

To Prevent Prescription Drug Abuse, Involve the School and Family

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Prescription drug abuse is on the rise – what can we do to prevent this problem? Image by Dodgerton Skillhouse

The illegal use of prescription drugs is on the rise, but efforts to stop prescription drug abuse through legislation and policing have proven ineffective. New research may offer some keys to solving this problem. As more people misuse prescription drugs, the old paradigm of interdiction, or attempting to stop the importation of drugs, is becoming less relevant. We need new strategies in our society.

In 2012, *The New York Times* reported “America’s drug problem is shifting from illicit substances like cocaine to abuse of prescription painkillers, a change that is forcing policy makers to re-examine the long and expensive strategy of trying to stop illegal drugs from entering the United States.”

Preventing young people from traveling down the path to addiction, and doing so in a fiscally responsible manner interests researcher Dr. Max Crowley of Duke University and colleagues from Pennsylvania State University.

EBPIs and Prescription Drug Abuse: Life-Skills Training and Strengthening Families Program Proven Effective

Rather than interrupting the flow of illegally-obtained prescription drugs, Crowley argues that decreasing demand and therefore reducing levels of subsequent addiction make more financial sense. Youth are especially vulnerable; preventing young people from abusing pills is one of the goals of the universal school and family evidence-based-preventive-interventions or EBPIs.

Dr. Crowley and fellow researchers investigated the success of a combination of school and family EBPIs to uncover which were the most effective and at what cost. The National Institute of Health funded the study, called PROSPER, which gathered data from fourteen school systems in Pennsylvania that met size and socio-economic criteria. These schools used one or more of three school-family interventions: All Stars, Life-Skills Training or Project Alert. All families were offered the Strengthening Families Program (SFP). Students were asked about their use of a variety of prescription opioids. Over time, exposure to opioids increased; the study reported that 25% of the seniors reported using a prescription opioid that was not doctor-prescribed.

The results indicated that two of the school-family interventions, Life-Skills Training and Project Alert reduced the likelihood of opioid abuse by 5.8% to 10.5%. A combination of Life-Skills Training and the Strengthening Families Program was the most effective measure in preventing prescription drug abuse.

Dr. Crowley recapped the most effective programs for *Decoded Science*:

“Life Skills Training is a school based program that aims to prevent substance use and abuse by changing social influence and competencies. In particular, this program seeks to teach social skills that build personal competence as well as facilitate assertiveness and refusal of substances across 18 sessions.”

The family intervention was the same, regardless of the school-based program assigned by the researchers. Crowley describes SFP,

“The Strengthening Families Program: 10-14 is a family-based program designed to reduce substance use and is grounded in a variety of family, resilience and biopsychosocial etiological theories. Families receive seven sessions (one per week) with parents and youth separated for an hour and then together (for an additional hour). The program seeks to reduce risk factors such as poor parental monitoring and bonding as well as issues of socio-emotional health.”

School-Family Interventions Versus Prescription Monitoring Systems

In an exclusive interview with Dr. Crowley, he tells *Decoded Science* that the numbers demonstrate that we save money using EBPIs rather than prescription monitoring, noting, “*Prescription drug monitoring systems are estimated to cost between 450,000 and 1.5 million to install and then between 125,000 to 1 million per year to operate.*” The school-family interventions studied cost from as 9 to 27 dollars per student and 311 to 405 dollars per family. Crowley and colleagues state that it is cost effective to use a program if it costs “*less than 7500*” and that EBPIs “*can save substantial public monies*” by preventing addiction and the consequent reliance on social services.

“There is evidence that these programs can effectively change doctors prescribing behavior and reduce ‘doctor shopping’ where individuals seek out drugs from multiple doctors. There is some indirect evidence of prescription monitoring on actual reductions in substance use. They appear to be similarly effective to the programs we discuss in our article between (5-10% reduction in misuse) depending on the quality of the system.”

However, Crowley explains that utilizing EBPIs also reduces non-monetary costs. “*While prescription monitoring is likely an important element of effective drug control strategy, these systems incur not only substantial fiscal costs, but also non-monetary costs. This includes the additional pain and suffering of individuals with legitimate pain management needs who may no longer be able to get access to similar levels of care.*”



Drug Abuse Prevention: Implications

Crowley sums it up, “*efforts to respond to the growing prescription drug epidemic without jeopardizing patients health should integrate evidence-based school and family prevention into current drug policy.*” Relying on expensive prescription drug monitoring alone has not, and will most likely will not, stop addiction, but school-family interventions show promise.

The positive effect of programs like Life Skills Training combined with Strengthening Families Program in the battle against addiction makes it critical to address the schools that do not have such programs implemented. With cost savings to the general public and human-misery reduction, school-family partnerships are a cost-effective means of ensuring some children, their families, and the community at large, have a less painful future.

Resources:

Cave, Damien, et al. *Rise in Pill Abuse Forces New Look at U.S. Drug Fight*. (2012). The New York Times. Accessed on February 25, 2014

Crowley, D. Max, et al. *Can we build an efficient response to the prescription drug abuse*. (2014). Preventive Medicine. Accessed on February 25, 2014

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