



SEMINAR ON RESEARCH AND POLICY



DRUG PREVENTION SCIENCE AND THEORY



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Content and Organisation

Presentation covers theoretical concepts, scientific approaches and proposals that allow the identification of components and minimum quality indicators of a drug abuse prevention intervention and programme.





 They are shaping social and economic development, challenging social norms and values, and building the foundation of the Region's future.







What is a Drug?

A drug as any natural or synthetic substance that, when taken, has the ability to change an individual's consciousness, mood or thinking processes. World Health Organization. Neuroscience of psychoactive substance use and dependence. Geneva, 2004.

World Health Organization (WHO)



WHAT IS PREVENTION?

- ■Prevention: offers communities an opportunity to stop the problem of Alcohol, Tobacco and Other Drugs (ATOD) before they start;
- ■Provides hope for effecting community change to support healthy behaviours.





Definition: Drug Abuse Prevention

Substance abuse prevention, also known as drug abuse prevention, is a process that attempts to prevent the onset of substance use or limit the development of problems associated with using psychoactive substances.

(Wikipedia)



Drug Abuse Prevention

When we talk about drug abuse prevention, we mean an active process of trying to change and improve people's quality of life, and encourage individual self-control and collective resistance to the supply of drugs.

Martín (1995).



Levels of Prevention

Primary

Secondary

Tertiary

Caplan, 1980

Levels of Prevention

- Primary: Activities undertaken prior to a person using;
- Secondary: Activities applied at the early stages of drug use; early detection and timely counselling
- Tertiary: Action taken at advanced stages of drug use – dependency; specialised treatment needed.







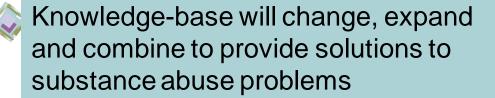
Drug Prevention



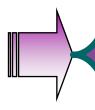
Prevention of ATOD is developing and evolving

Basis: The thinking and experience of

- Researchers
- Planners
- Practitioners
- Evaluators



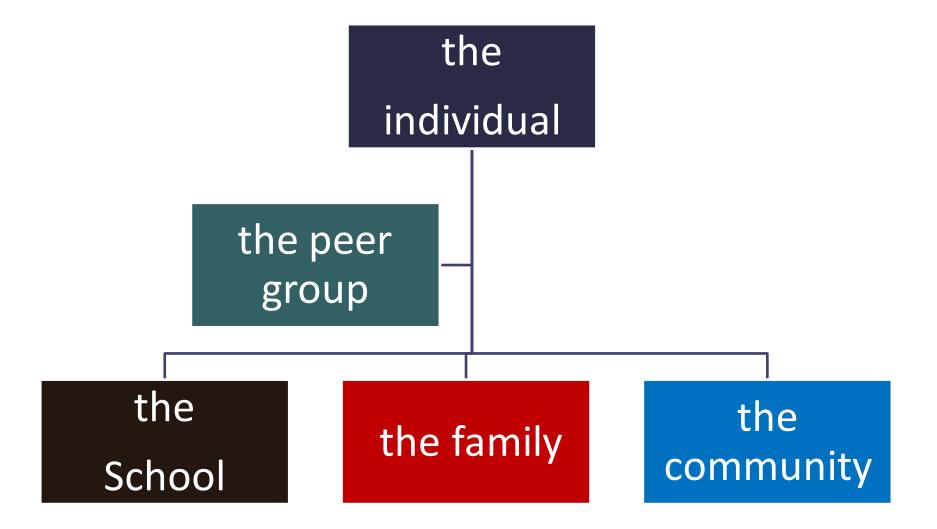
DRUG PREVENTION





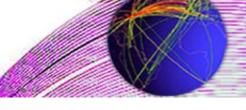
Prevention: Five Targets







Prevention Programme



Begins with an understanding of factors that put people at risk for—or protect them from—problem behaviour: an understanding from theory and a conceptual framework

Theory and theoretical frameworks in substance abuse prevention evolving through induction based on applied empirical research

Among the most important developments in substance abuse prevention theory and programming – Risk and Protective Factors

Prevention Theories

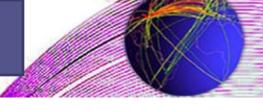
Theory	Definition
Risk and Protective Factor Theory	Characteristics of effective prevention programs
	One component shared by effective programmes is a focus on risk and protective factors that influence drug use.
	Protective factors are characteristics that decrease an individual's risk for a substance abuse disorder. These include: - Strong and positive family bonds - Parental monitoring of children's activities and peers - Clear rules of conduct that are consistently enforced within the family - Involvement of parents in the lives of their children - Success in school performance; strong bonds with - Institutions, such as school and religious organizations - Adoption of conventional norms about drug use

Prevention Theories

Theory	Definition
Risk and Protective Factor Theory	Risk factors increase the likelihood of substance abuse problems
	These include: -Chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses
	-Ineffective parenting, especially with children with difficult temperaments or conduct disorders
	- Lack of parent-child attachments and nurturing
	- Inappropriately shy or aggressive behavior in the classroom
	- Failure in school performance; Poor social coping skills
	-Affiliations with peers displaying deviant behaviors
	-Perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments



RISK AND RESILIENCE THEORY



Understanding why some children become healthy and well-functioning adults despite various forms of adversity in their lives.

Phenomenon of successful development under high-risk conditions is known as resilience

Need to identify protective factors and processes that might account for children's successful account

Resilience Theory

Theory	Definition
Risk and Resilience Theory	Based on the perspective that numerous factors, both within and outside of the child combine to determine the general course of development as well as specific behavioural patterns.
	Aims to help young people develop sets of competencies in the face of adversities
	Considerable overlap between research on resilience and most common research on substance abuse prevention
	Both grounded in developmental models that stress the complex and reciprocal relationship between the individual and the environment (Lerner 1991; Joseph 1995)
	The concepts risk and protection are the cornerstones of Risk and Resilience Theory; now identified as risk and protective factors for substance use (Oetting et al 1997)



Drug Prevention

Shaped by: Bio-psychosocial and spiritual factors

Critical difference:

Study of resilience takes a broader view

Focus:

larger issues of adjustment and adaptation rather than on substance use in isolation from other aspects of adolescent development

Resilience behaviour: Influenced or affected by multiple systems

Must be understand as an **ecological phenomenon – A MULTI-SYSTEM'S APPROACH**



Prevention Theories

Theory	Definition
Peer Cluster Theory	Suggests that:
	•the socialization factors that accompany adolescent development interact to produce peer clusters that encourage drug involvement or provide sanctions against drug use;
	•that other socialization variables, strength of the family, family sanctions against drug use, religious identification, and school adjustment influence drug use only indirectly, through their effect on peer clusters;
	•treatment of the drug-abusing youth must alter the influence of the peer cluster or it is likely to fail.



Small, very cohesive groupings that shape a great deal of adolescent behavior, including drug use The importance of socialization characteristics as underlying factors in drug use

Prevention programs aimed at the family, school, or religion must also influence peer clusters, or drug use will probably not be reduced

Peer Cluster

Prevention Theories

Ineory	Definition
Social Learning Theory (Bandura 1977)	Provide much of the background for drug prevention approaches;
Proble Behaviour Theory (Jessor& Jessor 1997)	Suggest that social norms, social skills and beliefs play important roles in the initiation and progression of drug use
Theory of Reasoned Action (Azzen & Fishbein '80)	 Advice on Drug Prevention Programme: Attempt to change mediators with one or more of the following: Information Self esteem Resistance skills
(Hansen 1992)	 Life skills Values Stress management Decision making Norm setting; goal setting; pledges



2. WHAT IS A RISK-BASED DRUG ABUSE PREVENTION MODEL

Institute of Medicine (IOM) Classification System

- Based on Gordon's operational classification of disease prevention (1987)
- Divides the continuum of care into three parts: prevention, treatment, and maintenance.

Prevention Theory:
 The prevention category is divided into three classifications
 —universal, selective and indicated prevention interventions / strategies;





2. WHAT IS A RISK-BASED DRUG ABUSE PREVENTION MODEL

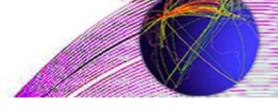


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"...prevention programmes are organized along a targeted audience continuum—that is, the degree to which any person is identified as an individual at risk for substance use and abuse. The at-risk determinant is based on a combination of risk and protective factors associated with substance abuse..."



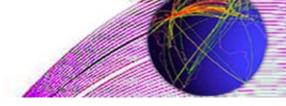
RISK FACTOR



"A risk factor is an association between some characteristic or attribute of an individual, group or environment and an increased probability of certain disorders or disease-related phenomena at some point in time"

(Berman and Jobes 1991).

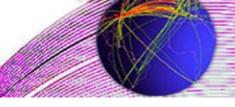




"...all those individual, family or social situations or characteristics that increase the probability that a person may use drugs, from first use through dependence."

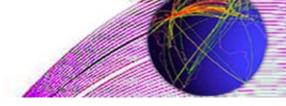


Protective Factors



Protective factors inoculate, or protect persons and can strengthen their determination to reject or avoid substance abuse. Protective factors can inhibit self-destructive behaviours and situations that advance substance abuse.





"...are all those individual, family or social situations or characteristics that lower the possibility of drug use..."



Risk and Protective Factors

Individual

Family

Community

Social



Categories of Risk and Protective Factors

Personal Factors

Unique to each individual or groups

Individual's knowledge, skills, genetic makeup, experience, beliefs, history, education, social status

Environmental Factors

Affect a specific group of people in a community

Conditions, norms and practices in social and physical environment: policies, resources, support services, poverty

Identifying Risk and Protective Factors: Questions?

RISK FACTORS

- What aspects of a person's environment, behavior, and mental processes potentially contribute to delinquent activity and potential behavioral health problems?
- What Individual, family, social situations, biological and psychological characteristics and genetic predisposition increase a person's vulnerability to drug use, dependency and addiction?
- How can you identify an individual with multiple risk factors?

PROTECTIVE FACTORS

- What positive aspects of an individual's situations keep him/her away from delinquent activity and make him/her resilient?
- What individual, family, social situations and characteristics lower the possibility of drug use and abuse?
- What factors or asset-based approaches produce positive outcomes?
- How can you identify an individual with multiple protective factors?



Prevention Science



The application of a *scientific methodology* that seeks to prevent or moderate major human dysfunctions before they occur.



The factors that lead to the problem must be identified and addressed.



Prevention research focused primarily on the systematic study of these potential precursors of dysfunction, also known as risk factors;



Also components or circumstances that reduces the probability of problem development in the presence of risk, also known as protective factors.



Preventive interventions aim to counteract risk factors and reinforce protective factors in order to disrupt processes or situations that give rise to human or social dysfunction.





Prevention Interventions

The universal, selective and indicated represent the population groups to whom the interventions are directed and for whom they are thought to be optimal, given an assessment of risk and protective factors.



Aim and Objectives of Interventions



Reduce the number of new cases of substance use and abuse



Reduce the length of time that the early signs of substance abuse continue





Halt the severity and intensity of the progression of substance abuse.



To reduce the severity and intensity of the problem so that the individuals at risk for substance abuse do not go on to require a clinical diagnosis of the disorder.





Universal Prevention Intervention Strategies



"A universal prevention intervention is one that is desirable for all members of a given population...

The mission of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent the problem..."



Universal Prevention Intervention Strategies



All share same risk for substance abuse

Risk varies among individuals

Programme delivered without prior screening

Entire population assessed as at risk

Prevention programme beneficial



Universal Prevention Intervention Strategies



The risk and protective factors addressed in universal prevention programmes may:

- reflect some individual or subgroup characteristics
- reflect environmental influences such as:
- community values
- school support
- economic and employment stability.







Universal Prevention Intervention Strategies

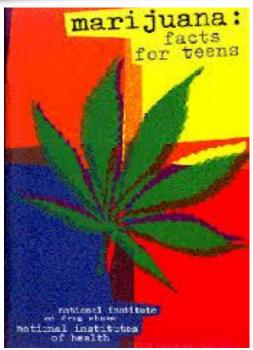
Universal prevention programmes vary in:

- type
- structure
- design

Can include:

- -School
- -Family
- -Neighbourhood
- -national
- community-based programmes







Universal Prevention Intervention Strategies

Examples of universal preventive interventions for drug use and abuse:

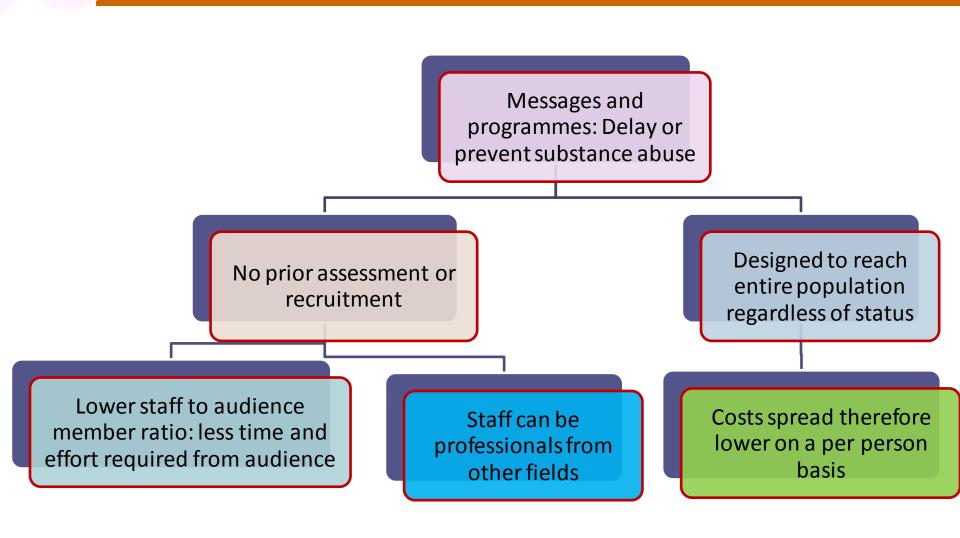
- Drug prevention education for all children within a school district
- Media and public awareness campaigns in poor neighbourhoods
- School policy changes regarding drug-free zones.







Key Features Of Universal Prevention Interventions





Selective Prevention Strategies



"Selective prevention interventions target specific subgroups that are believed to be at greater risk than others... targets the entire subgroup regardless of the degree of risk of any individual within the group... An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at risk subgroup"



Selective Prevention Strategies



Individuals identified at this stage, though showing signs of early substance use, have not reached the point for a clinical diagnosis of substance abuse



Exhibit substance abuse-like behaviour, but at a subclinical level (IOM 1994).





Approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem.



Programmes address risk factors associated with the individual



Less emphasis is placed on assessing or addressing environmental influences





Selective Prevention Strategies



The risk factors assessed and addressed in selective prevention programmes reflect:

- Both individual and subgroup characteristics
- Environmental influences like:
- high rates of crime
- unemployment
- community disorganization
- Membership in particular population segment (children of alcoholics, dropouts, failing students)







Examples of Selective Preventive Interventions for Substance Abuse

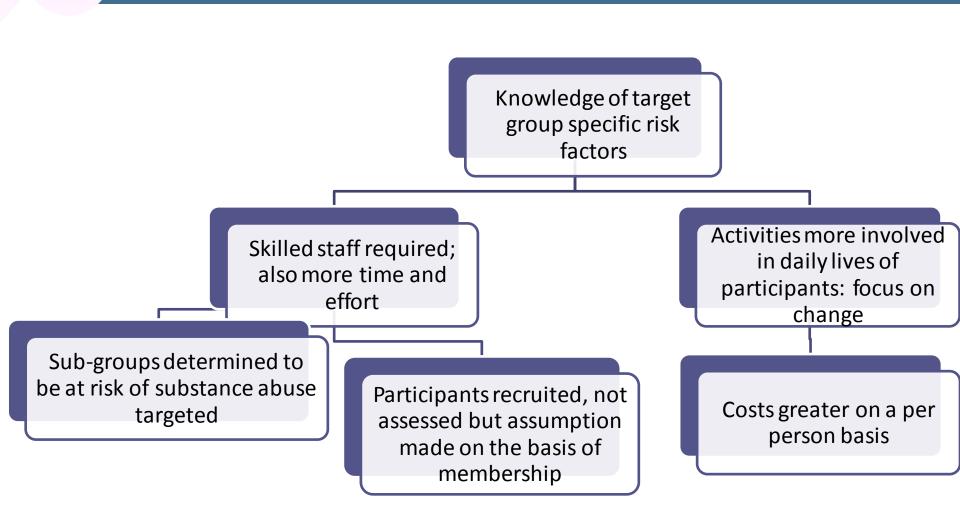




- Special clubs and groups for children of alcoholics
- Programmes for at-risk males
- Skills training programmes that target young children of substance abusing parents.
- Mentoring, tutoring, parenting /family life education



Key Features Of Selective Prevention Interventions





Indicated Prevention Strategies



The aim of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviours associated with substance abuse and to target them with special programmes.



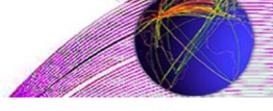


The aim of indicated prevention programmes

There is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse.



REFERRAL



Parents or Guardians

Friends

Courts

Teachers

School Nurses Family Member

School Counsellors

Youth Workers

He/She may Volunteer



Examples of Indicative Preventive Interventions for Substance Abuse

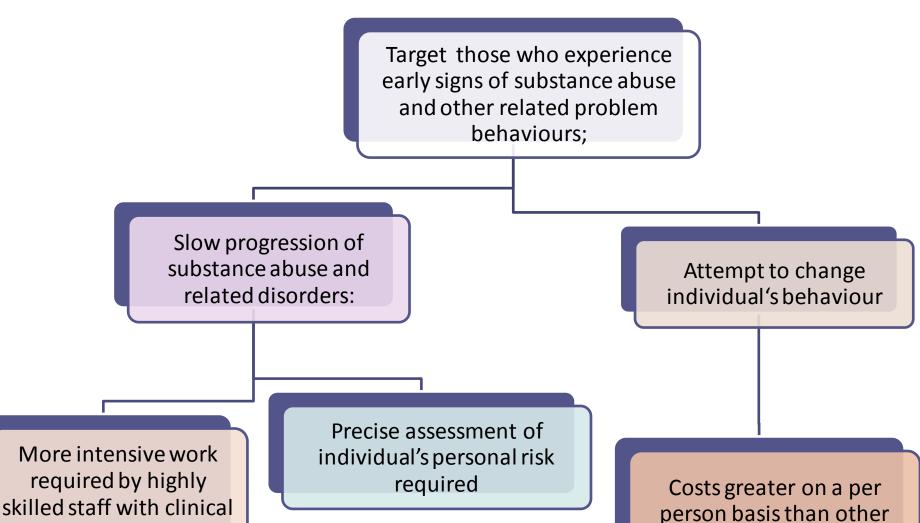


- Programme for high school students who are experiencing a number of problem behaviours,
- Student assistance programmes, where teachers and counsellors refer students showing academic, behavioural and emotional problems to counselling groups
- Family-focused programmes for the prevention of substance abuse



training

Key Features of Indicated Prevention Interventions



interventions



Levels of Prevention Strategies (Summary)



Universal Selective Indicated Typically couched within Strategies that address Strategies that target the context of treatment; entire population with subsets of the total the line between population deemed at messages and prevention and treatment risk of substance abuse. programmes aimed at is ambiguous. preventing or delaying abuse of alcohol, Targets particular The same risk factors characteristics of the tobacco, and other described for selective individual that increase risk drugs. interventions apply for and must be tailored to indicated interventions the capture the interests of only difference is that in high-risk individuals. latter individuals the problems are more Prevention is required at an advanced. increasingly younger age to be effective. (Ralph Tatar)

Levels of Prevention

- Primary: Activities undertaken prior to a person using;
- Secondary: Activities applied at the early stages of drug use; early detection and timely counselling
- Tertiary: Action taken at advanced stages of drug use – depndency; specialised treatment needed.

Levels of Intervention

- Universal: Efforts aimed at every eligible member of a community or entire population
- Selective: Focused at a systems domain which target high-risk sub-groups; demonstrate risky behaviour
- Indicated: Target high-risk individuals who show signs of developing problems

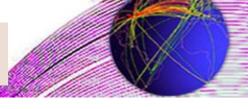


Part 2:

Prevention Programmes and Minimum Quality Standards



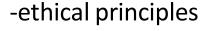
1. WHAT IS A PROGRAMME?



A programme is a plan of action aimed at accomplishing a clear objective, with details on what work is to be done, by whom, when, and what means or resources will be used.

Drug Prevention

A plan of action based on:

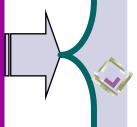


-guided by the scientific approach that is designed to change a particular drug abuse related profile of a population in order to prevent or delay the initiation of drug use

-promote cessation of use

- -reduce the frequency and/or quantity of use
- prevent the progression to hazardous or harmful use patterns
- prevent or reducing negative consequences of use.

A drug abuse prevention programme





Methodology

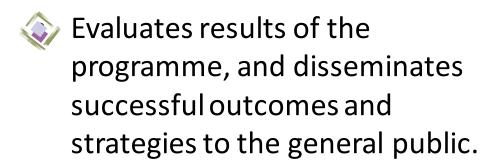


Delivered by a team using institutional and community resources;



Programme lasts until participants are no longer at a particular risk;









2. WHAT IS A QUALITY PROGRAMME

Prevention Programme

Quality PreventionProgramme

Core principles: ethics and a scientific approach

Has a complete set of core principles, general processes and sequential steps.

A general process: continuous quality improvement (CQI),

A minimum quality standards prevention programme: follows the core principles, uses the CQI strategy,

Sequential steps: gathering data, planning and delivery, process and outcome evaluations

Completes each step in sequence, in order to change the drug abuse profile of a particular population group.

WHAT IS A WHAT QUALITY PROGRAMME

ETHICS

• The right and responsibility of every competent individual to advance his or her own wellbeing. This right and responsibility is exercised by freely and voluntarily consenting or refusing consent to a recommended intervention, based on sufficient knowledge of the benefits, burdens, and risks involved.



ETHICS STATEMENT

Value of and need for prevention of drug abuse statement in UN Drug Conventions and the Political Declaration of UN General Assembly Special Session 1998;

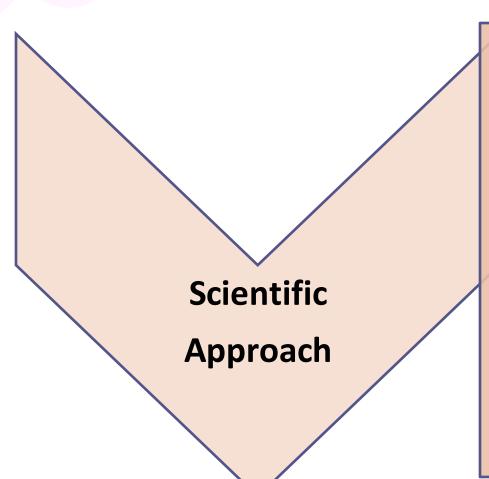
Statement called on governments to prevent drug abuse and promote full recovery for drug abusers and drug dependent persons.

Issues of users rights and vulnerability raised;

Core principle: that prevention is with informed consent of the persons who will receive the intervention.







• The principles and procedures for the systematic pursuit of knowledge involving the cognition and formulation of a problem, the collection of data through observation and experiment, and the formulation and testing of hypotheses.



Possibilities for the scientific approach in drug prevention.

- The rigorous testing of hypotheses based on empirical models, to evaluate causal relationships
- The sequences of circumstances, conditions, and processes that lead to the drug use.
- Result: study to lead to identification of risk and protective factors
- Application of the scientific approach to prevention is commonly called in the scientific community the evidence-based approach
 - Should lead to desired outcomes



SCIENTIFIC APPROACH

In prevention we should use both science-based strategies, where causal relationships are experimentally tested, and strategies that derive from observational studies

In the end, what is needed is proof of the efficacy of preventive programmes;

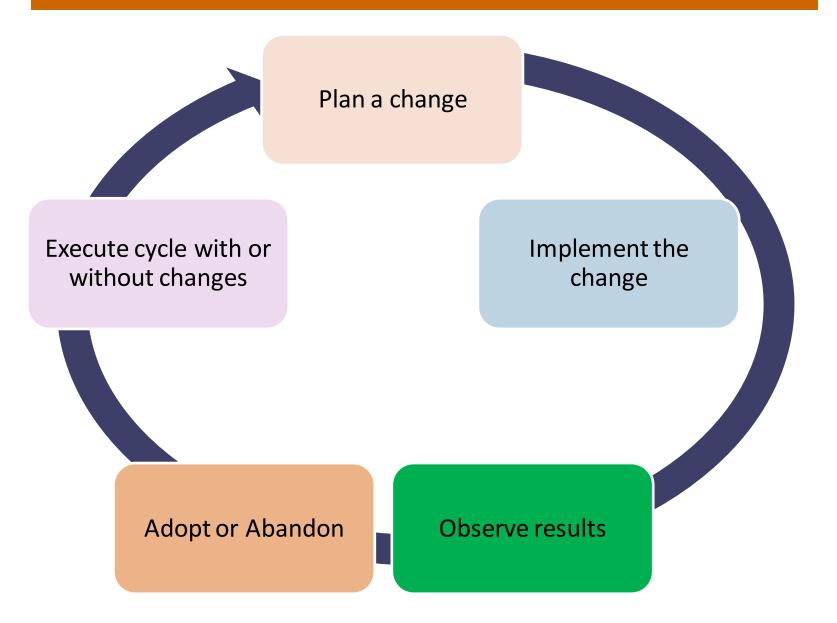
The evaluation of the preventive programmes will be the real basis for the evidence.



CONTINUOUS QUALITY IMPROVEMENT (CQI)

A comprehensive management philosophy that focuses on continuous improvement by applying scientific methods to gain knowledge and control over variations in work processes. In concrete terms, CQI requires that once a process and problem has been identified, improved and evaluated, the cycle begin again.

Cyclical process of continuous quality improvement (DEMING CYCLE)





NEEDS ASSESSMENT

Is a systematic method for reviewing the drug use issues facing a particular group of people, which will lead to agreed priorities and resource allocation in order to conduct a drug use prevention programme.



- A good needs assessment should be the first stage in the planning process
- A needs assessment is the process of systematically collecting and analysing information to identify who is at risk, why, and what can be done about it.
- The assessment should be done in collaboration with community organizations where these exist.





NEEDS ASSESSMENT

Location of the problem

Who is at risk

Contributing factors

Change agents

Potential Partners

Community response

Existing programmes and objectives

How information is spread

Baseline data



OUTCOME EVALUATION

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An outcome evaluation is a type of evaluation that investigates whether changes occur for participants in a programme and if these changes are associated with a programme or an activity. Such evaluations examine to what extent and in what direction outcomes change for those participating in the programme.



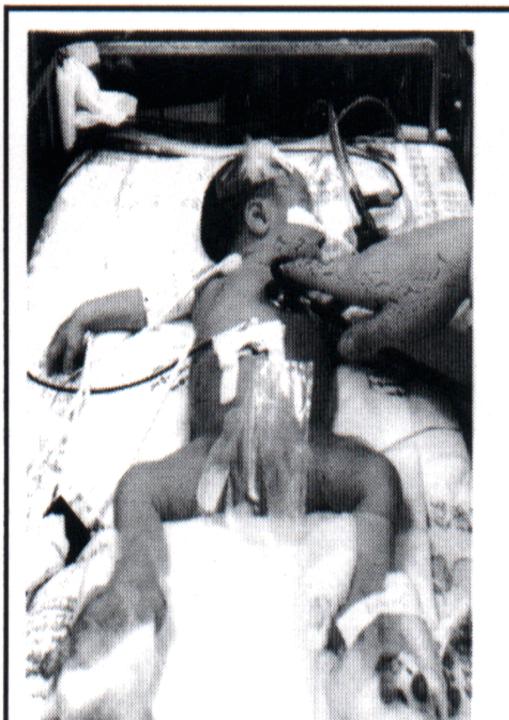
Who Benefits?

- Children and young people both in and out of school
- Schools
- Churches
- Parents
- Families
- Communities
- The Nation
- The Region









Some Addicts Never Had a Chance to "Just Say No."

If you think drug addicts only hurt themselves, think again. Everyone is at risk of becoming a tragic victim of drug-related crime, violence and bodily harm. Even a newborn baby.

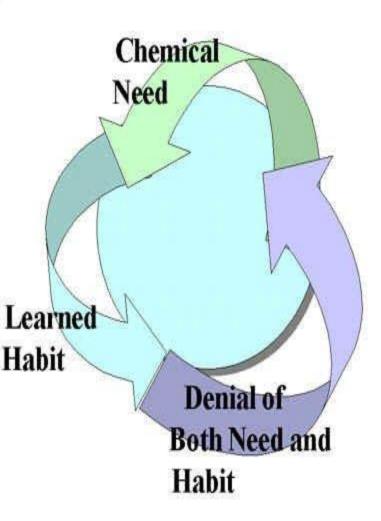
This year, an estimated 362,000 drug-damaged babies will be born in the United States. They enter this world craving illegal street drugs they know nothing about. It's an emotionally devastating addiction they inherit from their mothers.

And it is the cruelest form of abuse and neglect imaginable. Underdeveloped, undernourished, crying, sweating and weighing only 2 to 3 pounds at birth, drugged babies suffer days of withdrawal treatment from prenatal exposure to drugs.

Some will die from blood poisoning, seizures or heart attacks. Many will be abandoned by their drug-addicted mothers. Most will have difficulty relating to their world, and will encounter severe psychological problems later on.

It is time to halt the horror. It is time to put an end to drug abuse.







THANK YOU



THE CYCLE OF ADDICTION