ADAPT Substance Use Prevention
Technical Webinar Series

WHAT WORKS (& DOESN'T WORK) IN SUBSTANCE USE PREVENTION

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NPSC To Improve Lives

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

Washington/Baltimore HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA

RESOURCE SUPPLEMENT

July 14, 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
facebook	Like our Facebook page today: https://www.facebook.com/ADAPT-100681361632663/
LinkedIn	Follow our LinkedIn Company page for the latest insights and updates: https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment
YouTube	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 Events

Concept Addressed	Previous & Upcoming Technical Webinars	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** Archived on YouTube
Persuasive Messaging	Persuasive Message Strategies in Substance Use Prevention	**5/6/21** Archived on YouTube
Persuasive Messaging Part II	EQUIP: A Model to Guide You in Constructing Persuasive Prevention Messages	**6/3/21** Archived on YouTube
Value Analysis	The Value of Prevention: Demystifying the Cost-Benefit Analysis	**6/15/21** Archived on YouTube
Appraising Evidence	Understanding Emerging, Promising, & Best Prevention Practices	**6/23/21** Archived on YouTube
What Works in Prevention	What Works (and Doesn't) in Drug Prevention	**7/14/21**

ADAPT
A Division for Advancing Prevention & Treatment
CULTIVATING PREVENTION

Announcing the
Evidence Based Practice Spotlight series.

SCOPE of Pain

A curriculum designed to help providers safely and effectively manage patients with acute and/or chronic pain, when appropriate, with opioid analgesics.

July 15, 2021
2:30-4:00pm EST

Registration coming soon!

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'ed 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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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 canlead 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 apopulation 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 recentpublications 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 individualsup 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 appliedresearch 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. Theseinclude: 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**

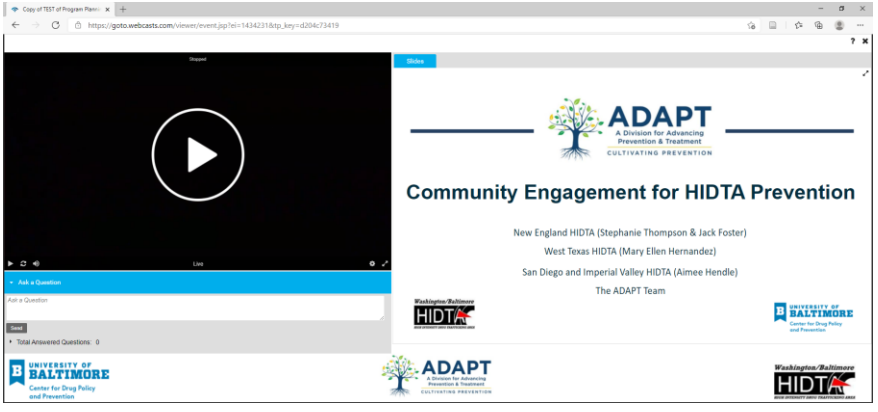
   https://archives.drugabuse.gov/news-events/nida-notes/2015/12/life-skills-training-shields-teens-prescription-opioid-misuse

   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: What Works (and What Doesn't Work) in Substance Use Prevention

Dr. Robert G. LaChausse
Department of Public Health Sciences
California Baptist University

Housekeeping



GoToWebcast Technical Support: 1-800-860-6814

ADAPT: adapt@wb.hidta.org

By the end of this webinar, participants will be able to:

- apply research, contextual, and experiential evidence in their decision-making process.
- know one ineffective and one effective approach to substance use prevention.
- explain 3 characteristics of effective substance use prevention programs.
- identify one thing they can improve about their prevention strategies to make it more effective.

Introduction

Introduction

- What do we mean by "effective"?

Introduction

- What do we mean by "effective"?
- What do we mean by "evidence"?

Puddy & Wilkins, 2011

Introduction

- What do we mean by "effective"?
- What do we mean by "evidence"?
- Why are these concepts important?

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, DC 20503

The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One

The overdose and addiction crisis has taken a heartbreaking toll on far too many Americans and their families. Since 2015, overdose death numbers have risen 35 percent, reaching a historic high of 70,630 deaths in 2019.[1] This is a greater rate of increase than for any other type of injury death in the United States.[2] Though illicitly manufactured fentanyl and synthetic opioids other than methadone (SOOTM) have been the primary driver behind the increase, overdose deaths involving cocaine and other psychostimulants, like methamphetamine,[3] have also risen in recent years, particularly in combination with SOOTM. New data suggest that COVID-19 has exacerbated the epidemic,[4, 5] and increases in overdose mortality[6] have underscored systemic inequities in our nation's approach to criminal justice and prevention, treatment, and recovery.

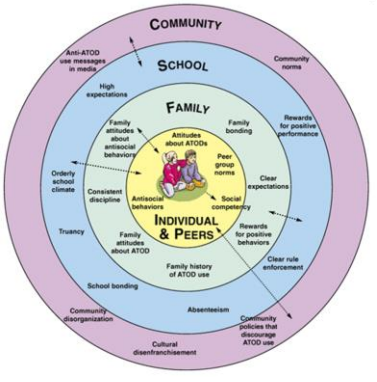
President Biden has made clear that addressing the overdose and addiction epidemic is an urgent priority for his administration. In March, the President signed into law the American Rescue Plan, which appropriated nearly $4 billion to enable the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration to expand access to vital behavioral health services. President Biden has also said that people should not be incarcerated for drug use but should be offered treatment instead. The President has also emphasized the need to eradicate racial, gender, and economic inequities that currently exist in the criminal justice system.

These drug policy priorities—statutorily due to Congress by April 1st of an inaugural year—take a bold approach to reducing overdoses and saving lives.[7] The priorities provide guideposts to ensure that the federal government promotes evidence-based public health and public safety interventions. The priorities also emphasize several cross-cutting facets of the epidemic, namely by focusing on ensuring racial equity in drug policy and promoting harm-reduction efforts. The priorities are:

- Expanding access to evidence-based treatment;
- Advancing racial equity issues in our approach to drug policy;
- Enhancing evidence-based harm reduction efforts;
- Supporting evidence-based prevention efforts to reduce youth substance use;
- Reducing the supply of illicit substances;
- Advancing recovery-ready workplaces and expanding the addiction workforce; and
- Expanding access to recovery support services.

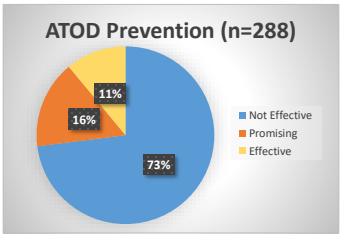
Introduction

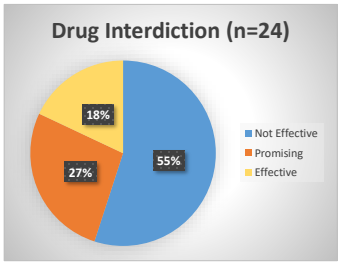
- What do we mean by "effective"?
- What do we mean by "evidence"?
- Why are these concepts important?
- Difference between universal, individual & community level programs

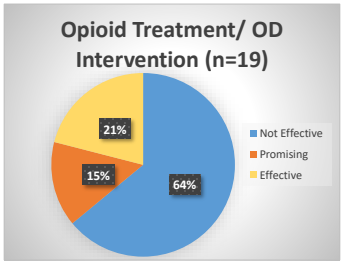


We Know Some Things

We Know Some Things







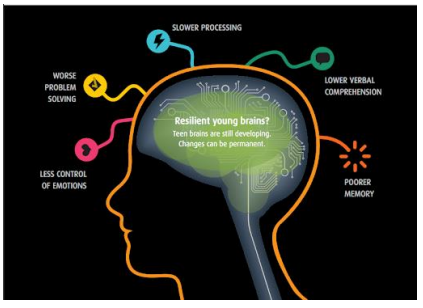
OJJDP (2015); Mathematica (2014); SAMHSA (2013); Dreisinger et al., (2018); RAND (2017)

What Does Not Work in Substance Use Prevention

What Does the Research Say?

What Doesn't Work

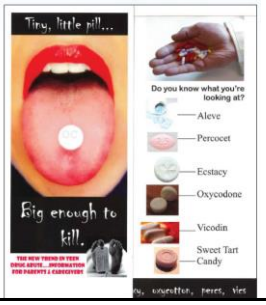
- Bio-medical approaches



What Does the Research Say?

What Doesn't Work

- Bio-medical approaches
- Informational approaches



What Does the Research Say?

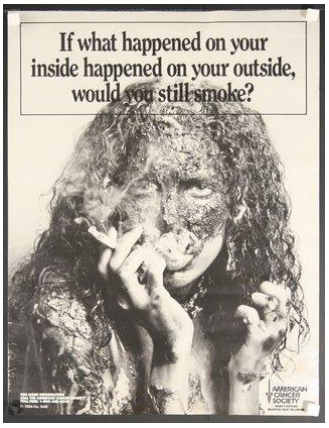
What Doesn't Work

- Bio-medical approaches
- Informational approaches
- Guest Speakers/Assemblies

What Does the Research Say?

What Doesn't Work

- Bio-medical approaches
- Informational approaches
- Guest Speakers/Assemblies
- Scare tactics



What Does the Research Say?

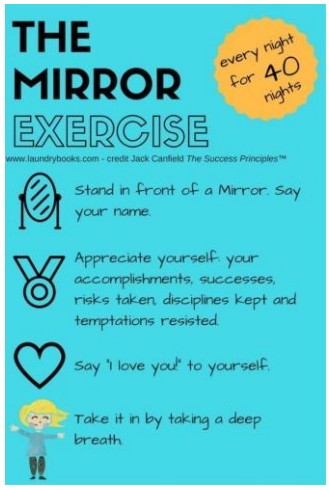
What Doesn't Work

- Bio-medical approaches
- Informational approaches
- Guest Speakers/Assemblies
- Scare tactics
- Dramatizations

What Does the Research Say?

What Doesn't Work

- Bio-medical approaches
- Informational approaches
- Guest Speakers/Assemblies
- Scare tactics
- Dramatizations
- Affective-only approaches



What Works in Substance Use Prevention

What Does the Research Say?

Steps of the Refusing Skill

1. **Find out what they want you to do.**
   (What ...?, Where ...?, Who ...?)
2. **Say the name of the trouble.**
   (That's ...)
3. **Predict consequences.**
   (If I/we were to do that ...)
4. **Recommend other things to do together.**
   (Instead, why don't we ...)
5. **Invite them to join you as you leave.**
   (... would really be fun. If you change your mind ...)

What Works

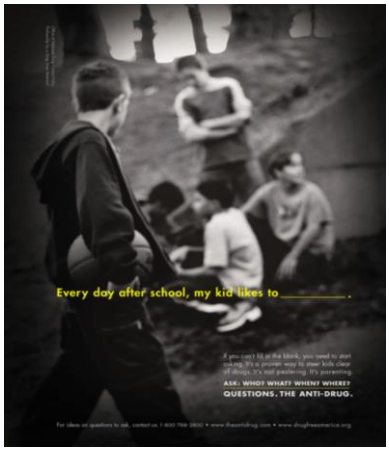
- Drug resistance skills training

What Does the Research Say?

What Works

- Drug resistance skills training
- Allow participants to practice decision making, assertive communication, and refusal skills

What Does the Research Say?



What Works

- Drug resistance skills training
- Allow participants to practice decision making, assertive communication, and refusal skills
- Training to increase parent-child monitoring

What Does the Research Say?

Socio-Ecological Approach		
Risk Factors	**Domain**	**Protective Factors**
Lack of skills	Individual	Self-efficacy to refute pressure to use drugs
Lack of Parental supervision	Family	Parental Monitoring
Association with peers that use drugs	Peer	Positive after school activities
School failure	School	School connectedness
Easy access to ATOD	Community	Strong laws/ policies

What Works

- Drug resistance skills training
- Allow participants to practice decision making, assertive communication, and refusal skills
- Increase parent-child monitoring
- Socio-ecological approaches

What Does the Research Say?

What Works

- Drug resistance skills training
- Allow participants to practice decision making, assertive communication, and refusal skills
- Increase parent-child monitoring
- Socio-ecological approaches
- Counter advertising

Characteristics of Effective Drug Prevention Programs

Characteristics of Effective Substance Use Prevention Programs

1. Have a clear focus on changing behaviors.
2. Are research–based and theory-driven.
3. Focus on the learning and practice of drug resistance skills.
4. Enhance protective factors.
5. Increases positive relationships with peer, parents, and other significant adults.

(Griffin & Botvin, 2010; Nation et al., 2003; Dusenbury & Falco, 1995)

Characteristics of Effective Substance Use Prevention Programs (cont.)

6. Uses interactive strategies designed to personalize information and engage participants.
7. Change school and/or community policies/laws
8. Socially, developmentally, and culturally relevant.
9. Adequate dosage.
10. Includes facilitator training.
11. Evaluated to monitor if they are working.

(Griffin & Botvin, 2010; Nation et al., 2003; Dusenbury & Falco, 1995)

Identifying and Selecting Evidence-Based Interventions

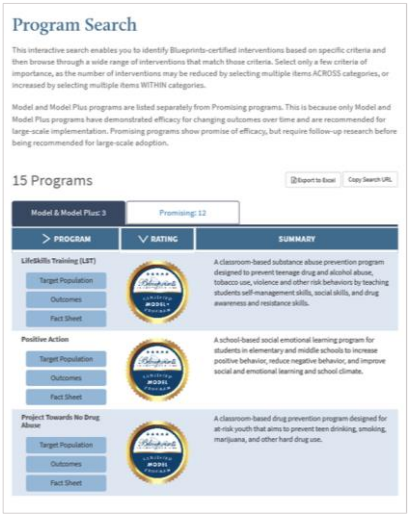
Finding an Evidenced- Based Intervention (EBI)

- There are several registries available online
  - they are helpful BUT they are not able to inventory all potentially effective interventions.
  - Each have own criteria, standards, and rating system
- Advantages- Easy to access, list important info., contact info. of developers
- Limitations- Not all EBIs may be listed, conflict of interest, self-nominated vs. transparent/rigorous review process
- Need to look beyond research evidence; need to include contextual evidence (i.e., implementation fidelity) and user experience.
- Peer Reviewed journals- *Journal of Prevention Research*, *Health Education and Behavior*, *Drugs: Education, Prevention, and Policy*, etc.
- Contact experts in the field
- Contact users in the community

Finding an Evidenced- Based Intervention (EBI)

- What Works Clearinghouse (https://ies.ed.gov/ncee/wwc/)
- Blueprints (https://www.blueprintsprograms.org/)
- California Evidence-Based Clearinghouse (https://www.cebc4cw.org/)
- Cochrane Collaborative (https://www.cochrane.org/)

Example: Blueprints



Outcomes

The numerous evaluations of Life Skills Training (LST) cover multiple outcomes and follow-up periods. Early studies focused on tobacco use, followed by studies focused on alcohol and marijuana use, polydrug use, and illicit drug use other than marijuana. More recent studies examined the effectiveness of LST on HIV/AIDS risk behaviors, risky driving, and violence and delinquency. Studies testing LST have not only demonstrated short-term effects, but also provide evidence of its long-term effectiveness, with several studies providing 5-6 year follow-up data, and one study providing 10-year follow-up data.

- Tobacco use: Across several studies, short-term effects show that the intervention reduces smoking among intervention group participants, relative to controls, up to 87% (Botvin et al., 1983). In a long-term follow-up study, findings indicated that the intervention group had a mean rate of monthly smoking that was lower by 28% than the control group (.21 versus .29) at the 6-year follow-up (Spoth et al., 2008).
- Alcohol use: Across studies, short-term effects show that the intervention reduces alcohol use among intervention group participants, relative to controls. At 1-year follow-up, one study found that the relative reduction rate (percentage difference in the proportion of new users in LST relative to Controls) was 4.1% (Spoth et al., 2002). In another study, the intervention group engaged in 50% less binge drinking relative to controls at the 1- and 2-year follow-up assessments (Botvin et al., 2001a).
- Marijuana use: Several studies have shown short- and long-term effects on marijuana, with one long-term study showing a 66% reduction among intervention group participants relative to controls (Botvin et al., 1990).
- Polydrug use: In one study (Spoth et al., 2002), the intervention group had a mean current polydrug use at the one-year follow-up that was lower by 27% than the control group (.24 versus .33). In another study (Botvin et al., 1995), prevalence of weekly use of alcohol, tobacco, and marijuana at the 6-year follow-up was 66% lower among intervention youth relative to control participants at the end of high school.
- Illicit drug use: At 12th grade (6-year) follow-up, the LST group was significantly lower in lifetime methamphetamine use than the control group (Spoth et al., 2006). In another long-term study, with a non-random subsample of the original cohort, the LST group had lower rates of overall illicit drug use, illicit drug use other than marijuana, heroin and other narcotics, and hallucinogens, relative to the control group condition, at the 6.5 year follow-up assessment (Botvin et al., 2000). LST significantly reduced opiod use in the 12th grade, compared to controls (Crowley et al. 2014)
- Violence and delinquency: At 3-month follow-up, the intervention group showed reductions of 32% in delinquency in the past year, 26% in high-frequency fighting in the past year, and 36% in high frequency delinquency in the past year (Botvin et al., 2006).
- HIV risk behaviors: 10-year follow-up results, with only 37% of the original baseline sample, showed significant long-term LST prevention effects for HIV risk (having multiple sex partners, having intercourse when drunk or high, and recent high risk substance use) (Griffin et al., 2006).
- Risky driving: At 6-year follow-up, the intervention group had 20% with violations compared to 25% in the control group (Griffin et al., 2004).
- Trends in substance use initiation: Over two years of implementation, the rate of increase in substance use initiation was lower for the treatment condition than the control.

Program Effects on Risk and Protective Factors:

- Knowledge and attitudes: Across several studies, the intervention group showed significantly greater improvement than the control group in life skills knowledge, substance use knowledge, and perceived adult substance use, both at short-term and longer-term follow-ups.
- Trends in substance use expectancy: Over two years of implementation, the rate of decrease in negative expectancies surrounding substance use was smaller in the treatment condition than the control (Trudeau, 2003), although this difference in trends was only marginally significant.
- Trends in intention to refuse substances: Over two years of implementation, the rate of decrease in intentions to refuse substances was significantly smaller in the treatment condition than the control (Trudeau, 2003).

Brief Evaluation Methodology

The LST program has been evaluated in 18 cohorts of students over the past 30 years, with results published in over 32 peer reviewed publications since 1980. The first four studies published from 1980-1983 focused on cigarette smoking; subsequent studies looked at smoking as well as other problem behaviors such as alcohol and marijuana use, other illicit drugs, violence and delinquency, HIV risk behavior, and risky driving. While early studies focused primarily on suburban, White, middle-class populations, evaluations since 1984 have examined additional populations, including rural White youth and urban, economically-disadvantaged minority youth. Random assignment has been used in all studies, comparing one or more treatment groups (e.g., different providers or provider training conditions) to a control condition. These studies have examined a wide range of LST intervention effects, including short term (up to one year) and longer term (beyond one year) reductions in substance use and initiation rates, the effects of the program in low and high fidelity implementation settings, implementation by a variety of facilitators, as well as effects on different populations of youth. Several studies provide long-term (5-year) follow-up data demonstrating LST effects at the end of high school and one study provided long-term (10-year) follow-up data demonstrating prevention effects among young adults. In addition to studies conducted by Botvin and his colleagues at Cornell, the effectiveness of LST is supported by several independent evaluations.

Risk and Protective Factors

Risk Factors

Individual: Early initiation of drug use, Favorable attitudes towards drug use*, Stress, Substance use

Peer: Interaction with antisocial peers, Peer rewards for antisocial behavior, Peer substance use

Neighborhood/Community: Laws and norms favorable to drug use/crime

Protective Factors

Individual: Clear standards for behavior*, Coping Skills*, Perceived risk of drug use*, Problem solving skills*, Refusal skills*, Skills for social interaction*

* *Risk/Protective Factor was significantly impacted by the program*

See also: LifeSkills Training (LST) Logic Model (PDF)

Race/Ethnicity/Gender Details

Gender Specific Findings

- Male
- Female

Race/Ethnicity Specific Findings

- White
- Hispanic or Latino
- African American

Race/Ethnicity/Gender Details

Research indicates that LST is generalizable to a variety of ethnic groups, and has been proven effective with White, middle-class, suburban and rural youth, as well as economically-disadvantaged urban minority (African American and Hispanic/Latino) youth.

Trudeau et al. (2003) found that the intervention effect on intention to refuse substances was stronger for female students than male students.

Training and Technical Assistance

LifeSkills Training facilitators attend a one- or two-day training. While the two-day training is preferred, different models have been developed to cover all aspects of the training in a shorter period of time in order to accommodate the needs of the site, and one-day trainings have also produced successful outcomes. Trainings enable participants to familiarize themselves with the program and its rationale, receive an overview of evaluation research, and have the opportunity to learn and practice the skills needed to successfully implement the prevention program. Current training models facilitate interactive learning and incorporate the use of the different skills training techniques: demonstration, feedback, reinforcement, and practice.

Training Certification Process

LST Trainer Certification Process:

Version: *Training of Trainers (TOT) Workshop*
This workshop is provided to state or regional entities currently disseminating the *LifeSkills Training* program and who meet National Health Promotion Associates, Inc. guidelines for the development of statewide or regional teacher training resources.

Audience: Participants in the *LifeSkills Training of Trainers* workshop must meet the following minimum eligibility qualifications:

- One year teaching any level of the elementary and/or middle school LST curriculum and,
- Participation in an NHPA-sponsored LST Teacher Training, or,
- Participation in an equivalent teaching and training experience in a research/evidence-based, prevention education program.

Materials:

- NHPA *LifeSkills* Trainers (TOT) Manual
- LST Level I, II, III Teacher's Manuals and Student Guides
- Training handouts including research abstracts

Time: Total training time: 15 hours over two days. Training schedules are customized to meet the needs of the training sponsor.
Synopsis: The *LifeSkills Training* (LST) TOT is designed to prepare trainers to deliver all levels of LST Teacher Training workshop.

At the conclusion of the TOT training participants will be able to:

- conduct LST Teacher Training Workshops based on the NHPA-developed training model for each curriculum level.
- provide technical assistance to schools and communities in the implementation of LST.
- apply the principles and practices of adult learning theory to adult learning groups.

This is immersion training, in which participants learn and practice teaching skills and training content in groups, through active participation in delivering the teaching and learning activities.

Program Includes:

- National Health Promotion Associates, Inc. (NHPA) Certified *LifeSkills* Trainer of Trainers workshop for ten (10) - fifteen (15) participants
- Participant Materials

Cost: $ 1,000 per participant.

EBI Worksheet

EBI Identification Worksheet

	Program
Name of Program	
Source (where did you obtain information about this program- URL/Citation)	
Target population	
Setting	
Theoretical basis (what theory or model is the program based on?)	
Number of lessons/components	
Implementation methods (i.e., how is it implemented)	

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EBI Worksheet

EBI Identification Worksheet

What are the specific intervention components (e.g., lesson 1 is..., lesson 2 is...)?	
What do we know about its effectiveness?	
What is the quality and strength of the evidence to support this program?	

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EBI Worksheet

EBI Identification Worksheet

What contextual factors would support or inhibit the implementation of this program in your community/school/area?	
Based on the experience of your staff & stakeholders, is the program feasible? Explain.	
Additional information or comments	

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Moving Forward

- Most substance use prevention programs are ineffective
- Effective, evidence-based interventions (EBIs) do exist
- Effective programs teach youth skills to use when encountering risk situations, increase personal competence, and change community norms and policies
- Implement your program/approach with fidelity
- Must evaluate carefully to determine your program is working
- Use evaluation information to make program improvements
- Identify one thing you learned today to improve the work you are doing

Questions?

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References

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- Donaldson, Sussman, MacKinnon, et al. Drug Abuse Prevention Programming: Do We Know What Content Works? American Behavioral Scientist. 1996;39(7):868-883.
- Foundations for Evidence-Based Policymaking Act of 2018, H.R. 4174 (2019). https://www.congress.gov/bill/115th-congress/house-bill/4174/text
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005
- Nation, Crusto, Wandersman, Kumpfer, et al. (2003). What works in prevention. Principles of effective prevention programs. The American Psychologist, 58(6-7), 449–456. https://doi.org/10.1037/0003-066x.58.6-7.449
- Prevention Tools: What works, What doesn't. Washington State Healthcare Authority. Available at: https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1662.pdf
- Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. Atlanta, GA: Centers for Disease Control & Prevention.

What Works in Substance Use Prevention

Resources Recommended by the Presenter

Resource
Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness. • https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf
Cochrane Collaborative & Library • https://www.cochrane.org/ • Cochrane Reviews | Cochrane Library
Registries of Evidence-Based Programs • Blueprints for Healthy Youth Development, https://www.blueprintsprograms.org/ • CASEL for Social-Emotional Learning, https://pg.casel.org/ • Athena Forum's Best Practices Toolkit, https://www.theathenaforum.org/best_practices_toolkit • Institute of Education Sciences What Works Clearinghouse – Behavior Programs, https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,Behavior • California Evidence-Based Clearinghouse, https://www.cebc4cw.org/

Evidence-Based Intervention Identification Worksheet

	Program
Name of Program	
Source (where did you obtain information about this program – URL/Citation)	
Target population	
Setting	
Theoretical basis (what theory or model is the program based on?)	
Number of lessons/components	
Implementation methods (i.e., how is it implemented)	

What are the specific intervention components (e.g., lesson 1 is …, lesson 2 is …)?	
What do we know about its effectiveness?	
What is the quality and strength of the evidence to support this program?	
What contextual factors would support or inhibit the implementation of this program in your community/school/area?	
Based on the experience of your staff & stakeholders, is the program feasible? Explain.	
Additional information or comments.	

Additional Web Resources

Organization	Resources
Substance Abuse and Mental Health Services Administration (SAMHSA)	Finding Evidence-based Programs and Practices - https://www.samhsa.gov/sites/default/files/20190719-samhsa-finding_evidence-based-programs-practices.pdf
Washington State Institute for Public Policy (WSIPP)	Benefit-Costs Results for Public Health & Prevention - https://www.wsipp.wa.gov/BenefitCost?topicId=9
The Pew Charitable Trusts	Results First Clearinghouse Database - https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database