

Brief Number Two: Connecting and Supporting Families to Prevent Youth Drug Abuse

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Applying Sound Information and Techniques Can Make the Difference

Adolescence is a time of exploration, of trying-on ideas, values, and identities. This serves the important personal and social function of assuring internal purpose and societal connection in adulthood. It is also a time when one explores the trappings of adulthood and a time of great susceptibility to risk taking and substance use. Thus, adolescence is the time when one sees the initiation of many problems such as cigarette and tobacco use, alcohol consumption, and use of illegal and misuse of legal drugs.

These problems lead to great costs for the individuals that get caught up in habitual use or harm from behavior while intoxicated, but also to those who incidentally hurt others, miss school, or fail at achieving and fulfilling their potential. As estimated by the Virginia Joint Legislative and Audit Committee this problem costs this state \$613 million per year (JLARC, June 2009). This is comprised of much spend on additional services, criminal justice procedures, and does not consider the lost wages and productivity of the youth and their families. Unaddressed adolescent drug abuse degrades the social fabric of our society that is vital for a vibrant democracy and civil society.

It is no longer plausible to consider whether these problems are important enough to warrant our attention and funding. We know drugs affect all of our communities; the question is what is to be done and what is the wisest investment. Currently, most funds are obligated to legal prosecuting and incarceration related to drug use. But as shown by Steve Aos and his group at the Washington State Institute for Public the se are poorly spent dollars. Prevention can return between \$2 and \$14 per dollar invested. (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004). A portion of what is obligated by prison building and maintaining can easily cover prevention costs.

How can these attractive savings and related benefits be realized? By use of scientifically tested programs that support families, connect youth to schools and social programs, and that reinforce behavior that is counter to drug use and that delays experimentation. Effective programs provide a reconnection of youth and families to the schools and neighborhood social fabric (Califano, 2007). There is a cadre of effective methods that can be helpful depending on the age of the youth to be affected and the community needs (Tolan, Szapocznik, & Sambrano, 2007).

By applying a developmental perspective, using sound information gathering, and organizing to apply tested programs that fit the communities need, we can reduce the number of youth with serious drug problems, the prevalence of these substances in the social life of adolescents, and regain the lost potential they sap from our youth. At the same time with state incentives and funding approaches that support such efforts, communities and the state budget can reap dividends that far exceed results of waiting till problems develop to treat or to incarcerate.

Adolescence and Prevention: Locating Your Community in the Terrain

At age 14 only a small proportion of youth have tried tobacco, alcohol, or other substances. By age 18 or graduation of high school, almost all will have tried alcohol, a substantial minority (in some communities a majority) will have tried cigarettes or some other form of tobacco, and almost one in two will have tried marijuana, misused prescription drugs, or tried other illegal substances.

The good news is most will not engage in habitual use. However, some will. Most of those that engage in serious use start earlier and often do so through involvement with older already using peers.

What can be misleading is to suppose these patterns mean most adolescents are not harmed by their use or will not fall into habitual use. This is not the case; whether evidenced as a tragic auto accident that claims the life of one or more or the cumulative effect on motivation for achievement and engagement in societal responsibilities. As a large group the overall impact of some use on development, health care, education and criminal justice costs are substantial. Thus, while a small portion of youth show the type of serious and continuous use that leads to repeated problems in multiple areas, the costs associated with the aggregate of “low-risk” youth competes in costs and lost human capital.

While most funding, most costs, and most organization of fund distribution for drug prevention and other interventions occur at the state level, most prevention and the most effective prevention are at the community level. A key challenge is to help communities recognize the problems and implement approaches that can work, to incentivize good use of the funds. All communities have adolescent substance use problems. The question of how prevalent, what types of use are common, and how that is concentrated in a small portion of youth versus spread across the general population are the questions that are important and unfortunately are often uncertain (Glantz & Leshner, 2000). Communities need to understand where in the terrain they are located as that can tell them what they can and should do.

We know that communities vary substantially in youth drug use patterns including:

- Overall Rates of Use
- Types of Substances Most Commonly Used
- Age of Typical Starting
- Which Substance is Commonly First Used (what is gateway drug)
- How Substance Use is Linked to Other Problems Such as Delinquency, Violence, Gang

We know that adolescent youth is predicted by similar risk factors across communities (Hawkins, Catalano, & Arthur, 2002). However we know that communities vary substantially in:

- Which risk factors are present
- How many (cumulative stress) are present typically for youth

- How important family versus peer influences can be
- The resources available already that can be used to build protection and reduce risk

We know of programs or approaches that make a difference in whether youth start early, engage seriously, and continue with increasing drug use and misuse. We have well-tested programs that can make a difference if:

- Are selected to affect the problem pattern affecting that community
- Are Implemented as designed
- Have adequate training and support for operations built into management
- Are coordinated as part of community effort
- Focusing Prevention: Lessons from Scientific Studies

There are many opportunities for effective drug prevention. Some focus on helping high-risk youth avoid further entanglement with other high risk youth while others help promote values and beliefs about not using substances. Many focus on helping families and schools watch over or track adolescents better and reinforce positive behaviors. Others work on connecting parents to resources and to other parents. However, each of these is designed as one strategy as part of an overall set of efforts as there are different needs among youth within a given community and across communities (Dishion, Shaw, Connell, Gardner, Weaver & Wilson, 2008).

Coordinating to Apply Effective Programs Is Needed. A key stumbling point for many communities is how funds and responsibilities to work on drug prevention should be managed. Many do not use empirically tested programs and many use them in name only. There is much money being spent poorly and much effort that is unlikely to make any difference.

There is scientific evidence for a couple of approaches to coordinating that warrant use. While not the only or the perfect solutions, these approaches have been tested and shown to be effective for organizing prevention efforts. One is called Communities that Care (Hawkins et al., 2002; <http://ncadi.samhsa.gov/features/ctc/resources.aspx>). The other is called PROSPER (Spoth, Greenburg, & Turrisi, in press; <http://www.prosper.ppsi.iastate.edu/default.htm>).

Both:

- Use local information and conduct surveys to understand the problems, strengths, and needs of specific community
- Structure the relationship between this information and program choice
- Connect the community to technical assistance and expertise to select effective programs and implement these correctly (so prevention can work)

PROSPER is University-School System Partnership to organize school-based family-focused intervention to support parenting and family communication while promoting non-use norms and values in the school.

Communities that Care applies a framework to bring civic, health, criminal justice, education, and family welfare sectors to the table to learn about what are community strengths and problems and to select, implement, and support empirically proven programs that can make a difference. Clear benchmarks for effective organization and progress help to identify appropriate program choices.

Both change the information quality and the reliance on sound information in planning, resource use, and decision-making

Both were sustained by communities after initial set up period,

Both reduce drug use and related problems such as delinquency.

One Example of How Prevention Works:

SAFE Children is a family-focused program designed for families residing in high-risk (high poverty, high crime rate) communities. Some prevention efforts target skill building or changing behavior directly to reinforce behavior that is counter to drug use. Our goal was to help families in these high-risk communities be able to raise their children safely and to work with schools in helping them achieve the hopes and dreams they had as their children enter first grade.

From prior work we knew families in these communities were more isolated from extended family and neighbors than in most communities. In addition to being in more challenging communities they were missing the support and extra help most of us have in raising children; whether that is information and guidance from a prior generation, ideas and shared overseeing of children with neighbors, or the opportunity to hear that what you struggle with is normal and that you can help others. We also knew that in small groups of families with children of similar age and living in the same community there were natural connections and shared interests (Gorman-Smith, Tolan, Henry, Qunitana, Lutovsky, & Leventhal, 2007 summarizes details).

We set up small family groups of parents with children entering first grade to share information and support, review and learn about more effective parenting methods, increase understanding of schooling and how parent involvement helps, and help with real problems of day-to-day life in parenting they were facing. These were not chat sessions, but structured discussions and practice of skills and approaches following a manual. At the same time, children in the program were tutored 20 minutes twice a week in basic reading. This was because we basic reading skills are the foundation to progress in academics and also where children in high-risk communities often fall behind others.

Families reported they enjoyed the groups and we heard of many friendships forming among members. However, we know many times participants will report they enjoy and even found helpful programs that make no real difference in their behavior or their child's risk. So we carefully measured how the parents and their child were doing after the program. We (Tolan,

Gorman-Smith, & Henry, 2004) found some important effects, measured one year after we stopped the program:

Students in SAFEChildren were reading at the national average while those sitting next to them but not in the program were falling behind; three quarters of a year behind the national achievement level by the end of second grade. Those in the program kept up on this important developmental task.

Parents in SAFEChildren stopped a strong trend of less and less involvement in school and got re-engaged to be at their initial enthusiasm; the program blocked this seriously deleterious effect of parents dropping out of school involvement

Higher-risk parents who were provided the program showed improvements in parenting capabilities and their children improved in attention and behavior in school than higher-risk parents who did not get the program.

Higher-risk children assigned to the program had fewer behavior problems, better concentration, and more commitment to academic achievement than similar children not provided the program. While we are only now seeing what effects last until adolescence, from a prior version we found lower rates of alcohol and drug use and lower rates of violence.

By connecting families, tapping capabilities and providing support, we can help families in these high-risk communities. Other programs with similar strong scientific basis are developed for families residing in less risky communities. Organized through approaches such as Communities that Care and PROSPER, these can now be implemented to be useful and effective.

Sound approaches to implementation of scientifically tested programs can lead to effective programs that promote healthy development, protect against and prevent drug abuse and associated problems, and lead to sustained focus on this major health and social problem. The tools exist; they need to be utilized. The money is being spent, how well is the question.

Prevention Makes the Difference.

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