

Drug Reduction Strategies: A Review of International Evidence for ECOWAS Drug Reduction Initiative

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ABSTRACT

In the light of ECOWAS Drug Reduction Initiative, this study examined some international drug prevention programmes such as; the Project Charlie, NEW-ADAM, NE Choices; and the Peer Educator models with the view to looking at what works; and how ECOWAS could mainstream and domesticate those models to sustain effectiveness in the ECOWAS Drug Reduction Initiative. The paper also looked at how contentious drug policy might impact upon the sustainability of drug prevention strategies. This study suggested approaches/models to drug prevention such as: the involvement of parents, school teachers, youth workers and the community for sustainable drug prevention strategies in the ECOWAS community. A broad range of activities and initiatives together constitute drug prevention strategies. A comprehensive and inter-collegiate drug prevention strategy that would include, educating and monitoring of the youths, parents, drug dealers, youth workers, teachers, and the local community is therefore very imperative and should be sustained for a long period of time, coupled with rigorous monitoring and evaluation if ECOWAS Drug Reduction Initiative must succeed.

Keywords: *Drug Reduction strategies, ECOWAS, drug Reduction Initiative, drug prevention*

INTRODUCTION

The effects and consequences of drug misuse and drug trafficking have been reported and documented in academic literature including the medical, psychological and criminological journals. The purpose and focus of this paper, is on the criminological aspect of drug misuse and trafficking with emphasis on the philosophical and ideological arguments behind drug prevention strategies. According to the House of Commons Home Affairs Committee, about four million people in Britain use illicit drugs each year. The report noted that, people who try illicit drugs are more likely than others to commit other forms of law breaking. Although, there are no persuasive evidence of any causal linkage between drug use and crime, a very small proportion of drug users (about 5 per cent), have been reported to have chaotic life styles involving dependent use of heroine, crack/cocaine and other drugs (House of Commons Home Affairs Committee, 2002). According to the report, a small minority of the drug users finance their drug use behaviour through crime. For instance, the Youth Lifestyle Survey (YLS) conducted by Flood-page Campell, Harriagton and Miller (2000) estimated that about a fifth of the young people surveyed admitted that drug was their strongest predictor of serious or persistent offending. It could be philosophically and ideologically argued therefore, that if appropriate drug prevention and treatment programmes

are in place for this group of persons, it might reduce their offending behaviour; and that is the basis for this study. According to Hough (1996), the Home Office Drugs Prevention Initiative has been piloting a community-based approach to drugs prevention in the UK since 1990. From 1990-1995 which was the first phase to this initiative, twenty small teams were set up to work with local communities. The aim of these teams was to inform, encourage and support communities in their resistance to drug misuse. The Drug Prevention Initiative's second phase began with the formation of about twelve more teams covering much larger geographical regions in England. These teams, which have a four-year strategy, were mandated to form new partnerships in the communities, to build on past experience and to generate new activities, and also to ensure that local work was evaluated to see 'what works and what does not'.

International Drug Reduction Initiatives: Among the first phase of the UK Drug Prevention Initiatives was 'Project Charlie'. The acronym CHARLIE stands for Chemical Abuse Resolution Lies in Education. This project was a life skills drug prevention programme targeted at primary schools, and the first implementation of this project was in 'two primary schools in Hackney, East London between 1990-1992' (Hurry and Lloyd, 1997). The focus of this programme was a broad based approach incorporating training in resistance skills, peer selection, decision making and problem solving, self esteem enhancement and the provision of drug information. Rather than attempting to prevent drug misuse in a permanent sense, Hurry and Lloyd (1997) have noted that the approach of the project only tends to focus on delaying onset of drug misuse at the experimentation stage and the 'gateway drugs' which include tobacco, alcohol and cannabis. The emphasis of the project on gateway drugs was because, according to them, the gateway theories of drug misuse suggest that usage of one drug predisposes a young person to use another, often perceived, as more serious drug. For instance, on this theoretical assumption, smoking cigarette/tobacco could be seen as a gateway to other 'hard drugs'. That is, drug use career is seen as a series of steps with users passing through a predetermined sequence.

This theoretical assumption has led researchers such as Werch and Anazolone (1995) to suggest that 'early prevention efforts targeting the avoidance of youths' initiation to alcohol and cigarettes may reduce the use of marijuana, and prevention of early use of marijuana may reduce involvement with other illegal drugs' later in life. Support for this argument also came from the Advisory Council on the Misuse of Drug, which states that "it is generally found that the 10-14 years period is the crucial age at which experimentation commonly begin. Education needs to start two to three years before the likely age of experimentation. There is a case for increasing the coverage of health education in primary schools and for more primary schools to have health education coordinators and specific programmes of health and for personal and social skills training including drug education" (ACMD, 1993 cf Hurry and Lloyd, 1997). This assertion is a truism, because, about this time/age that children would be transferring from primary school to secondary education, the knowledge of developmental/child psychology, has revealed that a change would be occurring in the way the young persons spend their time and the choice of people they spend their time with. This is also when peer pressure could impact negatively or positively

on their behaviour, depending on the level of family socialisation, because, at this time (the period of psychogenesis-mind maturity stage), their friends become increasingly important to them as they embark on the slow journey of achieving independence from their family. In spite of this plausible psychological explanation, early primary school drug interventions are nevertheless universally acceptable in primary schools by some parents and jurisdictions. One reason for the reluctance to involve very young children in drug education was, as Dawson (1997) pointed out that there are fears among school teachers and parents of drug education in primary schools 'raising too much awareness among their young charges'. Dawson quoted one head teacher in her 'survey of drugs education in Avon primary school' as saying: 'I do feel sad that the primary school child is forced to grow up so quickly in the world of sex, drug and violence...'. Greener (1989) has also stated that 'a common argument against primary school drug education is that increasing a child's awareness of drugs might increase their curiosity and result in more experimentation'. This therefore means that rather than dissuading drug use, early childhood drug education could potentially arouse young people's curiosity to try drugs and so might have opposite effect to what it was set out to achieve. Young people who take this approach might be more than able to put their curiosity to the test as could be seen in the following quote:

"I think if anything [drug education] it makes people curious to try them for themselves. If I want to know what something is like I will just try it myself rather than having somebody tell me" (Male moderate drug user, Northumbria, 142022 cf Aldridge, Parker and Measham, 1998).

It could therefore, be argued in this paper that the reluctance to involve younger children in drugs prevention would appear to be due to a wish by teachers and parents to protect their innocence and to avoid sparking an interest in drugs where there was none. This opposing view however, could impact negatively on the effectiveness of drug prevention programmes targeting at this age group because, parents have a major influence on the drug-related views of their children, and therefore their own view has a significant role to play in drug prevention programmes. In spite of this argument of whether young children should be involved in drug prevention programme or not, an earlier evaluation of the 'Project Charlie' by McGurk and Hurry (1995), showed a positive impact on primary school recipients, particularly in the areas of knowledge, and ability to resist peer pressure (assertiveness) and to produce better quality solutions to social dilemmas. Hurry and Lloyd (1997) in their follow-up evaluations of 'Project Charlie' found that, Project Charlie pupils were significantly less likely to have used tobacco than those in the 'control group' and that they were also less likely to have taken illicit or illegal drugs.

Although in the evaluation report, there was no evidence of Project Charlie children having more decision making skills at the long term, they did show a significantly greater ability to resist peer pressure than the control group; and the project did have impact on the children's attitudes. This evaluation reports, the authors argued, were however, not statistically significant. The statistical insignificance of this findings might be that these findings need to be replicated in other primary schools with larger samples, and then followed up over a longer study periods, to assess the extent to which delays in onset of drug use may translate into longer term benefits. Another drug prevention strategy worth evaluating in

this paper is the 'Peer Educators Programme (PEP)'. This programme according to Shiner (2000) was based on eight projects located in three different parts of UK which include: the school-based initiative in Sussex (East Sussex/Brighton and Hove); the ethnic minority community-based projects in Leicester, Derby and Nottingham (East Midland); and the school-based projects in Bradford and Keighley (West Yorkshire). The main focus of these projects was an intervention initiative in schools, whereby pupils were trained to deliver drug education sessions to classmates. The programme also focused on young people from the ethnic minority groups (Asian and Afro-Caribbean); women involved in prostitution to disseminate drug information and advice to other women; and a youth work initiative in a deprived area that targeted 14-21 year olds who were not in contact with main stream youth services. The evaluation of this programme by Shiner (2000) indicated that peer education has a considerable potential as an effective form of drug prevention strategy. It noted that in schools, peer education sessions provided pupils who did not use any drugs with detailed information to support their position of abstinence, and for those who have tried drugs, sessions tended to legitimise decisions not to use hard drugs. The programme according to Shiner, also offers a good way of involving people from the ethnic minority, the disadvantaged and the vulnerable groups in drug prevention work. This programme identified two distinctive initiatives in preventative education-'peer development' and 'peer delivery'.

Peer development refers to the degree to which projects focus on the personal development of the peer educators; whereas, peer delivery refers to the extent to which projects focus on delivery of formal sessions by peer educators (Shiner, 2000). In the author's viewpoint, the youth and community-based projects such as the Leicester, Derby and Nottingham projects tended to focus on peer development in which, the emphasis is placed on skills development and confidence building which provide the basis for effective drug prevention work with young people from socially excluded and vulnerable groups who are at risk of problematic drug use. Shiner argued that the young people who participated in these projects reported changes in themselves such as self-confidence, improved self-esteem and maturity as he noted by saying that 'participation in such projects supported peer educators' decisions to cut down their drug use, restrict their repertoire or stop altogether' (Shiner, 2000). He further noted that young people who took part in sessions tended to absorb the content of these sessions into their existing 'rule of thumb' regarding drug, thereby reinforcing decisions not to use hard drugs or not to use drugs at all. The pay off was similar for the peer educators themselves who reported similar reactions to those of the session participants.

One critical problem to the long-term effectiveness of the 'Peer Educators' drug prevention strategy is the question of 'credibility'. As it was noted by Shiner that 'sometimes, participants rejected the idea of same age peer education because, they felt people of their own age lacked authority, experience and knowledge'. For instance, in his survey, a participant in the Bradford and Keighley schools projects states... "Well probably they haven't had much first-hand experience themselves really... and I think it's better to have the actual experienced..." (Shiner, 2000). However, there are some of the project participants

who preferred the peer educator approach. For instance, in the same evaluation survey in Bradford and Keighley schools, one of the participants states that the programme was good because of the way they got people involved in it and it wasn't just someone stood at the front telling you 'you should do this, you shouldn't do this' (Shiner, 2000). From whatever angle we look at this programme (peer educators), the fact remains that drug users, peer educators and drug workers all have their own advantages and strengths, and would therefore, be suggested in this paper that for effectiveness and sustainable potential value, programmes such as this should encompass the above three category of persons in the planning, design and implementation stages. Another approach to drug strategy is what is referred to as the 'Media Based Information Resource (MBIR)' for children aged 9-10 year (Baker and Caraher, 1995). Examples of these models are cartoons in newspapers, Television programmes such as 'Simpson', 'Sesame Street' or Sesame Square (in Nigeria), radio play/TV dramas (like Tales by Moonlight in Nigeria), drug scenes such as film clips, and many other large audience-based approaches. This perhaps, accounts for the relevance of social media as agent of behaviour change in contemporary times. According to Caraher and Baker in their work: 'Do it yourself: the process of developing a drug information resource for children', they concluded that the Media Based Information Resource (MBIR) was successful in achieving a number of objectives, such as, enabling the children to understand the concept of dangerous drugs, considering the options available to them in potential drug taking situations and making a choice from these options.

However, in their 'Focus Group Discussion' with parents, the authors revealed some of the complexities surrounding drug education with the teenagers. It was noted that 'parents seemed happy for their children to be educated about drugs but... did not want them to be over informed' (Baker and Caraher, 1995). This issue as earlier pointed out in this paper is very critical and crucial to the effectiveness of every drug prevention strategy targeting at this age group (the teenagers). It is therefore imperative that, improving parenting skills is vital because, many parents need to develop confidence, communication skills and general understanding of the young people and the implication of drug misuse. Parenting skills giving parents the skills to develop family cohesion, clear communication channels, high-quality supervision and the ability to resolve conflicts; coupled with substance-related skills that provide parents with accurate information and confidence on how to communicate with their children about drugs becomes very eminent if drug prevention programmes targeted at the young persons are to be able to demonstrate their long-term effectiveness and sustainability.

Another drug reduction initiative worth reviewing in this paper is the evaluation of the 'Drug Abuse Resistance Education' (DARE) reported by Whelan and Moody (1994) and reviewed by Hurry and Lloyd (1997). DARE is an American drugs prevention programme delivered mainly by police officers and targeted at primary school children (5-12 years). In the UK, Whelan and Moody evaluated the impact of this programme on children in Year 5 (9-10 years) attending a school in Mansfield. The basic theories and approaches of this programme include: a life skills element (resistance skills), self esteem building, drug use information and decision-making. The evaluation of DARE was focused

on three schools, of which one opted out of the programme, leaving the remaining two schools to act as comparisons. The researchers used a pre- and post-intervention questionnaire based on 'draw and write' technique to assess the pupils' knowledge and attitudes to drug use; and concluded that 'no general patterns of development in knowledge and attitudes are found to have resulted in pupils who received the DARE intervention, as compared to those who had not received the intervention' but however, 'there were some individual developments in knowledge and awareness, such as the children exposed to DARE being more likely to recognise that drugs can be harmful' (Whelan and Moody, 1994 cf Hurry and Lloyd, 1997). The problem with DARE failing to demonstrate its effectiveness in the UK project compared to that of the USA was that future research according to the researchers, needs to concentrate more on the 'processes' of DARE and also investigate whether 'the curriculum, teaching methodology and implementation of DARE are the most appropriate'.

Another drug reduction initiative is the 'NEW-ADAM programme'. The acronyms represent 'New England and Wales-Arrestees Drug Abuse Monitoring'. The programme is a study of statistical analysis of the relationship between drug use and crime. A report of the programme in South Norwood-London, Liverpool, Nottingham, and Sunderland by Bennett Holloway and Williams (2001) indicated that about sixty-nine percent (69%) of arrestees whose urine were analysed in these sites tested positive for at least one drug (excluding alcohol) whereas, thirty-six percent (36%) tested positive for multiple (two or more) drugs (excluding alcohol). Twenty-nine percent of the arrestees tested positive for opiates (including heroine) and twenty percent tested positive for cocaine (including crack). The report noted that almost half of arrestees (49%) tested positive for cannabis; and there was a general increase in the prevalence of drug use among the arrestees tested in the repeated surveys conducted in Nottingham and Sunderland.

Average, users of both heroine and crack/cocaine, the report noted, spent over £16,000 a year on drugs and in some locations, this average expenditure was closer to £20,000 a year. It was also noted that arrestees reported a high number of offences within a previous twelve months period, of which the prevalence of shoplifting was particularly high mainly to finance their drug use behaviour. This finding was corroborated by the Leicestershire Youth Offending Intervention Teams in a 2003 induction training organised for YOTs Volunteers titled "Drug Training for Intervention Team Managers". In the training which the author of this paper was a participant, it was reported that majority of the young offenders in the UK who do drugs, shoplift to buy cocaine and heroine which according to them, now flood the streets cheaply mainly from Afghanistan; a challenging situation that is seriously undermining the efforts and the objectives of the Youth Offending Intervention Teams. This indication therefore provides ground to the prohibitionist's viewpoint that 'illegal drugs must be made harder to obtain' if drug prevention strategies are to demonstrate their effectiveness. Hence this paper would argue that the 15 years imprisonment imposed by an Ikeja High Court in July, 2011 on the Chinese and Taiwanese who brought in 450kg of cocaine to Nigeria was a right step in the ECOWAS Drug Reduction Initiative.

Another drug prevention strategy that is also worthy of note in this paper is the 'NE Choices'. This is a multi-faceted drug prevention programme for young people in the North-East of England. The programme adopted its name from the regional identity 'North-East' and also a concept of 'personal choices' out of the multiple choices hence, it is pronounced 'any choices'. NE Choices was a social influences programme designed to equip young people with the information and skills to make informed and safer choices about drug use. It used a mix of inter-personal, media and other components targeted on young people (the primary target), and at secondary targets of parents, teachers, school governors, youth workers, the local media and the local community (Stead, Macleintosh, Eadie and Harting, 2000). A report by Stead, Macleintosh, Eadie and Harting (2000) gave qualitative and quantitative evidence that NE Choices was a credible and engaging intervention for young people and for the secondary target groups such as parents. For instance, 'parents who participated in the intervention in year nine and eleven reported increases in drugs knowledge, and improved understanding of why young people take drugs, and greater appreciation of how best to discuss drugs with children' (Stead, et al, 2000). In terms of drug use outcomes, the intervention does not appear to have been associated with changes in drug behaviour, despite the compelling evidence stated in Stead et al's report that young people found NE Choices credible and engaging.

CONCLUSION AND RECOMMENDATIONS

The critical question in this paper is, why, despite evidence of considerable successes in most of the drug prevention strategies reviewed so far, non has been able to demonstrate a long lasting effectiveness. The answer to this question is hydra headed because, as diverse as the theories of drug use, so also are the solutions/strategies to drug prevention. No single model of drug prevention strategy can suffice. A holistic approach to drug prevention as could be seen in the 'NE Choices' should be encouraged by government and other agencies with substantial financial allocation and vigorous enforcement, monitoring and evaluation. A comprehensive and inter-collegiate drug prevention strategy that would include, educating and monitoring of the youths, parents, drug dealers, youth workers, teachers, and the local community is therefore very imperative and should be sustained for a longer period of time; coupled with rigorous monitoring and evaluation if ECOWAS Drug Reduction Initiative must succeed.

The most effective way of reducing/preventing drug misuse and trafficking is to persuade all potential users, particularly the youths, not to take and deal in drugs; but the complexities in international drug policy is not helping matter in this case. For instance, Britain's re-classification and frequent lowering of laws on cannabis has confused people to think that cannabis use is legal. Hence, the International Narcotics Control Board of the United Nations in its 2002 annual report states that "as many as 94% of school children in Britain believed cannabis was a legal substance or even some type of medicine". For this reason, this author would argue and advise ECOWAS that focus on drug prevention means illegal drugs must be made harder to obtain. The more freely and cheaper drugs are made available to youths in our communities, the more difficult it becomes for any drug

prevention strategy to demonstrate its effectiveness because, even the best, most comprehensive programmes to help drug users transform their lives will inevitably be compromised if we do not simultaneously address the powerful social forces of drug trafficking and abuse that are destroying the ECOWAS communities to which the drug users must return.

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