Using Evidence-Based Prevention to Address the Needs of our Communities



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Topics for Discussion

- Prevention Research
- Evidence Based Prevention
 - Principles
 - Interventions (e.g., programs)
 - Systems Models (Prosper & Communities that Care)
- Cost-Effectiveness
- Resources

Prevention Research at NIDA

Mission

Support a <u>theory-driven</u> program of <u>basic</u>, <u>clinical</u>, <u>and</u> <u>services research</u> across the <u>lifespan</u> to:

- Prevent/delay the initiation of drug use
- Prevent/delay progression of drug use to abuse
- Prevent drug-related HIV acquisition, transmission and progression.

Prevention Principles Interventions - Levels of Risk

Universal

Everyone in a general population regardless of risk

Selective

 Groups at elevated risk - based on individual, family or contextual characteristics

Indicated

 Individuals who have begun using and are at high risk for use/abuse

Tiered

Incorporates two or more levels





EXAMPLES OF RISK AND PROTECTIVE FACTORS

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Poor Social Skills	Individual	Positive Relationships
Lack of Parental Supervision	Family	Parental Monitoring and Support
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-Drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

Reduce these



Elevate these

Prevention Approaches Aim to

Enhance Protective Factors & Reduce Risk Factors

How Prevention Interventions Work

MODIFIABLE RISKS

MODERATORS

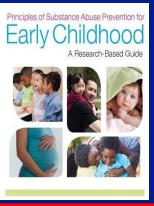
INTERVENTIONS

Age Gender Race/ethnicity Poverty level Genotype Early aggression
Social skills deficit
Academic problem
Misperceived drug use norms
Association with deviant peers
Neighborhood availability
Media glamorization

Parent skills training
Social skills training
Self-regulation
Impulse Control
Tutoring
Norms training
Refusal skills
Community policing
Health Literacy

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Prevention Principles (2016)

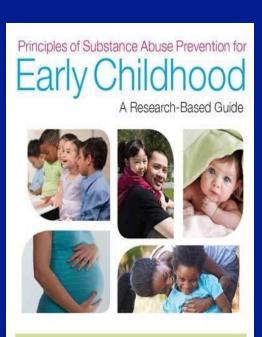
Examples of established substance use prevention principles for early childhood.

- Intervening early in childhood can alter the life course trajectory in a positive direction
- Intervening early in childhood can both increase protective factors and reduce risk factors
- Intervening in early childhood can have effects on a wide array of behaviors, even behaviors not specifically targeted by the intervention

Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide

Table of Contents:

- Why is Early Childhood Important to Substance Abuse Prevention?
- Risk and Protective Factors
- Intervening in Early Childhood
- Research-Based Early Intervention Substance
 Abuse Prevention Programs
- Selected Resources
- Appendices
 - Developing Interventions
 - Implementing Interventions



http://www.drugabuse.gov/publications/principles-substanceabuse-prevention-early-childhood/index

Program	Target Population or Setting	Level of Risk					
Infancy & Toddlerhood							
Durham Connects (Dodge, 2013)	Mother, Father (when possible), Child	Universal					
Early Steps, Family Check Up (Shaw et al., 2006)	Mother, Child	Selective					
Family Spirit Mullany et al., 2012)	Mother, Child	Selective					
Nurse Family Partnership (Olds, 2002)	Mother, Father (when possible), Child	Selective					
Preschool							
Multidimensional Treatment Foster Care for Preschoolers (Fisher & Chamberlain, 2000)	Foster Family, Child	Selective					

Program	Target Population or Setting	Level of Risk						
Transition to Elementary School								
Caring School Community Program (Battistich et al., 1997)	School, Teacher, Family, Child	Universal						
Classroom-Centered Intervention (Good Behavior Game) (Kellam & Rebok, 1992)	Classroom, Child	Universal						
Linking the Interests of Families and Teachers (Reid et al., 1999)	Classroom, Child, Family	Universal						
Raising Healthy Children (Catalano et al., 2003)	Family, Child, Classroom	Universal						
SAFEChildren (Tolan et al., 2004)	Family, Child	Universal (in high risk communities)						
Seattle Social Development Program (Hawkins et al., 1999)	School, Parent/Family, Child	Universal						

Program	Target Population or Setting	Level of Risk					
Transition to Elementary School							
Early Risers "Skills for Success" Risk Prevention Program (August et al., 2001)	Parent, Child	Selective					
Kids in Transition to School (Pears et al., 2007)	Child	Selective					
Fast Track Trial for Conduct Problems (CPPRG, 2000)	Family, School, Class, Child	Tiered					
Incredible Years (Webster-Stratton et al., 2008)	Family, Child, Classroom	Tiered					
Positive Action (Flay et al., 2001)	Family, School, Class, Child	Tiered					
Schools and Homes in Partnership (Barrera et al., 2002)	Parent, Child	Tiered					

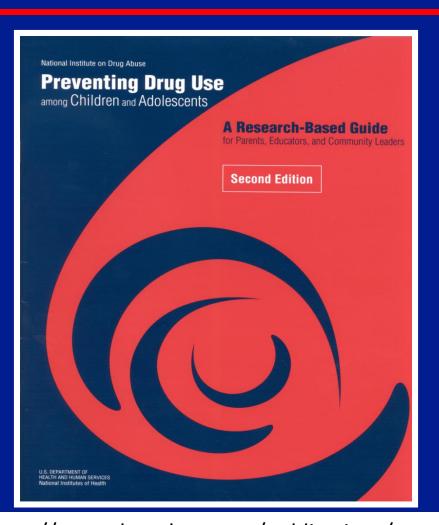


Prevention Principles (2003)

Examples of established principles for preventing drug use among children and adolescents.

- Universal interventions: Universal interventions have impacts on higher risk youth.
- <u>Cross-over effects</u>: Prevention interventions can have an effect on multiple risk behaviors including those not a focus of the intervention
- Long-term effects: Prevention interventions implemented during earlier developmental periods have effects during adolescence and later developmental stages.

Preventing Drug Use among Children & Adolescents



- Derived from an extensive literature review of published articles from NIDA funded research
- Reviewed by an expert scientific panel
- Reviewed by a professional practitioner panel
- Resulted in 16 principles

https://www.drugabuse.gov/publications/preventing-drugabuse-among-children-adolescents/preface

Program	Target Population or Setting	Level of Risk						
Elementary School								
Caring School Community Program (Battistich et al., 1997)	School, Teacher, Family, Child	Universal						
Classroom-Centered Intervention (Good Behavior Game) (Kellam & Rebok, 1992)	Classroom, Child	Universal						
Promoting Alternative Thinking Strategies- PATH (Greenberg & Kusche et al., 1998)	Classroom, Child	Universal						
Seattle Social Development Program (Hawkins et al., 1999)	School, Parent/Family, Child	Universal						
Focus on Families-FOF (Catalano et al., 1999)	Family, Child	Selective						
Early Risers "Skills for Success" Risk Prevention Program (August et al., 2001)	Parent, Child	Selective						
Fast Track Trial for Conduct Problems (CPPRG, 2000)	Family, School, Class, Child	Tiered						

Program	Target Population or Setting	Level of Risk					
Middle School							
Guiding Good Choices-GGC (Hawkins et al. 1999)	Parent/Family	Universal					
Life Skills Training (LST) Program (Botvin et al. 1995, 1997, 2003)	Classroom, Child	Universal					
Lions-Quest Skills for Adolescence-SFA (Eisen et al., 2002)	School, Child	Universal					
Project ALERT (U.S. Dept. of Education, 2001)	Classroom, Child	Universal					
Project STAR (Chou et al., 1998)	Community, School, Parent/Family, Child	Universal					
Strengthening Families Programs (Spoth, Redmond, & Shin, 2000,2001)	Parent/Family, Child	Universal					
Coping Power (Lochman & Wells, 2002)	Parent/Family, Child	Selective					
Adolescent Transitions Program-ATP (Dishion, et al. 2002)	School, Parent/Family, Child	Tiered					

Program	Target Population or Setting	Level of Risk							
High School									
Life Skills Training (LST) Program: Booster Program (Botvin et al. 1995, 1997, 2003)	Classroom, Child	Universal							
Lions-Quest Skills for Adolescence-SFA (Eisen et al. 2002)	School, Child	Universal							
Project ALERT Plus (U.S. Dept. of Education 2001)	Classroom, Child	Universal							
Strengthening Families Programs (Spoth, Redmond, & Shin 2000,2001)	Parent/Family, Child	Universal							
Adolescents Training and Learning to Avoid Steroids –ATLAS (Goldberg et al 2000)	Team, athlete, Parent/Family	Selective							

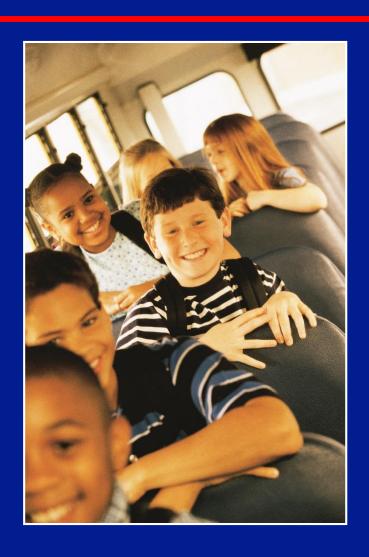
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Systems Models

- Build infrastructure and sustainability at state and local levels
- Implement evidence based interventions in real world settings
- Demonstrate community/population level impacts
 - -Communities That Care (CTC)
 - -PROSPER
 - PROmoting School-community-university
 Partnerships to Enhance Resiliency

The Communities That Care Prevention System



Build a coalition of diverse stakeholders to achieve collective impact.

Assess and prioritize for action- risk, protection, and health and behavior outcomes.

Address priority risks with evidence-based preventive interventions.

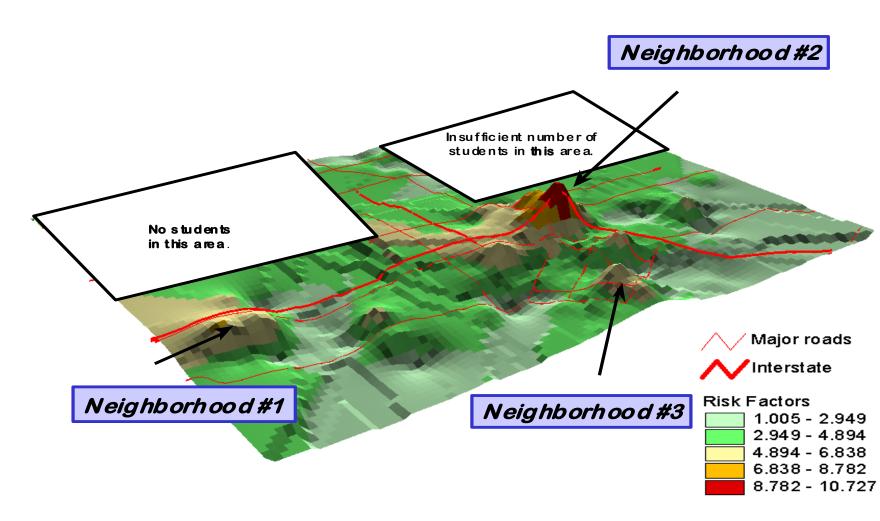
Sustain high fidelity implementation of preventive interventions to reach all those targeted.

Communities That Care



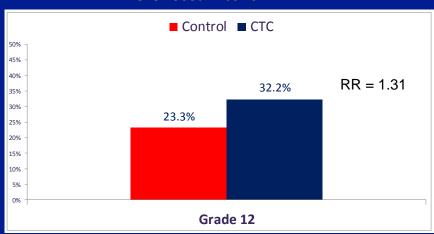
24 Communities; ~45,000 participants

Distribution of Risk in a City

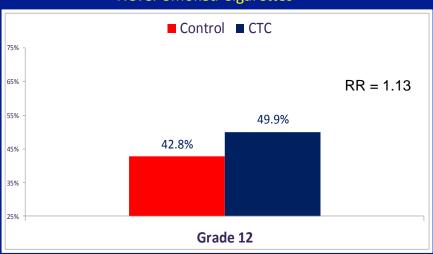


Sustained Abstinence through Grade 12

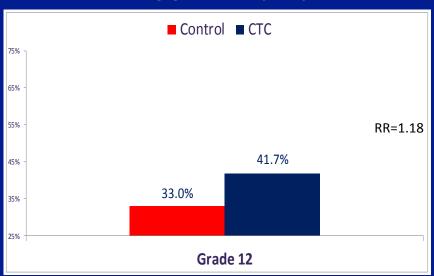
Never Used Alcohol



Never Smoked Cigarettes



Never Engaged in Delinquency



Also, findings for sustained abstinence of:

- Any drugs (RR=1.32)
- Gateway drugs (RR=1.31)
 And cumulative incidence of
- Violence (RR=0.86)

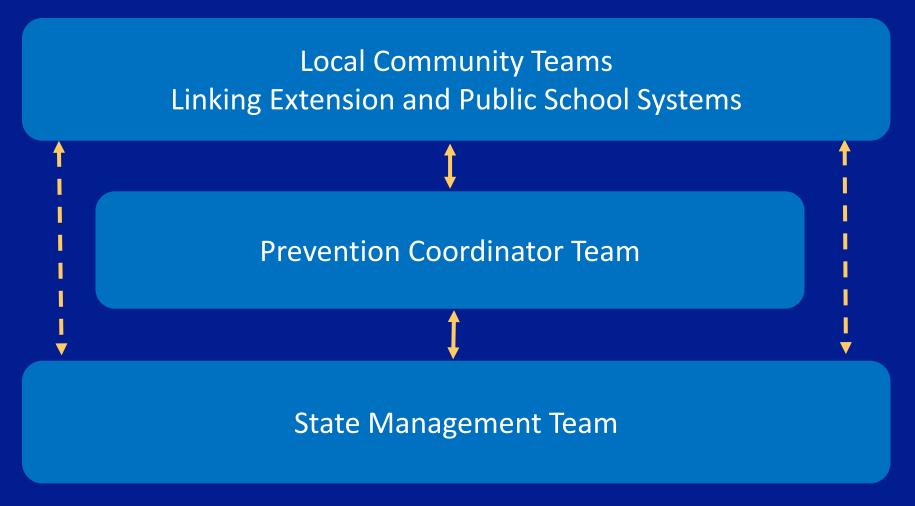
all p<.05

Hawkins, J. David, et al. "Youth problem behaviors 8 years after implementing the communities that care prevention system: a community-randomized trial." *JAMA pediatrics* 168.2 (2014): 122-129.

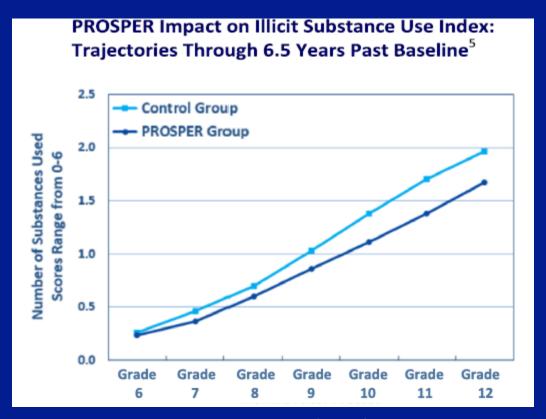
You can find CTC here: http://www.communitiesthatcare.net/



PROSPER Partnership Model

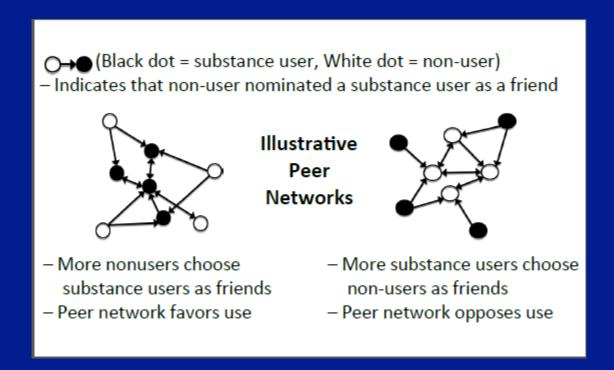


PROSPER intervention results in long term reductions of substance use



Spoth, Redmond, Shin, Greenberg, Feinberg, Schainker (2013). PROSPER community- university partnerships delivery system effects on substance misuse through 6½ years past baseline from a cluster randomized controlled intervention trial. *Preventive Medicine*, 56, 190-196.

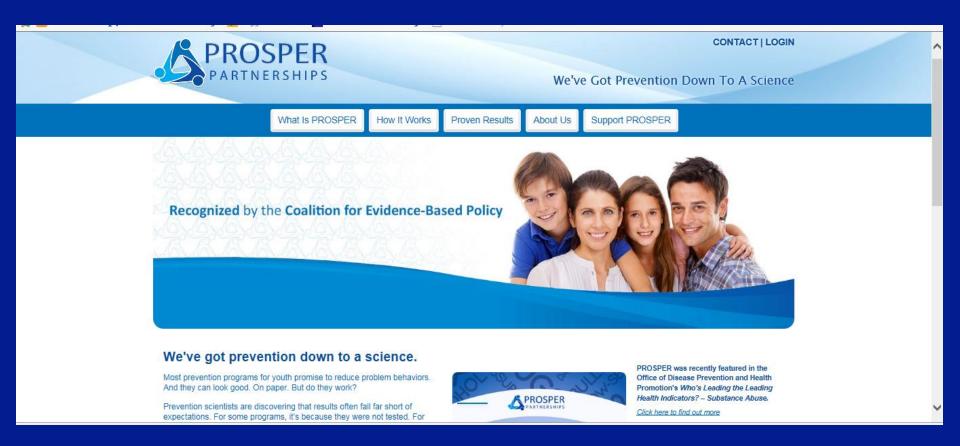
PROSPER intervention shifts peer influence toward non-users.



Osgood, Feinberg, Gest, Moody, Ragan, Spoth, Greenberg & Redmond (2013). Effects of PROSPER on the influence potential of prosocial versus antisocial youth in adolescent friendship networks.

Journal of Adolescent Health, 53(2), 174-179.

You can find PROSPER here: http://helpingkidsprosper.org/



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Prevention Principles (2003)

Another example of established principles for preventing drug use among children and adolescents.

 Prevention interventions and systems can significantly <u>reduce</u> health and broader social costs.

Is prevention cost-effective? YES! For every dollar spent... this could be saved

- Stregthening Families Program \$7.82
- Guiding Good Choices \$11.07
- Seattle Social Development Project \$3.14
- Life Skills Training (LST) \$25.61
- CTC \$4.23 \$8.22
- PROSPER \$8.94 -\$26.74

Sources: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy;

Kuklinski, Margaret R., et al. "Cost-benefit analysis of Communities That Care outcomes at eighth grade." *Prevention Science* 13.2 (2012): 150-161;

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NIDA Resources

 Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide

http://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index

Preventing Drug Use among Children & Adolescents

https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/preface

Infographics

https://www.drugabuse.gov/related-topics/trends-statistics/infographics

Where to find your local prevention researchers?

₩ U.S. Department of	of Health & Human Services	<u> </u>				Text Size A A A	
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Additional Resources

 National Registry of Evidence-based Programs and Practices

http://www.nrepp.samhsa.gov/Index.aspx

Mentor International

http://preventionhub.org/practice/examples-effective-practice

UNODC International Standards on Drug Use Prevention

https://www.unodc.org/unodc/en/prevention/prevention-standards.html

Blueprints

http://www.blueprintsprograms.com/programCriteria.php

Additional Resources

Washington Cost Analysis Resource

http://www.wsipp.wa.gov/Reports/04-07-3901

Society for Prevention Research

http://www.preventionresearch.org/

Coalition for Evidence-Based Policy

<u> http://coalition4evidence.org/</u>

National Prevention Science Coalition

http://www.npscoalition.org/

National Institute on Drug Abuse (NIDA) Prevention Research Branch

Bethany Deeds - Branch Chief **Jacqueline Lloyd** – Deputy Branch Chief

Adolescents, emerging and young adults, adults, selective
 & indicated interventions, DIDARPs

Aria Crump – Adolescents, emerging/young adults, universal interventions, NA/AI, prescription drug use

Rich Jenkins – HIV/AIDS, high risk HIV populations

Belinda Sims – Early childhood, dissemination & implementation, training mechanisms.

Karen Sirocco - Neuroscience, translation, tobacco control

And a 192 current prevention research grantees!

Contact Bethany Deeds deedsb@nida.nih.gov

"I alone cannot change the world, but I can cast a stone across the waters to create many ripples."

Mother Teresa