THE USE OF CLINICAL RESEARCH AS A PREVENTION TOOL

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ABSTRACT

This paper discusses the effectiveness of video taping or filming clinical trials for use in classroom drug prevention education. Such methods have been utilized with both of those at risk, the Secondary School Student and the Convicted Drug/Alcohol impaired driver.

Clinical trials included are alcohol driving demonstrations, the effects of alcohol use and safe boat operation, and the effects of alcohol and marihuana on automobile driving ability.

INTRODUCTION

Quality primary prevention programs in the area of drug and alcohol abuse is often difficult to find and to produce. Quality prevention programming meaning those programs which have an impact on the intended audience as measured by the type of questions raised and the extent of active participation. This paper will describe first those who are at risk followed by descriptions of clinical research which is depicted on film and used in prevention programs.

THOSE AT RISK

The most vulnerable highway safety risks are the newly licensed operators. In most states in the United States, these are 16 year old children. Unfortunately, in the United States culture, alcohol and drug usage patterns are well in place by this age (16 years old).

It was found in comprehensive high school surveys\(^1\) that 90% of graduating seniors (ages 17-18) and 72% of new high school freshman (ages 14-15) in the City of Pittsburgh consumed alcoholic beverages and 66% of the same seniors used marihuana. Similarly, in rural areas of Pennsylvania, again, 90% of high school seniors and 70% of high school freshman consumed alcohol, 52% of the same seniors also consumed marihuana while 25% of the freshman consumed marihuana.
In these studies, the average age of serious alcohol consumption began by age 13 and marihuana usage began by age 14. To this end, drivers licenses are usually not granted in the United States until at least age 16.

The convicted drunk driver is also at risk. One of every 3 drivers arrested for driving under the influence of alcohol in the Greater Pittsburgh area admitted to smoking marihuana. This figure may actually be an understatement of actual occurrences or usage. In 1985, the Institute undertook a study which examined blood specimens of newly arrested intoxicated drivers. Here it was found that each driver stopped was under the influence of alcohol and 41% had D-9-THC in their blood in measurable levels at the time of arrest.

In sum, it would appear that drugs other than alcohol are being consumed either while operating motor vehicles or immediately prior to said operation. Useful deterrents need to be developed and effectively utilized to educate both those at risk and those already identified as being "in trouble".

The following three films are this investigator's attempts at providing useful primary prevention tools and deterrents. Each is a filmed depiction of actual clinical trials.

The first film is a depiction of the combined usage of alcohol and marihuana while operating automobiles. It was developed for use with high school aged students, that is, ages 14-18.

The second film depicts excerpts from alcohol driving trials utilized by Alcohol Highway Safety Programs and Mothers Against Drunk Driving (MADD) Programs, both in Pittsburgh and in Pennsylvania. Here, some of those identified as "at risk" are first pretrained on a controlled driving course and then allowed to become "legally intoxicated" with alcohol and led back onto the course for experimental trials.

Finally, a newly identified area of risk is the subject of the third film, "Boating Under the Influence". Heretofore, very few clinical trials have been conducted to specifically measure impairment created by alcohol and/or other drugs while operating motorized watercraft in the United States. This film was an attempt to both bring out this need for further research while at the same time demonstrate the impairment of alcohol on the operation of watercraft.
SUMMARY

Developing or locating quality, or at least practical, primary prevention programming is often quite difficult and expensive. Through the use of video aids, both documentation of clinical trials can occur as well as the development of practical prevention tools. These tools, particularly the film on alcohol and marihuana usage, which is especially useful by showing individuals who are smoking marihuana in the presence or vicinity of police officers, provides exceptionally useful gimmicks. These "gimmicks" are needed to get the overall message across when the needs are so apparent as clearly depicted by a high school student when she stated "I smoke marihuana when I am too drunk to drive home to 'straighten out' so I can drive home safely", needs to be clarified and corrected. The use of clinical research in these circumstances becomes even more practical.

REFERENCES


