



In reducing substance abuse problems - Youth abstinence policies are superior to harm minimisation policies.

Professor John Toumbourou, Deakin University.

25th November 2024.

SUMMARY

Australian youth harm minimisation drug policies increased substance use and harm and were inferior to American abstinence policies. When Australia adopted abstinence policies, substance use and harm reduced.

DETAIL

Through the 1990s harm minimisation programs were the dominant substance use education programs offered to school-aged adolescents in Australia (Evans-Whipp et al., 2007). These programs were premised on the view that it was not feasible to prevent adolescent substance use, hence the pragmatic goal of prevention was to reduce harmful patterns of use rather than use per se. In contrast, during the 1980s US programs to prevent adolescent substance use were reshaped to focus on abstinence, leading to large reductions in school-age alcohol and other drug use (Toumbourou et al., 2014). In 2002 researchers conducted cross-national comparisons and identified substantially higher rates of alcohol, tobacco and overall substance use in Australian adolescents (Toumbourou et al., 2009), relative to their same aged, demographically matched US peers.

Evaluation studies identified aspects of harm minimisation drug education to be the cause of the higher rates of substance use in Australian adolescents (Hemphill et al., 2011; McMorris et al., 2011). School leaders and students reported Australian schools to have higher implementation of harm minimisation and lower abstinence policies, relative to matched US schools (Evans-Whipp et al., 2007). These differences were associated with higher adolescent perceptions of favourable community and family attitudes to adolescent alcohol and other drug use, which were similar cross-national predictors of adolescent progression to alcohol and other drug use (Hemphill et al., 2011). Australian parents were more likely to supervise adolescent alcohol use, which was found to be a similar cross-national predictor of adolescents progressing to heavy alcohol use (Bailey et al 2024; McMorris et al., 2011). The damaging effects of Australian youth harm minimisation policies were still evident as young people entered their late 20s and 30s (Bailey et al 2024; Epstein et al 2019).

The above research findings were influential in encouraging changes in Australian national health guidelines, which for the first time in 2009 recommended that adolescents abstain from alcohol use until age 18 (the legal age for purchasing alcohol in Australian states). Subsequently, large school trials were run in Australia and demonstrated that rates of adolescent heavy alcohol use could be reduced by 25% through parent education that discouraged parents supplying and supervising adolescent alcohol use (Toumbourou et al., 2013). Large community trials demonstrated that adolescent alcohol use could be reduced by 10% using community interventions to reduce retailer and family supply of alcohol to adolescents (Rowland et al., 2022a). The movement away from harm minimisation toward abstinence-based adolescent substance use policies was associated with large reductions in adolescent alcohol and other drug use across Australia from 2002 to 2015 (Toumbourou et al., 2018). Community trials associated the introduction of abstinence-based prevention programs with at least 8% annual reductions in child and youth hospitalization for

intentional and unintentional injury (Berecki-Gisolf et al., 2020), and reductions in police-reported youth crime (5% annually) and violent crime (2% annually) (Rowland et al., 2022b) across large municipal populations.



Professor and Chair in Health Psychology
Deakin University Australia

www.deakin.edu.au/about-deakin/people/john-toumbourou

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