Identifying structural barriers And facilitators for family-focused interventions To prevent SUD in adolescence

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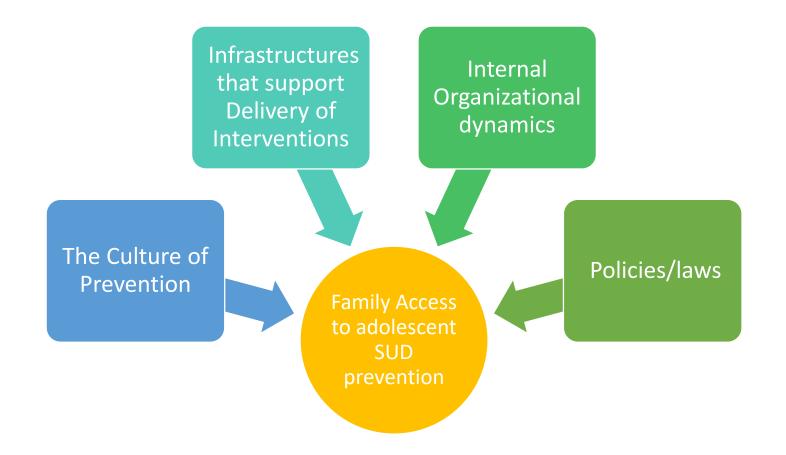Berkeley, CA
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Structural components that influence the delivery of family-based SUD prevention for adolescents

Culture of Prevention--includes attitudes, beliefs, values, and knowledge about prevention held by individuals, families, larger society.

Infrastructures for delivery of best practices and evidenced based interventions (EBIs) to families to address adolescent SUD.

Internal organizational barriers and facilitators for delivery

Policies and laws: Local, state and federal

Structural Components that present barriers and facilitators to access family-based interventions to prevent SUD in adolescence

The Culture of Prevention

Infrastructures that support Delivery of Interventions

Internal Organizational dynamics

Policies/laws

Family Access to adolescent SUD prevention

The Culture of Prevention

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Culture of Prevention

Values, attitudes, beliefs, and knowledge about prevention and the role of prevention in the promotion of health

Adopting a culture of prevention framework exists and can vary across:

- Individuals
- Families
- Communities
- Nations

Petras, et al 2020

Extent to which a culture of prevention is evident

Public acceptance of values & ideals

Policies & legal frameworks that support prevention

Allocating resources equitably

Incorporating scientific findings & clinical knowledge-communicating

Coordination of services across multiple sectors of private (NGOs) and governmental agencies

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Beliefs that serve as barriers to adopting a culture of prevention

Prevention comes at the expense of treatment dollars; there are inadequate resources for treatment and that should be prioritized.

Prevention is not relevant—This problem will not happen in my family

Engaging in an EBI infringes on parental rights to determine what is appropriate for my child

Expert denial--Scientists/clinicians/policymakers are wrong, don't know what they are talking about: they change their minds constantly

Action: Initiate a paradigm shift

From planning system response from treatment only to a balanced prevention and treatment comprehensive plan. (Petras et al., 2021)

Develop more effective communications with families about prevention, utilize the media tools effectively
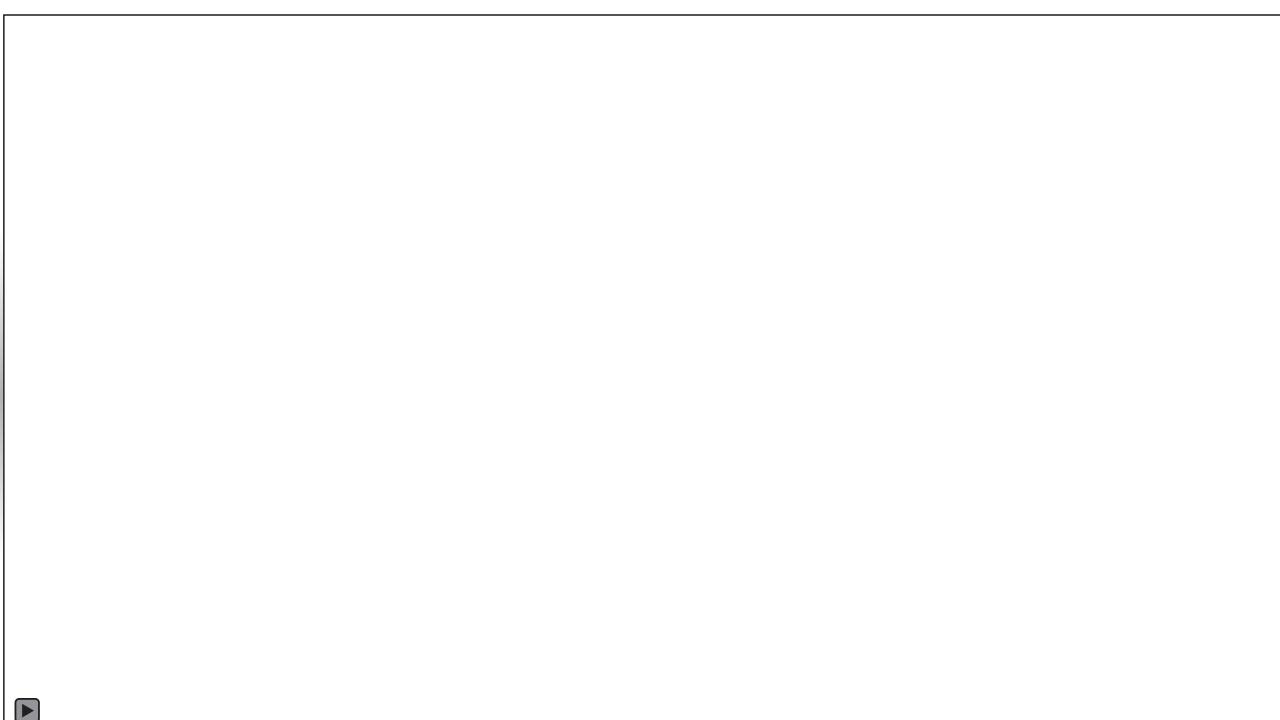
Include families and communities in the process to advocate for prevention

Action: Communicate to different audiences

Economic benefits (Nida 2020)

Investment in life potential— Youth Assets Approach

Develop models of equity and opportunity –one community is a change

Schools and health care settings

Reasons they facilitate delivery

- Easy to identify targeted age group of adolescents and their parents

- Existing infrastructures that are already in place and have established relationships with families

- Goals of these settings closely aligned with the issues of prevention of substance use

Schools and health care settings

Reasons they pose barriers for delivery

- Overly "stretched" and may not have the capacity to take on a substantive role focusing on prevention

- Health care settings do not provide regular access to all families in the community

- Disparity in delivery in health care services means that not all families are reached

- Home schooled and adolescents who drop out of school settings difficult to reach

- Parents are difficult to engage in school-based activities

Online delivery of Interventions--Facilitators

- Evidence that they work
- Allows for interactive, content
- Low -cost delivery
- Self-directed in comfort of own home at their own pace
- Allows parent and adolescent to engage in material with guided offline discussions
- Can be more easily updated with new information (e.g., new policies/laws that are relevant)
- (Byrnes, et al., 2019)

Online delivery of Interventions--Barriers

- Difficult to "market" to families
- Require some funding to keep the website up and running
- Access to internet required with hardware that allows interacting with program

Wang-Schweig, et al 2019

Actions: Engaging the community resources

Community coalitions (e.g.,Drug Free Communities)

Churches

Neighborhood resources (e.g., barbershops)

Actions:

Include implementation science outcomes

Measure outcomes to provide evidence for continued support

Leverage knowledge at policy level to emphasize value and outcomes

Internal Organizational dynamics

Examples of Characteristics of organizations and leadership that facilitate the adoption and implementation of best practices and EBIs

- Organizational readiness for the intervention (Shea et al., 2014)

- Implementation leadership that develops a plan and supports employee efforts (Aarons et al., 2014; Aarons et al., 2015)

- Implementation climate— general acceptance that how EBIs are implemented are important (Ehrhart et al., 2014)

Structural barriers within organizations impacting implementation of family-based interventions
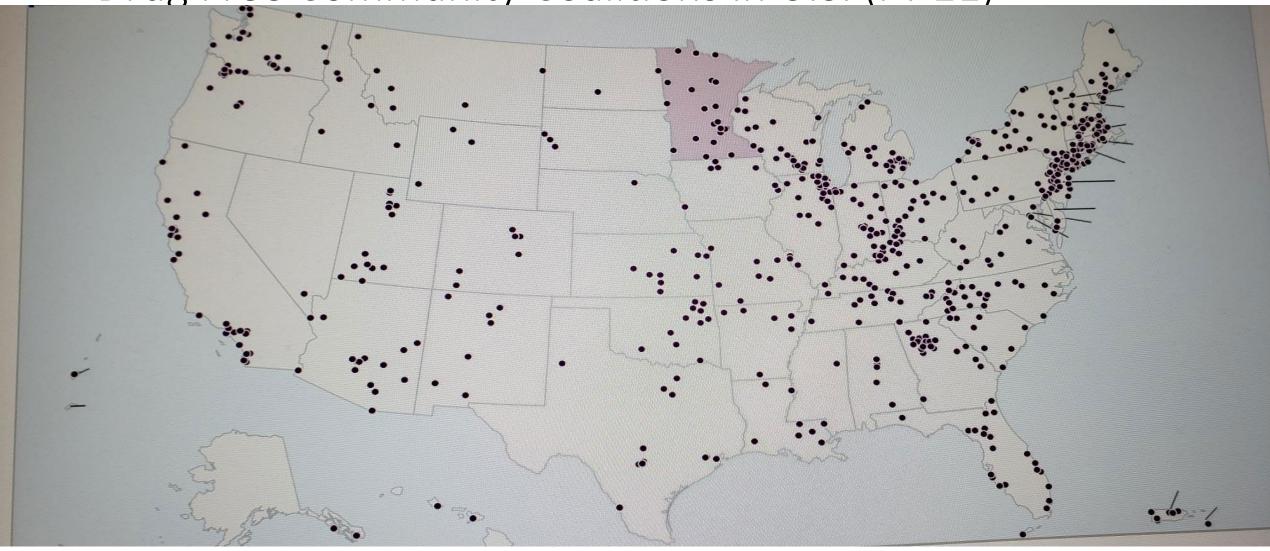
- Lack of resources—people and funds

- Need for training on prevention approaches, measuring outcomes, engaging families

- Disparity in access

Drug Free Community Coalitions in U.S. (FY 21)

Action Steps

- Access experts in the field of Implementation Science

- Invest in training not just about programs but also about how to best reach families

- Engage in collaborative work, removing the inter-organizational barriers to encourage knowledge sharing and to support common goals

Policies/laws

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Facilitators for using policy approaches

Evidence from policy → Higher alcohol taxes decrease adult consumption → Decrease Youth drinking

Xuan et al, 2013

Barriers for using policy approaches

Unintended consequences

Social Host laws –case example

Barriers for using policy approaches

Passing law/policy does not equate enforcement or action

Targeting adults who provide youth with alcohol/drugs requires resources, training, and buy in

Jones-Webb et al, 2015

Actions to activate policy approaches

Ground-up movement and top-down approach

Historical ground-up effort of Mothers Against Drunk Driving (MADD)

Fell and Voas, 2006

Conclusion

The culture of prevention impacts planning, implementing and evaluating SUD family-focused interventions

Numerous infrastructures exist that can support the implementation of family-focused interventions

Characteristics of the infrastructure and the leadership within is highly critical to successful implementation of family-focused interventions

Policies and laws can provide critical support for family-focused interventions but ongoing monitoring is needed to ensure intended effects are achieved.

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