

# Relearning Old Lessons

Penny Fraser and Toby Seddon evaluate effective aims and methods in drug prevention with young people.

‘**W**hat exactly are we trying to prevent?’ was a question asked by a participant at an event we organised last year on prevention work with young people. This kind of question reflects what is a widespread cynicism about the whole concept of drug prevention. The idea of attempting to stop young people trying drugs can seem a particularly forlorn and even misguided hope at the beginning of the twenty-first century. In another sense, though, the question pinpoints a fundamental issue: what should the aims of drug prevention be? We begin this article by attempting to address this question and go on to consider some issues concerning how prevention aims may best be achieved. In doing so, we will argue that a productive future for drug prevention depends to a great extent on relearning some old lessons from the past.

Conventionally, drug prevention has been taken to have two aims: prevention of use and prevention of harm. Interventions have tended to be described in terms of alignment with one or the other of these

form part of current approaches is the targeting of interventions at those young people believed to be vulnerable to developing drug problems (e.g. truants, school excludees, care-leavers etc.). The Government’s ten year national drug strategy published in 1998 (*Tackling Drugs to Build a Better Britain*) drew attention to the links between drug use and wider social problems such as non-participation in school education, family breakdown and homelessness. Our recent research on prevention work within the Manchester Salford Trafford Health Action Zone examined this kind of work with ‘vulnerable groups’. Research on the ‘careers’ of offenders and drug users reveals a range of factors which, if not causative, are useful indicators of future offending and problem drug use particularly where they occur in multiples (Graham, 1998). Building up protection against these factors is crucial.

The search for prevention methods that are demonstrably effective has become the holy grail for policy-makers and researchers. Dorn and Murji’s (1992) literature review ten years ago came to the

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aims. There is considerable ideological and political attachment to the first of these aims, that is, stopping young people from taking drugs in the first place. Yet no programme or intervention has been found to be successful in this. Furthermore, there are good reasons to view preventing drug initiation as a rather wasteful focus for resources. Survey evidence consistently shows that for the majority of young people who try drugs, this will be a relatively short-lived period of experimentation, typically involving cannabis and not especially harmful. In contrast, for a much smaller group of young people, their use is more prolonged, involves a wider range of drugs (*including heroin and cocaine*) and can lead to a variety of problems, for them, their families and the communities in which they live. Preventing the drug-related harms caused to and by this group makes much more sense as an aim or focus for prevention work.

To refocus prevention work in this way would not be altogether novel. Harm minimisation or reduction is by no means a new concept. It rose to prominence in the 1980s in the context of HIV but it has also been argued that it is in fact merely a re-statement of long-standing principles that go back as far as the Rolleston report in 1926.

An important aspect of harm reduction that does

rather gloomy conclusion that ‘nothing works’. In terms of concrete findings on outcomes and impact, we suggest that in fact not that much progress has been made since. Why should this be so? We argue that a lack of focus on articulating theories about how different interventions are meant to work (mechanisms) has seriously hindered development of the evidence base for prevention. Our Health Action Zone research put an understanding of mechanisms, and how they work in different settings and contexts, at the heart of the evaluation. We organised an event for 50 local prevention practitioners with the aim of teasing out some of the theories and hypotheses about how different methods work. This then informed subsequent data collection and analysis. Building up knowledge and understanding about how different techniques (e.g. mentoring, providing advice/information) work in different contexts is critical if progress is to be made on this front. Coupled with this, carefully designed longitudinal studies to track outcomes and wider impact are also needed. In the absence of this sort of prevention research programme, a literature review carried out in ten years time is likely to still be saying that ‘nothing works’.

This is not to argue that we should throw our hands up in the air and say that nothing can be done.



There are some pointers for ways forward to be found if we turn our attention to the past. John Auld and colleagues, writing over fifteen years ago, argued that policy-makers, practitioners and parents need to “regain sufficient self-composure to listen and learn about harm-minimisation as it is already practised” (1986:184, emphasis in original). We concur that it is only by listening to the young men and women actually living in the widely varying social, economic and cultural conditions across the country that the needs of different groups can be appropriately met. A ‘one size fits all’ approach rides roughshod over class, gender, race and other divisions and does not work. On the other hand, mobilising, stimulating and building on positive aspects already in existence within families, communities and networks of young people can be an extremely productive starting point.

A gardening project in Salford that works with a small group of young people in their final two years of compulsory schooling developed out of an existing initiative to harness the talents of retired people in the community. Using a local expert allotmenteer as a mentor working alongside the project worker, the ‘Anti-Rust’ project provides intensive training in horticultural skills and also equips the young people with a range of basic and social skills that will help them find and stick with further training or employment when they leave school. By accessing this alternative to the school curriculum for part of the week the young people have prevented themselves from becoming more disaffected from school and from exclusion in some cases. They have come out of the ‘at risk’ category and are set to achieve some qualifications. Although the cost-benefits of prevention for young people who

are not already ‘problem drug users’ are very difficult to estimate, we do know that many problem drug users were excluded from school and left without qualifications or vocational skills. Yet this type of prevention need not be costly. The success of this project is largely due to its informal harnessing of local talent in the shape of the gardening volunteer to work alongside young people from his own community. As Gillies (1997) has noted, this harnessing of the under-exploited ‘social capital’ in local communities was one of the intentions of the Health Action Zones (Gillies, 1997).

A network of youth projects using peer educators to develop and deliver messages about drugs to other young people in their areas was successful in communicating with the target group. The projects avoided setting out with a prescribed framework for either the medium or the message and developed some original ideas with a long-term shelf life for a relatively low investment. For example, a website jointly developed by young people in a residential care setting and others in a youth centre in the neighbouring boroughs of Salford and Trafford was well used. Like the gardening project, the most successful of these peer education projects grew out of existing local relationships and did not ‘parachute in’ with an overt anti-drugs message.

To conclude, more of the ‘one size fits all’ approach is likely to lead to further disenchantment with and cynicism about drug prevention. It will also have little or no impact on preventing the damage that drug use can cause. A greater focus on and real commitment to peer-led approaches, work with families and community involvement offers the most realistic way forward for prevention.

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