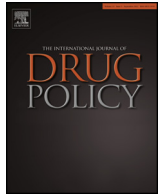




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Commentary

Post-war prevention: Emerging frameworks to prevent drug use after the War on Drugs

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ABSTRACT

The prevention of drug use is one of the primary goals of the War on Drugs. However, despite investment in high-profile interventions such as social marketing campaigns and enforcement-based deterrence, these efforts have generally failed. With the emergence of novel policy frameworks to control and regulate drug use, a window of opportunity exists to test approaches to drug prevention that take into account existing evidence and the rights of individuals who use drugs. Specifically, there is a growing consensus that entry into drug use is a socially-defined event that individuals experience within particular socio-structural contexts. This understanding, coupled with a distinction between the value of preventing problematic drug use rather than all drug use, provides a useful framework within which to develop effective and rights-based approaches to drug prevention.

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The global 'War on Drugs' has been predicated on the notion that supply-side interdiction, coupled with stigmatizing social marketing, can prevent individuals from using substances (Sudath, 2009). By creating a scarcity of supply and an accompanying public discourse that reinforces social norms protective against drug use, individuals would be less susceptible to experimentation with drugs, and less able to acquire them if they were interested. Viewed from the perspective that entry into drug use represents a homogeneous step-by-step process that can be disrupted via individual behavior change (Beck, 1998), the approach of the War on Drugs represents an elegant and seemingly efficient means of drug use deterrence. However, as this policy approach has continued over decades, the massive research apparatus on substance use (ironically one of its most noteworthy unintended consequences) has increasingly problematized the conception of drug use initiation that the War on Drugs has popularized. Instead of a homogeneous phenomenon with a clearly defined 'before and after,' scientific evidence has instead described a complex set of pathways and varying socio-structural contexts that influence entry into substance use and individuals' subsequent drug-using careers (Degenhardt, Coffey, Moran, Carlin, & Patton, 2007; Hser,

Longshore, & Anglin, 2007; Rhodes et al., 2011; Richardson & Edalati, 2016; Richardson, Kwon, & Ratner, 2013; Thombs, 2000; Wu, Pilowsky, Schlenger, & Galvin, 2007). Experts have also increasingly sought to weigh the relative merits of efforts to prevent substance use in general against those that seek to delay or prevent entry into specific problematic forms of substance use. This commentary, while in no way an exhaustive review, seeks to highlight some historical approaches to drug prevention within the War on Drugs model and to identify emerging tensions and opportunities to effectively prevent problematic substance use when appropriate.

The increasing fragmentation of the global consensus on drug policy has ushered in a new era of policy-making among United Nations member states, with countries moving in diverging directions away from the global framework (Bewley-Taylor & Jelsma, 2016). Among the highest profile case studies are efforts to regulate cannabis at the national (e.g., Canada, Uruguay (Health Canada, 2017; Queirolo, Boidi, & Cruz, 2016)) and state (e.g., multiple US states (Hall & Lynskey, 2016)) levels. On the opposite end of the spectrum, mass campaigns of extra-judicial homicides ostensibly carried out to deter drug use and trafficking (e.g., Thailand, Philippines (Roberts, Trace, & Klein, 2004; Williams & Palmer, 2016)), as well as the use of torture and detention to 'treat' substance use disorders (e.g., Russia, China (Elovich & Drucker, 2008; Utyasheva, 2007; WHO Regional Office for the Western Pacific, 2009)) represent extreme adaptations of the War on Drugs

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model, and which appear to be firmly entrenched in certain settings. The rapid breadth of global drug policy change has been the subject of intense scrutiny. It has also overshadowed the emergence of increasingly sophisticated, rights- and evidence-based approaches to preventing problematic drug use, a key unmet goal of the War on Drugs.

One of the most visible approaches to drug use prevention within the War on Drugs model is the use of anti-drug public service announcements (PSAs) to deter youth. However, evidence has demonstrated that interventions seeking to prevent entry into drug use through social marketing are generally ineffective (Werb et al., 2011). This is because anti-drug PSAs generally seek to bolster protective social norms by highlighting the dangers – physical, mental and moral – that arise with the use of drugs, in line with classical approaches to deterrence (Yamatani, Feit, & Mann, 2017). This emphasis on fear-based deterrence, however, has been shown to negatively impact intentions to use drugs among PSA audiences (Wagner & Sundar, 2008). This may arise as a result of exaggerated depictions of the prevalence of drug use in PSAs, which may then expose gaps in viewers' experiential knowledge of drugs. This, in turn, may arouse curiosity among viewers to experiment with drug use and lead to a weakening of protective social norms against their use (Wagner & Sundar, 2008). The clear failure of such social marketing efforts, evidence for which has been generated by both independent experts (Werb et al., 2011) and government agencies (GAO, 2006; Orwin et al., 2004), belies a broader issue. Experts have posited that, because of the highly visible nature of these interventions, anti-drug social marketing interventions may have a secondary benefit in bolstering support for policies of drug criminalization through the mass media (Blendon & Young, 1998). This phenomenon may explain their ongoing use despite their proven ineffectiveness.

While social marketing represents a demand-side drug prevention intervention, the use of criminal sanctions and drug law enforcement has been hypothesized to deter substance use initiation in multiple ways via supply-side approaches. For instance, experts have suggested that 'enforcement swamping' – in which an increase in the frequency of contact between drug law enforcement and individuals at risk of drug use – operates through a positive feedback mechanism wherein increased enforcement reduces the risk of drug use initiation (Caulkins, 2005; Kleiman, 1993). This is based on optimal control theory, a mathematical discipline that explores the efficient application of interventions on a system (Todorov, 2006). In the context of drug use, optimal control theory has been cited as a method to optimize the application of drug law enforcement, taking into account various stages of the epidemic-like expansion of drug use initiation across a vulnerable population (Caulkins, 2005). Importantly, economic experts have concluded that its deterrent effect relies on its intensity (i.e., the amount of enforcement per individual) rather than on its overall application across a drug market (Caulkins, 2005), and that enforcement is likely to be much more effective as a prevention tool at the initial stages of a drug use epidemic (Rydell, Caulkins, & Everingham, 1996). Unfortunately, while mathematical models provide insight into the potential preventive impact of large-scale drug law enforcement (Caulkins, 2005), the lack of real-world policy experiments has hindered confirmation of this hypothesis.

Similarly, the deterrent effect of drug law enforcement is posited to prevent drug use initiation by limiting the availability of illegal drugs, thereby leading to a scarcity of supply and a concomitant increase in price. However, evidence that reduced availability is achievable in the long-term through the application of enforcement-based supply-side interventions is lacking. Very little data supports the hypothesis that drug law enforcement can achieve reductions in in the short-term. Australia's heroin

'drought' – a massive reduction in the country's heroin supply that significantly increased price and decreased availability – has been attributed by some to national law enforcement practices (Weatherburn, Jones, Freeman, & Makkai, 2003) (though data from other settings suggest that this phenomenon may have been caused by drug market patterns external to Australia (Wood, Stoltz, Li, Montaner, & Kerr, 2006)), and represents one of the few observed examples of effective supply-side intervention. However, research suggests that while the heroin drought resulted in a reduction in heroin injection in Australia, this was likely offset by an increase in the use of methamphetamine and cocaine by injection among individuals formerly using heroin (Day, Degenhardt, & Hall, 2006). Problematically, this shift towards cocaine injection in the wake of the heroin drought appears to have increased the risk of HCV incidence among Australian PWID (Maher et al., 2007).

Recently, supply-side interventions targeting non-illegal drug markets have relied on interventions other than drug law enforcement to reduce supply. For instance, the removal of OxyContin by Purdue Pharma and its replacement with a slow-acting, tamper-resistant formula (OxyNeo) in Canada is a 'classic' supply-side intervention on the pharmaceutical drug market (Diebel, 2012; Di Costanzo, 2012). While this market has generally been considered largely distinct from the illegal drug market, the de-listing of OxyContin appears to be one of the most effective supply-side interventions undertaken since the War on Drugs, resulting in a massive disruption to the opioid supply on a scale unachievable through enforcement-based interdiction (Fischer, Jones, & Rehm, 2014). However, subsequent spikes in the prescription, illegal production and trafficking of fentanyl, a highly potent opioid, suggest that such market disruptions may be highly undesirable (Gomes, Mamdani, Paterson, Dhalla, & Juurlink, 2014; Paperny, 2014). This is because the overall use of opioids appears to have remained relatively stable, and declines in prescribing and use of OxyContin were offset by increases in fentanyl use, leading to a rapid increase in the incidence of opioid overdose fatalities attributable to this drug across North America (Gomes, Mamdani, Paterson et al., 2014; Gomes, Mamdani, Dhalla et al., 2014; Harris, 2016; Paperny, 2014; Paulozzi, Budnitz, & Xi, 2006; Rudd, Aleshire, Zibbell, & Matthew Gladden, 2016).

These data suggest that supply-side interventions that produce large-scale market disruptions might nevertheless be limited in impacting population-level prevalence of use. This is consistent with previous research on the association between drug policy and prevalence (Degenhardt et al., 2008). Further, it appears that such approaches, as demonstrated in both the Australian heroin drought and the North American opioid overdose crisis, are likely to cause a range of unintended negative consequences. Even when ineffective, a large body of evidence suggests that drug prevention via deterrence provides at best a marginal benefit in the form of reduced use, while being associated with a range of harms (Global Commission on Drug Policy, 2010, 2012; Wood et al., 2010).

The near-consensus regarding the ineffectiveness of supply-side prevention approaches has been coupled with a move away from the conceptualization of drug use initiation as a discrete binary phenomenon. Instead, drug-using careers are increasingly understood as a series of events taking place along individual trajectories within particular socio-structural contexts, consistent with life course theory (Genberg et al., 2011; Hser et al., 2007; Lee, Winters, & Wall, 2010; Raikhel & Garriott, 2013; Tucker, Ellickson, Orlando, Martino, & Klein, 2005; Werb, 2013; Windle & Wiesner, 2004). In this framing, initiation into drug use is understood as one among many socially-defined events. This has a number of implications for drug prevention. First, preventing entry into drug use must take into account the social context for individual decision-making. Indeed, the combination of the socio-structural

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