

Ineffective Prevention Strategies

There are two categories of "ineffective" prevention strategies:

- programs proven to result in *no effect* or a *detrimental effect* on youth
- programs that *do not use* principles and strategies that have been proven to result in a *beneficial effect* on youth.

In the first case, the program was evaluated for effectiveness and was discovered to actually *increase* a certain *detrimental* behavior, such as smoking. In the second case, the program is not grounded in good science.

The following prevention programs and activities typically fall into the two categories of ineffectiveness listed above (De Haes, 1987, *Drug Strategies*, 1999; Center for Substance Abuse Prevention, *How to make prevention more powerful*, Anderson, Aromaa, & Rosenbloom, 2007):

- One-time assemblies or events (e.g., drug-free dance)
- Personal accounts or testimonies of people in recovery
- Scare tactics (fear arousal)
- Curricula that provide only information on ATOD and their dangers
- Moral appeals to avoid ATOD based on right/wrong.
- Affective curricula that only promote self-esteem or growth.
- Programs that aggregate high risk youth in ways that facilitate or amplify unhealthy attitudes and behaviors.

According to the National Institutes of Health (2004). "Ineffective programs may not harm the participants directly (although some do) but they may have an important toxic effect nonetheless; namely the "opportunity cost" of funds misspent on an unsuitable program that might have been spent on an effective one."

Even evidence-based prevention programs that are proven effective may in fact be *ineffective* if they are altered in an effort to save time or money. Examples of ways school staff render such programs ineffective include using untrained staff to deliver lessons, eliminating lessons, or failing to utilize developmentally appropriate strategies.

Evidence against effectiveness

In the 1970s, "the widespread assumption [was] that all drug education reduces drug use" and "adults could not believe that young people would try drugs if they understood the dangers," (De Haes & Schuurman, 1975). Two prevention researchers questioned that assumption and designed an experiment with four groups of youth to test their hypothesis

- control group (no intervention)
- warning (or "mild horror") approach
- factual (or "increase in knowledge") approach
- personal (or "problem solving/discussion") approach

In the control group, 3.6% of the students tried drugs between the baseline assessment and later measures, compared to 7.3% in the warning group, 4.6% in the factual group, and 2.6% in the personal group. The key finding of this research was that **warning youth about the dangers of drugs or educating youth about the dangers of drugs made them more likely to try drugs compared to youth who not been exposed to any prevention programming at all.**

Another example is the hard-hitting fear-arousal ads of the National Youth Anti-Drug Media campaign of 2002, which inadvertently left teenage viewers feeling more positive about marijuana and more likely to report that they would use the drug in the future. Although parents may have responded as intended (talking more to their children about drugs and monitoring them more closely), their children were unmoved. There were no statistically significant declines in cannabis use and none of the desired changes in beliefs and attitudes about the drug (Boomerang ads, 2005).

Scare tactics

When exaggerated dangers, false information, or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger (Beck, 1998). Overstated warnings and failure to provide truthful information can backfire when youth have access to contrary information and experience.

Petrosino, Turpin-Petrosino, and Buehler (2003) 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 (U.S. Surgeon General, 2001). 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" (Wakefield & Campain, Don't do 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," but experts contend that the effect; observed 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 (Wakefield et al.).

Punitive and Zero Tolerance Approaches

Programs which remove youth from their peers and group together young people with problem behavior result in increased problem behavior because they act as role models and reinforce each other's undesirable behavior (U.S. Surgeon General, 2001, Dishion, McCord, & Poulin, 1999).

For example, evaluation of boot camps for delinquent youths (modeled after military basic training) showed significant harmful effects on youths, with significant increase in recidivism.

Nonpromotion to succeeding grades is another approach that can have harmful effects. Studies of this approach demonstrate negative effects on student achievement, attendance, behavior, and attitudes toward school (U.S. Surgeon General, 2001).

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