



Confident kids ... *like to party*

It can be galling when things don't go as planned, but those nasty surprises are also learning points. This first tale of the unexpected shows how trying to prevent drug use by improving social skills and encouraging participation in sport might backfire.

IN THE EARLY '90S researchers at the University of California decided to try the social skills approach featured in leading drug prevention programmes on a harder target – not the normal run of teenage school pupils, but 14–19-year-old girls at risk of becoming or already pregnant and using drugs.¹ Over half the 296 participants had been referred by services for troubled teens and families. Four in 10 came from single-parent families. Over a quarter had used cannabis in the past three months and around 1 in 7 other illegal drugs.



SKILLS TRAINING *triples* CANNABIS UPTAKE

All the young women were offered a traditional 'facts of life' curriculum consisting of 16 weekly classes on sexuality and adolescent development with some lessons on drug use. For a randomly selected half, each lesson was followed by social skills training. In groups of about 10 and sessions lasting 90 minutes, the girls were led through a programme whose content and teaching methods appear to have embodied advanced thinking on drugs prevention. Through modelling and role play they learnt

how to interact assertively, give and receive feedback, hold social conversations with peers and adults, refuse requests to engage in risky behaviour including drug use, and to construct a supportive social network. The course was led by qualified social workers and health educators who adhered well to the intended content and provided high quality training. Half the girls completed at least three quarters of the sessions, not bad given their backgrounds.

Drug use data was collected before the sessions, after they had ended, and three months later, when three quarters of the girls could be re-assessed. The questions related to the previous three months, so only the last follow-up could fully reflect the impact of the training. It was here that the nasty surprise emerged. The girls trained in social skills – and who now had had the opportu-

nity exercise them – were significantly more likely to have started to use cannabis; once other factors had been taken into account, nearly three times more likely. The raw figures looked like this. Among girls who had not previously tried the drug, after social skills training 27% had used cannabis compared to 13% not given this training. It was the sole statistically significant difference between them; there were no compensatory reductions in the use of other drugs to salvage the situation.

The researchers looked for an explanation and seem to have found it in a significant increase during the three-month follow-up period in the number of people involved with drugs and/or delinquency among the skills group's social circles. There was no such increase in girls not offered the training. If the trained girls had gained new skills and confidence, they had used these to forge relationships with youngsters who from an adult point of view were undesirable companions. This effect was most noticeable among "relatively normal kids who were enrolled in the programme for a number of reasons, few of which had actually anything to do with drug use".² Perhaps they'd befriended other girls in the same group who did use drugs, or perhaps they had branched out into new social circles where cannabis was the party/leisure drug. In any event, it was not the intended outcome.

NOT A ONE-OFF FINDING

Similar findings have emerged among youngsters not selected to be 'at risk'. Starting in 1993, all secondary school pupils in a county in North Carolina were asked to participate in an annual survey.³ It measured drug use over the past month along with variables thought to be related to drug use, including social skills. Unusually, the researchers were interested whether these predicted who would *stop* using drugs.

There were sufficient users of alcohol, tobacco, cannabis and solvents to

perform the analysis. For several variables the predictions were as expected, but higher social skills were related to quitting just one of the drugs – in the 'wrong' direction: the greater a child's social skills, the more likely they were to continue to drink alcohol, the less their social skills, the more likely they were to stop. Looked at from the other end, children who stopped using drugs improved

IMPROVED SOCIAL SKILLS HAD BEEN USED TO FORGE RELATIONSHIPS WITH 'UNDESIRABLE' COMPANIONS

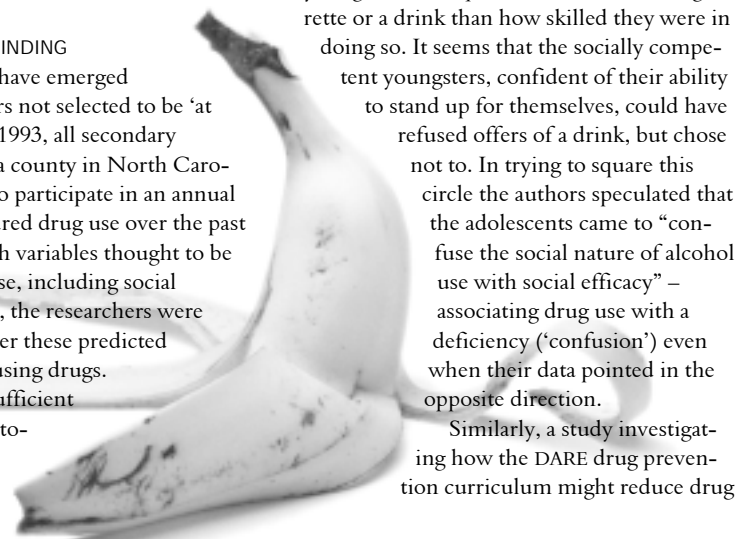
over time in their social skills but so too did those who continued to use – except for those who continued to inhale solvents. Presumably their 'childish' choice of intoxicants became increasingly at odds with the expectations of their peers, or only the socially inadequate failed to break through to more 'normal' forms of drug use.

Among the general run of adolescents, too, good social skills can be related to more drug use. This was the finding of researchers who for three years annually followed up around a thousand children starting secondary school.⁴ The expectation was that socially competent youngsters would feel more confident in refusing to drink alcohol. Instead, social competence was related to a steeper rise in the uptake of drinking.⁵

The mechanism was partly direct and partly via a steeper decline in 'refusal skills' – in practice, more a measure of how often the youngsters *actually* refused an offer of a cigarette or a drink than how skilled they were in doing so. It seems that the socially competent youngsters, confident of their ability to stand up for themselves, could have refused offers of a drink, but chose not to. In trying to square this circle the authors speculated that the adolescents came to "confuse the social nature of alcohol use with social efficacy" – associating drug use with a deficiency ('confusion') even when their data pointed in the opposite direction.

Similarly, a study investigating how the DARE drug prevention curriculum might reduce drug

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a FINDINGS analysis
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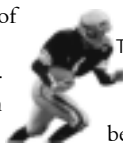


use found that improving social skills was not one of the mechanisms.⁵ The study took advantage of the fact that in the first year of its introduction DARE was taught in only half the primary schools in two US counties. Its samples also included pupils from previous (no systematic DARE exposure) and later years (all of whom should have been taught DARE). In secondary school these pupils' drug use was surveyed and they were asked if they had been taught DARE. Surveyed last when aged 14–15, the results showed that DARE had reduced only the use of tobacco, but 'under the hood' the picture was more complex. By encouraging children to openly commit themselves to not taking drugs, DARE had indeed helped prevent drug use more broadly. But by marginally improving social skills, it had actually fostered smoking, drinking, illegal drug use and solvent abuse. These effects counterbalanced the impact of anti-drug commitments, leaving no overall preventive impact for most of the drugs.

RICH SOCIAL LIFE *increases* DRUG CONTACTS Exeter's Schools Health Education Unit has given a credible explanation for such findings, and for its own that pupils with high self-esteem⁶ smoke as much as their classmates, and that those who have tried cannabis or drink alcohol actually score higher on self-esteem than abstainers. "Our interpretation [is that] the more sociable, confident young people who have an active social life are more likely both to get a high self-esteem score and to find opportunities to take cannabis. This is supported ... by the finding that shy young people are much less likely to have tried illicit drugs, or misbehaved with legal substances."⁷ About this they were quite relaxed: "We want young people to have a rich and positive social life, and this will include opportunities to take risks".

To parody the situation, far from improving social skills, to prevent use of widely available drugs such as alcohol and cannabis we might do best to create a generation of loners who stay in their bedrooms playing computer games and who feel too socially inadequate to engage with their peers. It may

also, as we'll see, be wise in some respects to curb their participation in sports.



THE SPORTING (AND THE DRINKING) LIFE

Often put forward as a protective influence, the evidence for a link between sport and reduced deviance – and drug use in particular – has largely rested on studies limited to a single time point. Because they can't tell which came first, these are unable to establish whether sports participation causes youngsters to stay away from drugs or whether it is just that more conformist youngsters tend to take up sport and also to avoid drugs.

Researchers in Florida sought to address these difficulties by relating later substance use to earlier participation in school sports, whilst accounting for at least some of the factors which might cause a spurious relationship between the two.⁸ Importantly, among these was a contemporaneous measure of drug use at the start of secondary schooling. The follow-up sample was randomly selected from Florida school pupils who had been repeatedly surveyed from roughly age 11 to 15. An attempt was made to re-interview them aged (mainly) 19–21. Sufficient data was obtained from three quarters, comprising 1230 young men and women who seemed representative of the full cohort. They were asked how often they had drunk alcohol or illegally used nine other types of substances over the past year, and for alcohol also how intensively.

There was some evidence that pre-teen drug users tended to become less involved in sport. But for the reverse effect, sport preventing future drug use, there was only a marginal indication relating specifically to black youngsters and illegal drug use, one so tiny as to be of doubtful practical significance. For white or Hispanic youngsters there was not even this, but for young white men there *was* a strong relationship between playing sport at school and drinking alcohol as a young adult – in the 'wrong' direction: more sport, more drinking.

So "compelling and unexpected" was this finding that the researchers tested whether it was simply a case of moderate 'drinking after

the match'. They homed in on youngsters who according to accepted criteria had developed alcohol abuse or dependence problems. For white men there was still a strong relationship, specifically with having played American football in what in Britain would have been their sixth-form years. A typical single white male who had played this sport stood a 1 in 2 chance of later alcohol problems; if they had not, the odds fell to 1 in 5.

On reflection, the researchers were less shocked by their findings given the cultural position of American football as a "gateway to a hypermasculine subculture among young white males". They cautioned that "those who promote the virtues of sports participation may need to more closely examine what doors are being opened".

NASTY *but nice*

These are just some of the nasty surprises to be found in the literature.⁹ They are not just entertaining in a banana-skin kind of way but valuable jolts, signs that something may be seriously wrong or seriously limited with the theory which led to the contradicted predic-

A TYPICAL WHITE MALE WHO HAD PLAYED AMERICAN FOOTBALL STOOD A 1 IN 2 CHANCE OF LATER ALCOHOL PROBLEMS

tion. For example, sport may protect against drug use and drug problems, but only in some circumstances for some people, while in other circumstances for other people, the reverse will be the case. Any preventive effect can be seen as a special case dependent among other things on the position of that sport in that society for those players.

With respect to social skills, what the findings challenge is the presumption that because it is 'bad', then youth drug use must also be caused by and cause other 'bad' things.¹⁰ Also challenged is the assumption that having (being optimistic) developed social confidence in young people, adults can also determine how they will use it.

The potential for banana-skin experiences arises from inherent contradictions in 'preventive drug education'.¹¹ Programmes aim to *limit* young people's autonomy in their choice of friends and substances by *extending* autonomy in decision-making, to *encourage* conformity to non-drug use values by *discouraging* conformity to other young people, to *develop* team work and social solidarity while *limiting* the extent to which youngsters express this by going along with their peers.

Perhaps the central prevention conundrum is that interactive programmes have the greatest promise¹² – but if programmes are truly interactive then they cannot have set goals and set content¹³ and neither can the results be predicted in advance. In other words, they cannot be 'programmes', only tools for structuring interactivity¹⁴ the results of which are determined by the interactions which occur and the starting points from which these emerge.

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