

The Promulgation of Promising Approaches to Prevention* and Early Intervention

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ABSTRACT

Prevention and early intervention efforts are discussed and a number of particularly promising approaches are listed. Ways of promulgating these approaches are offered. Factors which have apparently retarded their widespread implementation are also cited.

A study of the more popular approaches to prevention and early intervention discloses that most of these approaches have been abysmally inadequate. This is particularly the case with those efforts which have not been a part of a comprehensive program design which provides for prevention, early intervention, crisis intervention, and treatment and rehabilitation, as well as for

*"Prevention" is used in this paper to apply to those phases of the cycle of drug-taking behavior which predate an initial use of drugs or which predate a possible return to drug taking after crisis intervention or treatment and rehabilitation. "Early intervention" applies here to that phase of the drug-taking cycle after drug taking has begun but prior to a time when drug use may result in or may create the need for crisis intervention or extensive treatment and rehabilitation. "Prevention" relates to those efforts designed to deter potential users and former users and persons who were formerly drug dependent from using drugs or from returning to a prior pattern of drug taking. "Early intervention" relates to those efforts designed to deter users in early stages of drug taking from further use of drugs.

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ancillary support services. The most popular approaches to prevention and early intervention—whether part of a comprehensive program design or not—have tended to have short lived effectiveness, negative effects, or negligible long term positive effects.

The approaches listed below can be shown to have far more efficacious short term as well as long term results. Such approaches are needed to augment and supplant many of the present popular approaches which tend to deal so superficially and ineffectively with the symptoms arising from drug-taking behavior as well as with the unmet needs giving rise to such behavior.^{1,2}

These approaches have been selected because of their emphasis on or their potential for enhancing psychological and social health and on the basis of their apparent or demonstrated effectiveness. The programs, policies, and approaches listed stress non-punitive, humanistic means of addressing the needs of the potential drug user, the drug user, the drug dependent person, and the drug law offender. (Detailed descriptions of many of these approaches and other pertinent information, including references to articles and studies can be found in materials resulting from the "Alternatives to Drugs Conference" held by the Bureau of Narcotics and Dangerous Drugs in Santa Barbara, California, in May 1972,³⁻⁵ and in works by Cohen,⁶ Gordon,^{7,8} Ungerleider and Bowen,⁹ and Chambers and Heckman.¹⁰)

Promising Programs and Approaches

"In lieu of" programs

In lieu of prosecution and pre-trial diversion programs.

Base of operations

courts
law enforcement agencies
social service agencies
probation departments
schools, etc.

In lieu of arrest programs.

Base of operations

law enforcement agencies
law enforcement agencies in cooperation with courts, social
service agencies, probation departments, schools, etc.

In lieu of suspension or expulsion from school programs.

Base of operations

schools
schools in cooperation with law enforcement agencies,
social service agencies, etc.

In lieu of dismissal, dishonorable discharge, etc.

Base of operations

government
business
industry
labor generally
the military

In lieu of incarceration programs.

Base of operations

courts
courts in cooperation with community programs, probation
departments, vocational rehabilitation programs, etc.

Note that "in lieu of" programs tend to have certain types of orientations. These include the following:

Educational presentations and discussions. (In some programs aimed at youth, parents may participate voluntarily; in other programs, such participation is mandatory. In some programs involving adults, other family members may be similarly involved.)

Counseling which may be done on a one to one basis, or on a small group basis. Parents may be counseled with youth, adults with other family members.

Vocationally oriented counseling, training or apprenticeship programs.

Participation in a community program, service project, or other type of option.

Traffic court type approach with screening, possible counseling, or educational component and referral to treatment, mental health, or other kinds of programs or services when required. (Such an approach would seem most appropriate for adults.)

Paraprofessional or professional counseling programs

Base of operations

schools
justice system
corrections facilities
roving mobile units serving schools and high use areas
community programs or facilities, including mental health
facilities
switchboard operations

Persons engaged in counseling may include:

policemen, probation officers, court volunteers
social workers, psychiatrists, psychologists, medical professionals,
and paraprofessionals
pupil personnel, counselors, school administrators, teachers, etc.
college graduate students or undergraduates
former users (of non-opiate drugs) trained as paraprofessional
counselors
persons who were formerly drug dependent trained as para-
professional counselors
ombudsmen (school-based or community-based)
others trained to counsel

For counseling efforts to be effective, counselors need to be able to establish rapport with their counselees, understand their motivations, and be able to intervene in ways that discourage drug taking and motivate users to redirect their energies along more constructive lines. Extensive training may be required of professionals and paraprofessionals if they are to cultivate these needed abilities.

Special education programs for persons who have been drug dependent or who require a supportive environment while withdrawing from a drug dependent condition

Base of operations
schools (special programs)
community-based programs
street academies
re-entry programs
mental health facilities, etc.

Alternatives approaches

Base of operations
schools
curricula reform and reforms in the grading system
humanization of the educational process
informally structured activities (after school hours use of school facilities for recreational and other purposes)
service programs and task oriented projects
vocationally oriented and prevocational programs
churches and other available facilities in the community
informally structured activities (possible supervision provided by trained volunteers, etc.)
community programs
informally structured activities
programs including formally structured activities

- vocationally and academically oriented alternatives
- entrepreneurship programs
- good behavior incentive programs
- correctional institutions
 - formally structured service oriented activities
 - entrepreneurship programs
 - humanizing reforms
- business, industry, government, etc.
 - efforts aimed at the humanization of the work experience
- the military
 - increasing efforts in humanizing the military
 - meaningful leisure time activities and programs

Parent-oriented programs

Base of operations

- schools
- churches
- community-based programs
- mental health facilities, social service agencies, etc.

Training programs and technical assistance services

Such programs and services need to be designed to address the needs of teachers, counselors, school nurses, school administrators, community and organizational leaders, those in management and administration (public and private sectors), and professionals and paraprofessionals generally, who are involved in supporting, developing, and implementing drug-abuse related programs, policies, and approaches.

Base of operations

- public and private sector programs, agencies, organizations, institutions, etc.

Policies

Policies rendering communications privileged between professional and paraprofessional counselors or service agents and their counselees, clients, etc.

Base of operations

- schools
- law enforcement agencies (in specially defined "no bust" situations)
- counseling programs or services via telephone
- community-based programs
- institutional services and programs

Policies providing for the non-punitive transfer of drug users out of sensitive positions

Base of operations

the military, the AEC, etc.

Policies established by agreements between district attorneys and other parties providing for a "spirit of the law" approach rather than a "letter of the law" approach to dealing with persons involved in drug use

Base of operations

school district (rendering communication privileged between drug users and pupil personnel so long as steps are being taken to deal with the needs of the users)

police departments (allowing officers to grant immunity from arrest to drug law offenders on the proviso that the user agree to participate in some form of counseling or rehabilitation or other kind of community or school-based program or project, etc.)

Policies providing for the exercise of judicial discretion

Base of operations

courts

Policies providing immunity from prosecution, dismissal, expulsion, suspension, etc., for those seeking treatment and assistance for drug related problems

Base of operations

schools

community programs and treatment facilities

government, business, industry, and labor, generally

the military

The Promotion of Promising Programs and Approaches

For the most part, the kinds of programs, policies, and approaches which are mentioned above have not been widely implemented, nor have they been promoted in any kind of methodical fashion. The following steps could be taken in an effort to promote and promulgate the specific kinds of approaches listed above:

1. Establish models by taking the best examples of the most effective approaches currently in operation, upgrade these where need be, and build in technical assistance and training components.

The programs selected would address the needs and circumstances of a wide variety of populations.

2. Disseminate information and materials concerning these models and their technical assistance and training capabilities to all those who are apt to have an interest (i.e., in lieu of prosecution programs to all probation departments, law enforcement agencies; in lieu of suspension programs and paraprofessional counseling programs to schools).

3. Promote the adaptation and implementation of such approaches through conferences, workshops, training programs, and by utilizing existing information and communications networks and organizations including the following:

National Clearinghouse for Drug Abuse Information.

Educational Resources Information Center.

National Association of State Drug Abuse Program Coordinators.

State Drug Abuse Education Coordinators.

Regional coordinating groups (public and private sectors).

Major national organizations.

Federally funded drug abuse related training programs, especially the National Drug Abuse Training Center.

Problems in Recognizing and Promoting Promising Approaches

The approaches listed above are not being promoted widely and are not catching on as rapidly as they might for a whole host of reasons. One major reason is that most prevention efforts and support training efforts fail to focus on specific types of viable programs, policies, and approaches, especially of the types enumerated above. This fact becomes readily apparent in reading over the recent literature in the drug field, in studying recently produced media, in attending conferences on drug abuse, in examining curriculum content of major training programs, in perusing program descriptions found in directories, resource books, and program inventories, and in generally becoming conversant with the subject.

The "Alternatives to Drugs Conference" of the Bureau of Narcotics and Dangerous Drugs and the works alluded to earlier have been major exceptions to this trend with their emphasis on specific programs, policies, and approaches, particularly those kinds of approaches which have been generally overlooked.

Most typically prevention and early intervention efforts have aimed at such things as:

- increasing knowledge concerning the effects of drugs;
 - enhancing understanding of drug-taking behavior;
 - developing skills for intervening in drug-taking behavior (particularly crisis intervention);
 - enhancing communication and group process skills;
 - improving counseling techniques;
 - developing community organization techniques and strategies;
 - encouraging alternatives to drug-taking behavior (a new trend);
- “Alternatives to drugs” can be defined as activities and approaches which respond to underlying unmet needs giving rise to drug-taking behavior and drug-oriented life styles.^{11, 12}

As a consequence of the current focus of most prevention and training efforts, persons engaged in them generally acquire a deeper understanding of some aspects of drug-taking behavior and improve their skills in working with those engaged in drug taking. Community education and organizational skills may also be learned. However, most persons involved in these efforts appear to remain at a loss as to what kinds of broader programs, approaches, and policies need to be implemented and how this implementation can be most effectively carried out.

Another major reason that these approaches have not been promoted by many of those at the forefront of drug abuse program efforts is that few seem to have had much success in the areas of prevention or early intervention. Often such persons assume on the basis of their own lack of success or ignorance of those who have been successful, that success is not possible. While such persons may possess a superior intellectual understanding of certain aspects of drug-taking behavior, unless they are able to establish rapport with those in the drug culture, they are not apt to be able to train others as counselors or to be able to provide effective technical assistance to those setting up prevention and early intervention programs.

Another factor inhibiting the spread of certain approaches concerns the mandatory nature of these approaches. Many persons seem to feel that a program which is mandatory is not apt to work. This, too, is often based on a lack of personal success with such programs or on a lack of knowledge of mandatory programs which have proven successful.

Another drawback has been a dearth of expertise in the areas of

comprehensive program and policy planning and implementation; community and organizational change processes and strategies; and research utilization and innovation and information dispersion techniques. Absence of expertise in these areas has slowed down progress in drug abuse prevention and early intervention efforts. Some progress may be made in recognizing if not in remedying these deficiencies when the results of a number of recent, Federally funded studies and projects become generally available. These would include projects and studies funded by the Bureau of Narcotics and Dangerous Drugs;¹³ the Department of Health, Education, and Welfare;¹⁴ the National Institute of Mental Health;^{15, 16} the Office of Education;¹⁷ and an inventory of Federally funded juvenile delinquency and youth development programs compiled by the Census Bureau¹⁸ for the Interdepartmental Council to Coordinate all Federal Juvenile Delinquency Programs (Law Enforcement Assistance Administration, U.S. Department of Justice).

Because of the relative lack of focus on viable programs, policies, and approaches alluded to earlier, and because of the lack of comprehensiveness in drug program efforts generally, much time, energy, and money has been spent ineffectively, unwisely, and, at times, counter-productively. Important steps toward the amelioration of the drug problem could be taken by promulgating the programs, policies, and approaches enumerated above. Failure to promote and implement these approaches is apt to result either in a deterioration of the present situation or in the perpetuation of present relatively ineffectual attempts to cope with a problem which is nearing pandemic proportions.

REFERENCES

1. Seymour Halleck, "The Great Drug Education Hoax," *The Progressive*, July, 1970, p. 30.
2. Paula D. Gordon, "Approaches to Drug Abuse Prevention," *J. Drug Education*, 1(3), 275, 1971.
3. Bureau of Narcotics and Dangerous Drugs, U.S. Dept. of Justice, *Proc. Alternatives to Drugs Conference*, May, 16-18, 1972, Santa Barbara, Ca., and *Alternatives to Drugs* (Proc. Summary).
4. Helen Benson, "Drug problems attacked: Communities around the nation sharing drug abuse problems and alternatives," *Santa Barbara News-Press*, June 11, 1972, pp. A-1 and A-10.
5. Curtis J. Sitomer, "New methods in U.S. attack on drug abuse," *Christian Science Monitor*, May 23, 1972, pp. 1 and B-12.

6. Allan Y. Cohen, "Open Letter to Policy Makers," *Compact*, 4(3), 16-17, 1970.
7. Paula D. Gordon, compiler, *Guide to Ideas on Drug Abuse Programs and Policies*, Committee for Alternatives to Drugs (formerly the Committee for Psychedelic Drug Information), Berkeley, Ca., 1970.
8. Paula D. Gordon, "Alternatives to Drugs as a Part of Comprehensive Efforts to Ameliorate the Drug Abuse Problem," *J. Drug Education*, 2(3), 289, 1972.
9. J. T. Ungerleider and H. L. Bowen, "Drug Abuse in the Schools," *Amer. J. Psychiat.*, 125(2), 1691-1697, 1969.
10. Carl D. Chambers and Richard Heckman, *Employee Drug Abuse—A Practical Guide for Managers*, Cahners Books, Div. of Cahners Publishing Co., Boston, Mass., 1972.
11. Allan Y. Cohen, "The Journey Beyond Trips: Alternatives to Drugs," *J. Psychedelic Drugs*, Spring, 1971.
12. Gordon, *op. cit.*
13. Bureau of Narcotics and Dangerous Drugs, *op. cit.*
14. U.S. Dept. of HEW, *Drug Education Study for the U.S. Dept. of HEW*, MACRO Systems, Inc., New York, N.Y.
15. NIMH, U.S. Dept. of HEW, Contract HSM-42-71-96, Development of a Community Organization Guide for Drug Abuse Treatment and Prevention Efforts, Linton, Miels, and Coston, Inc., the Center for Interdisciplinary Research and Training, and UNCO, Inc., Washington, D.C.
16. NIMH, U.S. Dept. of HEW, Grant IR25MH19905-01, Community Innovations in Drug Abuse Programs for Youth, Center for Research on Utilization of Scientific Knowledge, Ann Arbor, Mich.
17. Office of Education, U.S. Dept. of HEW, *PREP Report #36—Drug Education*, 1972, ERIC Document Reproduction Service, Drawer 0, Bethesda, Md. 20014.
18. Census Bur., U.S. Dept. of Commerce, *Phase I Report—Federally Funded Juvenile Delinquency and Youth Development Programs*, 1972.