

Successful Prevention of Underage Drinking and Other Drug Use: *An Integrated Approach*

BY JEFFREY S. WOLFSBERG

Is the complexity of preventing underage drinking and other drug use overwhelming the capacities of independent schools? Nationally, during 2004, 20 percent of eighth graders and 60.3 percent of twelfth graders got drunk at least once, according to the National Institute of Drug Abuse (NIDA). Of the 10.7 million underage youth who drink, 7.2 million, or 31 percent of all high school students, binge drink at least once a month. And 21.5 percent of eighth graders and 51.1 of twelfth graders had tried illicit drugs. Harder to capture in these survey results are the many related issues that alcohol misuse and other drugs foster for teens: motor vehicle crashes, personal injury, sexual assault, teen pregnancy, vandalism, and impaired intellectual and social development.

Alcohol is far more pervasive than illicit drugs among teens. According to NIDA, alcohol kills six times more teens than all illicit drugs combined. Federal spending on the “War on Drugs” has increased from \$1.65 billion in 1982 to \$19 billion in 2003. Despite these massive increases, more than half of high school students have tried an illegal drug before they graduate. Additionally, 65 percent have tried

cigarettes and 35 percent are current smokers. It is time to try another approach.

“After years of implementing programs and seminars, bringing in speakers, and redesigning our wellness curricula several times, I do not feel that we have made any progress in curbing the drinking culture at our school,” said one head of school, echoing the frustrations of many school leaders. School-based prevention activities are necessary, but they are not enough to address the complexity of underage drinking and other drug use. Adolescents’ lives extend beyond the walls of classrooms and the manicured lawns of campus. Adolescents interact in their communities, consume our media culture (replete with pro-drinking and pro-drug use messages), and are members of complex peer and family systems where issues of belongingness and connectedness are crucial.

A school-based prevention program can account for only some of the risk factors that influence an adolescent’s decision to drink or use other drugs. For this reason, school-based programs will always be limited. No single program component can prevent multiple high-risk behaviors. Rather, a set of co-

ordinated, collaborative strategies and programs is required in each school community. An integrated approach is necessary to impact the confluence of risk factors contributing to underage drinking and other drug use. Multi-component strategies that include two or more strategies together — such as family *and* student programs or school prevention activities *and* community initiatives — will have a greater impact on adolescent high-risk behavior.

Prevention programs for substance abuse are in place at almost every school in the United States. On average, schools provide 14 prevention activities, and 90 percent of public schools provide some information on alcohol, tobacco, drugs, and risky sexual behavior. However, prevention is more than programs. Prevention is both policy and attitude — one without the other usually causes a degree of institutional pathology.

Schools that set aside the old thinking — such as “We need a new program” or “Let’s bring in a speaker!” — and embrace a more ecological model that says, “What portfolio of activities and initiatives work well together?” will experience greater success in curbing underage drinking and other drug use. A prevention strategy

that consists of developmentally appropriate classroom education, peer-led education, faculty education and training that empowers faculty to recognize substance abuse in students and intervene, local law enforcement and parent groups that meet regularly to discuss underage drinking, school-based policies that provide the opportunity for referral and early-intervention, and parent discussion groups that meet to discuss and share effective parent strategies and receive training on how to be more effective communicators with their children will be a powerful force. Compare this approach to one that is predominately student-based, fragmented, and not logically linked or grounded in theory.

Real change will occur when schools and communities recognize that the prevention is more than packaged programs, slogans, ceremonies, and events. We have to change our basic goals, content, and process of education at all levels and in all areas. Developing the knowledge, understanding, and skills necessary to avoid underage drinking and other drug use must become as much a part of what it means to provide a “good” education as literacy in reading, math, science, or other traditional academic areas. What is needed is an integrated approach linking prevention activities into a comprehensive preventative net involving all the stakeholders in a community. An Ethiopian proverb says, “When spider webs are woven together, they can tie up a lion.”

While many independent schools have wellness programs, many more should be developing them. We have been throwing kids into the alcohol-fueled environment of college life with little preparation other than middle school health classes and what they’ve picked up on their own during high school. Prevention programs need to continue to support and validate those students who choose to delay their drinking and abstain from other drugs. Programs need to help students develop effective communication skills to express concern to friends who may be experiencing problems with drink-

ing and drug use and to connect those students to school-based and community-based care givers. Prevention programs need to offer suggestions to students to minimize the risks associated with drinking and drug use while simultaneously communicating that *use equals risk*.

We don’t need to *catch* more kids, but to *connect* with more kids. We don’t need to *make* examples of students, but *be* examples for students.

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