2021 HIDTA Prevention Summit
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Advancing Prevention Perspectives through Education, Application, & Impact

Prevention Systems

Zili Sloboda, Sc.D., President
Acknowledgement
Susan David, Vice President, Applied Prevention Science International and Long-Term Colleague
Overview of Presentation

- Components of a Prevention Service Delivery System
  - Consumers of Prevention
  - Evidence-Based Interventions
  - Prevention Professionals
  - Provider Organizations

- Building a National Prevention Service Delivery System

- Culture of Prevention
Components of a Health Care Services Delivery System

- Consumers
  - Seek care
  - Demonstrated to be Effective

- Health Professionals
  - Trained qualified professionals who provide care

- Care Delivered

Provider Organizations - health maintenance organizations, home health agencies, clinics
Components of a Prevention Service Delivery System

Consumers

May Not Seek Prevention Services

May Not be Evidence-Based or Effective

Service Delivered

Prevention Professionals

Vary in Training and May Not be Certified as Qualified

Provider Organizations - community coalitions, county boards, schools, law enforcement
Consumers of Prevention
Theoretically Who Needs Substance Use Services in Any Defined Community

1. General population who do not use substances and are not ‘vulnerable’ but who need prevention programming to reinforce their ‘no use’ status;

2. General population who do not use substances and are vulnerable such as children of substance users, those stressed because of poverty or abuse etc.;

3. General population that initiated use and may or may not experience consequences;

4. General population that meet a DSM diagnosis for substance use and need treatment but do not utilize treatment;

5. General population who meet a DSM diagnosis for substance use treatment and utilize treatment;

6. General population who sought treatment but didn’t receive treatment;

7. General population who received treatment but didn’t complete it;

8. General population who received treatment and are in recovery.
Group 1-General population do not use psychoactive substances – National Household Survey on Drug Use and Health
Putting Data to These Groups

(2/8)

- **Group 2-** General population who are vulnerable such as children of substance users, those stressed because of poverty or abuse, perceptions that substance use is not harmful or is acceptable.
- We estimate that 1 in 8 children (8.7 million) aged 17 or younger who live in households with at least one parent who had a past year substance use disorder (SUD).
- Survey data show that there is an inverse relationship between perception of great risk associated with substance use and substance use among youth.

Source: Lipari, R.N. and Van Horn, S.L. *Children living with parents who have a substance use disorder*. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.
Putting Data to These Group

(3/8)

- Group 3: General population that initiated use and may or may not experience consequences

Putting Data to These Groups

(4/8)

- Group 4: General population that meet a DSM diagnosis for substance use and need treatment but do not utilize treatment
  - According to the annual 2019 National Household Survey on Drug Use and Health (NSDUH) there are 20.8 million people (7.8 percent of the total population) who currently meet the criteria for a substance use disorder
  - 18.6 million did not receive treatment

Group 5: General population who meet a DSM diagnosis for substance use treatment and utilize treatment

- In 2019, approximately 2.2 million (10.4% of the those who met a DSM diagnosis for substance use disorder) received any substance use treatment in the past year

Putting Data to These Groups

(6/8)

• Group 6: General population who sought treatment but didn’t receive treatment

• 1.2 percent (or 236,000 people) felt that they needed treatment and made an effort to get treatment

Putting Data to These Groups

(8/8)

- Group 7: General population who received treatment but didn’t complete it
- On average, approximately 30% of participants drop out of in-person psychosocial SUD treatment studies, but there is wide variability. Drop-out rates vary with the treated population, the substance being targeted, and the characteristics of the treatment.

Group 8: General population who received treatment and are in recovery

Among the 21.6 million people aged 12 or older in 2019 who needed substance use treatment in the past year, 12.2 percent (or 2.6 million people) received substance use treatment at a specialty facility in the past year, but it is unclear how many of these completed treatment and were in recovery.

Distribution of the Population by Group

Legend
- Prevention = Groups 1&2 and 3&4
- Treatment = Groups 3&4
Distribution of Federal Drug Control spending in the United States in FY 2020, by function

- Treatment: 45.00%
- Prevention: 6.20%
- Domestic law enforcement: 27.30%
- International: 4.10%
- Interdiction: 17.40%
Understanding Vulnerability
Risk and Protective Factors: Background

(1/2)

- In 1992 two significant works summarized this research on factors related not only to the initiation of substance use but also to the progression from use to abuse.

- Risk factors are defined as measures of behavior or psychosocial functioning (including attitudes, beliefs, and personality) that were found to be associated with increased risk to use psychoactive substances.
  - Contextual factors
  - Individual and interpersonal

Protective factors involve measures that appear to prevent the use of psychoactive substances or reduce the untoward negative effects of risk. Protective factors identified through research include strong bonding to family, school, community and peers that hold prosocial attitudes and support prosocial behaviors.

Exploding New Research: Intriguing Directions

- Up to 70% of variance associated with diagnosis of substance abuse disorder or dependence is estimated to be inheritable (e.g., Kendler et al., 2003, Kendler et al., 2007)

- Other neurological process associated with onset of substance use disorders and other problem behaviors
Nature-Environment

- Proximal environments
  - Parenting
  - Positive school climate

- Distal environments
  - Physical neighborhood of residence,
  - Social/normative community
Etiology Model

Macro-level Environments
- Socioeconomic
- Social and cultural
- Physical
- Climate change

Micro-level Environments
- Family
- School
- Peers
- Faith-based Organizations
- Workplace

Personal Characteristics
- Attitudes
- Beliefs
- Norms

Genetics
Temperament
Physiology

Behavior

Socialization

Socialization

- Human infants are born without any culture.

- Socialization is a process of transferring culturally acceptable attitudes, norms, beliefs and behaviors and to respond to such cues in the appropriate manner.

- Since socialization is a lifelong process, the individual will be socialized by a large array of different socializing agents (e.g., parents, teachers, peer groups, religious, economic and political organization and virtual agents, such as mass media).
Settings for Prevention

**Macro-Level Environments**
- Socioeconomic
- Social and cultural
- Physical
- Climate Change

**Micro-Level Environments**
- Family
- School
- Peers
- Faith-based
- Workplace

**Biological/Personal Characteristics**
- Beliefs
- Attitudes
- Norms
- Social and Cognitive Competence
- Skills

**Behavior**

**Socialization**

= Points of Intervention
Implications for Prevention

- Prevention is a socialization process
- The primary focus of preventive interventions is individual decision making with respect to socially appropriate and healthy behaviors
Both Socialization and Prevention Programming Help Individuals

- Use evidence-based practices to collect and interpret cues within individuals’ social and emotional context
- Learn and “try on” new behaviors
- Weigh the potential outcomes for the performance of these behaviors within their social and emotional context.
Behavioral Interventions - Prevention Professionals

(1/2)

- May either **train** socialization agents, such as parents and teachers from the micro-level environments to help them:
  - Improve their socialization skills (parenting, classroom management)
Or **directly engage** in the socialization process, thus becoming socialization agents themselves to help individuals:

- Understand what is expected of them in different social and emotional contexts
- “Try on” new behaviors
- Weigh the potential outcomes for these behaviors within their own social and emotional context.
Prevention Professionals
The Establishment of a Profession

1. Systematic body of theory, knowledge, skills and competencies
2. Authority to define problems and their treatment;
3. Community sanctions to admit and train its members;
4. Ethical codes that stress an ideal of service to others;
5. A culture that includes the institutions necessary to carry out its functions.
Substance Use Prevention—A Start

(1/5)

1. Systematic body of theory
   ✓ Society for Prevention Research—Standards of Knowledge
   ✓ European Drug Prevention Quality Standards
2. Authority to define problems and their treatment

- Definition of the Problem-no universally accepted process
  - Vulnerability within a risk/protection framework
  - SAMHSA-Strategic Planning
  - European Drug Prevention Quality Standards
  - U.S. and EU Societies for Prevention Research

- Evidence-based Prevention Interventions and Policies-no universally accepted guidance
  - Registries (BluePrints, EMCDDA Portal)
  - UNODC International Standards for Drug Prevention
Prevention Profession—A Start

(3/5)

3. Community sanctions to admit and train its members
   • No standardized training
   • No central credentialing and licensing organization
     • IC&RC
     • U.S. States-varies
     • Other Countries-varies
4. Ethical codes that stress an ideal of service to others
   ✓ Prevention Think Tank (IC&RC)
   ✓ European Drug Prevention Quality Standards
5. A culture of prevention that includes the institutions necessary to carry out its functions.
Putting Science to Work for Prevention

(1/3)

- Science-based knowledge and skills help prevention professionals build the case for evidence-based (EB) prevention
  - **Epidemiology** describes the substance use problem, the people affected, and the causes and consequences
  - **Prevention definitions and principles** explain learning and behavior and how prevention works
Putting Science to Work for Prevention  
(2/3)

- **Prevention research methods** demonstrates how EB prevention interventions and policies were shown to be effective.
- **Monitoring and evaluation** approaches will help you assess and improve your programs.
What else do prevention professionals need to implement evidence-based (EB) prevention

- Advocacy or persuasive **communications skills** for EB interventions
- Skills on **selecting the most EB intervention and policies** best suited for the community
- Knowledge of **planning, implementation, and monitoring and evaluation** of EB interventions and policies
- Understanding **professional ethics** regarding prevention programming
Planning and Implementation Cycle for Evidence-based Prevention Adaptation of European Drug Prevention Quality Standards

- Needs and Resource Assessments
- Selection of Evidence-Based Interventions and/or Policies
- Preparation and Implementation of the Intervention/Policy
- Dissemination and Improvement
- Outcomes: Short-, Intermediate-, and Long-Term
- Monitoring and Evaluation
Prevention Science & Practice

Prevention Tasks

Assessment of the Problem

Availability of Community Resources

Selecting Prevention Programming & Implementation

Monitoring and Evaluation

Prevention Professional

Community Policy Makers

Community Leaders and Decision Makers

Community Residents
Challenges-Who are the Workers on the Ground?

- Those who self-identify as prevention professionals
  - Diverse educational levels and focus
  - Diverse prevention experiences

- Those who do not self-identify as prevention professionals but are doing prevention-related work
  - Direct service professionals-social workers, psychologists, teachers, family workers, health workers, law enforcement officers, etc.

WE NEED TO USE A VARIETY OF METHODS TO REACH AND TRAIN THESE PREVENTION WORKERS
Training

- Where are prevention professionals trained?
  - Universities
    - Degree programs – only recently do university programs include prevention science and its application to practice
    - Continuing education - generally inconsistent content
  - Others such as not-for-profits, government sponsored also inconsistent content

Availability of Evidence-Based Prevention Interventions and Policies
International Standards on Drug Use Prevention

International Standards on Drug Use Prevention

Second updated edition
Intent of the International Standards

- To summarize the currently available scientific evidence, describing effective interventions and policies and their characteristics.
- To identify the major components and features of an effective national substance use prevention system.
- Ultimately, to help policy makers worldwide support programs, policies and systems that are a truly effective investment in the future of children, youth, families and communities.
# International Standards: Categorization of Interventions and Policies

**Developmental Framework**

- Infancy and early childhood
- Middle childhood
- Early adolescence
- Adolescence and adulthood

**Setting**

- Family
- School
- Workplace
- Community

**Target Population**

- Universal
- Selective
- Indicated

©UNODC 2013, 2018
What Is Included in the Standards?

• For each intervention and policy:
  • Short description and rationale for the intervention or policy
  • Summary of the evidence
  • List of the characteristics that have been found to be linked to positive outcomes, as well as to no or negative outcomes
• Additional existing guidelines/tools/resources
• Chapter on the critical components of a national drug control system
## Summary

<table>
<thead>
<tr>
<th></th>
<th>Prenatal &amp; infancy</th>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Early adolescence</th>
<th>Adolescence</th>
<th>Adulthood</th>
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<td>Interventions for pregnant women with substance abuse disorders</td>
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<td>Early childhood education</td>
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<td>Classroom management</td>
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<td>Policies to keep children in school</td>
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<td>Community-based multi-component initiatives</td>
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<td>Workplace prevention</td>
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<td><strong>Health sector</strong></td>
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<td>Brief intervention</td>
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### Parenting Skills

(1/2)

<table>
<thead>
<tr>
<th>Content</th>
<th>Linked to Positive Outcomes</th>
<th>Linked to No or Negative Outcomes</th>
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<tbody>
<tr>
<td></td>
<td>• Enhance family bonding</td>
<td>• Provide information to parents about drugs</td>
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<td>• Provide skills for:</td>
<td>• Undermine parents’ authority</td>
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<td>- Warm child-rearing</td>
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<td>- Setting rules for acceptable behavior</td>
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<td>- Positive monitoring free time and friendship patterns</td>
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<td>- Positive and developmentally appropriate discipline</td>
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<td>- Involvement in children’s learning and education</td>
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<td>- Becoming role models</td>
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## Parenting Skills

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<table>
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<tr>
<th>Structure</th>
<th>Linked to Positive Outcomes</th>
<th>Linked to No or Negative Outcomes</th>
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<td></td>
<td>• Multiple group sessions that include activities for parents, children, and the family</td>
<td>• Focus exclusively on the child</td>
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<td></td>
<td>• Interactive</td>
<td>• Lecture as only means of delivery</td>
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<tr>
<td>Delivery</td>
<td>• Trained instructors</td>
<td>• Poorly trained instructors</td>
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<td></td>
<td>• Organized to facilitate participation</td>
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</table>
IT SHOULD BE EMPHASIZED THAT LIKE A WELL-MADE CAKE, ALL OF THE COMPONENTS OR INGREDIENTS OF THESE INTERVENTIONS AND POLICIES MUST BE IN PLACE TO BE EFFECTIVE!!!
Registries
Registries of Evidence-Based Practice

(1/3)

- Prevention providers often use registries to select the best (i.e., most evidence-based) prevention programs for their targeted populations

- The best registries:
  - Identify prevention strategies with strongest available evidence of effectiveness
  - Specify the populations for which they have been evaluated
  - Permit a search on the characteristics of both the strategies and your population of interest
Registries of Evidence-Based Practice

Problems with registries
- May not incorporate new evidence in a timely fashion
- Standards of evidence required vary
- The presentation of evidence also varies
Registries of Evidence-Based Programs

Popular registries include:

- Blueprints for Healthy Youth Development
  [http://www.colorado.edu/cspv/blueprints/](http://www.colorado.edu/cspv/blueprints/)
- Strengthening America’s Families
- Best Practice Portal-European Monitoring Centre on Drugs and Drug Addiction
- States also provide information on evidence-based programs for example The California Evidence-Based Clearinghouse for Child Welfare: [https://www.cebc4cw.org](https://www.cebc4cw.org).
Evidence of Limited EBI Implementation
Limited Implementation of EBIs — US Surveys

(1/2)

- In 2005, 42.6% of middle schools (grades 5-8; ages 11-14) used an evidence-based program; up 8% from 34.4% in 1999

- From 2001 through 2006, 36.5% of 220 middle schools in 6 metropolitan areas offered an evidence-based program

Limited Implementation of EBIs — US Surveys (2/2)

- In 2005, 10.3% of high schools (grades 9-12; ages 15-18) used evidence-based programs

- Many non-EBI activities were made available to students in class lessons, assemblies, and group activities in 80% of high schools

Source: Ringwalt et al., 2008; Sloboda et al., 2008.
Challenges to Getting Evidence-Based Prevention to Those Who Need Them

<table>
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<tr>
<th>Knowledge gaps</th>
<th>Quality of care and variation in practice</th>
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<tr>
<td>Stigma</td>
<td>Fiscal performance</td>
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<td>Access to care</td>
<td>Payment landscape</td>
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<tr>
<td>Workforce shortages</td>
<td>Cultural competency, language, social competency, and related issues</td>
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</tbody>
</table>

https://www.childrenshospitals.org/Newsroom/Childrens-Hospitals-Today/Articles/2017/11/7-Challenges-to-Providing-Behavioral-and-Mental-Health-Services (Jena Hausmann, CEO of Children's Hospital Colorado)
Provider Organizations
Provider Organizations – Prevention System - Examples

Prevention Services System at the Local/Community Level

- Community Coalitions/Partnerships
- County Boards
- Schools
- Prevention Providers
Provider Organizations – Health Care, Social, Regulatory Systems – Examples

Health Care, Social, Regulatory Service Systems at the Local/Community Level

- Medical
- Schools
- Family and Social Services
- Law Enforcement
Provider Organizations

Prevention Services System at the Local/Community Level

Health Care, Social, Regulatory Service Systems at the Local/Community Level

Needs and Resource Assessments
Building a National Prevention Service Delivery System
Components of a National Prevention Delivery System

(1/3)

- Delivery system is central-built inter-related system at three levels:
  - National
  - State
  - Local
- Integrated within existing systems
  - Health care services
  - Educational services
  - Social/family services
  - Regulatory services (e.g., availability/accessibility to psychoactive substances; ‘under-the-influence’ laws)
Settings for Prevention

**Micro-Level Environments**
- Family
- School
- Peers
- Faith-based
- Workplace

**Macro-Level Environments**
- Socioeconomic
- Social and cultural
- Physical
- Climate Change

Behavior
Components of a National Prevention Delivery System
(2/3)

- Institutions where the evidence-based prevention services are delivered
  - Family-based prevention interventions/services
  - School-based prevention interventions/services/policies
  - Workplace-based prevention interventions/services/policies
  - Environment-based prevention interventions/services/policies
  - Media-based prevention interventions

**Macro-Level Environments**
- Socioeconomic
- Social and cultural
- Physical
- Climate Change

**Micro-Level Environments**
- Family
- School
- Peers
- Faith-based
- Workplace
Components of a National Prevention Delivery System

(3/3)

• System of trained professionals
  • Education/training systems
  • Credentialling

• Monitoring and evaluation system to assure quality of service delivery (related to need, implementation, receptivity, outcomes) and to update evidence-based services to meet community needs

• Funding systems
A National Prevention Service Delivery System

Prevention Services Oversight and Funding
- National
- State
- Community

Monitoring and Evaluation System

Prevention Services System at the Local/Community

Health care, Social, Regulatory Service Systems at the Local/Community level

Prevention Services

Training in Prevention Science and Practice

Certified Prevention Professionals

Continuing Education in Prevention Science and Practice

Formal and Informal Social/Communication Systems

Family, School, Workplace, Environment, Media
Culture of Prevention
Key Aspects of a Culture of Prevention

- Understanding the etiology or cause of the problem
- Aware of effective responses to address or mediate the potential negative trajectories or reinforce positive actions
  - Belief that evidence-based PREVENTION WORKS
- Having support for prevention efforts in a variety of settings and around a variety of issues

Substance Users Represent a Range of Use Patterns and a Range of Interventions

Source: National Academy of Science, 2009, p. 67
1. General population who do not use substances and are not ‘vulnerable’ but who need prevention programming to reinforce their ‘no use’ status;

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Thank you for your attention.

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References

Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, European Drug Prevention Quality Standards
Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The


Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.


Prevention Think Tank (IC&RC)
https://www.internationalcredentialing.org/Resources/Documents/Prevention%20Think%20Tank%20Code%20of%20Ethical%20Conduct.pdf


Registries


Blueprints for Healthy Youth Development http://www.colorado.edu/cspv/blueprints/

California Evidence-Based Clearinghouse for Child Welfare: https://www.cebc4cw.org

Strengthening America’s Families http://www.strengtheningfamilies.org/