



## Commentary on “New Perspectives on Drug Education/Prevention”

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## Commentary on “New Perspectives on Drug Education/Prevention”

Dr. Marsha Rosenbaum’s recent opinion piece (2016) calling for “reality-based” drug prevention and accompanying prevention program “Safety First: A Reality Based Approach to Teens and Drugs” (Rosenbaum 2014) prompts the question: what is reality?

If social science is to be believed, researchers must remove their subjective perception of “reality” and turn their attention to objective data. Rosenbaum claims that harm reduction programs are effective because they are based on “reality,” and yet, this “reality” is not based upon empirical data. The history of drug policy is riddled with examples of policy and practice based on anecdotes or faulty evidence, such as when states used draconian mandatory minimum sentencing laws intended to deter drug crimes or when the U.S. turned a blind eye to over-prescribing pain medication. To learn from these mistakes, we must take an evidence-based approach to drug policy.

Rosenbaum’s “reality-based” model asserts that harm reduction drug and alcohol prevention programs for adolescents are superior to mainstream prevention programs. However, Rosenbaum fails to back up this claim with empirical evidence. Several papers Rosenbaum cites as evidence are mere commentaries and not empirical research (e.g., Cohen 2012; Midford 2010; Nicholson et al. 2013; Room 2012). The single meta-analysis of prevention programs she does reference (Tobler and Stratton 1997) is 20 years old and addresses her point tangentially.

Existing empirical literature does not support Rosenbaum’s claim. Perhaps the most well-researched harm reduction program is the Australian School Health and Alcohol Harm Reduction Project (SHAHRP; McBride et al. 2004). A randomized trial involving secondary school students showed that SHAHRP reduced alcohol use by 7–9% 17 months after the intervention. This effect pales in comparison to the effects of mainstream prevention programs. For example, a randomized trial of the popular Keepin’ it REAL program shows reductions in alcohol use by 22–24% 14 months after intervention (Hecht et al. 2003). Several reviews summarize the impressive results of mainstream prevention programs (e.g., Faggiano et al. 2008; NIDA 2003) and do not support Rosenbaum’s assertion that harm reduction programs are superior.

Rosenbaum endorses her own drug prevention program, “Safety First,” as a model for drug prevention,

and yet the program’s efficacy is not supported by reliable science. “Safety First” was originally developed in 1999, nearly 20 years ago. According to a 2014 “Safety First” brochure, 225,000 copies of the program have been distributed in 50 states and 35 countries worldwide. Despite having both the time and subjects to conduct effectiveness trials, to date, not a shred of published empirical research suggests that “Safety First” works. The program’s supposed efficacy is based on a hunch, not science, and so it cannot be considered “reality-based.”

Rosenbaum (2014) makes her case in support of “Safety First” and similar harm reduction programs based on the failure of programs that include scare tactics, such as D.A.R.E.<sup>1</sup> (Singh et al. 2011). But this is a non sequitur; one program’s failure does not prove another’s efficacy. Rosenbaum mistakenly suggests that scare tactics are ingrained in modern prevention, but scare tactics were eliminated from virtually all mainstream prevention programs years ago (including D.A.R.E., which revamped its curriculum). Ironically, both “Safety First” and the scare tactic programs of the 1990s suffer from the same flaw: ignorance of empirical research. In the 1990s, American schools and communities embraced scare-tactic-based prevention, which was ideologically appealing but otherwise unproven. Today, researchers know empirically that these scare tactics do not work and billions of dollars were wasted. Rosenbaum asks that policymakers potentially repeat history by wasting time and money on “Safety First,” hoping another unproven program will work. Instead, policymakers should promote healthy outcomes among youth by employing empirically proven prevention programs, including Communities that Care (Hawkins et al. 2009), Keepin’ it REAL (Hecht et al. 2003), Botvin’s Lifeskills (Botvin et al. 1995), Project Towards No Drug Abuse (Sussman, Dent, and Stacy 2002), and other community-based models (Yang, Foster-Fishman, Collins, and Ahn 2012).<sup>2</sup>

This is not intended to assert that “Safety First” is a bad prevention program or that harm reduction is always a bad basis for prevention. In fact, we agree with Rosenbaum that, with increased acceptance of drug use, we could see significant health gains by adjusting or overhauling older prevention strategies. However, a hasty move to harm reduction, without

knowing if it will work, may levy enormous, unnecessary costs on adolescent health.

Similarly, there is no intention to defend the status quo. There are no “right” or “wrong” approaches to prevention, just (1) approaches that work, (2) those that do not work (or do not work as well as their alternatives), and (3) those without evidence either way. For now, “Safety First” is in the third category. The plethora of recent, empirical studies indicate that mainstream prevention programs work and should be supported by policymakers.

Developers of harm-reduction-based prevention programs should test their programs in controlled studies, particularly where it seems likely they could be effective; i.e., states that have legalized recreational marijuana. All compassionate researchers in prevention science should hope for the next big breakthrough in prevention science, regardless of theoretical underpinning. If evidence shows that, in this day and age of decreased perception of harm surrounding most drugs, harm reduction is the best approach for prevention, then policymakers should embrace such strategies when and where appropriate.

If social science is indeed science, it is not enough to simply declare that one knows “reality.” Science must be backed by evidence. Claiming that any approach is “reality-based” hinders the opportunity for the hypothesis to be proven incorrect and violates the principle of falsifiability. Instead, empirical data analysis should be used to understand, to the best of our ability, what “reality” really is.

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## Notes

1. Here, we refer to the old D.A.R.E. program and recognize that, in 2009, D.A.R.E. adopted Keepin’ it REAL, a well-recognized evidence-based program that does not employ scare tactics.
2. While it has well-documented gaps, the National Registry of Evidence Based Programs and Practices is intended to help the public learn more about evidence-based interventions available for implementation.

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