Good Practices

Develop Programmes According to Risk and Use Levels

The general extent of substance use, particularly problematic use, is an important consideration in determining the level of the preventive effort required in a community. Most evaluations show that as time passes, programme effects erode and need to be reinforced.[1] Given this, prevention efforts need to provide coverage through childhood and adolescence or at least be coordinated with other activities to create this effect.

Prevention planners need to understand the nature and extent of youth substance use and to account for local protective and risk factors to clarify their targets and to more precisely gauge appropriate programme intensity and duration. As a rule, the higher the risk for a group or sector of the population, the greater the intensity necessary in the prevention effort.[2] In North America, target groups for prevention initiatives are increasingly being classified according to risk level (i.e., Universal, Selective and Indicated targets), a framework that is seen as more discriminating than the terms primary and secondary prevention.[1] Programme focus, intensity and duration need to vary according to these target groups.

Universal prevention

Prevention activity can target a broad or "universal" population (e.g., all students in grades five and six) with the aim of promoting the health of the population or preventing or delaying the onset of substance use. Children and youth are often the focus of Universal prevention efforts intended to address risk factors and practices relating to traffic crashes and other trauma, unwanted pregnancies, suicide and other short- and long-term health and social problems. Parents and families are another priority for Universal prevention, largely due to their role in supporting the healthy development of children and the challenges in balancing family and work commitments. Measures often associated with Universal prevention include awareness campaigns, school drug education programmes, multi-component community initiatives and, in the case of alcohol and tobacco, various measures to control availability and price.

Schools are a strong setting for Universal programming and need to provide appropriate programming in all grades. Given that a significant number of children have initiated use by age 12, primary prevention efforts need to give particular attention to nine- and 10-year-olds before use begins. For Universal youth programmes, a minimum level of intensity is usually one 45-60 minute contact a week over at least 10 weeks.[3] Programmes that provide "booster" sessions in subsequent years to reinforce earlier lessons have been shown to be more effective.

While parents need to be encouraged to be involved in broad prevention efforts, they, of course, have a crucial part to play in preventing substance use problems through their role

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[1] The terms Universal, Selective and Indicated Prevention were first described by R. Gordon in 1987 to replace the terms, Primary and Secondary Prevention (Tertiary Prevention refers to Treatment). The model was adapted by the US Institute of Medicine Committee on the prevention of mental disorders in 1994 and applied to substance use issues by the National Institute on Drug Abuse in a 1997 publication, "Preventing drug use among children and adolescents: a research-based guide".

as parents. Parental monitoring of children's behaviour and strong parent-child relationships are also positively correlated with decreased drug use among students.[4] Parenting programmes can support this role by addressing the following issues: clarifying and explaining values to their children, modeling healthy behaviours, understanding children's needs and self-concept, communicating effectively with their children, developing problem-solving skills, providing appropriate reinforcement and consequences, use of behavioural contracts and fostering a democratic environment in the family.[5] Parents also need to acquire accurate information on the various substances of abuse and their effects, so they can discuss them knowledgeably with their children.

Parenting programmes typically have trouble attracting parents. It has been suggested that parent information, education and support need to be "normalized" by making them widely available through media, information lines and work site and school programmes.[6] It has also been suggested that programmes be entrenched in a neighbourhood and available over the course of a number of years rather than the more typical "one-off" sessions. Parents are more likely to be engaged in a parenting programme if it is perceived as being established and having a good track record. Many parents may benefit from help on communications, coping and disciplinary skills in a brief one- or two-session programme. [7]

These broad, lower-intensity efforts aimed at the population, in general, can serve to "till the soil" by creating greater awareness of the issue and acceptance of the need for more targeted programmes.[8] Similarly, they can lead some individuals to contemplate changing risk behaviours and to present themselves for more intensive programming.[9]

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