

ADAPT Substance Use Prevention Technical Webinar Series

Protective Factors in Substance Use

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RESOURCE SUPPLEMENT

April 8, 2021

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ADAPT: A Division for Advancing Prevention & Treatment

Mission

ADAPT is a division within the Center for Drug Policy and Prevention at the University of Baltimore. The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into communities.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Promote public health and public safety partnerships in substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention practices within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings and technical webinars to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of Best Practices in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability

CONNECT WITH US ON SOCIAL MEDIA!

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.

Platform	Direct Link
	Like our Facebook page today: https://www.facebook.com/ADAPT-100681361632663/
	Follow our LinkedIn Company page for the latest insights and updates: https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment
	Subscribe to our YouTube channel for informative video content! https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

For more information, email us at adapt@wb.hidta.org.

To be notified of upcoming webinars, products, and events, subscribe [here](#)!

ADAPT Upcoming Events

Concept Addressed	Technical Webinars (1.5 hours)	Date
Program Planning	Program Planning Fundamentals	2/18/21 Archived on YouTube
Program Evaluation	Program Evaluation: Getting to Outcomes	3/4/21 Archived on YouTube
Risk Factors	Interventions to Reduce Risk Factors for Substance Use	3/23/21 Archived on YouTube
Protective Factors	Interventions to Promote Protective Factors for Substance Use	4/8/21 2:30-4:00pm
Persuasive Messaging	Persuasive Message Strategies in Substance Use Prevention	5/6/21 2:30-4:00pm
Value Analysis	The Multiple Dimensions of Prevention Value	TBD
Appraising Evidence	Understanding Emerging, Promising, & Best Prevention Practices	TBD
Leadership	Leading Substance Use Prevention Efforts	TBD
Mentoring	Application of Mentoring Concepts in Substance Use Prevention	TBD

For each webinar, a corresponding 10-15 minute **Prevention Pearl** will be released.

Subscribe [here](#) for event announcements, including our upcoming **Evidence Based Practice Spotlight** series.





National Prevention Science Coalition

to improve lives

The National Prevention Science Coalition to Improve Lives (NPSC) was formed as a vehicle to facilitate the use of prevention science findings and evidence-based practices to improve social conditions that otherwise contribute to poor mental, behavioral and physical health. The NPSC is composed of over 700 scientists (representing over 75 universities and organizations), educators, clinicians, practitioners, communications specialists, policymakers and advocates. Domains of interest include inequalities and disparities, mental health, substance misuse, poverty, juvenile justice, child development and welfare, violence, and police-community relations, just to name a few.

Over the past 30 years, prevention science has identified key environmental and social factors that harm health and wellbeing, along with several programs, practices, and policies shown to reduce harm. The Institute of Medicine issued a report in 2009 about what prevention science has achieved. It noted that society now has the knowledge to ensure that virtually every young person arrives at adulthood with the skills, interests, values, and health habits they need to lead productive lives in caring relationships with others. We formed the NPSC to help convey this knowledge to the public and policy arenas.

Effective strategies for preventing behavioral and health problems come from the accumulated research about the risk factors that lead to problems, and the protective factors that prevent them. Prominent among these risk factors are deleterious environmental conditions such as poverty, economic inequality, and discrimination, conditions that increase stress, conflict, and coercive relationships. Neuroscience, epigenetics and behavioral science converge in showing that stress and conflict contribute to the development of most of the psychological and behavioral problems that reduce quality of life and contribute directly to inflammatory processes that lead to poor health and premature death.

With this knowledge, prevention scientists developed programs and policies to prevent multiple problems. At least 16 family-based programs have been shown to significantly improve the quality of family life and prevent many problems (e.g., antisocial behavior, anxiety, depression, alcohol and other substance misuse, risky sexual behavior, school absences, and academic performance). Numerous tested and effective school-based interventions can prevent multiple problems, from early childhood into adulthood. In addition, more than 40 policies have proven benefits in increasing families' economic and social stability.

Extensive analyses of the costs and benefits of these programs indicate that most cost far less than reactive approaches and they save in reduced healthcare, criminal justice, and educational costs, and in increased income to recipients. And perhaps of greatest importance is the potential for the principles that underlie effective interventions, once infused into our mindsets and daily practices, to have an enduring impact on subsequent generations.

We know the science exists to improve lives on a population level. The challenge is to make this knowledge accessible to the public, as well as to policymakers and administrators in federal, state, and municipal agencies that can use it to improve public policy. Few are aware of the wealth of rigorous and replicated research findings generated by prevention science. The NPSC is committed to informing policymakers and the public about the need to widely implement effective preventive interventions and fully embrace their principles by applying them in our daily interactions with children and youth.

NPSC Closes the Gaps

NPSC addresses the major obstacles that often discourage policymakers from drawing on prevention science to formulate effective policies. Major barriers include:

- Prevention research is captured in academic journals where findings are presented in technical language. NPSC educates policymakers and the public through briefings, policy papers, op-eds, fact sheets, and other means that report the science in an accessible format;
- The volume and complexity of new research is daunting. NPSC helps policymakers to distill and analyze key research, making it relevant to conditions in the districts they represent or regions over which they have jurisdiction;
- Policy makers often lack access to scientists who can interpret new research on prevention science and

draw connections to public policy. NPSC members include internationally prominent experts on the prevention of many of the most common and costly problems our nation contends with. We make ourselves available to policy makers and their staff for consultation and advice;

- Members of Congress and their staff lack personal relationships with researchers, which studies have found is an impediment to the use of research by policymakers. NPSC works to promote relationships between policy makers and researchers based on mutual trust, respect and responsiveness;
- Research findings often remain in silo'd disciplines such as neuroscience or social psychology. NPSC grants policy makers access to interdisciplinary teams who can draw on various fields of study, analyze the best data, and make recommendations to strengthen specific policy proposals; and
- Policy makers have limited access to objective, non-partisan sources of information and analysis on policy. Policymakers embrace NPSC as a source of nonpartisan information and advice which is transparent, honest, impartial, and free of any preconceived policy agenda.
- There are many settings that present opportunities for “knowledge mobilization”, one of 3 key goals for NPSC. We offer resources, informational materials, and expertise to governing bodies, school districts, community groups and stakeholders, primary care settings, foundations, and others that play a role in the nurturance of our children and youth.

Accomplishments

Since its creation in 2013, the NPSC has made significant progress in advancing the case for prevention. It has:

- Created a coalition of over 700 members and more than 60 nationally prominent organizations to promote prevention. A list of these organizations is available at <http://www.npscoalition.org/affiliations>.
- Formed the Congressional Prevention Policy Caucus to make the science accessible on Capitol Hill.
- Provided training to increase the capacity of NPSC members and scientists to advocate for prevention. We conduct workshops, trainings and resources useful for bridging science and policy.
- Hosted 20 [congressional briefings](#). Topics include school violence, child poverty, prevention of violence against women, childhood poverty, home visiting, police-community relations, budgeting for evidence-based prevention, and the prevention of human trafficking.
- Published numerous essays in outlets such as the *New York Times*, *Huffington Post*, *Baltimore Sun*, *JAMA*, *This View of Life*, and others, plus scholarly papers and books designed to promote greater use of prevention science.
- Provided consultation and technical assistance to the federal Evidence-Based Policy Making Commission and to state and local governments and healthcare and human services agencies regarding implementation of evidence-based prevention.

Strengthening Our Impact

Scientific evidence of what works holds the key to preventing problems that can ruin lives and devastate communities. Prevention science, which aims to eliminate problems before they take root, has the ability to place children and youth on the track to lead productive and healthy lives. The extensive expertise of NPSC members across multiple disciplines enables us to advise foundations and policymakers regarding implementation of effective practices and policies with potential to prevent the entire range of mental and behavioral problems.

For more information, contact:

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www.npscoalition.org

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National Prevention Science Coalition

to improve lives

WHAT IS PREVENTION SCIENCE?

Summary:

For 50 years, Prevention Science has generated practices that improve countless lives by strengthening the conditions for individuals, families, and communities to thrive. A wide range of effective programs and policies are now available to achieve these results. Strategies have been identified that fully support widespread scale-up, increase effective supports, and foster nurturing environments across all communities. By leveraging the policymaking process, we can ensure that the benefits of these advances reach all communities across our country.

Description:

Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. Prevention science draws from a diverse range of disciplines—including the epidemiological, social, psychological, behavioral, medical, and neurobiological sciences—to understand the determinants of societal, community and individual level problems (e.g., trauma, poverty, maltreatment). A central tenet of prevention science is the promotion of health equity and reduction of disparities by studying how social, economic and racial inequalities and discrimination influence healthy development and wellbeing. For well over 50 years, prevention science has generated practices and policies that have improved countless lives throughout the lifespan by avoiding negative health and social outcomes (e.g., addiction, academic failure, violence, mental illness) and strengthening conditions that enable individuals, families, and communities to thrive.

The policies, programs, and practices generated by the field have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and to promote healthy lifestyles, including:

- 1) Promoting daily physical activity to protect against chronic disease;
- 2) Disrupting pathways to substance use, abuse and addiction across the lifespan;
- 3) Improving academic and behavioral outcomes with the expansion of high-quality childcare and early learning and development, and promoting positive and supportive school environments;
- 4) Enhancing community-wide capacity to attenuate detrimental conditions and increase access to supportive services;
- 5) Increasing resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behavior; and
- 6) Supporting the development of healthy relationships to reduce interpersonal and domestic violence.

Moreover, evidence-based prevention strategies that address systemic and structural inequalities in neighborhoods, educational, and criminal justice practices have been developed and implemented.

The application of well-tested practices, strategies and policies generated by prevention science can lead to substantial cost-savings by investing in upstream strategies to avoid downstream costs. Examples of these investments include programs that prevent drug use in adolescents, reform educational practices, and support families to reduce the financial and human burden to communities. An integrated delivery system of comprehensive evidence-based prevention strategies that crosses many public sectors (e.g. education, child welfare, juvenile justice, health) is most cost-efficient and exerts wide scale benefits. Providing scientifically-based guidance and resources to legislative and administrative decision-makers will facilitate the integration of best practices from prevention science into policy.

A wide range of effective, well-tested programs and policies are available to achieve these results. Moreover, the field continues to harness the potential for prevention science to improve lives on a population level by further expanding upon the evidence-base. The impact on individual lives, systems (e.g., schools, child welfare), communities, and society can increase exponentially with additional investment of resources and systems to support the development, evaluation, and implementation of evidence-based programs and policies.

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

Weblinks

1. The National Prevention Science Coalition to Improve Lives (NPSC)

www.npscoalition.org

The NPSC envisions a society that fosters nurturing environments and caring relationships for the well-being of all. This page highlights the evidence-based productions and projects used to protect individuals and their societies, including recent publications and congressional briefings.

2. The Impact Center at the Frank Porter Graham (FPG) Child Development Institute

<https://impact.fpg.unc.edu>

The Impact Center at the University of North Carolina at Chapel Hill focuses on how effective prevention strategies are implemented to improve the wellbeing of individuals up to large scale communities. The three focus areas include Implementation Support, Quality and Outcome Monitoring, and Media and Networking.

3. Program for Translational Research on Adversity and Neurodevelopment

www.p-tran.com

The Program for Translational Research on Adversity and Neurodevelopment at Pennsylvania State University uses a neuroscientific approach to understand, and therefore prevent, behavioral health issues. The goal of this program is to utilize applied research to impact child development, families, and communities.

4. The Coalition for the Promotion of Behavioral Health

<https://www.coalitionforbehavioralhealth.org/training-modules/>

The Coalition for the Promotion of Behavioral Health offers four different training modules for students, professionals, and the public created by coalition members. These include: 1) Introduction to Prevention Theory and Concepts, 2) Direct Practice in Prevention, 3) Community Prevention Practice, and 4) Policy Prevention Practice.

5. Life Skills Training Shields Teens From Prescription Opioid Misuse

<https://archives.drugabuse.gov/news-events/nida-notes/2015/12/life-skills-training-shields-teens-prescription-opioid-misuse>

This article summarizes three intervention given to 7th grade students from the PROSPER prevention program (or PRoMoting School-community-university Partnerships to Enhance Resilience): 1) Life Skills Training, 2) All Starts, and 3) Project Alert. This overview outlines findings from a four-year follow up, notably a decrease in the use of drugs and/or alcohol.

Substance Use Prevention Fundamentals Webinar:

Protective Factors: How We Can Nurture the Development of Young People by Strengthening Influences that Protect Them

Anthony Biglan, Ph.D.
Senior Scientist, Oregon Research Institute
President, Values to Action



Housekeeping

Copy of TEST of Program Plan... x

https://gotowebcasts.com/viewer/event.jsp?e=1454231&wp_key=d204c73419

ADAPT
A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION

Community Engagement for HIDTA Prevention

New England HIDTA (Stephanie Thompson & Jack Foster)
West Texas HIDTA (Mary Ellen Hernandez)
San Diego and Imperial Valley HIDTA (Aimee Hendle)
The ADAPT Team

Washington/Baltimore
HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

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GoToWebcast Technical Support: 1-800-860-6814

ADAPT: adapt@wb.hidta.org

Objectives:

- To understand how prevention research seeks to identify conditions that reduce risk for substance use disorders and all other psychological and behavioral problems;
- To become familiar with the social determinants of health and how they influence multiple outcomes for children, families and communities;
- To understand the fundamental conditions that ensure successful development;
- To know how preventive interventions work to combat risk through environments that nurture prosocial development;
- To recognize the need for comprehensive, evidence-based programs and policies to create environments that nurture positive social development in all of its forms.

RISK AND PROTECTIVE FACTORS

Risk Factors

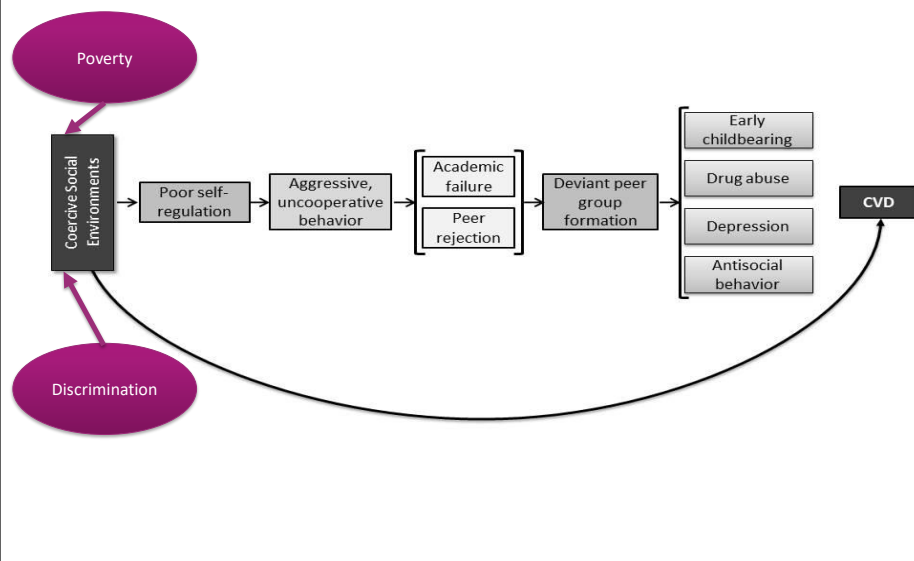
- Over the past fifty years, prevention scientists have identified numerous risk factors that make it more likely that children and adolescents will develop significant psychological and behavioral problems.
- The problems include: depression, anxiety, aggression, substance use, academic failure, obesity, metabolic syndrome, and suicide.
- These problems are frequently inter-related; having one of them makes it more likely that a young person will have others.

Types of Risk Factors

- Behavioral patterns that are risk factors, such as aggressive behavior leading to other problems
- Biological risk factors: genetic, metabolic syndrome, chronic physiological stress processes
- Toxic Social environments—coercion, threat, and neglect
- Poverty, inequality, discrimination, and harmful marketing

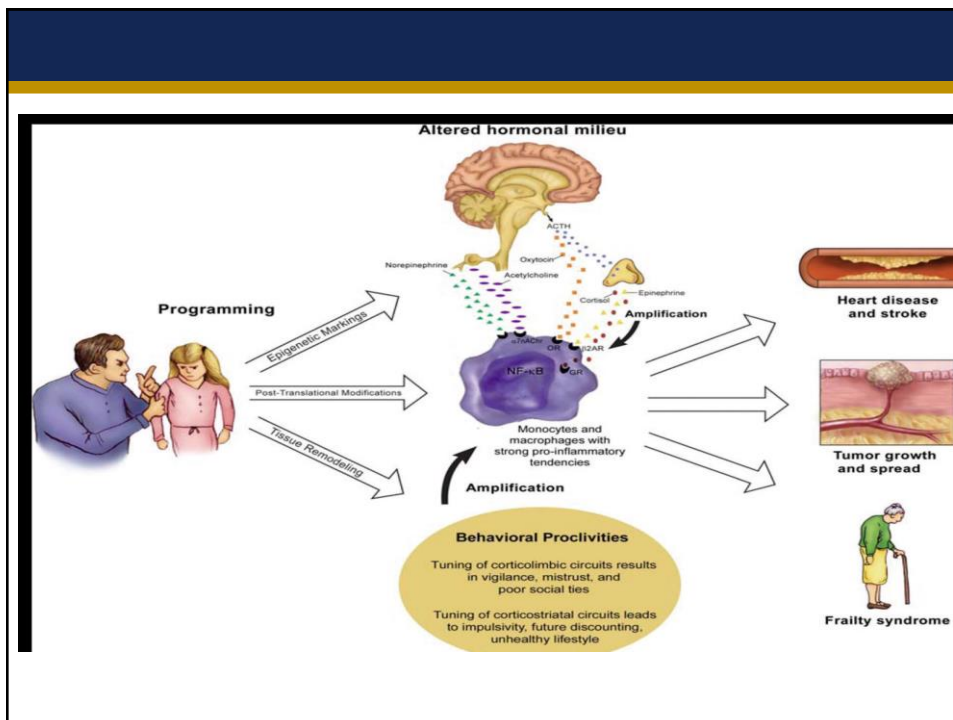
TOXIC SOCIAL CONDITIONS

"Fast" Developmental Pathway

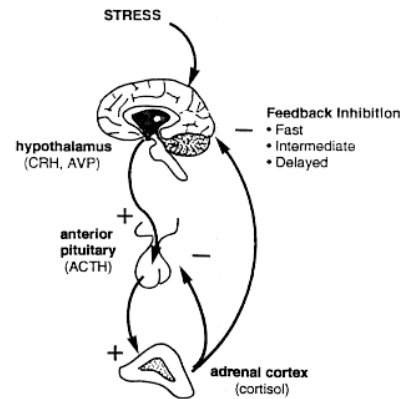


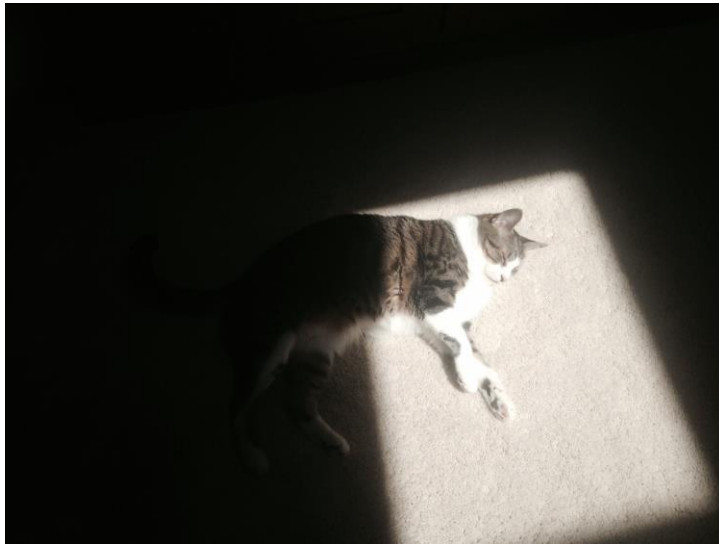
It is important to understand

- Substance Use is associated with numerous other psychological and behavioral problems.
- One of the main reasons is that all of these problems are made more likely by environments that fail to nurture successful developments.
- This implies that a prevention strategy that focuses only on the prevention of substance use will have a limited impact, if related problems such as academic failure, antisocial behavior, and depression are not prevented.



The physiological stress response





PROTECTIVE FACTORS

All of the Things that Nurture Successful Child and Adolescent Development

The Nurture Consilience

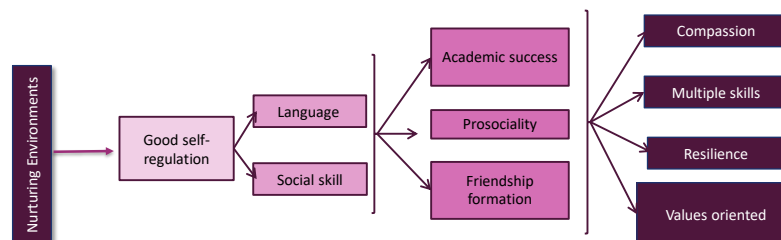
- Diverse disciplines including biology, medicine, public health, social work, and social, clinical, and developmental psychology converge in identifying the environmental conditions that promote vs. undermine wellbeing.
- I have found it useful to organize the evidence around the concept of nurturance.

Nurturing Environments

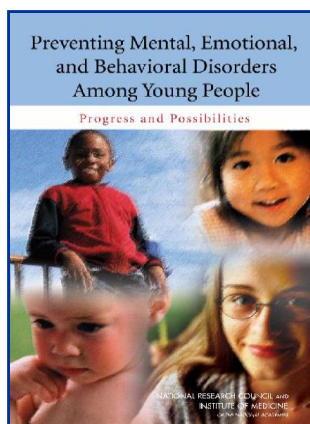
- Minimize toxic biological and social conditions
- Limit opportunities and influences for problem behavior
- Richly reinforce diverse forms of prosocial behavior
- Promote psychological flexibility: the mindful and pragmatic pursuit of one's values, even in the context of troubling thoughts and feelings.

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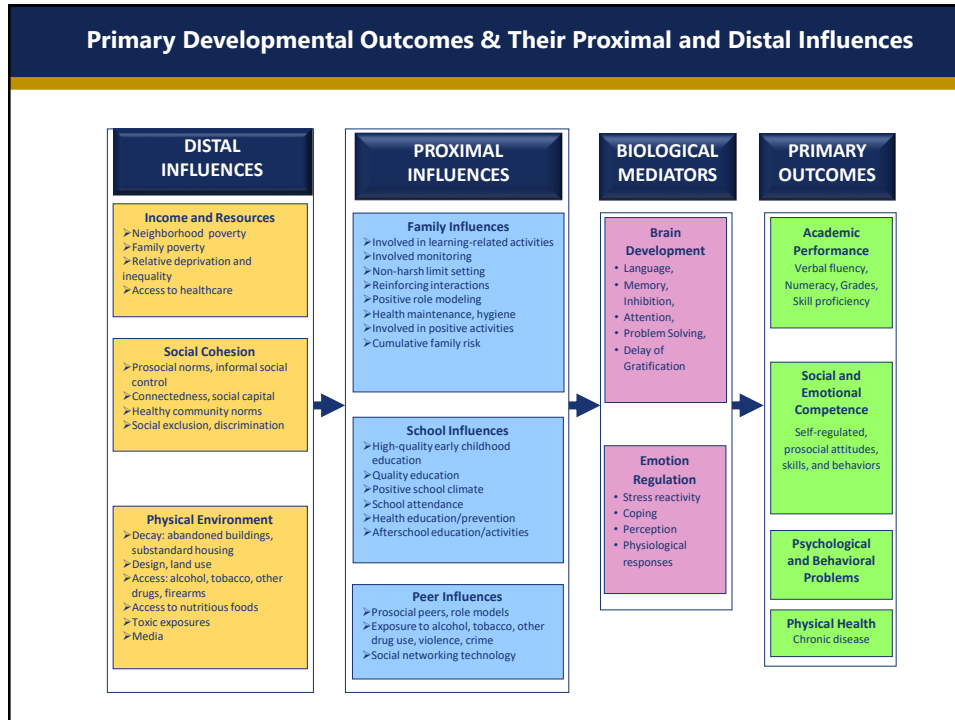
The “Slow” Developmental Pathway



THE POWER OF PREVENTION



“The scientific foundation has been created for the nation to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others.”



DISTAL INFLUENCES

Income and Resources

- Family economic wellbeing
- Well funded schools
- Access to healthcare

Social Cohesion

- Prosocial norms, informal social control
- Connectedness, social capital
- Healthy community norms
- Minimal Conflict

Physical Environment

- Affordable Housing
- Parks, walkable neighborhoods
- Trees, flowers, attractive buildings
- Limited access to alcohol, tobacco, other drugs, and firearms
- Access to nutritious foods; supermarkets, community gardens
- Elimination of toxic waste

Proximal Influences

- Families
- Schools
- Peers

Nurturing Families

- Two Parent Families
- Involved in learning-related activities
- Involved monitoring
- Non-harsh limit setting
- Richly Reinforcing
- Positive role modeling
- Health maintenance, hygiene
- Involved in positive activities

Evidence-Based Family Interventions through the Lifespan

Program (Target age)	Impact
Strong African American Families Program (5-11)	Alcohol, Close Relationships with Parents, Delinquency and Criminal Behavior, Truancy - School Attendance
Strengthening Families (10-14)	Alcohol, Antisocial-aggressive Behavior, Close Relationships with Parents, Illicit Drug Use, Internalizing, Tobacco
EFFEKT (12-14)	Alcohol, Delinquency and Criminal Behavior
Familias Unidas Preventive Intervention (12-18)	Externalizing, Illicit Drug Use, Sexual Risk Behaviors
Guiding Good Choices (12-14)	Alcohol, Delinquency and Criminal Behavior, Depression, Illicit Drug Use
Positive Family Support – Family Check-up (12-14)	Alcohol, Depression, Sexual Risk Behaviors, Tobacco
Functional Family Therapy (FFT; 12-18)	Delinquency and Criminal Behavior, Illicit Drug Use
Multisystemic Therapy – Problem Sexual Behavior (MST-PSB; 12-18)	Academic Performance, Adult Crime, Delinquency and Criminal Behavior, Illicit Drug Use, Mental Health - Other, Prosocial with Peers, Sexual Risk Behaviors, Sexual Violence

Evidence-Based Family Interventions through the Lifespan

Leslie et al., 2016

Program (Target age)	Impact
Family Foundations (0-2)	Antisocial-aggressive Behavior, Anxiety, Conduct Problems, Depression, Externalizing, Internalizing, Prosocial with Peers
Nurse-Family Partnership (0-2)	Child Maltreatment, Delinquency and Criminal Behavior, Early Cognitive Development, Internalizing, Mental Health - Other, Physical Health and Well-Being, Preschool Communication/Language Development, Reciprocal Parent-Child Warmth
Family Check-up (Toddler Version; 0-2)	Conduct Problems, Externalizing, Internalizing, Reciprocal Parent-Child Warmth
Triple P System (0-11)	Child Maltreatment, Mental Health – Other
Incredible Years – Parent (3-11)	Antisocial-aggressive Behavior, Close Relationships with Parents, Conduct Problems, Depression, Externalizing, Internalizing, Positive Social/Prosocial Behavior
Parent Management Training – Oregon Model (3-18)	Antisocial-aggressive Behavior, Conduct Problems, Delinquency and Criminal Behavior, Externalizing, Internalizing
Parent-Child Interaction Therapy (PCIT; 3-11)	Antisocial-aggressive Behavior, Child Maltreatment, Conduct Problems
New Beginnings (For children of divorce; 5-18)	Antisocial-aggressive Behavior, Close Relationships with Parents, Externalizing, Internalizing, Mental Health - Other, Reciprocal Parent-Child Warmth, Sexual Risk Behaviors

Nurse-Family Partnership

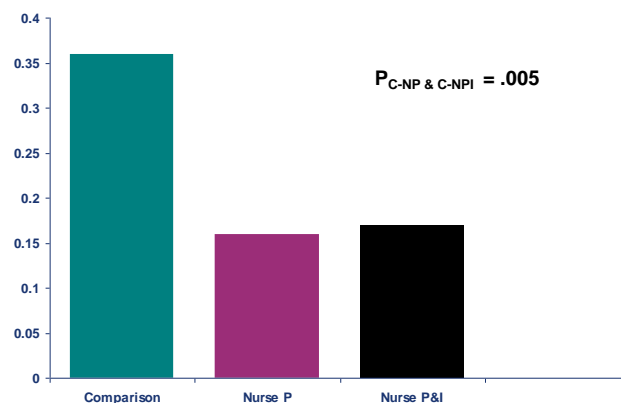
- Pregnancy through infancy
- Focus on
 - Prenatal care
 - Maternal smoking
 - Mothering
 - Contraception
 - Work life



Nurse-Family Partnership

- Evaluated in three randomized trials for poor, teenage, single mothers
- Significant effects on
 - Abuse and neglect
 - Children's behavioral development
 - Mother's economic wellbeing
 - Time to next baby
 - Children's arrests as adolescents

Adjusted rates of arrests, 15-year olds, Elmira



Richly Reinforcing Diverse Forms of Prosocial Behavior

- We're not talking about M&Ms and stickers.
- We are talking about attention, listening, smiling, touching, hugging, approval, and warmth.
- These vital ingredients keep people persevering, innovating, caring for others, and learning new things.
- We thrive on reinforcement!

School Influences

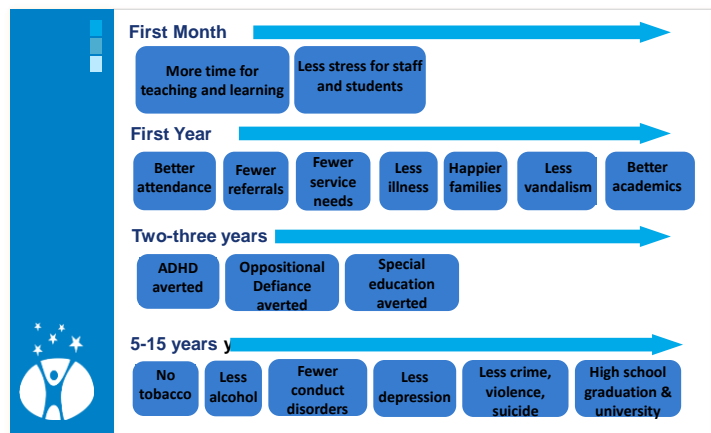
- High-quality early childhood education
- Quality education
 - Effective, explicit instruction
 - Especially in reading and math!
- Positive school climate--PBIS
- School attendance
- Health education/prevention
- Afterschool education/activities
 - There are huge differences between affluent schools and poorer schools in after-school activities and it makes a difference!

The Good Behavior Game

- Classroom teams in elementary school earn small rewards for being on-task and cooperative



Timeline of benefits



Benefit-Cost Summary Statistics Per Participant

Benefits to:					
Taxpayers	\$2,749	Benefits minus costs	\$9,913		
Participants	\$3,575	Benefit to cost ratio	\$62.80		
Others	\$3,128	Chance the program will produce			
Indirect	\$620	benefits greater than the costs	76 %		
Total benefits	\$10,073				
Net program cost	(\$160)				
Benefits minus cost	\$9,913				

<http://www.wsipp.wa.gov/BenefitCost/Program/82>

Peer Influences

- Prosocial peers, role models
- Promotion of positive social relations through programs such as
 - Cooperative Learning
 - The Good Behavior Game
- Prosocial social networking technology

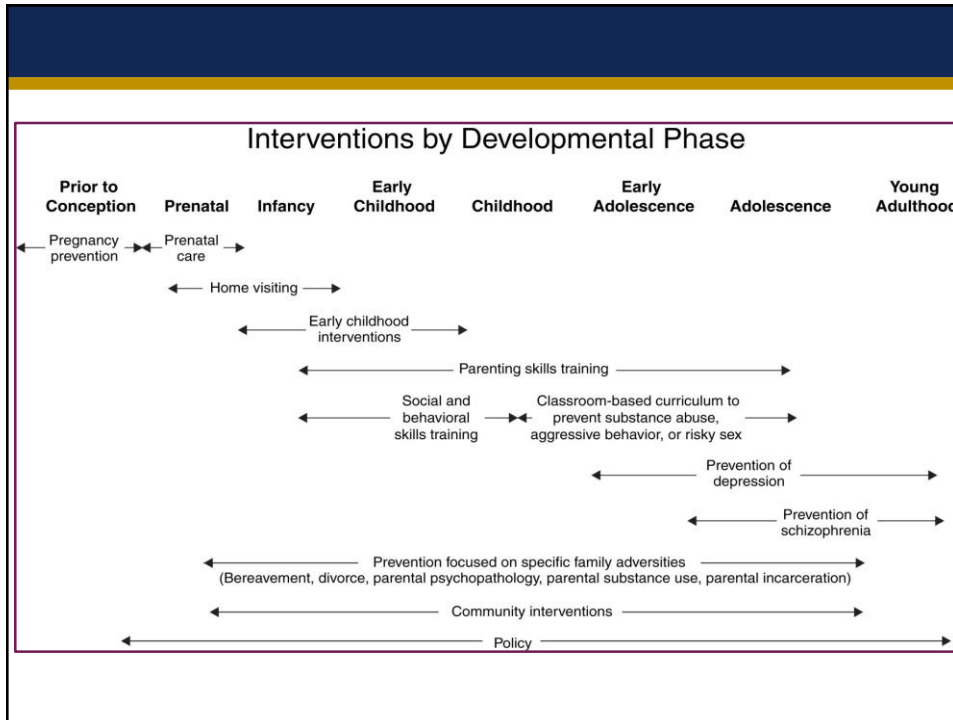
A STRATEGIC PLAN FOR STRENGTHENING AMERICA'S FAMILIES: A BRIEF FROM THE COALITION OF BEHAVIORAL SCIENCE ORGANIZATIONS



https://4b4d0f0d-605d-4de7-a76b-c9ea40c1483e.filesusr.com/ugd/a3171d_76a14483a4ef483f851cda4ca7fba2ea.pdf

SO HOW DO WE PROMOTE PROTECTIVE FACTORS

It is not enough to understand protective factors, we need to promote them.



Public Health

- Any aspect of human wellbeing can be examined in terms of its impact on the incidence and prevalence of that aspect in a population.
 - Covid-19 infections
 - Cigarette smoking
 - Depression
 - Kindness
 - Economic wellbeing
 - Greenhouse gas emissions
- Relevant from the level of a neighborhood to the level of a state, the nation, or the entire world.

From a Public Health Perspective

- We are concerned with the incidence and prevalence of substance use and substance use disorders.
- But if we want to reduce the incidence and prevalence of disorders, we need to increase the prevalence of all of the protective factors that nurture wellbeing and prevent not only substance use, but most of the common and costly psychological and behavioral problems.

A Final Thought

- You are the key to building a society that nurtures everyone's wellbeing.

Questions?

Anthony Biglan, Ph.D.
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References

- O'Connell, M. E., Boat, T., & Warner, K. E.. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press.
- Leslie, L. K., Mehus, C. J., Hawkins, J. D., Boat, T., McCabe, M. A., Barkin, S., Perrin, E. C., Metzler, C. W., Prado, G., Tait, V. F., Brown, R., & Beardslee, W. (2016). Primary Health Care: Potential Home for Family-Focused Preventive Interventions. *American journal of preventive medicine*, 51(4), S106-S118. <https://doi.org/10.1016/j.amepre.2016.05.014>
- <http://www.wsipp.wa.gov/BenefitCost/Program/82>
- Biglan A, Elfner K, Garbacz SA, Komro K, Prinz RJ, Weist MD, Wilson DK, Zarling A. A Strategic Plan for Strengthening America's Families: A Brief from the Coalition of Behavioral Science Organizations. *Clin Child Fam Psychol Rev*. 2020 Jun;23(2):153-175. doi: 10.1007/s10567-020-00318-0. PMID: 32347415; PMCID: PMC7186188.

Protective Factors in Substance Use:

Resources Recommended by the Presenter

Resource
<p>Values to Action</p> <p>https://www.valuestoaction.com/</p>
<p>Biglan, A., <i>The nurture effect: How the science of human behavior can improve our lives and our world</i>. New Harbinger: Oakland, CA, 2015.</p> <p>https://www.valuestoaction.com/books</p>
<p>National Research Council; Institute of Medicine, <i>Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education</i>. The National Academies Press: Washington, DC, 2009.</p> <p>https://www.ncbi.nlm.nih.gov/books/NBK32775/</p>
<p>National Academy of Sciences, Engineering, & Medicine. <i>Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda</i>; National Academy of Sciences: Washington, DC, 2019.</p> <p>https://pubmed.ncbi.nlm.nih.gov/31869055/</p>
<p>Biglan, A.; Johansson, M.; Van Ryzin, M.; Embry, D., Scaling up and scaling out: Consilience and the evolution of more nurturing societies. <i>Clinical Psychology Review</i> 2020.</p> <p>https://www.sciencedirect.com/science/article/abs/pii/S0272735820300817</p>

<p>Johansson, M.; Biglan, A.; Embry, D., The PAX Good Behavior Game: One Model for Evolving a More Nurturing Society. <i>Journal of Contextual Behavioral Science</i> In Press.</p> <p>https://pubmed.ncbi.nlm.nih.gov/32839866/</p>
<p>Van Ryzin, M.; Fishbein, D.; Biglan, A., The Promise of Prevention Science for Addressing Intergenerational Poverty. <i>Psychology, public policy, and law : an official law review of the University of Arizona College of Law and the University of Miami School of Law</i> 2018, 24 (1), 128-143.</p> <p>https://psycnet.apa.org/record/2017-31602-001</p>
<p>Biglan, A.; Van Ryzin, M. J., Behavioral Science and the Prevention of Adolescent Substance Abuse. <i>Perspect Behav Sci</i> 2019, 42 (3), 547-563.</p> <p>https://pubmed.ncbi.nlm.nih.gov/31976449/</p>
<p>Van Ryzin, M. J.; Roseth, C. J.; Biglan, A., Mediators of Effects of Cooperative Learning on Prosocial Behavior in Middle School. <i>International Journal of Applied Positive Psychology</i> 2020, 5 (1), 37-52.</p> <p>https://europepmc.org/article/MED/33664528</p>
<p>Biglan, A.; Van Ryzin, M.; Westling, E., A public health framework for the regulation of marketing. <i>Journal of Public Health Policy</i> 2019, 40 (1), 66-75.</p> <p>https://pubmed.ncbi.nlm.nih.gov/30546111/</p>
<p>Leslie, L. K., Mehus, C. J., Hawkins, J. D., Boat, T., McCabe, M. A., Barkin, S., Perrin, E. C., Metzler, C. W., Prado, G., Tait, V. F., Brown, R., & Beardslee, W. (2016). Primary Health Care: Potential Home for Family-Focused Preventive Interventions. <i>American journal of preventive medicine</i>, 51(4), S106-S118.</p> <p>https://doi.org/10.1016/j.amepre.2016.05.014</p>

** Many of the peer-reviewed articles above can be accessed directly through the following website: <https://www.valuestoaction.com/blog-1>.

Additional Risk Factors in Substance Use Web Resources

Organization	Resources
National Institute on Drug Abuse (NIDA)	<p>“Risk and Protective Factors in Drug Abuse Prevention.”</p> <ul style="list-style-type: none"> - https://archives.drugabuse.gov/news-events/nida-notes/2002/02/risk-protective-factors-in-drug-abuse-prevention <p>“Principles of Substance Abuse Prevention for Early Childhood. Chapter 2: Risk and Protective Factors.”</p> <ul style="list-style-type: none"> - https://www.drugabuse.gov/sites/default/files/early_childhood_prevention_march_2016.pdf <p>“Preventing Drug Use among Children and Adolescents (In Brief). Chapter 2: What are Risk Factors and Protective Factors?”</p> <ul style="list-style-type: none"> - https://www.drugabuse.gov/sites/default/files/preventingdruguse_2_1.pdf
Youth.Gov	<p>“Substance Abuse Prevention: Risk & Protective Factors.”</p> <ul style="list-style-type: none"> - https://youth.gov/youth-topics/risk-and-protective-factors
Substance Abuse & Mental Health Services Administration (SAMHSA)	<p>“Risk and Protective Factors”</p> <ul style="list-style-type: none"> - https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf