

Welcome to Prevention! An Introduction to the Primary Prevention Field

An ABHPC Prevention Pathways Training

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**Advance Behavioral Health
Prevention California**

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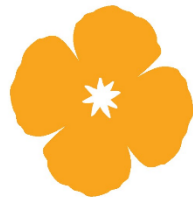
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Welcome to Today's Session!

Welcome to Prevention!
An Introduction to the Primary Prevention Field



**Advance Behavioral Health
Prevention California**

Learning Goals


To introduce the main concepts in the substance use disorder (SUD) prevention field and approve your ability to provide:

- » Evidence-based
- » Community-driven
- » Culturally relevant
- » Sustainable

SUD prevention services to your community.



What is Substance Use Disorder (SUD) Prevention?



Substance Use Disorder Prevention focuses on strategies to prevent all levels of substance use and misuse.

Agenda – Today's Guiding Questions

- » What is Substance Use Disorder (SUD)?
- » What is SUD Prevention?
- » What makes prevention a science?
- » Where does the money come from that supports SUD prevention?
- » What are the foundational theories that guide prevention science?
- » How does the Institute of Medicine (IOM) classify prevention interventions?
- » What are the 6 (Center for Substance Abuse Prevention (CSAP) prevention strategies?
- » What are Evidence Based Programs (EBPs)?
- » What is the Strategic Prevention Framework (SPF), and what role does it play in guiding SUD prevention?

What is Substance Use Disorder (SUD)?

Substance Use Disorder (SUD) involves patterns of symptoms caused by using a substance that an individual continues using despite its negative effects. The **D**iagnostics and **S**tatistical **M**anual of Mental Disorders, 5th edition (DSM) points out 11 criteria used when diagnosing SUD. These criteria fall into four basic categories:

- » Impaired control
- » Physical dependence
- » Social problems
- » Risky use

How is SUD Diagnosed?

- » **One** symptom could indicate an individual is at risk. (No diagnosis, therefore eligible for SUD prevention services.)
- » **Two or three** criteria point to mild SUD.
- » **Four or five** symptoms indicate moderate SUD.
- » **Six or more** criteria indicate severe SUD, which signals an addiction to that substance.
- » Once a person is diagnosed with SUD, they are not eligible for SUD prevention services.

Code of Federal Regulations (CFR) 45 Part 96

Defines primary prevention services for the purposes of distribution of federal block grant funds.

“Primary Prevention Programs are those directed at individuals who have not been determined to require treatment for substance abuse. Such programs are aimed at educating and counseling individuals on such abuse and providing for activities to reduce the risk of such abuse.”

Prevention Science

Prevention Science focuses on applying evidence-based practices that reduce risk factors and enhance protective factors to increase well being of individuals, families and communities.

Science requires data.

Data Sources

» **Monitoring the Future (MTF)**

- Annual, nationwide survey of 8th, 10th, & 12th grade students. Substance use is going down.

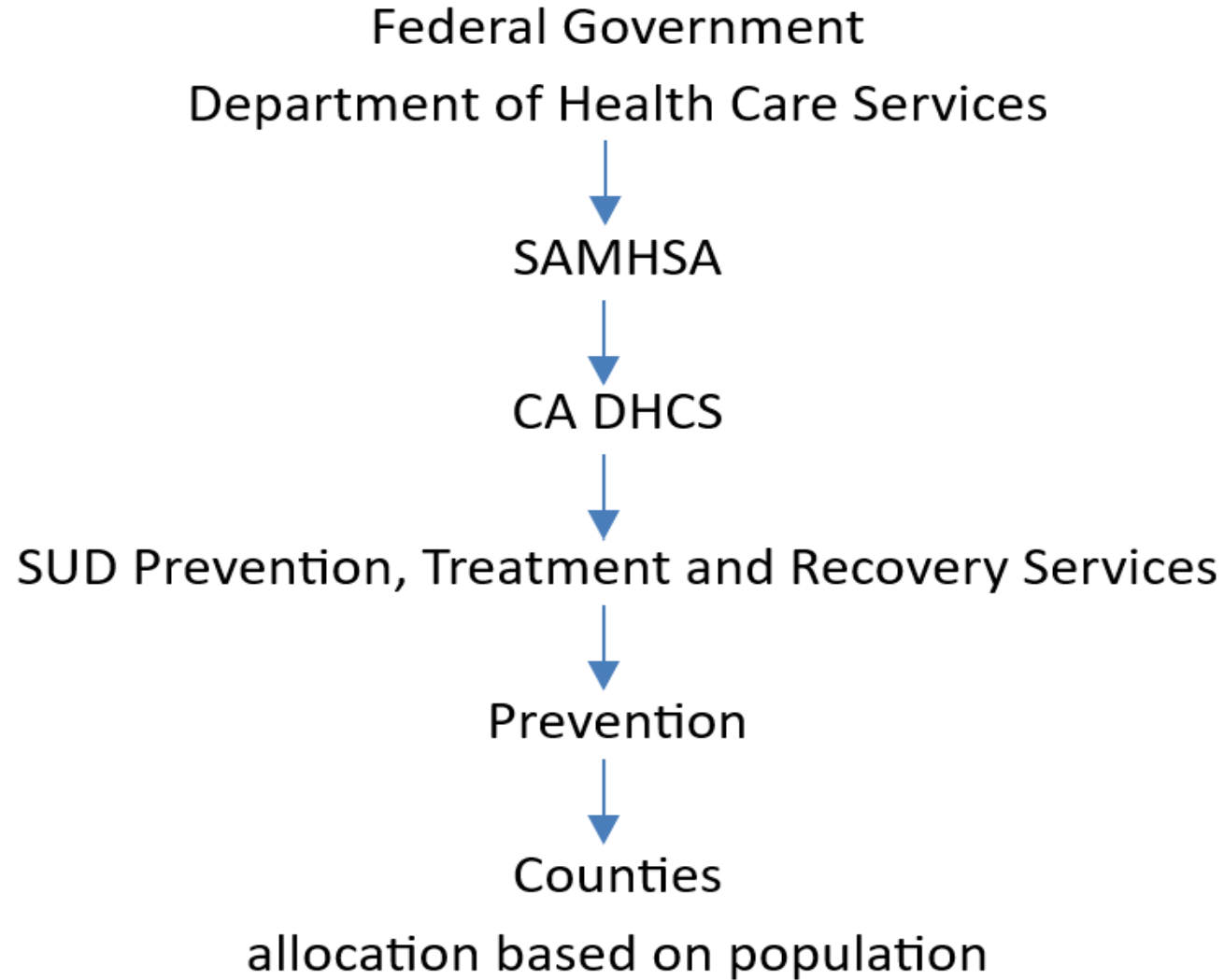
» **National Survey of Drug Use and Health (NSDUH)**

- Annual, nationwide survey of the general population ages 12 and higher.

» **CA Healthy Kids Survey (CHKS)**

- Annual survey of CA's 5th, 7th, 9th and 11th graders. Survey assesses school climate, school safety, student wellness, youth resiliency, and drug use.

U.S. Funding for SUD Prevention



Common Prevention Acronyms

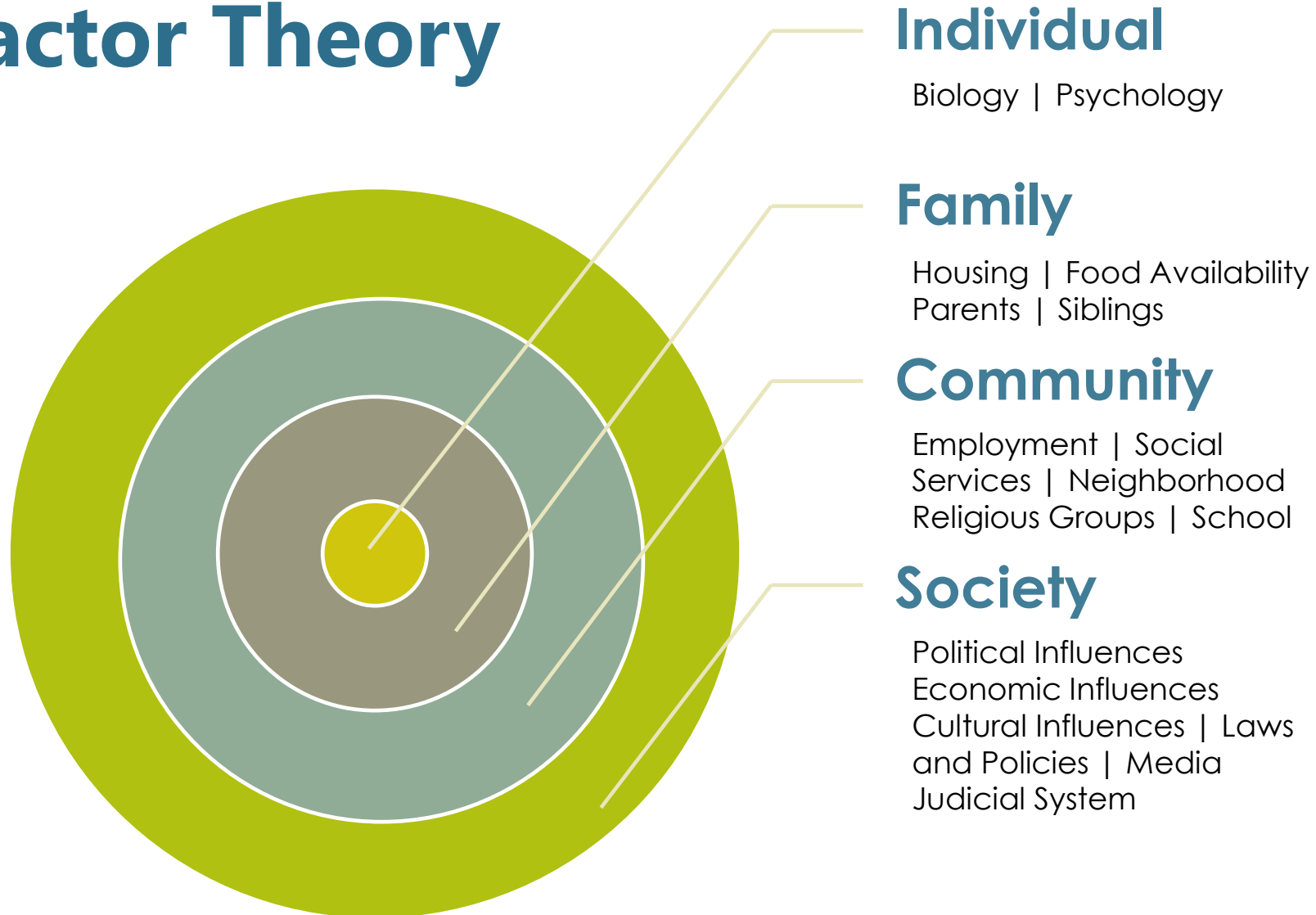
- » ABHPC = Advance Behavioral Health Prevention California
- » AOD= Alcohol and Other Drugs
- » ATOD = Alcohol, Tobacco, and Other Drugs
- » CARS = Center for Applied Research Solutions.
- » CBO = Community Based Organization
- » CCPS = California Certified Prevention Specialist
- » CSAP = Center for Substance Abuse Prevention
- » DEIB = Diversity, Equity, Inclusion, Belonging
- » DHCS = Department of Health Care Services.
 - CARS has a 5-year contract with the states DHCS to implement ABHPC
- » EBP = Evidence-Based Program
- » HiAP = Health in All Policies
- » JEDI = Justice, Equity, Diversity, and Inclusion
- » IOM = Institute of Medicine
 - Now called the National Academy of Medicine
- » PP = Promising Practice
- » Pv = Prevention
- » SAMHSA = Substance Abuse and Mental Health Services Administration
- » SDOH = Social Drivers (Determinants) of Health
- » SEW = State Epidemiological Workgroup
- » SUD = Substance Use Disorder
- » SPF = Strategic Prevention Framework
- » SUBG = Substance Use Block Grant
- » Tx = Treatment

Foundational Prevention Theories



Risk and Protective Factor Model
Public Health Model

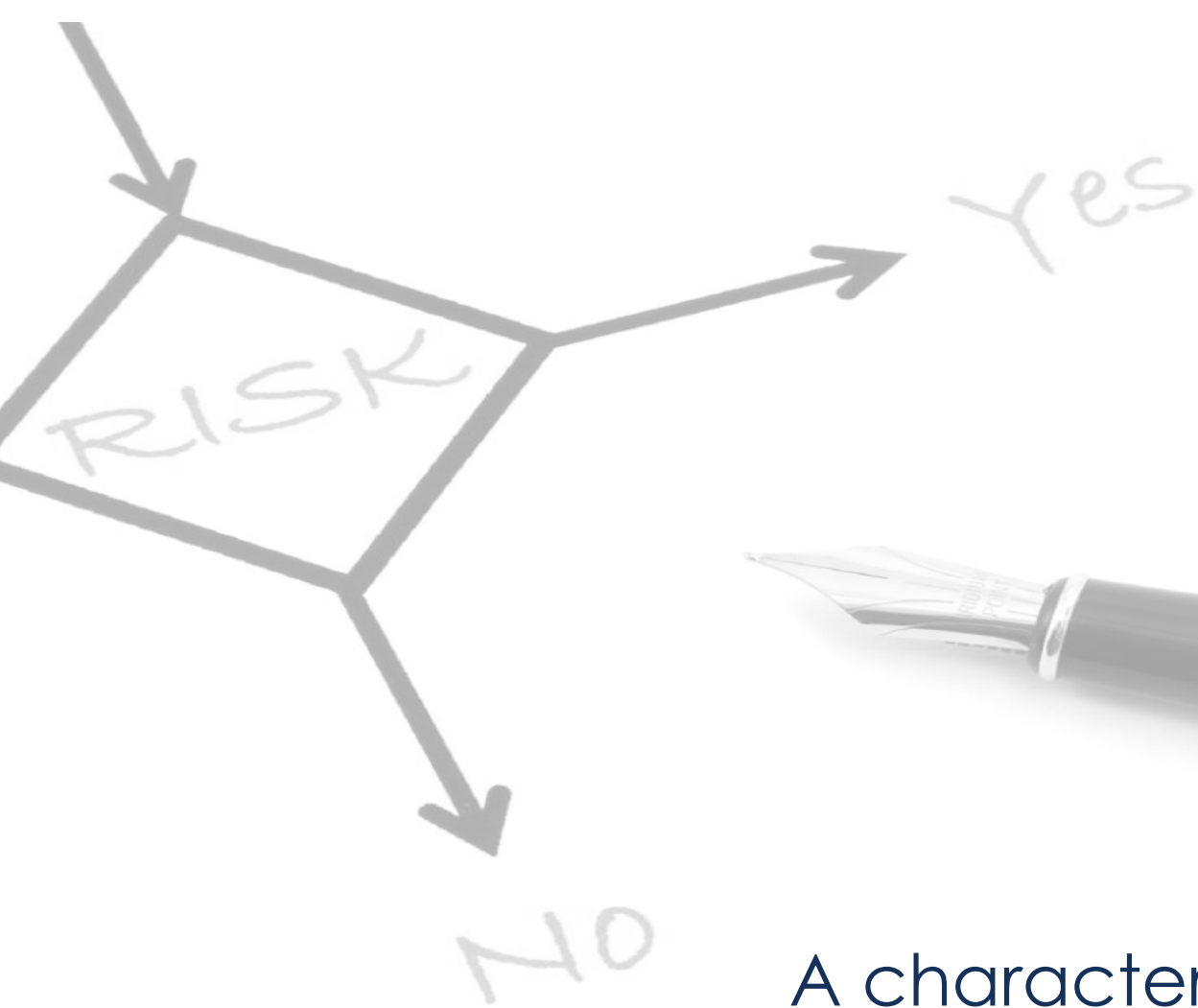
Risk and Protective Factor Theory



Risk and Protective Factor Theory

- Risk factors predict substance use and misuse
- Protective factors provide buffer to risk factors
- Influenced by individual, family, community, and society, schools

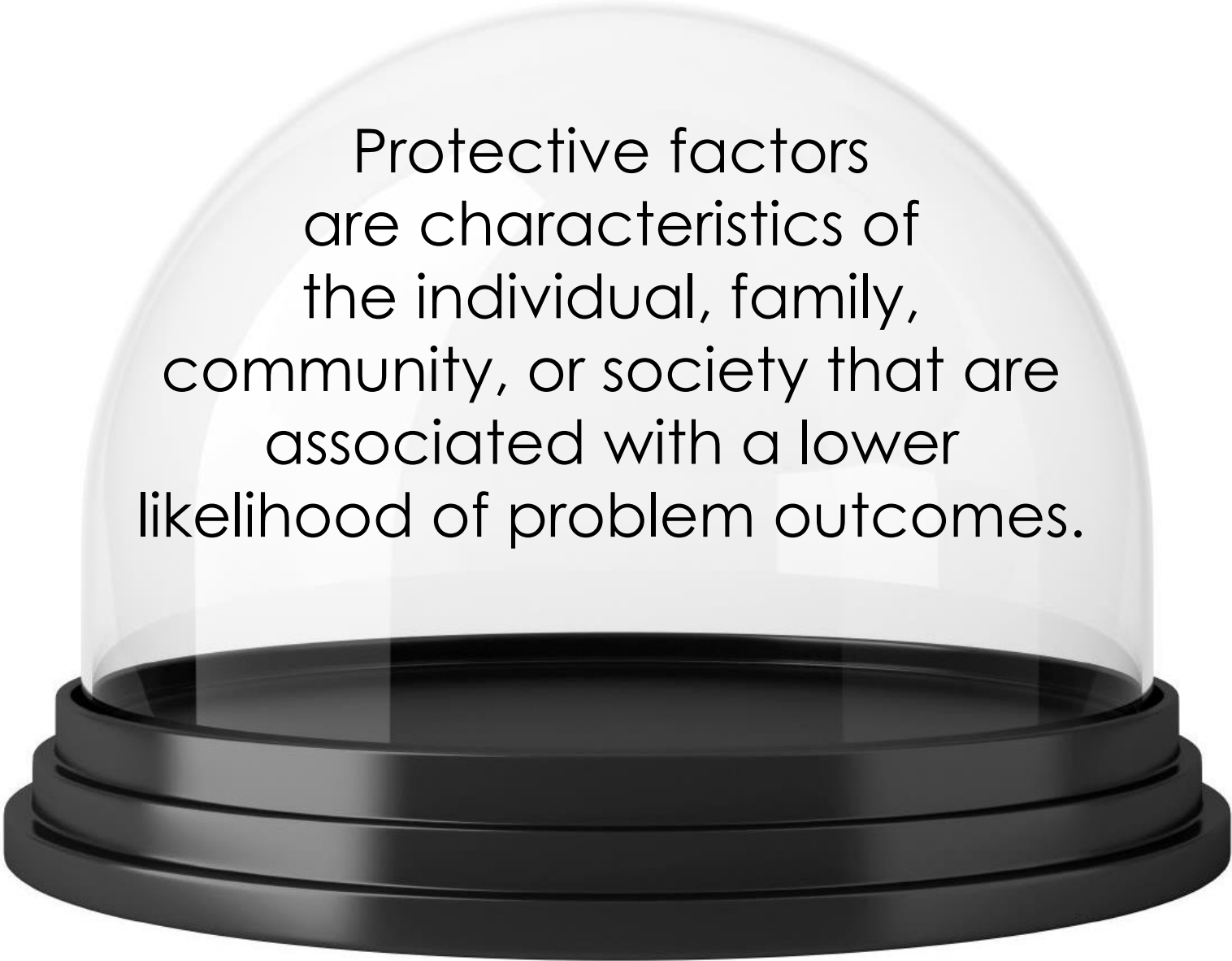




Risk Factors Defined

A characteristic of a person's biology, psychology, family, community, or society that precedes and is associated with a higher likelihood of problem outcomes.

Protective Factors Defined



Protective factors are characteristics of the individual, family, community, or society that are associated with a lower likelihood of problem outcomes.



Society Factors

Risk

- Norms and laws favorable to substance abuse
- Lack of economic or educational opportunity
- Injustice

Protective

- Policies limiting availability of substances
- Resources (e.g., housing, healthcare, childcare, jobs, recreation, higher education, etc.) are available and affordable



Community Factors: Schools

Risk

- Lack of clear expectations, both academically and behaviorally
- High numbers of students who fail academically
- Teachers who don't care

Protective

- Schools communicate high academic and behavioral expectations
- Schools promote a sense of belonging. School pride
- Schools are responsive to students' needs
- Teachers adapt teaching strategies to meet student's learning strategies

Community Factors: Peers

Risk

- Peer rejection
- Friends who use drugs

Protective

- Involvement in substance-free activities
- Opportunities for students to follow their interests and passions
- Having friends who disapprove of alcohol and other drug use
- Sense of self-efficacy



Family Factors

Risk

- Family history of substance abuse
- Poor family management
- Inconsistent parental expectations

Protective

- Close family relationships
- Consistency of parenting
- Trusting relationship with parents





Individual Factors

Risk

- Early, persistent problem behaviors
- Academic failure

Protective

- Personal refusal skills
- Healthy skills in decision making and problem solving



Adolescent Problem Behaviors

- Teen Pregnancy
- School Drop-Out
- Violence, gang involvement
- Substance Use and Misuse
- Depression & Anxiety
- Delinquency

Transitions = Time of Greater Risk

- » Entering School
- » Changing Schools
- » Leaving Home
- » Changes in family structure



Common Risk and Protective Factors

	Risk Factors	Protective Factors
→	Early age of onset	Later age of onset
	Perception of parental approval of substance use	Parental monitoring
	Peers engaging in social activities involving alcohol consumption	Having non-substance using friends, Strong family cohesion and relationships
→	Parent or older sibling substance use	Mentoring, Success in academics Involvement in substance free activities
	Low perception of harm	High perception of harm Strong bonds with pro social institutions
	Availability of/easy access to substances	Community service or civic leadership
	Poor school achievement and low school bonding	Healthy peer groups
	Persistent problem behaviors and high risk-taking	Clear expectations for behaviors & rules

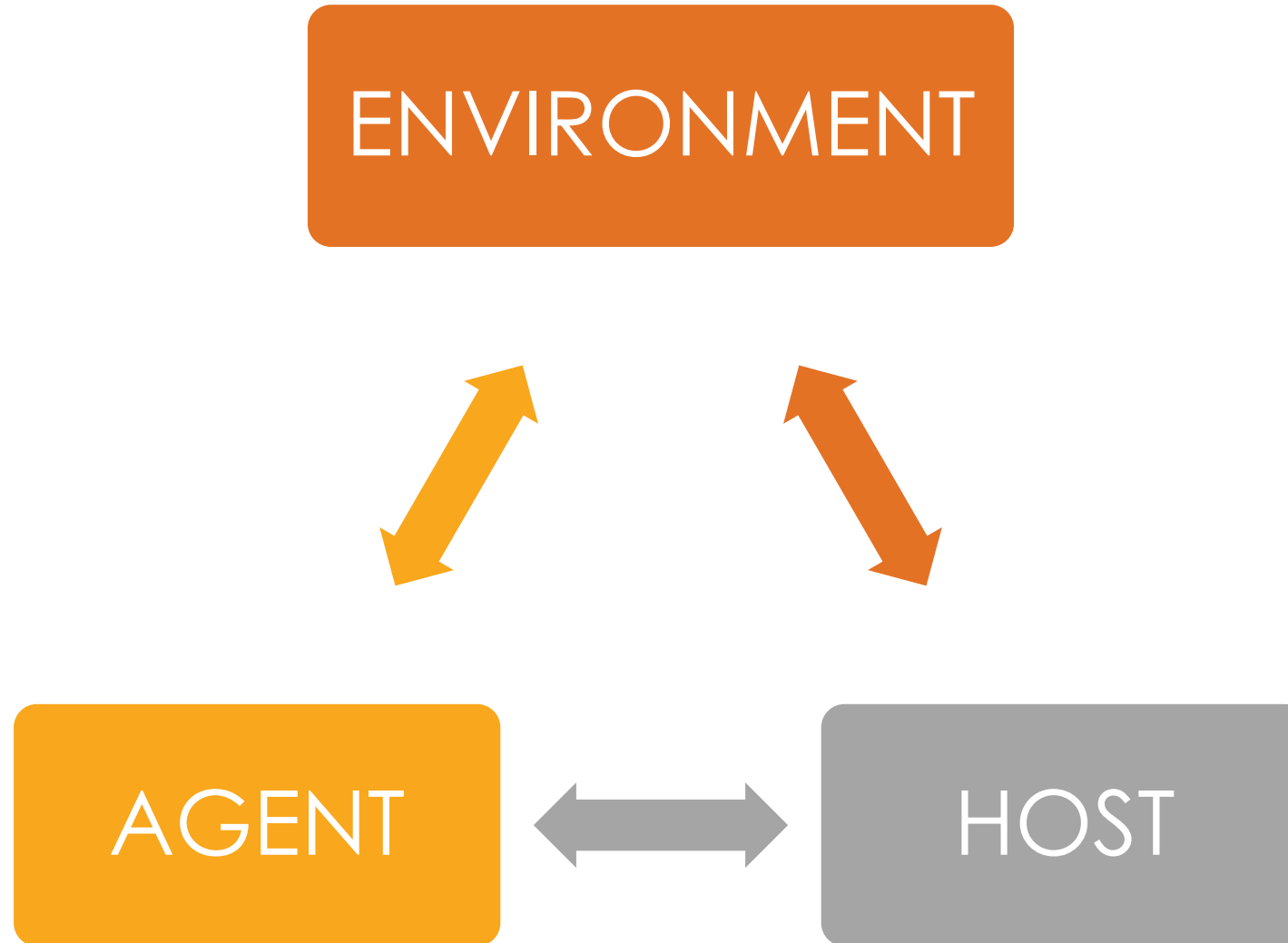
Study Results Show...

Risk factors are predictive for only about 20% to 49% of a given high risk population, whereas **protective** factors predict positive outcomes in anywhere from 50% to 80% of a high-risk population.

Accentuate the positive.



Public Health Approach



Public Health Model Example



Standing water provides mosquito **environment**



Mosquito carries the **agent**



Host gets sick when bitten by mosquito carrying agent

Public Health Model Example



Legalization of
Cannabis



Super Abundant
supply



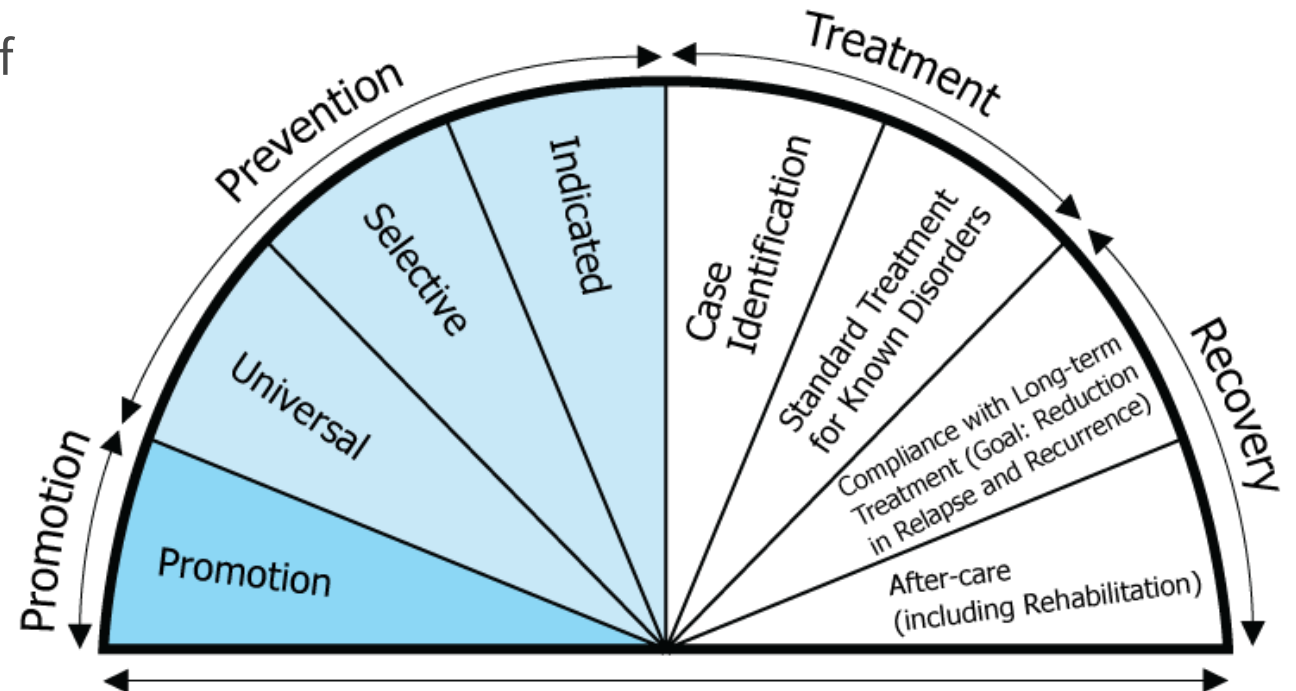
More youth using
cannabis

Institute of Medicine (IOM) Classification of Prevention Interventions



Institute of Medicine (IOM)

- » Now called the *National Academy of Medicine*
- » SAMHSA's primary prevention efforts align with universal, selective, and indicated prevention strategies.
 - Universal: "The general public or a whole population group that has not been identified on the basis of individual risk."
 - Selective: "Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average."
 - Indicated: "Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels"



Types of Prevention Strategies



Center for Substance Abuse Prevention (CSAP) Prevention Strategies

1. Information Dissemination

2. Education

3. Alternatives

4. Problem Identification and Referral

5. Community-Based Processes

6. Environmental

Information Dissemination

- » Provides awareness and knowledge of the nature and extent of substance use and abuse and the effects these have on individuals, families, and communities
- » Increases knowledge and provides awareness of available prevention programs and services
- » One-way communication
- » Not effective prevention by itself

Examples:

- Multimedia & Videos
- Social Media
- Brochures or Pamphlets (or other printed materials)
- Conferences & Health Fairs
- Social Media Campaigns
- Speaking Engagements, lectures

Education

Seeks to improve critical life and social skills, including:

- » Decision making
- » Refusal skills
- » Critical analysis
- » Systematic judgment abilities
- » Two-way communication
- » Effective prevention by itself

Examples:

- Classroom Educational Services
- Youth or Adult Groups
- Mentoring
- Parenting Classes
- Peer-Leader Programs

Alternatives

- » Activities that exclude alcohol, tobacco, and other drug use
- » Redirect target audience from problem settings
- » Alternative activities by themselves are not effective SUD prevention

Examples:

- Alcohol and Drug Free Social and Recreational Events
- Sober graduation
- Sober prom
- Community Drop-In Centers
- Community Service Activities
- Youth/Adult Leadership Activities
- Police Athletic League

Problem Identification and Referral

Identification of those individuals who have experimented with substances to assess whether their behavior can be reversed through more intensive prevention services. (i.e., increase the dose or type of prevention service.)

This is NOT assessment for Tx services.

Examples:

- Employee Assistance Programs
- Student Assistance Programs
- Prevention Screening and Referral Services

Community-Based Processes

Includes activities that organize, plan, and enhance the efficiency and effectiveness of program implementation, collaboration, coalition building and networking.

Examples:

- Assessing Community Needs and Assets
- Community Team Activities
- Coalition Building, Participation
- Community/Volunteer Training
- Multi-Agency Coordination/ Collaboration
- Systematic Planning

Environmental

Involves the creation, modification, and/or passage of written and unwritten codes, legislation, ordinances, policies and regulations, thereby influencing incidence and prevalence of substance abuse in the general population.

Examples:

- Policies & Regulations
- Enforcement of existing laws
- Compliance Checks (Retail & Bars)
- Drug Sale Surveillance
- Party Patrols
- Shoulder Tap Surveillance
- Media Strategies



Social Norms Strategies

Registries of Evidence-Based Programs (EBPs)

- » SAMHSA'S Pacific Southwest Prevention Technology Transfer Center:
 - <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/guide-online-registries-substance-misuse-prevention-evidence>
- » Registry of Experimentally Proven Programs:
 - <https://www.blueprintsprograms.org/>

Types of Evidence

» You can implement strategies based on...

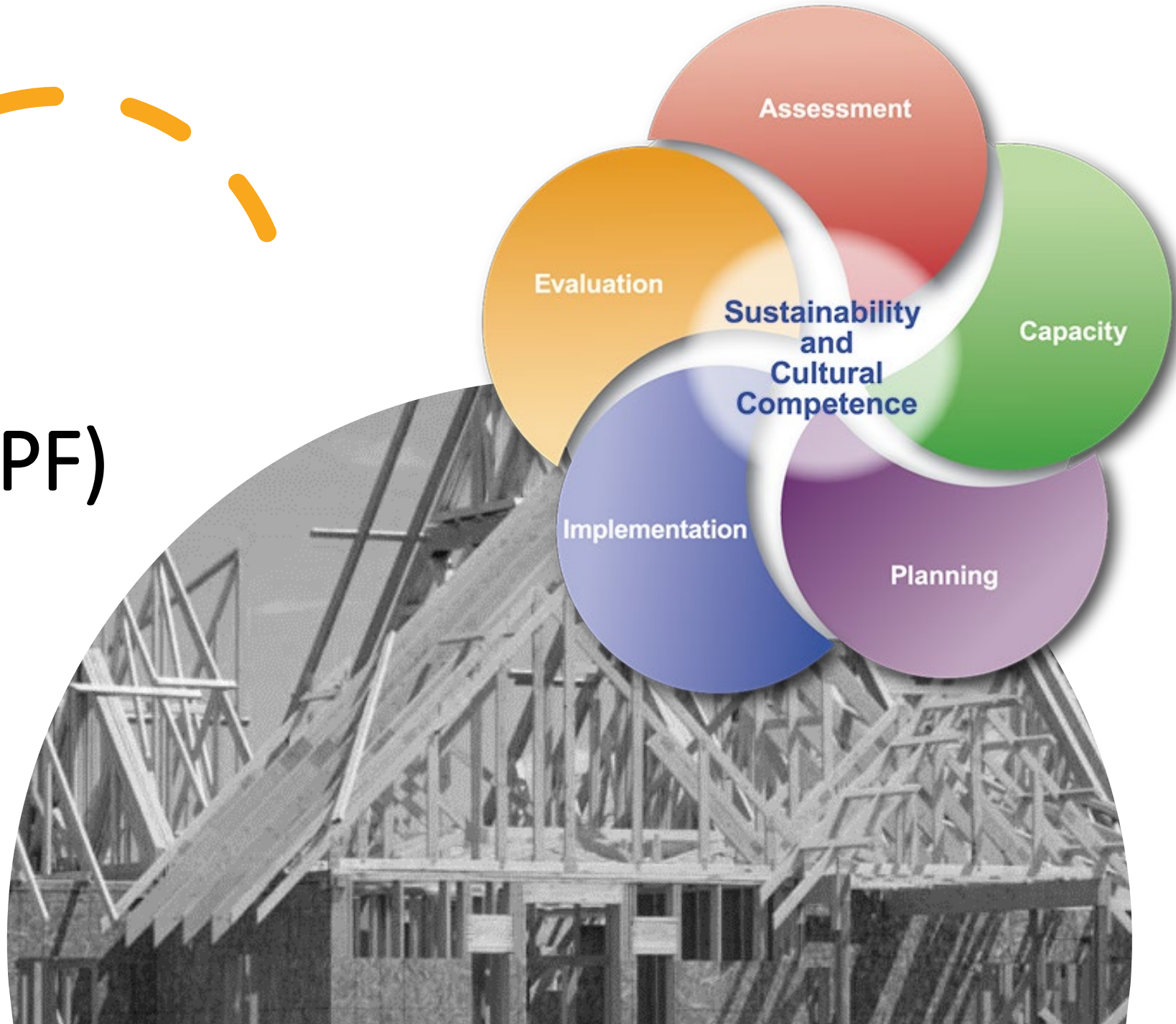
- The best available research (EBPs typically found in registries)
- The experience of people in other communities having used the strategy
- Factors associated with the local environment or context in the community

Planning for Prevention



The Strategic Prevention Framework (SPF)

Strategic Prevention Framework (SPF)



SPF Components

Assessment

Profile population needs, resources, and readiness to address needs and gaps

Capacity

Mobilize and/or build capacity to address needs

Planning

Develop a Comprehensive Strategic Plan

Implementation

Implement evidence-based prevention programs and activities

Evaluation

Monitor, evaluate, sustain, and improve or replace those that fail



Characteristics of the SPF

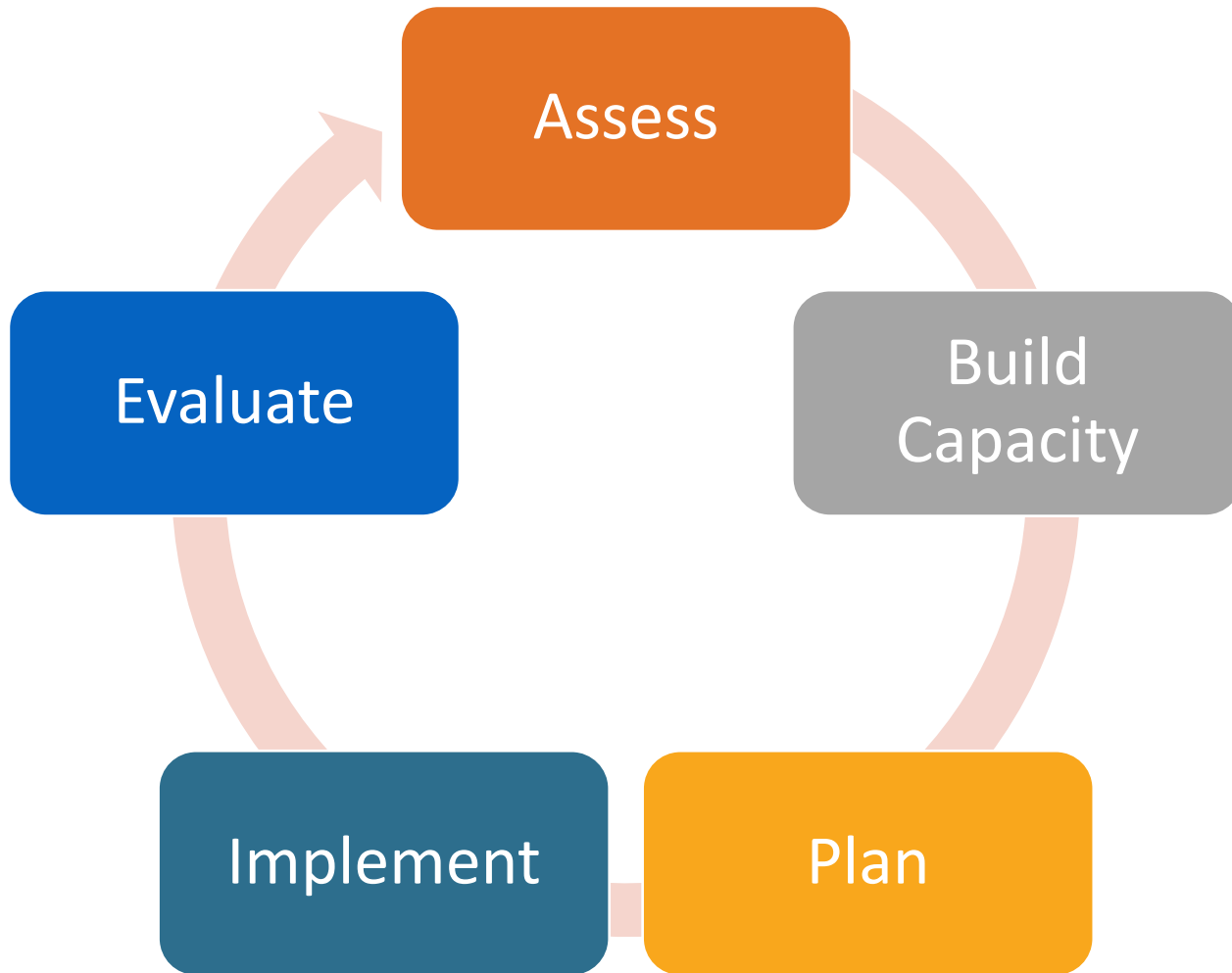
Dynamic

Data-driven

Outcome-
Focused

Evidence-Based

Dynamic



Prevention programs are dynamic, just as people and communities are.

Data Driven

- Needs assessment data is critical to developing your program plan
- Begin with a review of existing data and assessment of needs



Outcome-Focused

- Measures should be in place to assess ongoing outcomes
- Remember the goal of your program or strategy!



Strategic Prevention Framework (SPF)



preventive *Tactics*

Prevention: Eight Capacity Building Factors for Sustainable Prevention Nolfo

Over the last twenty years prevention science has made great strides in moving from research to practice. We now have many prevention programs that are theory-based, proven to be effective, and applicable to real life situations. A major challenge for the prevention field today is how to continue or expand prevention programs in an environment of limited resources. As we have become more adept at identifying effective prevention strategies, and the difference they make, we are also challenged to effectively serve a larger and more diverse segment of the population. Cost-benefit analysis of social programs has become an important criterion for funding. To address these challenges, we need to seek resources to improve and support existing prevention efforts and support innovation. The challenge is to develop a strategy to leverage existing resources.



...of the program may be institutionalized as individual components or program ownership may be transferred to the community in its entirety or in parts. (Shedden Rizkallah & Bone 1998). "Continued ability" indicates the capability to ensure that time, money, and other resources required to continue a prevention effort are in place. Having stable resources is especially important when the initial funding has ended to ensure that prevention effort can continue at a reduced, similar, or expanded scale.

Sustainable

- Engages the community
- Encourages collaboration
- Adaptable
- Demonstrates success
- Takes into consideration agency fit and resources
 - Staffing Needs
 - Program Costs
 - Future Funding Opportunities

Culturally Relevant

- Prevention strategies should:
 - Effectively address a community's unique history, strengths, challenges, and cultural diversity
 - Integrate the community in all aspects of substance abuse prevention planning



Going Beyond Prevention Basics!

- » Information about commonly used and misused substances
 - <http://www.drugabuse.gov/drugs-abuse>
- » Ethics in Prevention Field
- » Social Drivers of Health (SDOH)
- » DEIB/JEDI
- » Environmental Prevention
- » Self Care
- » California Certified Prevention Specialist (CCPS) credentialing

Prevention Works!

Prevention is grounded in formal theories and frameworks.

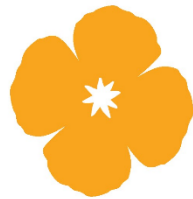
Prevention focuses on serving various populations and groups.

Prevention utilizes broad strategies to implement programs for both individuals and communities.



ABHPC

Closing



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