

# **An Earlier and Broader Approach to Prevention**

Linda Richter, PhD

# RETHINKING SUBSTANCE USE PREVENTION

An Earlier and Broader Approach



Report

 **Partnership**  
to End Addiction

# PREVENTION AGENDA

2022



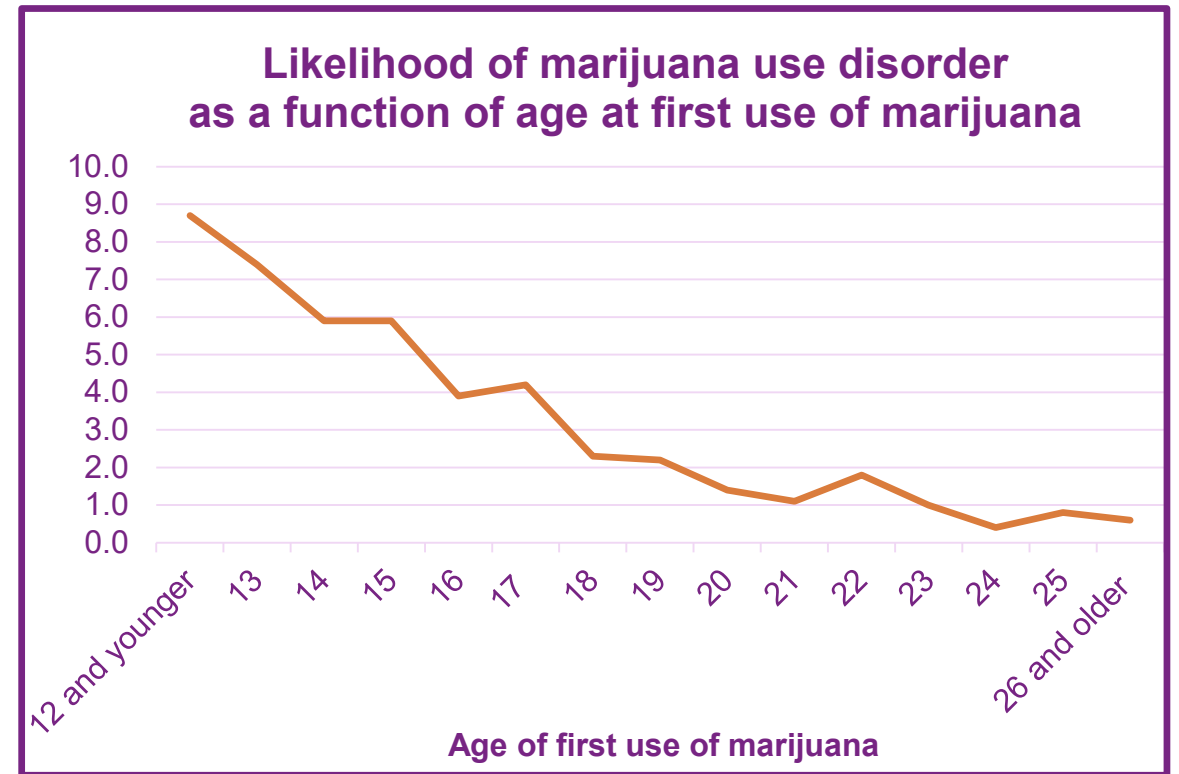
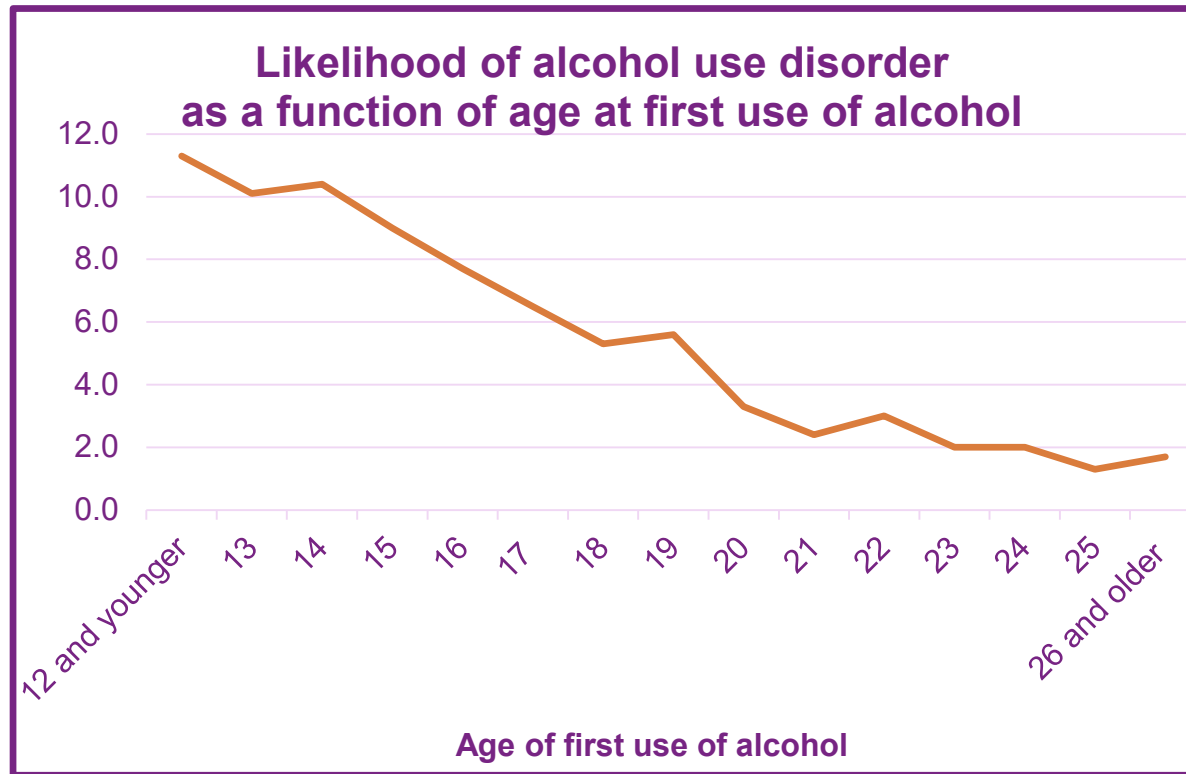
Agenda

# Why Prevention Efforts Mostly Focus on Adolescents

- A period of intense and transformative brain development
- Allows youth to take risks so they can encounter new experiences, learn from them, and be better prepared for adulthood
- But the risk-taking developing brain is not yet equipped with the cognitive controls needed to rein in potentially harmful behaviors
- **Adolescence is the developmental stage most vulnerable to initiating and experimenting with substance use and experiencing the consequences**
- Substance use during adolescence can induce changes in the structure and functioning of the brain that persist into adulthood and underlie addiction

# Significantly Heightened Risk of Addiction

The consequences -- including, the likelihood of developing a substance use disorder -- are more severe if use begins at a young age



Source: Analysis of 2018 NSDUH data

# The Current State of Adolescent Substance Use

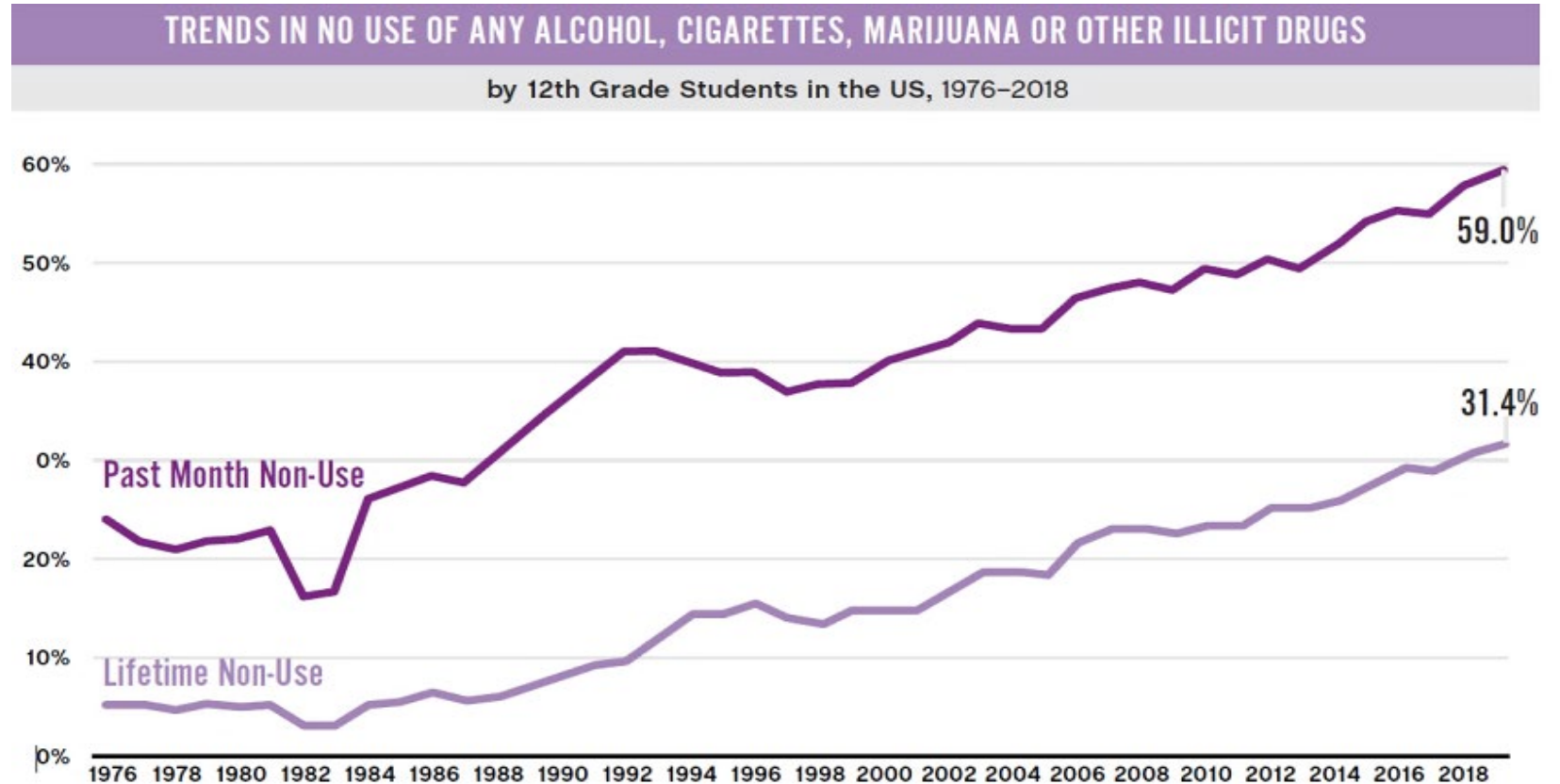
Past-year use among 8<sup>th</sup>, 10<sup>th</sup>, & 12<sup>th</sup> graders:

- Alcohol: 30.2%
- Nicotine Vaping: 19.2%
- Marijuana: 17.9%
- Other Illicit Drugs: 5.6%

*Monitoring the Future Study, 2021*

# Encouraging Trends

Increasing numbers of young people in the United States are not using nicotine, alcohol, or other drugs.



Source: Monitoring the Future, 2019; Levy, S., Campbell, M. C., Shea, C. L., DuPont, C. M., & DuPont, R. L. (2020). Trends in substance nonuse by high school seniors: 1975–2018. *Pediatrics*, 146(6), e2020007187.

# Trends Paralleling Declines in Adolescent Substance Use

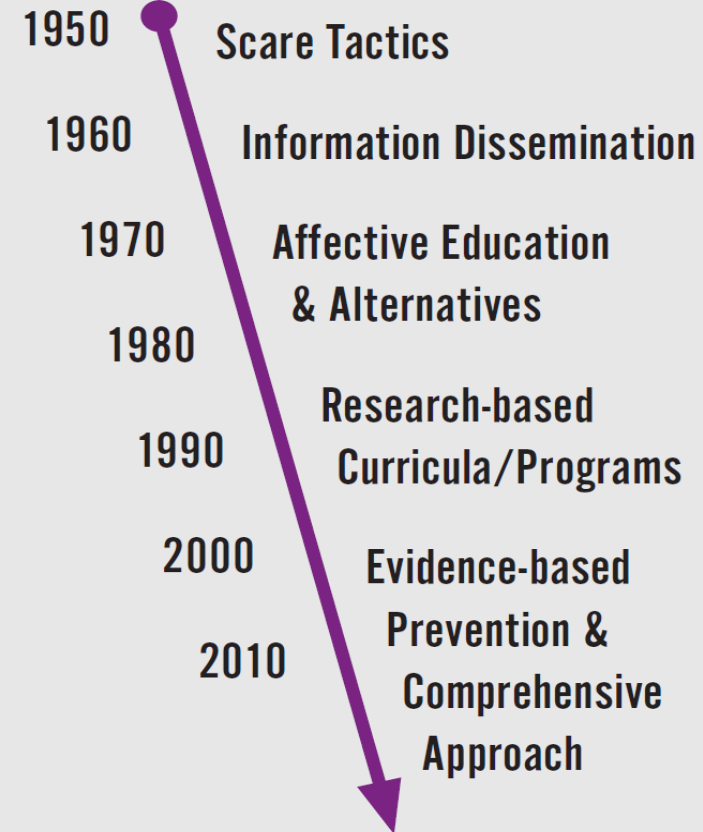
INCREASING TRENDS	DECREASING TRENDS
Age at first substance use	Maternal postpartum depressive symptoms
Positive attitudes toward school	Corporal punishment (i.e., harsh discipline)
Parental monitoring	Conduct problems
Strong parental disapproval of substance use	Youth engagement in sex
Strong youth disapproval of peer substance use	Time spent without parental supervision
Parental affirmation	
Youth participation in extracurricular activities	
Youth wearing a car seatbelt	
Social-Emotional Learning (SEL) programs	

# Historical Shifts in Approaches to Substance Use

## Shifting models for understanding addiction:

- Moral model
- Biomedical model
- Biopsychosocial model

## HISTORY OF PREVENTION



Source: CADCA National Coalition Academy



## The Good News

- Rates of non-use increasing
- Rates of use declining
- More nuanced, health-based view of addiction
- More nuanced and multi-faceted approach to prevention

## The Bad News

- Rates are still too high
- Youth who use tend to do so excessively
- Youth mental health crisis
- Parents feel overwhelmed and helpless in the face of pro-use influences

## So What's Still Missing?

# Limitations to Current Approaches

The aim of prevention is to mitigate risk factors and strengthen protective factors within the individual, family, and community. Yet, traditional approaches mostly:

- Focus on reducing risk, not on **promoting health and resilience**
- Target the child, not **parents, schools, and communities**
- Begin in adolescence, not **early childhood** when the seeds of risk and resilience are planted
- Address only a small portion of relevant factors, not the broader **social determinants** of risk and protection

# The Focus is Too Narrow

- A focus on **risk** obscures the importance of positive, protective development
- A focus on **the individual child** obscures the broader social and structural context in which the child lives
- A focus on **parental and school responsibility** underemphasizes the broader influences on risk and protection
- A focus on “**evidence-based**” **programs** target short-term measurable changes in the child, underemphasizing less easily measured, longer-term effects on the child’s protective environment

# We Need to Start Earlier

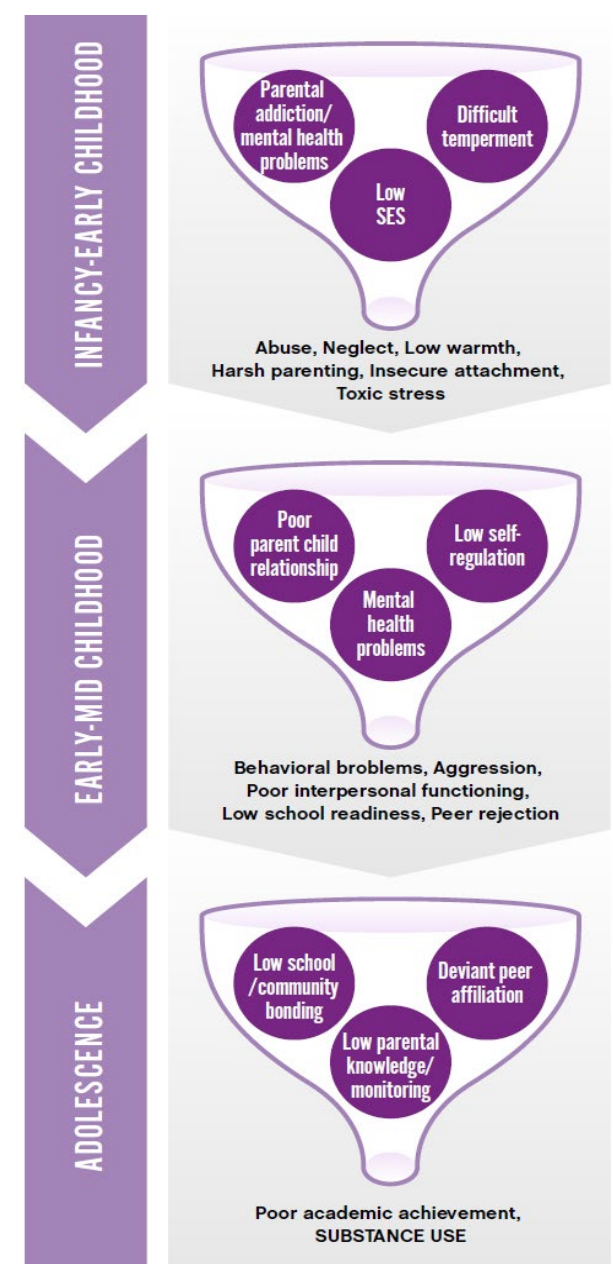
- Minimize **foundational risk factors** before they are entrenched and compounded while bolstering protection
- Absorb the **knowledge and lessons** from other child development fields that address parallel risk and protective factors for a broad range of related outcomes (e.g., mental health, literacy, poverty)
- Early interventions **relieve the burden** of prevention in adolescence
- Minimize risk in earlier childhood to confer **substantial protection** against substance use in adolescence

# Why the Early Years Matter

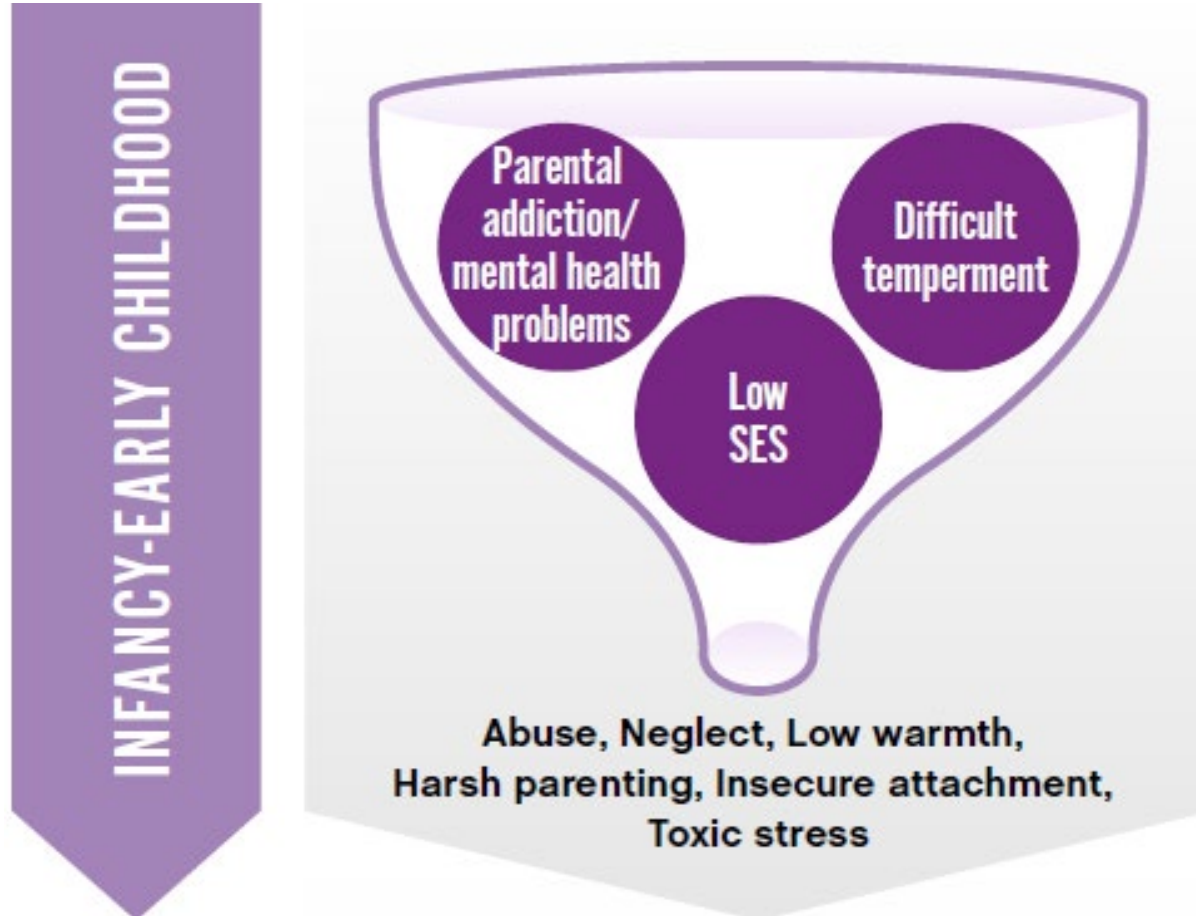
- **Adverse Childhood Experiences (ACEs)** and other early incidents of stress can lead to atypical brain development. **ACEs include:**
  - Physical, emotional, sexual abuse or neglect;
  - Family mental illness, addiction;
  - An incarcerated relative;
  - A mother who was treated violently;
  - Parental divorce or separation
- When the ACE is prolonged and relentless, it can produce a **toxic stress** response, interfering with healthy brain development
- Effects are often **intergenerational**

# A Cascade of Risks and Protections

Risk factors in infancy lead to risk factors in toddlerhood, which interact and lead to risk factors in childhood, adolescence, and so on.



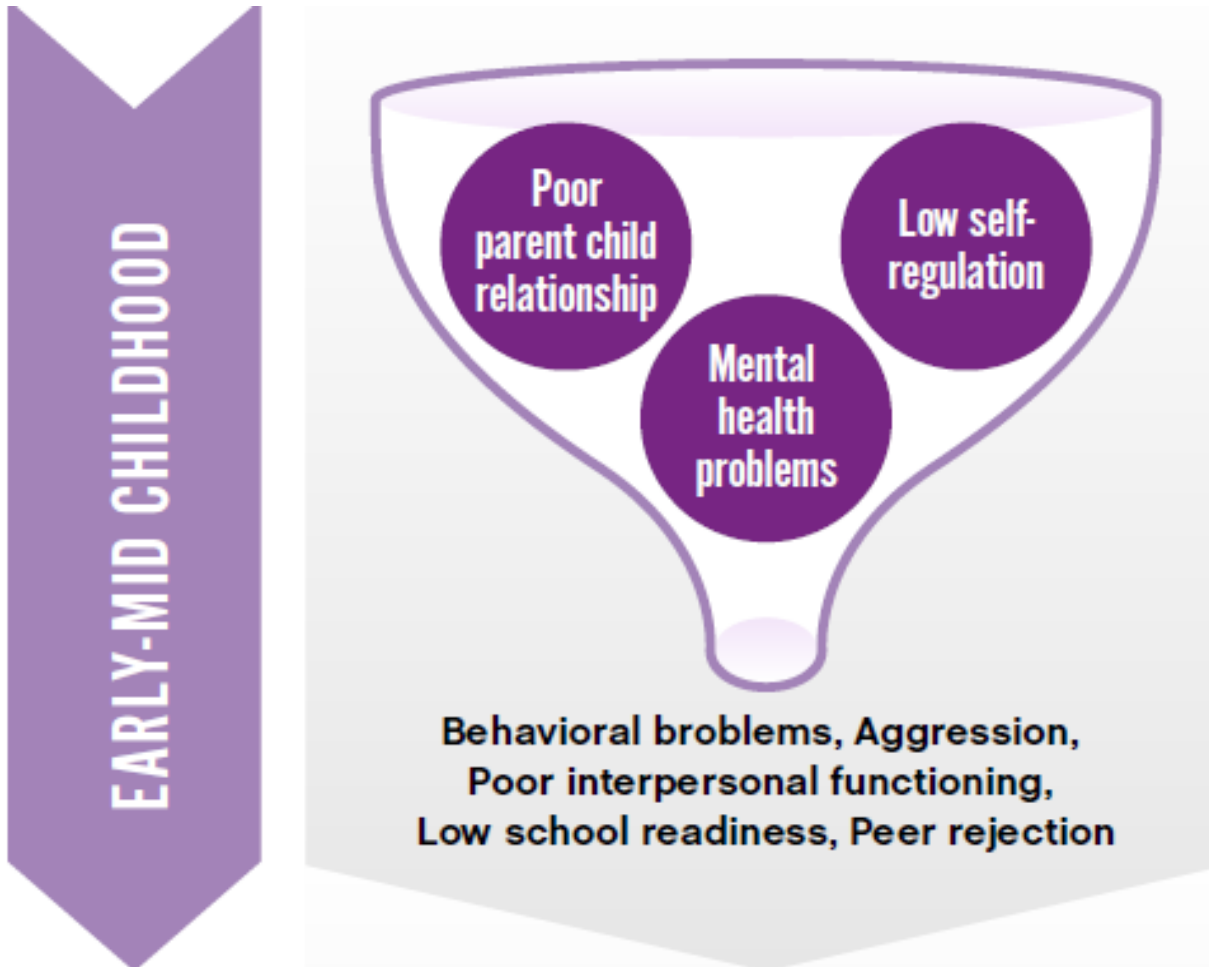
# Addressing Risks in Infancy/Early Childhood



To provide a strong basis for substance use prevention:

- Ensure healthy prenatal nutrition
- Treat parental addiction and mental health disorders
- Support positive parenting practices to create a secure parent-child attachment, healthy development of self-regulation and resilience

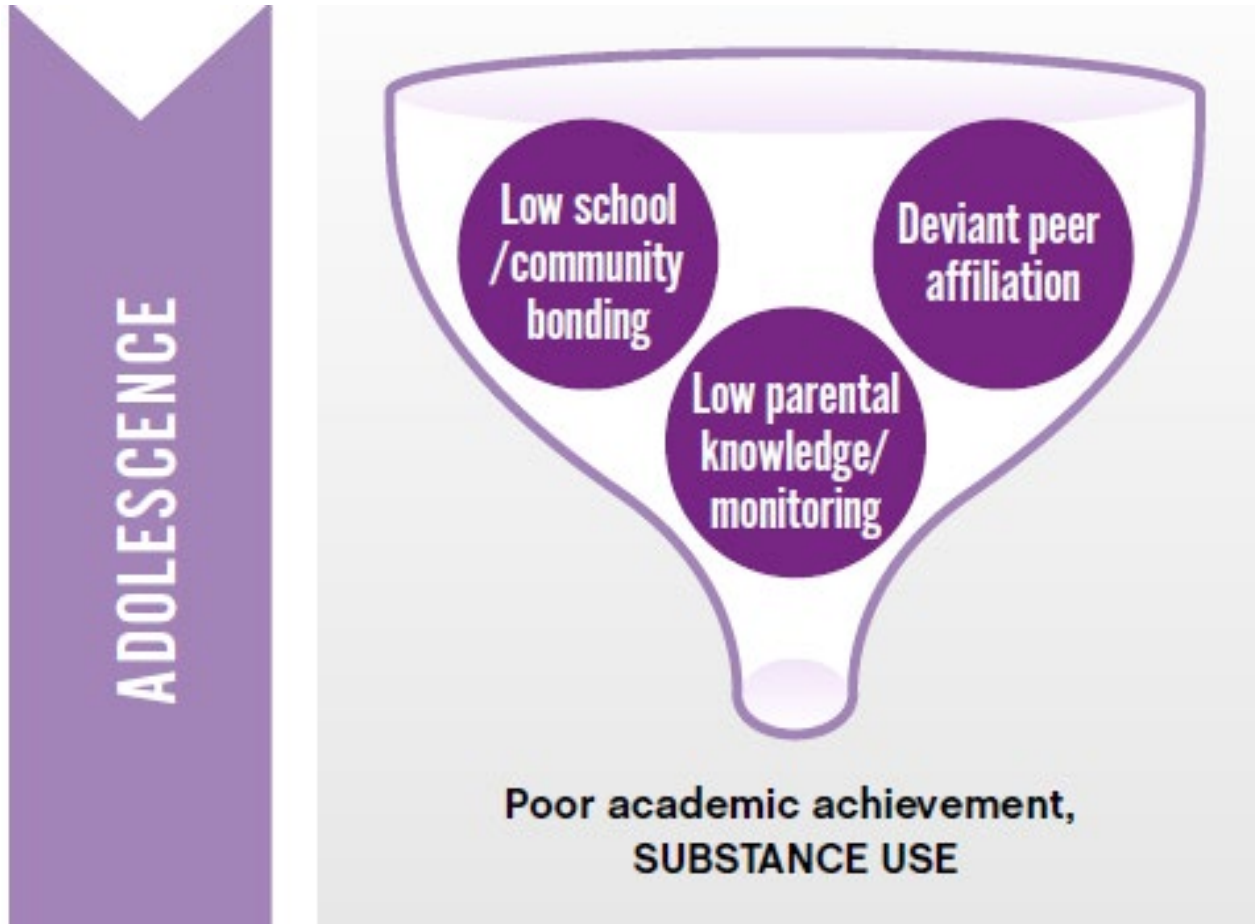
# Addressing Risks in Early- and Mid-Childhood



- Continue to develop positive self-regulation, resilience in the child
- Regulate child distress and behavior through warm and sensitive caregiving
- Engage in healthy discipline and limit-setting to provide safety and security and help children self-regulate, form healthy relationships, and develop school readiness



# Addressing Risks in Adolescence



- Identify deficits in self-regulation
- Provide interventions to increase resilience and social-emotional competence
- Boost parent knowledge and skills to establish a healthy parent-child relationship, bolster child resilience, and **prevent future substance use**

# Case Examples: Maternal Stress and Poverty

Early childhood brain development is sensitive to ACEs:

- Prenatal maternal stress → altered neurodevelopment and social-emotional and cognitive development in offspring → impaired mental health
- Childhood poverty/neighborhood adversity → chronic parent/child stress → impairments to developing brain → substance use, mental health problems
  - Baby's First Years study: cash payments to low-income families → faster brain activity within babies' first year of life → improved development

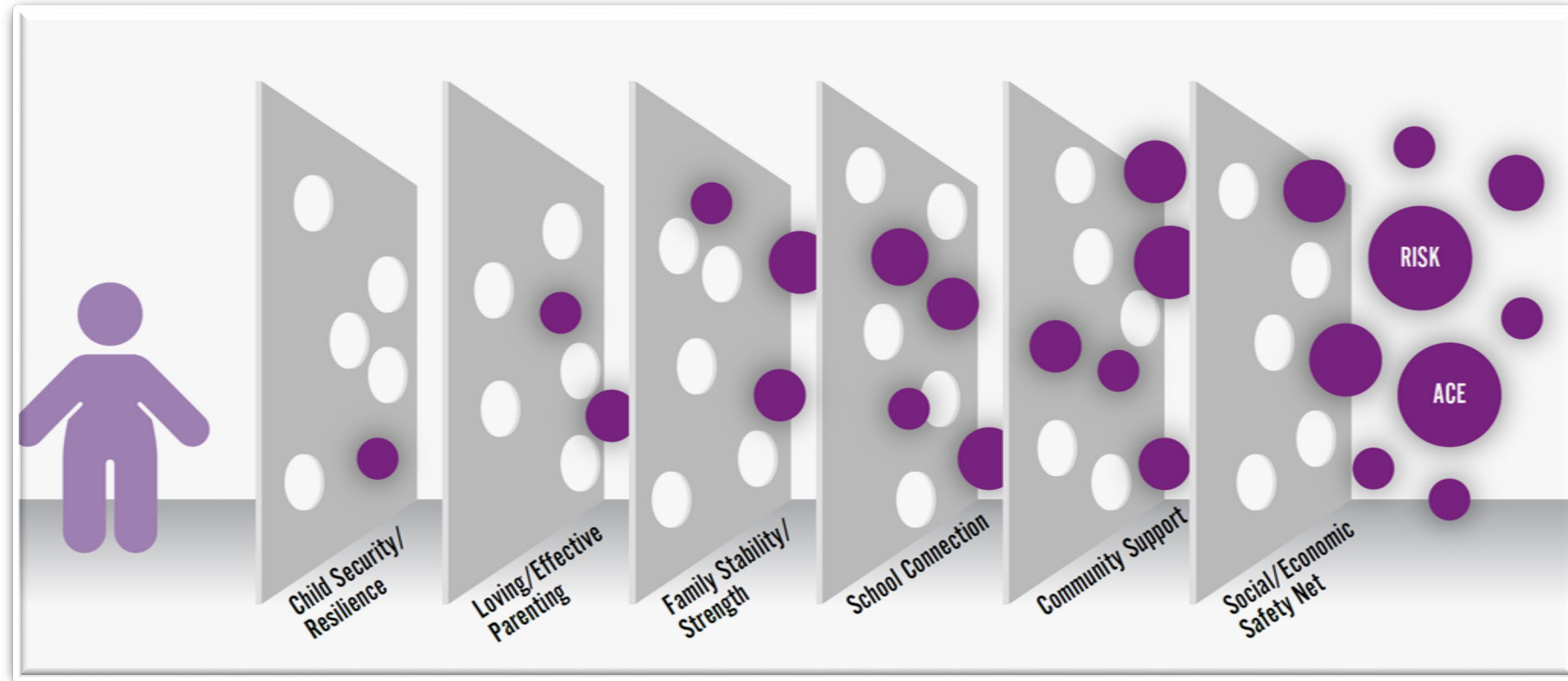
# Recommendations to Support an Earlier, Broader, Family-Focused Approach

# Broaden the Focus

- While it might seem counterintuitive, interventions within substance use prevention tend to be **too narrowly focused on substance use**
- Current efforts are **necessary but not sufficient**
- Need to go beyond targeting individual characteristics to **include structural influences** on risk and protection
- Need to go beyond targeting students and parents to **include a broader set of sources of influence**, including health professionals
- Provide a more comprehensive approach and take some of the **burden off parents and other caregivers**

# Apply the “Swiss Cheese” Model

Think of prevention as targeting each level of risk – sociocultural, community, school, family, individual – creating cumulative and comprehensive layers of protection against ACEs and other risks.



# How Health Care Providers Can Lay the Groundwork

- Routinely **educate parents** about protective and risk factors for substance use and how to address them, even before signs of risk emerge
- **Screen** young patients for all forms of risk – including ACEs, low school readiness, and deficits in self-regulation – as part of routine clinical visits
- Provide **counseling to parents** whose children are diagnosed with conditions that increase risk of later substance use (e.g., ADHD, CD, ODD, headache, injury/poisoning, trauma- or stress-related disorders)
- Provide **parenting skills support** to parents receiving substance use or mental health disorder treatment (e.g., linkage to home visiting programs)

# Take Advantage of the Current Policy Climate

- Improve child outcomes through initiatives normally considered beyond the scope of substance use prevention
- We are in a historical moment of government attention to the importance of investing in early social determinants of health (family income, housing, food, healthcare security and stability)
- COVID raised awareness of the need to focus on broader, more collaborative efforts to protect youth health and well-being
- Opioid settlements provide opportunity to dedicate a significant portion of state funds to comprehensive, early prevention

# Facilitate Healthy Child Development

- Ensure family income, food, housing, healthcare stability and security
- Support quality childcare, paid family leave to reduce family stress
- Increase access to affordable, quality addiction/mental health treatment so that children grow up in a household unscarred by parental illness
- Support parents to improve parenting skills through education, skill building, home visiting, tech-based support services
- Support programs that nurture childhood health, education, self-regulation, social-emotional competence, resilience
- Promote mentorship, supportive extracurricular activities, neighborhood safety
- Require early and effective screening and interventions in all health encounters



# Promote Collaboration and Coordinate Funding and Management of Youth Protective Services

- Establish a **federal coordinating body focused on children** to develop policy recommendations, coordinate policy implementation, and promote collaboration among health-oriented government agencies
- Include **data reporting requirements** in policies aimed at addressing social determinants of health (e.g., housing, income, child care, health coverage) to evaluate long-term effects on youth substance use
- Increase the **prevention set-aside** in the SAMHSA block grant to a level higher than the currently required 20%
- Apply a significant portion of **state opioid settlement funds** to bolster socially equitable primary prevention infrastructure and implementation

# Support Direct Services to Parents to Strengthen Effective Parenting Practices

- Improve insurance reimbursement for important health care services for parents that reduce the likelihood of an unhealthy and unsafe home environment for children
- Strengthen enforcement of insurance parity and other laws that prohibit discriminatory coverage of mental health and substance use disorder benefits
- Support parenting skills programs, home visiting programs, and telehealth/online/text messaging parent support services

# Support Direct Services to Children to Promote Health and Reduce Risk

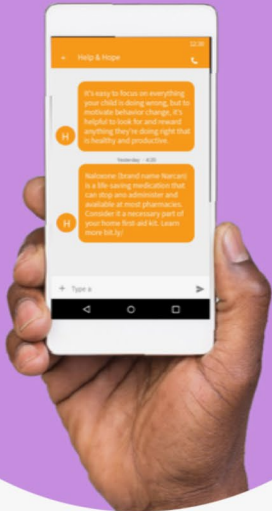
- Incentivize the use of routine pediatric screening for a range of risk factors for children, starting at an early age and continuing into early adulthood
- Expand and make permanent the funding provided in COVID relief bills for school-based mental health services and for Head Start programs, as well as the child tax credit to reduce family poverty
- Invest in social-emotional learning interventions to foster child resilience
- Invest in training for school psychologists and counselors in primary prevention and in the use of evidence-based screening

# Ensure Sustainable Funding for Prevention Research that Takes an Earlier and Broader Approach

- Document the short- and long-term effects of investments in family health and stability on youth risk for substance use and addiction
- Track changes in the prevalence of risk factors, including ACEs, and protective factors, including interventions that reduce financial strain on families and support child and parental mental health
- Monitor the longer-term effects of prevention programs on youth substance use

***By intervening earlier and more broadly,  
we can promote child health, prevent youth  
substance use and addiction, avoid future  
drug epidemics, and reduce the damaging  
consequences of addictive substances on  
future generations.***

# Information and Support for Families



## Connect & learn

We offer tools for connection and learning more, for wherever you are along the journey. Help & Hope by Text delivers customized messages and resources straight to your phone. Through our online learning courses, you can develop skills to help manage parenting challenges associated with substance use.

- > Help & Hope by Text
- > Online learning

## Get Support



## IS YOUR CHILD AT RISK? A SUBSTANCE USE RISK ASSESSMENT

Survey: 5-6 minutes to complete

This risk assessment is designed to help you better understand the risks your child may face related to mental health, well-being, personality, family history, and their environment.

You can take actions to reduce the chances your child will use substances or experience problems with them based on your results.

## Conduct a Risk Assessment

# RETHINKING SUBSTANCE USE PREVENTION

An Earlier and Broader Approach



Report

 **Partnership**  
to End Addiction

# PREVENTION AGENDA

2022



Agenda

 **Partnership**  
to End Addiction

# Thank You

[Irichter@toendaddiction.org](mailto:Irichter@toendaddiction.org)

[www.drugfree.org](http://www.drugfree.org)