

## **Address protective and risk factors**

Programmes need to focus on the factors that most directly promote health or, conversely, contribute to substance use problems in the population of interest

In the past, we've acted as if young people used substances because they didn't know any better. While lack of good information can be an issue, the reasons are more complicated. Although young people may use substances for some of the same reasons that adults do (e.g., to relieve stress), they could be using substances for a variety of other reasons: to show independence, signal entry into a peer group and to satisfy curiosity.<sup>i</sup>

Why some youth experience problems may be even more complicated. Substance use problems usually arise from a combination of individual, family, school and community related factors. The terms "protective" and "risk factors" are often used to identify aspects of a person and his or her environment that make the development of a given problem less likely (protective factor) or more likely (risk factor). Understanding protective and risk factors and their relationship (i.e., resiliency) helps to understand the target population and to design a programme.

A body of international research is showing that the general health status of a society is heavily influenced by the social, economic and physical circumstances of its people (i.e., employment, income and educational levels, working conditions, social status, the degree of social support experienced and early childhood nourishment and care).<sup>ii</sup> From a population health perspective, these can be viewed as overarching factors or determinants of health that can be influenced by government policy and may affect the use of substances.

Substance use-specific research shows that societal and community level factors include the prevailing social norms and attitudes toward substance use (e.g., the smoking of "herb" or cannabis is traditional in various regions, such as the Caribbean), the level of availability of various substances and economic conditions. Factors arising from the family environment include a history of substance use problems, effectiveness of family management, structure and coping strategies, the level of attachment between the parent and child, the nature of rules and parental expectations and the strength of the extended family network.

At an individual level, some persons may be predisposed to substance use due to their genetic traits. Generally, even in cases where there may be genetic influence, life experiences play a significant role in substance use. It is very important that a child experience stable support and care from a parent or other adult from an early age. The quality of a child's school experience is a very significant factor for substance use, as well as a number of other problems. Influences on the school experience include academic success, reading skills, problem-solving abilities, feeling a part of the school scene (as opposed to feeling alienated) and participation in extracurricular activities.

As a child enters adolescence, the selection of peers and the nature of peer support become more important. Anti-social behaviour, such as violence and gang membership, is a risk factor, as is having friends who use substances. Transitions or significant changes in

one's environment (e.g., moving to a new neighbourhood or school, bereavement, parental separation) can be a significant point of vulnerability for young people.<sup>iii</sup> General personal and social competence is critically important and is reflected in feeling control over one's life, feeling optimistic about the future, being able to detach from conflict in the home or neighbourhood and being willing to seek support.<sup>iv</sup>

The more risks that a child or youth experiences, the more likely that substance use and related problems may occur. These risks are dynamic and interplay with the strengths and assets available to a person. Resiliency is a concept that helps in understanding this interplay. Observations have indicated that some people growing up in difficult circumstances fare better than others, and it has been suggested they are more resilient.<sup>v</sup>

Resiliency can be seen as a balance between stress and adversity (risk factors) on the one hand and the ability to cope and the availability of support (protective factors) on the other. This capability changes over time, is improved by protective factors in the individual and the environment and contributes to the maintenance and enhancement of health. When risks are greater than the individual's protective factors, then even individuals who have been resilient in the past may experience problems. The balance is not determined solely on the basis of the number of protective and risk factors present in the life of an individual but on their respective frequency, duration and severity, as well as the developmental stage at which they occur.

These same attributes have been extended to describe resilient families and communities.<sup>vi</sup> Promoting resiliency and strengthening protective factors in a person is preferred by many to focusing on deficits and problems.<sup>vii viii</sup> However, a strict focus on promoting resilient children that can cope with various adversities may result in neglecting the important work of reforming unhealthy environments.

Many out-of-mainstream youth face multiple risk factors. One Canadian study found that 60 per cent of female and 47 per cent of male street youth left home to escape a family situation characterized by conflict, abuse or parental alcohol or other drug problems.<sup>ix</sup> Many school dropouts experience alienation in the school system even though they may have satisfactory academic records.<sup>x</sup> Dropping out of school makes it difficult for these young people to secure employment. Often, participation in illegal activities is driven by the need to meet basic needs and support a drug habit.<sup>xi xii</sup>

A clear advantage of the protective/risk factor approach is understanding that many social and health problems are linked by the same root factors. Such understanding can lead to better integration of strategies and economizing of resources. However, because a factor is linked with substance use problems does not necessarily mean that it causes it. Consequently, the actual preventive effect of addressing one or another of the protective or risk factors is not very clear and undoubtedly varies between factors.<sup>xiii</sup> Nevertheless, it appears that addressing protective or risk factors in several domains of a young person's life (school, family and community) can lead to positive outcomes.

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