SUBSTANCE ABUSE PREVENTION: REVIEWING THE BASIC ELEMENTS OF PREVENTION INTERVENTION

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Introduction

• New materials available to support drug use prevention from a number of organizations in several countries:
  – European Monitoring Centre on Drugs and Drug Addiction,
  – Canadian Centre on Substance Abuse, CICAD of the Organization of American States, and
  – NIDA and SAMHSA from the United States

• These products recognize the advancements in our understanding about what drug use prevention is and how effective prevention services can be delivered

• However, there is much more to learn about the prevention process and how it actually works
Draft Brief Elements Paper

• Intent:
  – To summarize what have been found to be key elements of a variety of prevention interventions
  – To stimulate discussion and suggestions

• Source of information: primarily drawn from formal meta-analyses and more qualitative reviews

• Limitations:
  – Short time period to conduct the review
  – Reviews and meta-analyses lacked details regarding key elements
Prevention is evidence-based socialization.
Socialization

• Human infants are born without any culture.
• Socialization is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviors and to respond to such cues in the appropriate manner.
• Since socialization is a lifelong process, the individual will be socialized by a large array of different socializing agents (e.g., parents, teachers, peers groups, religious, economic and political organization and virtual agents, such as mass media).
**Socialization** (Kellam et al., 1975)
Socialization in Modern Societies

• In complex, developing, and multicultural societies, the likelihood that the socialization process is not always optimal has increased:
  – Complex “cultures” – mechanical vs. organic solidarity
  – Neighborhood disorganization
  – Conflicts between socialization agents, e.g., home vs. school
  – Geographic mobility and immigration
  – Global village syndrome
A Socialization Perspective of Prevention

• In this situation prevention specialists...
  – May either train socialization agents, such as parents and teachers to enhance their competencies to be successful in their roles
  – Or directly engage in the socialization process, thus becoming socialization agents themselves.
Organization of the Elements Paper

• By socialization agent
  – Family
  – School
  – Community
  – Workplace

• Discussion of fidelity of implementation

• Overarching concepts
The Family

• Within family: age groups
  – Prenatal, Infancy and Early Childhood
  – Ages 2 to 8 Years
  – Middle Childhood
  – Adolescence

• Families vary in structure and function: e.g.
  – Parents and children
  – Caregivers (non-parent)
  – Single parent and children
  – Multigenerational adults and children
# Examples of Risk Factors

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<th>Developmental Period</th>
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<td>Prenatal/Early Childhood</td>
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<td>Middle Childhood</td>
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<td>Adolescence</td>
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<td>Late Adolescence/Early Adulthood</td>
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<td>Adulthood</td>
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<tr>
<th>Individual</th>
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<td>Exposure to alcohol</td>
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<td>Difficult temperament</td>
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<td>Lack of behavioral self-control regulation</td>
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<td>Sensation seeking</td>
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<td>Conduct disorder</td>
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<td>Early substance use</td>
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<td>Rebelliousness</td>
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<td>Low college aspirations</td>
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<td>Lack of commitment to conventional adult roles</td>
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<td>Anti-social attitudes/behavior</td>
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<td>Prior substance use</td>
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<td>Difficult transitions</td>
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<th>Family</th>
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<td>Unresponsive mothering</td>
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<td>Modeling parental</td>
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<td>Substance use</td>
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<td>Permissive parenting</td>
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<td>Low parental warmth</td>
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<td>Harsh discipline</td>
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<td>Tolerant of substance</td>
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<td>Inadequate monitoring</td>
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<td>Leaving home</td>
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<td>Detached from family</td>
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<td>Association with deviant peers</td>
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<th>School</th>
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<td>School failure</td>
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<td>Peer rejection</td>
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<td>Low school commitment</td>
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<td>Deviant peer group</td>
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<td>Peer substance use</td>
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<th>Neighborhood/Community</th>
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<td>Tolerance of substance use</td>
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<td>Accessibility/Availability</td>
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The Family continued

• Key socialization agent for individuals becoming a part of the society into which they are born.
• There are several dimensions or domains of the parent/caregiver-child that make the socialization process successful. Among these are the following:
  – Forming an attachment to the caregiver and, thus, the family;
  – Engaging in sharing or reciprocity relationships;
  – Acquiring behavioral self-control; and
  – Learning and internalizing accepted norms, values and age- and gender-specific behaviors of the community/society.
Family-Based Prevention Approaches

• Focus on family-dynamics
  – Generally needed when there is identified family dysfunction occurring as a result of some issue with one or more children

• Focus on parenting skills and practices

• Both
“Evidence-Based” Parenting—Matt Sanders

- **Safe and engaging environment** with safe, supervised, and protective environments that provide opportunities for exploration, experimentation, and play.

- **Positive learning environment** in which parents respond positively and constructively to child-initiated interactions through incidental teaching and use of other techniques that assist children to learn to solve problems for themselves.

- **Assertive discipline**, as opposed to coercive and ineffective discipline, practices including selection of ground rules for specific situation; discussing rules with children; giving clear, calm, age-appropriate instructions and requests; presenting logical consequences; using quiet time and time out; and using planned ignoring.

- **Realistic expectations** as to what is developmentally appropriate for the child and realistic for the parents.

- **Parental self-control** whereby parents view parenting as part of a large context of person self-care, resourcefulness, and well-being to encourage their children’s social and language skills, emotional self-regulation, independence, and problem-solving abilities.
Prenatal, Infancy and Early Childhood

- Emphasis on prenatal health—no substance use, nutrition, etc.
- Need to nurture, form a warm attachment, and stimulate the infant
- Parenting skills appropriate to the developmental age of the child.
- Attention to emergence of disruptive behaviors
- E.G., the Nurse-Family Partnership
Childhood

• Parenting skills
  – Setting rules for acceptable behaviors;
  – Close monitoring of free time and friendship patterns;
  – Helping to acquire skills to make informed decisions; and
  – Being role models for their children.
Common Elements of Parenting Programs

• Focus is on the family and should include parents and children
• Better family communication skills, developmentally appropriate discipline styles, firm and consistent rule enforcement, and other family management skills.
• More emotional, social, cognitive, and material support for their child, which can include help with homework, meeting their children’s financial needs.
• Benefits of taking a more active role in their children’s lives, e.g., monitoring their activities, providing consistent rules and discipline, and being involved in their learning and education.
Specific to Substance Use

• Information and education for parents on drugs and their effects.
• Skills for developing, discussing, and enforcing family policies on substance abuse.
• Emphasis on parental monitoring and supervision and include skills, such as, rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.
The Challenge of Family Engagement

- Family engagement strategies:
  - Making home visits
  - Using ‘soft clinical’ supportive and emphatic skills
  - Minimal confrontation
  - Reframing problems and cause
  - Flexibility in the delivery of prevention services
  - Involvement of parents and child(ren)
  - Use of social marketing methods to understand how to engage and retain families
What Doesn’t Work in Family-Based Prevention

• Undermining parents’ authority.
• Lecturing or using other primarily didactic strategies.
• Focusing exclusively on the child.
• Using poorly trained staff.
The School

• Within school: three aspects of the school environment
  – School culture, that is, norms, beliefs, and expectancies, and school bonding, which connects the individual to the school experience and community;
  – School policy or social control, the most common approach to disciplinary policies and procedures; and
  – Classroom curriculum or packaged programs
School Culture and School Bonding

• These interventions are designed to
  – Create a positive normative environment for students and teachers
  – Promote school bonding
  – Enhance students’ interpersonal skills
  – Support commitment to positive values
  – Develop a classroom and school-wide atmosphere of caring (safety, respect, and helpfulness).
Elements of these Interventions

• Creating antisubstance/nonsubstance using settings
• Dispelling misconceptions regarding expectancies (positive experiences) associated with the use of tobacco, alcohol, and other drugs
• Establishing comprehensive programs that involve students, school administrators
• Focusing on early years; that is, preschool to middle school
• Enhancing competency in reading and math;
• Providing interpersonal skills to enable students to relate positively with peers and adults;
• Involving parents in communication and parenting skills and in school activities.
School Policy

• Formal regulations/policies in schools
  – Focus on the distribution of substances (drug-free zones)
  – Regulate the conditions of use (no smoking areas)
  – Directly regulate consumption (smoking breaks)
  – Declare use as illegal (sanctions against possession of substances)
Common Elements Related to Effective School Policy

- Reducing or eliminating access to and availability of tobacco, alcohol, or other drugs
- Addressing infractions of policies with positive sanctions by providing counseling or treatment and special services to the students rather than punishing them through suspension or expulsion
- Policies should not disrupt normal school functioning
- Policies should address the full range of drug-using behaviors from initiation to progression to abuse and dependence and relapse
- Policies should have a small number of focused goals
- Policies specify the substances that are targeted
- Policies should reflect and be reflected in other community prevention efforts
- The student body, faculty, and students should be involved in developing the policy
- Policies should provide positive reinforcement for policy compliance
- Policies should provide systematic training for policy administrators and educate the target population about participation in policy aims.
Elements of Effective Substance Use Prevention Curriculum

• Dispelling misconceptions regarding the normative nature and expectancies of substance use (i.e., the prevalence and positive/negative effects of use);
• Impacting perceptions of risks associated with substance use for children and adolescents (i.e., emphasizing immediate consequences, usually social, not long-term);
• Providing and practicing life skills, including making decisions, especially about substance use; communicating these decisions; and resistance skills to refuse the use of tobacco, alcohol, and illicit drugs using authentic scenarios;
• Providing interventions and boosters over multiple years into middle and high school when students are most at risk.
What Doesn’t Work in School-Based Prevention

• **Content**
  – Failure to include short-term consequences
  – Failure to address perceptions of peer drug use
  – Failure to address media influences on prodrug attitudes
  – Addressing only ethical/moral decision making
  – Teaching values
  – Failure to provide interpersonal skills, particularly drug refusal skills
  – Having only an intrapersonal focus
  – Focusing only on self-esteem building
What Doesn’t Work in School-Based Prevention

• **Delivery**
  
  – Passive participation as primary delivery strategy
  – Didactic or lectures only
  – Having teacher-centered class discussions
  – Having unstructured dialogue sessions
  – Depending primarily on effective classroom management techniques without a drug prevention program
The Community

• Within community:
  – Environmental or policy-related interventions;
  – Media-based strategies, including campaigns and outreach approaches;
Effective Community Coalitions/Partnerships
Structure and Function

• **Leadership:** Organizational capacity, commitment, and vision

• **Membership:** Diverse representation of community sectors and gatekeepers and reflecting diverse cultural groups who are committed to the success of the coalition

• **Structure:** Well-defined rules and responsibilities with a governing body and active steering committees

• **Operations and Processes:** Well-defined processes for communications, decision-making, and conflict resolution

• **Strategic Vision:** Well-articulated and embraced reference for all of the coalition’s activities and future direction

• **Contextual Factors:** Being aware of external conditions or situations that may impede or enhance coalition activities and readiness to make appropriate adjustments.
Policy or Regulations

• Restricting retail access (e.g., underage drinking and purchase laws, responsible beverage serving practices);
• Reducing the convenience of retail alcohol (e.g., density of alcohol outlets, days and hours of sale, lower the alcohol content of beverages);
• Reducing social and third-party involvement (e.g., party patrols, reducing third-party purchases and provision of alcohol);
• Increasing sanctions against sale/service to youth and sanctions against youth from possession (e.g., legal liability concerning sales to minors, zero tolerance laws);
• Altering the environment of drinking (e.g., graduated licenses, administrative license revocation).
Challenges to Effective Policies/Regulations

• Consistent implementation
• Policies/regulations impose social control but are not always successful alone in creating a non-use norm or to involve individual decision making to impact intentions to use.
Mass Media Campaigns

• We learned a lot from responses to smoking ads
• Long duration or exposure for a minimum of three consecutive years
• Intensity with a minimum of four week’s duration across multiple media channels (between 167 and 350 TV and radio spots)
• Timing and type of broadcast tailored to the audience’s preference
• Combining media messages to school-based curricula and other community-based preventive intervention components
Mass Media Campaigns

- Message content should involve themes to motivate the desired behavior including consequences of alcohol use and social intolerance of negative alcohol-related behaviors.
- They should be research-based, with rigorous testing of the messages;
- Have periodic evaluation of their effects; and
- Be independent from political pressures that might lead to efforts being driven by political agendas rather than by data.
Effective Community-Based Prevention

– Multiple evidence-based (EB) school and family interventions; and

– Multi-component interventions composed of effective combinations of many of the above.
What Does Not Work in Community

• “Scare tactics” or knowledge-only messages have long been debunked in media or other youth-targeted strategies;

• One-time efforts of coalitions or other community organizations that are not sustained do not produce normative change in the environment;

• New regulations or legislation against smoking, drinking, drug-free zones, driving limitations, without accompanying enforcement has little or no effect.
The Workplace

• Workplace is where workers spend a large amount of their time

• Workplace is associated with:
  – Benefits—financial, status, social network
  – Drawbacks—stresses from not being able to accomplish work, high demands without compensation, discrimination, job insecurity, workplace aggression
The Workplace

• Workplace:
  – Substance use policies
  – Altering the workplace environment; establishing anti-substance use norms; creating social support among workers
  – Referral for counseling and treatment
  – Building wellness programs that incorporate substance use prevention with nutrition, exercise etc.
Effective Prevention Strategies

• More comprehensive; multiple strategies
• Comprehensive written policies about substance use in the workplace.
• Altering the work environment to assure quality of the employee’s work life by reducing feeling of stress and increasing job satisfaction.
• Creating clear social control policies regarding use at work.
• Establishing workplace norms regarding alcohol use.
• Incorporating the promotion of healthy lifestyles that address substance use in the workplace as well as nutrition, exercise, etc.
Effective Prevention Strategies

• Training workers to identify possible substance use by their co-workers, to provide peer support, and counsel them to seek counseling.
• Supervisory and management training on substance abuse, treatment referral, and drug testing.
• Making Employee Assistance Programs available (Screening, Brief Intervention and Referral to Treatment—SBIRT)
• Identification of illegal drug users and drug testing conducted through standard protocols with proper protections of confidentiality in place and on a carefully monitored basis.
Fidelity of Implementation

• Effective prevention programming, like brain surgery, is evidence-based; target-specific, and; protocol-driven
• We call that implementation
• Like brain surgery, if not delivered with fidelity the impact will be attenuated thus affecting the outcome.
To Achieve Fidelity of Implementation

- Quality training,
- Provision of ongoing support with coaching and broader professional development to engage participants,
- Provide critical information about the intervention design,
- Correct misinformation,
- Raise the issue of implementation quality,
- Forge the process for implementing the program after training ends
Fidelity and Adaptation

• Moving an evidence-based prevention program from one cultural setting to another

• Challenge is how to adapt the program without losing its essential elements.
Overarching Concepts from Research

• Prevention is a process that takes place across the lifespan—we are all vulnerable at some point
• Prevention programs should address multiple substances but sensitive to the unequal social tolerance for each
• Parents and caregivers are a key socialization agent and central to prevention programming for children and adolescents
• Effective school-based drug prevention curricula address norms and perceptions of risk associated with use to impact intentions to use and then skills needed to refuse use
• Programs that are interactive are more effective for middle school rather than high school students
Overarching Concepts from Research

• Peer leaders are more effective when in supportive roles, such as, assisting with program activities with adults taking the lead in delivery

• Multi-component interventions for smoking prevention, have greater impact when compared to no-interventions or single interventions

• Issue of adaptation versus implementation fidelity is one of the great challenges to the prevention field