Adolescent Risk Reduction

Focusing on Evidence-Based Strategies

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Roadmap

1. Background and Significance
2. Prevention Principles
3. Prevention Programs
4. Prevention Policy Solutions
5. Community-based Models
Background and Significance

Why should we be concerned about adolescent substance use?
Trends in Lifetime Use

![Lifetime Prevalence of Use of Various Drugs in Grade 12](chart)

- **Alcohol**
- **Cigarettes**
- **Any Rx Drug**
- **Marijuana**

SAMHSA’s Center for the Application of Prevention Technologies
Trends in Initiation of Use

Age of Initiation Younger than 13 Years$^2$

- Alcohol
- Marijuana
- Cigarettes
Consequences of Use

- School failure
- Problems with family and friends
- Loss of interest
- Impaired memory
- Increased risk of contracting infectious disease through risky sexual behavior or sharing contaminated needles
- Overdose death
Risk and Protective Factors

Community
- Poverty (-)
- Opportunities for positive social involvement (+)

School
- Drug availability (-)
- Anti-drug policies (+)

Relationship
- Family conflict (-)
- Peer substance abuse (-)
- Parental monitoring (+)
- Peer academic competence (+)

Individual
- Early aggressive behavior (-)
- Self-control (+)
Prevention Principles

What principles guide adolescent risk reduction?
General Guiding Principles

- Enhance protective factors and reverse or reduce modifiable risk factors.
- Attend to all local substance abuse problem/s.
- Address risks specific to population groups of interest.
- Intervene early to prevent risk and promote well-being.
- Focus on key transition points.
- Combine two or more effective programs.
- Present consistent, community-wide messages across settings.
### Types of Prevention Interventions

<table>
<thead>
<tr>
<th>Universal</th>
<th>General population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selective</strong></td>
<td>Population at increased risk</td>
</tr>
<tr>
<td><strong>Indicated</strong></td>
<td>Involved in risky behavior</td>
</tr>
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</table>

5. SAMHSA’s Center for the Application of Prevention Technologies
Prevention Programs

What are examples of evidence-based prevention programs for adolescents?
## Implemented Prior to Adolescence

<table>
<thead>
<tr>
<th>Program</th>
<th>Population</th>
<th>Unit of Practice</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Good Behavior Game</td>
<td>Universal</td>
<td>School, Classroom</td>
<td>Less likely to use tobacco, cocaine, or heroin by grade 8&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Raising Healthy Children</td>
<td>Universal</td>
<td>School</td>
<td>Less heavy alcohol use at 18 year of age&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fast Track</td>
<td>Universal, Selective</td>
<td>School</td>
<td>Increased social competence; and fewer conduct problems&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td>Abecedarian Project</td>
<td>Selective</td>
<td>School</td>
<td>Less likely to smoke marijuana at age 21&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>Selective</td>
<td>Family, home</td>
<td>Less likely to use marijuana at 12 years of age&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
## Implemented During Adolescence

<table>
<thead>
<tr>
<th>Program</th>
<th>Population</th>
<th>Unit of Practice</th>
<th>Substance Use Behaviors Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keepin’ It Real</td>
<td>Universal</td>
<td>School</td>
<td>Alcohol and marijuana use&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Iowa Strengthening Families: 10-14</td>
<td>Universal</td>
<td>School, Family</td>
<td>Long-term alcohol, tobacco, and marijuana use;&lt;sup&gt;12&lt;/sup&gt; and prescription drug misuse&lt;sup&gt;13&lt;/sup&gt;</td>
</tr>
<tr>
<td>&lt;i&gt;Familias Unidas&lt;/i&gt;</td>
<td>Selective</td>
<td>Family</td>
<td>Illicit drug use and alcohol dependence&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Project Toward No Drug Abuse</td>
<td>Selective</td>
<td>School</td>
<td>Alcohol&lt;sup&gt;15&lt;/sup&gt; and long-term hard drug use&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td>Positive Family Support</td>
<td>Universal, Selective, Indicated</td>
<td>School, Family</td>
<td>Alcohol and cigarette use;&lt;sup&gt;17,18&lt;/sup&gt; problematic marijuana use,&lt;sup&gt;19&lt;/sup&gt; and marijuana use disorder&lt;sup&gt;20&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Prevention Policies

What policies are associated with reducing adolescent substance abuse?
# Prevention Policies

## Underage Drinking and Its Consequences

<table>
<thead>
<tr>
<th>Program</th>
<th>Youth Substance Use Behaviors Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Advertising Restrictions</td>
<td>Alcohol use; binge drinking; alcohol-related, single-vehicle, driver traffic fatalities</td>
</tr>
<tr>
<td>Alcohol Price Increases</td>
<td>Alcohol use; harmful drinking; traffic fatalities</td>
</tr>
<tr>
<td>BAC Limits</td>
<td>Alcohol use; binge drinking; driving after drinking; alcohol-related traffic fatalities</td>
</tr>
<tr>
<td>Social Host Liability</td>
<td>Alcohol-related traffic fatality rates; harmful drinking; drinking and driving; drinking in private settings</td>
</tr>
<tr>
<td>Compliance checks</td>
<td>Retail sales of alcohol to minors; alcohol consumption, binge drinking; requests for identification from individuals attempting to purchase alcohol</td>
</tr>
<tr>
<td>Minimum age of sale, purchase, and server</td>
<td>Alcohol use; binge-drinking (underage college students)</td>
</tr>
</tbody>
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## Nonmedical Use of Prescription Drugs

<table>
<thead>
<tr>
<th>Program</th>
<th>Outcomes of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDMPs</td>
<td>Doctor shopping (TN, NY); individuals with opioid prescription (TN, NY); prescriptions for all opioids (TN, NY); and dispensing of controlled substances (KY)&lt;sup&gt;36&lt;/sup&gt;</td>
</tr>
<tr>
<td>System-wide prescriber education</td>
<td>Workers on disability compensation who received an opioid prescription, and overdose deaths among those individuals (WA); medication-related overdose deaths and inappropriate prescribing habits (UT);&lt;sup&gt;38&lt;/sup&gt;</td>
</tr>
<tr>
<td>Model pain clinic regulations</td>
<td>Drug prescriptions; prescribers dispensing high volume of oxycodone prescriptions; overdose deaths; drug diversion&lt;sup&gt;39&lt;/sup&gt;</td>
</tr>
<tr>
<td>Doctor-shopping laws</td>
<td>Pharmacy hopping and nonmedically-necessary tranquilizer prescriptions (NY)&lt;sup&gt;40&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Community-Based Models

What are effective processes for implementing prevention programs?
<table>
<thead>
<tr>
<th>Program</th>
<th>Adolescent Substance Use Behaviors Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER)</td>
<td>Lifetime prescription drug misuse, lifetime opioid misuse, lifetime illicit substance use, past-year methamphetamine use, and marijuana use in 12th grade (5-year follow-up); adherence rate to EBP models41</td>
</tr>
<tr>
<td>Communities Mobilizing for Change on Alcohol (CMCA)</td>
<td>DUI arrests; alcohol use; providing alcohol to peers; alcohol sales to minors; age ID checks during alcohol transactions42</td>
</tr>
<tr>
<td>Communities that Care</td>
<td>Alcohol use and cigarette use through grade 1043</td>
</tr>
</tbody>
</table>
Effective Implementation

Facilitating Factors\textsuperscript{44}

- Diverse, representative, cross-sector community participation
- Responsiveness to local needs
- Fit, feasibility and cultural appropriateness
- Long-term sustainability
- Process and outcome evaluation
Questions?
If you have questions or comments, please don’t hesitate to contact:

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The views expressed in this presentation do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.
1. Monitoring the Future, 2016
2. CDC High School Youth Risk Behavior Survey, 2015


References, continued


References, continued


