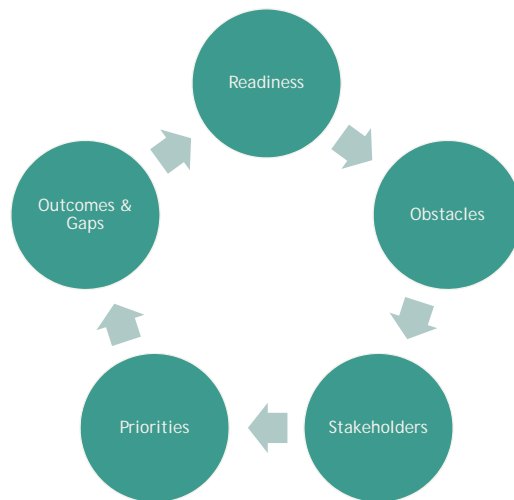# Do's and Don'ts of Substance Abuse Prevention Implementation in Schools: Evidence-Based Strategies and Recommendations

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REAL PREVENTION

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Prevention is a process....

Let's get started...

- What are the main issues you want to address?

- What resources exist in your community?

- What obstacles exist?

- What programs do you currently have? What are the gaps?

Get buy in from key stakeholders

- Fosters community ownership of response
- Community members actively participate in development and implementation
- Ongoing support

Stakeholder Example 1: keepin' it REAL

- School-based substance use prevention
  - Recommended by Surgeon General
  - Original model NREPP program
  - Adopted by D.A.R.E. for US and international dissemination
  - Adopted by other countries (UK, Nicaragua, Mexico, Spain)
- Who would we need to consult?
  - Youth
  - Schools – district (superintendents, boards), principals, teachers, counselors
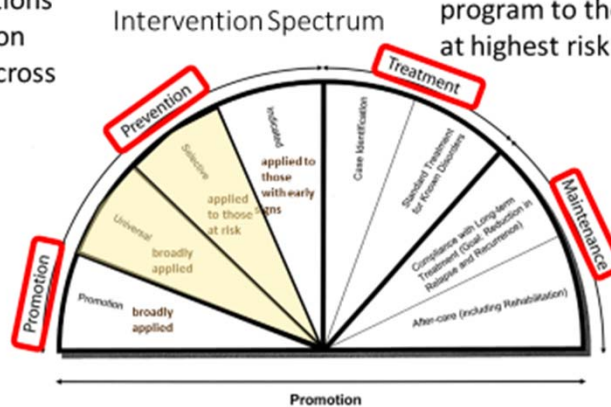 - D.A.R.E. America
  - Funders

Stakeholder Example 2: Mighty Teens

- Program to reduce risky sexual behaviors among middle school youth
  - Endorsed by AASA: The Superintendent Association
- Who would we need consult?
  - Parents
  - Teens
  - Community members – clergy, Planned Parenthood, counselor, teachers, school administrators, child development experts, lesson planners
  - School districts
  - Funders

Prevention requires a comprehensive strategy

Universal interventions apply the prevention program broadly across the population.

Selective interventions only apply the prevention program to those at highest risk.

Intervention Spectrum

Prevention

Treatment

Maintenance

Promotion

Case Identification

Standard Treatment for Known Disorders

Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)

After-care (including Rehabilitation)

applied to those with early signs

applied to those at risk

Selective

Universal

broadly applied

Promotion broadly applied

Promotion

Source: Institute of Medicine (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People. O'Connell, Boat & Warner (eds.) Washington DC: National Academy Press

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The <u>root causes</u> of prosocial and problematic development reach across all domains.

Family

School

Individual Peer

Community

What are the one or two big causes that we can focus on to reduce addiction?

Root Causes

Risk and protective factors exist across every area of life: family, peer, school, neighborhood and individual characteristics.
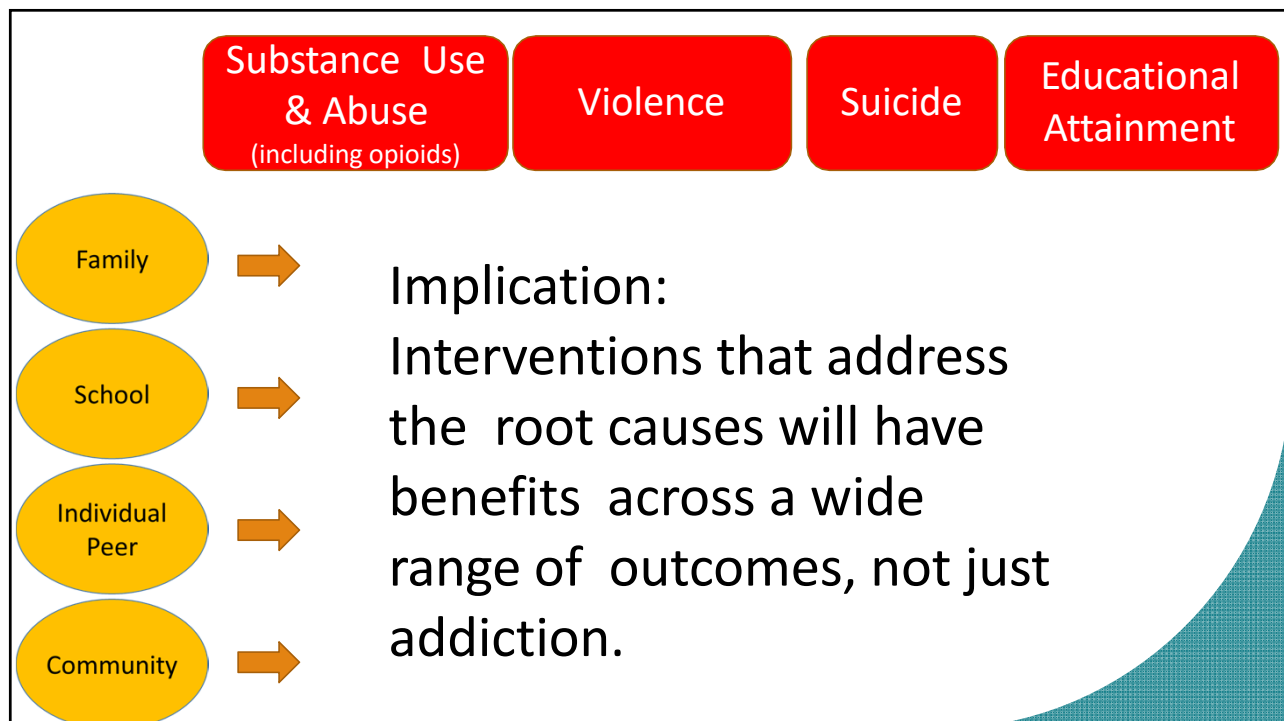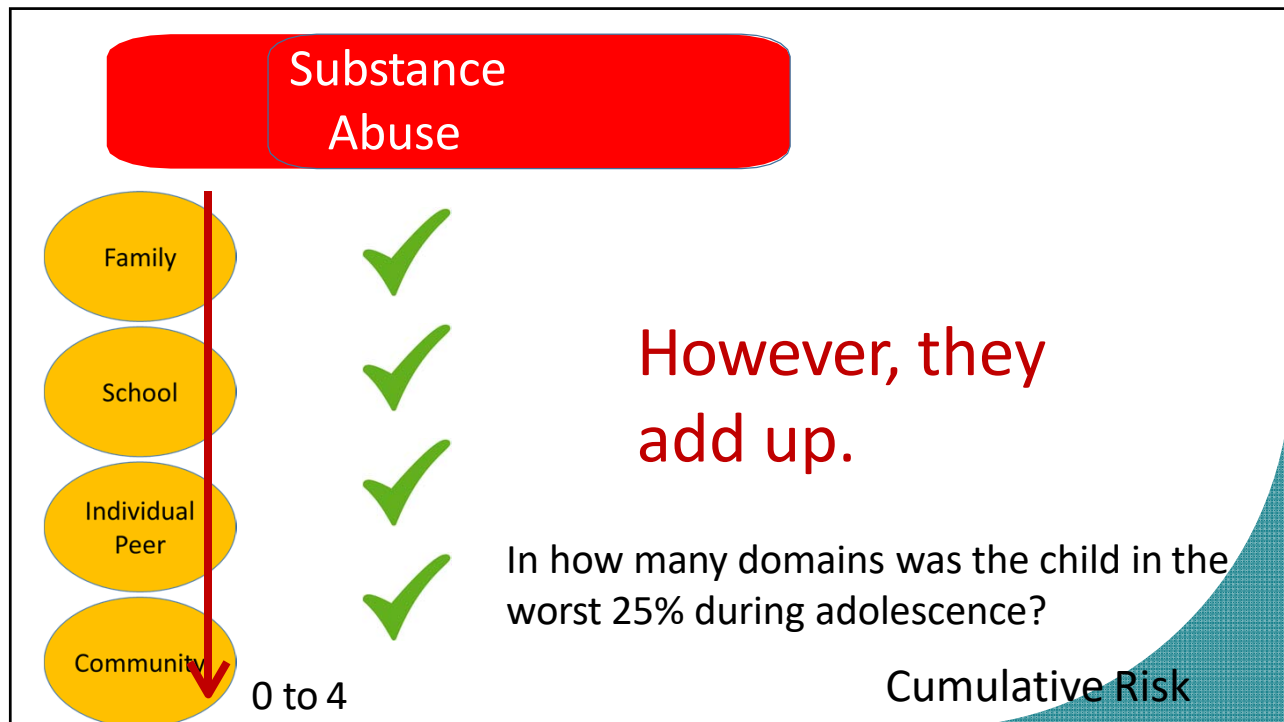
Hawkins, Catalano & Miller (1992)

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

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Which risks are strongest?

Family

School

Individual Peer

Community

Substance Abuse	Violence	Suicide	Educational Attainment
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓

Each of these causes has about the same impact by itself.

No one factor rises above the rest as most important.

Substance Abuse

Family

School

Individual Peer

Community

0 to 4

However, they add up.

In how many domains was the child in the worst 25% during adolescence?

Cumulative Risk

| Substance Use & Abuse (including opioids) | Violence | Suicide | Educational Attainment |

Family

School

Individual Peer

Community

Implication:
Interventions that address the root causes will have benefits across a wide range of outcomes, not just addiction.

Predicting Substance Use Disorder in Adulthood from Risk Factors

Probability of substance use disorder

60%
50%
40%
30%
20%
10%
0%

20% 27% 34% 45% 56%

0   1   2   3   4

number of domains in which the person is in the worst quartile in adolescence

Family

School

Peer
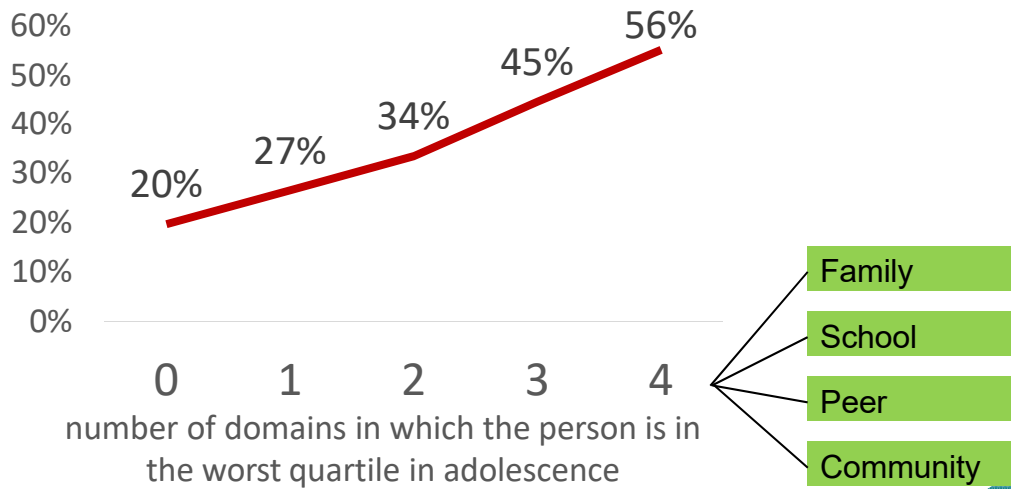
Community

Where should our focus be?

- Those at highest risk?
- The most people?
- Or???

A prevention strategy that focuses only on youths at high-risk may fail to "move the needle" on substance use disorder in a community (prevention paradox).

DO a needs assessment

- A systematic approach to planning will help you succeed.
- Problem(s)
- Resources
- Target group(s)

Identify Problems

- Substance use
- Delinquency
- Pregnancy/STI
- Dropout
- Violence
- Others?

Identify Resources – What are yours???

Adapted from Communities that Care

RISK FACTORS	ADOLESCENT PROBLEM BEHAVIORS				
	Substance Abuse	Delinquency	Pregnancy/STI	Drop-Out	Violence
Community					
Availability of drugs					
Availability of firearms					
Community norms favorable to problem behaviors					
Media portrayals					
Mobility					
Neighborhood detachment & disorganization					
Economics					
Family					
History of problem behaviors					
Management problems					
Conflict					
Parental attitudes favorable to problem behaviors					
School					
Academic failure					
Lack of commitment					
Peer & Individual					
Early/persistent problem behaviors					
Rebelliousness					
Friends engaging in problem behaviors					

Gather information – Where should you look?

DON'T lock in on one solution

- Popular solutions
- Publicity

DO consider different types of solutions

- Universal/targeted
- Be systemic and programmatic – avoid single shot solutions; choose a process

PROGRAM MATRIX			
Family	School	Individual	Community
Prenatal/infancy	Organizational change	Healthy lifestyles	After-school
Early Childhood	Classroom organization, management, instruction	Individual program	Job training
Parent training	SEL	Mentoring	Community mobilization
Family therapy	Problem behavior management		Enforcement

DON'T Adopt Strategies that do NOT work

- Information
- Fear/Scare tactics (scared straight)
- Moralistic appeals
- Punishment or zero tolerance
- After school activities with limited supervision and absence of more potent programming
- Delinquent Group Peer Counseling and Mediation
- Didactic presentations (assemblies, lecture format)

DO pick a strategy that works

- Social norms
- Motivational interviewing
- Narrative
- Social skills, especially SEL approaches, resistance training/refusal skills
- Peer involvement, peer messages

Peer Involvement – "From kids through kids to kids"

- Keepin' it REAL
- Mighty Teens
- REAL media

Parents, too

DON'T ignore culture

- Does culture ever NOT matter?
- Code, conversation and community

Which Cultures?

DO know what is evidence-based

- Types of evidence
  - Best:
    - More than one published randomized clinical trial or group randomized trial
    - Behavioral effects
  - Promising
    - One published RCT/GRT
    - Effects on "mediators" or precursors (efficacy, norms, intentions)

DO create a matrix of solutions if possible

Primary resources

- 2016 Surgeon General's report on addiction
  - School-based: Life Skills Training, All Stars, keepin' it REAL
  - Family-based: Strengthening the Family, The Parents Handbook (REAL Parenting)
  - U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. https://www.ncbi.nlm.nih.gov/books/NBK424857/
- Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.
  - https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf
  - 1-877-726-4727
- Washington State Institute for Public Policy
  - https://www.wsipp.wa.gov/BenefitCost

Should I adapt a program or use it as it was developed?

- Role of implementation quality
- Types of adaptations…

Communicate your solutions clearly

- Use multiple channels
- Be transparent about your process
- Anticipate misinformation
- Will your audience be low in problem awareness or disinterested? Have negative attitudes or stigmatize the problem behaviors? Lack access to information sources?
- Listen for feedback and adjust

Communities That Care (CTC)

www.CommunitiesThatCare.net

CTC is NOT an intervention.

It is <u>a strategy</u> to guide communities through the steps of science-based prevention.

For example: REAL Prevention's universal evidence-based programs & target populations

Program	Description	Audience	Key Endorsements
keepin' it REAL	substance use prevention	middle school	Surgeon General, NREPP
Mighty Teens	risky sexual behaviors	middle school	AASA
REAL media	substance use prevention	high school	4-H, NREPP
REAL parenting	alcohol misuse	high school	AASA
Student Wellness Portal	opioid misuse	high school	AASA
Opioid Rapid Response System	opioid overdoses	community	in process
HPV Stories	cancer prevention	community	ACS

So, what if your problem is opioid misuse…

- Early interventions
  - School-based: Life Skills Training, Allstars
  - Family-based: Strengthening the Families
- Adolescents
  - School-based: Student Athlete Wellness Portal/Student Wellness Portal only promising
  - Community-based: Narcan (training???) – Opioid Rapid Response System

Summary

- Start with a needs assessment.
  - Be as systematic and inclusive as possible to identify your problems and resources.
- Identify a range of effective and promising programs that fit your needs and resources.
- Select the best fitting program with the best evidence.
- Re-assess and communicate.

Questions?

Comments?

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