Involvement of Young People in Prevention of Substance Abuse: Methods That Work!

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OUTLINE

Thesis: While most substance abuse programs rely more on non-interactive delivery interventions to help youths, youth led involvement in substance abuse prevention is more effective.

I. The Non-interactive programs, although found very effective, Programmers argue that,

a) Content is introduced by the teacher in a deductive and delivered in instructive manner.

b) Many times teaching is experiential where activities that are teacher–student led activities are not common.

c) They note that students need to perceive drug use as risky before a decline can be realized.

II. Some experts argue that, in spite of the good intentions of these interventions, the delivery of the non interactive programs contains with several weaknesses.

a) Passivity of youth participants.

b) Activities are teacher student led rather than youth to youth led, experiential.

c) Teachers sometime may be unaccountable in passing over some information or may assume the youth know it already.

III. Proponents of Interactive Peer youth led programs argue that beneficiaries of the messages need to be part of the intervention in all ways.

a) Youth led activities are planned effectively to stimulate active participation of all youth and fellow students who generate real role-plays where interpersonal skills are modeled, adapted and rehashed and also, gives feedback to supervisors from the peers.

b) Youth led interactive programs had high superiority rate and significantly registered less drunkenness and lower alcohol use occurred among the peer led groups.

c) Delivery methods must emphasize sharing, cooperation and contribution.

d) The style needs to be interactive, participatory with a high participation of participant involvement, friendship, openness and feedback not authoritarian and reprimand

IV. Proponents also argue that for interactive programs to have impact they must:

a) These programs when delivered are led by fellow peers in a face-to-face manner.
b) Peer led programs; they note, must provide comprehensive training and give accurate
information and behavioral skills and be carefully planned.
c) Screening and selecting of peers must look out for peers who are helpful, trust worthy,
have concerns for others, and are good listeners.
d) Look out for youths who are positive role models and cautions’ that you may need to
focus on a few drugs and not to generalize.

**Conclusion:** Despite the fact that Peer led programs have a higher efficacy and interactive
levels, careful planning, training, screening of participants and refocus on drugs was key. These
programs need to be supported, monitored and sometime supplemented by other intervention
models so as not to underrate or overemphasized and assume that it’s a “size fits all”.
Involvement of young people in prevention of substance abuse: methods that work!

“Drug trafficking, once viewed largely as a social and criminal problem, has transformed in recent years into a major threat to the health and security of people and regions” observed the United Nations Secretary General, Kim Moon in June 2011. Substance abuse among young people has been increasing among the youth population, in spite of the huge investment in a wide range of activities. However, there have been small-targeted interventions that allow the participation of young people and these appear to have a higher impact when delivered by youth. While most substance abuse programs rely more on non-interactive delivery interventions to help youths, youth led involvement in substance abuse prevention is more effective. I will seek to examine substance abuse Interactive peer-led youth interventions, where young people have been involved, and discuss the positive aspects and the challenges such intervention poses to the practitioners. These measures are critical because their effectiveness impact heavily on youth interventions, the merger resources and the overall decline in substance abuse among this population.

In opening this debate, I would like, first of all, to discuss the nature and avenues of comprehensive prevention programs of substance use among youths. In its resolution, 53/10 entitled “Measures to protect children and young people from drug abuse, the Commission on Narcotic Drugs (NCD) encouraged member states to implement various interventions for the prevention of drug use and the protection of children”, the resolution gave an insight of the need for measures to protect children and youth from drug abuse, which appears to be an increasing problem globally. Thus, comprehensive programs widely recommended by the United Nations Commission on Narcotic Drugs (E/CN/7/2011) for the prevention of substance abuse include:
1. Dissemination of information about dangers of drug use;
2. Education in school based on life skills;
3. Alternative activities (sports, drama, music, etc.);
4. Family and parenting skills training;
5. Workplace programs;
6. Vocational training and income-generation support;
7. Media campaigns;
8. Screening and brief interventions,

Literature on such comprehensive program interventions continues to show that program interventions covering the general population are still reported more commonly than implementation programs for the youth. The United Nations Commission on Narcotics on Drugs ((E/CN/7/2011)) reported that, out of such eight program activities, only 3 targeted young people. Most countries reported poor coverage in terms of numbers of youths reached and over concentration of programs in schools. Many young people, especially in the developing world, are out of school and as such these youth are left out. This depicted a sign that well planned and targeted interventions for youth are still lacking. David R et.al (1999), again note that substantial information about the delivery of youth interventions shows a mixed coverage, but this again may not mean good coverage of content.(p.87).

Content and methods of delivery of peer youth led programs

Non-interactive programs that cover the general youth population have partially been found to be effective; program analysts argue that content is introduced by the teacher and delivered in an instructive manner to alter knowledge, attitudes and to value decision-making-
based content for young people. These have been found to be ineffective. Markowitz (1989), argues that,

“These programs again fail to take into consideration and acknowledge the individual youth differences and experiences with regards to levels of risks for drug use and quite often assume the youth groups are homogeneous. The worry here is that in some instances such interventions may increase alcohol and other drug use”. P 54.

In spite of the good intentions of these interventions, the delivery of the non-interactive programs is faced with several weaknesses. Teachers may sometimes be unaccountable in passing over some information or may assume the youth know it already. David R. et. al (1998) observes that “non interactive activities are teacher-to-student led, rather that youth to youth led. In these circumstances, experiential and passivity of youth participants is largely visible and, many times, youths make little input to the training sessions and sometimes student responses are directed towards what the teacher wants to hear from the youth” p.93. The delivery of non-youth led programs is limited to primarily the modification of behavior and habit change and less on how behavior is initiated or how new habits develop. DiClemente, (1991), has argued that, “these” These prevention efforts would consist of targeting the behavioral construct associated with se stages for modification, to effect the stage status of the youth across each of these stages. P 43.

**The case for peer interactive youth led programs**

Interactive peer youth led programs require that beneficiaries of the messages for youths be part of the intervention in all aspects. The concept of peer-led substance abuse education provides a rationale and effective vehicle for using drug peer counselors as a major strategy in
community-based drug abuse prevention programs. Youth led activities are planned effectively to stimulate active participation of all youth and fellow students who generate real role-plays, within their environments here interpersonal skills are modeled, adapted, rehashed and is also where youth peer leaders give feedback to supervisors from the peers. David et.al 1998, have noted that

“the peer-led prevention programs were superior to teacher led programs and the control conditions in their effect on cigarette smoking, excessive drinking, and cannabis use. Significant changes were noted in select cognitive, attitudinal and personality predisposing variables, the lack of significant teacher results were may be because teachers received no, monitoring or assistance. Conversely peer were trained in that they were provided a series of pre-session briefings and their programs were monitored by the research staff” p.91.

Youth led interactive activities have a high superiority rate due to appropriate packaging of messages, timing and use of non-sophisticated examples and significantly registered less drunkenness and alcohol use. Peer led discussion provide multiple channels of communication using slang and language common to their peers through interpersonal skills activities such as role plays, drama and at the same time communicating within their enviroment which enhances the chances of influencing behavior youth behavior. The style of delivery of youth programs needs to be participatory, friendly, in a face-to-face manner, open and feedback that are not authoritarian and reprimanding. The interactive program normally provides peer instructions on the immediate negative effects of drug use and sometimes may constitute sanctions for its members who may deviate. Additional activities identified by peers to integrate and disseminate
information includes sports and other recreational activities that are promoted and used as opportunities for young people to progress and each one becomes a “brother’s keeper,” providing good role models that portray health seeking behavior, peer pressure as well as stress management and a step-by-step plan on how to sustain the positive desired behavior.

In comparison we have been able to draw key characteristics that form the core of peer youth led programs as shown in table below.

Table I

**Key Characteristics of Interactive peer youth led activities**

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<td>Adapting to local environments as peer counselors delivers sessions on time</td>
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<td>Participatory in nature, stimulate session led by the youth and participation generate trust</td>
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<td>Provides positive role models and a consistent messages at the time when is needed.</td>
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<td>Real case situations are developed, sensitive to the youth stages of development and matched interventions.</td>
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<td>Provides useful multiple feed back to the youth and facilitators and allows change.</td>
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<td>Promotes use of local languages and content delivered by the youth in the context of age, experience and environment.</td>
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<td>Provides opportunity for timely intervention by peer leaders when needed.</td>
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<td>Promotes use of appropriate messages interwoven with life skills.</td>
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<td>Generates real answers and appreciate individual differences and experiences with regard to risks.</td>
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<td>Nonjudgmental and doesn’t apportion blame and reduce labeling.</td>
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<td>Coverage of big youth population and use less resources</td>
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<td>Young people develops leadership skills and advocacy</td>
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<td>Allow youth to make an input in the session and minimize passivity.</td>
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It is important to highlight that for peer led programs to be effective, they must provide comprehensive training, give accurate information on behavioral skills and be carefully planned to match prevention activities to the needs, age, gender and types of drugs that the youth cohort is using. Prevention efforts are likely to succeed, if peer educators are well prepared and if they are accurately matched to each adolescent specific development stage and the particular type of substance use. Screening and selecting of peers must look out for peers who are helpful, trustworthy, have concerns for others, and are good listeners and positive role models. However, in spite of the good intentions of peer led programs, one can easily mention that sometimes the youth may fail to express themselves well and may have inadequate information and, therefore, need regular training in order to minimize adverse effects.

In spite of the fact that peers led programs have higher efficacy and interactive levels, careful planning, training, screening of participants and refocus on substance is key. These programs need to be supported, monitored and sometime supplemented by other intervention models including multiple delivery involving parents and other livelihood needs to support so as not to underrate or overemphasized and assume that all adolescents are homogeneous and deserve the same menu.
Reference


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