

YOUTH SUBSTANCE USE PREVENTION INSTITUTE

FOR PUBLIC SAFETY & PUBLIC HEALTH

MAY 17-18, 2023

RESOURCE SUPPLEMENT



ADAPT
A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION



WASHINGTON/BALTIMORE
HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA





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ADAPT: A Division for Advancing Prevention & Treatment

Mission

The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of strategies informed by the best available evidence 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.

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 strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources 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 the Best Available Evidence in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Communication
9. Systems Development
 - Infrastructure
 - Assessment

Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

Contact Us

For more information, email us at adapt@wb.hidta.org or reach out to Lora Peppard at lpeppard@wb.hidta.org.

Connect with Us

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.



Like our Facebook page today @

<https://www.facebook.com/ADAPT-100681361632663/>



Follow our LinkedIn Company page for the latest insights and updates @

<https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment>



Follow us on Twitter @

https://twitter.com/ADAPT_CDPP



Subscribe to our YouTube channel for informative video content @

https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

Visit us at <https://www.hidta.org/adapt/> and subscribe to be notified of upcoming webinars, products, events, and our quarterly newsletter.



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PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.



<https://www.hidta.org/adapt/prevention-intervention-resource-center/>

COME LEARN WITH US!

Announcing the

HIDTA PREVENTION LEARNING MANAGEMENT SYSTEM



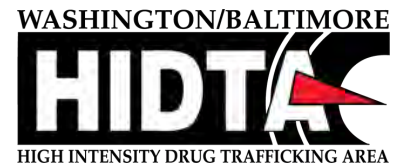
adaptlms.hidta.org

GET STARTED WITH THE 1ST COURSE TODAY!

Substance Use Prevention Fundamentals

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.





RESOURCES

Welcome and Opening Remarks

Keith Weis

Executive Director, Rocky Mountain HIDTA

Lora Peppard, PhD, DNP, PMHNP-BC

*Director, A Division for Advancing Prevention &
Treatment (ADAPT)*

*Deputy Director for Treatment and Prevention,
Washington/Baltimore HIDTA*



PRESENTER BIO

Keith Weis



Mr. Keith Weis currently serves as the Executive Director for the Office of National Drug Control Policy's (ONDCP) Rocky Mountain High Intensity Drug Trafficking Area (RM-HIDTA) based in Denver, Colorado. Mr. Weis was appointed by the RM-HIDTA's Executive Board on May 1, 2021 and is responsible for managing the federal grant which supports local, state, federal and tribal law enforcement agencies with counter narcotics efforts in the Western States of Montana, Wyoming, Utah and Colorado. RM-HIDTA's mission is to promote agency cooperation, information sharing, operational deconfliction while disrupting-dismantling organized and violent drug trafficking organizations causing the most harm to the region's public health, to include focusing on reducing overdoses caused by dangerous narcotics. This is accomplished through 31 initiatives supporting 110 local, 15 state and 11 federal agencies throughout an expansive geographic area covering 433,868 square miles, to include 585 miles along the Northern Border with Canada. Prior to his appointment Mr. Weis served with the U. S. Drug Enforcement Administration (DEA) for more than 30 years, beginning in April of 1991 and retiring in April of 2021 as the Special Agent in Charge of the Miami Field Division, which entailed oversight of operations throughout the State of Florida. Other assignments over his career included the Special Agent in Charge for the Seattle Field Division, which covered Alaska, Washington, Oregon, Idaho; Assistant Special Agent in Charge at the Denver Field Division; Assistant Regional Director at the Kabul, Afghanistan Country Office; Resident Agent in Charge of the Boise, Idaho Resident Office; Staff Coordinator at the Special Operations Division (SOD); Assistant Country Attache Nassau, Bahamas Country Office; and Special Agent at the Portland, Oregon District Office. Mr. Weis graduated from Portland State University with a Bachelor of Science Degree in Political Science in 1990 and is a veteran of the United States Air Force (1985-1995).



PRESENTER BIO

Lora Peppard, PhD, DNP, PMHNP-BC



Dr. Lora Peppard is the Deputy Director for Treatment and Prevention for the Washington/ Baltimore HIDTA and the Director of ADAPT in the Center for Drug Policy and Prevention at The University of Baltimore. Prior to her appointment with HIDTA, she was an Associate Professor at George Mason University and Project Director for several federally funded substance use and behavioral health prevention grants funded by SAMHSA and HRSA.

Dr. Peppard is committed to translating and integrating substance use prevention programs, practices, and strategies into communities. She has almost 20 years of clinical experience as a psychiatric nurse practitioner in emergency, inpatient and outpatient settings. She has developed innovative, system-wide programs to address the unmet substance use and behavioral health needs of people who are underserved, in the military, or have a serious mental illness (SMI). Dr. Peppard serves as a community, state, national, and international consultant on substance use and behavioral health prevention. She has authored several peer-reviewed publications on her work.



2023 YOUTH SUBSTANCE USE PREVENTION INSTITUTE

Housekeeping Items

1. General Institute Information for Virtual Attendees

- a. You can access the Institute on either day of the event by clicking the webinar registration link [HERE](#). Upon registration you will receive a unique webinar link to access the event. This same link will get you into all sessions over the course of the two-day institute.
- b. Once logged into a session you will see a **Chat box** and a **Q&A box**. The attendee-to-attendee chat feature has been disabled for this event. However, you can use the Chat box to send event-related questions to ADAPT. **All questions for presenters should be directed to the Q&A box.**
- c. For Zoom technical difficulties, please contact Zoom at <https://support.zoom.us/hc/en-us>.

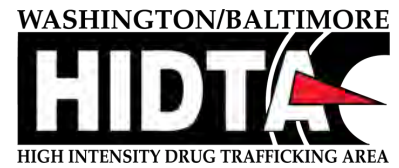
2. Resource, Slides, Speaker Supplements, & Recordings

- a. A **Resource Supplement** containing all session slides, speaker biographies, and additional resources has been developed. The Resource Supplement will be uploaded into the chat during each session, and sent via email to all attendees at the conclusion of the institute at the email they used to register for this event.
- b. Most session recordings will be made available on the [ADAPT YouTube Channel](#).

3. Evaluations, Continuing Education Credits, & Certificates

- a. **Session & Institute Evaluations:** Post-session surveys will appear on screen via a link and QR code at the conclusion of each session. The link will also be provided via the chat for virtual attendees. A general Institute evaluation will be emailed to you upon conclusion of the Institute. We are grateful for your participation in this event and hope that you will take a few minutes to share your anonymous feedback.
- b. **Participation & Continuing Education Certificates:** **Free** continuing education credits through NAADAC, the National Association for Addiction Professionals, are available for all educational presentations. **CE certificates are directly linked to completion of each post-session evaluation** (see 3a above). Certificates will be sent to you within a week at the email you specify in the survey. A full list of agencies that accept NAADAC CEs can be found [HERE](#). General participation certificates will automatically be sent to all attendees within one week of the event.





RESOURCES

Morning Keynote: The Truth about Today's Marijuana and Strategies to Prevent Youth Use

Laura Stack, MBA

Founder & CEO, Johnny's Ambassadors



PRESENTER BIO

Laura Stack, MBA



For 30 years, Laura Stack was best known in the business world as “The Productivity Pro.” Her career as a keynote speaker, bestselling author of eight books, and corporate spokesperson came to a screeching halt on November 20, 2019, when her 19-year-old son, Johnny, died by suicide after becoming psychotic from dabbing high-THC marijuana concentrates. Laura responded by forming the nonprofit, Johnny’s Ambassadors, to educate parents, teens, and communities about the dangers of today’s high-THC marijuana on adolescent brain development, psychosis, and suicide. Her platform now brings prevention education to drug prevention conferences, community groups, and schools to stop youth marijuana use. Johnny’s story has been told in People Magazine, the New York Times, the Wall Street Journal, the Epoch Times, the Ingraham Angle, the Untold Story with Martha MacCallum, and PBS. Laura is the recipient of the Drug-Free America Foundation’s Moxie Award for protecting youth from substances, the Leadership in Advocacy Award from the National Speakers Association, and the American Association of Suicidology’s Loss Survivor of the Year Award. Laura is a powerful speaker who brings Johnny’s personal warning and solid research together in her book, *The Dangerous Truth About Today’s Marijuana: Johnny Stack’s Life and Death Story*. Described as a force of nature with unstoppable drive and unwavering purpose, Laura is determined to get teens to #StopDabbing.



The Truth About Today's Marijuana & Strategies to Prevent Youth Use

By Laura Stack, Founder & CEO





Johnny Stack

November 21, 2019

Our living room

1:03 AM

"Mr. and Mrs. Stack, I'm with the coroner's office. I'm so sorry to tell you that your son is deceased."

– the woman in black



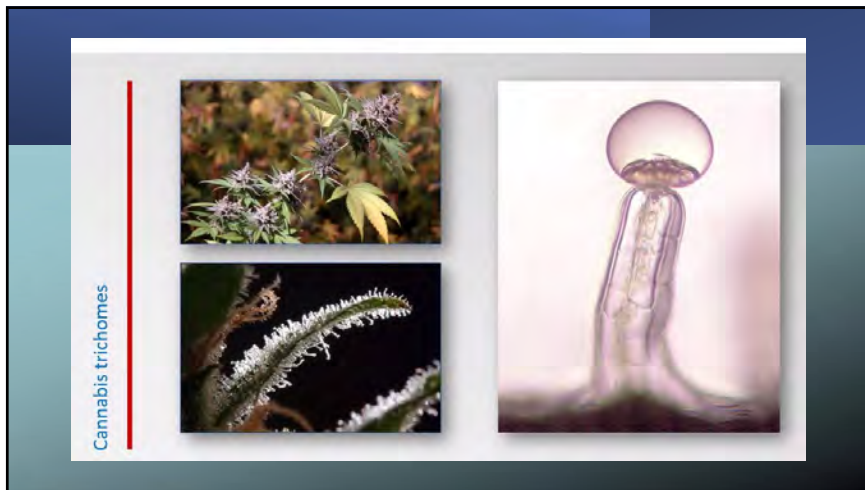
JOHNNYSAMBASSADORS.ORG



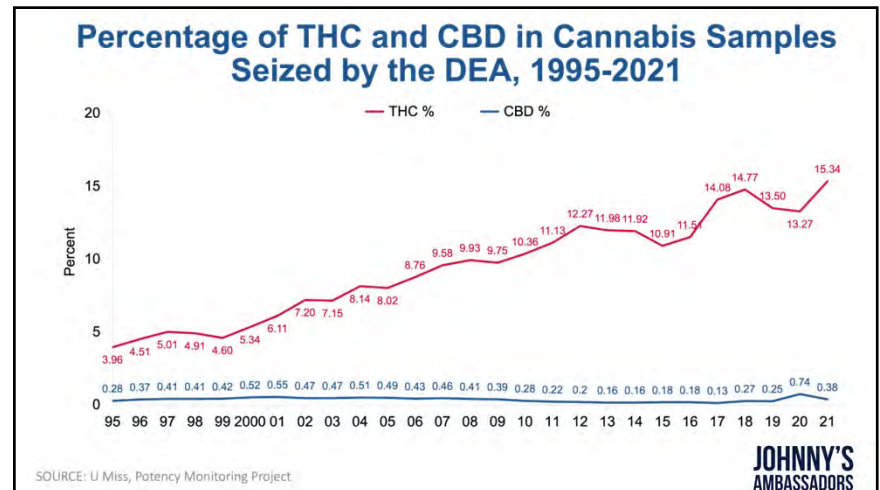
2012: legalized in CO; 2014: dispensaries open and Johnny uses at a party; dabbing becomes popular



Dabbing as popularized by Cam Newton of the Carolina Panthers





Cannabis trichomes



What Is a Dab?

- Solvent poured
- THC leaves plant
- Solution filtered
- Processed into distillates
- Very potent – up to 99% pure
- Not a plant – it’s a chemical.

DABS are made in a LAB!

**JOHNNY'S
AMBASSADORS**



CONCENTRATES ARE NOT PLANTS! THEY ARE CHEMICALS!

Photos courtesy Matt Pangman, *People Magazine* Shoot

EXAMPLES OF A SERVING SIZE FOR EACH TYPE OF CONCENTRATE

Regulated Marijuana Stores offer various categories of marijuana concentrates. Stores may refer to marijuana concentrates using different names, including but not limited to terms like shatter, wax, butter, sugar, hash, resin, and rosin.

Inhalation other than Vaping: When consuming regulated marijuana concentrate by inhalation other than vaping (e.g. dabbing) the recommended serving size is a sphere with the diameter no larger than the dot below:

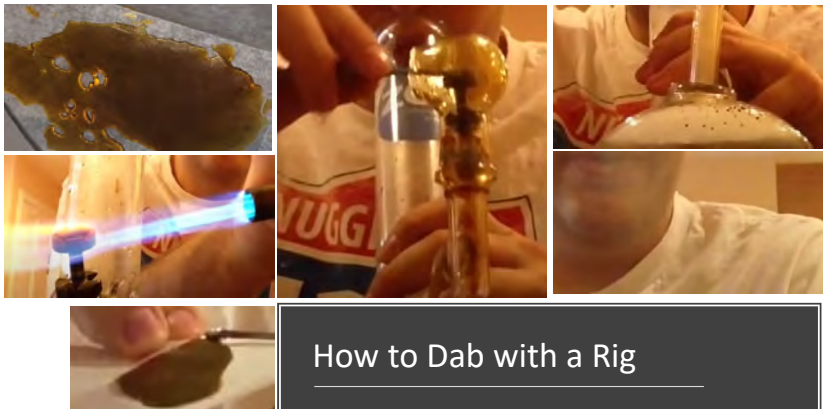
Start Low. Go Slow.

Vaping: Vaporizers heat marijuana concentrate to release THC for inhalation. The serving size should not exceed **1 inhalation** lasting **2 seconds** per serving.

Concentrate Serving Size:



**JOHNNY'S
AMBASSADORS**



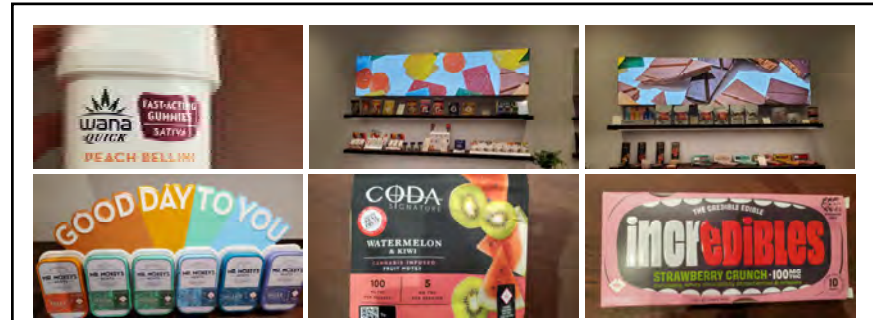
How to Dab with a Rig

**JOHNNY'S
AMBASSADORS**



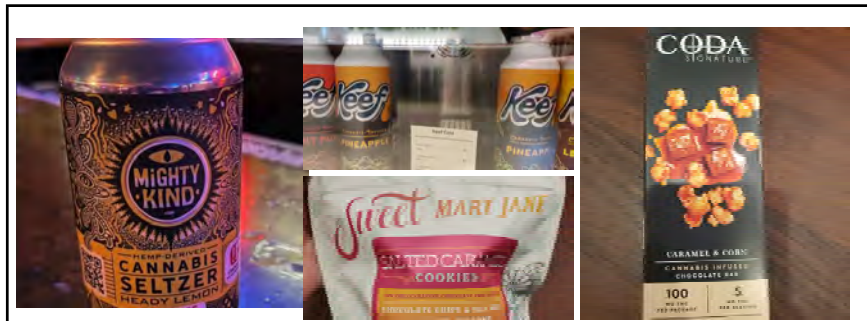
Vapes – THC Oil and Distillates

JOHNNY'S
AMBASSADORS



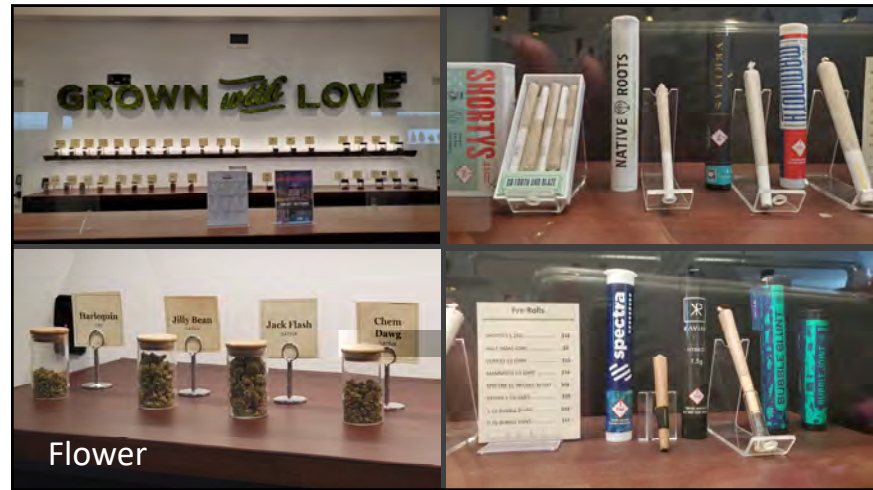
Candies

AMBASSADORS

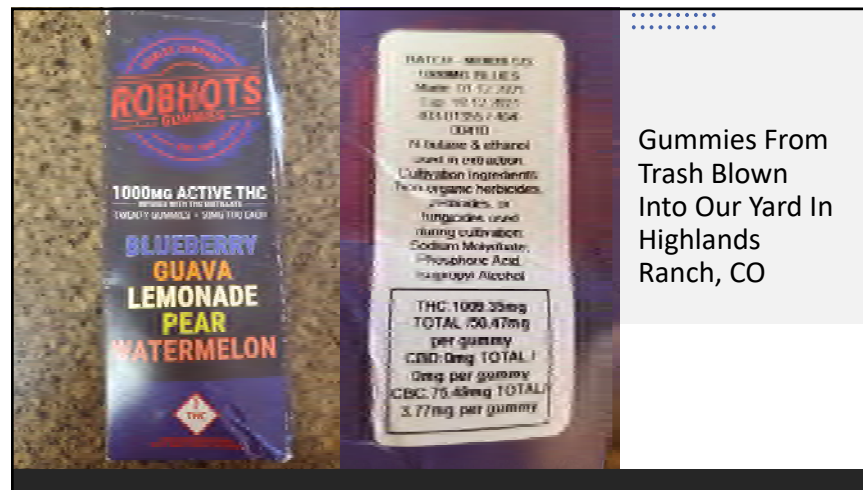


Food and Drinks

AMBASSADORS



Flower



Consumption Method	Potency	Total THC
"Pre-2000s" joint	2-5%	5 mg
Edible (one serving)	Varies	10 mg
Bowl (.25 g of flower) 60% loss to burning	18%	18 mg
Joint (.4 g of flower) requires more pot	18%	36 mg
Vape (1 g cart = 200 puffs)	80%	800 mg (4 mg per puff)
Dab (1 g of wax assume 8 "servings")	80%	800 mg (100 mg per serving)

How Much THC Is In Each Method?
(Sample estimates gathered from cannabis websites, based on an "average" size, allowing for loss to combustion.)

JOHNNY'S AMBASSADORS

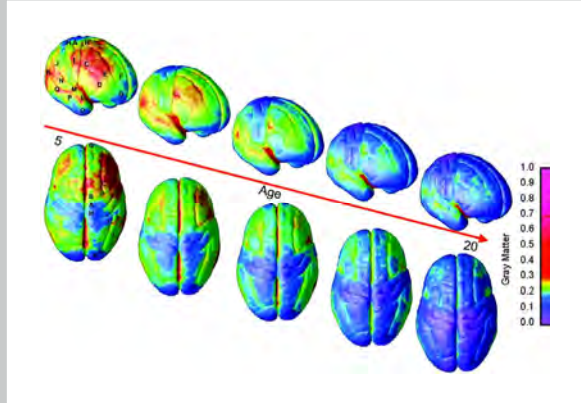


High-Potency Marijuana and Adolescent Brain Formation



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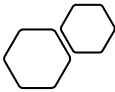
Right lateral and top views of the dynamic sequence of GM maturation over the cortical surface



Nitin Gogtay et al. PNAS 2004;101:218174-8179

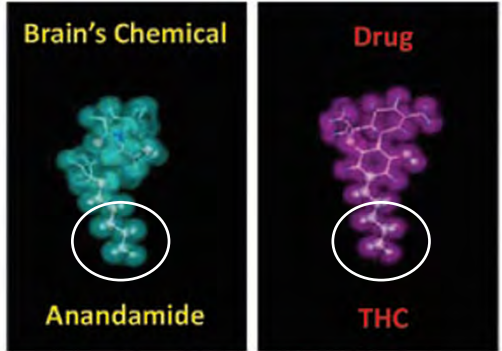
©2004 by National Academy of Sciences

Early 1990s



Research Done on How Marijuana Makes a User High

The THC and Anandamide molecules are so similar, THC can “trick” the brain and bind to the CB1 receptors and block normal neurological function.



<https://nida.nih.gov/publications/research-reports/marijuana/how-does-marijuana-produce-its-effects>

JOHNNY'S AMBASSADORS

The Endocannabinoid System (ECS)

STRESS RESPONSE

INFLAMMATION

MEMORY

MOOD

ENERGY BALANCE

IMMUNE FUNCTION

APPETITE & MORE

CB1 RECEPTORS = NERVOUS SYSTEM

CB2 RECEPTORS = IMMUNE SYSTEM

DIGESTION


LIVER

BONES

SPLEEN

COLON

PANCREAS

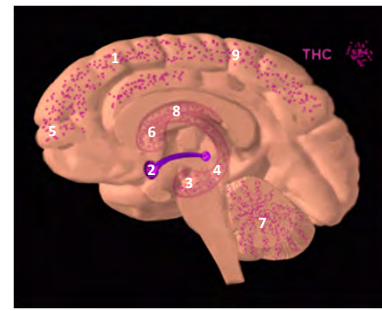


Wkh#HFV#b#kch#duj hrw#hfnswr#u#
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JOHNNY'S AMBASSADORS

Regions of the Brain Containing CB1 Receptors Impacted During Adolescent Brain Formation


Brain Part	Function	THC Impact
1. Prefrontal cortex	Executive function and higher reasoning	Increases impulsiveness and reduces judgment
2. Nucleus accumbens	The reward circuit	Increases euphoria
3. Amygdala	Emotions, fear, anxiety	Increases paranoia, panic
4. Hippocampus	Learning new information	Impairs memory
5. Orbitofrontal cortex	Motivation and drive	Decreases desire to do things
6. Basal ganglia	Planning and starting movement	Slows reaction time
7. Cerebellum	Motor skills, balance	Impairs coordination
8. Hypothalamus	Eating, sex drive	Increases appetite
9. Neocortex	Feeling and movement	Alters sensations



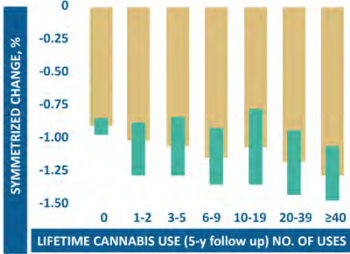
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Association of Cannabis Use During Adolescence With Neurodevelopment

– JAMA Psychiatry. Published online June 16, 2021



- Images from 799 participants at 14 years old and then again at 19 years old.
- Change in cortical thickness in millimeters at varying levels of lifetime cannabis use.



LIFETIME CANNABIS USE (5-y follow up) NO. OF USES	Symmetrized Change (%)
0	0.00
1-2	-0.80
3-5	-0.90
6-9	-1.00
10-19	-1.10
20-39	-1.20
≥40	-1.30

JOHNNY'S AMBASSADORS

The Result of Legalizing “Medical” Marijuana for 18-Year-Olds



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Johnny Came Full Circle.

He is Now the 18-Year-Old Marijuana Dealer with a Med Card.

Johnny didn't have a single medical issue.

Anyone wanna smoke me up before I my med card? 😂

This is how teens get marijuana in high school – from 18-year-old seniors who buy legal THC products from a “legal” dispensary with a legal “medical” marijuana card.

Whoever needs anything today hit me up :)

Hit me up. Strand is Girl Scout cookies

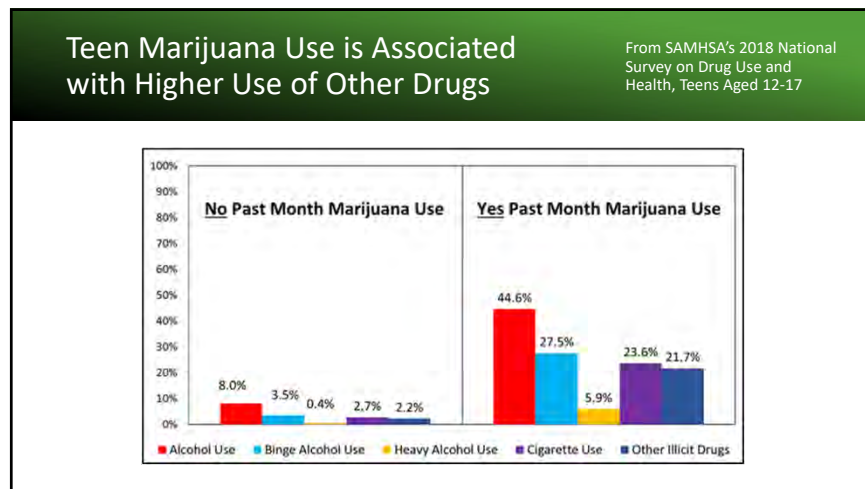
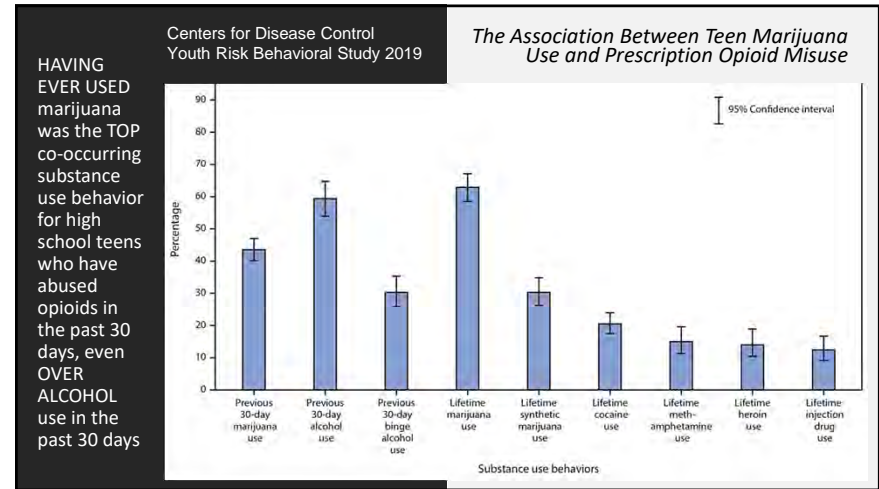
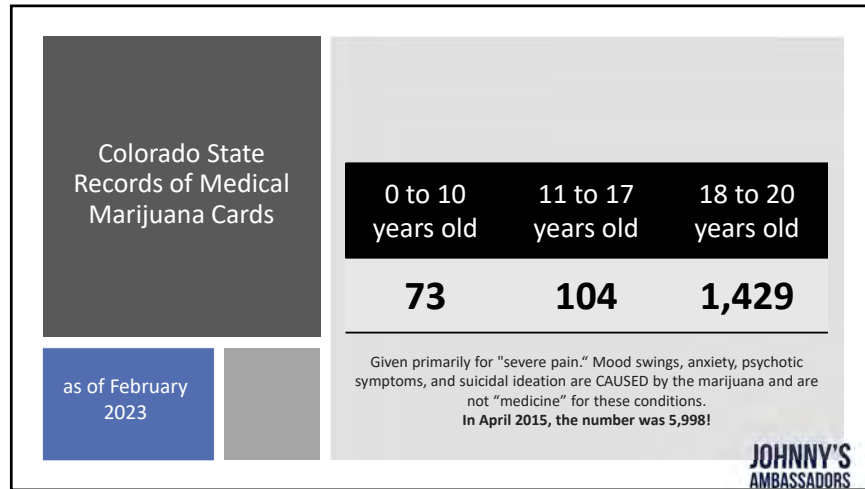
Native Roots

Native Roots

Native Roots

Snapshot Photos from Johnny's Phone
"For Your Eyes Only"

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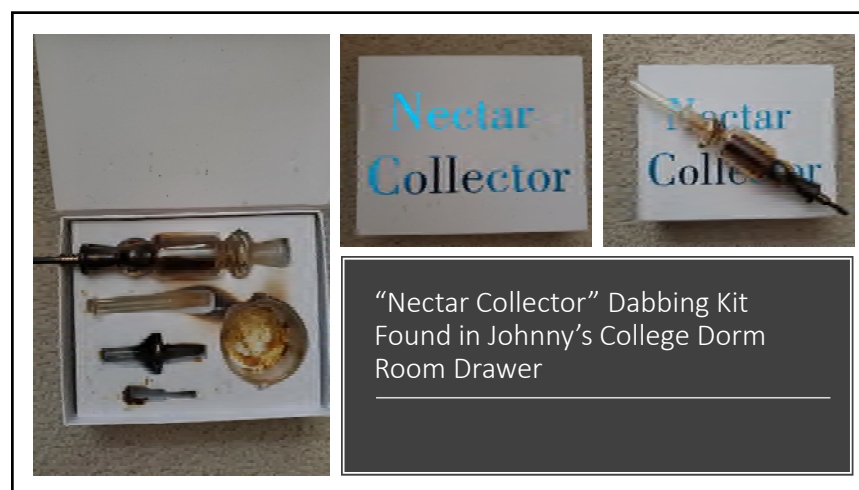
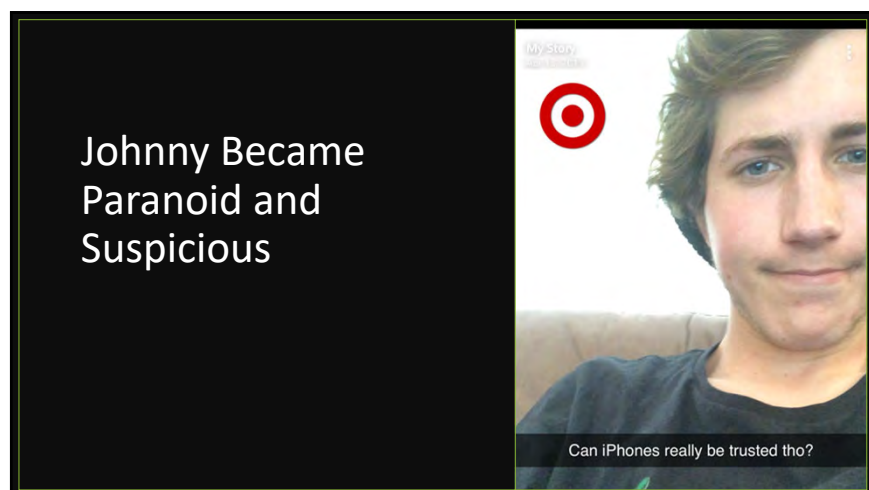
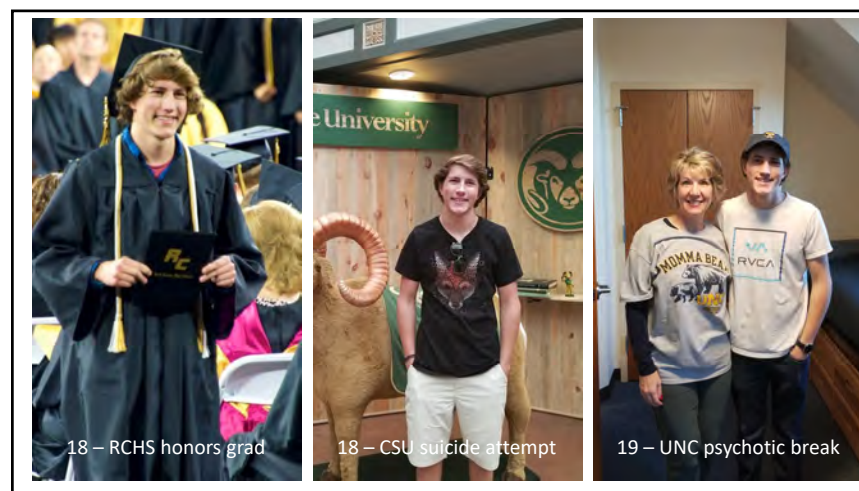


New Federal Data Shows Marijuana is Major Factor in Emergency Department Visits Among Youth

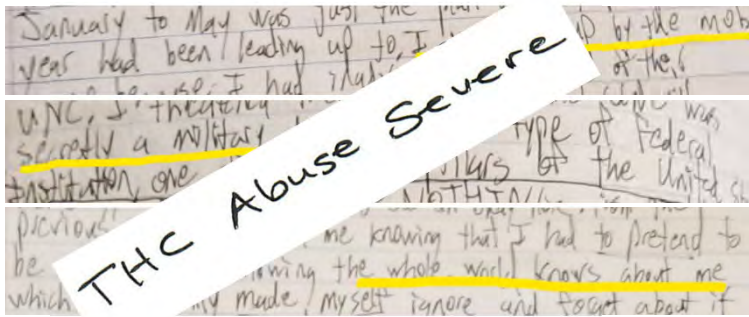
"In 2021, marijuana was the leading cause of youth drug-related emergency department visits. There were more ER visits from marijuana than from opioids, meth, or cocaine for youth under age 18."

Source: Substance Abuse and Mental Health Services Administration's (SAMHSA) Drug Abuse Warning Network (DAWN), June 2, 2022
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-07-03-001.pdf

JOHNNY'S AMBASSADORS



What Does Psychosis Look like? Johnny's Journals



RISKS AND PRECAUTIONS

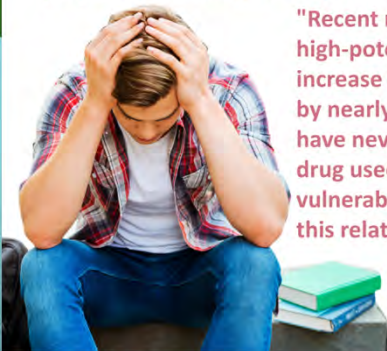
WARNING:

Use of Marijuana Concentrate may lead to¹:

1. Psychotic symptoms and/or Psychotic disorder (delusions, hallucinations, or difficulty distinguishing reality);
2. Mental Health Symptoms/Problems;
3. Cannabis Hyperemesis Syndrome (CHS) (uncontrolled and repetitive vomiting);
4. Cannabis use disorder / dependence, including physical and psychological dependence.



"Marijuana can produce an acute psychotic reaction in non-schizophrenic people who use marijuana, especially at high doses."



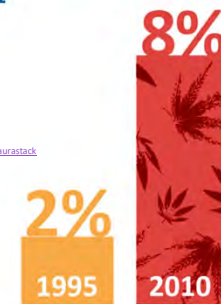
"Recent research suggests that smoking high-potency marijuana every day could increase the chances of developing psychosis by nearly five times compared to people who have never used marijuana. The amount of drug used, the age at first use, and/or genetic vulnerability have all been shown to influence this relationship."

National Institute on Drug Abuse, 2023
nida.nih.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders



Development Over Time of the Population-Attributable Risk Fraction for Cannabis Use Disorder in Schizophrenia in Denmark – July 21, 2021.

7M people.
2% schizophrenia before cannabis.
8% schizophrenia after cannabis.



<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2782160?>



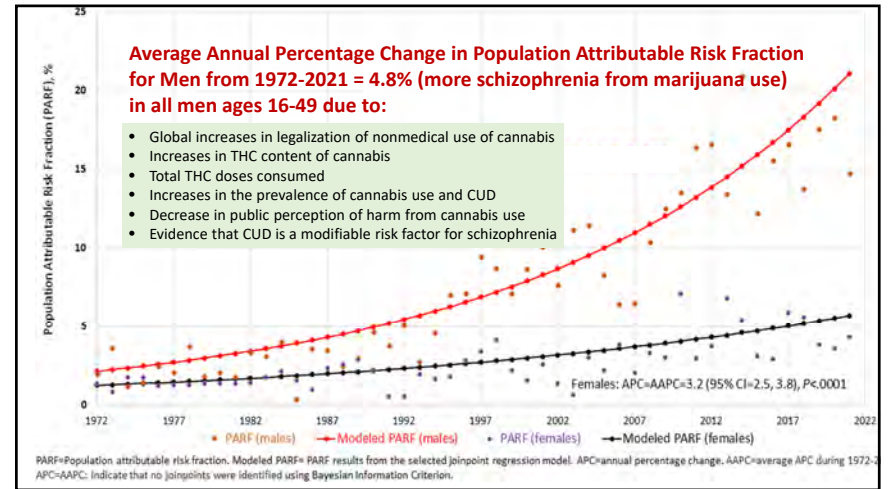
Young Men at Highest Risk of Schizophrenia Linked with Cannabis Use Disorder



“After analyzing 6.9 million people ages 16-49 in over 5 decades of data, researchers concluded in 2021, as many as 30% of cases of schizophrenia among men aged 21-30 could have been prevented by averting cannabis use disorder.”

— National Institute on Drug Abuse (NIDA) at the National Institutes of Health and Mental Health Services in the Capital Region of Denmark. Reported in *Psychological Medicine*, May 2023

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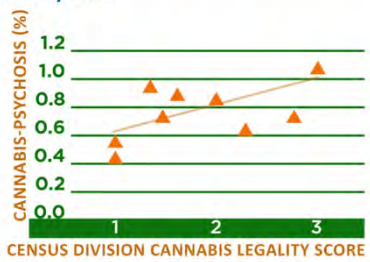


Correlation between percentage of hospitalizations with diagnosis of psychosis associated with cannabis use in each census division and Census Division Cannabis Legality Score – January 2022

The Census Division Cannabis Legality Score (1 - 3) was calculated as sum of state legality scores weighted by proportion of state population in census division. State legality scores were defined as:

- 1 = illegal or cannabidiol/low potency cannabis
- 2 = standard medical marijuana
- 3 = recreational and medical marijuana

<https://pubmed.ncbi.nlm.nih.gov/35016118/>
by a Team of Harvard Medical School doctors




JOHNNY'S AMBASSADORS

Marijuana CAUSES Anxiety, Not Helps It

Findings from a 15-year study of 1,943 15-to-17 year old adolescents in Australia

Daily cannabis use among adolescent users was associated with anxiety disorder at 29 years, as was cannabis dependence. Regular adolescent cannabis use is associated consistently with anxiety in adolescence and late young adulthood, even among regular users who then cease using the drug. It is possible that early cannabis exposure causes enduring mental health risks in the general cannabis-using adolescent population.



Source: <https://pubmed.ncbi.nlm.nih.gov/22775447/>


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The American Psychiatric Association's Position Statement in Opposition to Cannabis as Medicine

"There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development."

<https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Position-Cannabis-as-Medicine.pdf>

AMERICAN PSYCHIATRIC ASSOCIATION



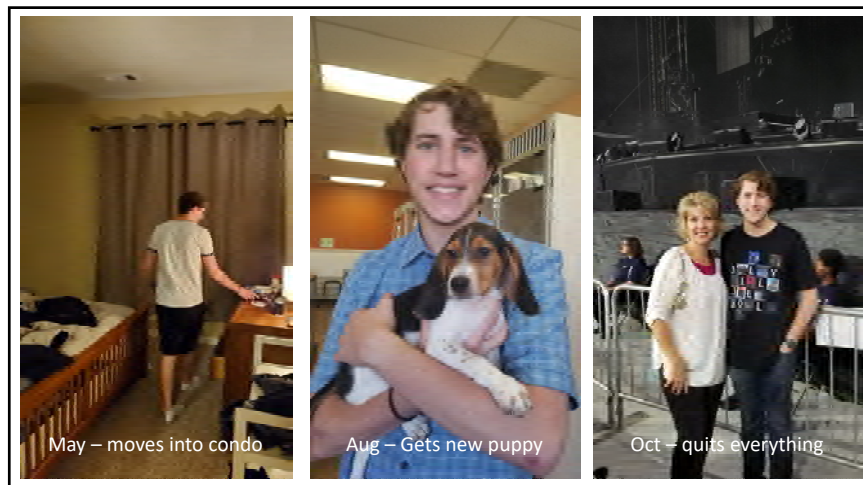
JOHNNY'S AMBASSADORS



Marijuana and Suicide




JOHNNYSAMBASSADORS.ORG




Three Days Before Johnny's Death
Nov. 17, 2019

"I just want you to know that you were right all along. You told me marijuana would hurt my brain. It's ruined my mind and my life, and I'm sorry. I love you."

– Johnny Stack





**Johnny's
Suicide
Snapchat**

133661


For every action there is an equal and opposite reaction. For one extreme to exist, there must be the opposing.

From a website: "Angel number 666 is a reminder that your life is in perfect balance. The Universe is telling you that, after a long period of struggle, your life goals are accomplished. Your guardian angels are there to protect you and show you the way."

National Institute on Drug Abuse (NIDA), part of the National Institutes of Health – June 2021 study

**280,000
young adults ages 18-35:**

Cannabis use was associated with increased risks of thoughts of suicide, suicide plan, and suicide attempt (regardless of whether someone was also experiencing depression).




<https://www.nih.gov/news-events/news-releases/cannabis-use-may-be-associated-suicidality-young-adults>

JOHNNY'S
AMBASSADORS

Large longitudinal study of over 2000 adolescents conducted in Australia and New Zealand – Lancet 2014

Daily users before age 17 years = suicide attempt 7-fold



Frequency of Use	Suicide Attempt Odds Ratio
Less than Monthly	2
Monthly or More	3
Weekly or More	4
Daily	7

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70307-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70307-4/fulltext)

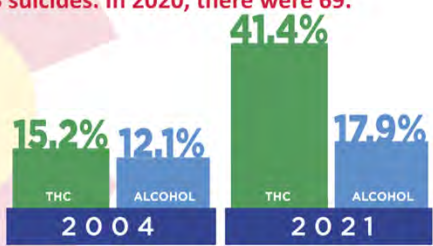
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AMBASSADORS

CO Teen Suicides Ages 10-18 Years Have Significantly Increased Since Marijuana Legalization

In 2004, there were 33 suicides. In 2020, there were 69.

The increase in suicides correlates with:

- Broader use of THC by teens
- Increased potency of THC
- More easily accessible THC concentrates

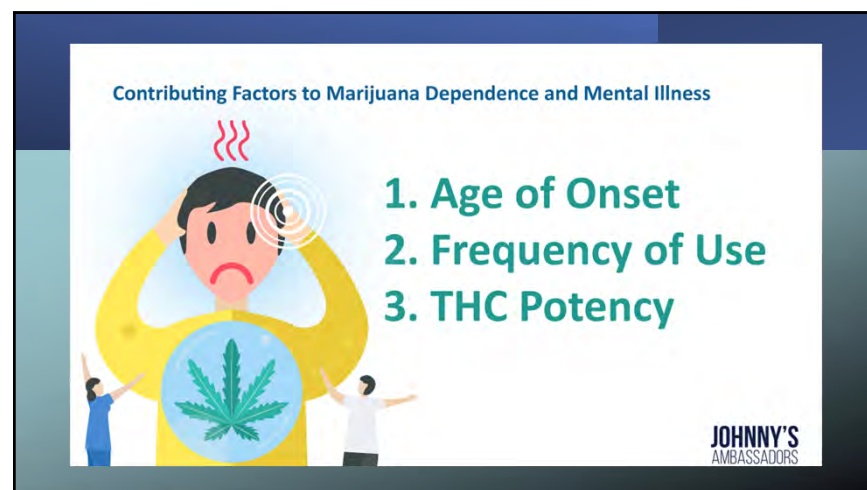
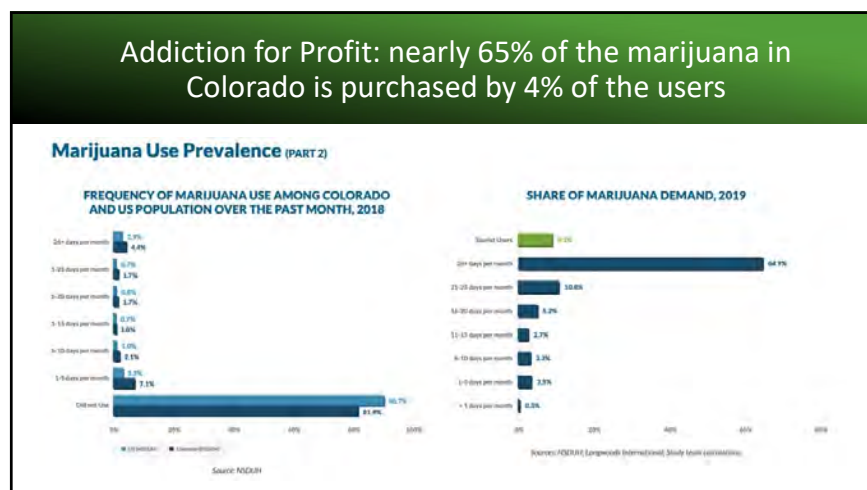


Year	THC	Alcohol
2004	15.2%	12.1%
2021	41.4%	17.9%

Marijuana is the #1 substance found in toxicology reports.

Source: Colorado Violent Death Reporting System


JOHNNY'S
AMBASSADORS



TEACH A HEALTHY FEAR OF MARIJUANA

Why don't you play with RATTLESNAKES?

They can BITE you!



Johnny's
AMBASSADORS

The Death of a Son and Birth of a Mission



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JOHNNY'S
AMBASSADORS

<https://JohnnysAmbassadors.org>

"If Johnny hadn't started using marijuana, I know he would still be alive today."

By Laura Stack, MBA, CSP, CPAE

ON SALE NOW!
JohnnysAmbassadors.org/book



Available on Amazon in Audible, Kindle, and paperback:

The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story



3. **FACT vs. FICTION**
Marijuana Myths: Fact vs. Fiction

PREVENTING YOUTH MARIJUANA USE
Saving Our Youth from the Harms of Marijuana

Preventing Youth Marijuana Use
Saving Our Youth from the Harms of Marijuana

The Dangerous Truth About Today's Marijuana: the Harms of Youth Marijuana Use

Free Resources for Schools
Laura@JohnnysAmbassadors.org



What is an Ambassador?
A person who acts like a representative or promoter of a specified activity.

JOHNNY'S AMBASSADORS

**BECOME ONE OF
Johnny's Ambassadors**

- A form will pop up – enter your name and email to get on mailing list
- Follow Johnny's Ambassadors social media
- Download our educational resources
- Donate to Johnny's Ambassadors



SAVE THE DATE

2023

JOHNNY'S AMBASSADORS

**PREVENTING
YOUTH MARIJUANA USE
CONFERENCE**
MONDAY, JULY 10, AND TUESDAY, JULY 11

**NOW EXTENDED by popular demand
to two full days!**

The 2023 Johnny's Ambassadors Preventing Youth Marijuana Use Conference concludes National Marijuana Facts Week with Anti-710 Dab Day on July 10. Attend in Denver, CO, or register for the livestream. All registered attendees receive the recordings. Registration and hotel information coming soon (arrive Denver on Sunday, July 9).

SPEAKERS

Jo McGuire | Chairman of the National Drug and Alcohol Screening Association

Roneet Lev | Emergency room physician

Ben Cort | CEO of The Foundry in Steamboat Springs

Aaron Weiner | addiction psychologist

Dale Savage | Student Resource Officer in a CO school

Dr. Mike Barnes | Chief Clinical Officer

James Henning | law enforcement

Crystal Collier | child and family intervention



**JOHNNY'S
AMBASSADORS**

**The Conference Center at
RidgeGate**

9878 Schwab Way, Suite 401
Lone Tree, CO 80124

For more information or
questions, please contact:
Laura@JohnnysAmbassadors.org

Register at p2p.onecause.com/youth2023

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303-471-7401 • johnnysambassadors.org • Laura@JohnnysAmbassadors.org

Johnny's Ambassadors Youth Marijuana Prevention



Johnny's Ambassadors educates parents, teens, and communities about the dangers of today's high-THC marijuana on adolescent brain development, mental illness, and suicide.



JohnnysAmbassadors.org

Laura@JohnnysAmbassadors.org • 303-471-7401

Johnny's Ambassadors Youth Marijuana Prevention Model



1

Bring Laura in to speak at a middle or high school or parent/community night for \$5000 plus \$1000 travel expenses. Or virtual webinars are \$1000 and include our GoToWebinar platform.

6

Begin monthly video webinar series in community with facilitated discussion: www.JohnnysAmbassadors.org/recorded-webinars
free

2

Purchase a copy of Laura's book as a gift for each person in attendance (\$355 for a box of 22 or buy on Amazon).

7

Distribute our glossy teen marijuana prevention magazine in the schools, library, and community centers (available summer 2022). *free*

3

Start an optional 8-week book club for parents, school admin, counselors, legislators using *The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story* textbook and discussion guide. *free*

8

Use our graphics, toolkits, and one sheets for a comprehensive social media awareness campaign: johnnysambassadors.org/education *free*

4

Assign our online teen marijuana curriculum in schools (with parallel parent track) with teacher discussion before/after: johnnysambassadors.org/curriculum *free*

9

Host a #StopDabbing walk to raise awareness of the harms of youth marijuana use on Sunday, Sept. 18: www.stopdabbingwalk.com
free

5

Use our PPT kit (adult or teen) to continue training in the community. \$299 per person or free if you brought Laura in to your community.

10

Discover many ways to join our mission and become an Ambassador:
JohnnysAmbassadors.org/join *free*

The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story



JOHNNY'S
AMBASSADORS

for Teens

Program Description

Laura Stack's 19-year-old son, Johnny, died by suicide on November 20, 2019, after becoming delusional from dabbing high-THC marijuana concentrates. Soon afterward, Laura started a nonprofit organization, Johnny's Ambassadors, to educate parents and teens about the dangers of youth marijuana use. Before marijuana, Johnny was a computer whiz with a 4.0 GPA and a perfect math score on the SAT. After marijuana, he stole his family dog from the home and threatened to kill it without payment from his mother. Three days before his death, Johnny issued his own warning about his marijuana usage. Through this tragic tale, Stack hopes to help teens understand how marijuana can harm them.

Speaker Bio

Laura Stack is Johnny Stack's mom. After her son died by suicide because of his marijuana addiction and resulting psychosis, she now helps teens understand why today's high-potency THC products can cause problems with their brain development, the development of mental illness, and thoughts of suicide. Before Johnny died, Laura was a speaker and author for 30 years. Now, Laura sees it as her responsibility to share Johnny's warning with other teens to keep them from following Johnny's path. More than anything, Laura wants to help teens understand the science and potential harms of today's marijuana. She is determined to start a movement to get young people to #StopDabbing.

Objectives

- Who's Johnny?
- "Then" vs. "Now" marijuana
- Why do youth use marijuana?
- Is marijuana medicine?
- Adolescent brain development
- Impacts of THC use on adolescents
- Risks of mental illness, psychosis, and suicide
- How the marijuana industry markets to youth (with media examples)
- Recognizing risky situations and learning refusal skills



JOHNNY'S AMBASSADORS, INC.

303-471-7401 • JohnnysAmbassadors.org • Laura@JohnnysAmbassadors.org

The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story



Program Description

Laura Stack's 19-year-old son, Johnny, died by suicide on November 20, 2019, after becoming psychotic from dabbing high-THC marijuana concentrates.

Soon afterward, Laura started a 501c3, Johnny's Ambassadors, to educate parents, teens, and communities about the dangers of today's high-THC marijuana on adolescent brain development, mental illness, and suicide. Through this tragic tale, Stack hopes to help parents talk to their children about the dangers of using marijuana. Laura's real-life story is backed by recent scientific research on how today's THC products can harm our youth. This presentation is a clarion call for parents across America to educate themselves about the risks of today's high-THC marijuana products and to better understand the potentially devastating effects on their children.

Speaker Bio

For 30 years, Laura Stack was best known in the business world as "The Productivity Pro." Her career as a keynote speaker, bestselling author of eight books, and corporate spokesperson came to a screeching halt after her son's death. Her platform now brings prevention education to drug prevention conferences, community groups, and schools to stop youth marijuana use. Johnny's story has been told in People Magazine, the New York Times, the Wall Street Journal, PBS, and Dr. Phil. Laura is a powerful speaker who brings Johnny's personal warning and solid research together in her book, *The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story*. Described as a force of nature with unstoppable drive and unwavering purpose, Laura is determined to get teens to #StopDabbing.

for Adults

Objectives

- Participate in a Photo Tour of a Colorado Dispensary and See the High-Potency Marijuana Products Used by Today's Youth
- Learn About the Endocannabinoid System and How THC Interferes with Adolescent Brain Development
- See the Results of Legalizing Medical Marijuana for 18-Year-Old's in Colorado
- Understand How Adolescent Marijuana Use Can Lead to Mental Illness and Psychosis
- Discover the Connection Between Youth Marijuana Use and Suicidality



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JohnnysAmbassadors.org

Preventing Youth Marijuana Use

Saving Our Youth from the Harms of Marijuana



Download this prevention magazine at
JohnnysAmbassadors.org/onesheets.



Distributed by
Johnny's Ambassadors
Youth Marijuana
Prevention Nonprofit

Saving Our Youth from the Harms of Marijuana

PREVENTING YOUTH MARIJUANA USE



Download this prevention magazine at JohnnysAmbassadors.org/onesheets.



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AMBASSADORS

Distributed by
Johnny's Ambassadors
Youth Marijuana Prevention Nonprofit
JohnnysAmbassadors.org

Use Our Online, Self-Paced THC Prevention Curriculum As a School Suspension Alternative



In recent years, THC levels in marijuana has been rising. This isn't the hippie weed some people remember from the 1960s. It's lab-designed, high-potency, and dangerous for the developing brains of young people. Doctors say new, high-potency marijuana is responsible for a growing number of psychotic episodes among teenage users. Unfortunately many young people believe there's no harm in using marijuana products. They need to be educated about the possible dangers of today's high-THC products for their brains, the development of addiction, and mental illness.

When caught with marijuana at school, teens can take this web-based curriculum as an alternative to suspension. This training is FREE for up to 20 students per month.



This isn't just any ol' boring training! This highly-engaging course uses a colorful, superhero theme with gamification, simulations, music, interactive quizzes, gameshows, hand-drawn whiteboard videos, and peer-to-peer testimonials. The course is built on an innovative, mobile Learning Management System (LMS) and can be taken from any device.

Our innovative online marijuana prevention course is:

- A self-paced, research-based, evidence-informed, direct-to-teen curriculum
- Created by researchers, doctors, and Ph.D. curriculum designers and approved by our Scientific Advisory Board
- Targeted to middle and early high school students (with a parallel track for parents and concerned adults)
- Designed to educate and prevent marijuana use and raise awareness (this is not an intervention)
- Intended to reduce the gap between the perceived and actual harm of marijuana and lower the use.

This is a single-incident curriculum in the drug prevention space and takes about 60 to 90 minutes total, broken up into eight separate modules. It can be taken multiple times as you wish and started and stopped as desired. Students receive a certificate when finished, which they can forward as proof of completion.

Visit johnnysambassadors.org/curriculum for more details on frameworks and results.
Email Laura@JohnnysAmbassadors.org to request a login.

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TEACH OUR STUDENT MARIJUANA PREVENTION CLASS



If you are a middle or high school teacher and have a substance use prevention module in your lesson plan, you can receive Johnny's Ambassadors Youth Marijuana Prevention content at no charge! Save yourself countless hours of time by using our PowerPoint, instructor manual, handouts, and videos! You do not need to be a "speaker." You will receive all the files you need with the exact script on what to say! You'll also receive a video of Laura Stack presenting the content, so you can practice. Everything is self paced, and you don't have to wait for an in-person class to get certified.

As a Certified Johnny's Ambassadors Trainer in your community, you'll be teaching a one-hour, science-based class on "The Dangerous Truth About Today's Marijuana: The Harms of Youth Marijuana Use." Currently, we offer an adult/parent version (for audiences with no teens present) and a teen/student version.

You can be added to our directory by city and state, in case someone in your area is looking for someone to give a presentation.

The train-the-trainer class was recorded, so you don't have to wait for it to be held again person. You'll simply watch us teach the course until you feel comfortable teaching it on your own.



What Content is Covered in the Adult/Parent Curriculum?

- The potency of today's "new" marijuana (with actual photos)
- Adolescent brain development
- Impacts of THC use on adolescents
- Risks of mental illness, psychosis, and suicide
- What parents can do to prevent teen use
- How to spot warning signs (Top Ten Teen Toking Tip-off Game)



What Content is Covered in the Adult/Teen/Student Curriculum?

- "Then" vs. "Now" marijuana
- Why do youth use marijuana?
- Is marijuana medicine?
- Adolescent brain development (with whiteboard videos)
- Impacts of THC use on adolescents (cartoon series)
- Risks of mental illness, psychosis, and suicide
- How the marijuana industry markets to youth (with media examples)

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Use Our Online, Self-Paced THC Prevention Curriculum As a School Suspension Alternative



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**Visit johnnysambassadors.org/curriculum
for more details on frameworks and results.**

Email Laura@JohnnysAmbassadors.org to request a login.

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Johnny's Ambassadors

Youth Marijuana Prevention Graphics to Share

johnnysambassadors.org/graphics



Johnny's Warning



Marijuana Facts



Marijuana Trivia



FACT or CRAP



Top Ten Teen Toking Tip-offs



Dirty Dozen



Mental Health



Laura's Book



Marijuana Fact Sheets



Johnny's Cartoons



Social Media Badges



Holiday Graphics for Parents

IN-Per SON, Vlr TUAL, AND r eCO r DeD eDUCATIONAL Pre SeNTATIONS By LAURA STACK, JOHNNY'S MOM

Laura Stack is Johnny Stack's mom and his lead Ambassador. In the business world, Laura Stack is better known by her professional moniker, The Productivity Pro®. She is a Hall-of-Fame Speaker and corporate spokesperson for many major brands. Laura is a bestselling author of eight books on productivity and performance topics with a large social media following, and she has given keynote speeches and training seminars to major corporate, association, and government audiences for over 30 years.

On November 20, 2019, Laura suddenly acquired the undesired wisdom of knowing what it's like to lose one's child, when her 19-year-old son, Johnny, died by suicide. He suffered from delusion from marijuana-induced psychosis and thought the mob was after him.

Laura's world took a 180. She founded a 501(c)(3), Johnny's Ambassadors, with the mission to educate parents and teens about the dangers of today's high-THC marijuana on adolescent brain development, mental illness, and suicide. She authored *The Dangerous Truth About Today's Marijuana: Johnny Stack's Life and Death Story*. Johnny's Ambassadors now provides a world-class repository of education from the world's leading experts on marijuana.

Described as a woman with unstoppable drive and unwavering purpose, Laura hopes to help other parents, grandparents, teachers (and frankly all adults with teens in their lives) by honestly and boldly sharing Johnny's story of his high-potency marijuana use, psychosis, and suicide. The devastating loss of her child gives Laura a powerful voice and a platform for change. Laura sees it as her responsibility to share Johnny's warning to prevent other families from having to go through what she did and save other young lives.



Laura's talks now bring marijuana education, awareness, and prevention curriculum around the globe to raise awareness of THC use, mental illness, and suicide. She presents live and virtual keynotes, breakout sessions, and training for parents, teens, schools, civic organizations, healthcare, law enforcement, anti-drug coalitions, community-based prevention organizations, corporate wellness programs, and government agencies. By sharing Johnny's own warning about marijuana, Laura helps parents understand and talk to their children about the potential harms of today's marijuana. She is determined to start a movement to bring teen marijuana use, mental illness, and suicide into the spotlight and get adolescents to #StopDabbing.

Laura lives with her husband near Denver, Colorado and has two surviving adult children, ages 27 and 21.

Laura is a member of the National Marijuana Initiative Speakers Bureau for the High Intensity Drug Trafficking Area program (HIDTA) program in the United States, so her travel expenses are covered to speak at your meeting or conference (separate fair-market donation requested for her speaking fee).



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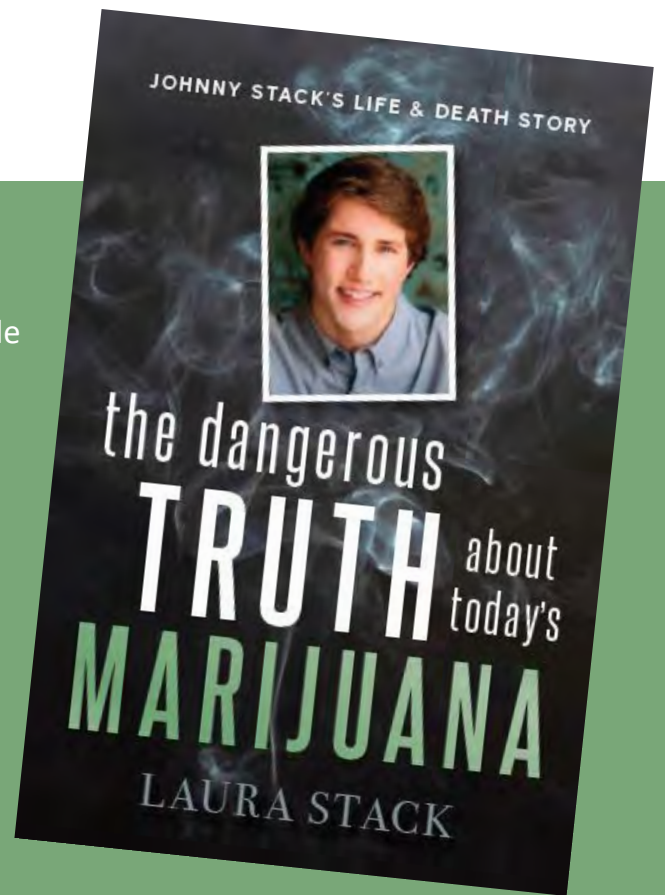
The Dangerous Truth About Today's Marijuana *Johnny Stack's Life & Death Story*

By Laura Stack

With Foreword by Kevin Sabet

ABOUT THE BOOK

This is the poignant life-and-death story of Johnny Stack, whose young and vibrant life ended by suicide after his descent into addiction to high-potency marijuana and cannabis-induced psychosis. You'll laugh and cry with his mother, Laura Stack, as she retells the story of Johnny's joyful childhood and then takes you through the unthinkable tragedy of his loss. It's every parent's nightmare. But this book is much more than Johnny's story. Today Laura, who is a nationally recognized speaker and best-selling author, leads a national effort of parents, impacted family members, healthcare professionals, teachers, and trusted adults who are concerned about the harmful effects of marijuana on our children, teenagers, and emerging adults. This book is a clarion call for parents across America to educate themselves about the risks of today's high-THC marijuana products and to better understand the potentially devastating effects on youth mental health. Laura's real-life story is backed by recent scientific-based research on how today's potent THC products lead to mental illnesses such as anxiety, depression, paranoia, psychosis, and sadly, suicidal ideation. This book is her vision to dramatically decrease adolescent marijuana usage, mental illness, and suicide, to allow our youth to live productive, happy lives.



ORDER NOW!

JohnnysAmbassadors.org/book



PRAISE for *The Dangerous Truth About Today's Marijuana*

“As an enduring tribute to her son, Laura Stack has pulled together an invaluable analysis of the common misconceptions surrounding marijuana which led to his eventual downfall. Marijuana is a large part of the minefield that all teens must navigate in today’s world before they reach adulthood, a sobering reality that parents need to see clearly in order to help their children survive and thrive. This book provides a solid framework to assist in that process while making ample use of references to the best and most relevant scientific literature out there.”

– Christine L. Miller, PhD, Neuroscientist
MillerBio, Baltimore, Maryland

“Laura Stack has constructed a beautiful legacy for her son, allowing Johnny’s story to help guide the actions and decisions of other teenagers and families. Laura has long had an unmistakable passion and gift for writing; it’s no mistake that she has created such a seamless blend of personal narrative and empirical science. If you do your family the favor of reading this book, you’ll come away with all the tools and information you’ll need to protect your children from the ever-increasing social pressures of marijuana normalization. Your time could not be better spent.”

– Aaron Weiner, PhD, ABPP, Licensed Clinical Psychologist
Board-Certified in Counseling Psychology (ABPP) and Master Addiction Counselor (MAC), Lake Forest, IL

“This is a remarkable book with a powerful message for parents about the devastating and unpredictable negative consequences of marijuana use for some youth. It is also a passionate story of the painful struggles families often have trying to help youth who are addicted to marijuana and other drugs. A wake-up call in the face of widespread denial of the serious adverse consequences many people suffer from marijuana use, this book sends a powerful message to parents about the importance of helping youth grow into adulthood drug-free because of the unique vulnerability of the adolescent brain to the chemical seduction of drug use.”

– Robert L. DuPont, MD, President, Institute for Behavior and Health, Inc.
First Director, National Institute on Drug Abuse; Second White House Drug Chief

“Laura and John’s brave account of their son’s devastating tragedy serves as a warning sign and a critical call to action for all who love and care for young people. Their story illustrates how the foe we face rides on the wheels of capitalism and runs over our children. When regulation and consumer protection are absent, we need ambassadors to arm our children with neurodevelopmental science and empower parents’ voices. Thank you, Laura, for sharing your story and for starting Johnny’s Ambassadors.”

– Crystal Collier, PhD, LPC-S, Therapist, Researcher, Educator,
BrainAbouts Prevention Program Creator & Director, Houston, Texas

“This is a powerful book for everyone; parents, grandparents, and young people should read it. Written from the heart of a mother, Laura Stack, who has transformed her immense pain from losing a son into something extremely valuable for everyone. The message is clear: strong cannabis risks mental well-being and can even lead to fatality, as it sadly did in her son Johnny’s case.”

– Atakan, MD, Senior Cannabis Researcher
King’s College, London, UK

“Laura Stack is a new and powerful voice on this important subject. She is knowledgeable, passionate, and sensible—a rare combination in this space. Laura has taken the time to be educated, and she is using what she knows to impact lives. While many will focus on the tragedy of her story, I see her words and actions as a beacon of light, shining to help others find their way through the dark. Laura and her family’s true legacy is sharing Johnny’s story to keep them from following his path.”

– Ben Cort, CEO, the Foundry
Author, Weed, Inc., Steamboat Springs, CO



Certified Johnny's Ambassadors Trainers Program Fees

Type	One talk (up to 90 minutes)	Two talks (same day)	Three talks (same day)
<i>In-person outside Colorado</i>	\$3,000	\$4,000	\$5,000
<i>In-person Denver area (90 min radius max)</i>	\$1,500	\$2,000	\$2,500
<i>Remote/virtual (in- person webinar)</i>	\$500 60 min \$750 90 min	\$750 \$1000	\$1000 \$1250

Your investment includes:

- Presentation/delivery (all proceeds go directly to Johnny's Ambassadors)
- Conference call with your administration or committee if desired
- Completion of pre-program questionnaire: <https://johnnysambassadors.org/preprogram>
- Access to promotional materials: <https://JohnnysAmbassadors.org/mediakit>
- Pre/post survey of students at schools to measure results if desired
- 16-page Youth Marijuana Prevention Magazine for classroom use if desired
- Access to our online teen marijuana curriculum as a Suspension Alternative

These fees do not include travel. A final invoice for expenses will be sent following the presentations.

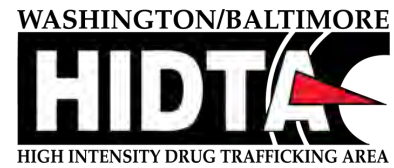


Laura Stack's Presentation Fees as of 3/15/2023

Type	One talk (up to 90 minutes)	Two talks (same day)	Three talks (same day)
<i>In-person outside Colorado</i>	\$5,000	\$6,500	\$7,500
<i>In-person inside Colorado (90 min radius max)</i>	\$3,000	\$4,500	\$5,500
<i>Remote/virtual (in-person webinar)</i>	\$1,250 60 min \$1,500 90 min	\$2,500	\$3,250
<i>Video (previously recorded)</i>	\$250	\$450	\$600
<i>Travel fee (extra)</i>	Actual if not covered by ONDCP (inquire)		

Your investment includes:

- Presentation/delivery (all proceeds go directly to Johnny's Ambassadors)
- Travel *if funding is available* through the National Marijuana Initiative Speakers Bureau. They ran out of funding in 2022 but may have funding again in 2023.
- If travel funding isn't available, we will send you an invoice for actual expenses after the event, OR we can charge a flat travel buy-out of \$1500.
- Conference call with your administration or committee if desired
- Completion of pre-program questionnaire: <https://johnnysambassadors.org/preprogram>
- Access to promotional materials: <https://JohnnysAmbassadors.org/mediakit>
- Pre/post survey of students at schools to measure results if desired
- 16-page Youth Marijuana Prevention Magazine for classroom use if desired
- Access to our online teen marijuana curriculum as an alternative to suspension



RESOURCES

Law Enforcement and Prevention: Opportunities to Improve the Health and Safety of Our Communities

Zili Sloboda, ScD

President, Applied Prevention Science International

Sergeant Mark Mithuen

Douglas County Sherriff's Office

President, Colorado Association of School Resource Officers

Will Janisch

Drug Intelligence Officer for Montana,
Rocky Mountain HIDTA



PRESENTER BIO

Zili Sloboda, ScD

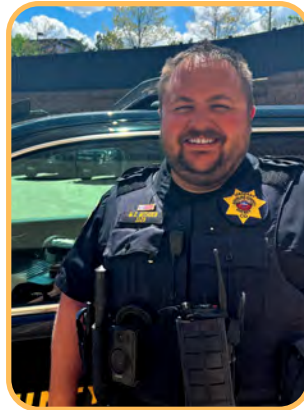


Zili Sloboda, ScD. was trained in medical sociology at New York University and in mental health and epidemiology at the Johns Hopkins University Bloomberg School of Public Health. Her research has focused on substance use epidemiology, services research, and the evaluation of treatment and prevention programs. Her current focus is on workforce development in the area of prevention and the relationship between training and the implementation of evidence-based prevention interventions and policies. She has served on the faculties of Johns Hopkins University Bloomberg School of Public Health, the University of Illinois School of Public Health, and until 2009, The University of Akron. Prior to this last position, Dr. Sloboda worked for twelve years at the National Institute on Drug Abuse in several capacities, finally as the Director of the Division of Epidemiology and Prevention Research. This Division's focus was on the development and support of national research programs in HIV/AIDS epidemiology and prevention and drug abuse epidemiology and prevention and at the time had the responsibility for several large national epidemiological and treatment data systems. While at NIDA she and her staff organized the International Epidemiology Work Group and the International HIV Prevention Network. She was a founder of the U.S. and E.U. Societies for Prevention Research and is well-published in the area of drug abuse epidemiology and substance use prevention. Her most recent contribution to the prevention science literature is from the Springer Publishers Series, *Advancing the Science of Prevention*. Currently in this Series are: Sloboda, Z. & Petras, H. (Eds.). (2014). *Defining Prevention Science*; Bosworth, L.K. (Ed.) (2015). *Prevention Science in School Setting*; Teasdale, B. & Bradley, M. (2017). *Preventing Crime and Violence*; and Sloboda, Z., Petras, H., Robertson, E.B., & Hingson, R. (Eds.) (2019). *Prevention of Substance Use*.



PRESENTER BIO

Sergeant Mark Mithuen



Sergeant Mark Mithuen has been in law enforcement since 2009 and started his career at the Park County Sheriff's Office where he worked as the School Resource Officer for Platte Canyon High School. In 2011, he moved his career to the Douglas County Sheriff's Office where he worked as a Detentions Deputy. While in Detentions, he was assigned to the Special Management Unit and worked specifically with inmates with mental health and medical concerns. In 2015, Sgt Mithuen became a Patrol Deputy with Douglas County Sheriff where he joined the traffic unit.

In 2019, Sgt Mithuen became a sergeant in the Patrol division and then in 2020 became the sergeant of the Douglas County School Resource Officers where he currently supervises the deputies who are assigned to the elementary schools as well as the numerous charter schools. Sgt Mithuen is the supervisor for the Douglas County Youth Education and Safety in Schools (Y.E.S.S.) program which focuses on education of 6th-9th grade in the topics of substance abuse, digital citizenship, and healthy relationships. He is also a liaison for the Sheriff's Office with the Douglas County School District.

Sgt Mithuen holds positions on numerous boards and associations including being the President of the Colorado Association of School Resource Officers and on the board of the Douglas County Health Youth Coalition and the Douglas County Health Youth Coalition for Restorative Justice and is an instructor with the South Metro Fire Safety Foundation. He obtained his Bachelors degree from CSU Global in Business Management in 2012 and has attended and received certifications at numerous leadership institutes to include Frontline Leadership, the FBI's Rocky Mountain Command College, and Instruction Methodology Program for Train the Trainer.



PRESENTER BIO

Will Janisch



Will Janisch is the Drug Intelligence Officer for Montana since September of 2021. He is originally from South Dakota. He served as an HUMINT Collector in the U.S. Army Reserves until 2014. Will worked as a Counter-Intelligence Screener in Iraq in 2011 and at Fort Meade, MD from 2011 to 2013. Will began his law enforcement career in North Dakota and has also worked in Colorado. He worked for several agencies as a Correctional Officer, Emergency Medical Dispatcher, Police Officer, Deputy Sheriff, & Patrol Sergeant.



Law Enforcement and Prevention: Opportunities to Improve the Health and Safety of Our Communities

2023 Youth Substance Use Prevention Institute
May 17-18, 2023
Denver, Colorado

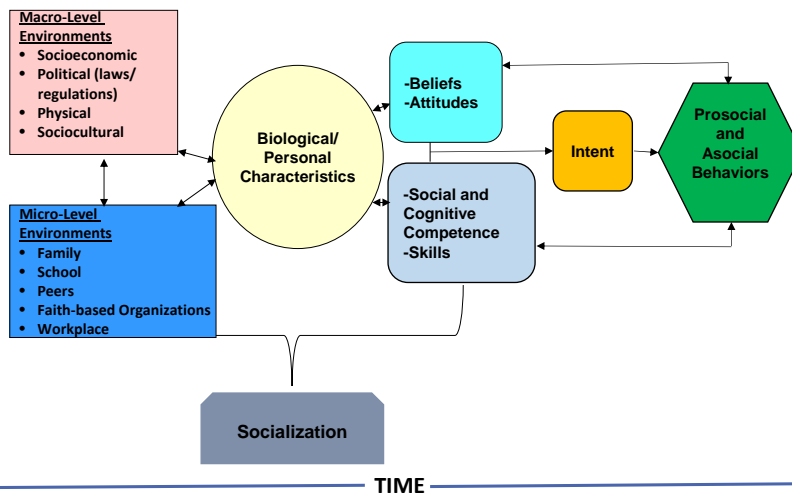
Zili Sloboda, Sc.D., President
Applied Prevention Science
International

Major Presentation Points

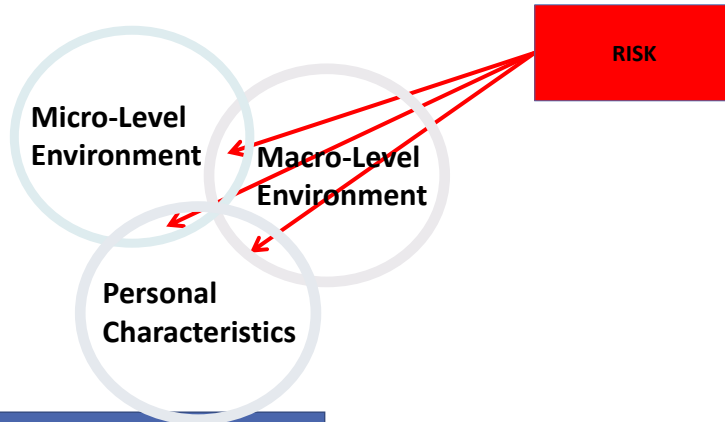
- Understanding vulnerability to substance use and other problem behaviors
 - is the basis for prevention programming
 - supports the need for multiple, diverse, evidence-based prevention interventions
- Having multiple, diverse, evidence-based prevention interventions requires a community-based infrastructure to assure quality of implementation and sustainability
- Within an effective community-based infrastructure for prevention, law enforcement plays a significant role informed by science-based practice”.

Vulnerability Foundational to a Comprehensive Prevention Service Delivery System

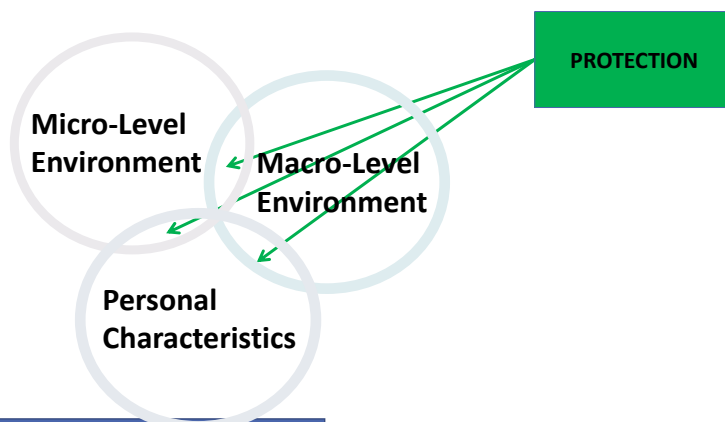
Human Motivation and Change Processes—Etiology Model



Risk is the Interface between Individual Characteristics and the Micro- and Macro-Level Environments



Protection is the Interface between Individual Characteristics and the Micro- and Macro-Level Environments



Interaction between Personal Characteristics (Vulnerability) and Micro-Environment

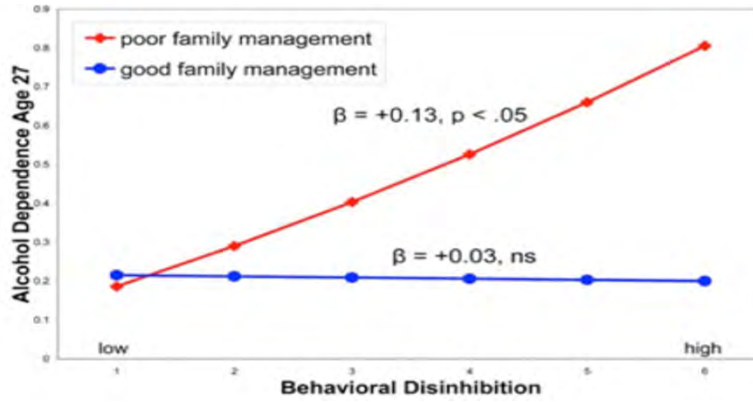
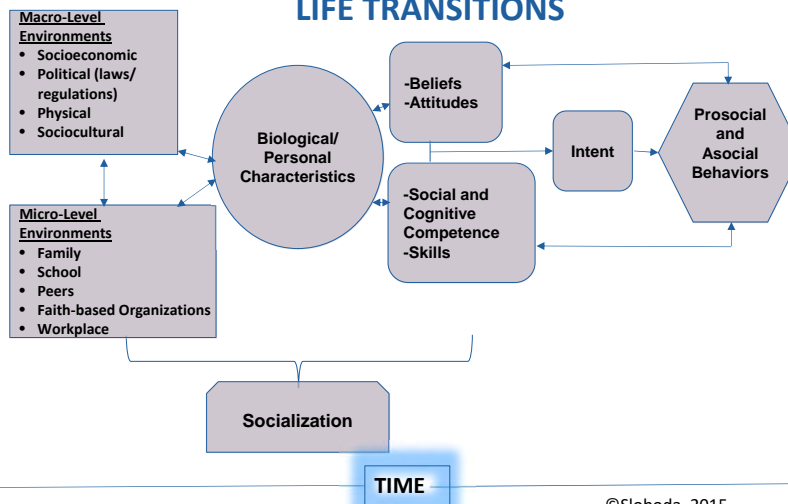


Figure 1. Interactions between behavioral disinhibition and family management in adolescence predicting alcohol dependence criteria at age 27.

Source: Hill et al., 2010.

Human Motivation and Change Processes—Etiology Model—LIFE TRANSITIONS



©Sloboda, 2015

Life Transitions

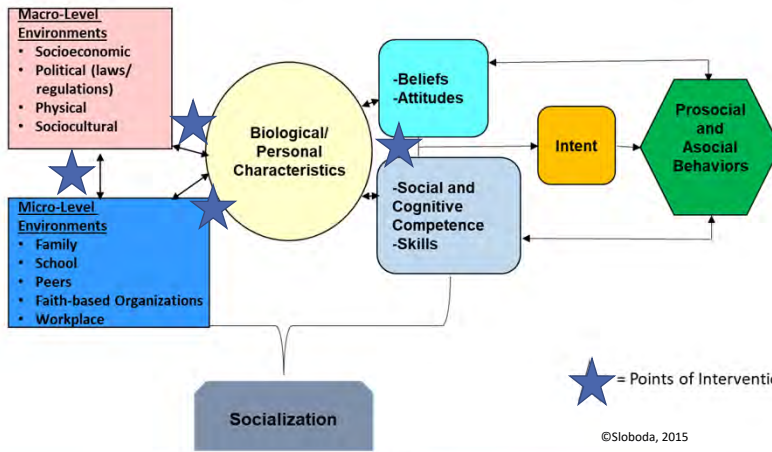
Normal Developmental Changes	Environmental Changes	Social Changes
<ul style="list-style-type: none">- Birth!- Physical- Emotional- Cognitive	<ul style="list-style-type: none">- From the family to school- From elementary to middle school- From middle school to high-school- From high-school to work or college	<ul style="list-style-type: none">- Peer relationships- Dating- Marriage and new family members- Having children- Working with other with different perspectives and life views- Retirement- Loss of spouse, partner, family, friends

Types of Life Transitions

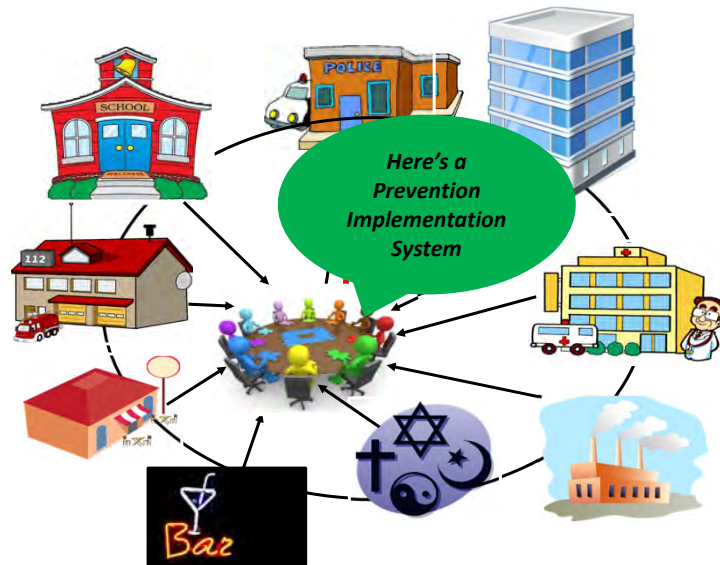
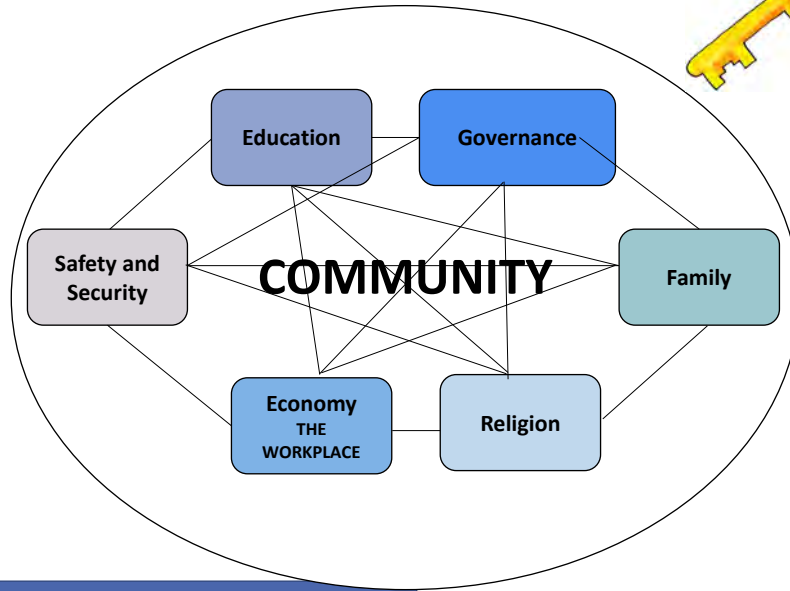
- Routines
- Reactions
- Roles
- Relationships
- Reflections

<https://www.psychologytoday.com/us/blog/between-cultures/201603/understanding-transition-stress>

Environments for Prevention



Community is KEY!!



The Role of Law Enforcement in Prevention

Defining Law Enforcement...

- Law enforcement describes the individuals and agencies responsible for enforcing laws and maintaining public order and public safety.

<https://www.bjs.gov/index.cfm?ty=tdtp&tid=7>

Defining Prevention

- Prevention addresses the health and safety of individuals through improving socialization processes to enhance self-realization and participation in society.

Source: UNODC, 2017

Science

- Law Enforcement is informed by police science to:
 - prevent, detect, and investigate crime for the apprehension and detention of individuals suspected of law violation.
- Prevention is informed by prevention science to:
 - address determinants of behaviors that protect or put at risk the social, emotional, and physical health of individuals, families, communities;
 - specify processes as to how these determinants operate; and
 - determine the strategies that effectively intervene when trajectories are negative and reinforce those trajectories that are positive.

Why Is Science Important?

- Implementing science-based policing and prevention practices makes them evidence-based and eliminates practices that are ineffective and/or harmful and costly.

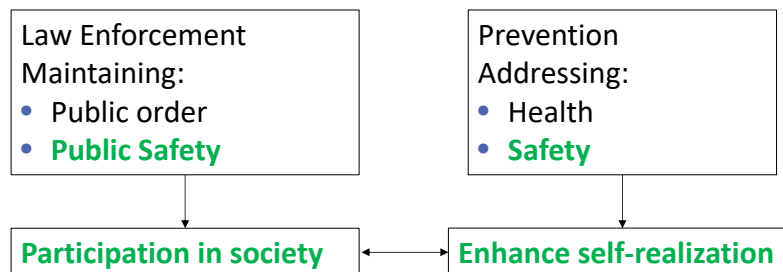
Police Science Provides the Answers to:

- What types of crimes are being committed?
- How has the amount of crime in the area changed over time?
- What do we know about the people committing these crimes?
- Where are the crimes being committed?
- How are the crimes affecting the community?
- What is the best strategy for preventing and/or responding to certain crimes in this jurisdiction?

Prevention Science Provides the Answers to:

- Who is affected by the behavior of interest and what are their characteristics (e.g., gender, age, geographic location)
- Who is vulnerable and what makes them vulnerable?
- What are the consequences of these behaviors over time?
- How do you intervene effectively with the individual or the environment to reduce the risk of initiation or continuation of these behaviors?

SHARED OBJECTIVES AND GOALS



Environmental Interventions (EIs) - Prevention and Law Enforcement Professionals

- Create healthy environments that maximize the strengths of the community and minimize negative influences that might exist.
- Enforcing EIs to change the **context** in which people, particularly children and adolescents make decisions about behaviors
 - Physical environment—Limiting access to and availability of alcohol, tobacco and other substances
 - Social environment—Reinforcing non-use norms and attitudes

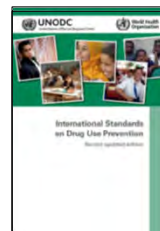


What is Needed to Establish a Prevention Implementation System?

- Prevention and law enforcement needs a delivery system that is structured to:
 - Deliver with quality, evidence-based prevention and policing interventions and to enforce prevention-based policies
 - Include a well-trained and credentialed system of prevention professionals and law enforcement officers
 - Support a built-in monitoring system to assess the quality of implementation, the short-term outcomes from the interventions and incorporates a review system to note implementation issues (e.g., lack of fidelity to the prevention intervention or policy being enforced, failure to meet the needs of the target population, no or poor outcomes)

Two Important International Documents for Guidance

- United Nations Office on Drugs and Crime and the World Health Organization (2013/2015): International Standards on Drug Use Prevention https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf



AND

- United Nations Office on Drugs and Crime (Coming Soon): Role of Law Enforcement Officers in Drug Use Prevention within School Settings



Thank you for your attention
Zili Sloboda
zili.Sloboda@apsintl.org



UNODC

United Nations Office on Drugs and Crime

The Role of Law Enforcement Officers in Drug Use Prevention within School Settings

A Guiding Document

Click **HERE** to view the entire document.

Contact Us

Prevention, Treatment and Rehabilitation Section
United Nations Office on Drugs and Crime
PO Box 500 1400 Vienna Austria

Email

unodc-ptrs@un.org

Website

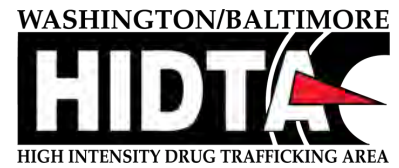
<https://www.unodc.org/unodc/en/prevention/index.html>



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RESOURCES

Fundamentals of Substance Use Prevention: What We've Learned

Karl G. Hill, PhD

*Director, Prevention Science Program
Professor, Psychology and Neuroscience
Institute of Behavioral Science,
University of Colorado Boulder*



PRESENTER BIO

Karl G. Hill, PhD



Dr. Hill is director of the Prevention Science Program (formerly Problem Behavior and Positive Youth Development), Co-Principal Investigator of the Blueprints for Healthy Youth Development registry, and Professor of Psychology and Neuroscience at the University of Colorado Boulder. The Program includes The Center for the Study and Prevention of Violence, Blueprints for Healthy Youth Development, and a newly funded Center for Resilience and Well-Being, which is a resource center for trauma-focused school-based services in the Rocky Mountain region. Dr. Hill's work over the last thirty years has focused on understanding two questions: What are optimal family, peer, school and community environments that encourage healthy youth and adult development? And How do we work with communities to make this happen? Prior to CU Boulder, he worked for 23 years at the University of Washington as a professor and prevention scientist where he sought to understand the development and consequences of prosocial outcomes as well as antisocial behaviors such as drug use and dependence, crime, and gang membership, and the mechanisms of continuity and discontinuity in these behaviors across generations. In addition, his work has focused on developing and testing interventions to shape these outcomes, and on working with communities to improve youth development and to break intergenerational cycles of problem behavior.





17-18 May 2023
RM HIDTA Youth Substance Use Prevention Institute
Denver, Colorado / Zoom



Fundamentals of Substance Use Prevention: What We've Learned

Karl G. Hill, PhD
Director, **Prevention Science Program**
Co-Principal Investigator, **Blueprints for Healthy Youth Development**
Professor Psychology and Neuroscience
Institute of Behavioral Science
University of Colorado Boulder



17-18 May 2023
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Fundamentals of Prevention: What We've Learned

About 75 people working across 10 projects

Karl G. Hill, PhD
Director, **Prevention Science Program**
Co-Principal Investigator, **Blueprints for Healthy Youth Development**
Professor Psychology and Neuroscience
Institute of Behavioral Science
University of Colorado Boulder



Including, but not limited to addiction

- Background
- What have we learned in the field of prevention the last 30 years, and why does it matter?
 1. Addressing Root Causes
 2. Outcomes
 3. Individual Risks vs. Cumulative Risk Impact
 4. Selective vs. Universal Intervention
 5. Theory / Intervention Development
 6. Prevention has long-term, lifecourse impact
 7. Community-Based Prevention

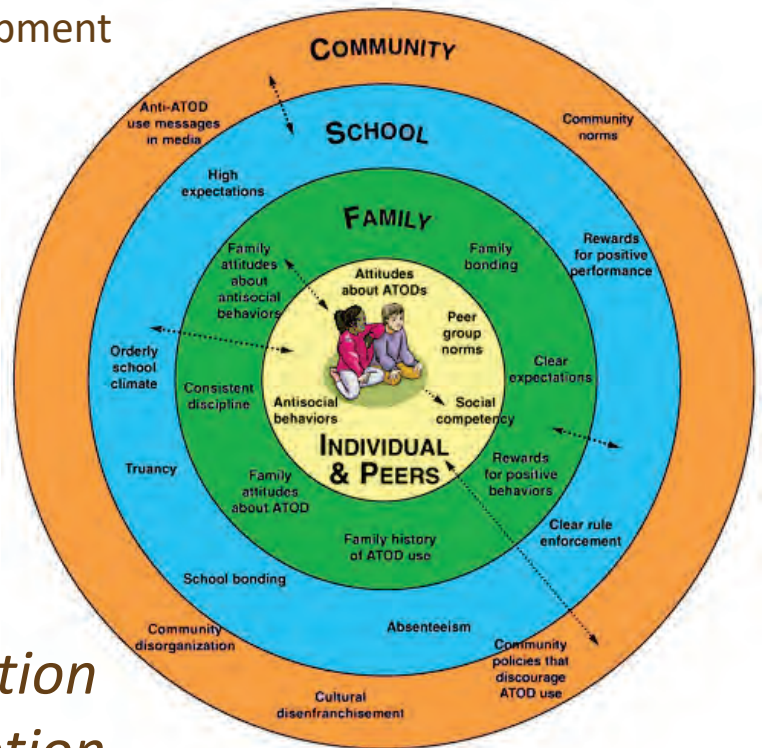
My story: from treatment to prevention



Doctorate in Boston (1991)
Life-Course Social Development

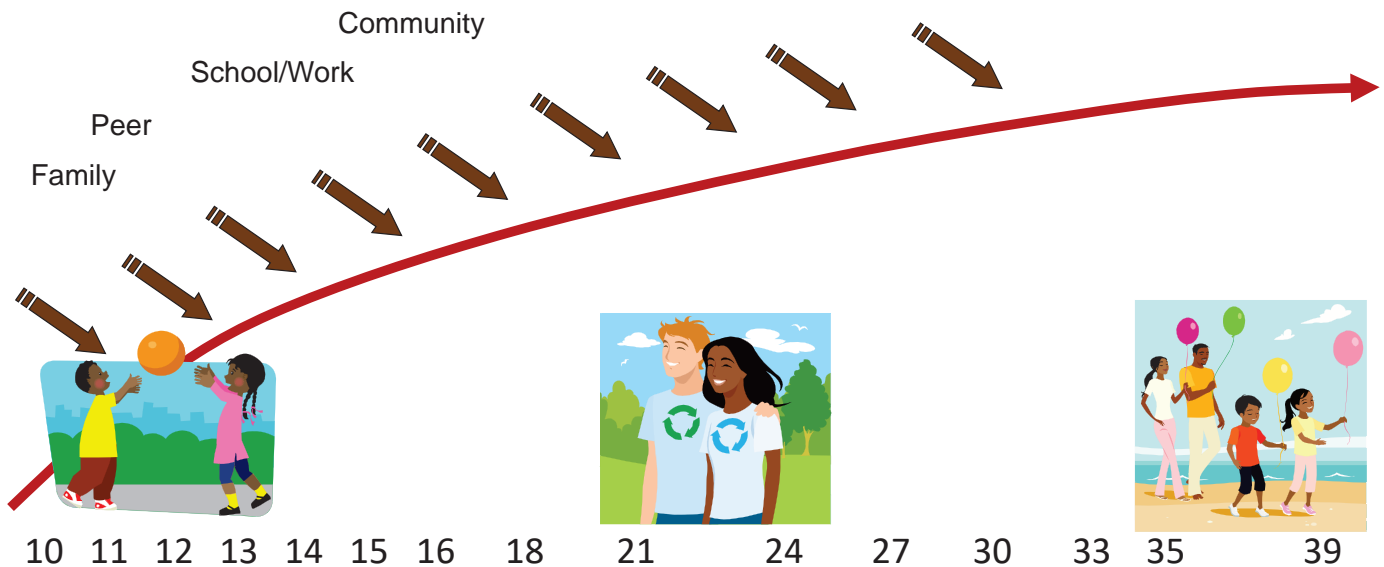
Social
Development
Research Group
1994-2017
Seattle, WA

J. David Hawkins
Richard F. Catalano
Kevin Haggerty



*Problem Prevention
& Health Promotion*

Seattle Social Development Project followed 808 kids from elementary school into midlife (still ongoing)



808 5th graders

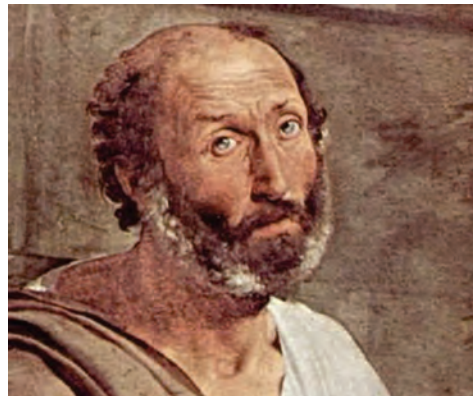


Prevention Science



Karl G. Hill, PhD
Director, Prevention Science Program
Co-Principal Investigator, *Blueprints for Healthy Youth Development*
Professor Psychology and Neuroscience
Institute of Behavioral Science
University of Colorado Boulder

400-350 BCE
Aristotle
Biology, Physics, Astronomy,
Geology
Hippocrates - Medicine



Many sciences have a long history. Biology, physics, astronomy, geology, medicine have been developing as sciences for 2400 years.

400BC
300BC
200BC
100BC
0
100
200
300
400
500
600
700

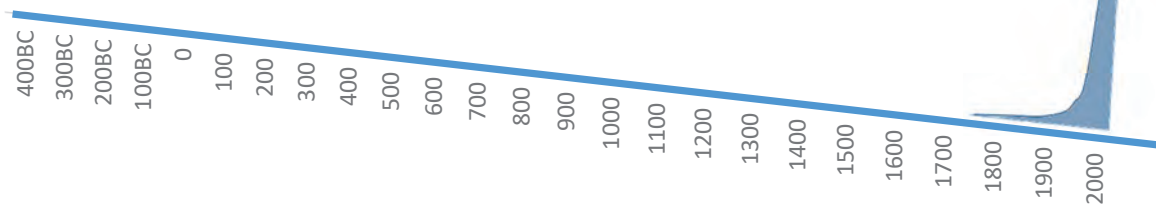


1800
1900
2000

*Prevention Science is a new field,
and there is still much to learn.*

1991
Society for Prevention Science

Research in the Science of Prevention rose in
the late 1980s early 1990s.



Overview

- Background
- What have we learned in the field of prevention the last 30 years, and why does it matter?
 1. Addressing Root Causes
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 3. Individual Risks vs. Cumulative Risk Impact
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Basic Prevention Principles: What have we learned as a field in the last 30 years?

1. Addressing Root Causes
2. Outcomes
3. Individual Risks vs. Cumulative Risk Impact
4. Selective vs. Universal Intervention
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Basic Prevention Principles: What have we learned as a field in the last 30 years?

1. Addressing Root Causes
To adequately address a problem,
you have to know its causes.

What are the child and adolescent causes of addiction and related outcomes?



At some point we all start out pretty much the same.

What happens along the way to push kids off track?



Initially we asked: what are **the one or two big causes** that we can focus on to reduce addiction?

Family

School

Individual Peer

Community

It turned out that the root causes of prosocial and problematic development reach across all domains. It's not just one or two big things.



Risk Factors

Those factors that increase risk for poor outcomes

Family

School

Individual
Peer

Community

Protective Factors

Those factors that protect against risk and promote positive outcomes.

Risk Factors

- Family Conflict
- Child Maltreatment
- Family Antisocial Attitudes

Family

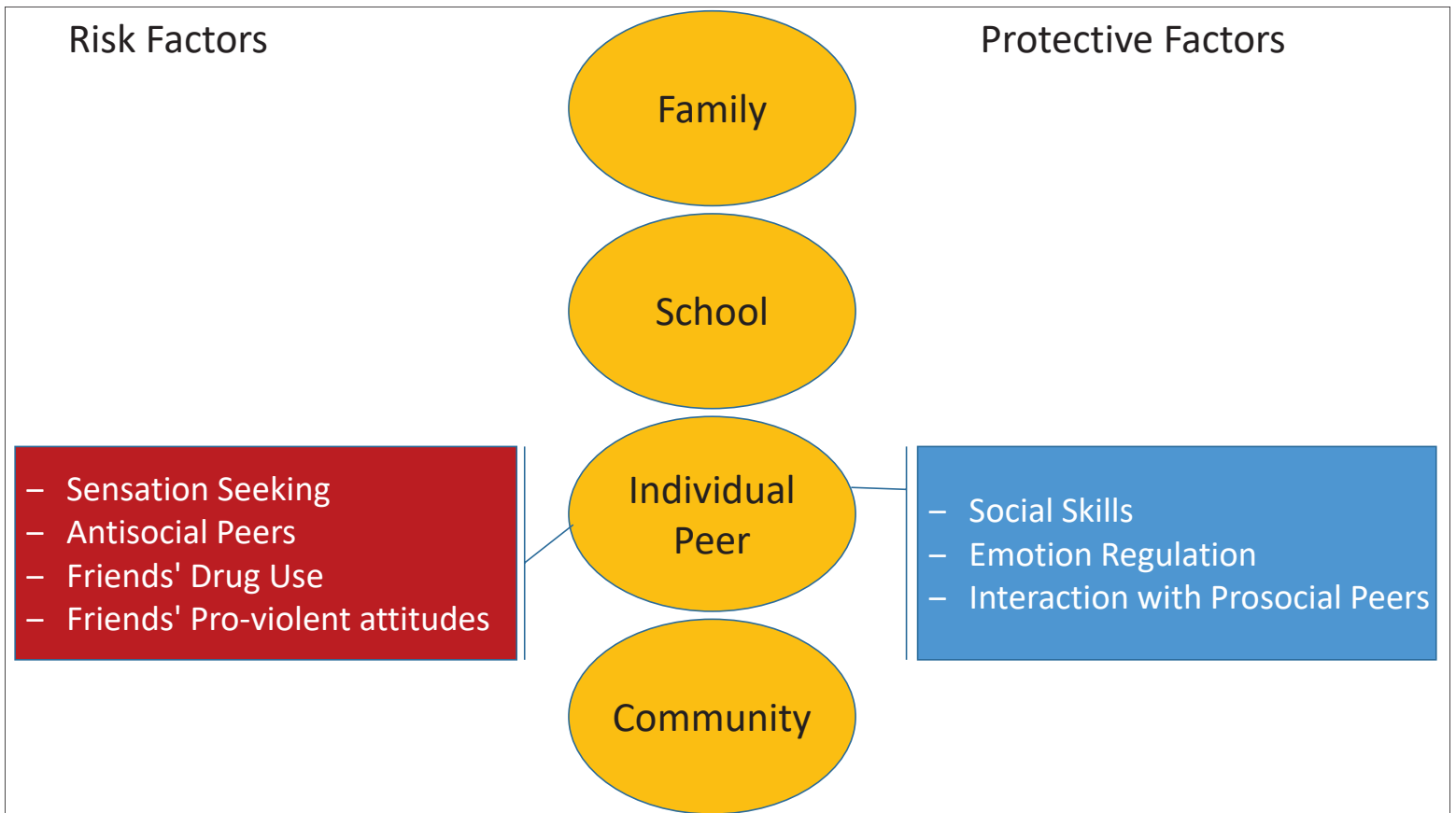
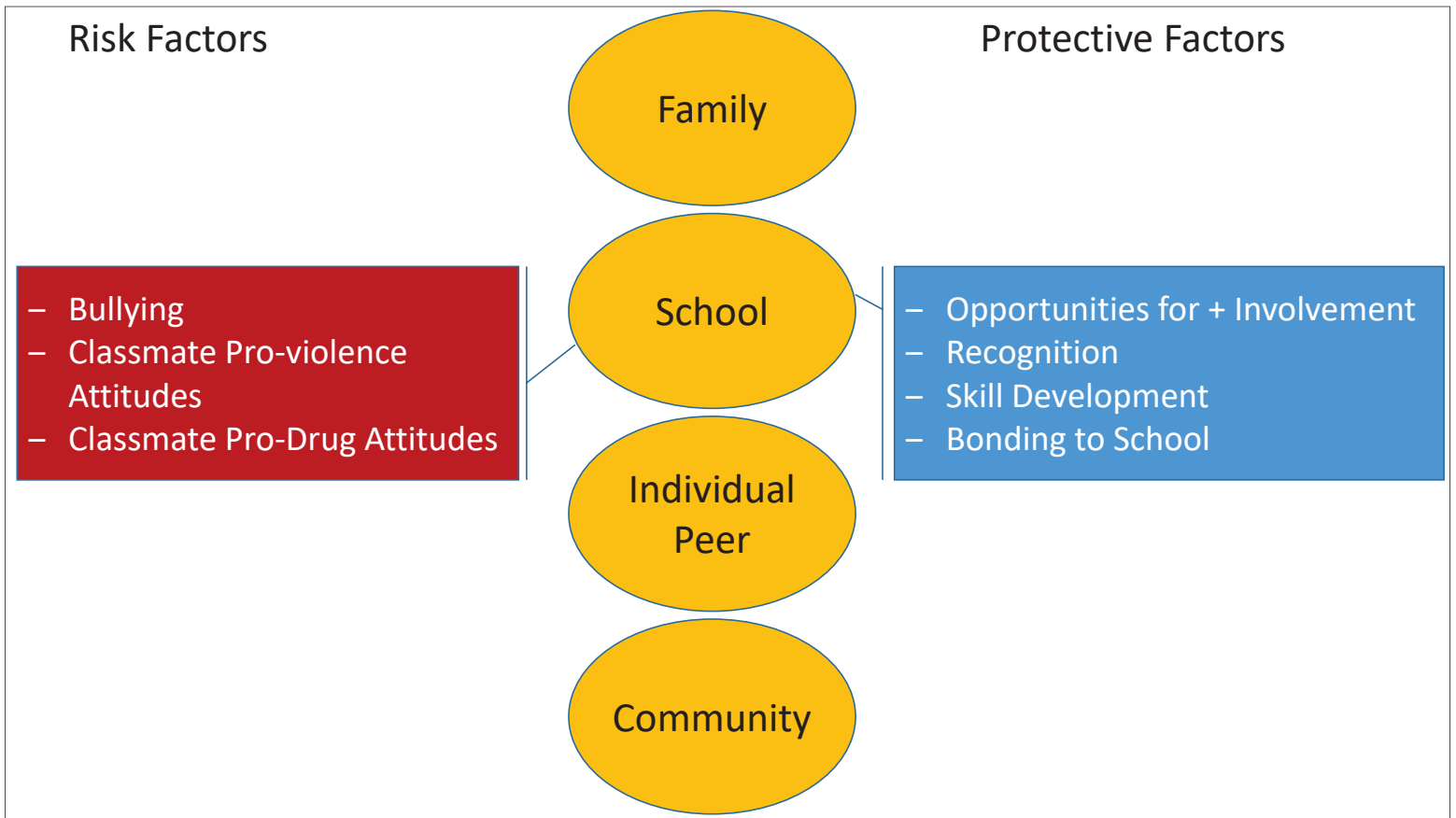
School

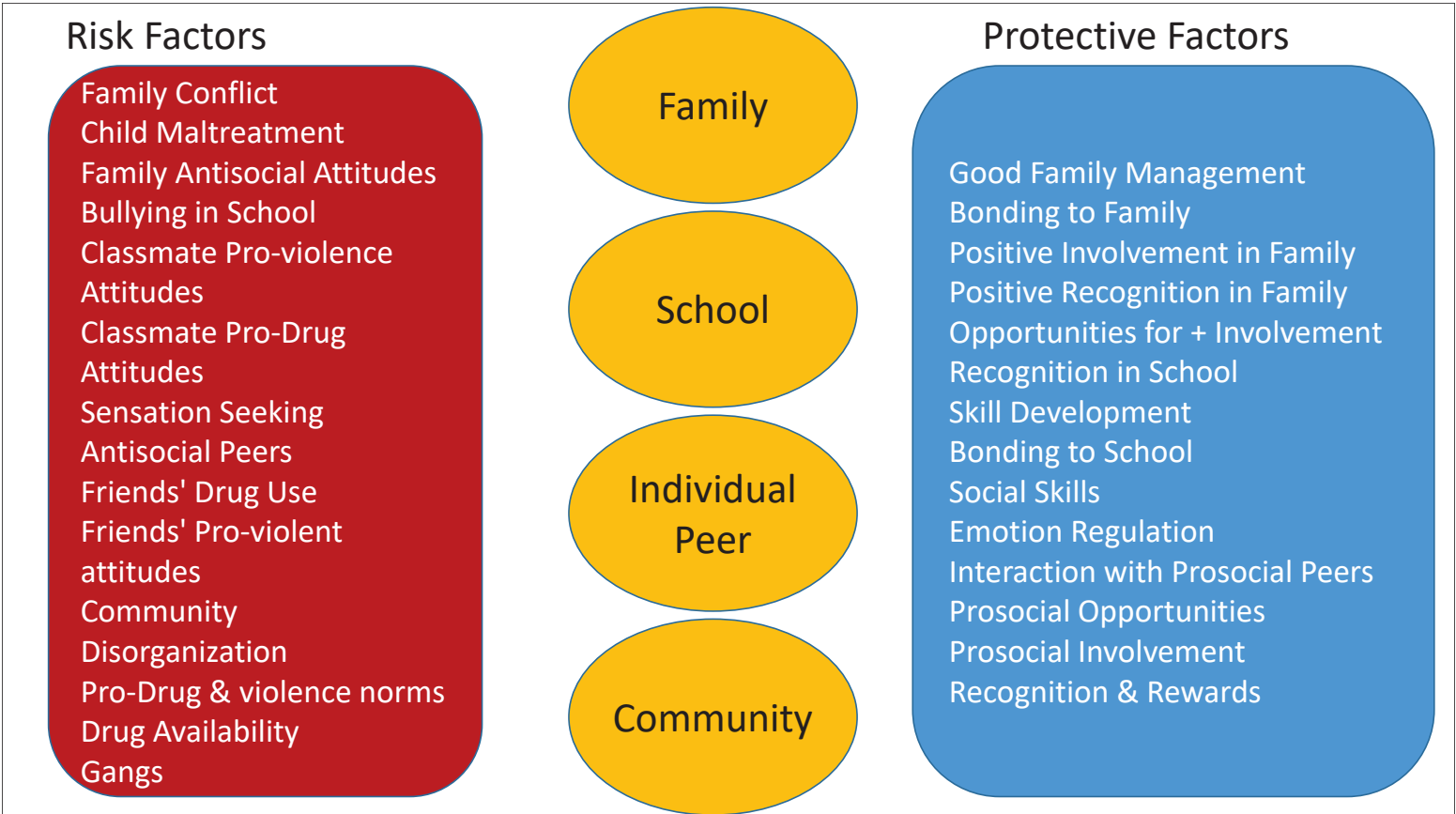
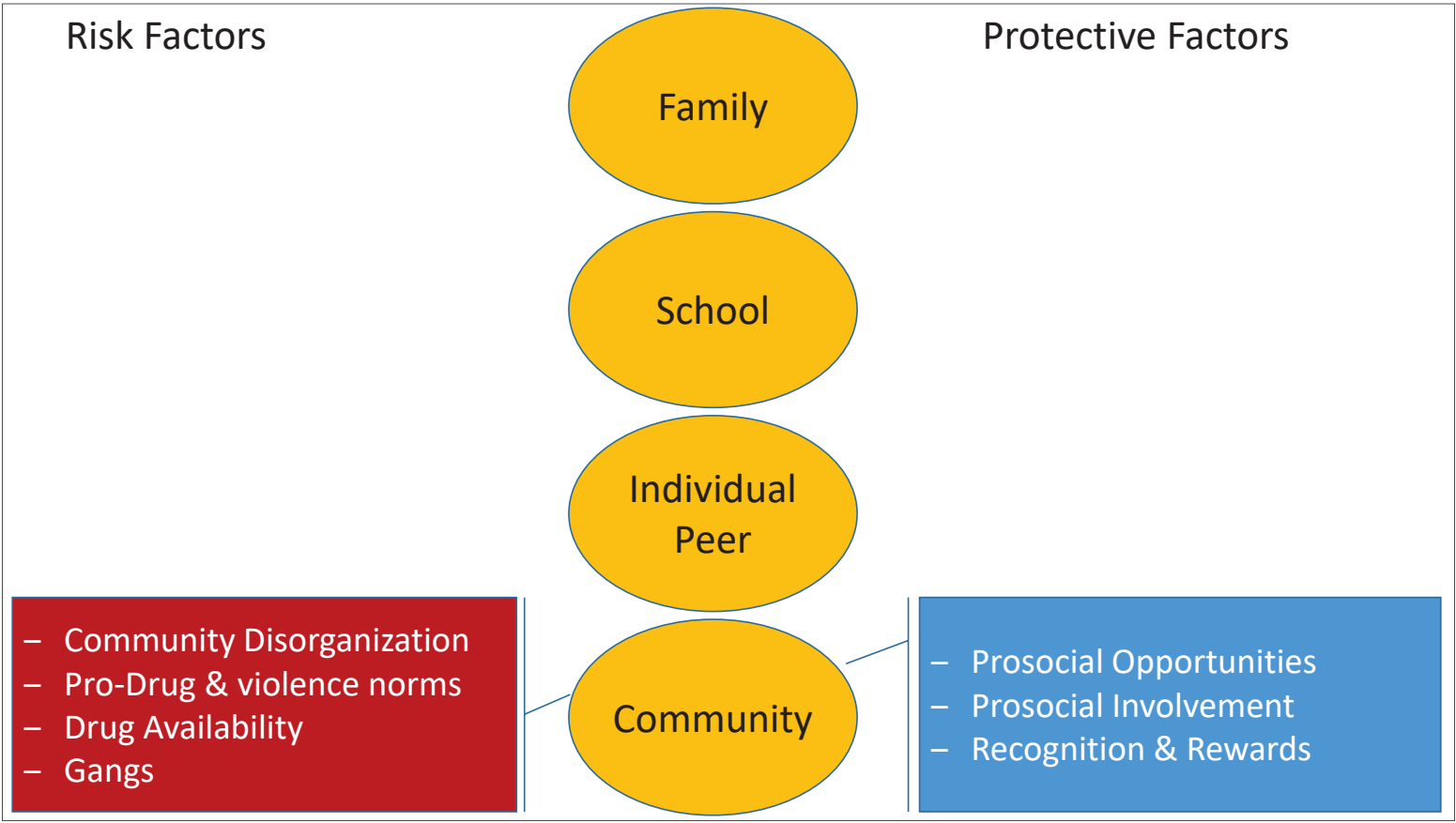
Individual
Peer

Community

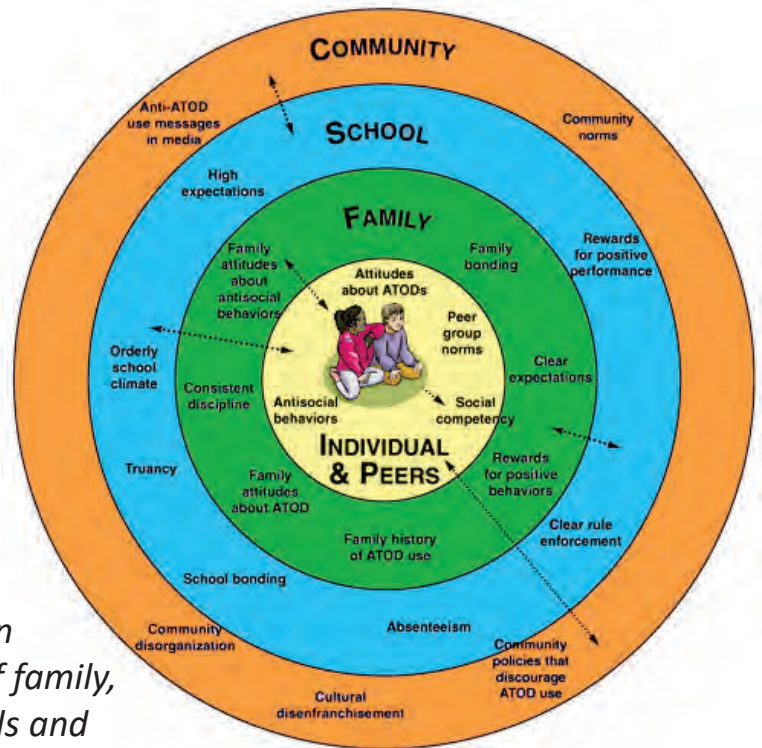
Protective Factors

- Good Family Management
- Bonding to Family
- Positive Involvement in Family
- Positive Recognition in Family





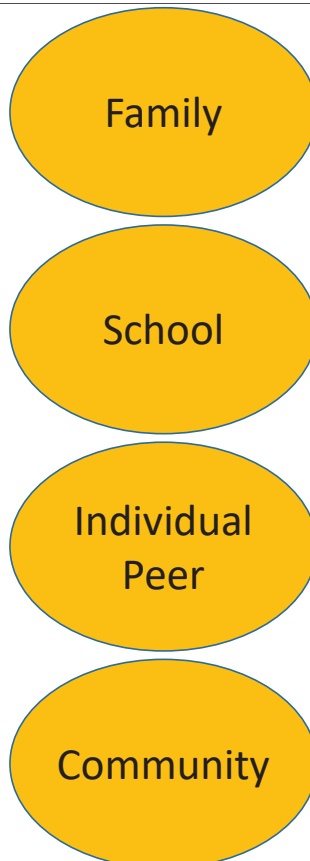
The root causes of prosocial and problematic development, including addiction, reach across all domains.



Kids live in an ecosystem of family, peers, schools and communities.

Implication

If the root causes of prosocial and problematic development reach across all domains...

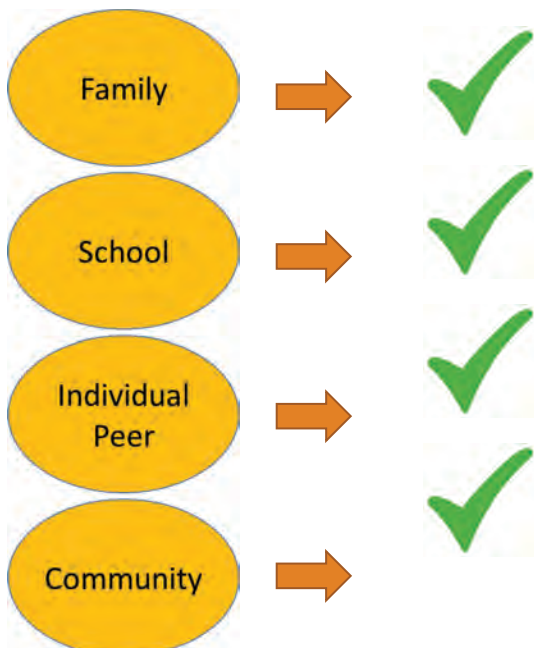


Then prevention strategies should address multiple domains of risk and protection.

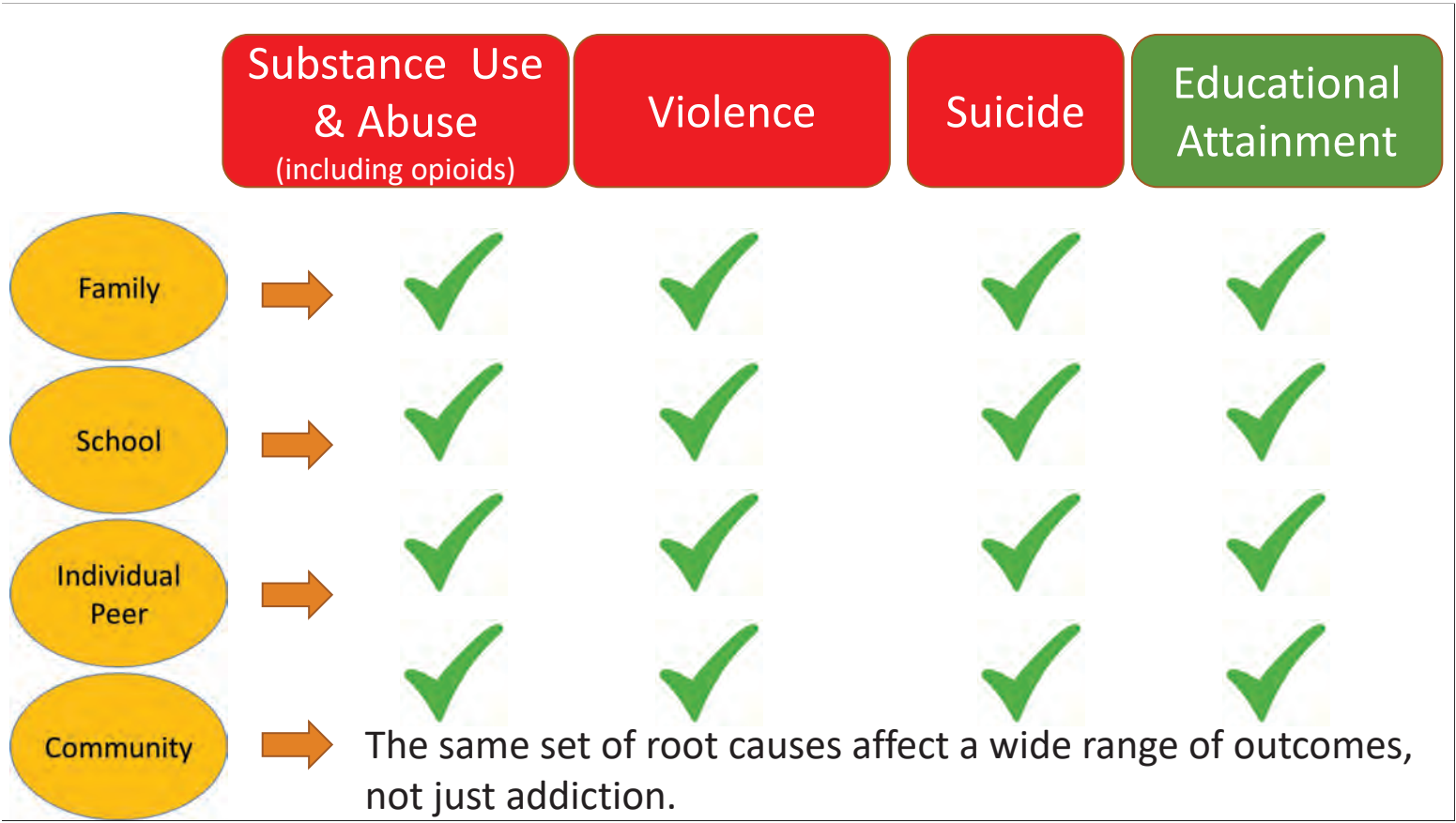
Basic Prevention Principles: What have we learned as a field in the last 30 years?

1. Addressing Root Causes
2. **Outcomes**
3. Individual Risks vs. Cumulative Risk Impact
4. Selective vs. Universal Intervention
5. Theory / Intervention Development
6. Prevention has long-term, lifecourse impact
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Substance Use & Abuse (including opioids)



Are there different predictors for different developmental outcomes?



Risk Factors

- Family Conflict
- Child Maltreatment
- Family Antisocial Attitudes
- Bullying in School
- Classmate Pro-violence Attitudes
- Classmate Pro-Drug Attitudes
- Sensation Seeking
- Antisocial Peers
- Friends' Drug Use
- Friends' Pro-violent attitudes
- Community Disorganization
- Pro-Drug & violence norms
- Drug Availability
- Gangs



Protective Factors

- Good Family Management
- Bonding to Family
- Positive Involvement in Family
- Positive Recognition in Family
- Opportunities for + Involvement
- Recognition in School
- Skill Development
- Bonding to School
- Social Skills
- Emotion Regulation
- Interaction with Prosocial Peers
- Prosocial Opportunities
- Prosocial Involvement
- Recognition & Rewards

Risk and Protective Factors have been identified at every age...

“from womb to tomb”

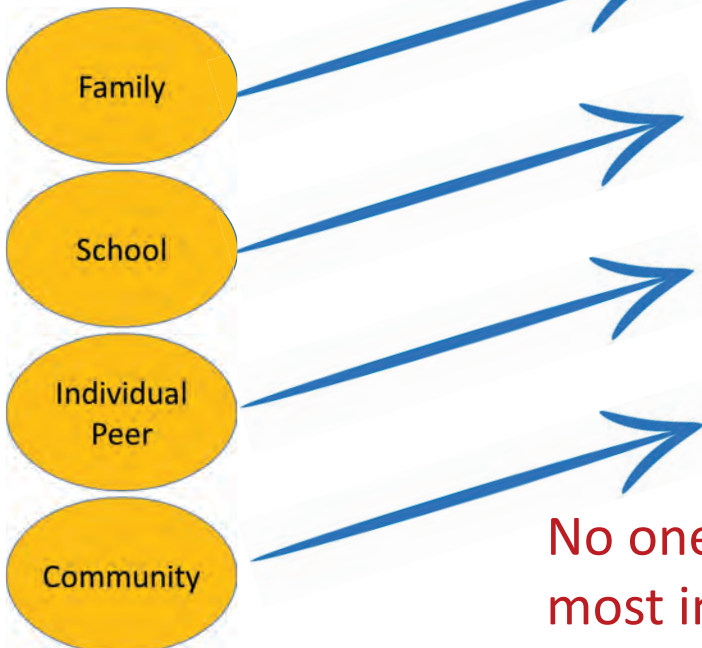
Implication:

It's never too early and never too late to intervene.

Most prevention programs thus far cover younger ages.



Which risks are strongest?

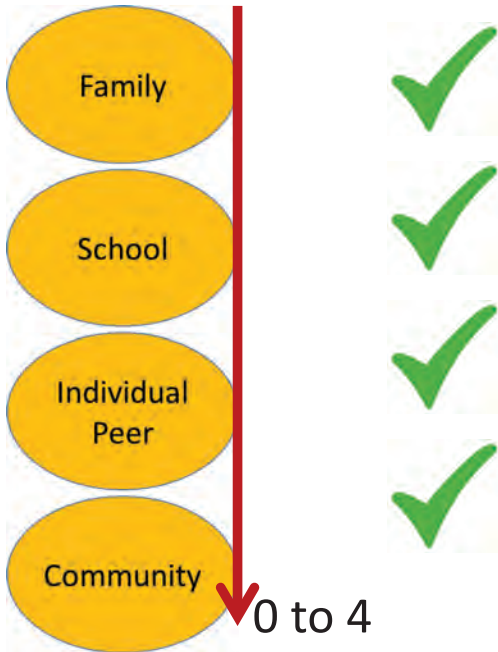


	Substance Abuse	Delinquency	Suicide	Educational Attainment
Family	✓	✓	✓	✓
School	✓	✓	✓	✓
Individual Peer	✓	✓	✓	✓
Community	✓	✓	✓	✓

Each of these causes has about the same impact by itself.

No one factor rises above the rest as most important.

Substance Abuse



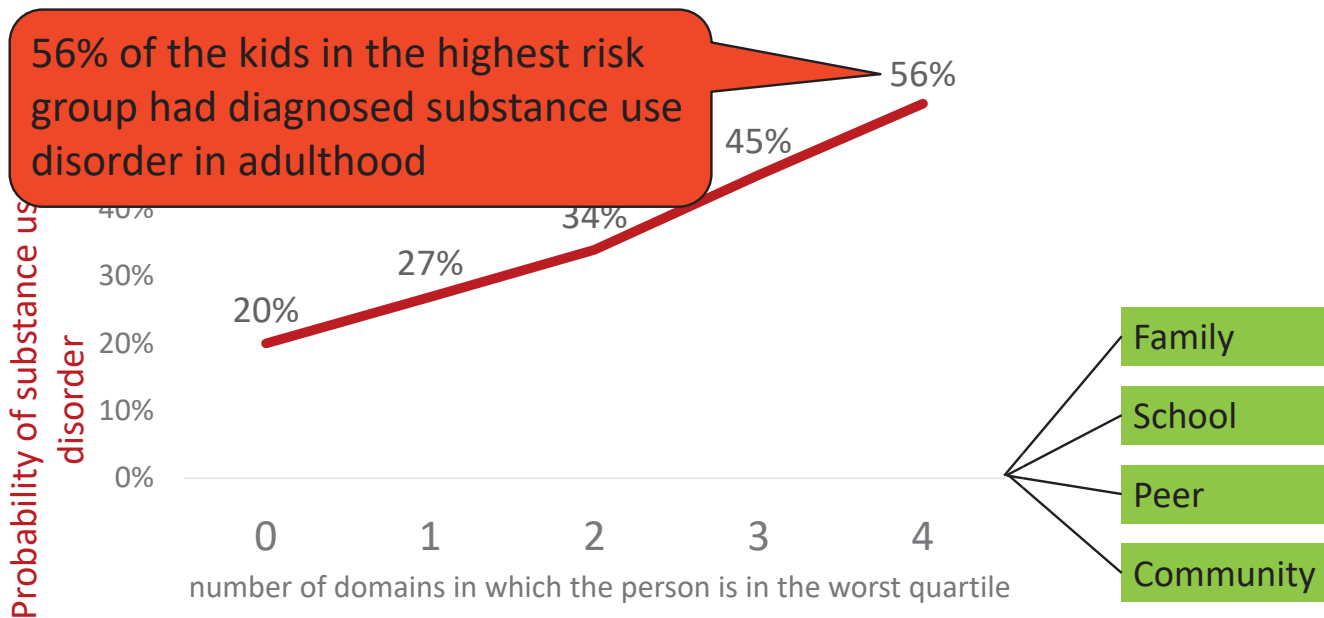
However, they add up.

In how many domains was the child in the worst quartile during adolescence?

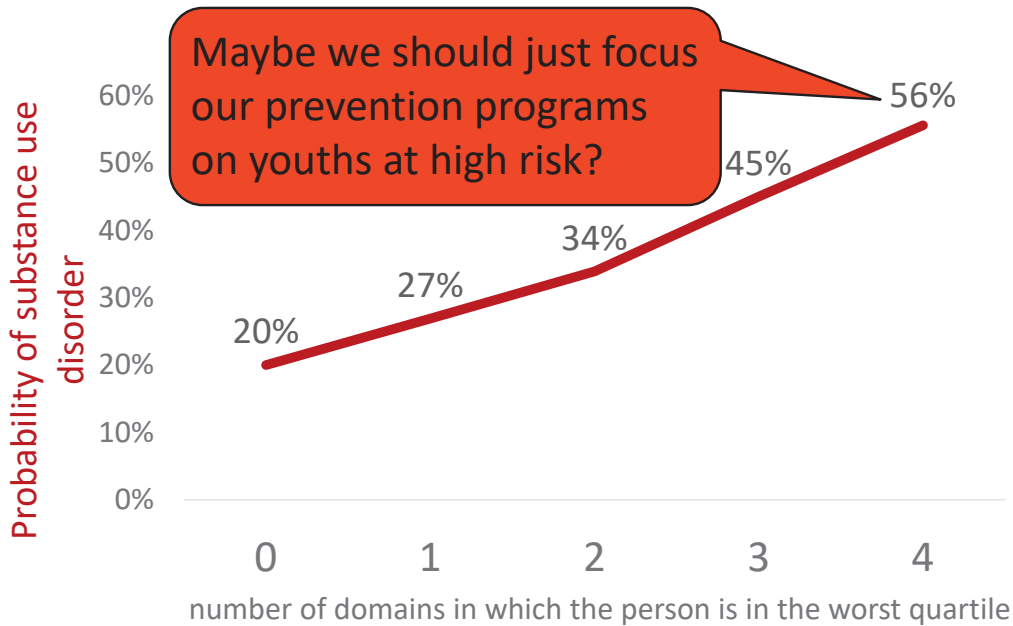
Cumulative Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk

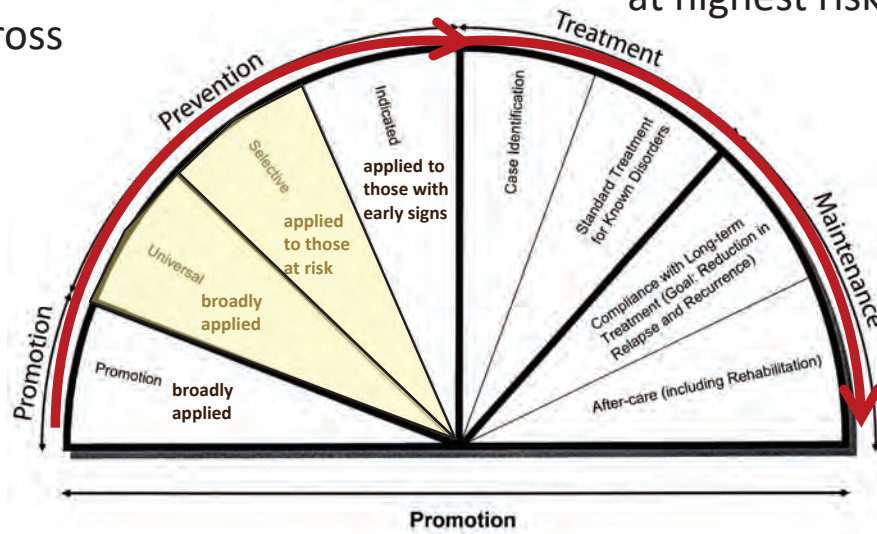


A prevention strategy that **focuses only on youth at high-risk will fail** to “move the needle” on substance use disorder in a community.



Universal interventions apply the prevention program broadly across the population.

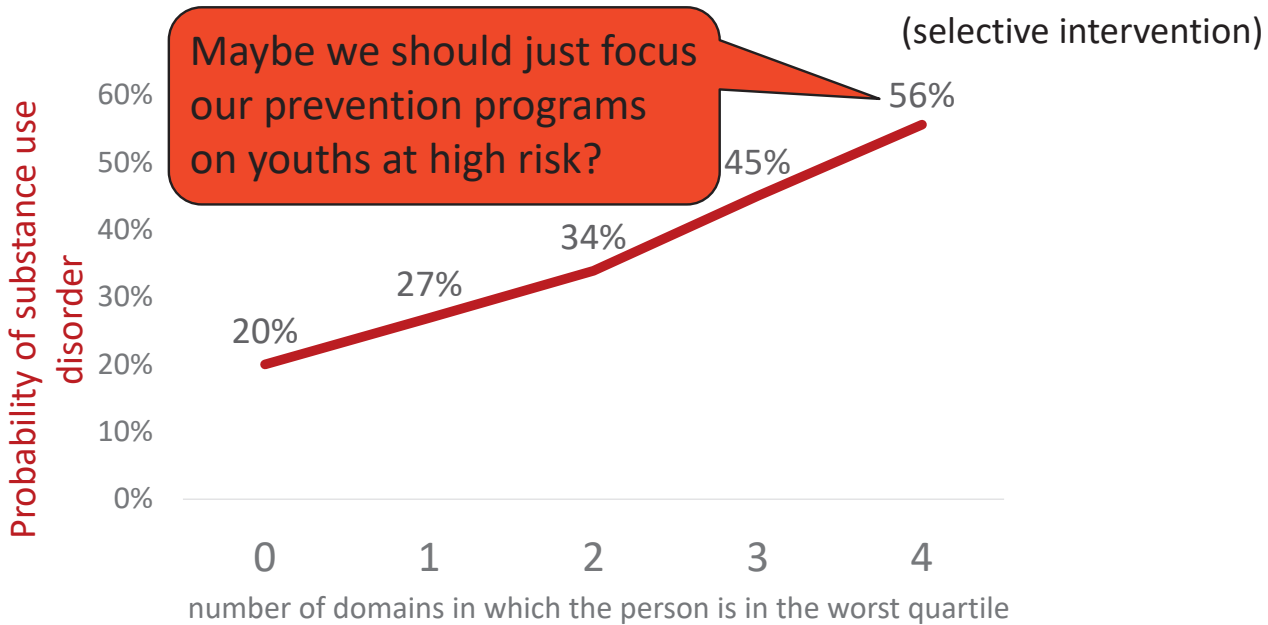
Selective interventions only apply the prevention program to those at highest risk.



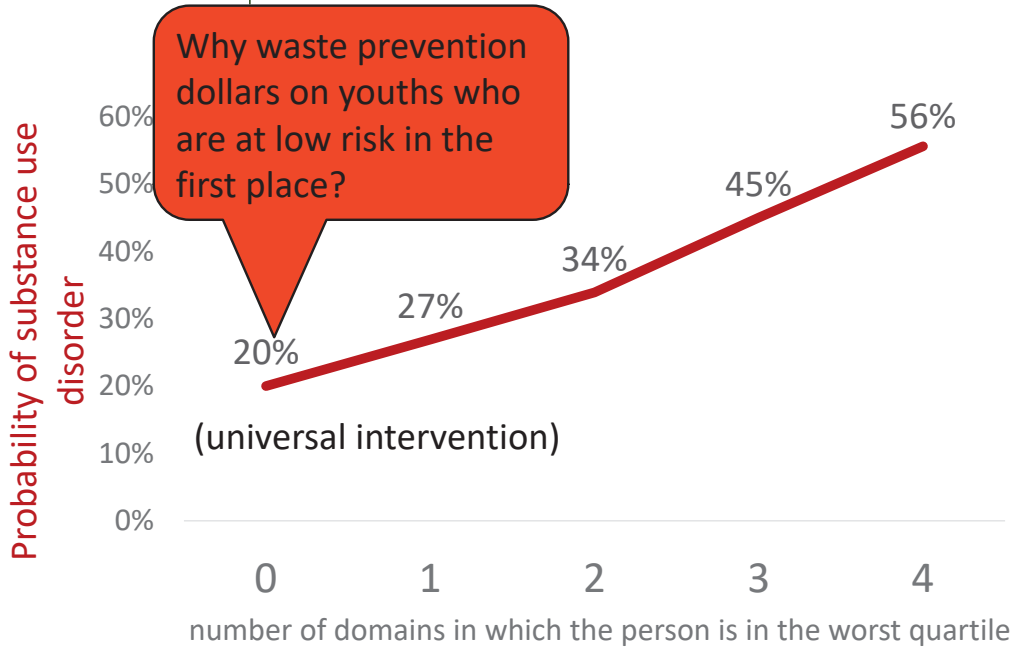
Source: Institute of Medicine (2009). Preventing Mental, Emotional and Behavioral Disorders Among Young People. O'Connell, Boat & Warner (eds.) Washington DC: National Academy Press



Predicting Substance Use Disorder in Adulthood from Adolescent Risk

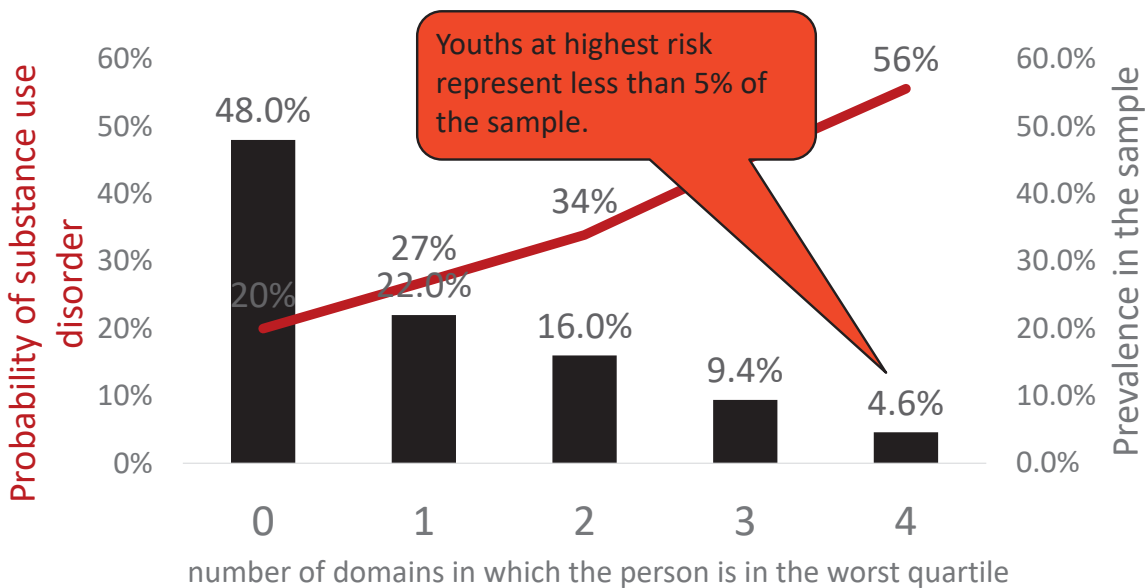


Predicting Substance Use Disorder in Adulthood from Adolescent Risk

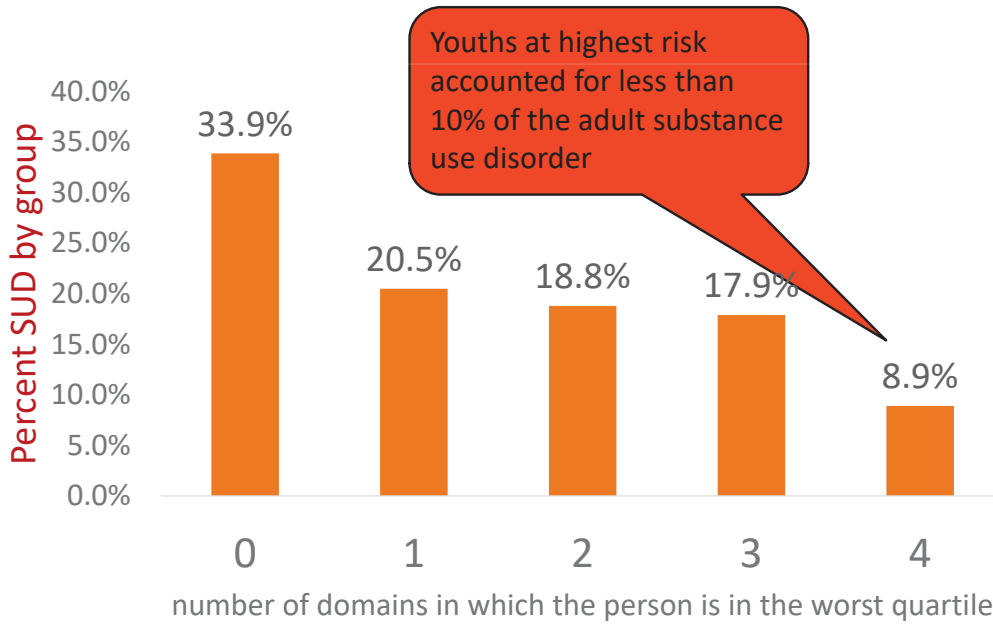


Because...

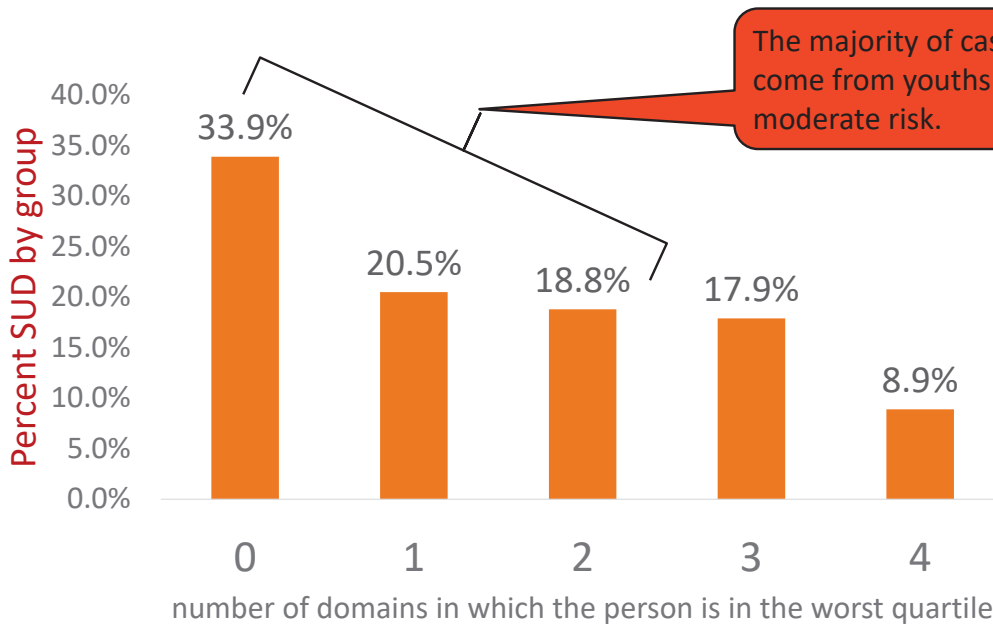
Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk



Predicting Substance Use Disorder in Adulthood from Adolescent Risk



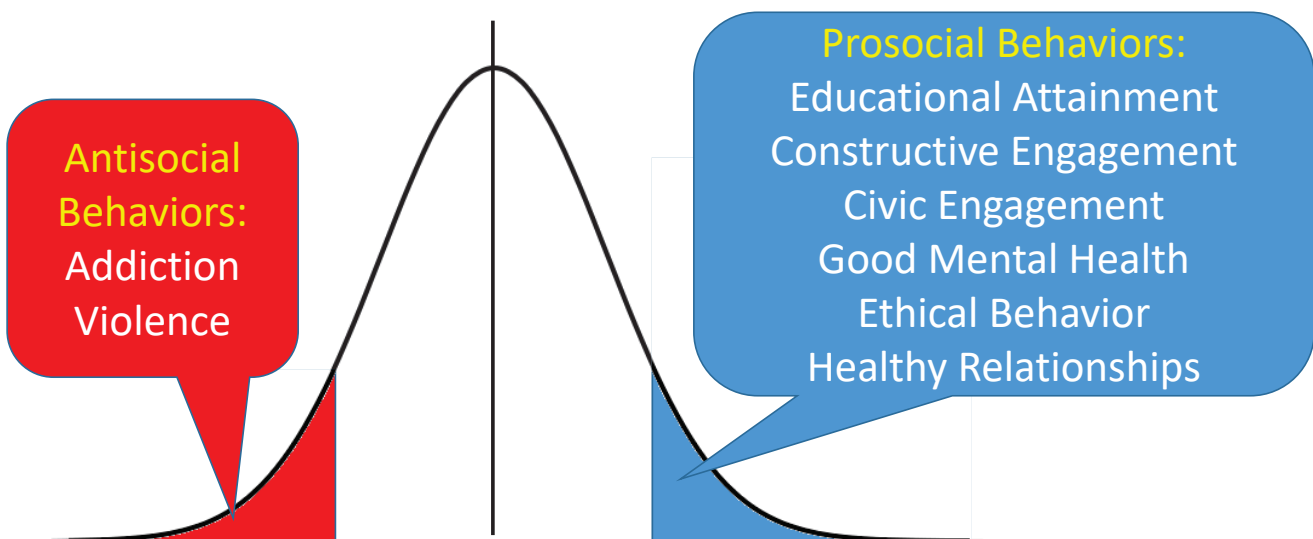
This is called the “prevention paradox”

Rose’s Theorem:

A large number of people exposed to a small risk may generate many more cases than a small number exposed to a high risk.

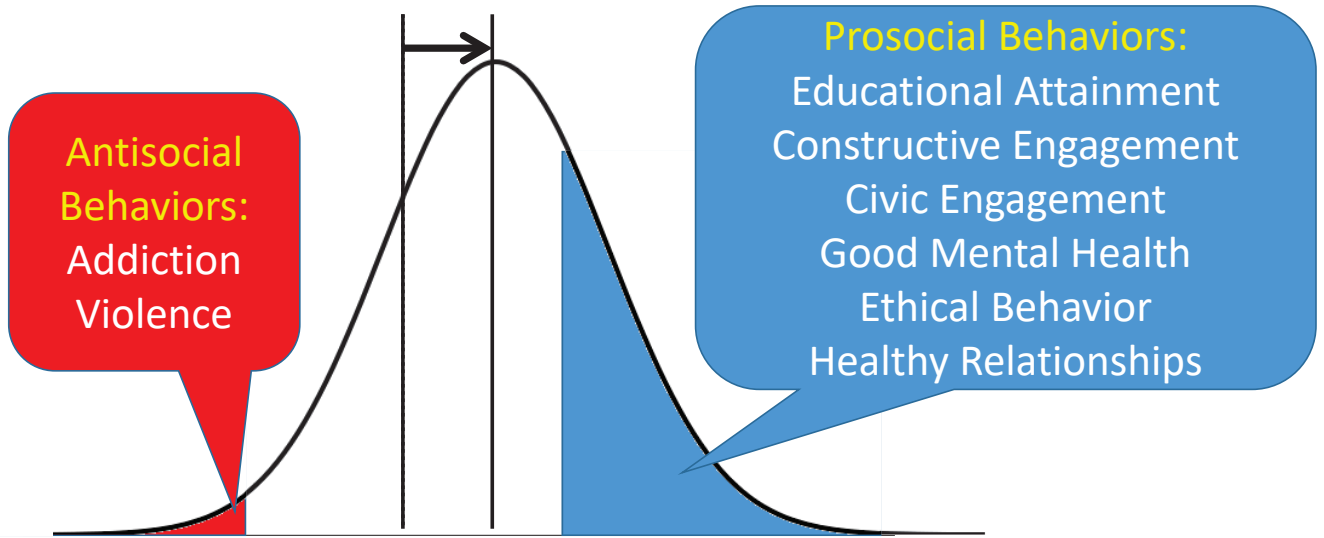
(Geoffrey Rose, 1992:24).

Shifting the Curve

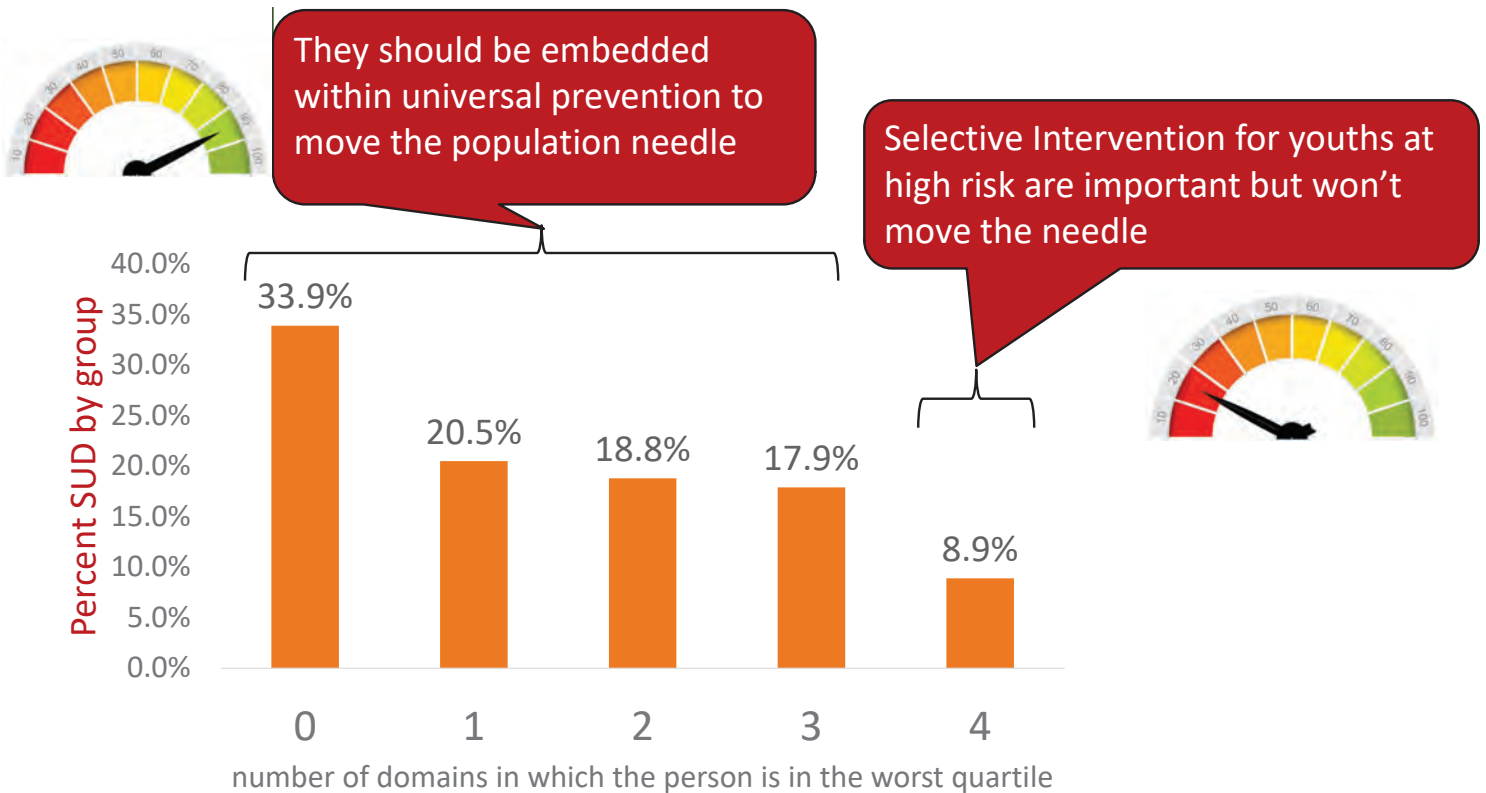


Distribution of problems in a population of youths.

Shifting the Curve



Small shifts in the population result in large changes in the “tails”.





What have we learned in the last 30 years?

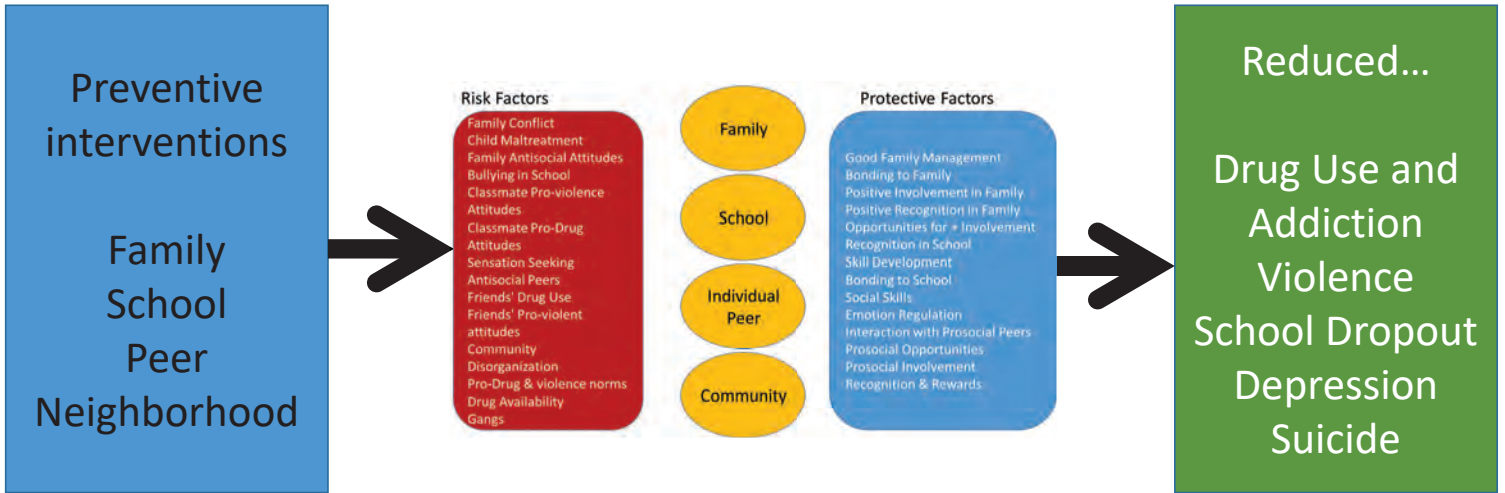
1. The causes of disordered and of positive development reach across all areas of influence: family, school, peer, community & individual, and across multiple ages.
2. These factors affect a wide range of outcomes.
3. Each of these causes has +/- the same impact, however together they have a large cumulative impact.
4. A strong prevention strategy embeds a selective intervention within a universal strategy.



What have we learned in the last 30 years?

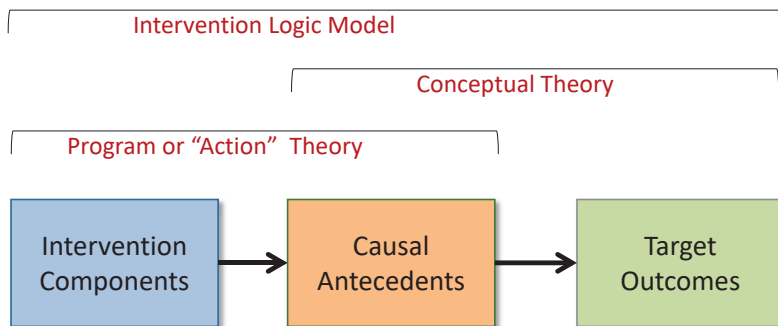
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2. These factors affect a wide range of outcomes.
3. Each of these causes has +/- the same impact, however together they have a large cumulative impact.
4. A strong prevention strategy embeds a selective intervention within a universal strategy.
5. Preventive interventions are developed to address known root causes.

Intervention Logic Models

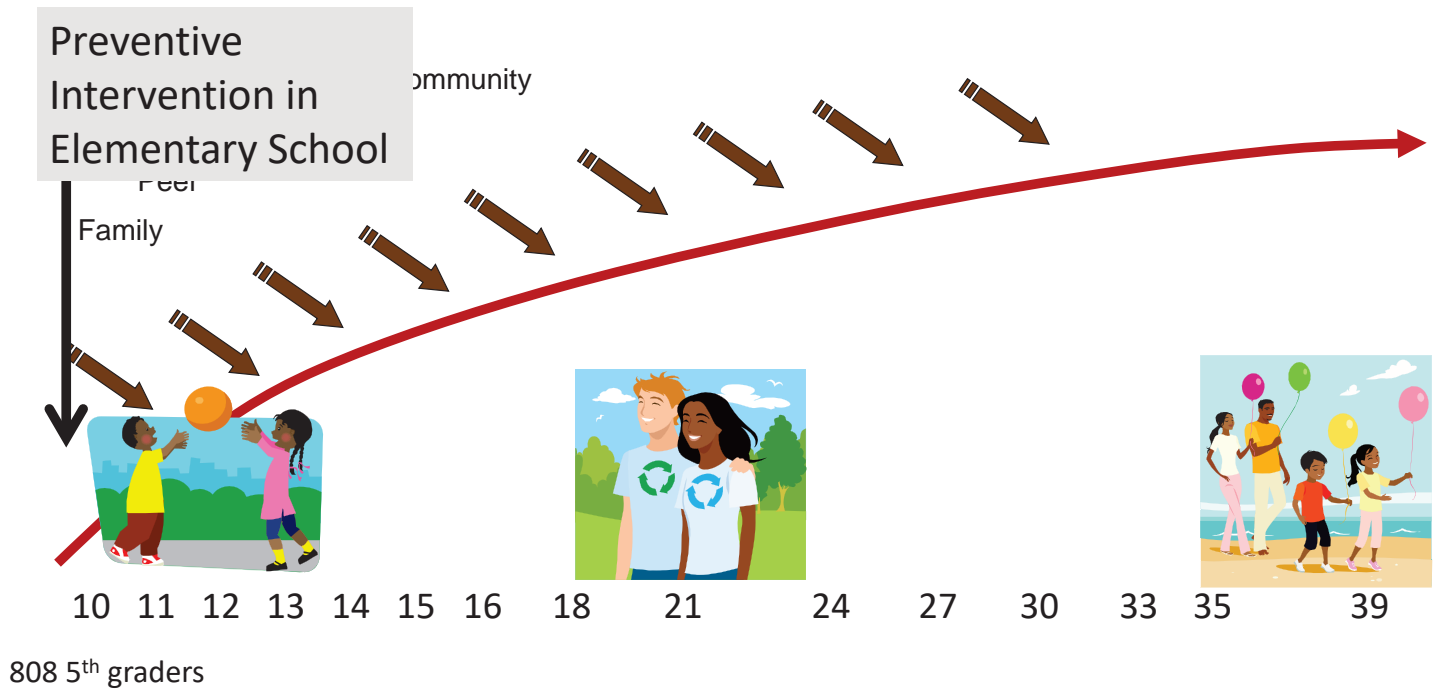


Intervention Logic Model

Researchers should stipulate the full logic model of their intervention



Seattle Social Development Project followed 808 kids from elementary school into midlife (still ongoing)



The SSDP Intervention (Grades 1-6): *Raising Healthy Children*



Teacher Staff Development in Classroom Instruction and Management



Parent Workshops in Behavior Management and Academic Support



Child Social, Emotional and Cognitive Skill Training

SSDP Intervention Component: Teacher In-Service Training



Proactive classroom management (grades 1-6)

- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

Interactive teaching (grades 1-6)

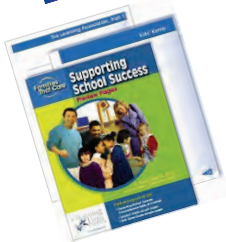
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary



Cooperative learning (grades 1-6)

- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance

Parent Workshops



Raising Healthy Children (grades 1-2)

- Observe and pinpoint desirable and undesirable child behaviors
- Teach expectations for behaviors
- Provide consistent positive reinforcement for desired behavior
- Provide consistent and moderate consequences for undesired behaviors

Supporting School Success (grades 2-3)

- Initiate conversation with teachers about children's learning
- Help children develop reading and math skills
- Create a home environment supportive of learning

Guiding Good Choices (grades 5-6)

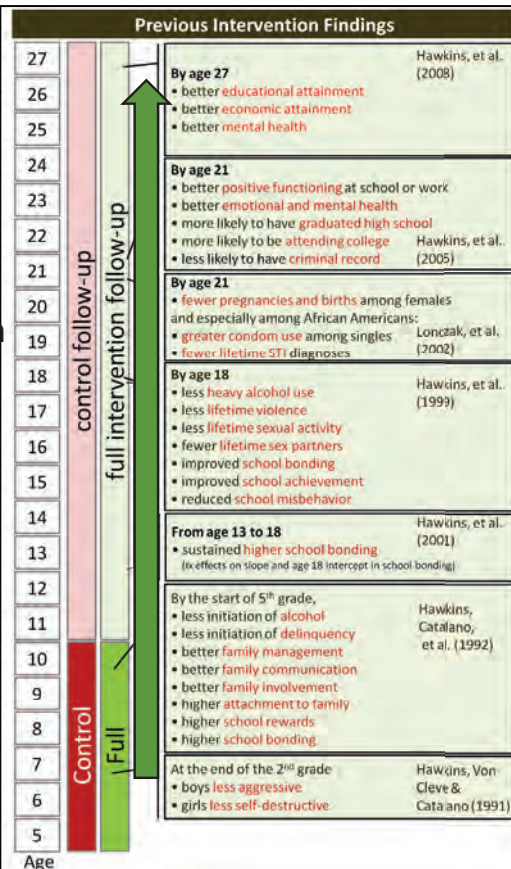
- Establish a family policy on drug use
- Practice refusal skills with children
- Use self-control skills to reduce family conflict
- Create new opportunities in the family for children to contribute and learn



Child Social, Cognitive and Emotional Skills Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills

SSDP's *Raising Healthy Children* Intervention did appear to result in developmentally meaningful long-term effects from childhood through adulthood.



Intervention Papers.

Abbott R.D., O'Donnell J., Hawkins J.D., Hill K.G., Kosterman R., Catalano R.F. (1998) *Changing teaching practices to promote achievement and bonding to school*. *American Journal of Orthopsychiatry*, 68(4) 542-552

Hawkins, J. D., Catalano, R. F., Jones, G., & Fine, D. N. (1987). Delinquency prevention through parent training: Results and issues from work in progress. In J. Q. Wilson, & G. C. Lounsbury (Eds.), *From children to citizens: Families, schools, and delinquency prevention* (Vol. 3, pp. 186-204). New York: Springer-Verlag.

Hawkins, J.D., Catalano, R.F., Kosterman, R., Abbott, R., & Hill, K.G. (1999) *Preventing Adolescent Health-Risk Behaviors by Strengthening Protection During Childhood*. *Archives of Pediatric and Adolescent Medicine*, 153: 226-234.

Hawkins, J.D., Catalano, R.F., Morrison, D.M., O'Donnell, J., Abbott, R., & Day, L.E. (1992). *The Seattle Social Development Project: Effects of the First Four Years on Protective Factors and Problem Behaviors*. In: Joan McCord & Richard Tremblay, eds. *Preventing Anti-Social Behavior: Interventions from Birth through Adolescence*. New York: Guilford Press.

Hawkins J, Doueck H, Lishner D. (1988). *Changing teaching practices in mainstream classrooms to improve bonding and behavior of low achievers*. *American Educational Research Journal*, 25: 31-50.

Hawkins, J. D., Guo, J., Hill, K. G., Battin-Pearson, S., & Abbott, R. (2001). Long-term effects of the Seattle Social Development intervention on school bonding trajectories. *Applied Developmental Science: Special issue: Prevention as Altering the Course of Development*, 5, 225-236.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project. *Archives of Pediatrics and Adolescent Medicine*, 159, 25-31.

Hawkins J. D., Von Cleve E, Catalano R. (1991). *Reducing early childhood aggression: Results of a primary prevention program*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30: 208-217.

Lonczak, H. S., Abbott, R. D., Hawkins, J. D., Kosterman, R., & Catalano, R. F. (2002). Effects of the Seattle Social Development Project on sexual behavior, pregnancy, birth, and STD outcomes by age 21. *Archives of Pediatrics and Adolescent Medicine*, 156(4), 438-447.

O'Donnell, J., Hawkins, J.D., Catalano, R.F., Abbott, R., & Day, L.E. (1995). *Preventing School Failure, Drug Use, and Delinquency among Low-Income Children: Long-Term Intervention in Elementary Schools*. *American Journal of Orthopsychiatry*, 65(1): 87-100.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of social development intervention in childhood fifteen years later. *Archives of Pediatrics and Adolescent Medicine*, 162, 1133-1141.

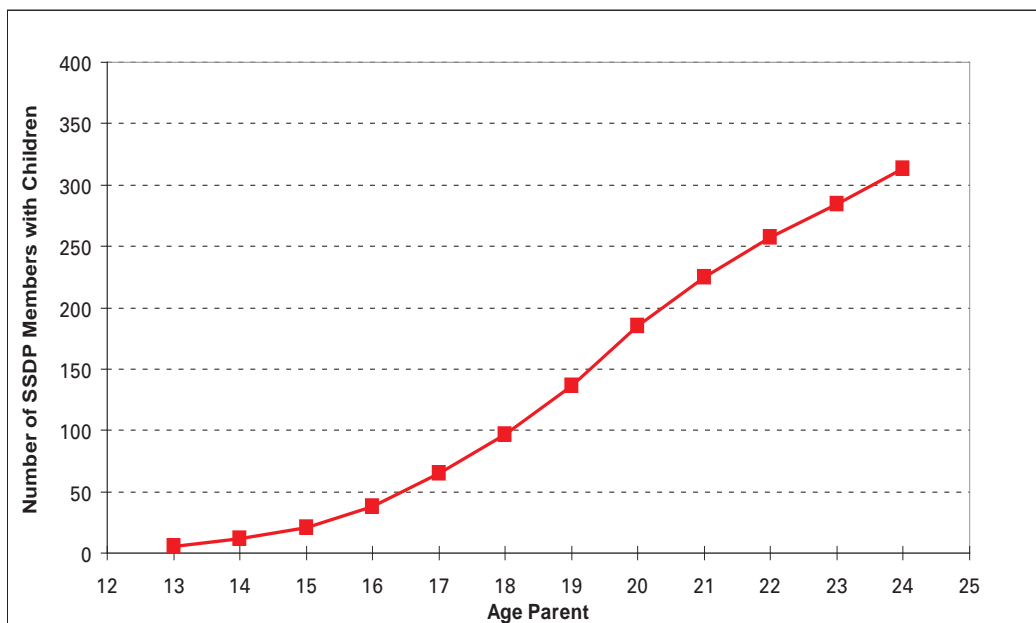
SSDP's *Raising Healthy Children* Intervention did appear to result in developmentally meaningful long-term effects from childhood through adulthood.

By age 27

Hawkins, et al. (2008)

- better **educational attainment**
- better **economic attainment**
- better **mental health**

Many people in the SSDP Panel also have and raise children during this period.

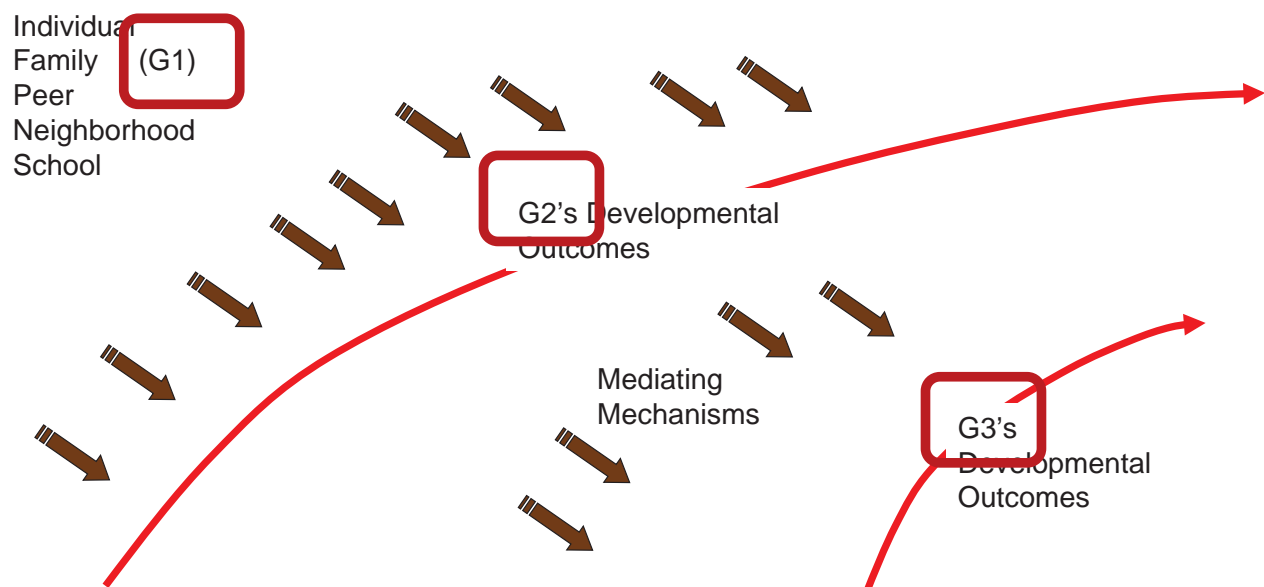


TIP: The SSDP Intergenerational Project

Examining the patterns and mechanisms of development across generations



The SSDP Intergenerational Project (TIP)



The SSDP Intergenerational Project (TIP)

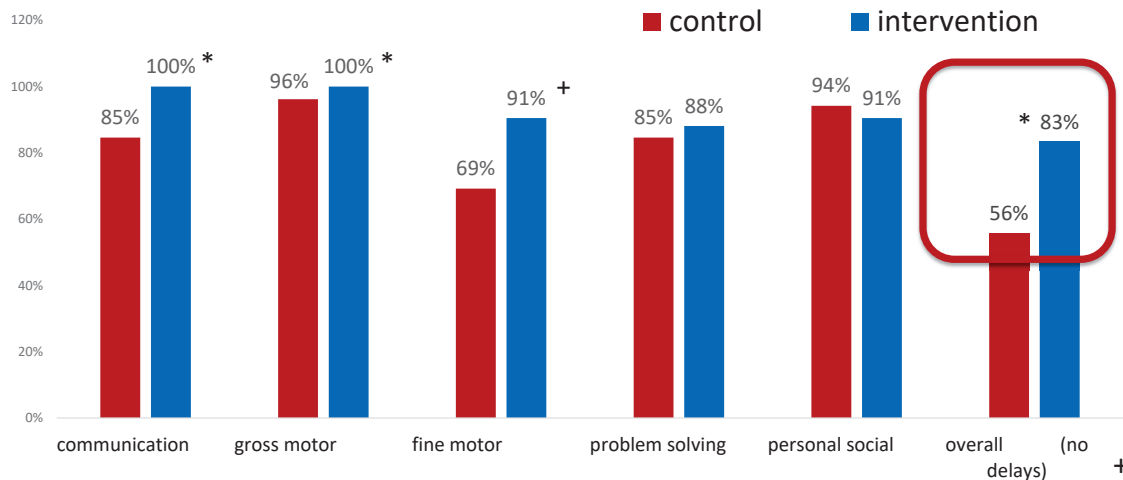


Might social development intervention in childhood affect functioning in the next generation?

YES! Parents who were in the SSDP intervention in childhood grow up to have children with....

...fewer **developmental delays** in the first five years of life.

% of children with **no developmental delay** averaged across waves



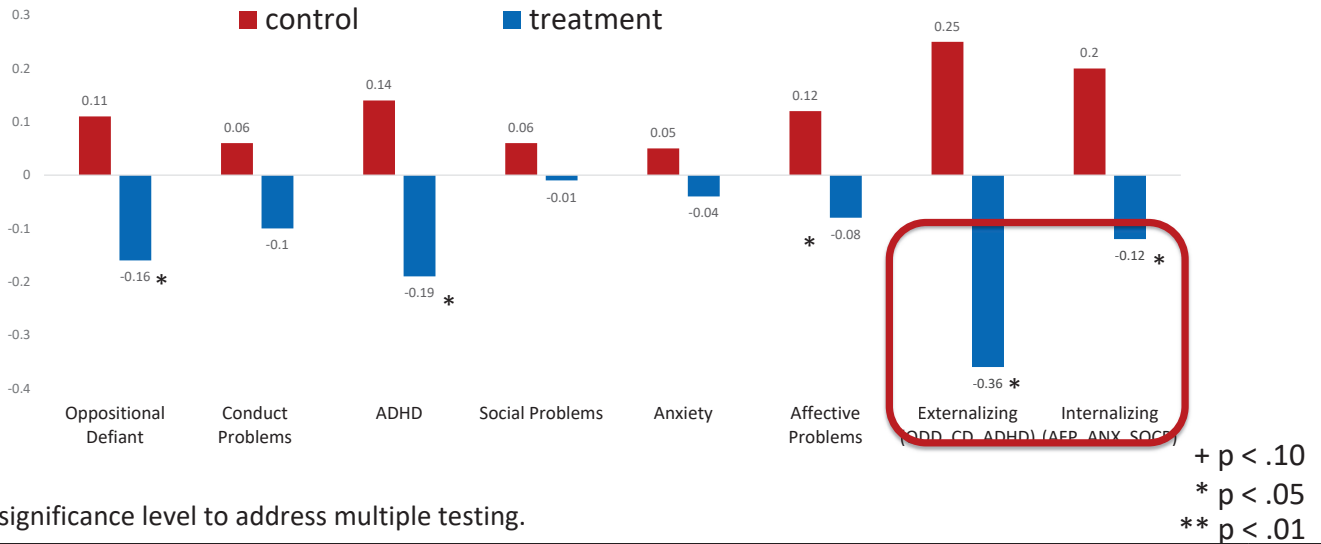
FDR corrected significance level to address multiple testing.

+ p < .10
* p < .05
** p < .01

YES! Parents who were in the SSDP intervention in childhood grow up to have children with....

...fewer teacher-rated **child behavior problems** ages 6-18 years.

Standardized problem behavior score averaged across 7 waves

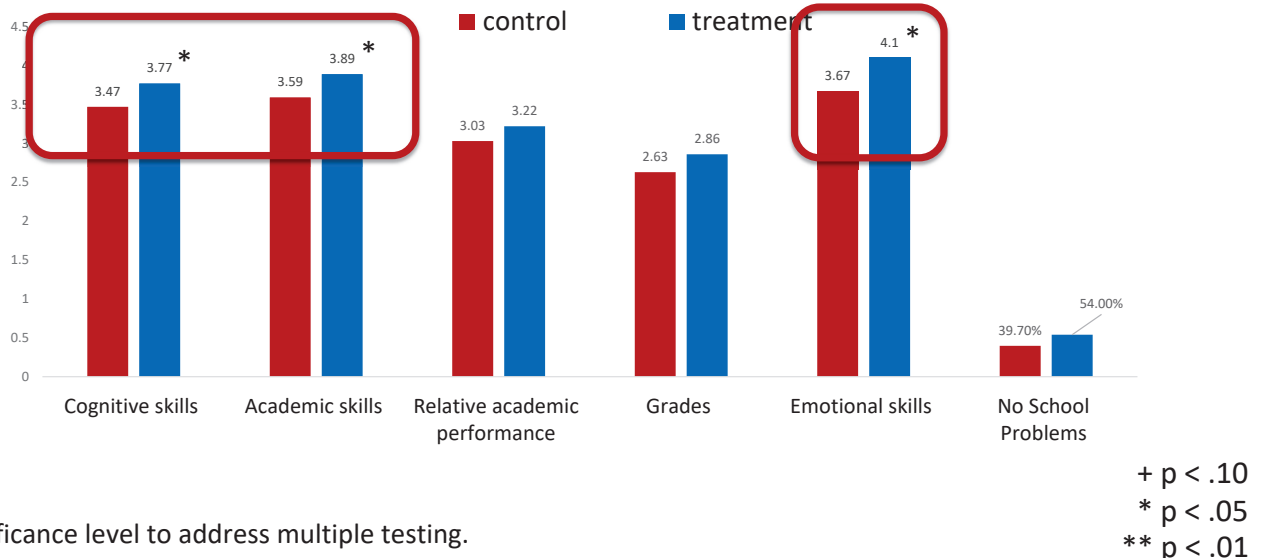


FDR corrected significance level to address multiple testing.

YES! Parents who were in the SSDP intervention in childhood grow up to have children with....

...higher teacher-rated **academic skills and performance** ages 6-18 years.

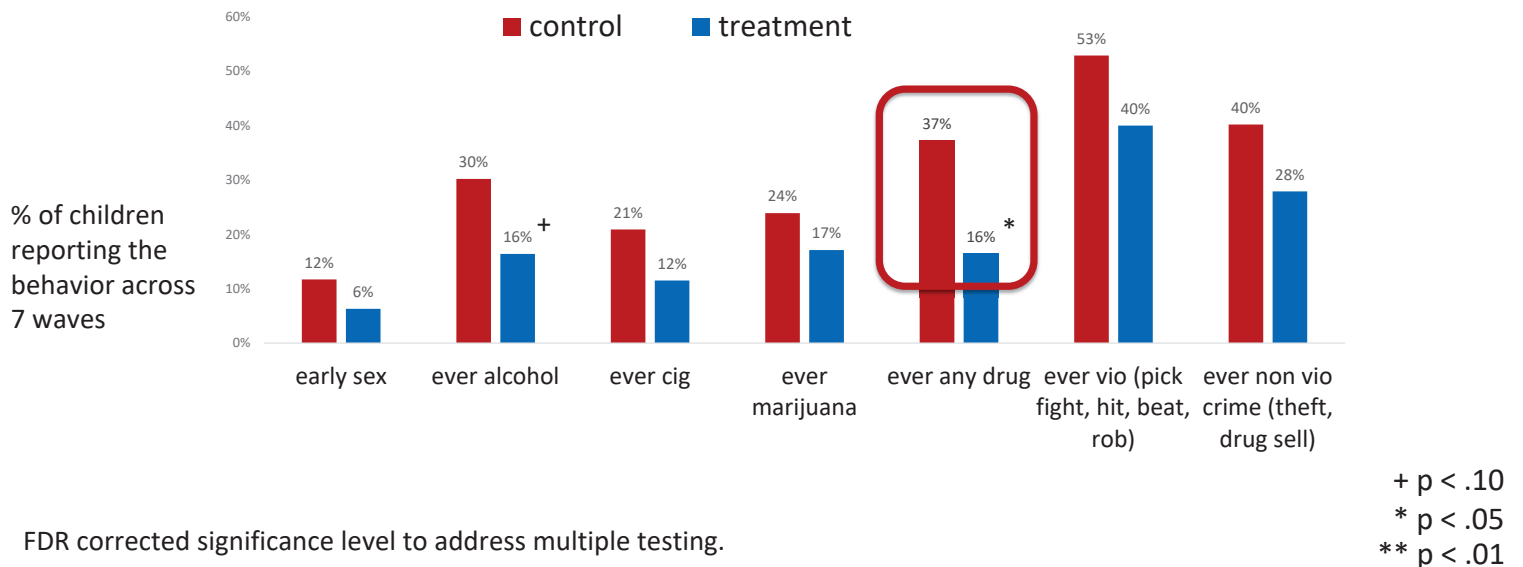
Academic Skills and Performance Averaged Across 7 Waves



FDR corrected significance level to address multiple testing.

YES! Parents who were in the SSDP intervention in childhood grow up to have children with....

...lower youth self-reported **alcohol and drug onset** ages 6-18 years.



Conclusions

- *To our knowledge, this is the first study to demonstrate early childhood intervention effects cascading into the next generation 20+ years later!*
- *Effects of participation in a universal preventive intervention in elementary school may cascade across generations.*

Conclusions

Childhood preventive interventions can have long-term, life course impact, and potentially, even across generations.

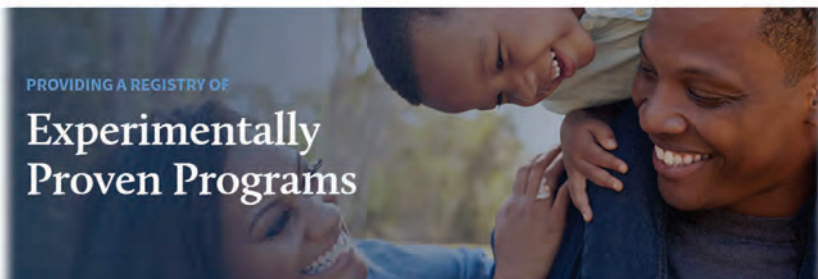
The [Raising Healthy Children](#) program is just one example...how do you find what works?



Blueprints!



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A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also advocate for evidence-based interventions locally and nationally and provide submissions on the importance of evidence.

www.blueprintsprograms.org

Appliances

Kitchen Appliances

The experts at CR have curated everything you need to know to create a kitchen you love: the best appliances, smart maintenance ideas, and savvy shopping tips.



Most and Least Reliable

TRENDING

Best Kitchen Appliances of 2023

Best Small Kitchen Appliances of 2023

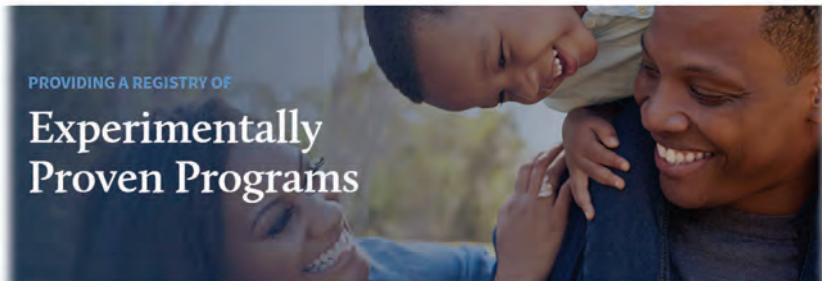
21 Small Kitchen Appliances for \$100 or



What is Blueprints for Healthy Youth Development?



FIND PROGRAMS BLUEPRINTS CERTIFICATION NEWS & EVENTS FAQs ABOUT BLUEPRINTS



PROVIDING A REGISTRY OF
Experimentally Proven Programs



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also advocate for evidence-based interventions locally and nationally and provide solutions on the importance of education.

A web-based registry of *experimentally proven programs* (EPPs) promoting the most rigorous scientific standard and review process for certification.

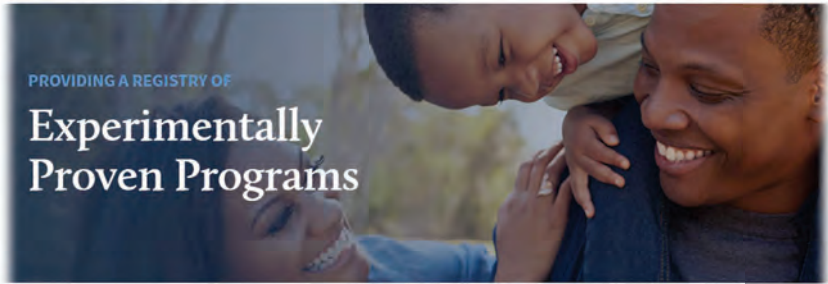
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What is Blueprints for Healthy Youth Development?



- FIND PROGRAMS**
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- ABOUT BLUEPRINTS



The Blueprints for Healthy Youth Development mission is to promote interventions that work. We do this by providing a comprehensive, trusted registry of evidence-based interventions (programs, practices and policies) that are effective in reducing antisocial behavior and promoting a healthy course of youth development and adult maturity. We also identify for policymakers interventions that hold a promise of producing significant and long-term behavioral outcomes.

Goal:

To provide communities with a trusted guide to interventions that work.

www.BlueprintsPrograms.org

- PROGRAM OUTCOMES +
- TARGET POPULATION +
- PROGRAM SPECIFICS +
- RISK AND PROTECTIVE FACTORS i +

Keyword Search

Examples of how to search can be found with the following links.

- Search Across Categories
- Search Within Categories

Program Search

This interactive search enables you to identify Blueprints-certified interventions based on specific criteria and then browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories, or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from Promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy, but require follow-up research before being recommended for large-scale adoption.

107 Programs

[Export to Excel](#) [Copy Search URL](#)

- Model & Model Plus: 19**
- Promising: 88

PROGRAM	RATING	SUMMARY
<p>Accelerated Study in Associate Programs (ASAP)</p> <ul style="list-style-type: none"> Target Population Outcomes Fact Sheet 		<p>A post-secondary college-based prevention program that aims to address potential barriers to academic success and promote credit accumulation and associate degree completion in college students through comprehensive advisement and career and tutoring services provided by dedicated advisers.</p>
<p>Early College High School Model</p>		<p>A high school model designed to increase students' access to a postsecondary credential, particularly for</p>

Program Search

PROGRAM OUTCOMES

- Conduct Problems
- Delinquency and Criminal Behavior
- Externalizing
- Gang Involvement
- HIV/AIDS
- Illicit Drugs
- Intimate Partner Violence
- Marijuana/Cannabis
- Positive Social/Prosocial Behavior
- STIs
- Sexual Risk Behaviors
- Sexual Violence

TARGET POPULATION

PROGRAM SPECIFICS

RISK AND PROTECTIVE FACTORS

Clear Search

This interactive search enables you to identify Blueprints-certified interventions based on specific criteria and then browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories, or increased by selecting multiple items WITHIN categories.

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10 Programs

Export to Excel

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Model & Model Plus: 4

Promising: 6

PROGRAM

RATING

SUMMARY

Blues Program

Target Population

Outcomes

Fact Sheet



A school-based group intervention that aims to reduce negative cognition and increase engagement in pleasant activities to prevent the onset and persistence of depression in high school students exhibiting depressive symptoms.

Positive Action

A school-based social emotional learning program for students in elementary and middle schools to increase



Each Certified Intervention has a Fact Sheet including

- Program Name and Description
- Developmental/Behavioral Outcomes
- Risk/Protective Factors Targeted
- Risk/Protective Factors Impacted
- Contact Information/Program Support
- Target Population
- Program Rating and Effect Size
- Operating Domain: Individual, Family, School, Community
- Logic/Theory Model
- Program Costs: Unit Costs, Start-Up, Implementation, Fidelity Monitoring, Budget Tool
- Cost Benefit/Return On Investment (When Available): Net Unit Cost-Benefit, Benefits
- Funding Overview, Financing Strategies
- Program Materials
- References

Programs with little or weak evidence have been, and still are, very popular.

- Information Dissemination (telling kids about the dangers of drugs)
- Scare Tactics & Moralistic Appeals
 - "Scared Straight" "This is your brain on drugs"
- Drug Abuse Resistance Education ("D.A.R.E") (?)
- Punitive and Zero Tolerance Approaches
- After school activities with limited supervision and absence of more potent programming
- Delinquent Group Peer Counseling and Mediation
- Gun Buyback Programs
- Firearm Training
- Boot Camps

Programs with little or weak evidence have been, and still are, very popular.

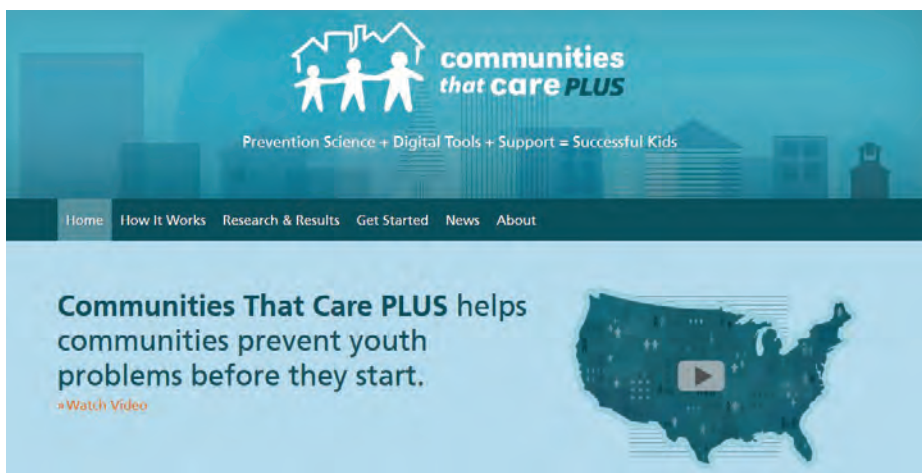
Communities must work together to implement programs that have been proven to work!

What have we learned in the last 30 years?

1. The causes of disordered and of positive development reach across all areas of influence, family, school, peer, neighborhood & individual, and across multiple ages.
2. These factors affect a wide range of outcomes.
3. Each of these causes has +/- the same impact, however together they have a large cumulative impact.
4. A strong prevention strategy embeds a selective intervention within a universal intervention.
5. Preventive interventions are developed to address known root causes.
6. Getting communities to select and implement tested, effective interventions takes planning, but we have many successes.

www.CommunitiesThatCare.net

Communities That Care (CTC)



CTC is NOT an intervention.

It is a strategy to guide communities through the steps of science-based prevention.

Community Mobilization: Example Communities that Care (CTC)

Introduction to CTC video on youtube (5 minutes)

<https://www.youtube.com/watch?v=pl3mh7GE5NA>



What have we learned in the last 30 years?

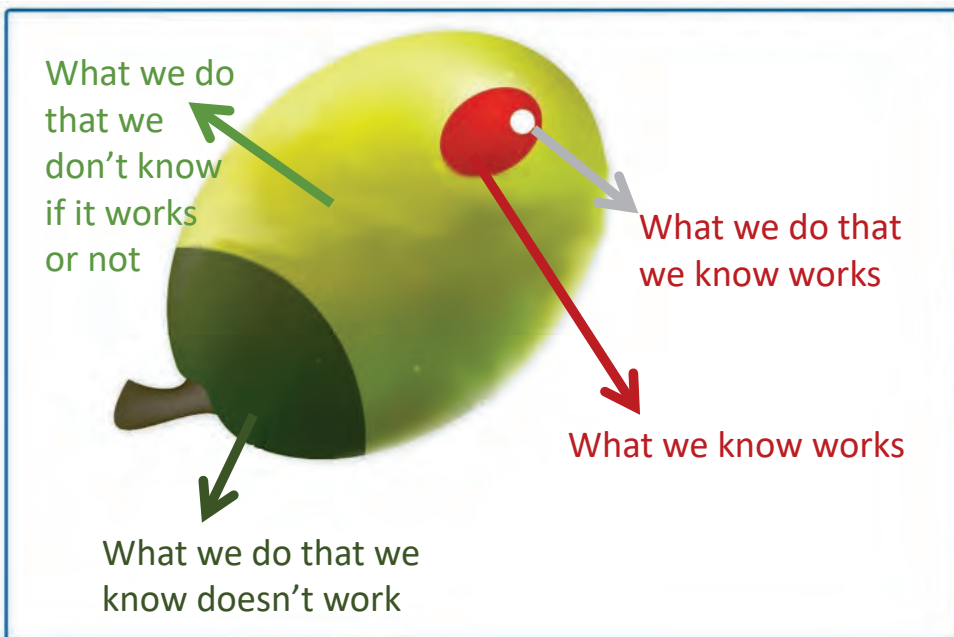
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4. A strong prevention strategy embeds a selective intervention within a universal intervention.
5. Preventive interventions are developed to address known root causes.
6. Getting communities to select and implement tested, effective interventions takes planning, but we have many successes.

What have we learned in the last 30 years?

- If we know about the root causes of addiction...
- And we have interventions that successfully address these causes...
- And we have mobilization strategies like CTC to plan and implement them...


WHY aren't we implementing prevention more broadly?

The Olive of Prevention



We have at our disposal the means to reduce community substance use by 33% or more by implementing what we know works.

Why aren't we doing so?

A man in a white shirt stands in a lush green cornfield. The sun is setting in the background, creating a warm, golden glow against a blue sky with wispy clouds. The man is looking towards the right of the frame.

If you build it,
they will come

A cornfield at sunset, similar to the first image. The sun is low on the horizon, casting a golden light. A red horizontal line is drawn across the text.

If you build it,
~~*they will come*~~

*they will say it probably doesn't
work*

A photograph of a cornfield at sunset. The sky is a deep blue with wispy clouds, and the sun is low on the horizon, casting a warm glow. A red horizontal line is drawn across the text.

If you build it,
~~they will come~~

they will say they already have one

A photograph of a cornfield at sunset. The sky is a deep blue with wispy clouds, and the sun is low on the horizon, casting a warm glow. A red horizontal line is drawn across the text.

If you build it,
~~they will come~~

*they will get lost trying to use it
and give up*

A photograph of a cornfield at sunset. The sky is a deep blue with wispy clouds, and the sun is low on the horizon, casting a warm glow. A red horizontal line is drawn across the text.

If you build it,
~~they will come~~

they will say it's not feasible

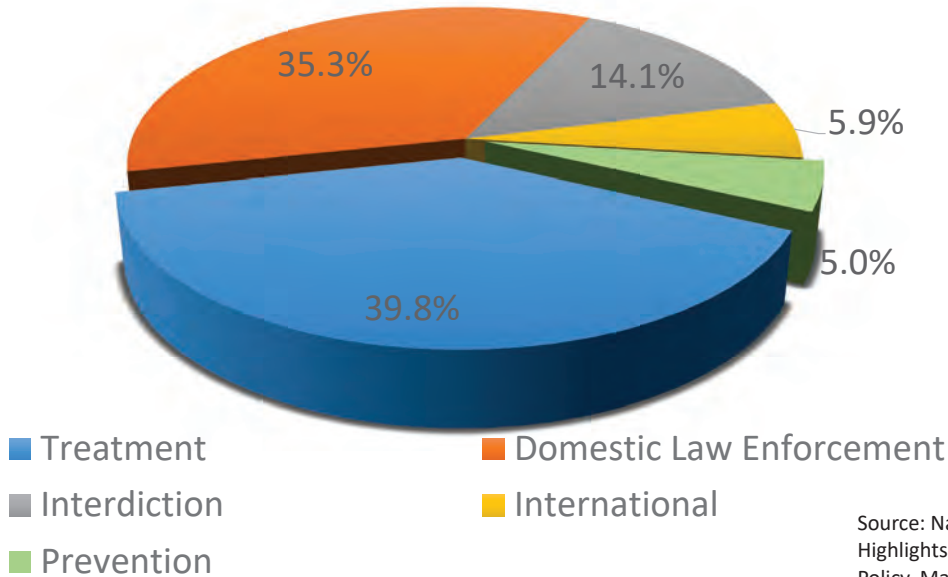
A photograph of a cornfield at sunset. The sky is a deep blue with wispy clouds, and the sun is low on the horizon, casting a warm glow. A red horizontal line is drawn across the text.

If you build it,
~~they will come~~

they will say it's too expensive

Spending Priorities

US Drug Control Spending



The US is spending less on prevention than any other drug control strategy.

Source: National Drug Control Budget: FY 2023 Funding Highlights. Washington, DC: Office of National Drug Control Policy, March 2022.



Current Challenge: Dissemination (Marketing)

- Local
- State
- National
- International
- Publications
- Press
- Social Media



Great Chicago Fire, 1871 – 17,000 buildings destroyed



Great San Francisco Fire, 1906 – 30,000 buildings destroyed

Following major devastating fires in America we established a fire-prevention infrastructure.





In America, our house is on fire.



We need to develop a **prevention infrastructure** in America.

EFFECTIVE PREVENTION requires a comprehensive strategy



We need to develop a prevention infrastructure in America.



First Regular Session | 74th General Assembly

Colorado General Assembly

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HB21-1276

Prevention Of Substance Use Disorders

Concerning the prevention of substance use disorders, and, in connection therewith, making an appropriation.

SESSION: 2021 Regular Session

SUBJECT: Health Care & Health Insurance

[BILL SUMMARY](#)

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Representative
Chris Kennedy



Representative
Leslie Herod

SECTION 18. In Colorado Revised Statutes, **add** 27-80-124 as follows:

27-80-124. Colorado substance use disorders prevention collaborative - created - mission - administration - repeal. (1) THE OFFICE OF BEHAVIORAL HEALTH SHALL CONVENE AND ADMINISTER A COLORADO SUBSTANCE USE DISORDERS PREVENTION COLLABORATIVE WITH INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND STATE AGENCIES, REFERRED TO IN THIS SECTION AS THE "COLLABORATIVE", FOR THE PURPOSE OF GATHERING FEEDBACK FROM LOCAL PUBLIC HEALTH AGENCIES, INSTITUTIONS OF HIGHER EDUCATION, NONPROFIT AGENCIES, AND STATE AGENCIES CONCERNING EVIDENCE-BASED PREVENTION PRACTICES TO FULFILL THE MISSION STATED IN SUBSECTION (2) OF THIS SECTION.

(2) THE MISSION OF THE COLLABORATIVE IS TO:

(a) COORDINATE WITH AND ASSIST STATE AGENCIES AND COMMUNITIES TO STRENGTHEN COLORADO'S PREVENTION INFRASTRUCTURE AND TO IMPLEMENT A STATEWIDE STRATEGIC PLAN FOR PRIMARY PREVENTION OF SUBSTANCE USE DISORDERS FOR STATE FISCAL YEARS

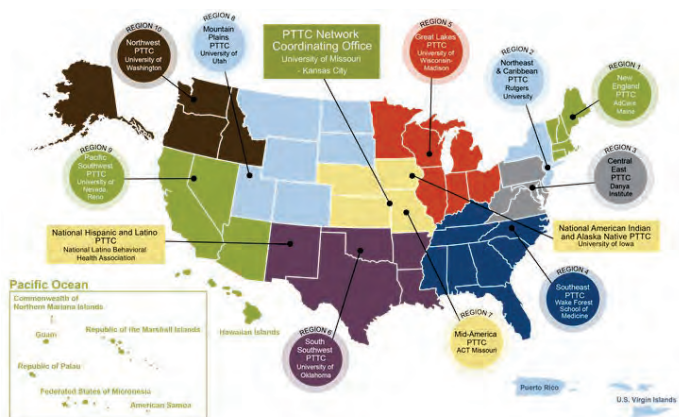
We need to develop a prevention infrastructure in America.




We need to develop a prevention infrastructure in America.



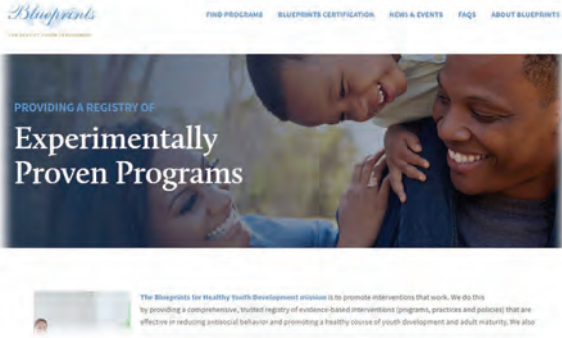
The Prevention Technology Transfer Center Network Provides training and technical assistance services for community substance use prevention




 Mountain Plains (HHS Region 8)
PTTC Prevention Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration

<https://pttcnetwork.org>

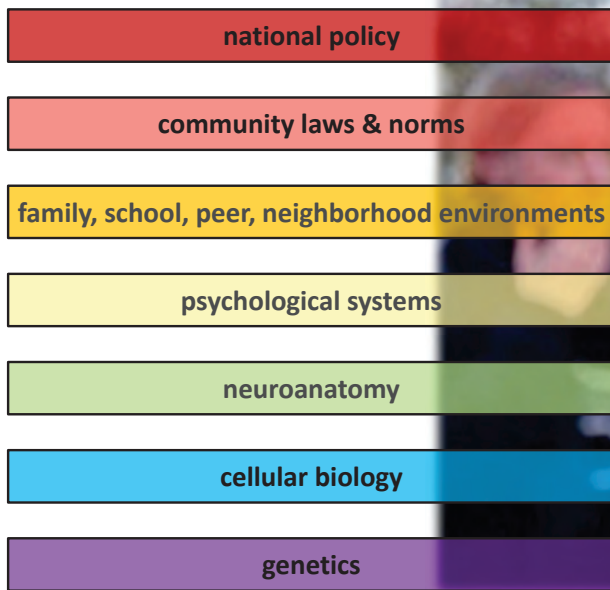
We need to develop a prevention infrastructure in America.



We need to develop a prevention infrastructure in America.



All of these factors influence this teen's addiction.



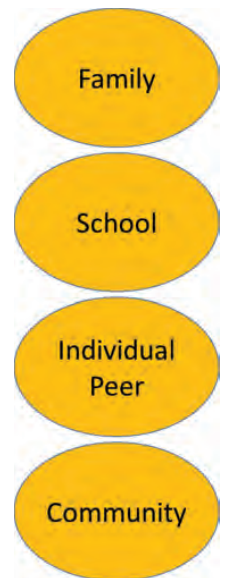
Our solutions need to address multiple levels

Operationalizing a comprehensive strategy requires hard work



When I talk with community members

- 1) Everybody has a job to do.**
(Don't blame others for community problems.)
- 2) Do what you can, where you are.**
(If you're a parent, be a good parent, if you're a teacher, be a good teacher. You don't have to do it all, just be an active member of your community.)
- 3) Work together.**



Two thoughts....

Unless we deal with upstream prevention now, we will forever be bailing out a sinking ship.



Conclusion



If we do a better job implementing these prevention strategies now, our kids won't be facing these same drug problems when they grow up.



17-18 May 2023
RM HIDTA Youth Substance Use Prevention Institute
Denver, Colorado / Zoom

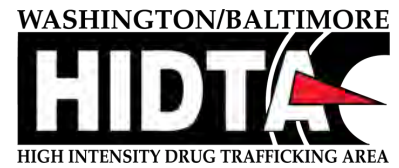


Thanks!

Fundamentals of Substance Use Prevention: What We've Learned

Karl G. Hill, PhD
Director, **Prevention Science Program**
Co-Principal Investigator, **Blueprints for Healthy Youth Development**
Professor Psychology and Neuroscience
Institute of Behavioral Science
University of Colorado Boulder





RESOURCES

Selecting Strategies that Address Community Needs

Robert LaChausse, PhD

*Board of Directors, National Prevention Science
Coalition to Improve Lives*

Professor, California Baptist University



PRESENTER BIO

Robert LaChausse, PhD



Dr. Robert G. LaChausse is a Professor in the Department of Public Health Sciences at California Baptist University (CBU). He teaches undergraduate and graduate courses in child and adolescent development, health behavior, research methods, statistics, and program evaluation. He is a nationally recognized leader in the areas of substance use prevention, program evaluation, and prevention science. His research interests are in the areas of alcohol, tobacco, and drug prevention, teen pregnancy prevention, obesity prevention, and parent-child relationships. He has published his research in such journals as the American Journal of Public Health, Health Education Research, Health Promotion Practice, and the Journal of Adolescent Health. His research has been funded by the Substance Abuse & Mental Health Services Administration (SAMHSA), the United States Department of Health and Human Services (DHHS), the Centers for Disease Control and Prevention (CDC), and the United States Department of Agriculture (USDA). He currently serves as a Governing Councilor for the American Public Health Association (APHA) and on the Board of the National Prevention Science Coalition (NPSC). He earned his PhD in Developmental Psychology from Claremont Graduate University.



Day 1: Youth Substance Use Prevention Institute Workshop

Dr. Robert G. LaChausse
California Baptist University

Introduction

- What do we mean by “effective”?

effective adjective

producing the result that is wanted or intended; producing a successful result

Introduction

- What do we mean by “effective”?
- What do we mean by “evidence”?

A Framework for Thinking About Evidence



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 mortality⁶ have underscored systemic inequities in our nation's approach to criminal justice and prevention, treatment, and recovery.

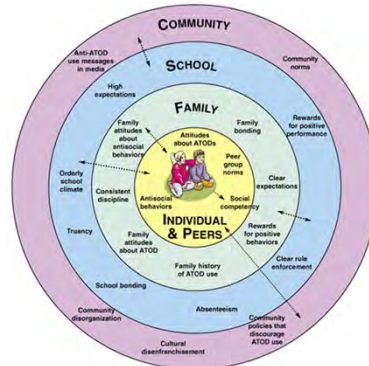
President Biden has made clear that addressing the overdose and addiction epidemic is an urgent priority for his administration. In March, the President signed into law the American Rescue Plan, which appropriated nearly \$4 billion to enable the Substance Abuse and Mental Health Services Administration 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



Which of one of these is MOST effective in reducing youth drug use?

A

B

C

D

None of the above E

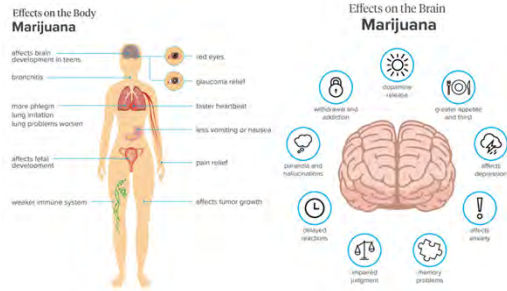
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What Does the Research Say?

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

Temple City High School Presents
"Every 15 Minutes" Program



What Does the Research Say?



What Doesn't Work

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

THE MIRROR EXERCISE

every night for 40 nights

www.laundrybooks.com - credit: Jack Canfield, The Success Principles™

-  Stand in front of a Mirror. Say your name.
-  Appreciate yourself: your accomplishments, successes, risks taken, disciplines kept and temptations resisted.
-  Say 'I love you!' to yourself.
-  Take it in by taking a deep breath.

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

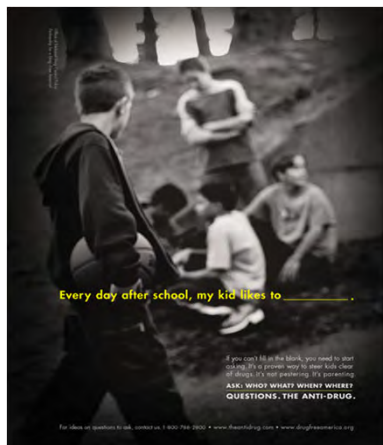
- Drug resistance skills training
 - Allow participants to practice decision making, assertive communication, and refusal skills



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?

What Works

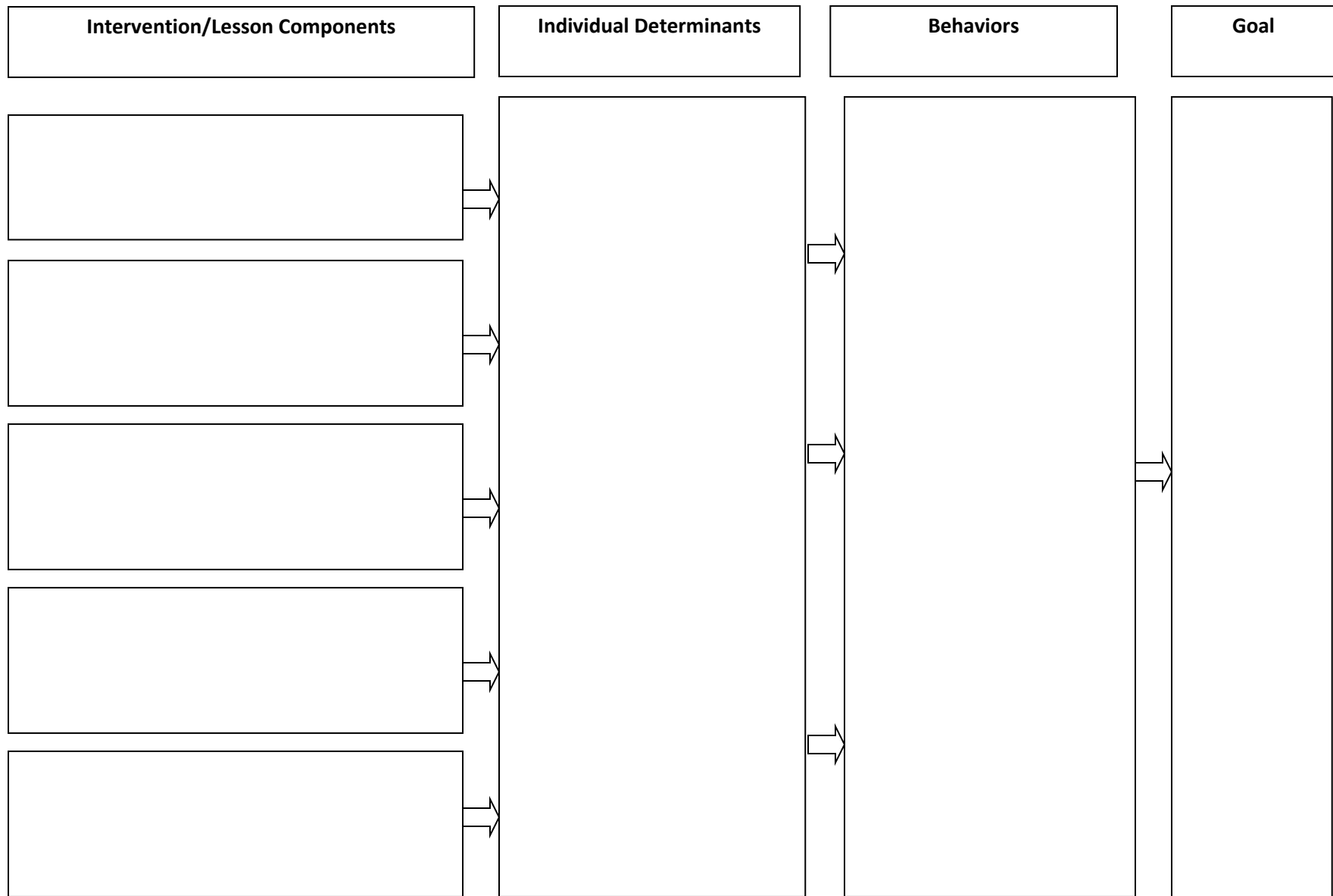
Socio-Ecological Approach		
Risk Factors	Domain	Protective Factors
Lack of skills	Individual	Self-efficacy to refute pressure to use drugs
Lack of Parental supervision	Family	Parental Monitoring
Association with peers that use drugs	Peer	Positive after school activities
School failure	School	School connectedness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

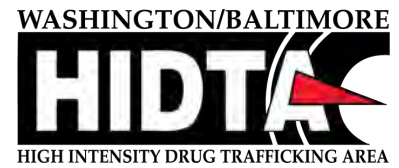
- Drug resistance skills training
- Allow participants to practice decision making, assertive communication, and refusal skills
- Increase parent-child monitoring
- Socio-ecological approaches

What is one thing you learned so far that you didn't know before?

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RESOURCES

Morning Keynote: Building a System of Prevention in Schools

Kris Bosworth, PhD

*Professor, Educational Policy Studies and Practice
Smith Endowed Chair, Substance Abuse Education
College of Education, University of Arizona*



PRESENTER BIO

Kris Bosworth



Kris Bosworth, Ph.D. is the Smith Endowed Chair in Prevention and Education and Professor in Educational Leadership at the University of Arizona College Of Education. A former middle school teacher, she holds a Masters in Counseling and Guidance and a Ph.D. in Adult Education (Program Evaluation and Educational Technology) from the University of Wisconsin-Madison. She spent a year working at the CDC with the Youth Violence Prevention Team.

Dr. Bosworth's work focuses on the role of school culture and climate as a buffer for individual risk factors for risk taking behavior and the lens for school safety. She has combined her background in education with her training in prevention science to create processes that enable principals, counselors and other educators to implement and sustain evidence based climate strategies. Her model, Protective Schools, has been the center piece of five federally funded projects in Arizona including two Safe Schools/Healthy Students grants, a Safe and Supportive Schools Grant and a National Institute of Justice School Safety grant and has been implemented in schools nationwide.

Dr. Bosworth has over fifty publication and presentations in peer reviewed journals and conferences. Her most recent book in the Springer prevention science series is titled, Prevention Science in School Settings: Complex Relationships and Processes.

Additionally, Dr. Bosworth is active in the Tucson community, preparing meals at a Day Labor Worker Center. During the pandemic, she a volunteer for the Pima County Health Department doing contact tracing.



Building a System of Prevention in Schools

Kris Bosworth, Ph.D.
Professor and Smith Endowed Chair
Educational Leadership and Policy
College of Education University of Arizona

May 19, 2023

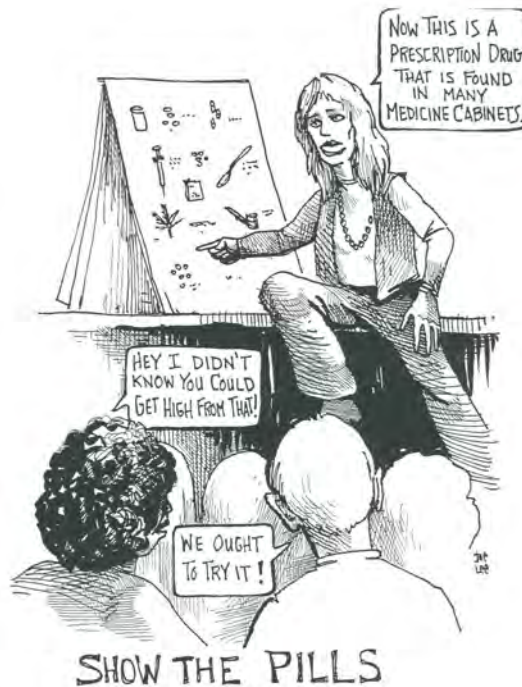


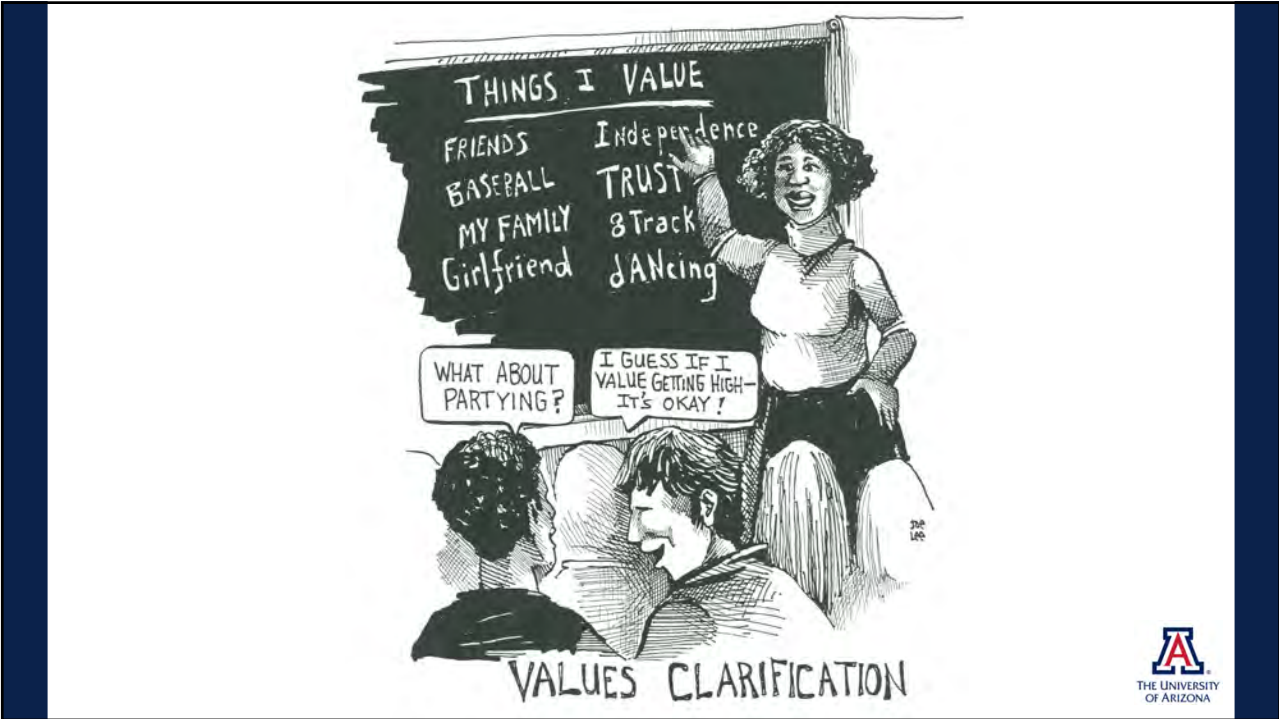
PREVENTION

An **active** process of **creating conditions** and **personal attributes** that **promote the well-being** of people.



A History of Prevention







COMMUNITY COALITION





Risk and Protective Factors



Upstream Interventions

Policy approaches affecting larger populations:

- Regulation
- Increased access
- Decreased access
- Economic incentives



“When a flower doesn’t bloom, we change the environment in which it grows, not the flower.”

Alexander den Heijer



The Untapped Power of Schools to Improve the Health of Teens

CONNECTEDNESS



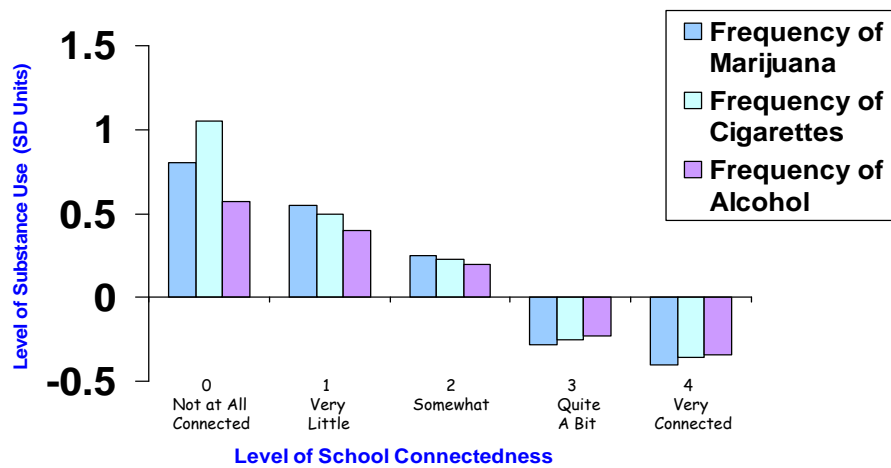
Adolescent Health Study

CONNECTEDNESS

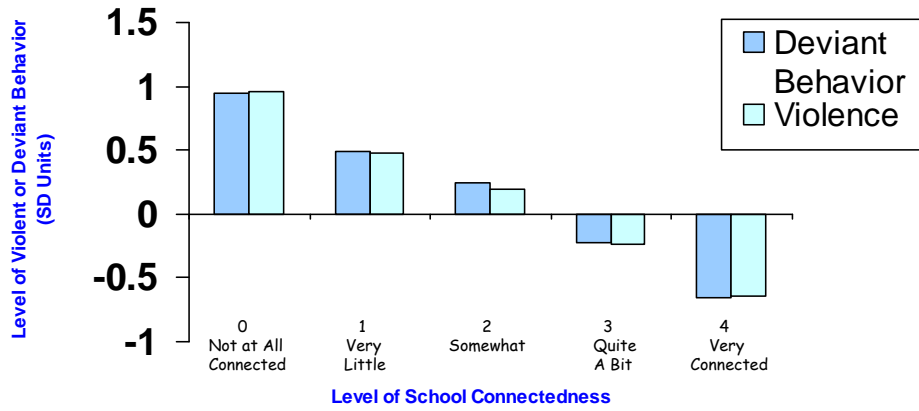
- Feel close to people at school
- Happy to be at school
- Am a part of this school
- Students are treated fairly
- Feel safe



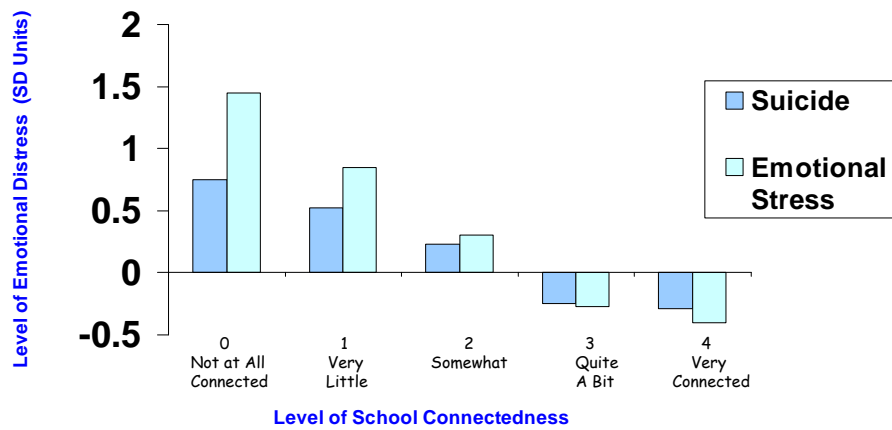
Students Who Feel Connected to School are less Likely to Use Substances



Students Who Feel Connected to School Engage in Less violent or Deviant Behavior



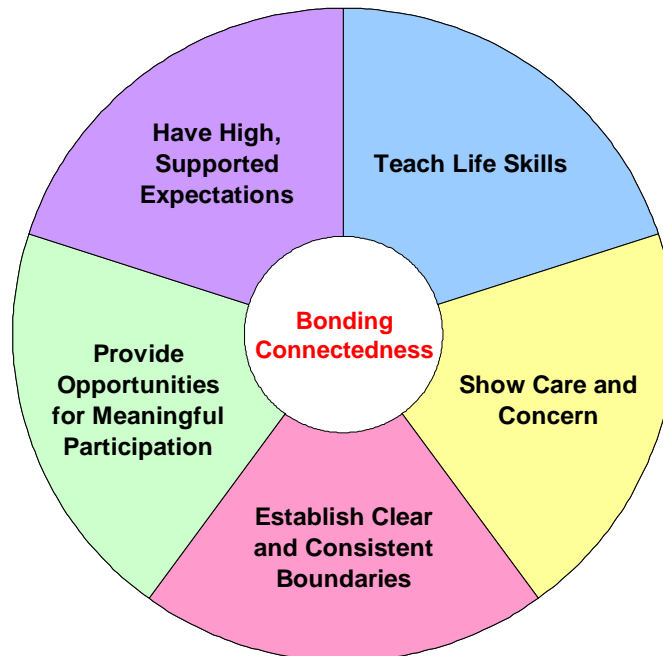
Students Who Feel Connected to School Experience Less Emotional Distress



Adolescent Health Study

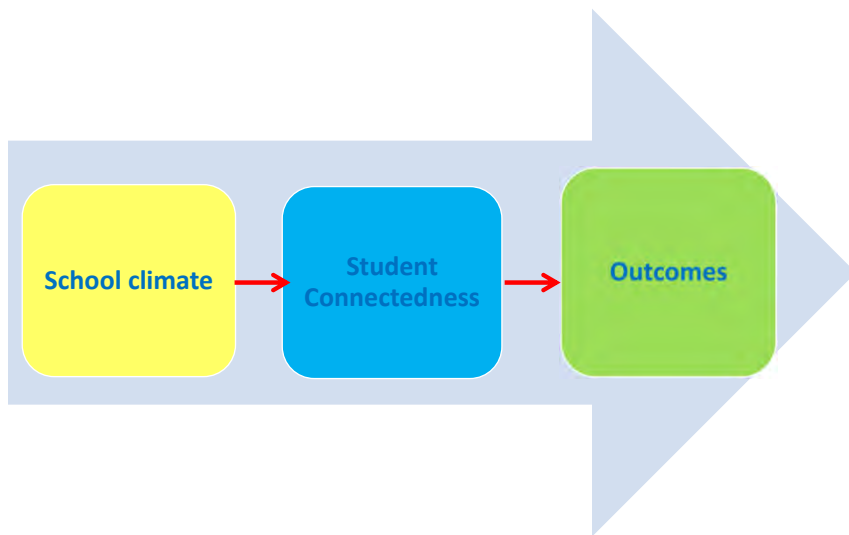
“When students feel they are part of school, say they’re treated fairly by teachers, and feel close to the people at school, they are healthier and more likely to succeed.”

Blum et al. 2005



20





Protective Schools



Linking
Drug Abuse
Prevention
with Student
Success

*A guide for educators,
policy makers, and families*



THE UNIVERSITY OF ARIZONA
COLLEGE OF EDUCATION



10 Protective Schools Factors

- Vision
 - Positive culture
 - Leadership commitment
 - Strong academic programs
 - Research-based prevention
 - Continuum of services
 - Professional development
 - Home-School-Community relationships
 - Funding and resources
 - Data-based decision making



Vision

What is a vision?

- Commonly held belief system
- Moves in the same direction
- Living document
- Anchor for decision making



School Climate

Climate is the quality of school life. It reflects the school's:

- Norms
- Goals
- Values
- Relationships
- Teaching practices
- Discipline practices
- Organizational structures



A Positive Climate

- Accepting and inclusive
- Provides opportunities for all
- Strong relationships
- Well-organized



Leadership is working with
people in an organization to get
things done.



Leadership

- Besides the positional leaders of principal, assistant principal, or dean, any informal leaders can provide energy and direction to a project
- Tap into the power of people working together



Strong Academics

- Strong emphasis on basic skills
- High expectations with support
- Vary teaching techniques & learning styles
- Read well by 3rd/4th grade



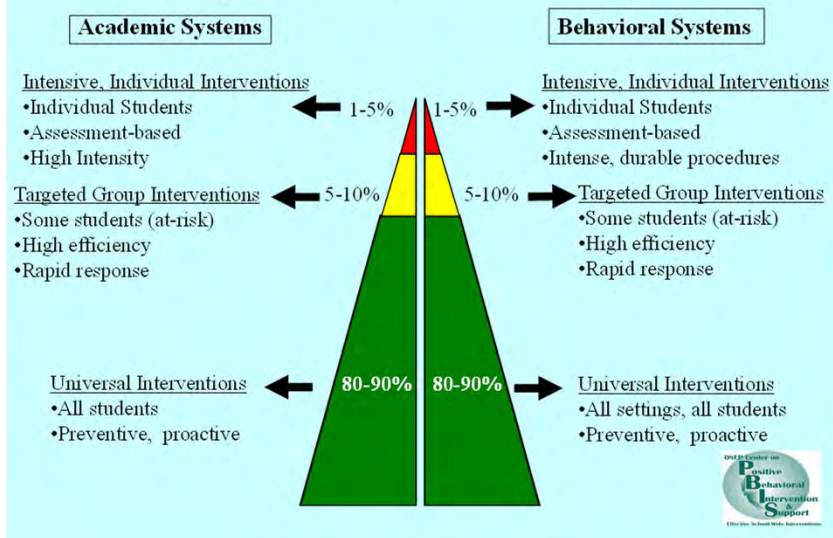
Research-based Prevention

Program Types

- Professional wisdom
- Widespread practice
- Expert opinion/best practice
- Theory/research-based
- Evidence-based



Creating a Continuum of Support



Professional Development

Schools must be exciting learning places for the adults who work there.

Strong professional development:

- Content focus
- Active learning
- Collective participation

Home-School-Community Relationship

Types of Family Involvement (Epstein, 2001)

- Parenting
- Communicating
- Volunteering
- Learning at home
- Decision-making
- Collaborating with community



Funding and Resources

- What are funding sources?
- Who is involved in decision making?
- Is spending aligned with vision?



Data Decision Making

Principles of Effectiveness (US Department of Education)

- Needs assessment
- Setting goals and objectives
- Identifying research-based programs
- Evaluation



Protective Schools Planning Process



STEP 1 – Leadership & 80% Staff Commitment



STEP 2 – Protective Schools Assessment (PSA)



STEP 3 – Brainstorm three PS areas – all staff



STEP 4 – Review Brainstorming results - Core Team



STEP 5 – Draft Action Plan - Core Team




STEP 6 – Adopt/approve Final Action Plan – all staff



STEP 7 – Implement, Monitor & Evaluate –Core Team



Protective Schools Assessment

Jellystone 

Protective Score: 69%

PROTECTIVE SCHOOL AREA	STRONG	FAIR	WEAK	SCORE	POSSIBLE
Leadership	✓			14	18
Culture	✓			11	16
Professional Development	✓			12	14
Academic Program		✓		8	11
Funding and Resources		✓		6	10
Vision	✓			7	9
Data Driven Decision Making		✓		5	8
Family-School-Community Relations			✗	2	6
Continuum of Services			✗	2	5
Prevention Curriculum		✓		2	3
Total:				69	100

26 Respondents





Protective Schools Assessment

Middle School: Protective Schools Assessment Report



Protective School Area	PSA #1 2006 (n=42)	PSA #6 2011 (n=44)	PSA #7 2012 (n=41)	PSA #8 2013 (n=52)	PSA #9 2014 (n=46)	PSA #10 2015 (n=49)
Leadership (18)	✓ 14	✓ 17	✓ 16	✓ 18	✓ 17	✓ 16
Culture (16)	✓ 9	✓ 14	✓ 14	✓ 14	✓ 14	✓ 13
Professional Development (14)	✓ 8	✓ 11	✓ 11	✓ 9	✓ 11	✓ 11
Academic Program (11)	✓ 6	✓ 10	✓ 9	✓ 9	✓ 10	✓ 9
Funding and Resources (10)	✓ 5	✓ 8	✓ 8	✓ 7	✓ 8	✓ 7
Vision (9)	✓ 7	✓ 9	✓ 8	✓ 8	✓ 8	✓ 7
Data-Driven Decision Making (8)	✓ 3	✓ 7	✓ 7	✓ 6	✓ 8	✓ 6
Family-School-Community Relations (6)	✓ 3	✓ 5	✓ 5	✓ 5	✓ 4	✓ 4
Continuum of Services (5)	✓ 3	✓ 5	✓ 5	✓ 4	✓ 4	✓ 4
Prevention Curriculum (3)	✗ 1	✓ 2	✓ 2	✓ 2	✓ 3	✓ 2
Score:	59	88	85	80	87	79

 : Strong
  : Fair
  : Weak



Application of Prevention Science to the Novel Youth Opioid/Fentanyl Crisis



Opioid and Fentanyl Crisis

- Teen use for all substances is *declining* below pre-pandemic levels or remaining stable
- Cannabis use has remained stable: 8% of 8th graders; 20% of 10th graders & 31% of seniors



Drug use is becoming more dangerous

- Between 2019-2021, US drug overdose deaths increased by 30%
- 90% of overdose deaths involved opioids
- Fentanyl associated with 77% of overdoses deaths
- Majority of drug overdose deaths were unintentional



Opioid and Fentanyl Deaths – Why?

- Connection between *mental health* disorder (specifically internalizing disorders) & overdose – causal direction unclear. (van Draanen, et al., 2021)
- Point of sale – internet
- Mixed with other drugs
- Youth from AIAN and Latinx communities



Prevention Interventions

- Intentional focus on school climate with a focus on connectedness and resilience – *the high tide rises all boats*
- Increase mental health resources
- Educating teens, their parents, and those working with teens on the dangers of counterfeit pills
- Reduce the availability of illicit drugs
- Expand naloxone training and access
- Destigmatizing mental treatment
- Community partnerships



Community Coalitions

- Evidence of the power of the community through ONDCP'S Drug Free Communities Grants
- Community readiness (Ringwalt, et al. 2018)
 - Mobilizing community members and organizations
 - Raise public awareness of opioid use
 - Reduce the stigma of mental health and opioid use



Leader's Guide to School Safety & Climate Initiatives

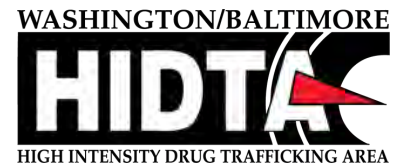


Thank you!



Kris Bosworth, Ph.D.
boswortk@arizona.edu
Educational Policy Studies & Practice
University of Arizona





RESOURCES

Understanding the Influence of Perceptions of Use on Youth Behavior

H. Wesley Perkins, PhD

Professor of Sociology, Hobart and William Smith Colleges
Project Director, Alcohol Education Project
Project Director, Youth Health and Safety Project



PRESENTER BIO

H. Wesley Perkins, PhD



H. Wesley Perkins received the B.A. in Sociology from Purdue University, an M.Div. degree from Yale University Divinity School, and the M.A. and Ph.D. in Sociology from Yale University. He is Professor of Sociology at Hobart & William Smith Colleges and Project Director of the Alcohol Education Project and the Youth, Health and Safety Project, initiatives providing research, educational resources, and strategies to reduce risk-related and problem behaviors among youth and young adults throughout the U.S. and internationally. This Project has received multiple national awards from the U.S. Department of Education as a Model Prevention Program. Dr. Perkins has published extensive research in professional journals on promoting health and well-being and numerous publications on prevention of violence and substance misuse among youth. He developed the theory underlying the social norms approach to preventing risk behavior and edited a book on The Social Norms Approach to Preventing School and College Age Substance Abuse. Dr. Perkins has delivered over 500 guest lectures, keynote addresses, research presentations, and workshops for universities, secondary schools and professional conferences and has consulted with hundreds of secondary schools, institutions of higher education, and community health agencies about social norms interventions throughout the United States, Canada, England and Scotland. Dr. Perkins received the Outstanding Service Award by the Network of Colleges and Universities Committed to the Elimination of Alcohol and Other Drug Abuse for career contributions to prevention work and his work has been frequently cited in U.S. press and television news coverage including the New York Times, Los Angeles Times, CNN, NPR, New York Times Magazine, Newsweek, and Time Magazine.



2023 Youth Substance Use Prevention Institute, Denver, CO

May 18, 2023

Understanding the Influence of Perceptions of Substance Use on Youth Behavior **“Everybody is doing it.” – Really?**

H. Wesley Perkins, PhD

Professor of Sociology

Hobart and William Smith Colleges

Geneva, New York

perkins@hws.edu

www.AlcoholEducationProject.org

www.YouthHealthSafety.org

Why Are Perceptions of Norms So Important for Prevention?

- What is the “Social Norms Approach” and how does it differ from or enhance other approaches to substance abuse prevention among youth?
- What are the basic principles of and evidence for the approach?

Current Theoretical Models for Risk Behavior Prevention

- Health Education
- Health Terrorism
- Social Control
- Social Norms

Starting Point for Social Norms Approach

Humans are group oriented.

**We are largely influenced by
and conform to peer norms.**



Social Norms

Generally understood as:

What most people in a given cultural setting think is the appropriate way to behave (attitudinal or injunctive norms)

And how most people actually do behave in these settings (behavioral or descriptive norms)



Social norms guide our behavior especially in situations of uncertainty.



Long Tradition of Theory and
Research on Peer Influence and
Conformity to Peer Norms

What about Perceptions of Peer Norms?

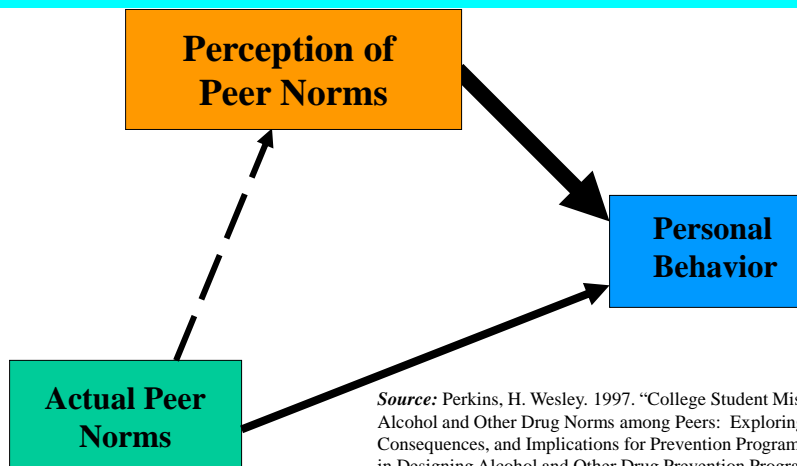
First came observations

Personal Attitudes and Perceived Norms about Alcohol Use
among University Students (Source: Perkins and Berkowitz, 1986)

Items	Personal Attitudes	Perceived Norm
1) One should not drink, 2) never get drunk, 3) never drink to an intoxicating level that interferes with academics or other responsibilities.	81%	37%
4) Occasional drunkenness interfering with academics or responsibilities is OK, or 5) a frequent drunk is okay.	19%	63%

Then came theory

Peer Influence on Personal Substance Use & Other Risk Behaviors



Source: Perkins, H. Wesley. 1997. "College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs." Pp. 177-206 in *Designing Alcohol and Other Drug Prevention Programs in Higher Education: Bringing Theory into Practice*. The Higher Education Center for Alcohol and Other Drug Prevention, U.S. Department of Education.

Then came more observations

**Students' Misperceptions of the Norm for the Number of Drinks Consumed
the Last Time Other Students "Partied"/Socialized at Their School**

(NCHA Nationwide Data from 72,719 Students Attending 130 Schools, 2000-03)

Source: HW Perkins, M Haines, and R Rice, Journal of Studies on Alcohol, 2005.

Accuracy of Perceived Drinking Norm				
Under-estimate by 3+ Drinks	Under-estimate by 1-2 Drinks	Accurate Estimate	Over-estimate by 1-2 Drinks	Over-estimate by 3+ Drinks
3%	12%	14%	32%	39%

**71% Overestimate
Peer Drinking!**

Typical Pattern of Student Support for Policies about Alcohol Use

	<u>ACTUAL</u>	<u>PERCEIVED</u>
FAVOR	50%	10%
OPPOSE	25%	80%
DON'T CARE	5%	5%
DON'T KNOW	20%	5%
	100%	100%

Web Surveys Online

Social Norms Surveys Online
© Copyright 2008, H. Wesley Perkins and David W. Craig. All rights reserved.
For permission to reprint or use this online survey please contact
Social Norm Surveys Online
Hobart and William Smith Colleges, Geneva, NY 14456
<http://www.socialnormsurveys.org>

Survey of Student Norms

[Español](#)

Please login.

Username:

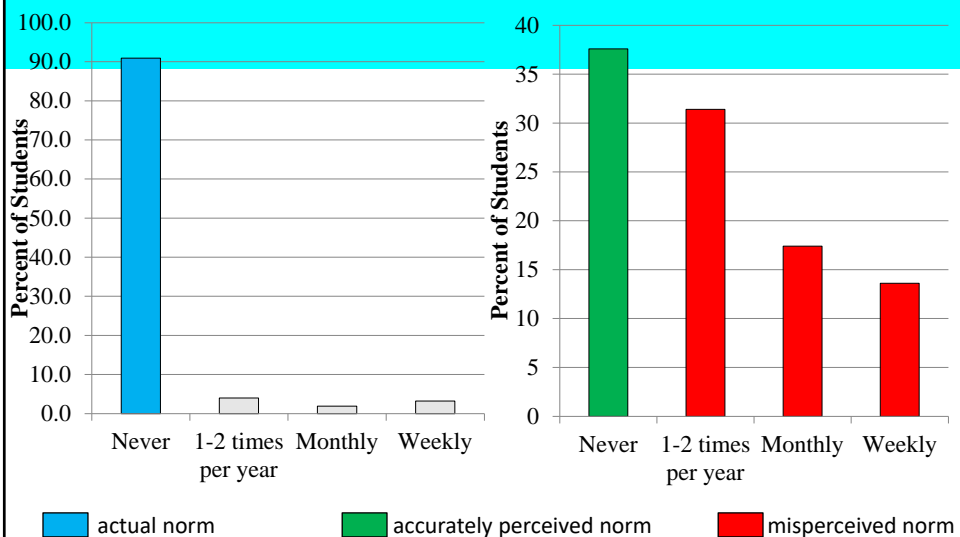
Password:

Sample Secondary School Data

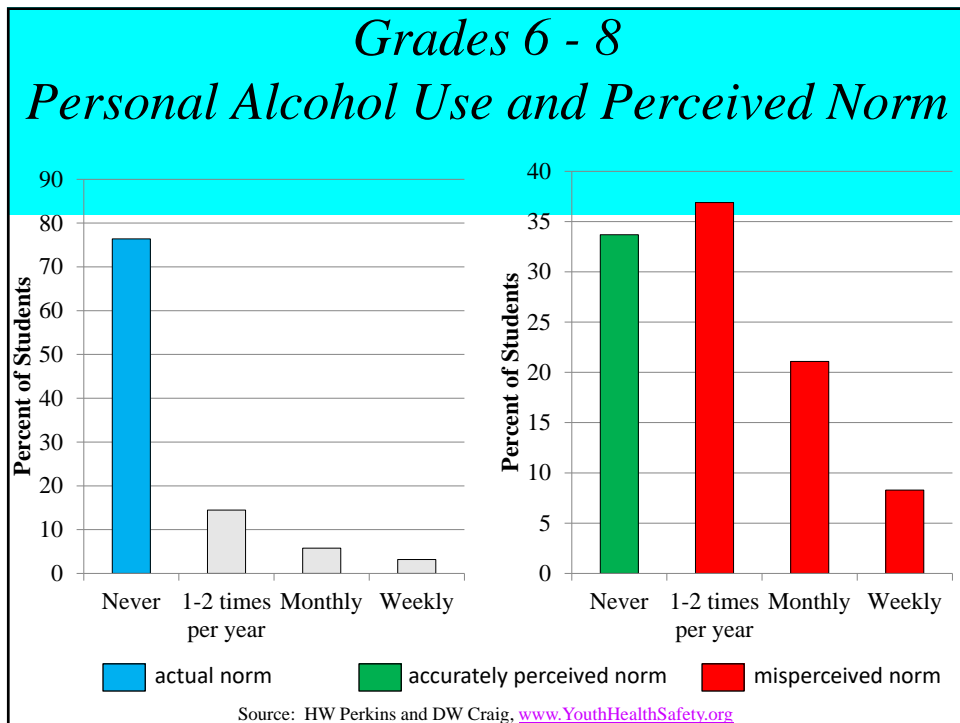
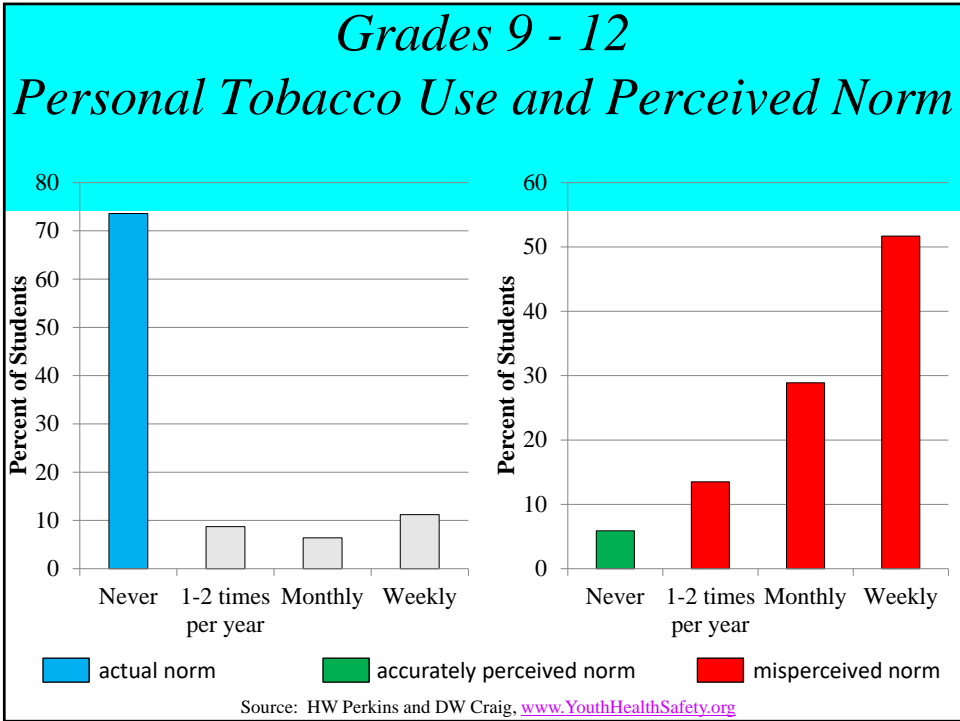
150 School Cohorts Surveyed
Grades Ranged from 6 -12
12 States across the USA
66,151 Respondents

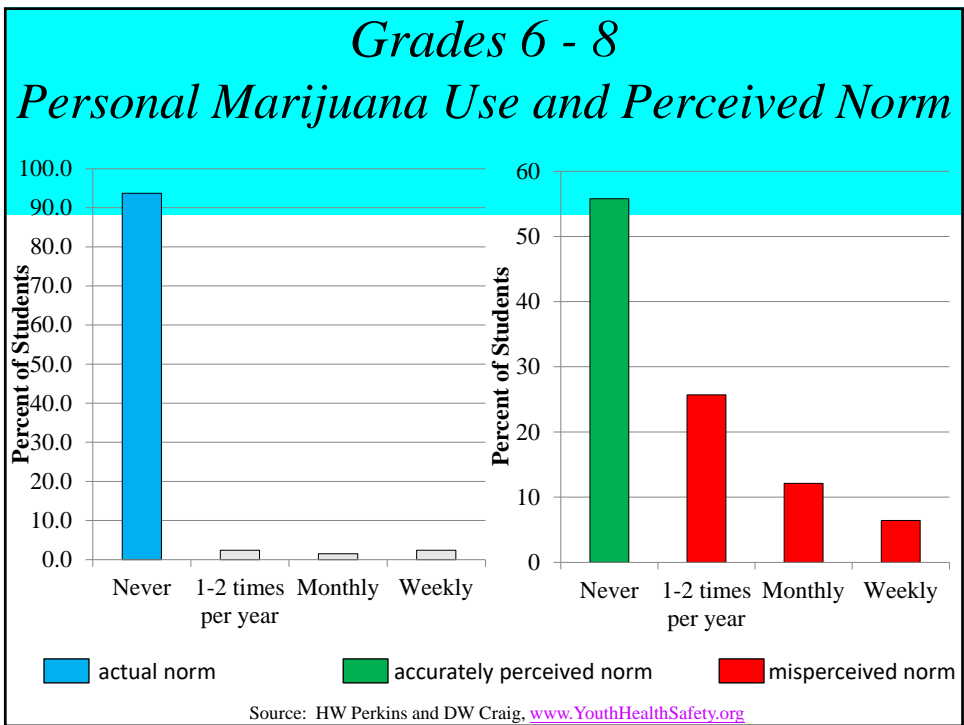
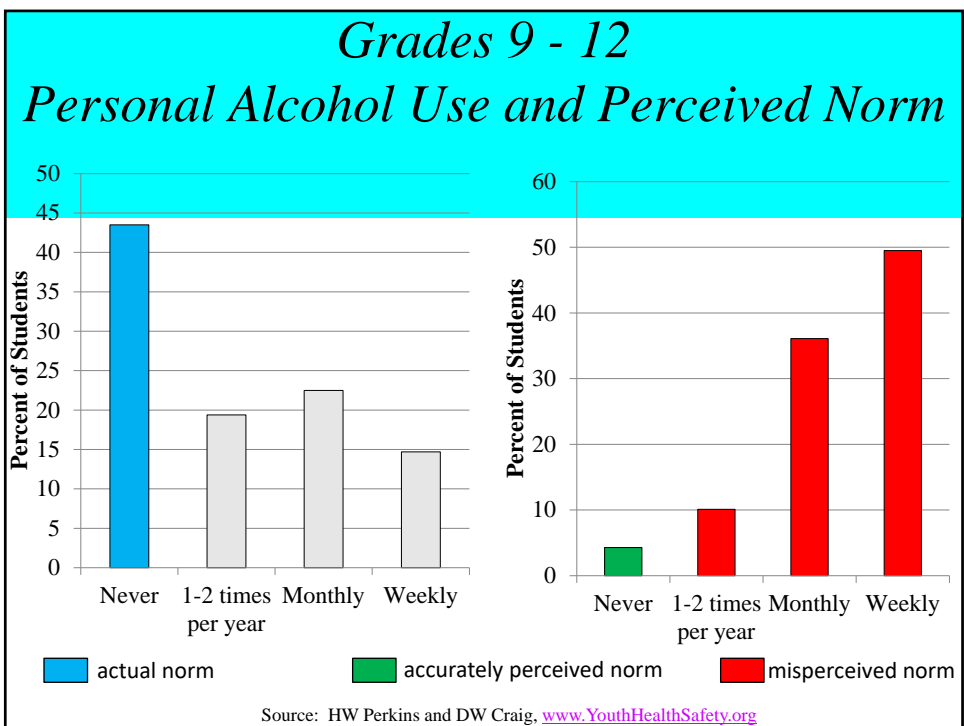
Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

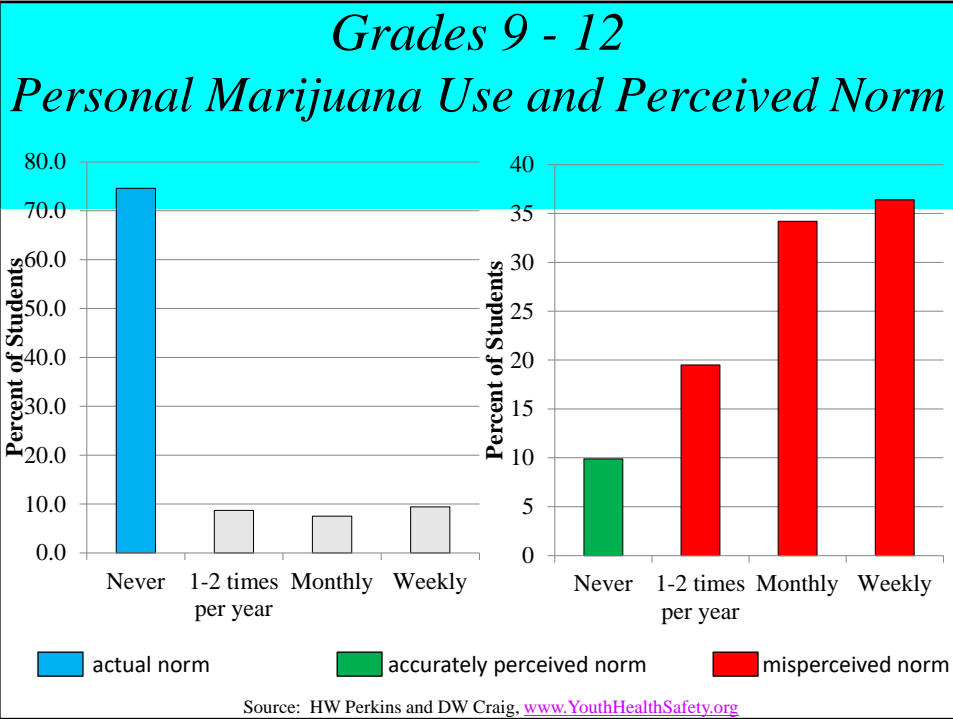
Grades 6 - 8 Personal Tobacco Use and Perceived Norm



Source: HW Perkins and DW Craig, www.YouthHealthSafety.org







Myth and Reality at a Midwest US High School:

Results from a Survey of Student Norms Conducted at a Midwestern School

Source: HW Perkins and DW Craig, www.YouthHealthSafety.org

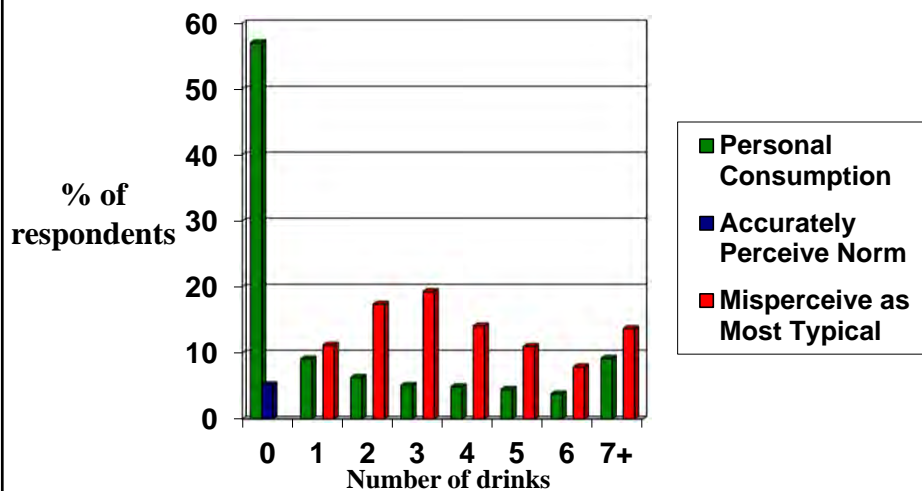
Who Participated?

Almost Everyone!

1,116 students took the survey

96% of the entire student body

Quantity of Alcohol Typically Consumed at Parties and Social Gatherings



Indisputable findings in the research literature:

1. The peer norm is one of the strongest predictors of personal behavior.
2. Peer norms about substance use and other risk behaviors are grossly misperceived in the direction of overestimated behavior and permissiveness in attitudes.
3. Protective behaviors are underestimated.

Research Shows Misperceived ATOD Norms Exist

- **In All Types of Schools (Countries, Size, Programs, Actual Norms, Age Levels)**
- **Across Subpopulations of Youth**
- **For Attitudes, Use, Policy Support, and Protective Behaviors**
- **For All Types of Drugs**

Source: Perkins, H. W. (2014). Misperception is reality: the “Reign of Error” about peer risk behaviour norms among youth and young adults. In M. Xenitidou & B. Edmonds (Eds.), *The Complexity of Social Norms* (pp. 11-36). Springer.

International Research on Misperceived Norms Now Includes

- **United States**
- **Canada**
- **Latin America (Brazil, Chile, Colombia, Honduras, and Peru)**
- **Western Europe (Scotland, England, Belgium, France, Germany)**
- **New Zealand and Tasmania**
- **Eastern Europe (Hungary, Slovakia, Czech Republic, and Romania)**
- **Israel**
- **Turkey**
- **Africa (Uganda and Nigeria)**

Three Large Studies Demonstrating the Strong Effect of Perceived Norms Predicting Substance Use while Simultaneously Controlling for Actual Norms

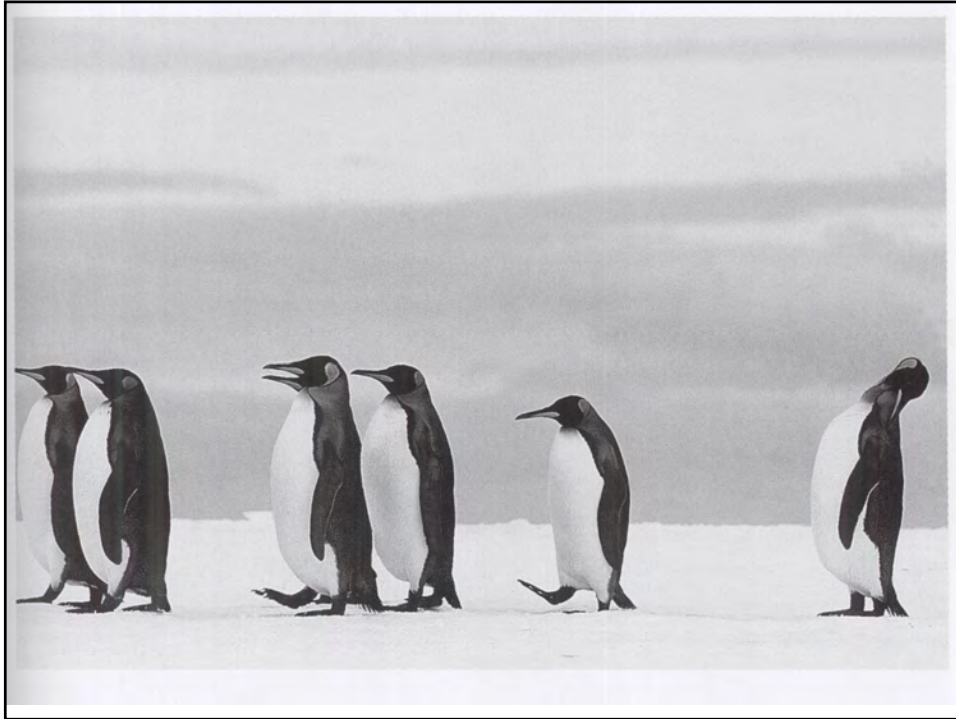
- Perkins, H. W., Haines, M. P., & Rice, R. (2005). Misperceiving the College Drinking Norm and Related Problems: A Nationwide Study of Exposure to Prevention Information, Perceived Norms and Student Alcohol Misuse. Journal of Studies on Alcohol, 66, 470–478.
- Perkins, H. W. (2007). "Misperceptions of Peer Drinking Norms in Canada: Another Look at the 'Reign of Error' and Its Consequences among College Students." Addictive Behaviors, 32 (11), pp. 2645-2656.
- Perkins, J. M., Perkins, H. W., Jurinsky, J. & Craig, D. (2019). "Adolescent Tobacco Use and Misperceptions of Social Norms Across Schools in the United States," Journal of Studies on Alcohol and Drugs, 80 (6), pp. 659-668.

Back to Theory

Cause of Misperceptions

- **Psychological - mental attribution processes**
- **Social psychological - memory and conversation patterns**

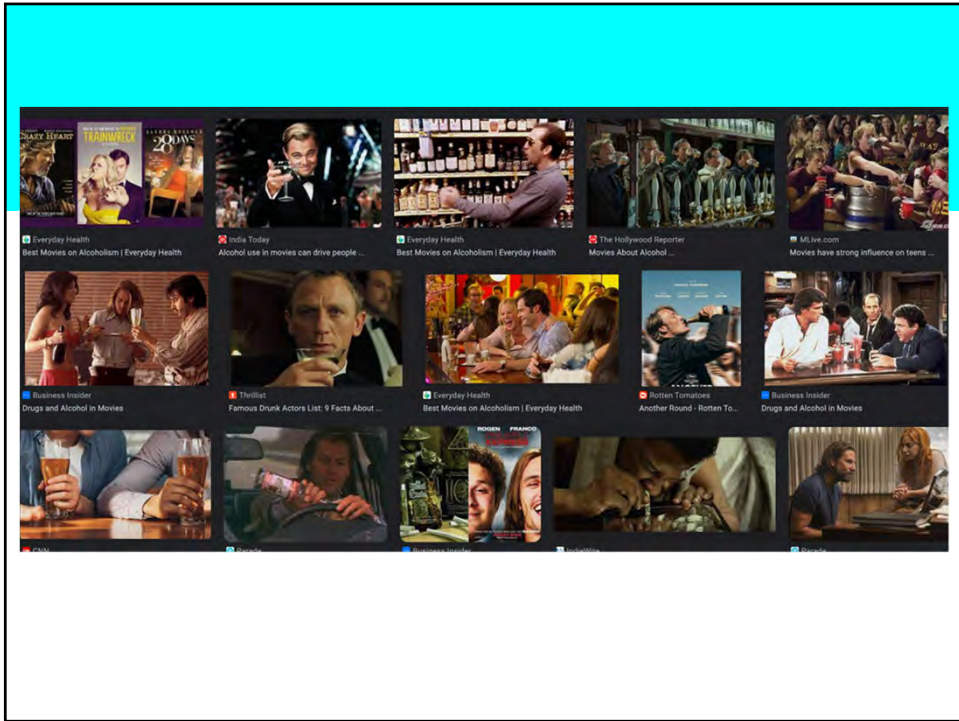
Source: HW Perkins, "Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts," Journal of Studies on Alcohol, 2002.



Cause of Misperceptions


- **Psychological - mental attribution processes**
- **Social psychological - memory and conversation patterns**
- **Cultural – entertainment, advertising, news and health advocacy media**

Source: HW Perkins, "Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts," Journal of Studies on Alcohol, 2002.



DARE TO BE DIFFERENT

PLEASE DON'T SMOKE!

 Illinois Attorney General Jim Ryan & Illinois Association of Park Districts



Consequences of Misperceptions

- **Misperception produce a “Reign of Error”**
- **Actual Use and Abuse Increases**
- **Layers of Misperceptions Compound**
- **Opposition is Discouraged from Speaking**
- **Intervention by Others Declines**
- **“Carriers” of Misperception Add to Problem**

Source: Perkins, H. Wesley. 1997. “College Student Misperceptions of Alcohol and Other Drug Norms among Peers: Exploring Causes, Consequences, and Implications for Prevention Programs.” Pp. 177-206 in Designing Alcohol and Other Drug Prevention Programs in Higher Education: Bringing Theory into Practice. The Higher Education Center for Alcohol and Other Drug Prevention, U.S. Department of Education.

Translating Social Norms Theory into Prevention Strategies

Normative Education

Letting more people know that most of their peers drink in moderation helps even more peers make responsible decisions about drinking.

The Social Norms Model

Baseline
Identify Actual &
Misperceived Norms

Intervention
Intensive Exposure to
Actual Norm Messages

Less Exaggerated
Misperceptions of Norms

Predicted Result
Less Harmful or Risky
Behavior

Source: Perkins, H. Wesley. 2003. "The Emergence and Evolution of the Social Norms Approach to Substance Abuse Prevention." Pp. 3-17 (Ch. 1) in H. W. Perkins (ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*, San Francisco: Jossey-Bass.

**A HEALTHY Dose
of Reality...**



Examples of Print Media Messages to Reduce Misperceptions and Strengthen Positive Norms



67% of all
students consume alcohol
once per week
or less often
or do not drink *at all*.

SOURCE: Spring 2011 Survey of
all HWS students with 836 respondents,
conducted by BIDS 295

www.hws.edu/JustFacts

This message is part of a program promoting facts about HWS students. These facts which may be perceived as surprising, affirming or disturbing, are intended to challenge commonly held misperceptions and generate conversation about actual characteristics of the HWS community. Research demonstrates that people frequently misperceive their attitudes and behaviors and may be influenced by these misperceptions. Only the most accurate information available based on representative data about HWS students is provided here. For more information about the fact and the survey from which it was taken see "BIDS Survey" at www.hws.edu/JustFacts.



**If Someone says,
"College students drink a lot..."**

Let them know the facts:

**Most HWS students when
they party drink one to four
drinks or do not drink at all.**

Source: Data collected in the Spring 2000 BD295 survey of a representative cross-section of 327 students.

HOBART
AND
WILLIAM SMITH
COLLEGES



When asked about their last 30 days...

98% of HWS students have NOT used smokeless tobacco

87% of HWS students have NOT used cigarettes

74% of HWS students have NOT used marijuana

www.hws.edu/JustFacts

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SOURCE:
Fall 2010 National College
Health Assessment Survey
conducted anonymously online
with 389 HWS respondents.



What is your protective strategy?
STRATEGY

86% of HWS students usually or always
**EAT BEFORE
OR DURING A
PARTY** where they may be
consuming alcohol
or they do not drink at all.

SOURCE

Fall 2010 National College Health Assessment Survey
conducted anonymously online with 389 HWS respondents.

www.hws.edu/JustFacts

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HWS student-athletes

90% of HWS student-athletes believe that students should not drink to an intoxicating level that affects academic work or other responsibilities.

SOURCE: Spring 2010 web survey of
334 HWS student-athletes.



www.hws.edu/JustFacts



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United We Stand



Most of Us

4 out of 6

DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)

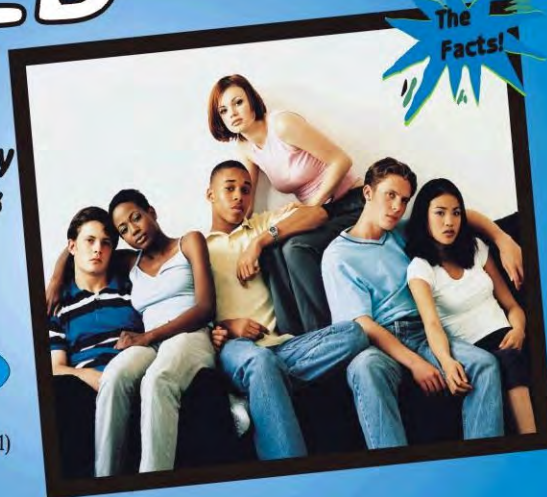
Haven't used alcohol during the past 30 days

UNITED

**Most of Us
Most of Us Are Healthy
Most of Us Don't Drink
Most of Us**

4 OUT OF 6

DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)



Funded in whole or in part by IDHS and the Center for Substance Abuse Prevention

Most of Us Don't Smoke

DeKalb & Sycamore Study, DCP/SAFE, (N=1172, 2001)



- 83 % choose not to



Funded in whole or in part by IDHS and the Center for Substance Abuse Prevention

8 out of 10 don't smoke!



Health tools to share:

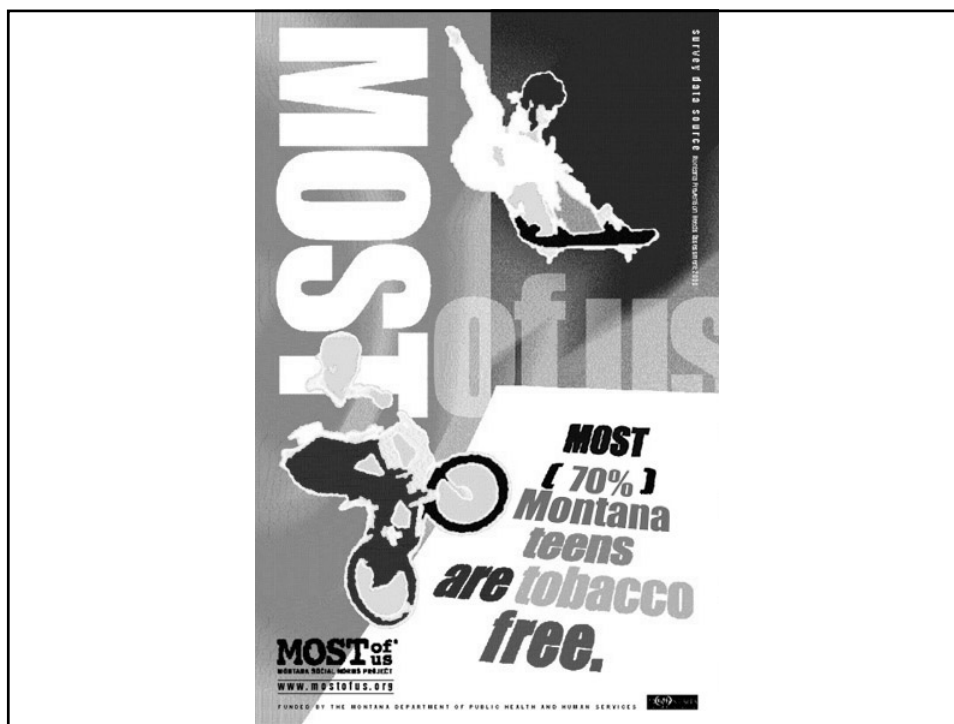
1. Leave places where people are smoking
2. Say "No thanks" if someone offers you tobacco
3. Avoid places where people are smoking

DeKalb & Sycamore Study, DCP/SAFE, (N=654, 2000)

Funded in whole or in part by IDHS and the Center for Substance Abuse Prevention







Example Social Norm Messages for Delaware County Students

Source: Data based on the 2019 Pennsylvania Youth Survey conducted anonymously among 12,490 students from 6th, 8th, 10th and 12th grades in Delaware County.

When asked about the last 30 days:

4 out of 5 10th graders in Delaware County (**79%**) had NOT consumed any alcohol.

MOST 12th grade students in Delaware County (**64%**) had NOT consumed any alcohol.

The **MAJORITY** of 6th graders (**99%**), 8th graders (**94%**), 10th graders (**85%**), and 12th graders (**74%**) in Delaware County had NOT used marijuana.

Example Social Norm Messages for Delaware County Students

Source: Data based on the 2019 Pennsylvania Youth Survey conducted anonymously among 12,490 students from 6th, 8th, 10th and 12th grades in Delaware County.
(continued)

When asked about the last 30 days:

More than 98% of all 6th, 8th, 10th, and 12th grade students in Delaware County had NOT used inhalants.

4 out of 5 10th graders in Delaware County (**80%**) had NOT used e-cigarettes/vaping.

7 out of 10 12th graders in Delaware County (**72%**) had NOT used e-cigarettes/vaping.

Example Social Norm Messages for Delaware County Students

Source: Data based on the 2019 Pennsylvania Youth Survey conducted anonymously among 12,490 students from 6th, 8th, 10th and 12th grades in Delaware County.
(continued)

Other messages:

99% of 10th grade students and **98%** of 12th grade students in Delaware County have NEVER used cocaine in their lifetime.

4 out of 5 6th, 8th, 10th, and 12th grade students in Delaware County believe it is “wrong” or “very wrong” for someone their age to use prescription drugs that are not prescribed to them.

Examples of Strategies to Reduce Misperceptions and Strengthen Positive Norms

- **Print media campaigns**
- **Peer education programs and workshops for targeted risk groups**
- **New student orientation presentations**
- **Counseling interventions**
- **Curriculum infusion**
- **Electronic multimedia (digital signage and social media)**

Data Testing the Theory

Research on Effects of Perceived Norms and Social Norms Intervention Programs

- Brief intervention experiments using random assignment
- Longitudinal pre/post case studies of school populations
- Experiments with experimental and control counties
- Experiments with experimental and control classroom interventions
- Longitudinal experiments randomly assigning institutions to experimental and control conditions

Evaluation of Program Effects of First 18 Months at HWS (Rates of Change)

- **Frequent Heavy Drinking:** - 21%
- **Consequences of Drinking**
 - property damage - 36%
 - missing class - 31%
 - inefficient in work - 25%
 - unprotected sex - 40%
 - memory loss - 25%

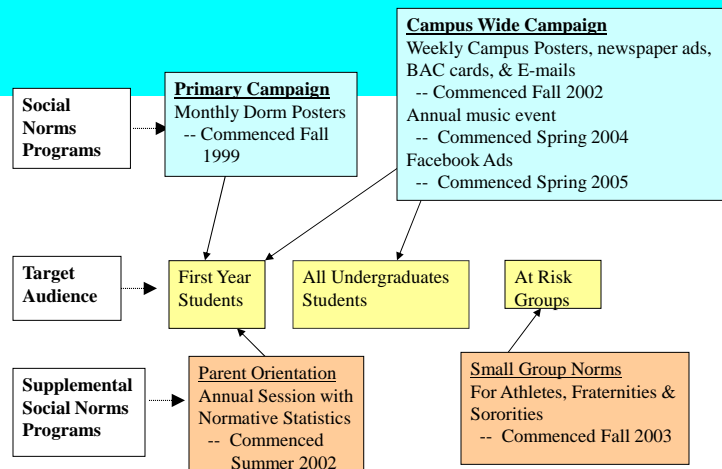
Source: Perkins and Craig, HWS Alcohol Education Project

Similar Initial Effects in Rates of Heavy Drinking Reduction at Different Schools Over 2 Years

- Hobart & Wm. Smith Colleges, NY -21%
- University of Arizona -21%
- Western Washington University -20%
- Rowan University, NJ -20%
- Northern Illinois University -18%

Source: H. W. Perkins (ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse*, 2003.

Social Norms Marketing Programs at the University of Virginia



Source: James Turner, H. Wesley Perkins, and Jennifer Bauerle, "Declining Negative Consequences Related to Alcohol Misuse Among Students Exposed to a Social Norms Marketing Intervention on a College Campus," *Journal of American College Health* 2008.

Six Years of Declining Negative Consequences Related to Alcohol Misuse Among Students Exposed to a Social Norms Intervention at U of Virginia

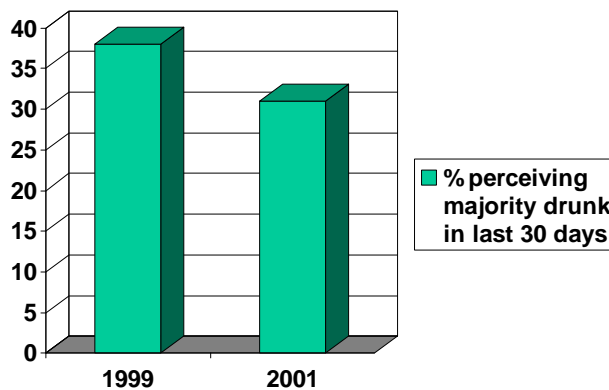
	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
% No Consequences	33	38	44	46	48	51
% Multiple Consequences	44	40	36	34	31	26

Source: Turner, J., Perkins, H. W., & Bauerle, J. (2008). Declining negative consequences related to alcohol misuse among students exposed to a social norms marketing intervention on a college campus. *Journal of American College Health*, 57(1), 85-94.

“Using social norms to reduce alcohol and tobacco use in two midwestern high schools.”

Student Perceptions

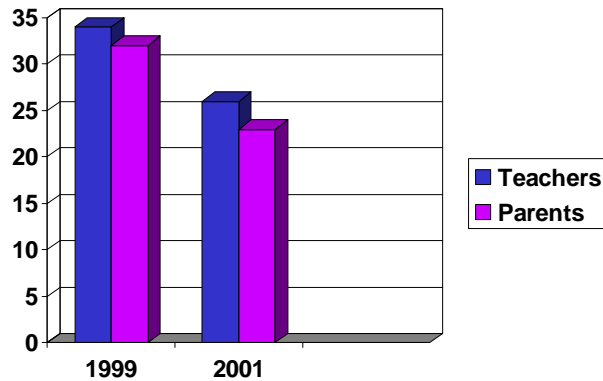
Perceptions of student intoxication in last 30 days



Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

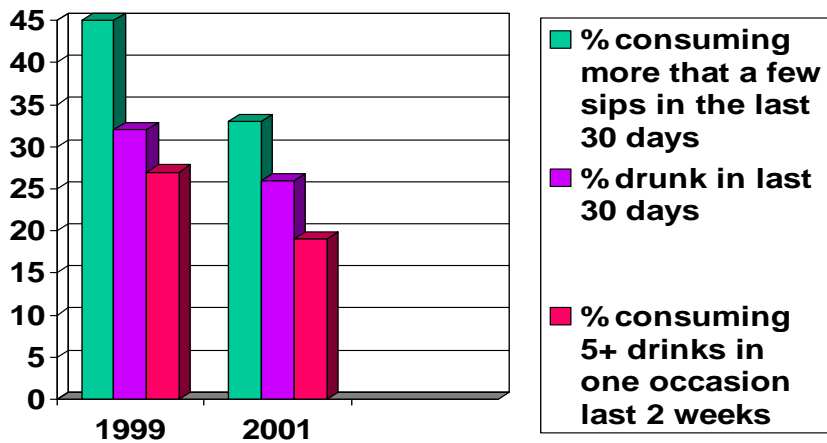
Parent and Teacher Perceptions

Perceived % of Student having 5 or more drinks in last two weeks



Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

Student Alcohol Use

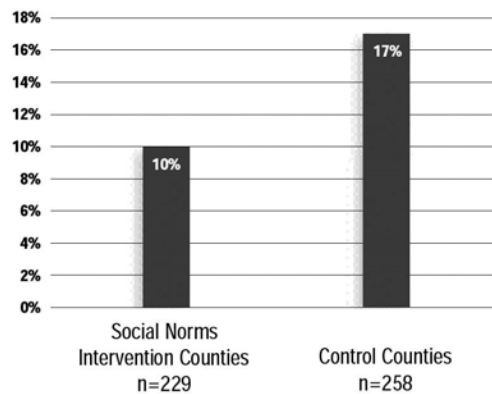


Source: Haines, M. P., Barker, G. P., & Rice, R. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

“Most of us are tobacco free: an eight-month social norms campaign reducing youth initiation of smoking in Montana.”

Source: Linkenbach, J. W., & Perkins, H. W. (2003). In H. W. Perkins (Ed.), *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. Jossey-Bass.

Montana Youth Trying Smoking For the First Time between 2000 and 2001



*Significant difference between intervention and control groups at $p < .05$

“Effects of the social norms intervention *The GOOD Life* on norm perceptions, binge drinking and alcohol-related harms: a cluster-randomised controlled trial.”

Sample of 1,355 students (age 13-17) enrolled in 38 schools in southern Denmark participated in matching pre- and post-surveys

Results for students exposed to social norms intervention compared to control group students:

- 1) Overestimates of peer lifetime binge drinking were cut in half.
- 2) Personal reports of two+ alcohol-related harms cut by one-third.
- 3) Frequent binge drinking among students with the most permissive attitudes was cut by two-thirds.

Source: Vallentin-Holbech, L., Rasmussen, B. M., & Stock, C. (2018). *Preventive Medicine Reports*, 12, 304-11.

When is the Social Norms Approach Most Effective?

- Clear positive norm messages
- Credible data
- Absence of competing scare messages
- Dosage is high (ongoing and intense social marketing of actual norms)
- Synergistic strategies
- Broad student or community population receives message in addition to high-risk target groups

Source: H. W. Perkins (ed), The Social Norms Approach to Preventing School and College Age Substance Abuse , 2003

2023 Youth Substance Use Prevention Institute, Denver, CO

May 18, 2023

Understanding the Influence of Perceptions of Substance Use on Youth Behavior

“Everybody is doing it.” – Really?

H. Wesley Perkins, PhD

Professor of Sociology

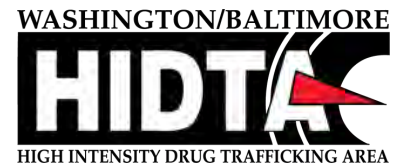
Hobart and William Smith Colleges

Geneva, New York

perkins@hws.edu

www.AlcoholEducationProject.org

www.YouthHealthSafety.org



RESOURCES

Strategies for Engaging Youth towards the Goal of Substance Use Prevention

Rockwell Herron, MEd

*Alcohol and Other Drug Prevention Ambassador,
San Diego County Office of Education
Retired DEA Special Agent*

Patty Ferssizidis, PhD

Assistant Director, ADAPT



PRESENTER BIO

Rockwell Herron, MEd



Rockwell “Rocky” Herron serves the Alcohol and Other Drug Prevention Ambassador at the San Diego County Office of Education. Rockwell conducts school-based substance abuse prevention talks for teens and young adults focusing on empowering them to be mindful of their choices and to be respectful of their potential in life. He received his MEd degree from Tiffin University in 2016 and an honorary PhD from the National Autonomous University of Mexico in 2018. Prior to his current position, he served 31 years as a U.S. Drug Enforcement Administration Special Agent investigating narcotics trafficking at the local, national, and international level.



PRESENTER BIO

Patty Ferssizidis, PhD



Dr. Patty Ferssizidis serves as the Assistant Director for ADAPT, A Division for Advancing Prevention and Treatment, at the Center for Drug Policy and Prevention at The University of Baltimore where she manages Training and Technical Assistance products and leads workforce development and quality improvement initiatives. She is also the Project Director for the Virginia Youth Screening, Brief Intervention, and Referral to Treatment (SBIRT) initiative.

Dr. Ferssizidis is a licensed clinical psychologist with clinical and programmatic expertise in working across healthcare and community systems to promote and support evidence-based substance use and mental health strategies. She has led multiple federal implementation grants on substance use and suicide prevention that focus on preventive interventions, workforce development in increase uptake of EBPs in practice, and reducing inequity in access to care.



STUDENT ENGAGEMENT

IF WE CAN GET THEM TO LISTEN, SOME WILL LEARN.

Rocky Herron

Retired DEA Agent

Alcohol and Other Drug Ambassador
San Diego County Office of Education

8 Youth Engagement Strategies



1 AUTHENTICITY
Bringing your true self into day-to-day life.



2 CREDIBILITY
Being a source of information that is perceived as trustworthy and believable.



3 FULLY PRESENT & AVAILABLE
Truly listening, maintaining attention, and being available for young people to talk to.



4 AUTONOMY
Evoking a sense that youth are in control of and have freedom to make personal choices.



5 TRUST (VULNERABILITY)
Being honest and willing to share something important to you.



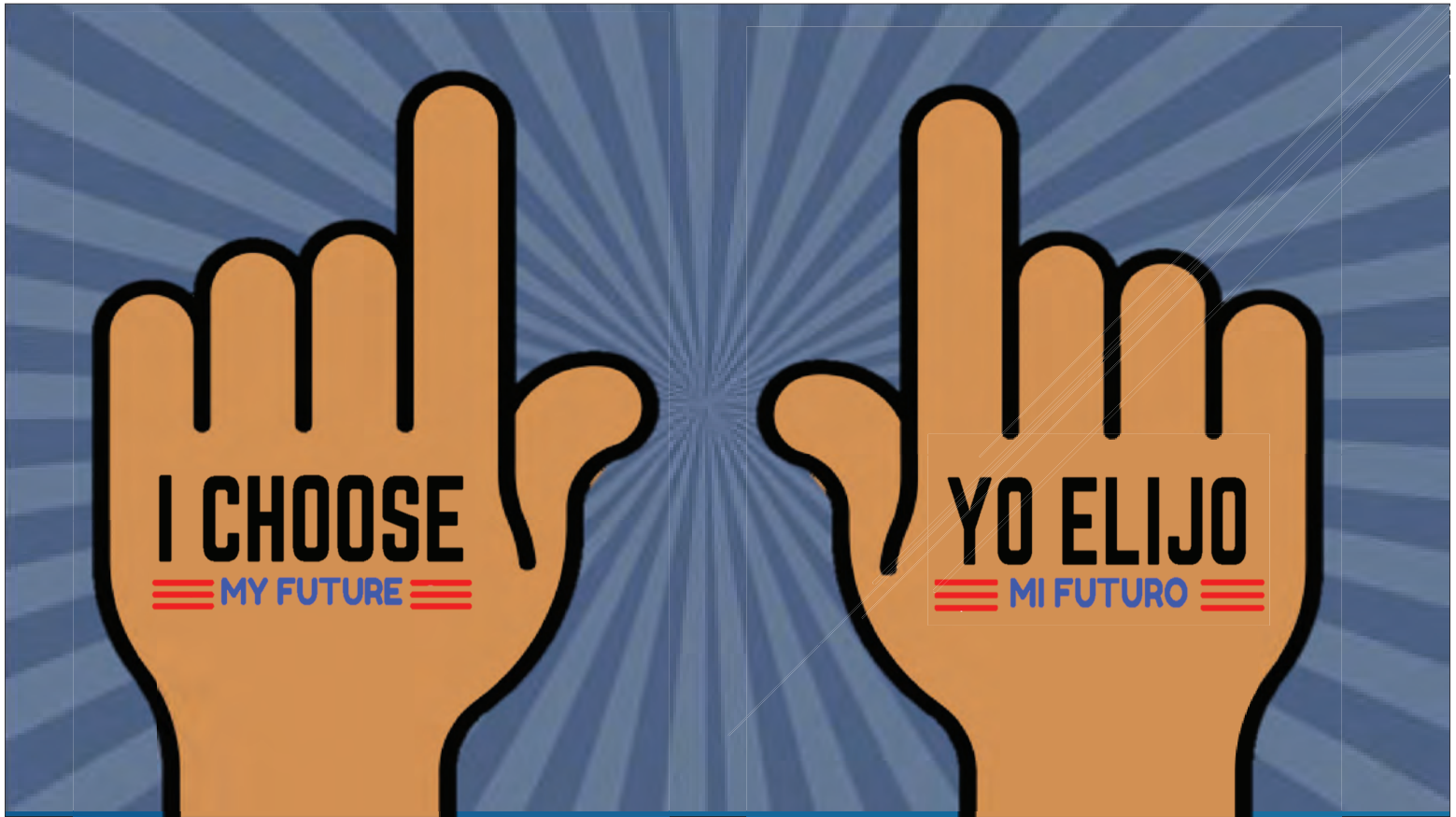
6 RELIABILITY
Relating information to the personal interests, personal experiences, and prior knowledge of your audience.



7 RESPECT
Treating young people the same way you would treat adults, colleagues, or other people you care about.



8 MUTUALITY
Eliciting shared feelings or actions among a group of people.



Self Determination Theory

My teaching is based on the belief that every child
Possesses the intrinsic motivation to find happiness
Fulfillment and success in life.

Autonomy

Competence

Connection/Relatedness

I Choose My Future: 940 Presentations in 16 countries since 2007. 200,000 students reached

USA	Kyrgyzstan
Mexico	Barbados
Guatemala	Puerto Rico
Honduras	Dominican Republic
El Salvador	Barbados
Colombia	Georgia
Peru	Azerbaijan
Chile	Ghana



Accra, Ghana



1 AUTHENTICITY
Bringing your true self into day-to-day life.

THERE COMES A POINT
WHERE WE NEED TO STOP
JUST PULLING PEOPLE OUT
OF THE RIVER.

WE NEED TO GO UPSTREAM
AND FIND OUT WHY THEY'RE
FALLING IN.

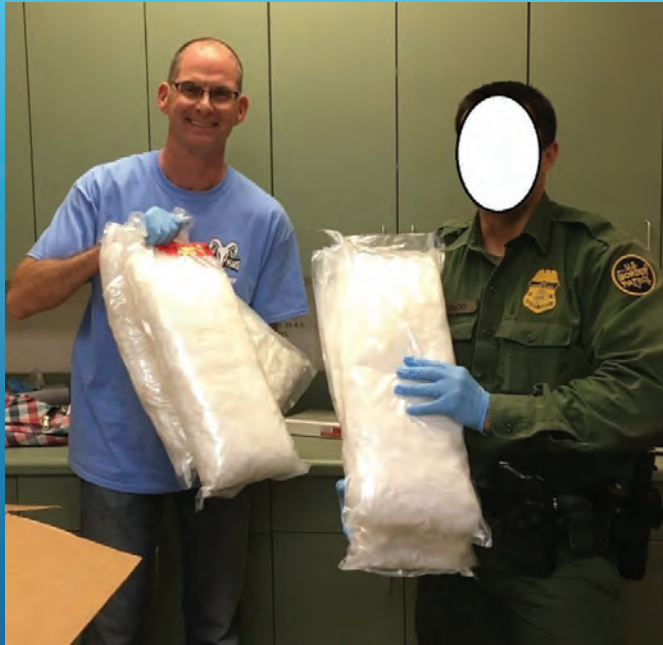
When most parents and kids hear I am coming to a school to talk to students about drug prevention, this is what they think I do...





2 CREDIBILITY
Being a source of information that is perceived as trustworthy and believable.





WHICH BRAIN DO YOU WANT?

HEALTHY TOP DOWN

HEALTHY UNDERSIDE

3 YEARS OF METH

4 YEARS OF MARIJUANA

10 YEARS OF ALCOHOL

4 YEARS OF SMOKING

4 YEARS OF COCAINE

6 YEARS OF OPIATES

DRUGS DAMAGE THE BRAIN



These are brain SPECT (single photon emission computed tomography) images that assess blood flow and activity. Holes show areas significantly low in activity. You can make your brain healthy again. Visit www.amenclinics.com to learn how.



But it's just weed,
Rocky!!



FULLY PRESENT & AVAILABLE

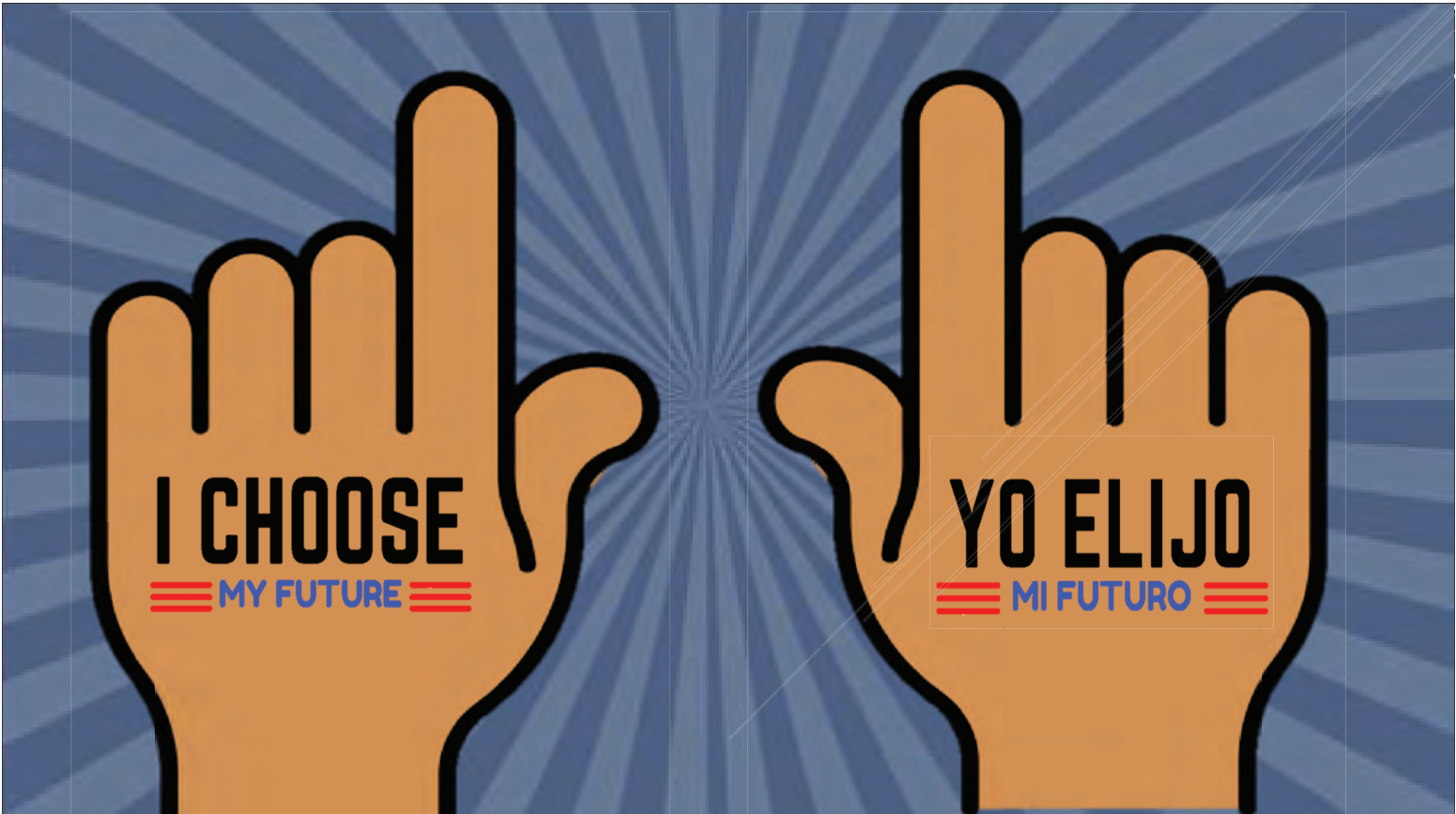
3 Truly listening, maintaining attention, and being available for young people to talk to.

"I don't know if any of you are listening. You are here, so you are hearing the sounds I am making. You have a choice right now to listen to my message and learn from it, or not.

"When we are done, I want to hear from you. What you like, what you didn't like about my presentation. I am not in your world and I need you to make me better at this work so I can even have more impact in my next student presentation."



4 AUTONOMY
Evoking a sense that youth are in control of
and have freedom to make personal choices.



MY 3 "LAWS" OF SUBSTANCE ABUSE:

- 1) Substance abuse almost always starts as a choice.
- 2) All users eventually experience negative consequences
- 3) Those negative consequences never, ever just affect the drug user.

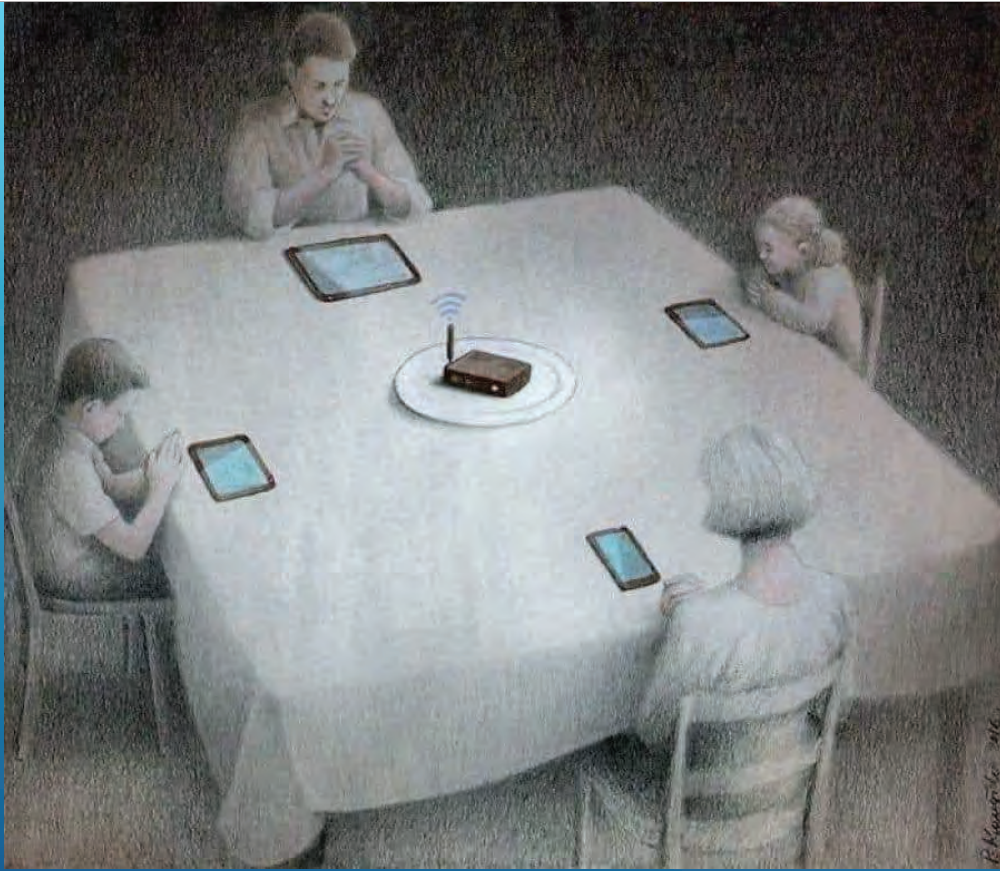
IF YOU WANT TO
KNOW WHAT YOUR
FUTURE WILL LOOK LIKE,
LOOK AT THE CHOICES
YOU'RE MAKING
RIGHT NOW



5 TRUST (VULNERABILITY)

Being honest and willing to share something important to you.





RELATABILITY

6

Relating information to the personal interests, personal experiences, and prior knowledge of your audience.



LETS GET REAL.

WHAT FOLLOWS DRUG USE:

CRIME
POVERTY
BROKEN FAMILIES
CHILD ABUSE & NEGLECT



RESPECT

7 Treating young people the same way you would treat adults, colleagues, or other people you care about.

I DO NOT THINK PEOPLE WHO USE DRUGS
ARE "BAD PEOPLE"!!

People who use drugs are beautiful, unique
people, just as full of dreams as you are.

I have EMPATHY for them because my life
experience have shown me what their choices
will do to them and their loved ones.





8 MUTUALITY
Eliciting shared feelings or actions among a group of people.

Mid presentation, after talking about cell phones and social media and isolation of too many kids, I ask the students to do this exercise:

PLEASE STAND UP

LOOK AT THE STUDENTS ON EITHER SIDE OF YOU

SHAKE THEIR HAND, LOOK THEM IN THE EYES,
AND SAY: "YOU MATTER TO ME!"

"I hope some of you have made the choice to say "no thank you" the next time someone offers you drugs.

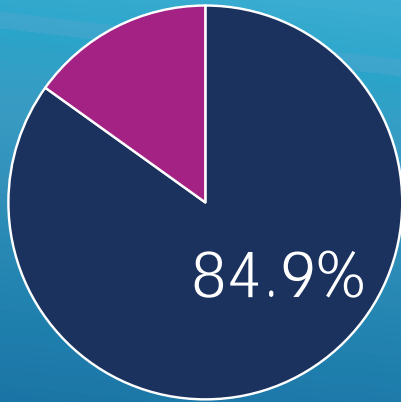
If you have, I want you to go even further. I want you to be strong for your friends and loved ones and try to get them to make the same decision. You can't control their decisions, but you can tell them you love them and hope they make better ones"



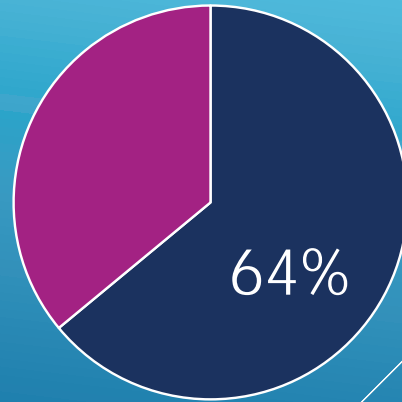
How we message matters.

San Diego Public High School Students: 2018

This presentation was worth my time:
84.9%

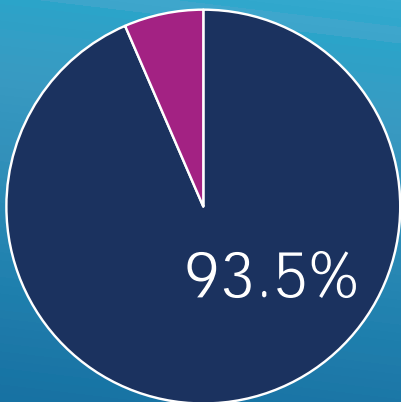


After this presentation I feel less likely
to use drugs: 64%

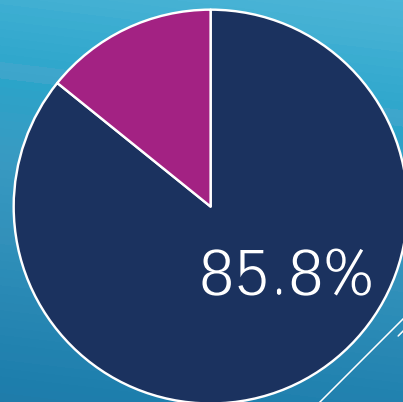


Guatemala High School Students: 2022

This presentation was worth my time:
93.5%

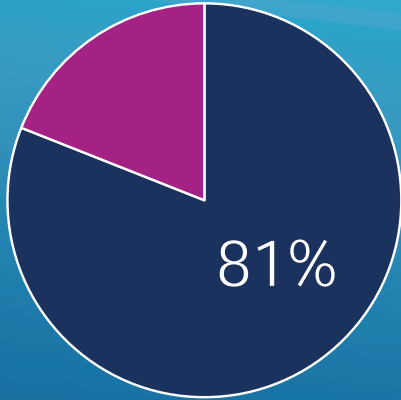


After this presentation I feel less likely
to use drugs: 85.8 %

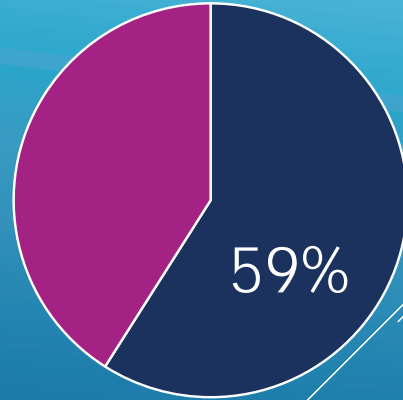


SOAR / JCCS Incarcerated High School Students: 2022

This presentation was worth my time:
81%



After this presentation I feel less likely
to use drugs: 59%





One Life.
One Body.
One Mind.
One Heart.

WWW.ROCKYHERRON.COM



ADAPT

A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION

Strategies for Engaging Youth towards the Goal of Substance Use Prevention

Patty Ferssizidis, PhD



1

What are we really trying to achieve?

EFFECTIVE PREVENTION



ADAPT

A Division for Advancing
Prevention & Treatment
CULTIVATING PREVENTION

Achieving Effective Prevention

1. Engagement helps set the stage for effective prevention.
2. Effective prevention demonstrates it works to prevent or reduce substance use.



**EFFECTIVE PREVENTION requires a
COMPREHENSIVE STRATEGY.**



Supporting a Comprehensive Prevention Strategy

1. Understand how your role fits into a larger community prevention strategy.
2. It is essential that engagement strategies be integrated into whatever approach you select.



**Effective prevention YIELDS WHAT WE
ARE TRYING TO ACHIEVE.**



Engagement Facilitates Intended Outcomes

1. Engaging youth effectively opens the door for their increased receptivity and engagement with prevention interventions.



Thank you!

pferssizidis@wb.hidta.org

www.hidta.org/adapt/

