

Module Two

Prevention Research

Time

The anticipated time for the module is 4 hours.

Learning Objectives

Participants will be able to:

- Define evidence-based prevention
- Describe the risk factors/protective factors theory of substance abuse prevention, the resiliency approach and the developmental assets framework
- Apply the risk factors/protective factors approach to a case study
- Understand CSAP and NIDA prevention principles
- Enhance a prevention program using these prevention principles

Materials and Preparation

1. Prepare an **overhead projector** or **LCD Projector** with the appropriate slides.
2. Be ready to use the following information and work sheets:
 - **Risk and Protection Worksheet**
 - **Risk Factors**
 - **The Risk Factors/Protective Factors Theory**
 - **Building Protection: Social Development Strategy**
 - **Risk and Protective Factor Framework**
 - **The Resiliency Approach**
 - **The Developmental Assets Approach**
 - **40 Developmental Assets**
 - **Three Case Studies in Prevention**
 - **CSAP Principles of Effective Substance Abuse Prevention**
 - **Society/Environmental Domain**
 - **NIDA Prevention Principles**
3. Have handy a chart pad and markers.
4. Use a **video cassette recorder and monitor** to show the video *Environmental Prevention Strategies: Putting Theory into Practice*.

Format of Facilitator Notes

Trainer instructions are in *italics*. Suggested narrative is in normal font.

Slide 1

Show title slide, *Prevention Research*.

Slide 2

Review the slide, *Prevention Research: Why study Prevention Research*.

Slide 3

Show the slide, *What is “Evidence-based” Prevention?*

The field of substance abuse prevention is a young and complex field whose research and theoretical base is in a state of evolution. The prevention field is increasingly being held to higher standards of accountability. There is credible scientific evidence that many prevention and intervention programs are effective in preventing substance abuse and/or the risk factors that have been linked to it. “Evidence-based” prevention is the current standard in the field. What does evidence-based mean?

Review the slide.

Slide 4

Show the slide, *Why All the Concern over Evidence-based Prevention? Explain*.

Slide 5

Show the slide, *What Should a Good Theory Do?*, and briefly describe each of the points (Bellack & Kazdin, 1990):

- A good theory should identify the factors that predict substance abuse.
- A good theory should explain the mechanisms through which they operate.
- A good theory should identify the internal and external variables that influence these mechanisms, including cultural factors.
- A good theory should predict points to interrupt the course leading to substance abuse.
- A good theory should specify the interventions to prevent onset of substance abuse.

The evolving science of prevention is currently primarily informed by the Risk and Protective Factor Theory. Other approaches, such as the resiliency approach and the developmental assets approach, show promise but require further longitudinal research with diverse populations to validate their theoretical base. Limited research has been done to date to show that implementation of these approaches leads to the future reduction or prevention of substance abuse.

Slide 6

Choose one of the optional activities to conduct at this time.

A. Physician-Patient Activity:

- Set up: Ask participants to find a partner.

- *Have them designate one person “A” and the other “B.”*
- *A’s role-play physicians; B’s role-play patients.*
- *Explain that patients are 45 year-olds consulting their physician after experiencing chest pain.*
- *Explain that the physicians are to interview their patient for 5 minutes to assess what they believe is going on and to make some recommendations.*
- *After 5 minutes, reconvene the group.*
- *Debrief: Ask patients what kinds of questions their physicians asked them.*
 - *Why were these questions asked? (Because these are risk factors for heart disease.)*
 - *Did the physicians ask their patients what size shoe they wear? Why not? (Because this is not a risk factor for heart disease.)*
 - *What recommendations did the physicians make to the patients and why? (To reduce risk factors and increase protective factors for heart disease.)*
 - *How did non-physicians, role-playing physicians know what questions to ask and recommendations to make? (Because U. S. Public Health has disseminated this research to the public and provided education which has resulted in behavior changes.)*
- *Heart disease rates in the U. S. have gone down significantly over the past 20 years due to the behavior and lifestyle changes made as a result of public health education.*
- *David Hawkins and Richard Catalano at the University of Washington followed this public health model in their work on substance abuse prevention. They have organized their research into the Risk and Protective Factor Theory.*

B. Risk and Protective Factor Activity

- *Give each participant about 20 post-its and a felt tip pen.*
- *Think of up to 10 factors in your community, family, school, or themselves and their peers, that **could have or did** put you at risk for ATOD abuse. Write **one** risk factor on **each** post-it.*
- *While they are doing this, post 4 sheets of chart paper around the room with headings prepared as follows:*
 - *INDIVIDUAL/PEER*
Top half: Risk Factors
Bottom half: Protective Factors
 - *FAMILY*
Top half: Risk Factors
Bottom half: Protective Factors
 - *SCHOOL*
Top half: Risk Factors
Bottom half: Protective Factors
 - *COMMUNITY*
Top half: Risk Factors
Bottom half: Protective Factors

- Post your responses on the appropriate piece of chart paper. If you see a similar response already placed on the sheet, please place your post-it on top of it.
- *Repeat the procedure for protective factors:* Think of up to 10 factors in the 4 areas that were or could have been factors or positive assets to protect you from ATOD use. Write one protective factor/asset on each post-it and then place your responses on the appropriate piece of chart paper.

Introduce the Risk and Protective Factor Theory as instructed in the next section. As you present each risk and protective factor slide, refer to this activity.

- *Ask a participant to come forward and read just the risk factors for one of the categories. Then display the slide that lists the evidence-based risk factors for that category. Ask participants to identify the risk factors that are the same on their list as those on the evidence-based list. Highlight those risk factors that the group may have omitted and explain them briefly, connecting the unidentified risk factor to something on their list that might be related. If there is something on the group list that is not on the evidence-based list, explain or discuss with the group why it might not be listed. (For example: Being the child of a single parent is not a risk factor. Although it may be true that parenting is more challenging as a single parent, the child of a single parent is not at increased risk if family management practices are effective. Some participants will attest to the fact that, while they were children of single parents, they received equally effective parenting and support from other adults, and did necessarily experience their situation negatively.)*
- *Conclude the activity by making the following points:*
 - In general, the more risk factors present, the greater the risk. Conversely, the more protective factors present, the lesser the risk.
 - As we know from our life experience, not all risk and protective factors have equal weight for each person. For example, a significant, positive adult mentor in our teen years could buffer the exposure to risk factors.
 - Family history is the only risk factor we cannot change, but we can significantly reduce its effect just as one who has a family history of heart disease can. This concept of reducing risk factors is important to address in prevention programs.

C. Risks and Protection Worksheet: (NOTE: this theory is not actually meant to be applied to individuals as a diagnostic tool, but rather emerged from population-level research and is meant to be applied as such.)

- *Refer participants to the Worksheet, **Risks and Protection**.*
- *Have participants complete the worksheet individually.*
- *Ask participants to share and discuss their answers at their tables – allow 10 minutes.*
- *Debrief by asking for impressions and answering questions. Explain that many of these questions will be addressed in the next section on risk and protective factors.*

Slide 7

*Refer participants to the Information Sheet, **The Risk Factors/ Protective Factors Theory**, and explain how this theory meets the requirements of a good theory:*

- The Risk and Protective Factor Theory identifies the factors that predict substance abuse. The theory calls conditions which research has shown increase the likelihood of substance abuse, risk factors and the conditions which research has shown protect against substance abuse, protective factors.
- The Risk and Protective Factor Theory explains that risk factors and protective factors operate through the mechanism of cumulative effect. The more risk factors are present, the greater the risk, and the more protective factors are active in a child's life, the more the child is protected from developing substance abuse.
- The Risk and Protective Factor Theory states that risk factors and protective factors occur within communities, within families, schools and individual and peer relations. Levels of risk and protective factors vary and are subject to change.
- The Risk and Protective Factor Theory suggests the course of substance abuse may be interrupted by reducing exposure to risk factors and increasing exposure to protective factors throughout the developmental process, from prenatal to adulthood.
- The Risk and Protective Factor Theory specifies strategies and interventions that reduce risk factors and increase protective factors to prevent the onset of substance abuse.

Risk and Protective Factor Theory emerged from the public health model of disease prevention. That is, the factors which increase the risk of developing a disease, or in this case, substance abuse, are identified through research, and measures taken to reduce those risks. At the same time, the factors which help protect against development of the disease, or in this case, substance abuse, are also identified through research, and measures taken to enhance those factors. An analogy can be made with heart disease. Public health has identified, through heart research, which factors (family history, diet high in fat, lack of exercise, smoking, high stress, etc.) contribute to the development of heart disease. Measures have been taken to educate the public to reduce the risk factors associated with heart disease. At the same time, research in heart disease has identified factors (regular moderate exercise, diet high in certain kinds of foods, not smoking, limited alcohol intake, etc.) which can help protect against heart disease. Measures have been taken to educate the public to enhance the protective factors associated with heart disease prevention. The same approach has been taken for substance abuse with the Risk and Protective Theory.

*Show the slides, **Risk and Protective Factor Theory**, and review them from this perspective.*

Risk factors are associated with six adolescent health and behavior problems—substance abuse, violence, delinquency, teen pregnancy, school dropout, and depression and anxiety; the more risk factors are present, the greater is the risk.

Slide 10

*Show slide **Criteria for Inclusion as a Risk Factor**, and review.*

This is the only prevention approach that has been shown to be predictive. In order for a risk factor to make the list, it must be demonstrated in multiple studies. In addition, the studies must be longitudinal. Longitudinal means in an investigation or research study, a particular individual or group of individuals is followed over a substantial period of time to discover changes that maybe attributable to the influence of the treatment, to maturation, or to the environment. Longitudinal surveys are useful for studying an issue over time. For example, if a researcher were interested in studying the effects of parenting classes on ATOD use of their children, then a cross-sectional approach could call for sampling the children one time at the end of the class. A longitudinal survey could call for sampling the children several times; perhaps once before the program, another time after the program is completed, and a year after the program is completed (Gay & Airasian, 2000, ch. 8). A predictive theory is one that experimental evidence has shown that if certain conditions are present, a probable outcome will result. That is, young people are more likely to use alcohol, tobacco, and other drugs if they are exposed to certain risk factors and lack certain protective factors. The predictive quality of risk factors rests on the fact that each risk factor was assessed to be present in a child's life *before* a problem behavior occurred, rather than examining that child's life once the child has engaged in a problem behavior and looking retrospectively at which factors were present. This ensures that accurate conclusions about the validity of the risk factors can be made.

Slides 11, 12, 13 and 14

*Refer participants to the **Risk Factors** matrix and the **Information Sheet, Risk Factors/Protective Factors Theory** as a reference as you discuss risk factors. Make the following points as you refer to the following slides: **Community Risk Factors, Family Risk Factors, School Risk Factors, Individual/Peer Risk Factors, Protective Factors and Social Development Strategy.***

- Risk factors fall into four basic categories: community risk factors, family risk factors, school risk factors, and individual/peer risk factors.
- Protective factors protect youth from exposure to risk, either by reducing the impact of risk factors or by altering the way youth respond to risk; the more protective factors are present, the less is the risk.
- Protective factors fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.
- Because both risk factors and protective factors are observable, they lend themselves to interventions.

*Discuss each risk factor, using the information sheet **The Risk Factors/Protective Factors Theory** as your guide, to ensure participants have a clear understanding of each. Provide examples of each risk factor to ensure understanding. Adhere to defining risk factors and resist suggesting interpretations of why a risk factor increases the likelihood of substance abuse, as the research simply identifies that it does, not necessarily why it does.*

After discussing each risk factor, point out some factors that have NOT been shown through research to be predictive of substance abuse. These include low self-esteem, single parenting/divorce, sexual abuse, and racism (Developmental Research and Programs, 1996).

Low self-esteem may be a result of other risk factors present, but increasing a child's self esteem without addressing the risk factors causing low self-esteem is not an effective strategy. For single parenting/divorce, family structure has not been found to be an effective predictor of problem behaviors. "It appears that the increased problem behaviors observed among children of divorced parents are a result of family conflict, poor family management, or the increased likelihood of poverty..." (DRP, 1996). Racism also has not been found to be "a discrete risk factor. This may be due to difficulty in measuring racism. However, racism may be a significant contributor to other risk factors, i.e. economic deprivation, academic failure, and rebelliousness" (DRP, 1996). Finally, the reason that sexual abuse is not listed as a risk factor is because there are not multiple, longitudinal prospective studies showing that sexual abuse is a risk factor for substance abuse and other problem behaviors. Although many people who abuse substances may have a history of sexual abuse, the research has not shown that a history of sexual abuse increases the likelihood that a person will experience substance abuse.

Slide 15

*Refer participants to the Information Sheet, **Risk Factors/Protective Factors Theory** and the **Building Protection: Social Development Strategy** graphic as a reference as you discuss protective factors. Show the slide **Protective Factors**. Discuss the protective factors, using the information sheet **The Risk Factors / Protective Factors Theory** as a guide.*

Slide 16

*Show the slide **Social Developmental Strategy (SDS)** and refer to the information sheet **Building Protection: Social Development Strategy**. Show how the protective factors interrelate, using this model.*

One way to present the SDS is to begin with a discussion of the individual characteristics that can act as a "buffer" for the risk factors.

Intelligence is not a protective factor for substance abuse, but it is for the other problem behaviors. A person's individual characteristics (e.g. resilient temperaments, positive social orientation) affect how each person approaches opportunities, learns new skills, and elicits and accepts recognition.

Opportunities, skills and recognition all are necessary to build bonding, commitment or attachment. A prevention program or person must present children with meaningful opportunities to participate, the skills to take advantage of that opportunity, and recognition for taking that opportunity and learning that new skill. (*Remind participants that individual characteristics impact how these should be operationalized in prevention programs.*) It is important to note that when praise is non-specific, it can actually decrease a child's internal motivation. Consequently, praise needs to be specific.

Next, if bonding is present, then when healthy beliefs and clear standards for behavior are conveyed by those to whom youth are bonded, youth will be more likely to develop healthy beliefs and a desire to adhere to the clear standards. If youth are not bonded to those conveying the healthy beliefs and clear standards, the standards will have little influence on their behavior; youth may even rebel by acting in opposition to the standards.

In summary, if individual characteristics are taken into consideration when opportunities, skills, and recognition are presented; and if youth are bonded to those who are conveying healthy beliefs and clear standards; then youth will be more likely to develop healthy beliefs and act within the clear standards, thus displaying healthy behaviors. Alternately, you can work your way down the diagram by starting with healthy behaviors: if our goal for youth is healthy behaviors, we need to hold and develop healthy beliefs and communicate clear standards for their behavior; in order for our standards to influence their behavior, youth must be bonded to us; finally, some individual characteristics may influence the opportunities for involvement youth accept, the skill levels they develop, and the type of recognition they receive or is meaningful to them.

Slide 17

Risk and Protective Factor Sculpture

This optional activity (20 minutes) is an interactive exercise designed to enhance understanding of how risk and protective factors interact and how they affect the life of a child. It works inserted at this point in Section 2 or as a review and mind set for Day 2 of the SAPST.

Introduction

We know that some children exposed to high levels of risks do not develop adolescent problems behaviors. Why not? What is different for these children? Some children have a variety of protective factors in place in their lives which protect them from the impact of risk factors on their lives.

To experience how protective factors help protect children from risk, I'd like to involve a number of you in a fun role play. Your tasks in the role play will be simple, and I'll direct you, so no one will have to improvise on their own.

Sculpture Instructions

May I have a volunteer who would like to play our "adolescent?"

Script: This is (name). (S)he lives with her/his Mom/Dad. (S)he is trying to do well in school, wants to stay out of trouble and have a more successful life than many of the adults (s)he sees around her/him.

May I have a volunteer who would like to play Mom/Dad?

Script: This is (name's) Mom/Dad. (S)he is very supportive and also wants (name) to do well in school, stay out of trouble and do more with her/his life than Mom/ Dad has been able to do. Referring to your SDS diagram, which protective factors do you see Mom/Dad providing? (*Bonding, healthy beliefs and clear standards*)

Now, Mom/Dad is supporting the family alone and works long hours. (Name) is out of school several hours before Mom/Dad gets home from work.

Who would like to play a grandparent?

Script: This is (names) grandparent, and Mom/Dad has arranged for (name) to go to the grandparent's house every day after school until Mom/Dad gets home. They are really working well together to make this time productive for (name). (Name) is to get something to eat, do homework and any assigned chores, and grandparent will be there to supervise and help if needed. Which protective factors do you see grandparent providing for (name)? (*Bonding, healthy beliefs and clear standards*)

Who would like to be (name's) friend?

Script: (Name's) friend is also trying to do well in school and wants to be successful. The two friends are a great support and encouragement for each other. Which protective factors is the friend providing? (*Bonding, healthy beliefs and clear standards*)

Now can we have a coach?

Script: This is (name's) basketball coach. Recently (name) has become interested in basketball and has made the school basketball team. Coach thinks (s)he has real potential and spends time working to develop her/his skills and confidence. Which protective factors do you see at work here? (*Bonding, healthy beliefs and clear standards, individual characteristics*)

Who would like to be a police officer?

Script: This community police officer works with young people in (name's) neighborhood to help them find ways to contribute to their community. (S)he provides guidance and support for them to be drug free, successful in school, to develop goals for themselves, and create neighborhood revitalization networks. Which protective factors is the community police officer providing? (*Bonding, healthy beliefs and clear standards*)

Have the participants representing protective factors form a circle around the adolescent, joining hands, facing in. This is (names) circle of protection.

Also in the community we have some risk factors at play. Who would like to be a convenience store operator?

Script: This convenience store operator is known to sell alcohol and cigarettes to minors. Referring to your Risk Factor list, which risk factor does this represent? (*Availability of drugs*)

We need another friend.

Script: This friend has recently tried marijuana and wants (name) to try it, too. Which risk factor is this? (*Friends who engage in the problem behavior*)

(Name) has a sister/brother. Who would like to play this role?

Script: Sister/Brother has been involved with a group of friends who are receiving and selling stolen property, and making a good deal of money. Mom/Dad recently found out about it, and there has been a lot of heated arguing about it around home. What risk factor is this? (*Family conflict*)

Who would like to be a school board president?

Script: The school has policies about drug use by students and about weapons and violence at school. The policies are written and kept in some notebook somewhere in somebody's office. The school enforces these policies- unless the student involved is the star quarterback! Which risk factor is this? (*Community laws and norms favorable to the problem behavior*)

Instruct people representing risk factors to, without causing bodily harm, try to "get to" (name). Instruct protective factors to say or do what they need to in order to protect (name). Instruct participants not directly involved in the role play to observe what happens. After a few minutes, stop the role play and debrief what you saw/heard.

Ask the participant playing the adolescent to report how it felt to be in the middle of the action. Point out that sometimes it gets loud and active and we can almost overwhelm or smother our kids trying to protect them.

What did participants see/hear? (*Connect comments to the interaction of protective factors and risk factors.*) As protective factors, we can support young people by providing them with close bonds, healthy beliefs and clear standards.

But we can also protect them by facing outward and working to reduce the levels of risk factors. For instance, if the parent and grandparent got a group of parents together to picket the convenience store until they stop selling alcohol and tobacco to minors, they could reduce the level of the risk factor, availability of drugs. Or the coach and the police officer could hold the school board president accountable for consistent application of the school drug policies, thereby reducing the level of the risk factor, community laws and norms favorable to the problem behavior.

Close by leading applause to thank participants for helping illustrate how protective factors and risk factors interact in the life of a child.

*Remind participants to use the information sheet **Risk and Protective Factor Framework**, which shows risk factors and the adolescent problem behaviors they predict, the protective factors which address them, and the SDS on a single page, as a reference.*

Slide 18

*Show the slide and refer participants to their information sheet, **The Resiliency Approach**, and briefly summarize this approach, using the information sheet as your guide. Point out that this approach is a promising approach due to the fact that research showing that implementation of the approach actually leads to the future reduction or prevention of substance abuse is lacking.*

Slide 19

*Show the slide and refer participants to their information sheet, **The Developmental Assets Approach**, and briefly summarize this approach, using the information sheet as your guide. Point out that this approach is also a promising approach due to the fact that research showing that implementation of the approach actually leads to the future reduction or prevention of substance abuse is lacking.*

Research is a term widely used and widely defined. Virtually all approaches will assert that they are “researched.” Research can mean anything from a survey of a homogenous population, to a study of a distinct population, to replicated and validated university studies with control groups. Considering the scientific rigor of the research helps decide whether a particular approach is based on good science. Both the Resiliency approach and the Developmental Assets approach require further longitudinal studies with diverse populations in order to validate these approaches to the same degree as the Risk and Protective Factor Theory.

Slide 20

*Show the slide of the **Social Development Strategy with the Developmental Assets overlay**. Explain that one way communities using the Developmental Assets approach can integrate this into the stronger Risk and Protective Factor Theory is by using the assets as a way to measure protective factors.*

Slide 21

Organize participants into groups of about 6 persons each.

*Show the slide and refer participants to the work sheet, **Three Case Studies in Prevention**, and provide the following instructions:*

- I'd like you to read the case study that I'll be assigning to each group.
- Your task is to identify a substance use-related behavior of concern and determine which risk factors and which protective factors you can identify in the community presented in your case study. I want to know which factors you identified and why you identified them.
- You'll have about 20 minutes to do this. Select people in your group to fulfill the following roles: a Facilitator to guide the discussion; a Timekeeper to let you know periodically how much time you have left; and a Recorder to take down notes and report back to the large group when we reconvene. Any questions?

Assign the same case study to each group and give participants time to complete their tasks. (Although there are three case studies, choose one that best fits the location where you are working.)

After about 20 minutes, reconvene the group. Have them take turns reporting one risk or protective factor they identified and why. Entertain questions and comments from the rest of the participants.

Slide 22

*After each group has presented, show the next slide, **Case Studies**, and focus discussion on the following questions:*

- Is there any kind of consensus on which risk factors were identified?
- Is there any kind of consensus on which protective factors were identified?
- How might our values and culture influence which factors we see present?

In Section 6 we will discuss in depth how culture and diversity apply to prevention.

Slide 23

*Show the slide, **Caution!***

The purpose of the case study activity is to begin using risk and protective factor language and to see what risk and protective factors might look like in a community. Please note that communities should **never** identify risk and protective factors in their own communities this way, but will always use a data-driven process to formally assess levels of these factors. Such a process will be presented in Section 3.

Reach a consensus that each community's unique profile of risk factors and protective factors will determine where prevention professionals will focus their work and which prevention strategies they will employ.

This exercise was an introduction to risk and protective factors. A systematic way to assess a particular community's risk and protective factors will be explored in Section 3.

Slide 24

We will now be talking about Prevention Principles. Refer to the Information Sheets, **CSAP Principles of Substance Abuse Prevention** and **NIDA Prevention Principles**. We will be looking at these two sets of prevention principles, one from CSAP and one from NIDA.

Show the slide, **CSAP Principles of Substance Abuse Prevention**.

These principles are divided into six domains, or areas of influence: individual, family, peer, school, community, and society-environmental. CSAP identified these principles as common elements of effective programs. They can guide preventionists in developing innovative programs and strengthening existing programs in these domains.

Slide 25

*Show the slide, **Individual Domain**.*

Prevention interventions implemented at the individual level seek to change knowledge of and attitudes toward substances and substance abuse with the ultimate goal of influencing individual behavior. Effective individual-level substance abuse prevention programs incorporate some common principles.

Review these principles as listed on the slide.

Slide 26

*Show the slide, **Family Domain**.*

Prevention interventions implemented at the family level seek to reduce family risk factors and increase bonding to family, healthy family beliefs and clear expectations. Common principles of effective family-level substance abuse prevention programs are listed on the slide.

Slide 27

*Show the slide, **Peer Domain**.*

Prevention interventions implemented at the peer level attempt to involve peers in prevention education, provide accurate perceptions of peer involvement with substances, and support non-using peer networks and activities. Common principles of effective peer-level substance abuse prevention programs are listed on the slide.

Slide 28

*Show the slide, **School Domain**.*

Prevention interventions implemented at the school level seek to increase students' bonding with school, support academic achievement, and create positive school climates. Common principles of effective school-level substance abuse prevention programs are listed on the slide.

Slide 29

*Show the slide, **Community Domain**.*

Prevention interventions implemented at the community level endeavor to increase young people's bonding to community and address community norms favorable to substance use. Common principles of effective community-level substance abuse prevention programs are listed on the slide.

Slide 30

*Show the slide, **Society/Environmental Domain**, and refer participants to the information sheet, **Society/Environmental Domain**.*

Prevention interventions implemented at the society/environmental domain address norms favorable toward substance use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and utilize strategies focus on the environment as a whole. Common principles of effective society/environmental prevention strategies are listed on the slide.

Slides 31, 32, and 33

*Show the slides, **NIDA Prevention Principles**, and refer to the corresponding information sheet. Discuss the principles using the information sheet as your guide.*

Prepare for this section by reading the corresponding information sheets and preparing a short overview lecture on each principle. You can find more information on the prevention principles at http://modelprograms.samhsa.gov/pdfs/pubs_Principles.pdf, at <http://www.nida.nih.gov/Prevention/principles.html> and at <http://modelprograms.samhsa.gov>, click on "Publications," then "CSAP's Guides to Science-based Practices," then "Principles of Substance Abuse Prevention."

More information on the NIDA Prevention Principles can be found by reading, "Prevention Drug Use Among Children and Adolescents: A Research-based Guide for Parents, Educators, and Community Leaders," located at <http://www.nida.nih.gov/Prevention/Prevopen.html>.

Slide 34

Have participants work in table groups. They are now ready to apply the information they have been learning about the principles. Show the slide, **Enhancing Prevention Programs**.

As a group, select a prevention program or activity with which you are familiar. Determine in which domain the program takes place. Review the information sheets, **Principles of Substance Abuse Prevention, Society/Environmental Domain, NIDA Prevention Principles, and Environmental Strategies**. Make recommendations to enhance the program, based on the findings presented in the information sheets.

After about 30 minutes, ask a few groups to present any interesting enhancements they came up with.

You can use these findings as guidelines to enhance existing prevention programs. This can be especially useful when communities are not looking to implement a new program. They can also be useful when communities are unable to find an evidence-based practice which matches their needs. In this case, the findings can be used to modify or develop a program.

Slide 35

We will now view a video **Environmental Prevention Strategies: Putting Theory into Practice**. This video has been selected to highlight environmental strategies which are attracting much interest and have been shown to be very effective in reducing and preventing substance abuse.

Show the video (24 minutes).

Slide 36

Review slide, **Prevention Research: Why study prevention research**.

Ask participants to complete the section evaluation. (Have a copy of the section evaluation for each participant.)

Worksheet

Risks and Protection

Please circle “yes” or “no” to indicate whether you believe each of the groups listed below is at elevated risk for alcohol, tobacco and other drug abuse. You will be asked to share your responses in a small group.

- | | | |
|--|-----|----|
| 1. Young people who feel school is important. | YES | NO |
| 2. Young people who live in communities with norms tolerant of use | YES | NO |
| 3. Young people involved in structured activities providing opportunities for meaningful involvement in their community. | YES | NO |
| 4. Young people who have friends who use alcohol or marijuana. | YES | NO |
| 5. Young people who live in diverse communities. | YES | NO |
| 6. Young people who come from single parent families. | YES | NO |
| 7. Young people who have an opportunity to contribute to their schools. | YES | NO |
| 8. Young people who begin smoking at an early age. | YES | NO |
| 9. Young people who believe drug use is dangerous. | YES | NO |
| 10. Young people who feel connected to positive families, friends, school and community. | YES | NO |
| 11. Young people who say their parent(s) would be upset if they used alcohol. | YES | NO |
| 12. Young people who live in communities with high rates of mobility. | YES | NO |
| 13. Young people who live in neighborhoods where residents are isolated from each other. | YES | NO |
| 14. Young people who attend schools where tobacco policies are not consistently enforced. | YES | NO |
| 15. Young people who are struggling academically. | YES | NO |

Worksheet

Risks and Protection – Answer Sheet

Please circle “yes” or “no” to indicate whether you believe each of the groups listed below is at elevated risk for alcohol, tobacco and other drug abuse. You will be asked to share your responses in a small group.

- | | | |
|--|-----|----|
| 1. Young people who feel school is important. | YES | NO |
| 2. Young people who live in communities with norms tolerant of use | YES | NO |
| 3. Young people involved in structured activities providing opportunities for meaningful involvement in their community. | YES | NO |
| 4. Young people who have friends who use alcohol or marijuana. | YES | NO |
| 5. Young people who live in diverse communities. | YES | NO |
| 6. Young people who come from single parent families. | YES | NO |
| 7. Young people who have an opportunity to contribute to their schools. | YES | NO |
| 8. Young people who begin smoking at an early age. | YES | NO |
| 9. Young people who believe drug use is dangerous. | YES | NO |
| 10. Young people who feel connected to positive families, friends, school and community. | YES | NO |
| 11. Young people who say their parent(s) would be upset if they used alcohol. | YES | NO |
| 12. Young people who live in communities with high rates of mobility. | YES | NO |
| 13. Young people who live in neighborhoods where residents are isolated from each other. | YES | NO |
| 14. Young people who attend schools where tobacco policies are not consistently enforced. | YES | NO |
| 15. Young people who are struggling academically. | YES | NO |

INFORMATION SHEET: Risk Factors

Domains	Risk Factors	Adolescent Problem Behaviors					
	<i>Risk factors are characteristics of individuals, their families, schools, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors increase the likelihood that children and young people may develop such problem behaviors.</i>	Substance Abuse	Depression and Anxiety	Delinquency	Teen Pregnancy	School Dropout	Violence
Community	Availability of alcohol/other drugs	✓					✓
	Availability of firearms			✓			✓
	Community laws and norms favorable to drug use, firearms, and crime	✓		✓			✓
	Transitions and mobility	✓	✓	✓		✓	
	Low neighborhood attachment and community disorganization	✓		✓			✓
	Media portrayals of violence						✓
	Extreme economic deprivation	✓		✓	✓	✓	✓
Family	Family history of the problem behavior	✓	✓	✓	✓	✓	✓
	Family management problems	✓	✓	✓	✓	✓	✓
	Family conflict	✓	✓	✓	✓	✓	✓
	Favorable parental attitudes and involvement in problem behaviors	✓		✓			✓
School	Academic failure beginning in late elementary school	✓		✓	✓	✓	✓
	Lack of commitment to school	✓		✓	✓	✓	✓
Individual / Peer	Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓
	Rebelliousness	✓		✓		✓	
	Friends who engage in the problem behavior	✓		✓	✓	✓	✓
	Favorable attitudes toward the problem behavior (including low perceived-risk of harm)	✓		✓	✓	✓	
	Early initiation of the problem behavior	✓		✓	✓	✓	✓
	Gang involvement	✓		✓			✓
	Constitutional factors	✓	✓	✓			✓

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The Risk Factors/Protective Factors Theory

Prevention according to the risk factors/protective factors theory is based on a simple premise: To prevent a problem, we need to identify the factors that increase the risk that the problem will develop and then find ways to reduce the risk. At the same time, we must identify those protective factors that buffer individuals from the risk factors in their environments and then find ways to increase the protection.

Risk- and protective-factor-focused prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington in Seattle. In the early 1980s, they conducted a review of 30 years of youth substance abuse and delinquency research and identified risk factors for adolescent drug abuse and delinquency. They have continually updated this review. Other researchers—including Joy Dryfoos, Robert Slavin, and Richard Jessor—have reviewed the literature on behavior problems, such as school dropout, teen pregnancy, and violence, and the identified risk factors of these problems. Recently, risk factors have been identified for a sixth adolescent problem behavior, depression and anxiety. Young people who are at risk of either juvenile delinquency, substance abuse, school dropout, teenage pregnancy, violence, or depression and anxiety are more likely to be at risk in other ways as well. Furthermore, all of these teen problems share many common risk factors.

Before looking at the risk factors and the problems they predict, it is important to establish a working definition of the terms “delinquency” and “violence.” For our purposes, delinquency is defined as “crimes committed by juveniles younger than 18.” Violence is defined as “acts against a person that involve physical harm or the threat of physical harm.”

The primary focus of substance abuse prevention programs is reducing substance abuse; however, since problem behaviors—including substance abuse, violence, delinquency, teenage pregnancy, school dropout, and depression and anxiety—share many common risk factors, reducing common risk factors is likely to reduce multiple problem behaviors.

The following is a summary of the research-based risk factors and the problem behaviors they predict.

Community Risk Factors

Availability of Drugs (Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. In schools where children just think that drugs are more available, a higher rate of drug use occurs.

Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime

(Substance Abuse, Delinquency, and Violence)

Community norms—the attitudes and policies a community holds about drug use and crime—are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of how community law can affect drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use at a social activity within the community. The “Beer Gardens,” popular at street fairs and community festivals frequented by young people, are in contrast to the “Just Say No” messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime, and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. Some studies suggest that the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms that include lack of proactive monitoring or enforcement of the laws.

**Community
Risk Factors –
continued**

Transitions and Mobility

(Substance Abuse, Delinquency, School Dropout, and Depression and Anxiety)

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school misbehavior, and delinquency result. When communities are characterized by frequent nonscheduled transitions, problem behaviors increase.

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

Low Neighborhood Attachment and Community Disorganization

(Substance Abuse, Delinquency, and Violence)

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low-income neighborhoods; they can also be found in wealthier neighborhoods.

Communities of diversity must pay special attention to creating a shared community identity and common goals, as well as creating attachment and organization within subgroups.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players in the neighborhood—such as merchants, teachers, police, and human and social services personnel—live outside the neighborhood, residents' sense of commitment may not be strong. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

**Community
Risk Factors –
continued**

Extreme Economic Deprivation

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence.

Children who live in these areas—and have behavior and adjustment problems early in life—are also more likely to have problems with drugs later on.

**Family Risk
Factors**

Family History of the Problem Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk that the children themselves will have alcohol and other drug problems increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves.

Family Management Problems

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression and Anxiety)

Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all of the problem behaviors. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver appears to matter less than whether children experience much conflict in their families. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

***Family Risk
Factors –
continued***

Parental Attitudes and Involvement in Drug Use, Crime, and Violence

(Substance Abuse, Delinquency, and Violence)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people’s moderate drinking, even under parental supervision, increases the risk that the young person will use marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior, children are at greater risk of becoming violent.

Further, in families where parents involve children in their own drug or alcohol behavior—for example, by asking them to light their cigarettes or bring them beer from the refrigerator—children are more likely to become drug abusers in adolescence.

***School Risk
Factors***

Academic Failure Beginning in Elementary School

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Beginning in the late elementary grades (grades 4-6), academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons, social as well as academic. The experience of failure—not necessarily lack of ability—appears to increase the risk of problem behaviors.

This is particularly troubling because in many school districts African-American, Native-American, and Hispanic students have disproportionately higher rates of academic failure compared with white students. Consequently, school and instructional improvement and reducing academic failure for all students are particularly important prevention strategies for ethnic minorities and can involve culture-specific strategies.

Lack of Commitment to School

(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Low commitment to school means the young person has ceased to see the role of student as a valuable one. Those who do not have commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

**School Risk
Factors –
continued**

In many communities of color, education is seen as a “way out,” just as it was among the early immigrants. Other subgroups in the same community may view education and school as a form of negative acculturation; young people who adopt this view are likely to be at higher risk for health problems and problem behaviors.

**Individual/ Peer
Risk Factors**

Early and Persistent Antisocial Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, School Dropout, and Depression & Anxiety)

Boys who are aggressive in grades K through 3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior before Kindergarten in very early childhood does not appear to increase risk. When a boy’s aggressive behavior in the early grades is combined with isolation or withdrawal, the risk of problems in adolescence is even greater. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk of drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

Alienation/Rebelliousness

(Substance Abuse, Delinquency, and School Dropout)

Young people who feel they are not part of society, are not bound by rules, don’t believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency, and school dropout.

**Individual/ Peer
Risk Factors –
continued**

Alienation and rebelliousness may be an especially significant risk for young minorities. Children who consistently experience discrimination may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many minority communities are experiencing significant cultural change because of integration. The conflicting emotions that children in these communities feel when family and friends work, socialize, or marry outside of their culture may well interfere with their development of a clear and positive racial and cultural identity.

Friends Who Engage in the Problem Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy and School Dropout)

Young people who associate with peers who engage in problem behavior— delinquency, substance abuse, violent activity, sexual activity, or school dropout—are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child’s risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

Gang Involvement

(Substance Abuse, Delinquency, and Violence)

Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency, and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior.

Favorable Attitudes Toward the Problem Behavior

(Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

During the elementary school years, children usually express antidrug, anticrime, and prosocial attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in

**Individual/ Peer
Risk Factors –
continued**

middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Early Initiation of the Problem Behavior

(Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

Constitutional Factors

(Substance Abuse, Delinquency, Violence, and Depression & Anxiety)

Constitutional factors may have a biological or physiological basis. These factors are often seen in young people who engage in sensation-seeking and low harm-avoidance behavior and those who demonstrate a lack of impulse control. Fetal alcohol and drug exposure, environmental poisoning, and brain injuries are some other examples of constitutional factors. These factors appear to increase the risk that young people will abuse drugs, engage in delinquent behavior, and commit violence.

**Generalizations
About Risks**

- **Risks exist in multiple domains.**
Risk factors exist in all areas of life—community, family, school, and individual/peer relations. If a single risk factor is addressed in a single area, problem behaviors may not be significantly reduced. Communities should focus on reducing risks in all areas.
- **The more risk factors are present, the greater is the risk.**
While exposure to one risk does not condemn a child to problems later in life, exposure to a greater number of risk factors increases a young person’s risk exponentially. Even if a community cannot eliminate all the risk factors, reducing or eliminating even a few risk factors may significantly decrease problem behaviors of young people in that community.
- **Common risk factors predict diverse problem behaviors.**
Since many individual risk factors predict multiple problems, the reduction of risk factors is likely to reduce a number of different problems in the community.

**Generalizations
About Risks –
continued**

- **Risk factors appear to consistently affect different races and cultures.**
While levels of risk may vary in different racial or cultural groups, the way these risk factors work does not appear to vary. One implication for community prevention is to prioritize prevention efforts for groups with higher levels of risk exposure.
- **Protective factors may buffer exposure to risk.**
Protective factors are conditions that buffer young people from the negative consequences of exposure to risks by either reducing the impact of the risk or changing the way a person responds to the risk. Consequently, enhancing protective factors can reduce the likelihood that problem behaviors will arise.

Information Sheet

Risk and Protective Factor Framework

The following graph supports a public health model using a theoretical framework of risk reduction and protection enhancement. Developments in prevention and intervention science have shown that characteristics of individuals, their families, and their environment (i.e., community neighborhoods, schools) affect the likelihood that individuals will engage in substance abuse, delinquency, violence, and school dropout. Other characteristics serve to protect or provide a buffer to moderate the influence of the negative characteristics. These characteristics are identified as risk factors and protective factors (Arthur, Hawkins, et al., 1994; Hawkins, Catalano, Miller, 1992).

Domains	Risk Factors	Adolescent Problem Behaviors						Protective Factors	Social Development Strategy (SDS)
		Substance abuse	Depression/anxiety	Delinquency	Teen pregnancy	School dropout	Violence		
	<i>Risk factors are characteristics of individuals, their families, schools, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors increase the likelihood that children and young people may develop such problem behaviors.</i>							<i>Factors associated with reduced potential for drug use are called protective factors. They encompass family, social, psychological, and behavioral characteristics that can provide a buffer for young people. These factors mitigate the effects of risk factors.</i>	<i>SDS is a synthesis of three existing theories of criminology (control, social learning, and differential association). It incorporates the results of research on risk and protective factors for problem behaviors and a developmental perspective of age, specific problem, and prosocial behavior. It is based on the assumption that children learn behaviors.</i>
Community	Availability of alcohol/other drugs	✓					✓	Opportunities for prosocial involvement in community Recognition for prosocial involvement	
	Availability of firearms			✓			✓		
	Community laws and norms favorable to drug use, firearms, and crime	✓		✓			✓		
	Transitions and mobility	✓	✓	✓		✓			
	Low neighborhood attachment and community disorganization	✓		✓			✓		
	Media portrayals of violence						✓		
	Extreme economic deprivation	✓		✓	✓	✓	✓		
Family	Family history of the problem behavior	✓	✓	✓	✓	✓	✓	Bonding to family with healthy beliefs and clear standards Attachment to family with healthy beliefs and clear standards Opportunities for prosocial involvement Recognition for prosocial involvement	
	Family management problems	✓	✓	✓	✓	✓	✓		
	Family conflict	✓	✓	✓	✓	✓	✓		
	Favorable parental attitudes and involvement in problem behaviors	✓		✓			✓		
School	Academic failure beginning in late elementary school	✓		✓	✓	✓	✓	Bonding and attachment to school Opportunities for prosocial involvement Recognition for prosocial involvement	
	Lack of commitment to school	✓		✓	✓	✓	✓		
Individual / Peer	Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓	Bonding to peers with healthy beliefs and clear standards Attachment to peers with healthy beliefs and clear standards Opportunities for prosocial involvement Increase in social skills	
	Rebelliousness	✓		✓		✓			
	Friends who engage in the problem behavior	✓		✓	✓	✓	✓		
	Favorable attitudes toward the problem behavior (including low perceived-risk of harm)	✓		✓	✓	✓			
	Early initiation of the problem behavior	✓		✓	✓	✓	✓		
	Gang involvement	✓		✓			✓		
	Constitutional factors	✓	✓	✓			✓		

Protective Factors and the Social Development Strategy

Some young people who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, school dropouts, or teen parents. Balancing the risk factors are factors that protect young people from exposure to risk, either by reducing the impact of risk factors or by changing the way young people respond to risks. The importance of protective factors cannot be overstated because they promote positive behavior, health, well-being, and personal success. Research has identified protective factors that fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

- **Individual Characteristics**

Research has identified three individual characteristics as protective factors. These are characteristics children are born with and are difficult to change: a resilient temperament, a positive social orientation, and intelligence. Intelligence, however, does not protect against substance abuse.

- **Bonding**

Positive bonding makes up for many other disadvantages caused by other risk factors or environmental characteristics. Children who are attached to positive families, friends, school, and community and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Studies of successful children who live in high-risk neighborhoods or situations indicate that strong bonds with a caregiver can keep children from getting into trouble.

To build bonding, three conditions are necessary: opportunities, skills, and recognition. Children must be provided with opportunities to contribute to their communities, families, peers, and schools. The challenge is to provide children with opportunities that they consider meaningful that help them feel responsible and significant.

Children must be taught the skills necessary to effectively take advantage of the opportunity they are provided. If they don't have the necessary skills to be successful, they experience frustration and/or failure. Children must also be recognized and acknowledged for their efforts. This gives them the incentive to contribute and reinforces their skillful performance.

Protective Factors and the Social Development Strategy – continued

- **Healthy Beliefs and Clear Standards**

The people with whom young people have bonds need to have healthy beliefs about substance use and other problem behaviors, as well as clear, positive standards for behavior. The content of these standards is what protects young people. When parents, teachers, and communities set clear standards for children’s behavior, when these standards are widely and consistently supported, and when the consequences for not following the standards are consistent, young people are more likely to follow the standards.

The Social Development Strategy shows how protective factors work together to help young people engage in healthy behaviors. Families, schools, and communities encourage young people’s healthy behaviors by communicating healthy beliefs and clear standards, or expectations, for their behavior in relation to substance use and other issues.

Young people are more likely to follow these standards if they have strong bonds with their families, schools, and communities. These bonds can be kept strong by offering young people opportunities for meaningful involvement in their families, schools, and communities; by teaching them the skills they need to be successful in their involvement; and by recognizing them for their efforts and accomplishments. And finally, certain individual characteristics, such as a positive social orientation and a resilient temperament, support young people in taking advantage of the opportunities they are offered and may even help define the types of opportunities that will be meaningful to them.

For more information on the risk and protective factor theory, consult Hawkins, J. D., Catalano, R. R., & Miller, J. Y. (1992) and Hawkins, J. D. (2002).

Actively Creating Healthy Communities

Research supports the importance of a community focus.

- Risk and protective factors are found in all aspects of the community: schools, families, individuals, and the community. Community efforts can affect the entire local environment, including community norms, values, and policies.
- Because substance abuse is a phenomenon influenced by multiple risk factors, its prevention may be most effectively accomplished with a combination of interventions.

**Actively
Creating
Healthy
Communities –
continued**

- A community-wide approach promotes the development of strong bonds to family, community, and school.

Because community approaches are likely to involve a wide spectrum of individuals, groups, and organizations, they create a base of support for behavior change. The firm support of community leaders and their involvement in a prevention effort are likely to lead to long-term behavior change. This reallocation of resources to reduce risk factors and enhance protective factors becomes feasible with support from community leaders.

Programs and strategies gradually become integrated into the regular services and activities of local organizations and institutions. The community-wide focus creates a synergy; the whole is more powerful than the sum of its parts.

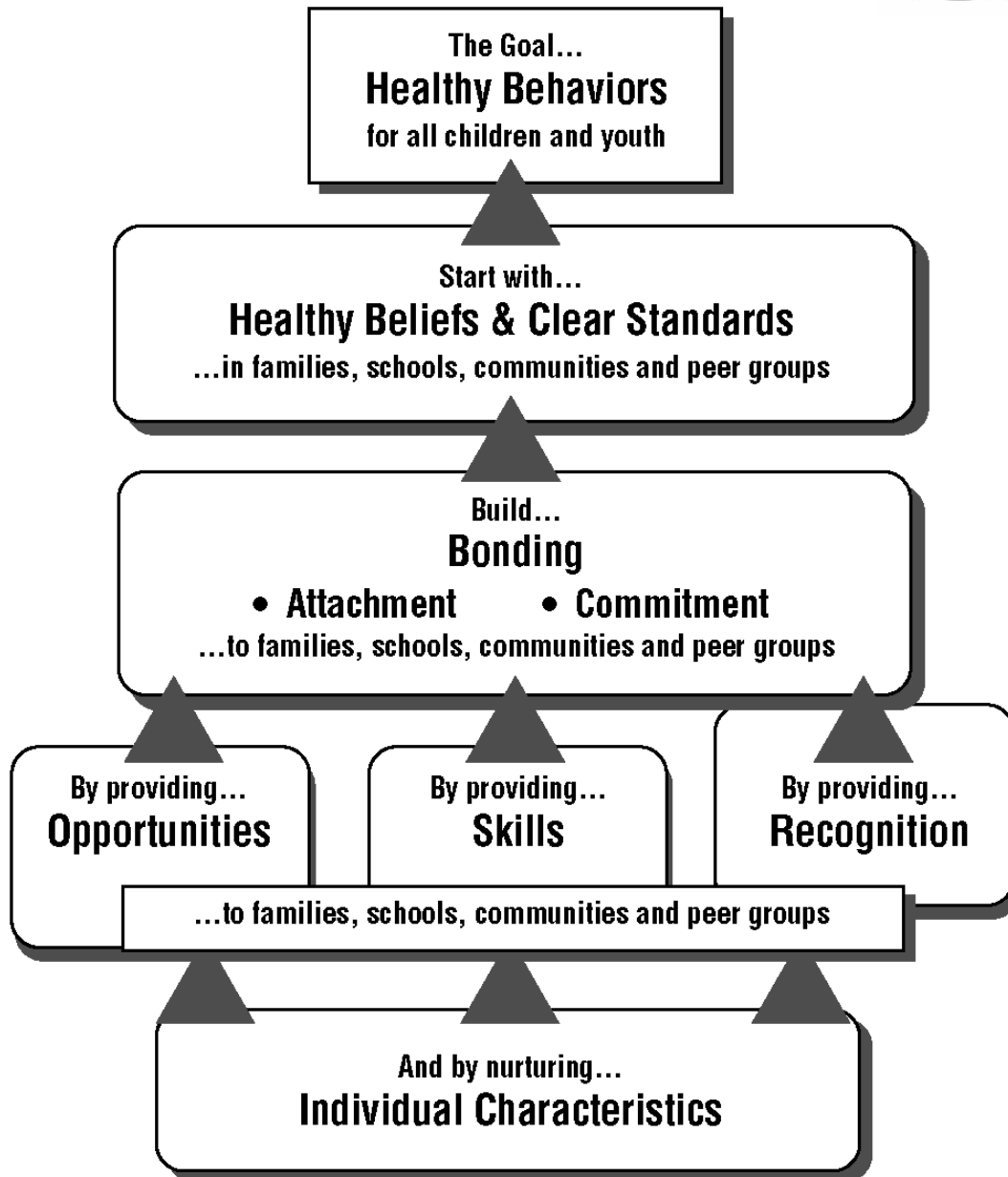
Because many attempts to change families, schools, and other institutions have operated in isolation, they have had limited success. For meaningful change to occur, multiple interconnected forces within the community must begin to share a vision and agenda. Six strategies for creating a comprehensive community approach to prevention will be discussed later in this section.

Portions of the Risk Factors/Protective Factors Approach were reprinted with permission from Developmental Research and Programs, Seattle, WA, developers of *Communities That Care*,[®] an operating system for risk- and protective-factor-focused prevention.

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Building Protection: Social Development Strategy



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INFORMATION SHEET

The Resiliency Approach

The resiliency approach stems from research of young people from troubled backgrounds who have bounced back when the odds were stacked against them. Researcher Emmy Werner (1986) identified the following environmental factors that foster resilience in kids:

- the age of the parent of the opposite sex (younger mothers for resilient boys, older fathers for resilient girls)
- the number of children in the family (four or fewer)
- spacing between children (two years or more for best results)
- the number and type of people available to help the mother rear the children (such as grandparents, aunts, or uncles)
- steady employment for the mother, especially if she was a single mother
- the availability of a sibling as a caretaker in childhood
- the presence of a multigenerational network of friends, teachers, and relatives during adolescence
- church attendance

Werner conducted a 35-year longitudinal study of 505 children born on Kauai, Hawaii. Her research explored how children remained resilient despite the risk factors in their lives. Although Werner's study did not provide a simple, single list of risk or protective factors, several themes did emerge. The risk factors included poverty, parental psycho-pathology, care-giving deficits, delinquencies, and teenage parenthood. Werner identified three clusters of protective or resiliency factors. First, average intelligence and positive disposition attributes, such as robustness, vigor, and an active and social temperament, provided resiliency for children. Second, affectionate ties with parental substitutes, such as teachers and other mentors, helped develop trust, autonomy, and initiative in children. Finally, external support systems, such as churches, youth groups, and schools, rewarded competence and provided coherence for youth. Werner and others have concluded that kids who overcome adversity better than others tend not to seek formal professional or institutional help. Instead, they turn to people they've grown to trust, such as teachers, school counselors, ministers, grandparents, and friends.

Steven and Sybil Wolin, directors of Project Resilience, a Washington-based training and consulting project, see the following characteristics of resilient children:

- The children conclude that their parents' problems have nothing to do with them. They see through lies and mistreatment and they develop a cherished belief in truth and honesty.
- They spend extra time at school, in libraries, or in neighbors' homes, developing more meaningful relationships than they'll ever develop with their parents or guardians.

Werner has several suggestions for schools to foster resilient children:

- Establish better relations with local companies and community groups to encourage college students and grownups to work as mentors.
- Avoid cutting art, music, or athletic programs.

- Establish school schedules that allow students to have the same teachers for at least two years.
- Decrease class sizes.

Note:

The resiliency approach is considered a “promising” approach because most research has not yet conclusively shown that increasing resiliency leads to a reduction in the prevention of substance abuse (Bushweller, 1995).

The list of risk and protective factors developed in the resiliency approach differs from those identified by Hawkins and Catalano. Although these factors may overlap in some areas, the conclusions made regarding the factors are in some cases unique. For more information about this approach, consult Werner, E. E. (1986).

The Developmental Assets Framework

Since 1989, Search Institute has been conducting research—grounded in the vast literature on resilience, prevention, and adolescent development—that has illuminated the positive relationships, opportunities, competencies, values, and self-perceptions that young people need to succeed. The institute’s framework of “Developmental Assets” grows out of that research, which has involved more than 1 million adolescents in grades 6 through 12 in communities across the country. Developmental Assets are the building blocks that all young people need to be healthy, caring, principled, and productive (Scales & Leffert, 1999).

The Developmental Assets framework points to a variety of strategies to build assets for young people. Some of these strategies call for establishing caring relationships between adults and young people. Other strategies call for providing an environment in schools, homes, and communities that is conducive to building assets. And still other strategies call for formal structures like programs and practices that help build assets for young people. All the strategies rely on an awareness of the framework, on an assessment of the assets of each person, on an inventory of the resources available to build the assets, and finally on an implementation and continuation of the strategies.

Following is a list of the 40 Developmental Assets. They are divided into “external” assets and “internal” assets.

External assets are support, empowerment, boundaries and expectations, and constructive use of time. The “support” category refers to ways children are loved, affirmed, and accepted. The “empowerment” category focuses on community perceptions of children and the opportunities available to them to contribute to society in a meaningful way. “Boundaries and expectations” refer to the provision of clear rules, consequences, and high expectations, coupled with positive role models. And “constructive use of time” refers to the value of having children engage in constructive, positive activities.

Internal assets are the commitment to school, positive values, social competencies, and positive self-identity that young people develop to guide themselves. “Commitment to school” refers to commitment to the learning and educational process, as well as to achievement motivation and school bonding. “Positive values” include honesty, responsibility, and integrity. “Social competencies” refer to skills in conflict resolution and interpersonal interactions. And “positive self-identity” refers to self-esteem, sense of purpose, and other self-actualized behaviors.

Note:

The Developmental Assets framework is viewed only as a “promising” approach, not a “best” approach, because although data indicate an association between the presence of assets and the absence of substance abuse, research has not yet conclusively shown that increasing assets reduces or delays substance abuse. For more information about this approach, consult Scales, P., & Leffert, N. (1999).

INFORMATION SHEET

40 Developmental Assets

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	
Support	<ol style="list-style-type: none"> 1. Family support—Family life provides much love and support. 2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s). 3. Other adult relationships—Young person receives support from three or more nonparent adults. 4. Caring neighborhood—Young person experiences caring neighbors. 5. Caring school climate—School provides a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.
Empowerment	<ol style="list-style-type: none"> 7. Community values young people—Young person perceives that adults in the community value the young. 8. Youth as resources—Young people are given useful roles in the community. 9. Service to others—Young person serves in the community one hour or more per week. 10. Safety—Young person feels safe at home, at school, and in the neighborhood.
Boundaries and Expectations	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear rules and consequences, and monitors the young person’s whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people’s behavior. 14. Adult role models—Parent(s) and other adults model positive, responsible behavior.

CATEGORY	ASSET NAME AND DEFINITION
EXTERNAL ASSETS	
Boundaries and Expectations – continued	<p>15. Positive peer influence—Young person’s best friends model responsible behavior.</p> <p>16. High expectations—Both parent(s) and teachers encourage the young person to do well.</p>
Constructive Use of Time	<p>17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</p> <p>18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school or in the community.</p>
	<p>19. Religious community—Young person spends one or more hours per week in activities in a religious institution.</p> <p>20. Time at home—Young person is out with friends “with nothing special to do” two or fewer nights per week.</p>
INTERNAL ASSETS	
Commitment to Learning	<p>21. Achievement motivation—Young person is motivated to do well in school.</p> <p>22. School engagement—Young person is actively engaged in learning.</p> <p>23. Homework—Young person reports doing at least one hour of homework every school day.</p> <p>24. Bonding to school—Young person cares about her or his school.</p> <p>25. Reading for pleasure—Young person reads for pleasure three or more hours per week.</p>
Positive Values	<p>26. Caring—Young person places high value on helping other people.</p> <p>27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.</p> <p>28. Integrity—Young person acts on convictions and stands up for her or his beliefs.</p>

CATEGORY	ASSET NAME AND DEFINITION
INTERNAL ASSETS	
Positive Values – continued	<p>29. Honesty—Young person “tells the truth even when it is not easy.”</p> <p>30. Responsibility—Young person accepts and takes personal responsibility.</p> <p>31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.</p>
Social Competencies	<p>32. Planning and decision making—Young person knows how to plan ahead and make choices.</p> <p>33. Interpersonal competence—Young person has empathy, sensitivity, and friendship skills.</p> <p>34. Cultural competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</p> <p>35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.</p> <p>36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.</p>
Positive Identity	<p>37. Personal power—Young person feels he or she has control over “things that happen to me.”</p> <p>38. Self-esteem—Young person reports having high self-esteem.</p> <p>39. Sense of purpose—Young person reports that “my life has a purpose.”</p> <p>40. Positive view of personal future—Young person is optimistic about her or his personal future.</p>

Three Case Studies in Prevention

Spring Valley Case Study

Spring Valley, an ethnically and culturally diverse community, is located in a large northwestern metropolitan area. Each year, approximately 25 percent of the community relocates. Approximately 25 percent of Spring Valley adults have less than a sixth-grade education; 45 percent have finished the twelfth grade; 30 percent have college degrees. Spring Valley parents and caregivers work long hours. Most adults have full- or part-time jobs, with average annual incomes ranging from \$15,000 to \$60,000.

Many Spring Valley parents, of whom many are single, meet weekly at the community center for salad and dessert. On the weekends, Spring Valley adults participate in soccer games and attend other recreational and social events at the community center, which has a liberal alcohol-use policy.

Three spiritual communities—St. Mark’s, the Faith Assembly of Christ, and the Calvary-Casa del Pueblo United Methodist Church—serve Spring Valley and the surrounding area. Each conducts several bilingual services, and two congregations offer English as a Second Language (ESL) programs.

Local businesses actively support the community. C&S Enterprises, a local computer firm, is working with the Spring Valley Chamber of Commerce to gain support for First Night, a family-oriented alcohol-free New Year’s celebration. Parents and local businesses have worked together to provide access to the Internet for local schools, to renovate the community’s day care facility, and to post bilingual signs in many local businesses.

Spring Valley also enjoys support from individual community residents. A local pharmacist recently realized that many of his customers, particularly retirees and immigrant families with young children, were not always following directions on prescription medications. He is working with several of the public schools and the area’s retirement home to develop a bilingual education program that will be offered throughout the year as part of various community functions. Still, there are several vacancies on the boards of the three spiritual communities, and several seats on the community center board remain unfilled.

Silver City Case Study

Silver City is a western community of approximately 50,000 residents surrounded by farms and ranches. Two major interstate highways intersect in Silver City and connect to an international border and a sea port of entry. Downtown Silver City was redeveloped about 10 years ago and continues to remain clean, with little graffiti. Although Old Town and the rest of the downtown are mainly commercial, there are few large businesses and no major community funders other than United Way. Two industries that hire locally are a call-in catalog center and an airline mileage-plus program. For the past two years, mini-buses have run between downtown and nearby residential areas. The limited number of residential units in the downtown area consists of apartment buildings, many of which are owned and operated by the U.S. Department of Housing and Urban Development (HUD).

Because of Silver City's proximity to several national parks, tourism is a seasonal source of business. To encourage visitors, Silver City sponsors a yearly rodeo, the Tri-County Fair, a summer stock show, and a motorcycle rally, all of which attract up to 500,000 people.

Dingbat Brewing Company cosponsors these events, displaying event banners sporting the company logo, and setting up beer tents separated from the family event area by portable fencing and controlled access.

One large mall, accessible by car, has 70 stores, including two anchor stores: Sears and J.C. Penney. Part-time, seasonal employment is competitive among adults and young people alike. Silver City is large enough to support an airport, a bus depot, and a train station, all of which employ community residents and sponsor community events.

There are two community colleges and one university, Mid-Western Technical University. Faculty and students participate in mentoring programs within Silver City's public school system. Silver City Memorial Hospital serves the western half of the state and operates a major trauma center.

Based on a recent student survey, the Silver City public school system is reporting a small increase in drug use in grades 6 and 8. The survey also showed that students in grades 8, 10, and 12 had decreased perceptions of the harm of alcohol, tobacco, and marijuana use. It also revealed an increase in student truancy rates. In response, a small group of concerned parents is meeting to address these issues. The schools have an active program in which individual classes "adopt" a local business for one academic year.

Most community members are Caucasians whose families have lived in the area for generations. The small Native-American population remains isolated from community resources, maintaining links to its heritage by returning to the reservations at various times throughout the year. Most of the small number of African Americans live at the nearby Air Force base. The Jewish community sponsors a homeless shelter, three soup kitchens, and a safe house for women and children who are victims of domestic violence. A second safe house recently

Silver City Case Study – continued

opened and operates at capacity.

In a recent radio interview, the director of Silver City's Head Start program described the local gang population as "wannabes." She remarked that gang members primarily walk around the downtown area in groups. Local police are concerned about increasing petty crime and drug arrests, and local businesses have reported a decrease in business over the last two years.

Silver City's substance abuse problems have been primarily related to marijuana, alcohol, and speed. Crack cocaine and other substances found in large urban areas have not become common in Silver City.

Loganville Case Study

Loganville is a rural frontier community of 15,000 residents. Until recently, Loganville's population was mostly lower-middle class, but there has been an influx of upper-middle-class professionals, drawn to the area because of its proximity to scenic Lake Thoa.

Typically, both parents work outside the home, resulting in less parental supervision of the community's school-aged children. Most professionals commute to jobs in the metropolitan area, some distance away. Parents tend to be active in local politics and schools, especially with regard to budgets. The community's 21 churches represent a diversity of faith traditions and are well attended.

Most residents subscribe to *The Herald* and *The Review*, daily newspapers from nearby cities. Television and radio programs are also "feeds" from regional metropolitan stations.

Approximately 50 small businesses compose Loganville's business district, which includes bars and stores where beer, wine, liquor, and tobacco products can be easily purchased, even by those younger than 21. The local weekly newspaper, "The Independence," frequently carries articles on ATOD abuse, and these issues are often discussed at board of education and town council meetings. Long-time residents of Loganville and newer residents do not necessarily agree about these issues.

Approximately 3,000 students attend the township's public schools; another 1,000 students are enrolled in the local parochial school. Another 600 students attend the county vocational-technical school. Students are dismissed much earlier than most parents return home from work. Many of the community's teenagers have access to cars or pickup trucks and commonly report that "there is nothing to do in Loganville."

Loganville Public High School has an enrollment of 700 students, 70 percent of whom are white. African-American, Asian-American, and a small number of Hispanic-American students compose the remainder. Approximately 60 percent of graduates go on to four-year or community colleges. High school sporting events are well supported by the community.

Alcohol use is accepted as normal, even for teenagers. The children of lower-middle-class residents often smoke cigarettes, as do their parents. The children of upper-middle-class professionals tend not to smoke, although some local officials have noted a slight increase in smoking in this group. These parents attribute this change to the influence of the "poor" kids. The prevalence of other drug use is moderate.

INFORMATION SHEET

CSAP Principles of Effective Substance Abuse Prevention

This section provides a brief listing of the scientifically defensible principles that can help service providers design and implement programs that work. More information on the principles can be found at http://modelprograms.samhsa.gov/pdfts/pubs_Principles.pdf and at <http://www.nida.nih.gov/Prevention/principles.html>. You can also find information by going to <http://modelprograms.samhsa.gov> and clicking on “Publications,” then “CSAP’s guides to science-based practices,” then “Principles of substance abuse prevention.”

Individual Domain

- Build social and personal skills.
- Design culturally sensitive interventions.
- Cite immediate consequences.
- Combine information dissemination and media campaigns with other interventions.
- Provide positive alternatives to help young people in high-risk environments develop personal and social skills in a natural and effective way.
- Recognize that relationships exist between substance use and a variety of other adolescent health problems.
- Incorporate problem identification and referral into prevention programs.
- Provide transportation to prevention and treatment programs.

Family Domain

- Target the entire family.
- Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.
- Help minority families respond to cultural and racial issues.
- Develop parenting skills.
- Emphasize family bonding.
- Offer sessions where parents and young people learn and practice skills.
- Train parents to both listen and interact.
- Train parents to use positive and consistent discipline techniques.
- Promote new skills in family communication through interactive techniques.
- Employ strategies to overcome parental resistance to family-based programs.
- Improve parenting skills and child behavior with intensive support.
- Improve family functioning through family therapy when indicated.
- Explore alternative community sponsors and sites for schools.
- Provide videotaped training and educational activities.

Peer Domain

- Structure alternative activities and supervise alternative events. Incorporate opportunities to build social and personal skills.
- Design intensive alternative programs that include a variety of approaches and a substantial time commitment.
- Communicate peer norms against use of alcohol and illicit drugs.

- Involve young people in the development of alternative programs.
- Involve young people in peer-led interventions or interventions with peer-led components.
- Counter the effects of deviant norms and behaviors by creating an environment for young people with behavior problems to interact with nonproblematic young people.

School Domain

- Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
- Correct misconceptions about the prevalence of use in conjunction with other educational approaches.
- Involve young people in peer-led interventions or interventions with peer-led components.
- Give students opportunities to practice newly acquired skills through interactive approaches.
- Help young people retain skills through booster sessions.
- Involve parents in school-based approaches.
- Communicate a commitment to substance abuse prevention in school policies.

Community Domain

- Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
- Control the environment around schools and other areas where young people gather.
- Provide structured time with adults through mentoring.
- Increase positive attitudes by providing opportunities for community service.
- Achieve greater results with highly involved mentors.
- Emphasize the costs to employers of workers' substance use and abuse.
- Communicate a clear company policy on substance abuse.
- Include representatives from every organization that plays a role in fulfilling coalition objectives.
- Retain active coalition members by providing meaningful rewards.
- Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
- Ensure planning and clear understanding for coalition effectiveness.
- Set outcome-based objectives.
- Support a large number of prevention activities.
- Organize at the neighborhood level.
- Assess progress from an outcome-based perspective and make adjustments to plan-of-action to meet goals.
- Involve paid coalition staff members as resource providers and facilitators rather than as direct community organizers.

Society/Environmental Domain

- Develop community awareness and media efforts.
- Use mass media appropriately.

- Set objectives for each media message delivered.
- Avoid the use of authority figures.
- Broadcast messages frequently over an extended period.
- Broadcast messages through multiple channels when the target audience is likely to be viewing or listening.
- Disseminate information about the hazards of a product or industry that promotes it.
- Promote placement of more conspicuous labels.
- Promote restrictions on tobacco use in public places and private workplaces.
- Support clean indoor air laws.
- Combine beverage server training with law enforcement.
- Increase beverage servers' legal liability.
- Increase the price of alcohol and tobacco through excise taxes.
- Increase minimum purchase age for alcohol to 21.
- Limit the location and density of retail alcohol outlets.
- Employ neighborhood antidrug strategies.
- Enforce minimum-purchase-age laws using undercover buying operations.
- Use community groups to provide positive and negative feedback to merchants.
- Employ more frequent enforcement operations.
- Implement "use and lose" laws.
- Enact deterrence laws and policies for impaired driving.
- Enforce impaired-driving laws.
- Combine sobriety checkpoints with passive breath sensors.
- Revoke licenses for impaired driving.
- Immobilize or impound the vehicle of those convicted of impaired driving.
- Target underage drivers with impaired-driving policies.

References:

Brounstein, P. & Gardner, S. (2001). *Principles of substance abuse prevention*. Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Division of Knowledge Development and Evaluation.

Society/Environmental Domain

Environmental Strategies

One way to categorize prevention strategies is to consider those that attempt to alter the environment in which individual children grow, learn, and mature (individualized environments) and those that attempt to alter environments in which all children encounter threats to their health, including illicit drugs, alcohol, and tobacco (shared environment) (Klitzner, 1998).

Generally, strategies targeting the individualized environment seek to socialize, instruct, guide, and counsel children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, or provide specialized services to young people at high risk. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being (Klitzner, 1998).

The limitations of individualized approaches have led to increased emphasis on the shared environment, the world in which children face and cope with health threats. The shared environment can be a neighborhood, town, city, state, or the nation as a whole. Properly designed and managed, the shared environment can support healthy behavior and thwart risky behavior for all children, regardless of how well prepared they may be by their individualized environments (Klitzner, 1998).

Environmental strategies have been found to be more efficient because they affect every member of a target population. Training store clerks to check ID reduces the availability of tobacco and alcohol for all neighborhood young people regardless whether they are aware that these strategies are being implemented. Environmental strategies also produce more rapid results. Enforcement of the minimum alcohol purchase age can produce more or less immediate reductions in youth alcohol use. Environmental strategies can also enhance the prevention efforts of many communities that already have a number of programs aimed at the individualized environment (Klitzner, 1998).

Environmental Strategies – continued

The following are environmental strategies that have been evaluated and found to be effective:

Price Interventions

- Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption—both the prevalence of use and the amount consumed. It can also reduce various alcohol-related problems, including motor vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality, suicide, and cancer death rates (Sloan, Reilly, & Schenzler, 1994).

Minimum-Purchase-Age Interventions

- Increasing the minimum purchase age for alcohol to 21 has been effective in decreasing alcohol use among young people, particularly beer consumption. It is associated with reductions in other alcohol-related problems, including alcohol-related traffic crashes, suicide, deaths resulting from pedestrian injuries, other unintentional injuries, youth homicide, and vandalism. Outcomes related to minimum-purchase-age laws for tobacco are not known because such laws have only recently begun to be enforced.
- Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors through the use of undercover buying operations (also known as “decoy” or “sting” operations) can substantially increase the proportion of retailers who comply with such laws. Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants are also effective in increasing retailer compliance, as are more frequent enforcement operations.
- “Use and lose” laws, which allow for the suspension of the driver’s license of a person under 21 years of age following a conviction of any alcohol or other drug violation (e.g., use, possession, or attempt to purchase with or without false identification), are an effective means for increasing compliance with minimum-purchase-age laws among young people. Penalties should be swift, certain, and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness and, if too severe, law enforcement and judicial officers may refuse to apply them.
- Community awareness and media efforts can be effective tools for increasing perceptions regarding the likelihood of

***Environmental
Strategies –
continued***

apprehension and punishment and can increase retailer compliance. They also offer a means for changing social norms to be less tolerant of alcohol and tobacco sales to and use by minors, and for decreasing the costs of law enforcement operations.

Deterrence Interventions

- Deterrence laws and policies for impaired driving have been effective in reducing the number of alcohol-related traffic crashes and fatalities among the general population and particularly among young people. Reducing the legal blood-alcohol-content (BAC) limit to .08 or lower has been shown to reduce the level of impaired driving and alcohol-related crashes.
- Enforcement of impaired-driving laws is important to deterrence because it increases the public's perceptions of the risks of being caught and punished for driving under the influence of alcohol.
- Law enforcement efforts to detect and arrest drinking drivers include sobriety checkpoints, which do not result in high levels of detection of drinking drivers, and passive breath sensors, which allow police officers to test a driver's breath without probable cause and substantially increase the effectiveness of sobriety checkpoints.
- Administrative license revocation, which allows for confiscation of the driver's license by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested, has been shown to reduce the number of fatal traffic crashes and recidivism among driving-under-the-influence offenders. Actions against vehicles and tags have been mostly applied to multiple offenders, with some preliminary evidence that they can lead to significant decreases in recidivism and overall impaired driving.
- Impaired-driving policies targeting underage drivers (particularly zero tolerance laws setting BAC limits at .00 to .02 percent for young people) and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience (and maturity), have been shown to significantly reduce traffic deaths among young people.

Environmental Strategies – continued ***Interventions Addressing Location and Density of Retail Outlets***

- Limitations on the location and density of retail outlets may help contribute to reductions in alcohol consumption, traffic crashes, and certain other alcohol-related problems, including cirrhosis mortality, suicide, and assaults. With respect to illicit drugs, neighborhood antidrug strategies, such as citizen surveillance and the use of civil remedies—particularly nuisance abatement programs, can be effective in dislocating dealers and reducing the number and density of retail drug markets and possibly other crimes and signs of physical disorder within small geographical areas.

Restrictions on Use

- Restrictions on use in public places and private workplaces (also known as “clean indoor air laws”) have been shown to be effective in curtailing cigarette sales and tobacco use among adults and young people. Additional benefits of clean indoor air laws are that they reduce nonsmokers’ exposure to cigarette smoke, and they help to alter norms regarding the social acceptability of smoking. The effects of restrictions on alcohol use have not been systematically evaluated.

Server-Oriented Interventions

- With respect to alcohol, server training programs have been found to affect beliefs and knowledge, with mixed findings regarding impacts on server practices and traffic safety.
- Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors.
- When server training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in both selling and serving practices.

Environmental Strategies – continued

- Education and training programs are important in teaching servers about laws, the penalties for violation, recognition of signs of intoxication and false identification, and ways to refuse sales, but they generally are not sufficient when used alone to produce substantial and sustained shifts in compliance with laws.

Counter-Advertising

- Counter-advertising campaigns that disseminate information about the hazards of a product or the industry that promotes it may help reduce cigarette sales and tobacco consumption. The limited research on alcohol warning labels suggests that they may affect awareness, attitudes, and intentions regarding drinking but do not appear to have had a major influence on behavior. Studies have suggested that more conspicuous labels would have a greater effect on awareness and behavior.

References:

Brounstein, P., Zweig, J., & Gardner, S. (1998, December) *Science-based practices in substance abuse prevention: A guide*. Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation.

NIDA Prevention Principles

NIDA Prevention Principles

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research.

Risk and Protective Factors

PRINCIPLE 1- Prevention programs should enhance protective factors and reverse or reduce risk factors.

- The risk of becoming a drug abuser corresponds to the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.
- Early intervention for risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by steering a child's life path (trajectory) away from problems and toward positive behaviors.
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

PRINCIPLE 2- Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3- Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

PRINCIPLE 4- Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Prevention Planning

Family Programs

PRINCIPLE 5- Family-based prevention programs should enhance family bonding and relationships and improve parenting skills; provide practice in developing, discussing, and enforcing family policies on substance abuse; and provide training in drug education and information. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training in parent supportiveness of children, parent-child communication, and parental involvement.

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training in setting rules; using techniques for monitoring activities; praising appropriate behavior; and applying moderate, consistent discipline that enforces defined family rules.
- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

School Programs

PRINCIPLE 6- Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

PRINCIPLE 7- Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

- self-control
- emotional awareness
- communication
- social problem-solving
- academic support, especially in reading

PRINCIPLE 8- Prevention programs for students in middle, junior high, and high school should increase academic and social competence by strengthening the following:

- study habits and academic support

**Prevention
Planning –
continued**

- communication
- peer relationships
- self-efficacy and assertiveness
- drug resistance skills
- antidrug attitudes
- personal commitments against drug abuse

Community Programs

PRINCIPLE 9- Prevention programs aimed at general populations at key transition points, such as transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and therefore reduce labeling and promote bonding to school and community.

PRINCIPLE 10- Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

PRINCIPLE 11- Community prevention programs reaching populations in multiple settings—schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

PRINCIPLE 12- When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain the following core elements of the original research-based intervention:

- Structure (how the program is organized and constructed)
- Content (the information, skills, and strategies of the program)
- Delivery (how the program is adapted, implemented, and evaluated)

PRINCIPLE 13- Prevention programs should be long term, with repeated intervention (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle-school prevention programs diminish without follow-up programs in high school.

Prevention Program Delivery

***Prevention
Program
Delivery –
continued***

PRINCIPLE 14- Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

PRINCIPLE 15- Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

PRINCIPLE 16- Research-based prevention programs can be cost effective. Like earlier research, recent research shows that each dollar invested in prevention can save up to \$10 in treatment for alcohol or other substance abuse.

References:

National Institute on Drug Abuse (NIDA). October 2003. (2nd ed.) *Preventing drug abuse among children and adolescents: A research-based guide*. Rockville, MD: U.S. Department of Health and Human Services.