

**BITES:****A Shared Risk and Protective Factor
Approach in Substance Use Disorder (SUD)
Primary Prevention**

In substance use disorder (SUD) primary prevention, risk and protective factors play a crucial role in successfully addressing harmful and risky health behaviors. As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), risk and protective factors “influence the likelihood that an individual will develop a substance misuse or related mental health problem.”¹ Once a community has identified priority problem behaviors (e.g., cannabis use, binge drinking, etc.) to address, the risk and protective factors that most significantly influence those priority problem behaviors must be identified. It is also possible to address multiple problem behaviors simultaneously. Find out how!

SAMHSA Risk and Protective Factor Definitions

Risk factors are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).

Protective factors are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

1

Build your foundations

Understand risk and protective factor alignment with SAMHSA's Strategic Prevention Framework (SPF)

Considering risk and protective factors is a critical step in the Assessment phase of the Strategic Prevention Framework (SPF).¹ In order to effectively change the problem behaviors that are observed within a community, preventionists must work to address the underlying risk and protective factors. National data shows² that risk and protective factors are an important predictor of problem behaviors. The successful selection of evidence-based prevention programs and practices must therefore begin with an understanding of the specific risk and protective factors that impact each individual community.

Some key features of risk and protective factors identified by SAMHSA include:³

- *Risk and protective factors exist in multiple contexts.* Everyone has unique characteristics that make them vulnerable to and protect them from behavioral health outcomes. Additionally, individuals live and function within relationships, friendships, family dynamics, school/work connections, and communities. These further influence the impacts of risk and protective factors.
- *Risk and protective factors are correlated and cumulative.* Experiencing a single risk factor leads to the greater likelihood of experiencing another, resulting in a correlation effect. It also results in a decreased likelihood of experiencing protective factors. Similarly, risk and protective factors are cumulative: for example, exposure to multiple risk factors, versus exposure to a single risk factor, increases risk of developing a behavioral health condition.
- *Risk and protective factors are influential over time.* Adverse Childhood Experiences (ACEs),⁴ Positive Childhood Experiences (PCEs),⁵ and other risk and protective factors can impact behavioral health outcomes across the lifespan.

2

Choose the domino effect!

Use a shared risk and protective factor approach

SAMHSA identifies a fourth key feature in risks and protective factors: individual factors can be associated with multiple problems behaviors.³ What does this mean? Simply put, even though prevention interventions are frequently designed to address a single behavioral health outcome, they can often impact several risk and protective factors

that are associated with multiple outcomes. For example, the community domain risk factor of ‘low neighborhood attachment and community disorganization’ has been associated with substance abuse, school delinquency, and violence.⁶

A shared risk and protective factor approach acknowledges that numerous risk and protective factors are associated with many health and quality-of-life outcomes, including SUD prevention.⁷ As a result, an appropriately selected SUD primary prevention program or policy, especially in the context of evidence-based strategies, may not only impact SUD outcomes, but also additional outcomes such as mental health, violence prevention, trauma prevention, health equity variables, and more.

3 Consider Social Drivers of Health (SDOH)

SDOH are an identified priority area of Healthy People 2030⁸ and have been subcategorized into five domains: (1) economic stability, (2) education access and quality, (3) health care access and quality, (4) neighborhood and built environment, and (5) social and community context. A deeper dive into the SDOH domains reveals an important observation: the impacts of SDOH conditions frequently align with known behavioral health risk and protective factors.

The root causes of risk and protective factors can be traced back to the SDOH.⁹ By approaching prevention with a shared risk and protective factor approach, as well as building associated capacity for primary prevention practices, SDOH is also addressed. This results in not only focusing on the five SDOH domains as a part of primary prevention efforts, but also expanding representation of community voices and knowledge in the implementation of prevention programming and policies.



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Proactively align Diversity, Equity, Inclusion, and Belonging (DEIB) values

Health inequities are the result of decades of generational injustices due to systemic racism, oppression, and the societal marginalization of nondominant groups and cultures.¹⁰ A comprehensive approach to SUD primary prevention, including one that incorporates a shared risk and protective factor approach as well as addressing SDOH domains, must be proactive in elevating DEIB values.¹¹ This means committing to service delivery that is antiracist, addressing the systemic barriers and historical traumas that impact behavioral health risk and protective factors, continuing efforts of unlearning and learning, and challenging systemic structures that maintain imbalances of power and privilege.

“Health disparity” defined by Healthy People 2030

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

It’s important to note that including is not the same thing as not excluding. Community prevention services must strive to ensure that the risk and protective factors being addressed consider how to reach all members of the community in a culturally informed and relevant manner. How will the unique needs of the communities being served be assessed, included, and addressed? This is especially important for and relevant to populations that face health disparities, as defined by Healthy People 2030.¹²

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Identify your priorities. Select approaches based on what can realistically be addressed and changed

There are a lot of risk and protective factors that are associated with SUD prevention and other behavioral health challenges.¹³ It’s not possible to effectively address all risk

and protective factors at the same time. It's also not necessary! Preventionists can successfully implement a shared risk and protective factor approach by considering the following questions:¹⁴

- How important are these particular risk and protective factors that are being considered? This isn't to say that other risk and protective factors are not important. Rather, this step determines how much selected risk and protective factors are contributing to identified priority problems (e.g., underage drinking) and how much it is associated with other harmful behavioral health problems (e.g., sensation seeking and favorable attitudes toward substance use) within the community.
- Are these risk and protective factors possible to address and change? Community prevention programs and policies are more likely to experience success if they address risk and protective factors that can realistically be influenced and changed. Considerations around local resources, capacity, readiness, subject matter knowledge, and reasonable timelines are all important to consider when assessing the changeability of risk and protective factors.

Interested in learning more about shared risk and protective factors? Check out these resources:

Safe States Connections Lab: Exploring Elements of Shared Risk and Protective Factor (SRPF) Approaches:

<https://www.safestates.org/page/ConnectionLab>

**Center for Disease Control and Prevention (CDC): Connecting the Dots:
An Overview of the Links Among Multiple Forms of Violence**

https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

SAMHSA: A Guide to SAMHSA's Strategic Prevention Framework:

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

References:

1. Take a deeper dive into the role of risk and protective factors in [A Guide to SAMHSA's Strategic Prevention Framework](#).
2. Discover how risk and protective factors influence substance use disorder risk in the United States through the National Survey on Drug Use and Health's (NSDUH) 2021 [Risk and Protective Factor Tables](#).
3. Learn more about the key features of SAMHSA's [Risk and Protective Factors](#).
4. Adverse Childhood Experiences have their own identified risk and protective factors! Learn more [here](#).
5. What are Positive Childhood Experiences (PCEs)? [Check it out!](#)
6. Take a deep dive into the [Hawkins & Catalano peer-review research](#) in SUD prevention risk and protective factors, a cornerstone of the prevention field.
7. Safe States Connections Lab: [Exploring Elements of Shared Risk & Protective Factor \(SRPF\) Approaches](#).
8. Take a look at Healthy People 2030's [Social Determinants of Health](#) webpage.
9. To learn more, explore '[The benefits of using a shared risk and protective factor approach in prevention](#)' Safe States infographic.
10. Learn more about the history of [Social Identities and Systems of Oppression](#) with the Smithsonian.
11. Expand your skillset around [Inclusive Communication Principles](#) with the CDC.
12. How does Healthy People 2030 address health disparities? Learn more [here](#).
13. Explore risk and protective factors across the peer/individual, school, family, and community domains through the [Communities that Care \(CTC\) Risk and Protective Factors](#) website.
14. Take a deeper dive into the role of risk and protective factors in [A Guide to SAMHSA's Strategic Prevention Framework](#).