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2021 HIDTA Prevention Summit
October 7, 2021
Advancing Prevention Perspectives through Education, Application, & Impact

Prevention Systems

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Acknowledgement

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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

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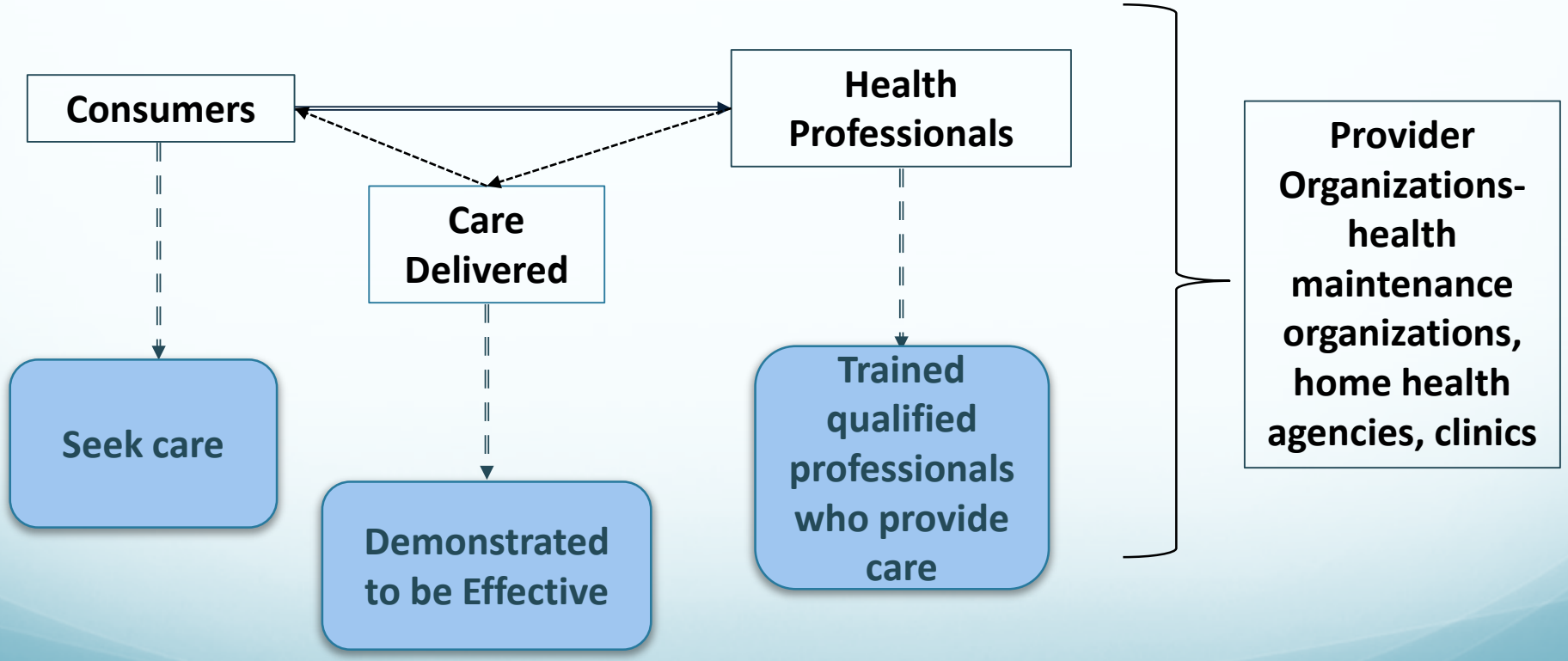
Components of a Health Care Services Delivery System



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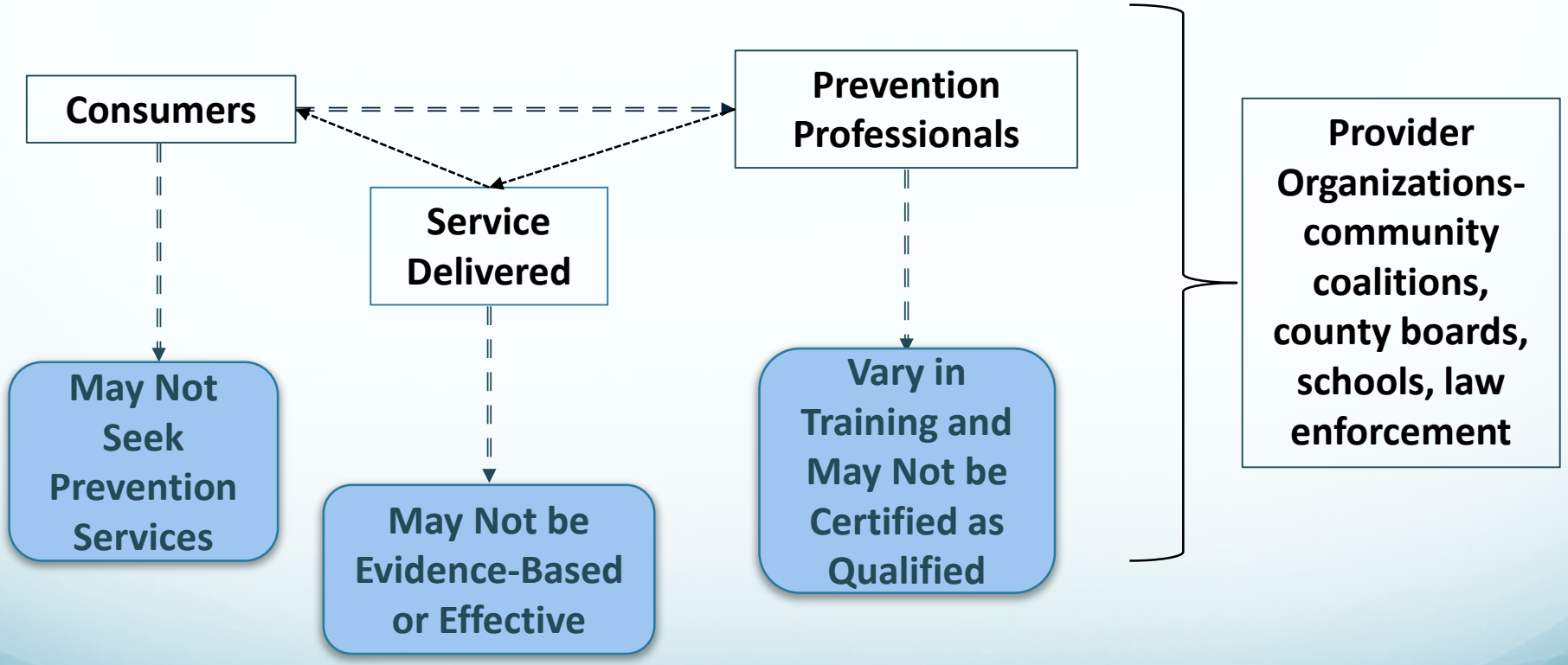
Components of a Prevention Service Delivery System



Consumers of Prevention

Theoretically Who Needs Substance Use Services in Any Defined Community

Universal and Selective Prevention

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.;

Indicated Prevention Harm Reduction

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;

Treatment Harm Reduction

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.

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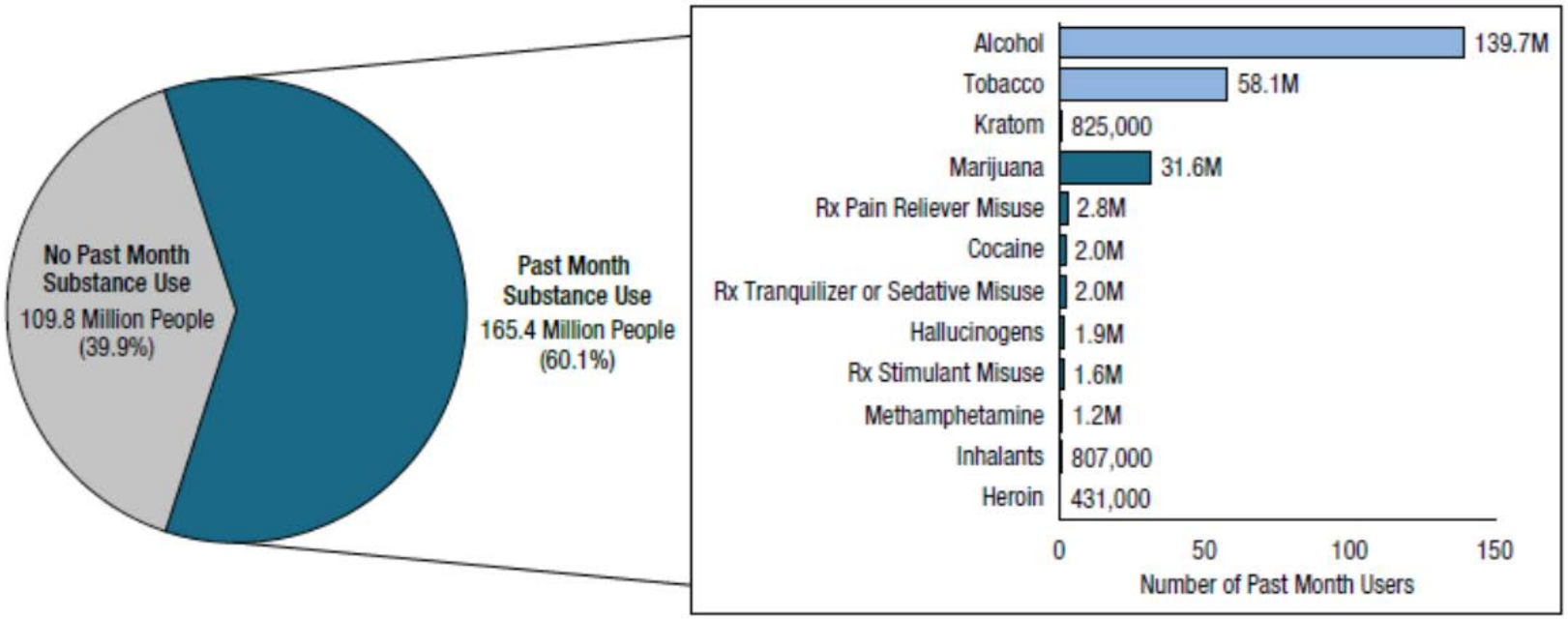
Putting Data to These Groups

(1/8)

- Group 1-General population do not use psychoactive substances – National Household Survey on Drug Use and Health

Figure 1. Past Month Substance Use among People Aged 12 or Older: 2019



Rx = prescription.

Note: Substance Use includes any illicit drug, kratom, alcohol, and tobacco use.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

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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.

Figure 34 Table. Perceived Great Risk from Substance Use among Youths Aged 12 to 17: 2015-2019

Substance Use	2015	2016	2017	2018	2019
Smoking Marijuana Once or Twice a Week	40.6+	40.0+	37.7+	34.9	34.6
Using Cocaine Once or Twice a Week	80.2+	80.6+	80.1+	79.6	78.7
Using Heroin Once or Twice a Week	82.9	83.4+	84.0+	83.0	82.1
Having 4 or 5 Drinks of Alcohol Nearly Every Day	64.1	65.5+	65.2+	64.4	63.5
Smoking One or More Packs of Cigarettes per Day	68.2+	69.3+	67.2+	65.3	65.0

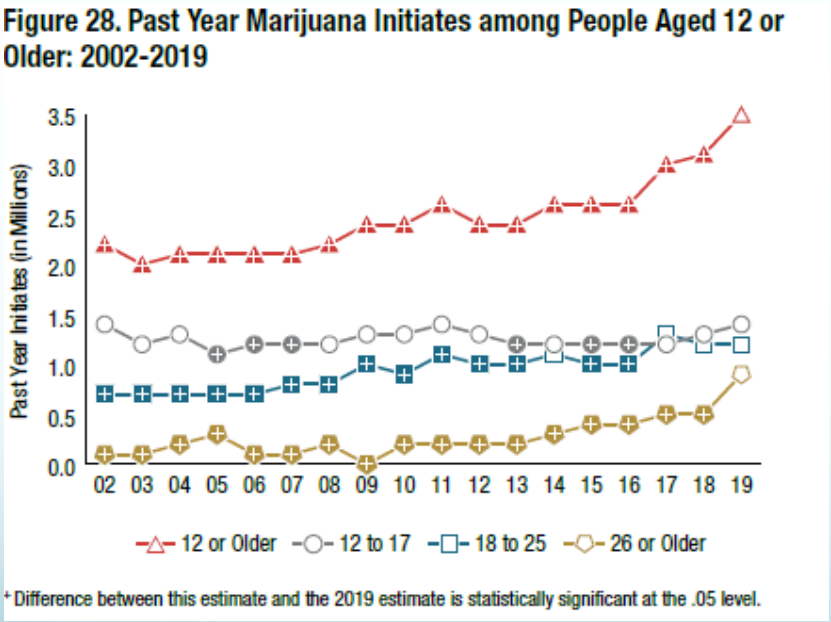
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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



Source: Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

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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

Source: Substance Abuse and Mental Health Services Administration. (2020). Op cit.

Putting Data to These Groups

(5/8)

- 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

Source: Substance Abuse and Mental Health Services Administration. (2020). Op cit.

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

Source: Substance Abuse and Mental Health Services Administration. (2020). Op cit.

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.

Source: Lappan SN, Brown AW, Hendricks PS. Dropout rates of in-person psychosocial substance use disorder treatments: a systematic review and meta-analysis. Addiction. 2020 Feb;115(2):201-217.

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Putting Data to These Groups

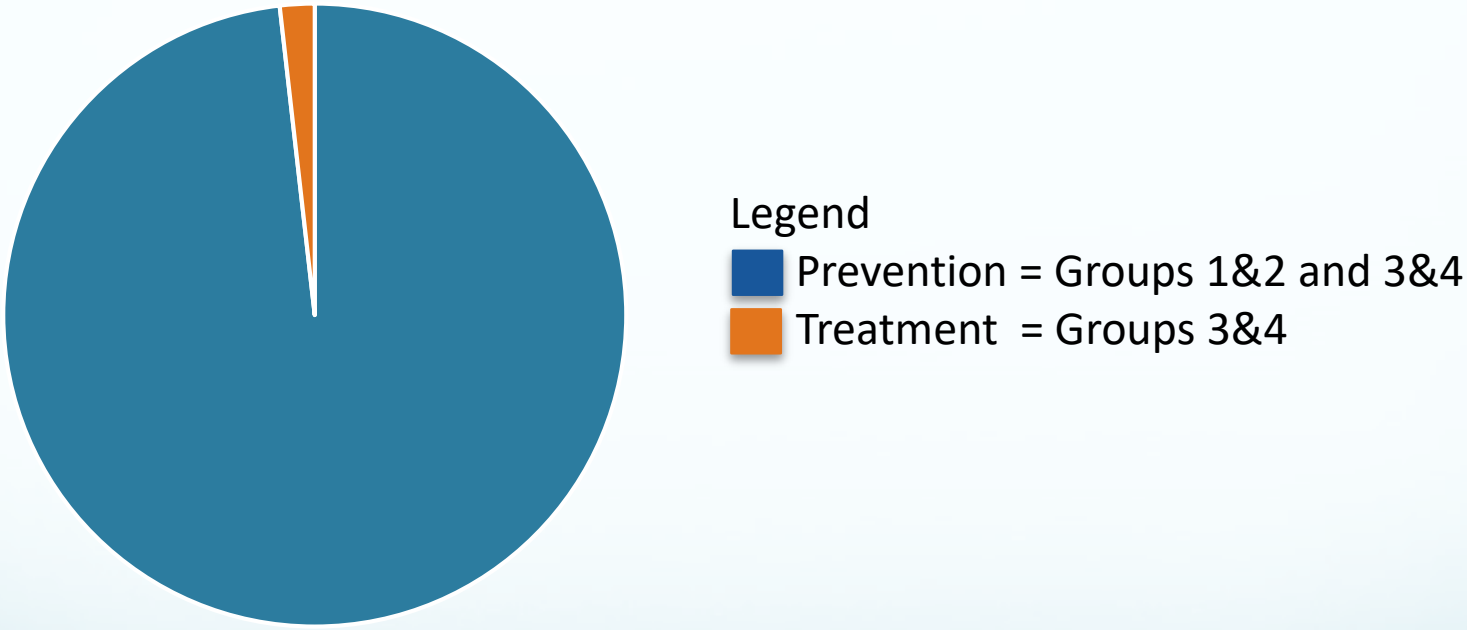
(7/8)

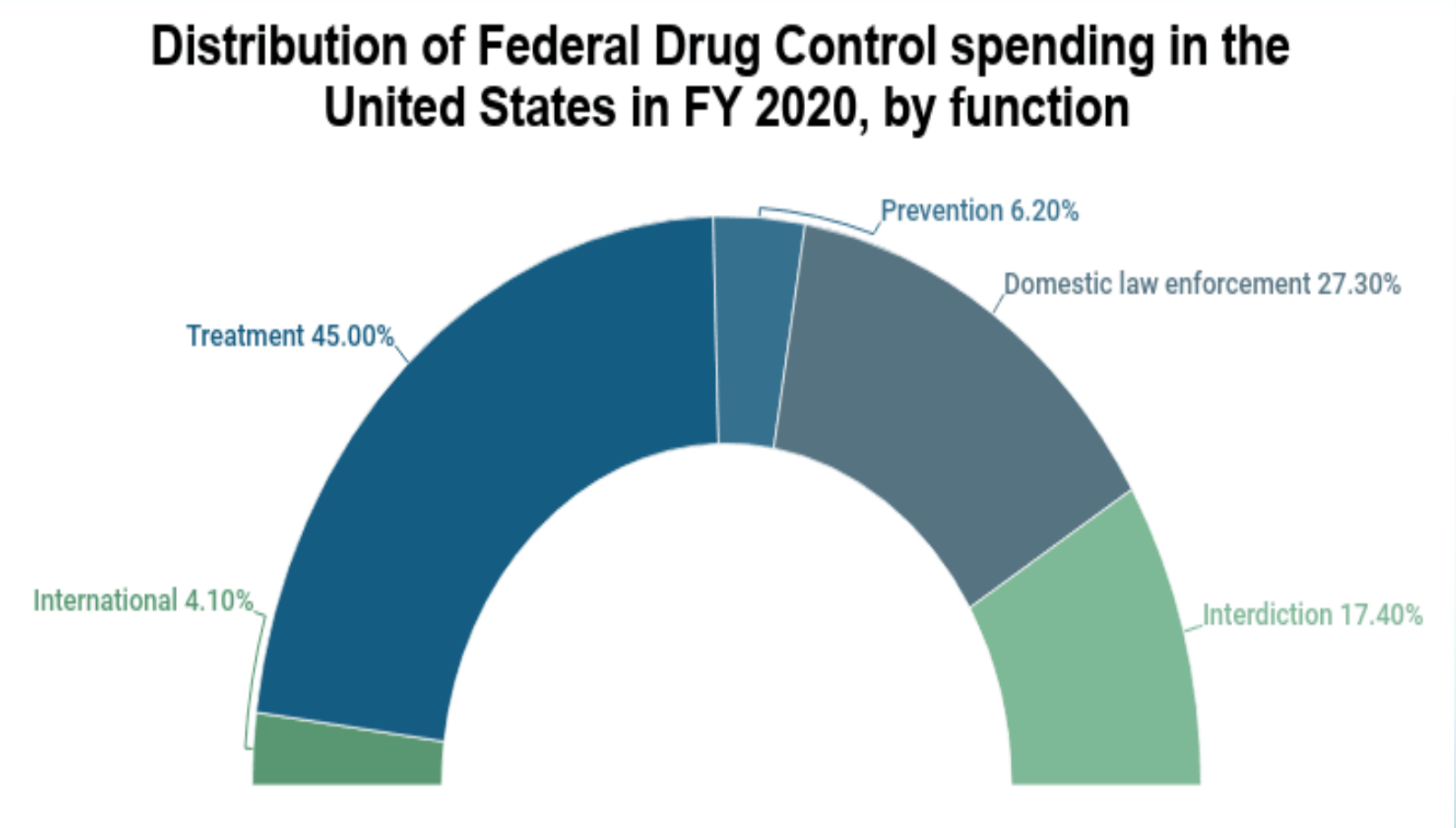
- Group 8: General population who received treatment and are in recovery

  - 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.

Source: Substance Abuse and Mental Health Services Administration. (2020). Op cit.

Distribution of the Population by Group




Distribution of Federal Drug Control spending in the United States in FY 2020, by function
Prevention 6.20%
Domestic law enforcement 27.30%
Treatment 45.00%
International 4.10%
Interdiction 17.40%

Understanding Vulnerability

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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

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992); Glantz, M. D. & Pickens, R. W. (1992).

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Risk and Protective Factors: Background

(2/2)

- 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.

http://www.sdrg.org/ctcresource/risk_and_protective_factor_scale.pdf

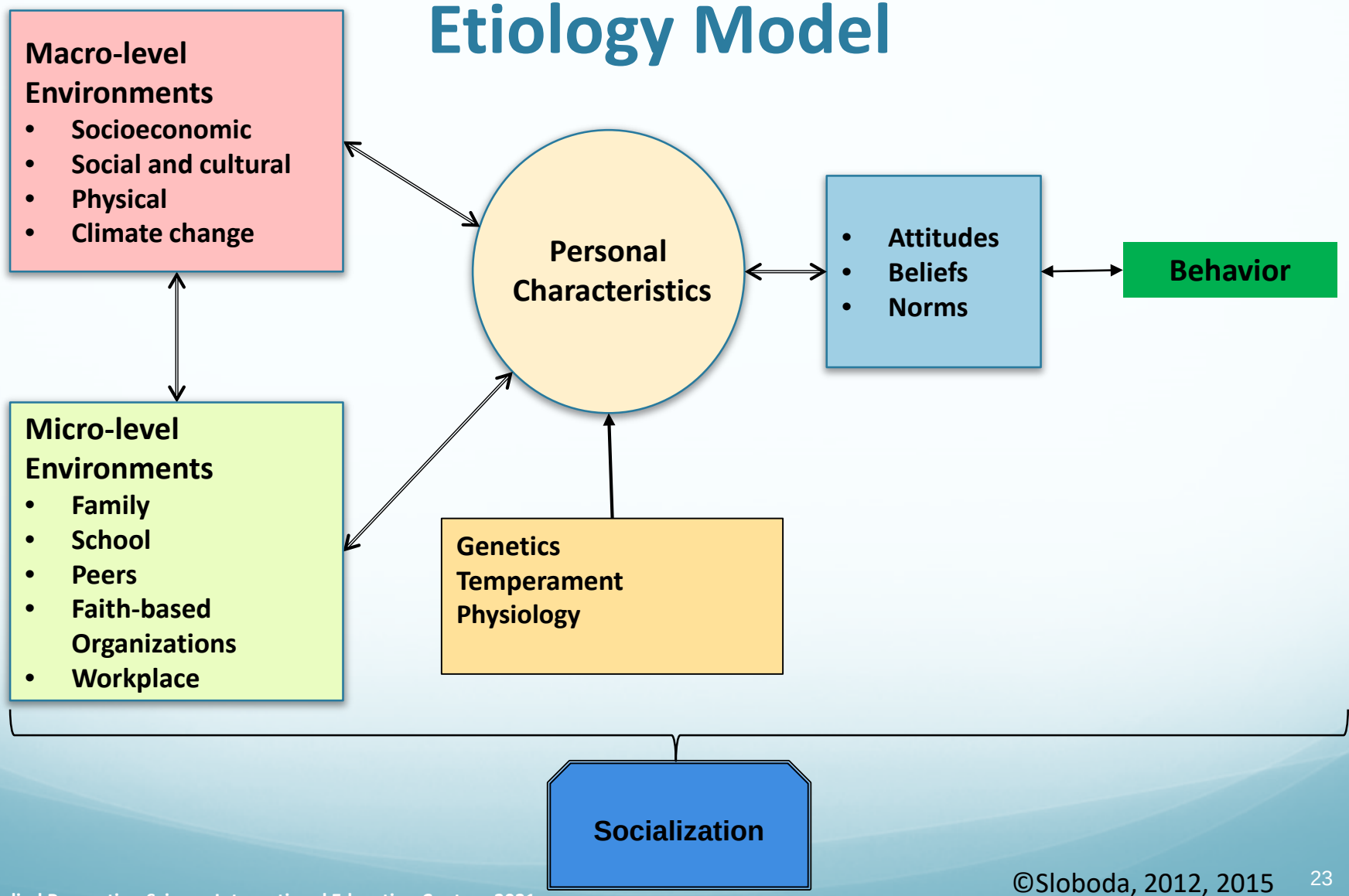
Exploding New Research: Intriguing Directions

- 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

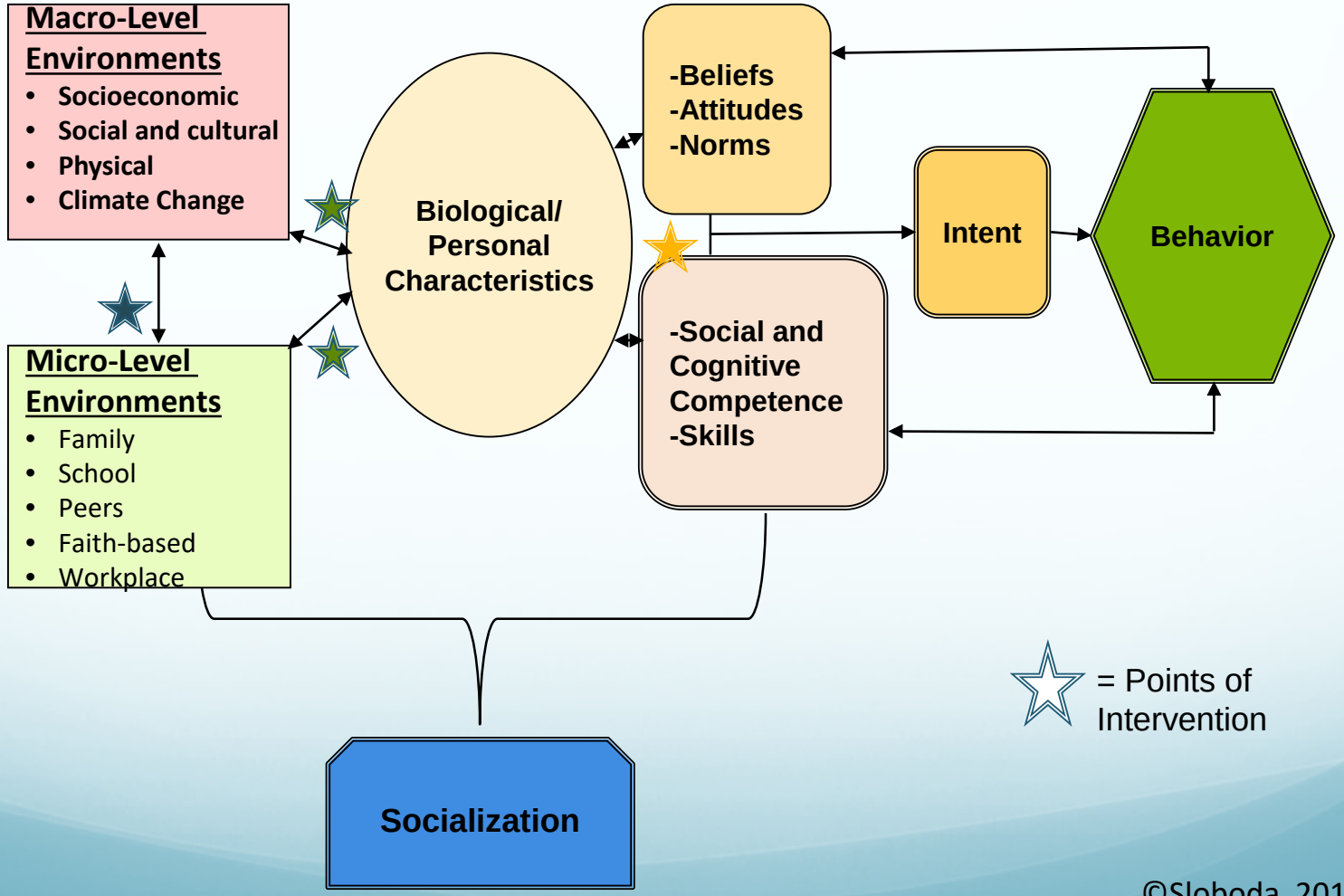
Etiology Model



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



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

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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)

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Behavioral Interventions - Prevention Professionals

(2/2)

- 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
   - ✓ International Standards on Drug Use Prevention-United Nations Office of Drugs and Crime-World Health Organization
   - ✓ APSI-Universal Prevention Curriculum (2014-2018) and the Foundations of Prevention Science and Practice (2020-2021)

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Prevention Profession—A Start

(2/5)

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

Prevention Profession—A Start

(4/5)

4. Ethical codes that stress an ideal of service to others
   - ✓ Prevention Think Tank (IC&RC)
   - ✓ European Drug Prevention Quality Standards

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Prevention Profession—A Start

(5/5)

5. A culture of prevention that includes the institutions necessary to carry out its functions.

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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

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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

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Putting Science to Work for Prevention

(3/3)

- 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

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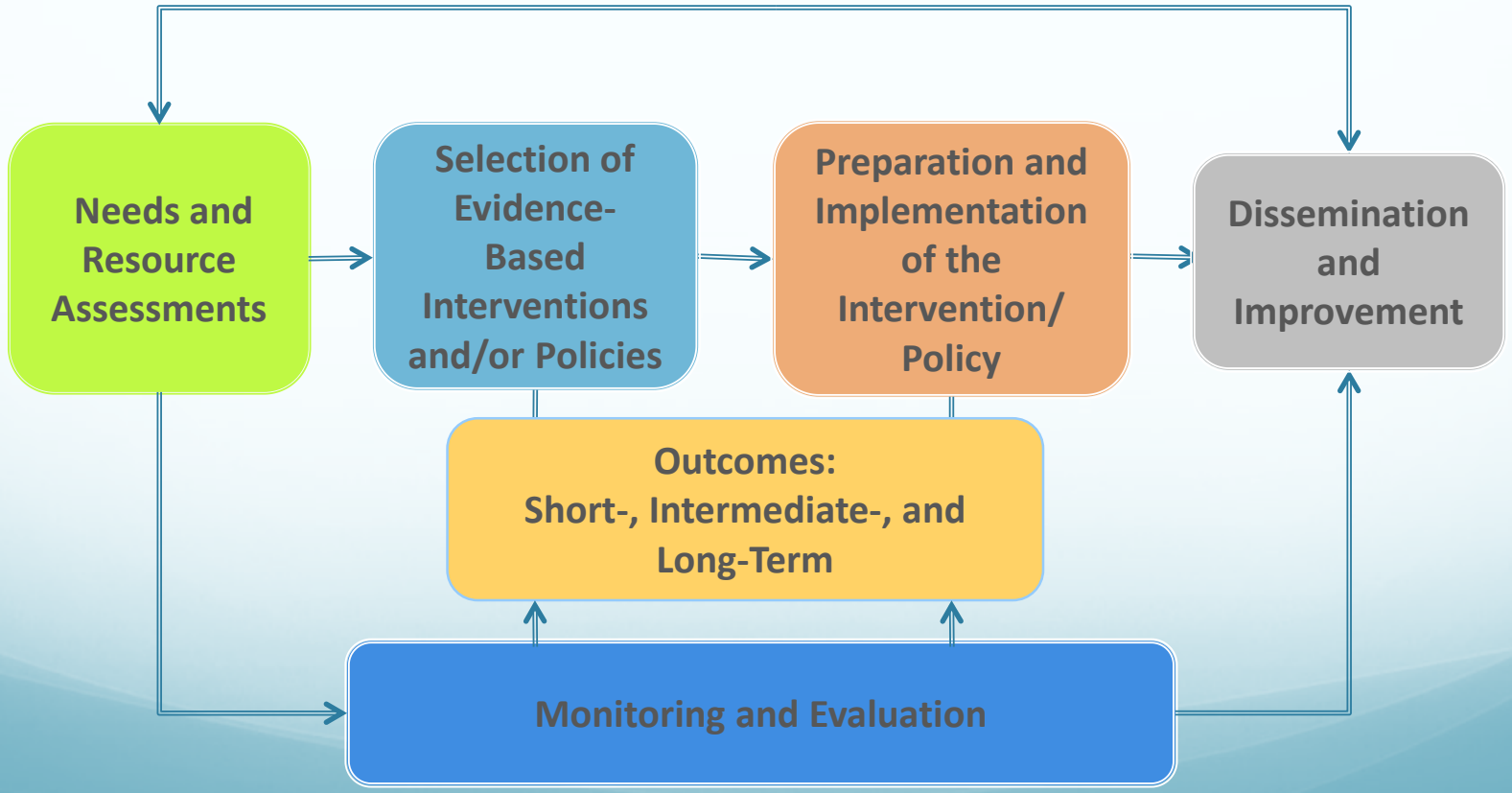
Planning and Implementation Cycle for Evidence-based Prevention Adaptation of European Drug Prevention Quality Standards



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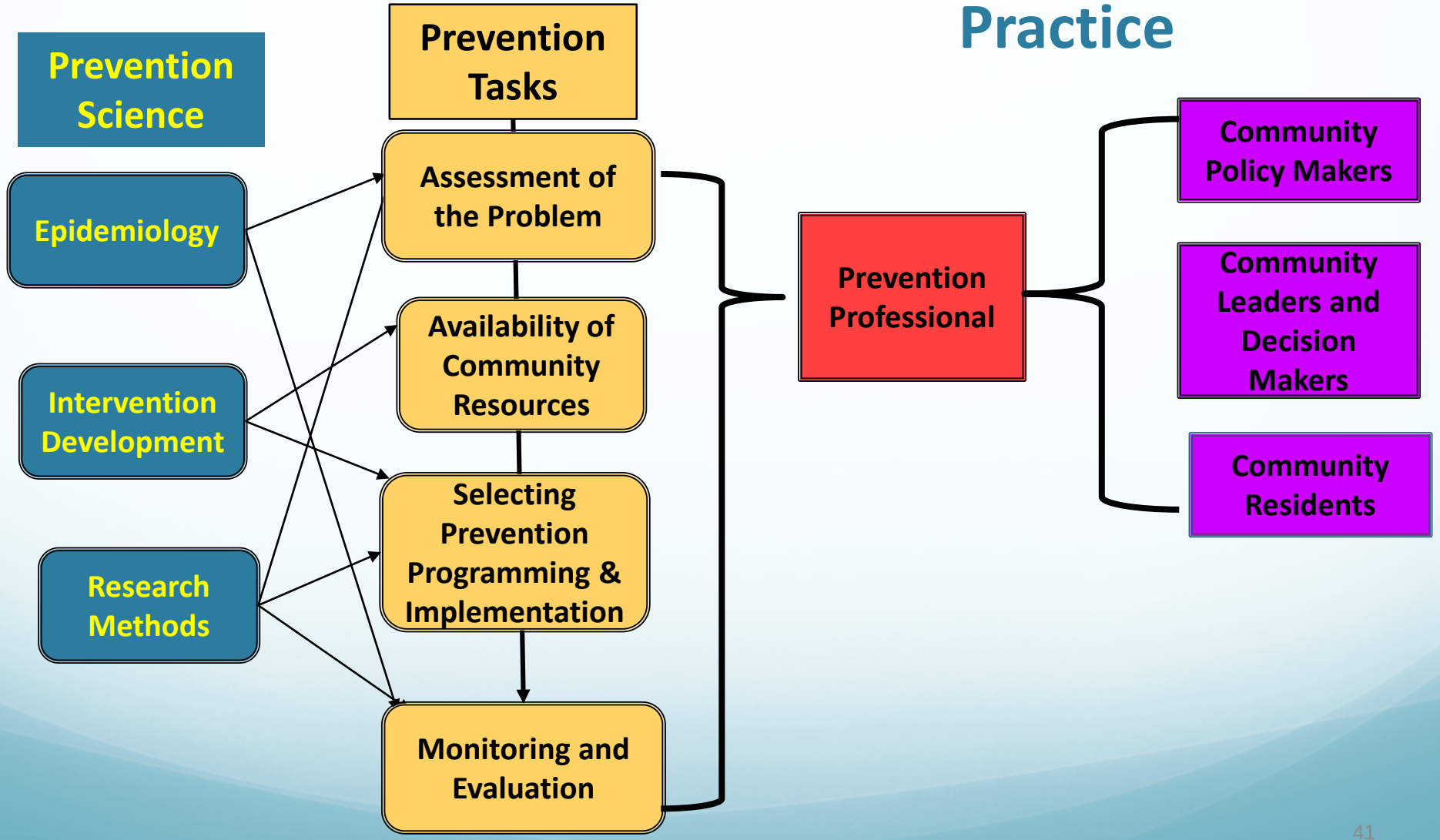
Prevention Science & Practice



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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

Miovsky, M., Vondrova, A., Gabrhelik, R., Sloboda, Z., Libra, J., Lososova, A. (2019). Incorporation of Universal Prevention Curriculum into established academic degree study programme: Qualitative Process Evaluation. Central European Journal of Public Health. (Supplement):S74-S82. doi: 10.21101/cejph.a5952.

Availability of Evidence-Based Prevention Interventions and Policies

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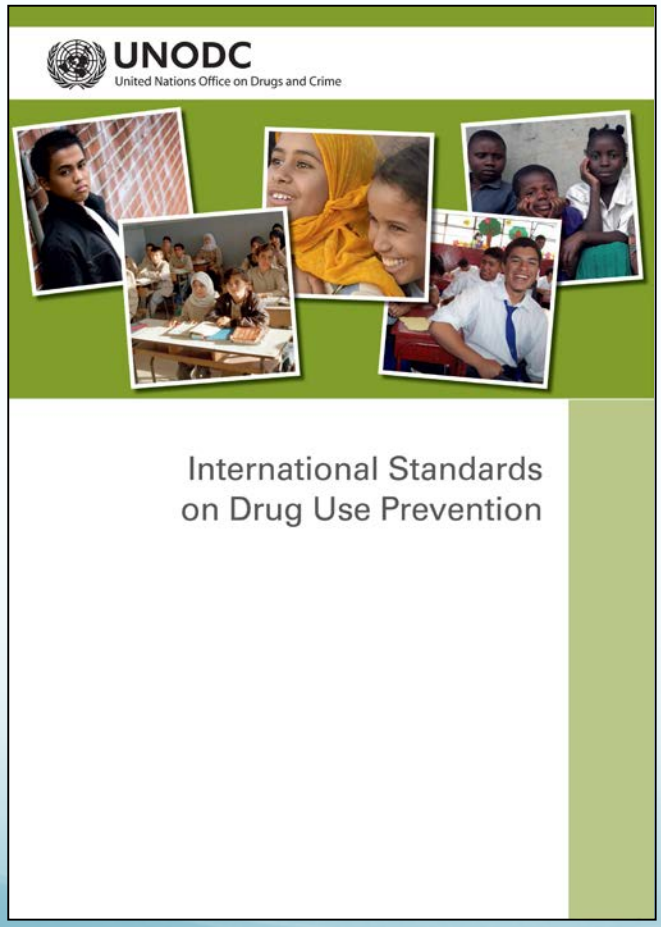
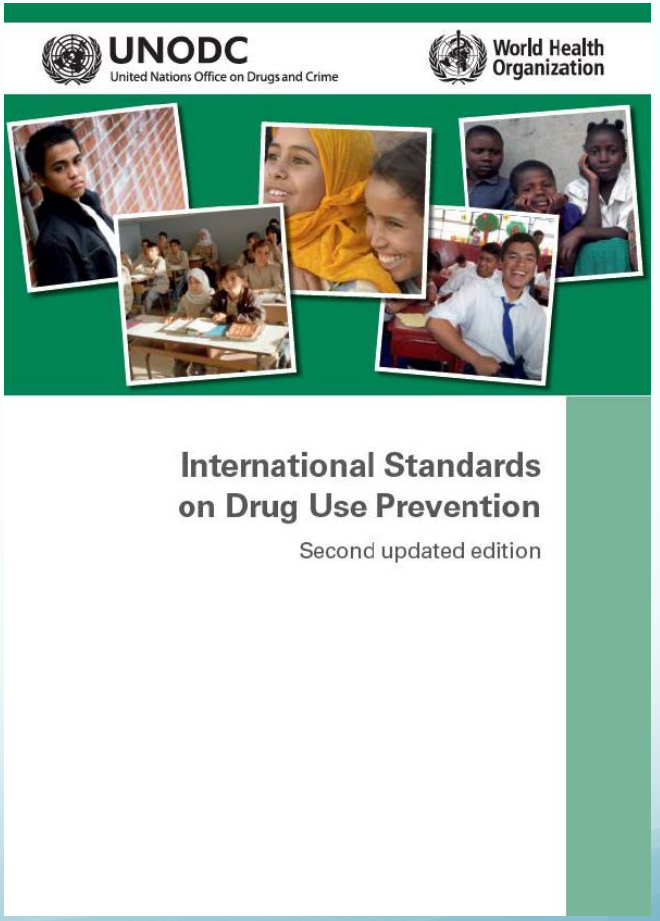
International Standards on Drug Use Prevention





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.

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International Standards: Categorization of Interventions and Policies

Developmental Framework	Setting	Target Population
• Infancy and early childhood • Middle childhood • Early adolescence • Adolescence and adulthood	• Family • School • Workplace • Community	• Universal • Selective • Indicated

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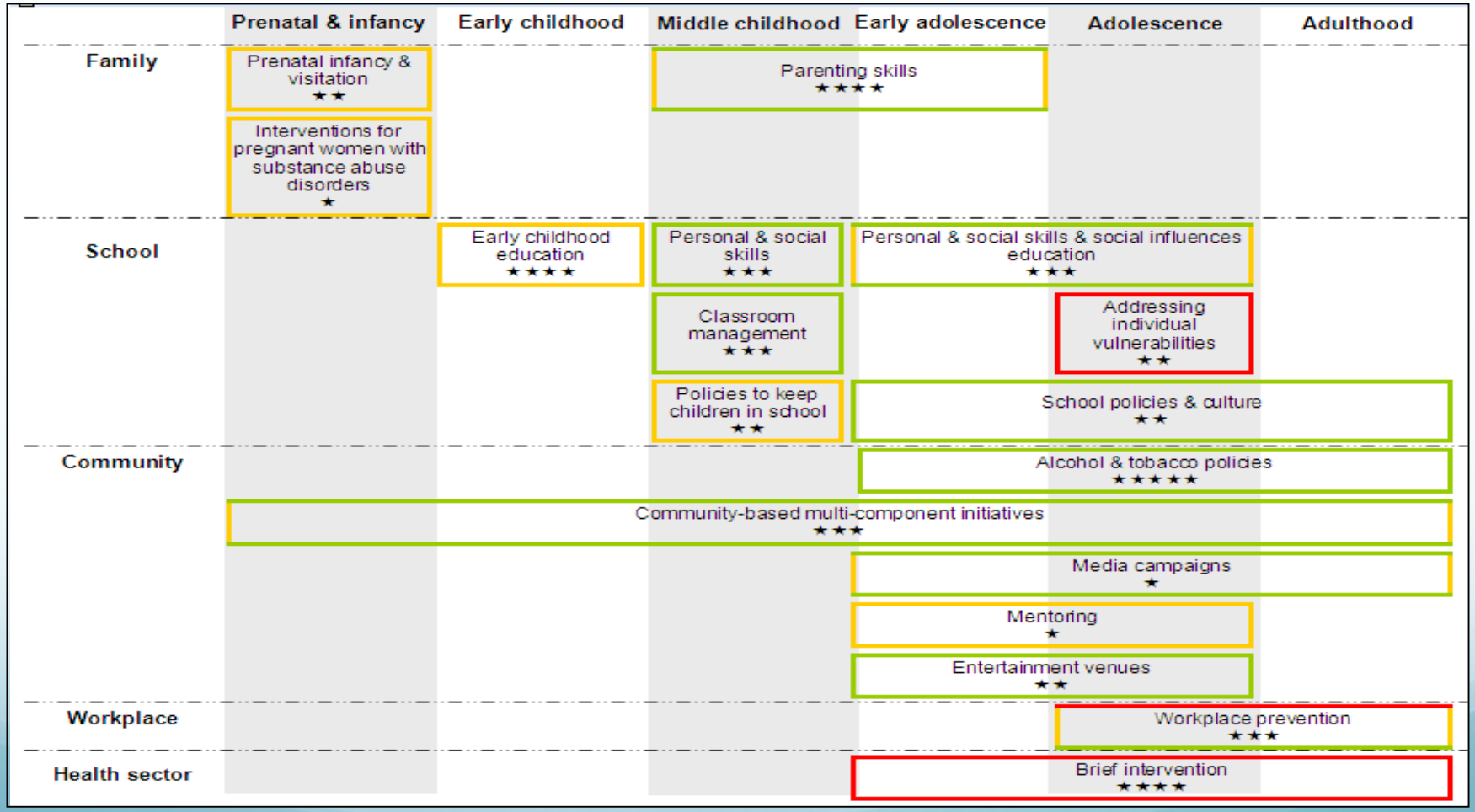
What Is Included in the Standards?

- 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



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Parenting Skills

(1/2)

	Linked to Positive Outcomes	Linked to No or Negative Outcomes
Content	• Enhance family bonding • Provide skills for: – Warm child-rearing – Setting rules for acceptable behavior – Positive monitoring free time and friendship patterns – Positive and developmentally appropriate discipline – Involvement in children's learning and education – Becoming role models	• Provide information to parents about drugs • Undermine parents' authority

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Parenting Skills

(2/2)

	Linked to Positive Outcomes	Linked to No or Negative Outcomes
Structure	• Multiple group sessions that include activities for parents, children, and the family • Interactive	• Focus exclusively on the child • Lecture as only means of delivery
Delivery	• Trained instructors • Organized to facilitate participation	• Poorly trained instructors

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!!!

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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

(2/3)

- 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

(3/3)

Popular registries include:

- Blueprints for Healthy Youth Development http://www.colorado.edu/cspv/blueprints/
- Strengthening America's Families http://www.strengtheningfamilies.org/
- Best Practice Portal-European Monitoring Centre on Drugs and Drug Addiction http://www.emcdda.europa.eu/best-practice
- States also provide information on evidence-based programs for example The California Evidence-Based Clearinghouse for Child Welfare: https://www.cebc4cw.org.

Evidence of Limited EBI Implementation

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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

Sources: Ringwalt, C., Vincus, A.A., Hanley, S. et al. (2011) The Prevalence of Evidence-based Drug Use Prevention Curricula in U.S. Middle Schools in 2008. Prevention Science, 12, 63–69; Sloboda et al. (2008). Reports of substance abuse prevention programming available in schools. Prevention Science, 9(4), 276-287.

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.

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Challenges to Getting Evidence-Based Prevention to Those Who Need Them

• Knowledge gaps • Stigma • Access to care • Workforce shortages	• Quality of care and variation in practice • Fiscal performance • Payment landscape • Cultural competency, language, social competency, and related issues

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

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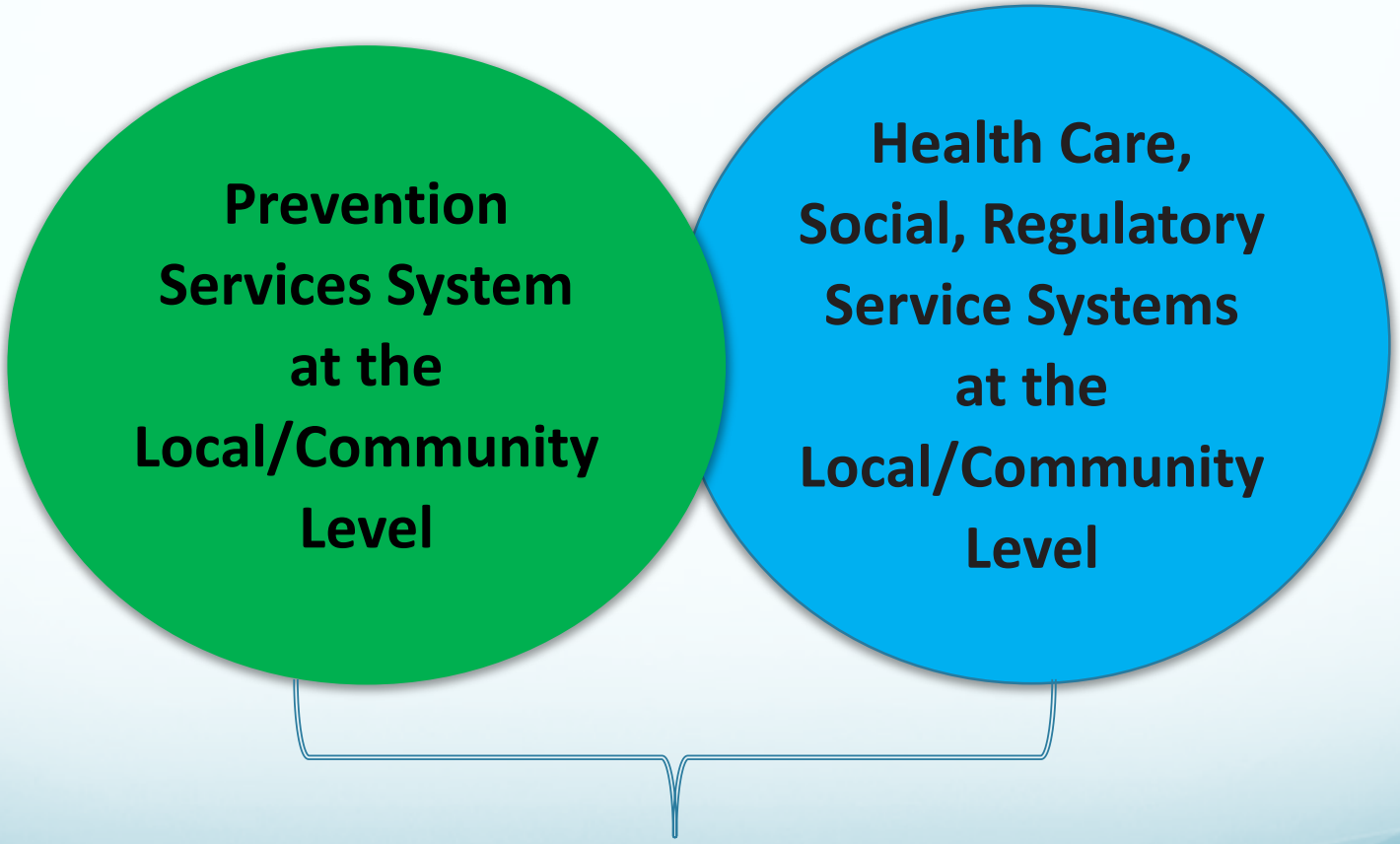
Provider Organizations – Prevention System - Examples

- Community Coalitions/Partnerships
- County Boards
- Schools
- Prevention Providers

Provider Organizations – Health Care, Social, Regulatory Systems – Examples

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

Provider Organizations



Needs and Resource Assessments

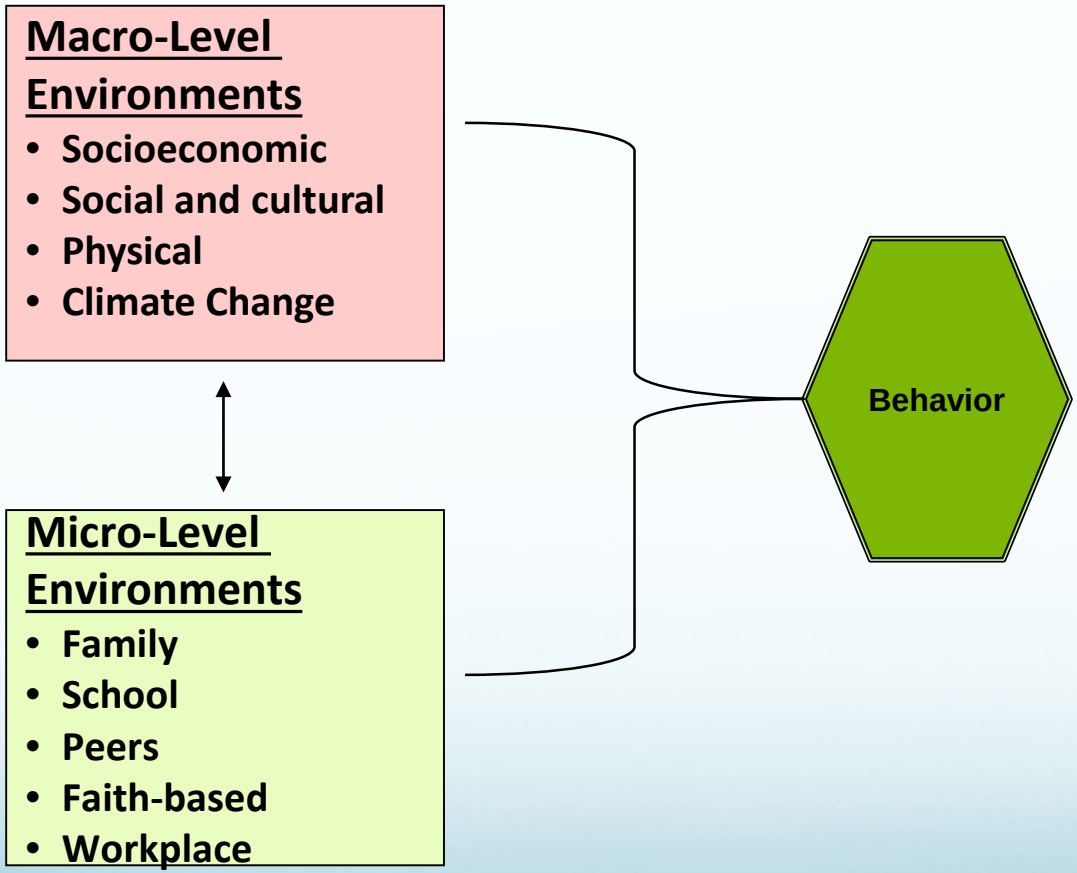
Building a National Prevention Service Delivery System

Components of a National Prevention Delivery System

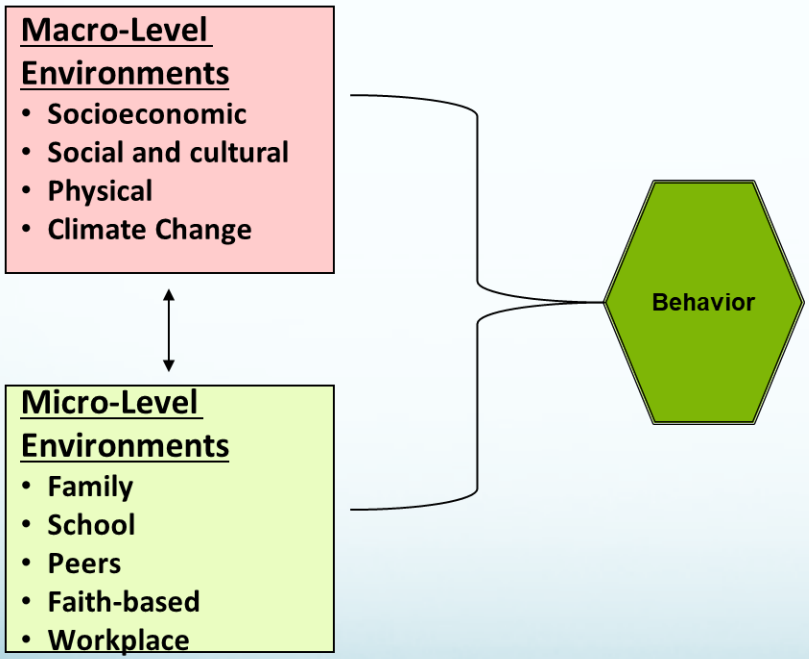
(1/3)

- 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



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

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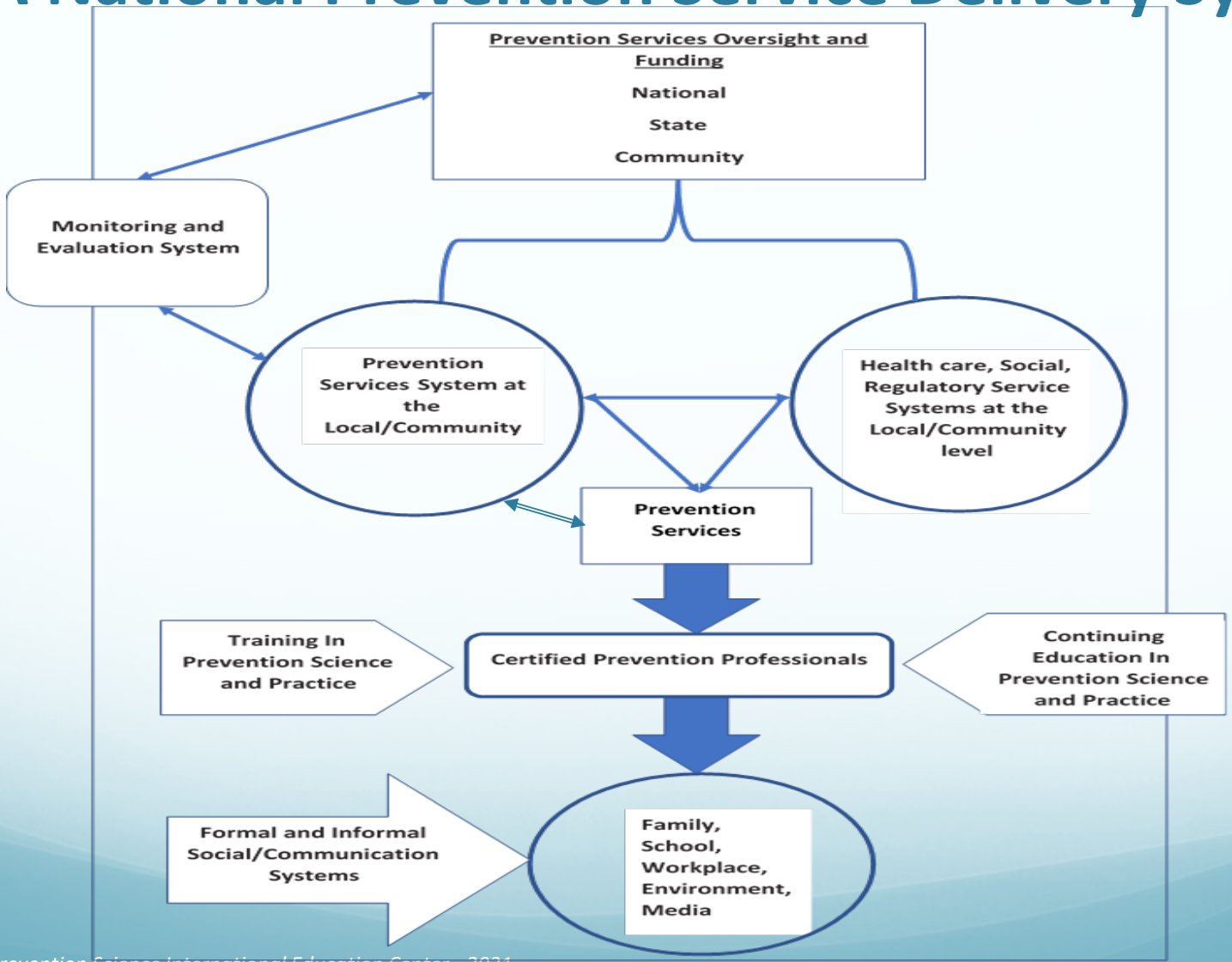
Components of a National Prevention Delivery System

(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



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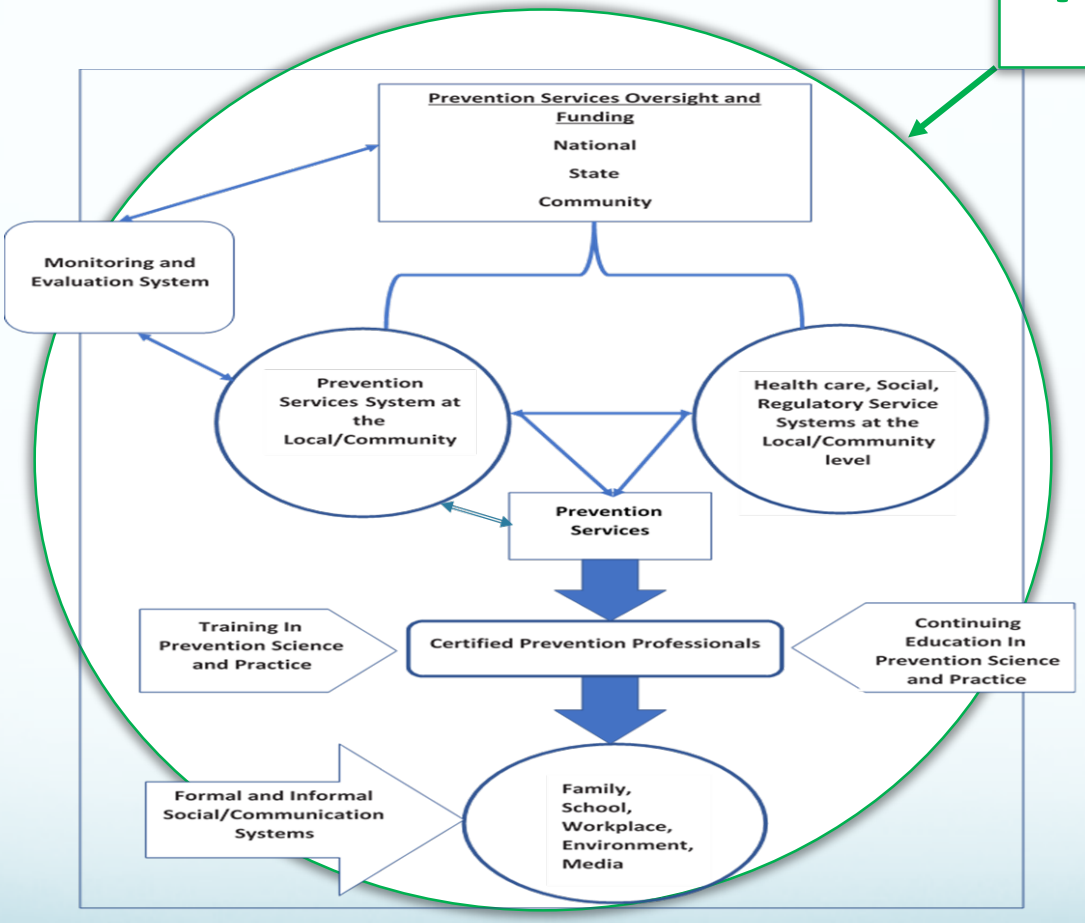
Culture of Prevention



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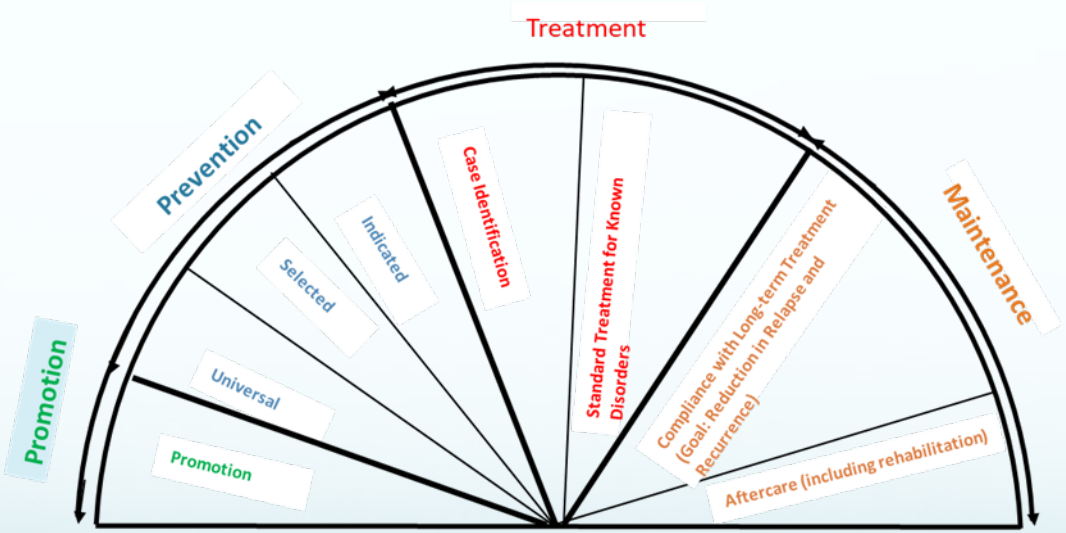
Key Aspects of a Culture of Prevention

- 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

Sloboda, Z., David, S.B. Commentary on the Culture of Prevention. *Prevention Science* (2020). https://doi.org/10.1007/s11121-020-01158-8

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



Source: National Academy of Science, 2009, p. 67

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A National Comprehensive and Integrated Substance Use Delivery System

Universal and Selective Prevention

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Thank you for your attention.

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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/