PREVENTION TOOLS

What works, what doesn't

Washington State Health Care Authority

HCA 84-0064 (Rev. 10/2019)

Acknowledgement

The Health Care Authority would like to thank Joe Neigel, Monroe Community Coalition Coordinator, for developing and sharing this guide.

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Introduction

Knowing what works in prevention, and what doesn't, is vital to keeping young people from developing serious and life-long issues with addiction, as alcohol and other drug abuse remain the problem behaviors contributing to the most serious problems facing our communities today. In fact, the National Center on Addiction and Substance Abuse estimates the U.S. spends more than half a trillion dollars each year responding to the consequences of substance abuse and addiction.[1]

In Washington State, our share of that cost exceeds more than $5 billion annually. It is a problem that strains our health care, social services, educational and justice systems, and one that takes an immeasurable emotional and financial toll on families.

Over the years, the prevention field has learned from past mistakes. As our field has matured, so has our knowledge base. We now know that not all prevention strategies are created equally. Many of the most common strategies being used by well-meaning parents, schools and communities have been shown by careful research to be ineffective. Some have even caused harm by unintentionally reinforcing pro-use attitudes, behaviors or norms.

As prevention professionals and the stewards of our field, we know good intentions are not good enough for selecting and implementing prevention strategies. We are ethically obligated to use the knowledge of what works if we want to protect students from initiating drug use or developing addiction.

What Works in Prevention

Evidence-based Program Registries

There are many strategies confirmed by research that are shown to positively impact the health behaviors and choices of young people. These research-validated strategies are known as evidence-based programs and have been proven effective over time using the most rigorous evaluation methods.

Although proven to work in numerous settings and with diverse populations, even the best designed programs can be rendered ineffective if communities add or subtract from their scope and sequence. Evidence-based strategies depend on your commitment to implementing them with fidelity to the intended design of the program.

Many nationally recognized agencies host searchable registries of evidence-based programs online. Their goal is to connect communities and agencies with the programs most suitable for their specific needs.

- The Washington State Health Care Authority, Division of Behavioral Health and Recovery maintains an up-to-date listing of evidence-based practices on their website for prevention professionals, the Athena Forum. You can view the **Excellence in Prevention Strategies** list here: TheAthenaForum.org/EBP.
- The University of Colorado at Boulder maintains the **Blueprints for Healthy Youth Development** registry of evidence-based programs at BlueprintsPrograms.com.

Innovation and Principles of Effectiveness

Although evidence-based programs implemented with fidelity are most likely to help communities improve outcomes for young people, there are many circumstances in which selecting an evidence-based program may not be an option. These include cost, training, community and partner readiness or appropriateness to local conditions.

In these cases, many communities elect to create a locally designed innovative program to address their needs. While innovation is vital across disciplines, communities should be aware that innovation in substance abuse prevention can carry severe risks, such as causing harm to those you intend to help.

The good news is that there are guides to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention strategies, even when they cannot implement established evidence-based programs.

- The U.S. Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention published a definitive guide for infusing principles of effective substance abuse prevention into innovative programs. **Principles of Substance Abuse Prevention: A Guide to Science-based Practices** is easy to understand and essential reading for prevention practitioners and coalitions everywhere. You may access the guide at: TheAthenaForum.org/CSAPprinciples.
- The National Institute on Drug Abuse created **Preventing Drug Use among Children and Adolescents**, with tried and true principles of effectiveness that should guide your innovative program design decisions. You can access the guide at: bit.ly/NIDApxGuide.

Effective Prevention Strategies for Children

Innovative programs for children should focus on strategies and activities that build social competence, self-regulation and academic skills.[2] Specifically, prevention programs should focus on developing these skills:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

Effective Prevention Strategies for Adolescents

Innovative programs and drug prevention curricula for middle and high school students should focus on increasing academic and social competence by teaching the following skills:[2]

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug refusal skills;
- reinforcing anti-drug attitudes; and
- strengthening personal commitment against drug abuse.

Effective Prevention Strategies for Families

Innovative programs that target families should focus on strategies and activities that enhance family bonding and positive relationships.[2] Specifically, prevention programs should focus on developing these skills:

- use of good parenting skills – supportiveness, communication, involvement, monitoring and supervision;
- practice developing, discussing and enforcing family policies on substance abuse; and
- drug education and information for parents to enhance opportunities for family discussion.

Effective Prevention Strategies within Programs

Building Social and Personal Skills

Interventions that build the social and personal skills of young people enhance individual capacities, influences attitudes, and promote behavior inconsistent with use. Some skill building interventions may include information about the negative effects of substance use, but effective programs never cross the line by using fear arousal techniques.[3, 4, 5, 6, 7]

Cite Immediate Consequences

Youth tend to be more concerned about social acceptance and the immediate rather than the long-term effects of particular behaviors or choices. Citing consequences such as stained teeth and bad breath is shown by research to have more impact than the distant threats of car crashes, lung cancer or death.[8, 9, 10]

Communicate Positive Peer Norms

Events and activities that communicate peer norms against the use of alcohol and other drugs act as community statements in support of no-use standards.[11, 12]

Involve Youth with Peer-led Components

Drug units and activities that are peer-led, or that include peer-led components, are more effective than adult-led approaches.[1, 3, 13]

Use Interactive Approaches

Give young people opportunities to practice newly acquired skills through the use of interactive approaches. Approaches like cooperative learning, behavioral rehearsal and group exercises give students opportunities to practice newly acquired skills and help to meaningfully engage them in prevention education programs.[4, 14, 15, 16, 17]

A Summary of What Works in Prevention

Our time and scarce resources are best used to teach positive, healthy behavior, rather than trying to stop dangerous behavior through manipulation or strategies that contradict research.

When we cannot use established evidence-based programs and strategies, communities should consult the Principles of Effective Prevention to prevent harm and ensure our innovative programs achieve the results we want.

As a rule of thumb:

- focus on healthy alternatives to use;
- enhance connections to, and bonding with, prosocial adults, peers and organizations;
- use structured interactive approaches that include skill practice; and
- focus on normative education that portrays true use rates and corrects misperceptions.

What Doesn't Work in Prevention - Counterproductive Strategies

Whatever your level of experience in the field of substance abuse prevention, it is important to understand that not all prevention strategies are effective, or even helpful. In fact, many of the most common strategies being used by well-meaning parents, schools and communities have been shown by careful research to be ineffective, or even to cause harm by unintentionally reinforcing and promoting pro-use attitudes, behaviors and norms.

What you believe may have worked for you and others as a young person may actually have harmed the more vulnerable youth you grew up with. It is entirely possible that your innate resilience, a relationship with a supportive adult, or your family's clear rules and expectations around alcohol and other substance use protected you from the well-intended but often ineffective strategies employed during the "early days" of prevention.

As a field, we have moved far beyond "Just Say No" and "This is Your Brain on Drugs" campaigns. In our hearts, we felt like these strategies were effective because they were simple and direct. But without tempering our heart knowledge - our strong desire to help - with our head knowledge – our growing understanding of what works and what doesn't - we risk squandering resources or even hurting those we intend to help. The rationale of, "If it helps just one…" fails if our actions harm 30 others in the process.

Some of the past strategies highlighted in this section may seem like a good idea on the surface. We may even have used them recently – but our obligation is to honor principles of effective prevention and to use strategies that maximize our limited resources.

If you find that your agency, coalition or community is implementing these strategies, use your influence to educate your partners and lead them away from implementing them. Remember, our priority and ethical obligation is to first do no harm.

What Doesn't Work in Prevention

Fear Arousal – Scary Images and Scare Tactics

When exaggerated dangers, grotesque images, false information or distant consequences are the focus of your strategies or curricula, teens tend to disbelieve the message and discredit the messenger. These messages are not developmentally appropriate and researchers point out that fear arousal often backfires when youth have access to contrary information and experience.[18, 19]

You may think these techniques worked on you when you were younger, but really you may have been born with a natural "resilience" to avoiding drugs or other protective factors in your life. Kids who are truly at-risk won't connect their current behavior to those "future" images. In fact, researchers say some may actually rebel against your message and start using drugs in order to prove you wrong.[19]

Using scary images is NOT effective.

One-time Assemblies and Events

Stand-alone assemblies, events, and gruesome displays create temporary emotional arousal but do not impact behavior or intentions to use alcohol and other drugs.[20, 21]

Students sheltered from explicit media, or who have suffered a tragedy similar to the recreated display, may be triggered or even re-traumatized.

Personal Testimony from People in Recovery

Even if their story is powerful, personal testimony normalizes drug use by reinforcing the incorrect norm that "everybody uses." Developmentally, young people see the positive attention the classroom or assembly speaker gets, will hear that this person was able to stop using alcohol or other drugs, and the prevention message backfires.[20, 22]

Personal testimony may be a powerful tool for hope when speaking to a treatment or recovery audience, but as a universal prevention strategy it is inappropriate and not recommended due to the potential for harm.

What Doesn't Work in Prevention (continued)

Mock Car Crashes

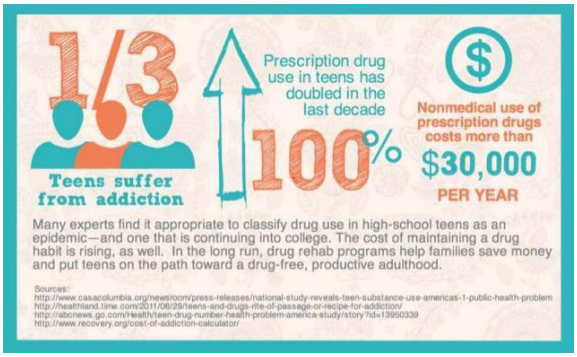
Mock car crashes are resource-intensive fear appeal strategies intended to influence the poor driving decisions of teenagers by decreasing driving under the influence behaviors. Organizers believe they can achieve this goal by showing a hard-hitting, detailed reenactment of a fatal car crash scene with emergency responders and law enforcement in action. These scenes are often preceded by activities that include pulling students from class throughout a school day to represent the rising death toll from teens driving under the influence.

In truth, these types of programs have been clearly demonstrated by research to be ineffective at best, and to likely reinforce the behaviors they are trying to prevent. The research on mock car crashes and similar strategies is clear:

- They do not lead to positive behavior change[30, 31, 32, 33]
- They actually produce increases in risky behavior[34, 35, 36, 37, 38]
- They are least effective among those who most need to change their behavior[39, 40]
- They create psychological trauma[41, 42, 43, 44]
- They may trigger secondary traumatic stress and post-traumatic stress responses in people by creating an environment that replicates the dynamics of an original trauma[45,46]

Reinforcing Exaggerated Social Norms

Many well-intended individuals, communities and agencies try to create a community-wide response to youth substance abuse by sensationalizing information about high rates of use. Even if true, focusing on these messages normalize the perception that everybody uses and undermines healthy teen responses to pressure to use alcohol and other drugs.[23, 24]



An example of messages we DON'T want to give youth.

The Illusion of Truth Effect: Myth Busting

Myth busting may be among the most commonly used means for correcting false norms across all types of health communication; however, research shows that people exposed to a myth/fact presentation style are more likely to recall myths as facts![48]

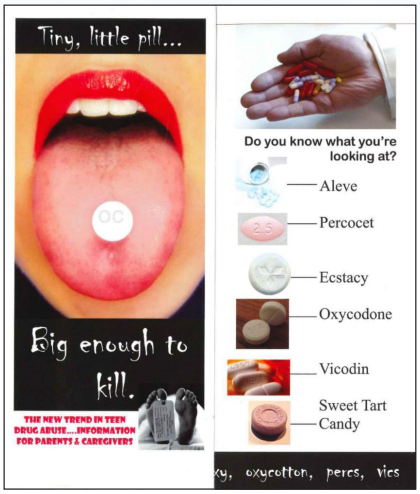
Scientists have termed the reason for this as the Illusion of Truth Effect, which demonstrates that commonly held beliefs and repeated statements are easier for the brain to process and are therefore perceived to be more truthful than new information. Put simply, myth busting is actually myth reinforcing. It is much more effective to simply state the facts and then repeat them over time.

What Doesn't Work in Prevention (continued)

Drug Fact Sheets and Knowledge-based Interventions

It is normal for young people to have questions about alcohol and other drugs, but providing too much information too early can negatively influence their healthy decisions and behavior. For example, drug fact sheets and posters that describe reasons for use, methods of use, the street names of drugs, and potential benefits of use are ineffective at best and may increase experimentation in vulnerable children and youth.

Curricula that only provide information about the consequences of substance use do not produce measurable and long-lasting changes in behavior or attitudes. This approach is considered by prevention scientists among the least effective educational strategies.[26]



This information is NOT for youth.

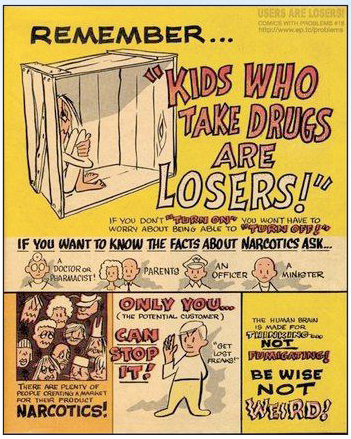
In fact, there is significant data to demonstrate that fact sheets in the hands of middle school students show them how to defy adults and enhance peer reputation by engaging in risky behaviors.[6, 25]

Showing the benefits of drug use, even when paired with consequences, promotes drug use among youth. The idea that there is an easy way to forget pain, lose weight, cope with anxiety and fit-in may entice teens to experiment.

Role Play that Conditions Youth to be Drug Users or Dealers

Practicing newly acquired skills through the use of structured behavioral rehearsal is a vital strategy in many of the most highly regarded evidence-based prevention programs; however, unstructured role play and the use of impairment props (like fatal vision goggles) that are intended to simulate being under the influence can result in unintentional peer reinforcement of anti-social behavior.[4, 27, 28] In fact, there is zero evidence that fatal vision goggles decrease drunk driving and no research supports their use with youth in the 10-17 age group. [50,51]

What Doesn't Work in Prevention (continued)



Moralistic Appeals

As teens individuate, a normal process of human development, they begin to develop their own set of core values that may be different than the families and institutions they are bonded to. Appealing to morality as young people are finding their own path to adulthood may produce the opposite effect of what we intend and compromise their healthy choices.[27]

Grouping At-Risk Youth Together

Grouping at-risk youth together in early adolescence may inadvertently reinforce problem behavior as inexperienced risky youth learn from their more experienced peers.

Thomas Dishion from the Oregon Social Learning Center found at-risk youth grouped with peers exhibit more problem behaviors than those who are not grouped with peers after prevention programming.[29]

Final Thoughts

Talking about ineffective and counterproductive strategies as you build the capacity of your community partners can be highly challenging for all involved, particularly if the practice under discussion has become a tradition, is close to your community's or partner's heart, or was their best response to a tragedy or other personal experience with substance abuse.

It can be devastating to learn that our best intentions may have been fruitless, or actually contributed to increases in the very behaviors we're trying to prevent; however, as effective preventionists, we must learn from the lessons of our past and be equipped for these important conversations.

Remember, relationships are the key to creating sustainable change in your community, so be gentle; nevertheless, move forward knowing that we cannot work against our goals by supporting practices that reinforce trauma or the risk factors contributing to substance use.

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