

Experts Are at Odds on How Best to Tackle Rise in Teen-Agers' Drug Use

By GINA KOLATA

As drug use among teen-agers begins to rise sharply after years of decline, experts in drug abuse say there is an opportunity to halt the incipient epidemic in its tracks. But they disagree on the right remedy.

The most popular anti-drug program is DARE, for Drug Abuse Resistance Education, which is used in nearly 75 percent of the nation's school systems. But several leading academic experts, supported by the National Institute on Drug Abuse, say that the program does not work and that other programs that have been effective are not being used. Its supporters, on the other hand, note the widespread acceptance of their program. And few if any schools have adopted the programs favored by the academic experts.

There is little question that drug abuse among adolescents is dramatically increasing, according to national surveys. For example, Dr. Lloyd D. Johnston of the University of Michigan found that the number of eighth graders trying any illicit drug, nearly doubled, to 21 percent in 1995 from 11 percent in 1991.

With the release of the latest survey data by Dr. Johnston and others, drug abuse has become an issue in the Presidential campaigns. Bob Dole is blaming President Clinton for the increases, and Mr. Clinton is saying the trend began in the Bush Administration. But both political parties and experts in drug abuse say something must be done.

Of course, levels of drug use are still far below what they were at the peak of the last epidemic, and not everyone agrees that the present upturn in drug use signals a new epidemic. Dr. David Musto, a historian of medicine at Yale University, notes that it is possible that drug use has blipped up and then gone down in the past, without turning into an epidemic. But, Dr. Musto said, since drug use has never before been so carefully watched, there is no way of knowing how significant the current pattern is. But drug use today certainly falls far short of what it was at the peak of the last epidemic, he pointed out. In 1979, for example, more than half of the high school seniors in Dr. Johnston's survey, which began in 1975, said they had used an illicit drug in the last 12 months.

But Dr. Herbert Kleber, who directs the Center on Addiction and

Substance Abuse at Columbia University, said, "What's scary is not simply that the curve is rising but that it's rising exponentially. It's a steeply rising curve."

Dr. Richard R. Clayton, director of the Center for Prevention Research at the University of Kentucky in Lexington, also worries that an epidemic is nigh. And, Dr. Clayton said, the increasing drug use coincides with a "demographic explosion."

"By 2010," he said, "we will have more teenagers than at any time in

Conflicting claims on what works and what does not in curbing drug use.

history. We are at the front end of what could be a disaster for the whole society."

In past epidemics, researchers say, drug use peaked, then dropped of its own accord as people who once thought drugs glamorous saw first hand their dark side.

So when a new, naive group of adolescents starts experimenting with drugs, there are two courses of action, Dr. Johnston said.

"You can let nature run its course," he said, and let the teen-agers learn through experience or by watching their friends experiment that drug abuse is abhorrent. Or, through education programs and other efforts, perhaps an epidemic can be stopped.

Most school systems are taking the second route, trying to stop drug use through education. But a vigorous dispute has developed over what anti-drug programs are effective. Several academic experts say DARE has no lasting effect, a view that its supporters deny.

The program is taught by specially trained police officers who come into the schools and teach children how to resist drugs. DARE was developed in Los Angeles in 1983, under Daryl Gates, who was then the city's chief of police, along with the Los Angeles Unified School District. Aggressively marketed, the program was there "at the right place at the right time,"

Dr. Clayton said, and quickly filled an educational void. It was attractive to school systems because the money for DARE programs came out of a city's administrative funds, to pay for the police officers, and not out of the school budget. There was no need for teacher training — the police officers did it all.

And parents, school systems and police departments loved it. Dr. Joseph F. Donnemeyer of Ohio State University in Columbus, who recently surveyed parents and teachers in Ohio, said he was struck by their enthusiastic support for the program.

Glenn Levant, the president of DARE America, a private, nonprofit corporation in Los Angeles, said New York City had just signed on to the program and this month sent 100 police officers for training.

Academic researchers are more critical. They say the program has failed the acid test of science. "DARE has been evaluated in a reasonably rigorous way by 5 to 10 different researchers in different parts of the country," said Dr. Clayton, the author of one of these studies.

Researchers asked whether children who had been through the program were less likely to smoke, drink, or use drugs than those who had not had the program but "failed to find lasting effects," Dr. Clayton said.

Mathea Falco, whose Drug Strategies group scrutinized all the published studies on prevention programs, said the program was "remarkably effective about marketing." But, she said, "the DARE evaluations did not show behavioral change."

Although no one knows why the program has not caused lasting behavioral changes, Dr. Clayton said it made some assumptions that were not backed by research. For example, one lesson is devoted to self-esteem. And yet, he said, researchers have found "very little correlation between drug use and self-esteem."

Another possible problem, said Dr. Gilbert J. Botvin, who directs the Institute for Prevention Research at Cornell University Medical College, is that police officers — authority figures — might not be the right people to teach adolescents that drug use is not cool.

But Mr. Levant said the program did work. Although he could not point to a large prospective study of

CASE STUDIES

Anti-Drug Programs: a Comparison

In a guide to school drug programs called "Making the Grade," Drug Strategies, a nonprofit research institution, evaluated many different studies of several anti-drug programs.

Here is how the most widely used program, Drug Abuse Resistance Education, or DARE, compared with Life Skills Training, a program that several studies have found to be effective.

| | DARE | LIFE SKILLS TRAINING |
|--------------------|--|--|
| WHERE USED | In nearly three-quarters of the nation's schools | In very few school systems |
| GRADE LEVELS | K-12 | 6-8 or 7-9 |
| CHANGE IN DRUG USE | Numerous studies have yielded inconsistent findings. | Smoking, alcohol and marijuana use by 7th-graders reduced between 50-75 percent after the test. By the end of high school, results eroded only slightly. |
| COMMENTS | No consistent results. Some studies showed impact on knowledge and attitudes about tobacco, alcohol and drugs, and more favorable attitudes toward police. | Significant impact on knowledge and attitudes about tobacco, alcohol and drugs after 3 years (6-year data on knowledge and attitudes has not yet been analyzed). |

DARE with a control group, the kind of test favored by the academic experts, he said that he knew of about 70 evaluations of the program and that "all of the evaluations talk about the positive benefits of the program."

Dr. Kleber, who is the head of the program's scientific advisory board, said that it had evolved and improved over time, but that the available assessments looked only at the old DARE model. For example, he said, the program was originally was offered in fifth and sixth grades. Now it is a program that goes from kindergarten through 12th grade.

"If there's anything we know," Dr. Kleber said, "it's that one shot doesn't work" in preventing drug abuse.

But the revised program is too new to have been evaluated in longterm studies. Yet, academic scientists say, there are alternatives, programs that have been proved to work, but that are virtually unknown, not marketed, and ignored.

For example, Dr. Botvin developed and tested a program called Life Skills Training. It has undergone 10 rigorous evaluations, the largest involving 4,466 seventh graders who were followed until the end of high school. Behavioral changes initiated by the program lasted the entire six years of the study. The use of cigarettes, alcohol and marijuana among teen-agers who had had the program was half that of similar teen-agers who had not had the program.

But Dr. Botvin said that he was unaware of any widespread use of his program, and that he himself was not marketing it.

"Researchers are not good at disseminating findings," he said. "A lot of it is published in scientific journals, that's the currency of our careers. There isn't any incentive to publish in places that practitioners are likely to read."

Dr. Kleber said that alternatives to DARE might look good when they were tested by their proponents, but that they had not undergone the sort of real-world use that its programs were put through. So, he said, these programs may not be quite as effective as they at first appear.

But Dr. Zili Sloboda, director of the division of epidemiology and prevention research at the National Institute on Drug Abuse, said that incredible as it might seem, the real reason that competing programs were rarely used was that school systems did not know about them, and the social scientists who designed them had failed to market them.

"You know how researchers are," Dr. Sloboda said. "I hate to say it, but it's true. We tend to be in our own worlds."

She said the drug-abuse institute, which paid for this work, was now trying to promote the programs itself.

The director of the National Institute on Drug Abuse, Dr. Alan I. Leshner, is "going out on the road, traveling all over the country" to tell communities about other drug education programs, Dr. Sloboda said. The institute has also made videos about the new programs, is teaching drug abuse prevention coordinators for the states about the programs, and is holding a conference in Washington on Sept. 19 and 20 to bring together researchers and people who make decisions about prevention programs.

At this point, said Dr. Linda DuSenbury, a drug abuse researcher at Cornell University Medical College, experts might do well to look to DARE as a model. Although Dr. DuSenbury said she doubted its merits in preventing drug abuse, it does have one stellar quality — it managed to get itself in widespread use.

"It is absolutely the model we should look to to get a program disseminated," Dr. DuSenbury said. "None of the other programs have had that kind of success."