particularly among those who are advocating total abstinence and oversimplifying the message.

**Primary, secondary, and tertiary prevention are common terms used in the field of public health to describe types of prevention that differ by the timing of intervention - before use, to reduce use or harm, and to rehabilitate.**

If reducing the number of people who are dysfunctional is the intended goal, the following classification of prevention efforts provides the basis for drug abuse prevention.

**Primary prevention includes those efforts that attempt to minimize the chance that drug abuse problems will ever happen.**

This occurs in two important ways: prevent initial use and teach ways of using that minimize the chance of problems developing later.

The first concept is simple: prevent initial use in order to eliminate the possibility of harm. Abstinence is a laudable goal. If someone never uses alcohol, they will never become an alcoholic. If they never take that first dose of cocaine, they will never become addicted to cocaine.

From a public health perspective, dedicating a larger percentage of our resources to preventing, or at least postponing, initial use in youth saves society from the costly harms of substance abuse in the long run. For example, the later youth are first exposed to alcohol, the more likely they are to have better opportunities to develop skills in responsible use from modeling adults, as opposed to their inexperienced peers. Also, they will be less likely to begin using addictive substances at an older age. Take smoking cigarettes for example. Most tobacco addicts start when they are 12 to 14 years of age. Almost no one begins smoking past the age of 25; if they do, they tend to be occasional or social users, rather than two-pack-a-day smokers.

**The second strategy of primary prevention is more controversial.**

For those people who reject abstinence, can we teach strategies to use substances with minimal risk? Teaching responsible use is another form of primary prevention for the goal of reducing the number of people who are dysfunctional due to drug use.

Let's compare a typical community response to two major rites of passage of teenagers. One is alcohol; the other is driving. Interestingly enough, about an
Fundamentals of Alcohol and Drug Abuse for Teacher Education

equal percentage of the population will consume alcohol for a period of their life as will drive a car. Furthermore, most initial use of both alcohol and cars begins in high school.

Cars also have their risks; in fact over 6,000 people are injured everyday in crashes.\(^3\) If we were to treat cars as we do alcohol use, we would have huge banners proclaiming, "Just say no to cars!" and "Cars kill!" in all of our schools. The message being: never use a car until you are of age and then you will automatically know how to use one. But we do not use that approach. We know that most young people are going to drive and, therefore, we want to minimize the problems associated with driving. We combine both book learning and behind the wheel hours, which, when paired with actual driving experience over time, make for better drivers. However, if we assume most people will use alcohol for at least a period of their lives, why don't we realistically provide training that could minimize devastating problems that are suffered by individuals, families, and communities?

**Secondary prevention includes those efforts aimed at minimizing or turning around problems in those people who are already using, but not yet dependent.** These strategies assume that most people who are using a drug do not harm themselves or their communities. However, they are at much higher risk of developing those problems than someone who is not using at all.

Therefore, it is worthwhile to give people skills to recognize when problems are starting and encouragement to change behaviors before the problem becomes costly in terms of lost friendships, academic failures, loss of job, loss of health, and so on. Anyone who is starting to experience problems associated with drug use are encouraged to seriously consider stopping all drug use, for they are at a very high risk of developing a substance use disorder.

Secondary prevention strategies might include teaching the warning signs of dependency, fostering the development of personal prevention skills, and encouraging honest feedback on the part of people in the user's community. With alcohol, we could teach that a hangover occurs mainly due to dehydration. This is the major reason for missed classes in college, as well as decreased performance and absenteeism in the workplace. By simply drinking a glass of water for each serving of alcohol consumed, users slow their drinking rate and lower their BAC, or blood alcohol content. This may result in more frequent urination, but a probable reduction in headaches and lassitude.
Tertiary is simply another way of saying “third,” and in prevention, is the treatment of people who are so wrapped up in their own dependency that it is no longer possible to consider the minimization approach of secondary prevention.

Chemical dependency treatment and aftercare remove people with significant drug problems from their environment, teach non-using skills, and try to reinforce a drug-free lifestyle. In a way, this is the last chance a community has if primary and secondary efforts have not been successful. Tertiary prevention is also the most expensive of the three approaches; for each dollar invested in prevention, $10 is saved on what would have been spent on treatment.  

Tertiary prevention is after-the-fact and a response to social problems. A relevant example, often intertwined with drug use, is violence. Almost all of our efforts in the U.S. are tertiary. In other words, we wait until someone has severely hurt someone else and then we lock them up at an average cost of $31,000 per year, although that amount varies state by state, with some states spending up to $60,000 per year. Try to imagine a community with large numbers of programs aimed at primary and secondary prevention of violence, rather than teaching responses.

When we consider tertiary efforts in drug and alcohol education, typically by the time people are ready for treatment, they have caused incredible pain for their family and friends, have squandered a good deal, if not all, of their resources, have experienced innumerable regrets associated with use, and have caused problems for countless people in their community. Now their addiction has progressed so far that the most likely outcome for success is $400-per-day inpatient treatment followed by ongoing maintenance therapy. Wouldn’t it be nice if more effort and resources had been put into trying to prevent this from happening in the first place?

Now that we have an understanding of the basic approaches to prevention, where do we go from here? What is needed is a theoretical framework to guide prevention strategies. We’ll introduce effective prevention theory in the next lesson.

End of Lesson Resources

Minnesota Clean Indoor Air Act:
http://www.health.state.mn.us/divs/eh/indoorair/mciaa/ftb/mciaa.pdf

Types of Prevention
Fundamentals of Alcohol and Drug Abuse for Teacher Education

Stop Underage Drinking: Portal of Federal Resources:
http://www.stopalcoholabuse.gov

Underage Drinking Research Initiative:
http://www.niaaa.nih.gov/research/major-initiatives/underage-drinking-research-initiative

MDH: Tobacco Prevention & Control:
http://www.health.state.mn.us/divs/hpcd/tpc/index.html

Additional Tobacco-Related Resources from MDH:
Youth Tobacco Prevention:
http://www.health.state.mn.us/divs/hpcd/tpc/youth/index.html
Community Tobacco Prevention:
http://www.health.state.mn.us/divs/hpcd/tpc/community/index.html

Ending the Tobacco Problem: Resources for Community Action:
http://sites.nationalacademies.org/Tobacco

SAMHSA: Tobacco Policy / The Synar Amendment:

Preventing Excessive Alcohol Consumption, Task Force Recommendations & Findings:
http://www.thecommunityguide.org/alcohol/index.html

Marijuana Laws: State-By-State:
http://norml.org/index.cfm?Group_ID=4516

Drug Courts in Minnesota:
http://www.mncourts.gov/?page=494

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