Understanding the Social Context of Prevention

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July 20, 2016

Defining Social Context

- The *social* environment, *social context*, sociocultural *context* or milieu refers to the immediate physical and *social* setting in which people live or in which something happens or develops. It includes the culture that the individual was educated or lives in, and the people and institutions with whom they interact.

Wikipedia

The Social Context of Behaviors

Prevention Initiatives

- Society At-Large
- Neighborhoods & Communities
- School Environments
- Family Environments
- Peer Groups/Target Groups
- Individual

Risk & Protective Factors

- **Risk and Protective Factors:** factors that influence likelihood of individual developing substance abuse or related BH problem. R/P Factors are present at various levels including: individual; family; community; and societal.

Societal

Community

Relationship

Individual
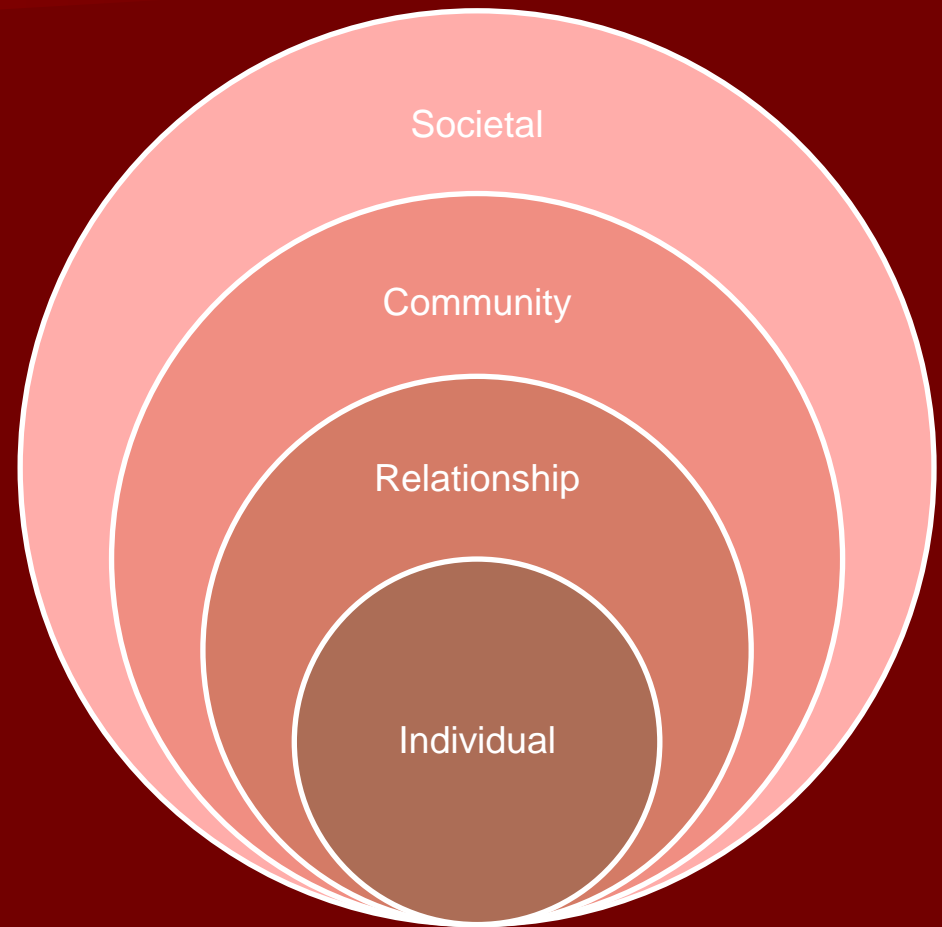
Prevention Defined

The role of prevention is to create healthy communities where people enjoy a quality life:

- Healthy environments at work and in school
- Supportive communities and neighborhoods
- Connections with families and friends
- Drug and crime-free

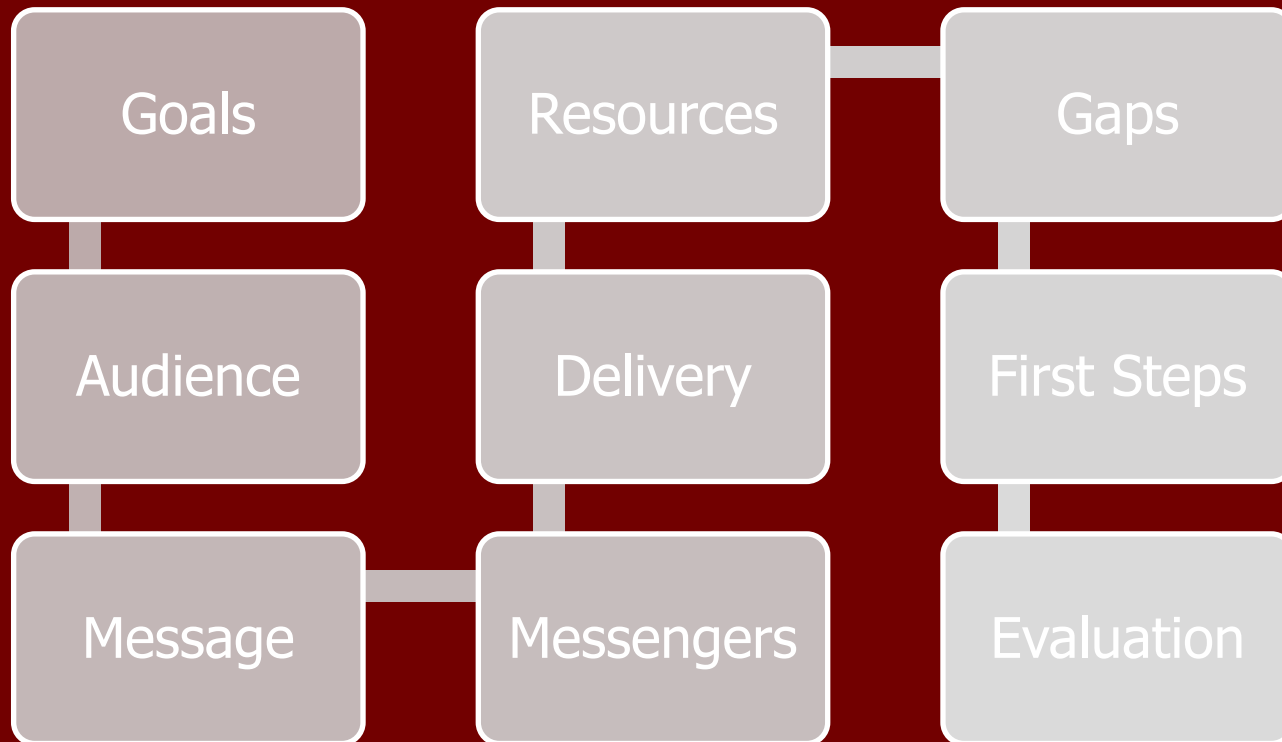Source: Center for Substance Abuse Prevention, SAMHSA

Prevention Questions?????

- What do you want to prevent?
- Who is your target audience?
- What will be your strategy?
- What level is addressed ?
- Who should be involved?
- What do you expect to achieve?
- What will be your methods of evaluation

1. What do we want? (Goals)

- What are the long-term and short-term goals?

- What are the content goals (e.g. policy change)?

- What are the process goals (e.g. building the community among participants)?

These goals need to be defined at the start, in a way that can launch an effort, get people involved, and be sustained.

2. Who can give it to us? (Audience)

- Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e. policymakers). This also includes those who have the capacity to influence those with authority (i.e. the media and key constituents).

3. What do they need to hear? (Message)

- Craft and frame a set of messages that will be persuasive to the different audiences. Although the messages must be rooted in the same basic truth, they also need to be tailored differently for different audiences. In most cases, policy or environmental change messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

4. Who do they need to hear it from? (Messengers)

- The same message has a different impact depending on who communicates it. Who are the most credible messengers for the different audiences? What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

5. How can we get them to hear it? (Delivery)

- There are numerous ways for advocates to deliver the message. The most effective varies from situation to situation. The key is to evaluate and apply them appropriately.

6. What have we got? (Resources)

- Take careful stock of the resources that already exists or need to be built on. Take a look at staff, information, alliances and other people's capacity. You don't need to start from scratch.

7. What needs to be developed? (Gaps)

- What resources are you missing? Identify what pieces are missing and who can help fill the gaps.

8.Where do we begin? (First Steps)

- Look at short-term goals or projects that would bring people together. Create something achievable that lays the groundwork for the next step.

9. Is it working? (Evaluation)

- Strategy needs to be evaluated at the beginning, middle and end of the campaign. It's important to discard any elements that don't work once they are put into practice.

Prevention Guiding Principles

- Accurately assess the problem
- Who is at risk?
- What do you want to prevent?
- What level of prevention do you want to achieve?
- Are your prevention efforts primary of secondary?

- What alternatives can be offered?
- The higher the level of risk for the target population, the more intensive the prevention effort needed.

The Seven Habits of Effective Prevention Programs

1. Early & sustained intervention
    *long term, repeated message and reinforcement of original prevention goals
    *age-appropriate developmentally
    *aware of life transitions that might increase risk
    *intervene in appropriate settings and domains

2. Community Based

* Adapted to address the specific problem in the local community

* Community programs need to strengthen norms throughout the community and enhance "protective factors"

* Reduce the availability of illicit drugs, alcohol, tobacco for the under-aged

* Strengthen social bonding among families and community organizations

* Develop a community plan to include:
- Assessment of the community problem
- Identify community resources
- Designate key players and programs to be involved
* Utilize media to reinforce efforts of all involved organizations
* Develop feasible objectives

3. Multi-systemic Based

Micro
Systems

Meso
Systems

Exo
Systems

Micro Systems

Family Programs

*Parent training skills

*Home visits, provision of services, & parent needs

*Education component for parents about children's problems

*Programs should refer to/provide counseling services to the family

*Inform parents about what children are learning in prevention

*Family focused prevention efforts have greater impact than parent focused or child focused only

*__Individual attention__

Involvement of youth in decision making and world of community and work

Assessing resistance and peer influence

Meso Systems

*Staff development for all caretakers and organizations

*Schools offer opportunities to subpopulations at risk for drug abuse, teen pregnancy, abuse and other problems

*Schools can offer multiple years of intervention

*Schools can teach resistance and refusal skills

*Utilizes faith-based organizations

*Utilizes all community organizations in prevention efforts

Exo System

*Involves the use of media, government, social policies, laws, corporations to support families, communities, and national prevention efforts

* "We Say No!" Campaign

4. Strengthens Life-Skills

*Teaches resiliency and achievement skills

*Teaches needed social skills

*Teaches social competency and resistance to peer influence

*Teaches techniques for parents to raise their levels of confidence

Resiliency Chart

Achievement Skills

Protective Factors

RESILIENCY

Social Intelligence

Moral Intelligence

Resiliency Skills

Emotional Intelligence

5. Interactive with Identified Population

*Assess levels of risk, protection, and substance abuse for that population

*Includes a population assessment of risk and protective factors

*Ensure that interventions are culturally appropriate for the population

*Targets all forms of the problem for the population

6. Must Be Comprehensive

*Directed towards the roles of all ages for prevention

*Coordinates the activities of all personnel and organizations towards the same goals and appropriate means keeping all in the same direction

*uses strategies to assess if early risk behavior can be reversed through education and prevention efforts

*Utilizes both primary and secondary prevention efforts

7. Program Management & Evaluation

- Management
  - Ensure consistency and coverage of programs and policies
 - Continued in-service training and education for staff and volunteers

- Monitor and evaluate programs
Evaluation:

*what was done in the program?

*how was the program carried out?

*who participated in it?

*was the program implemented as intended?

*did the program achieve what was expected?

*did the program produce the desired long-term effects?

Overview of Current U.S. Substance Abuse

Continuum of Care
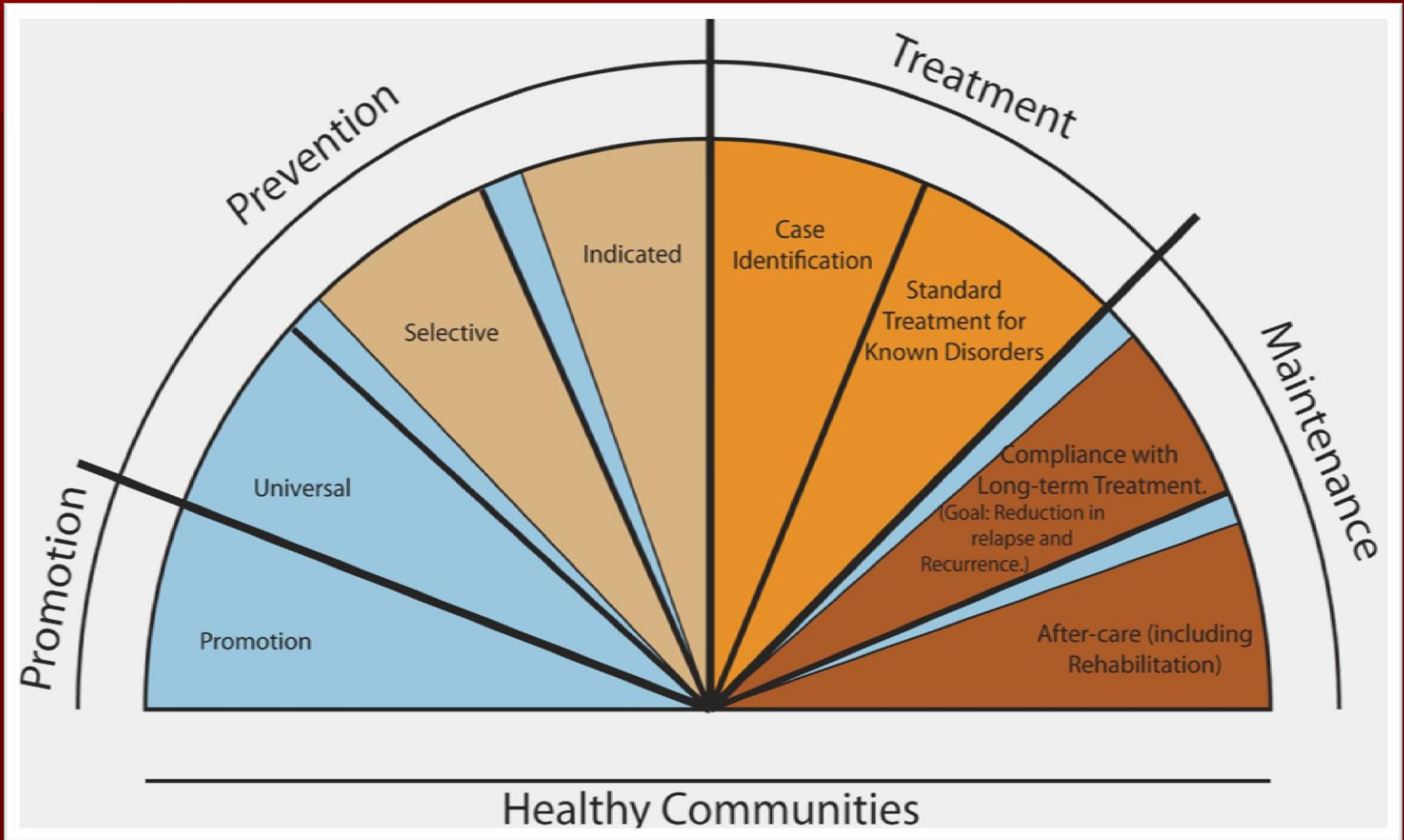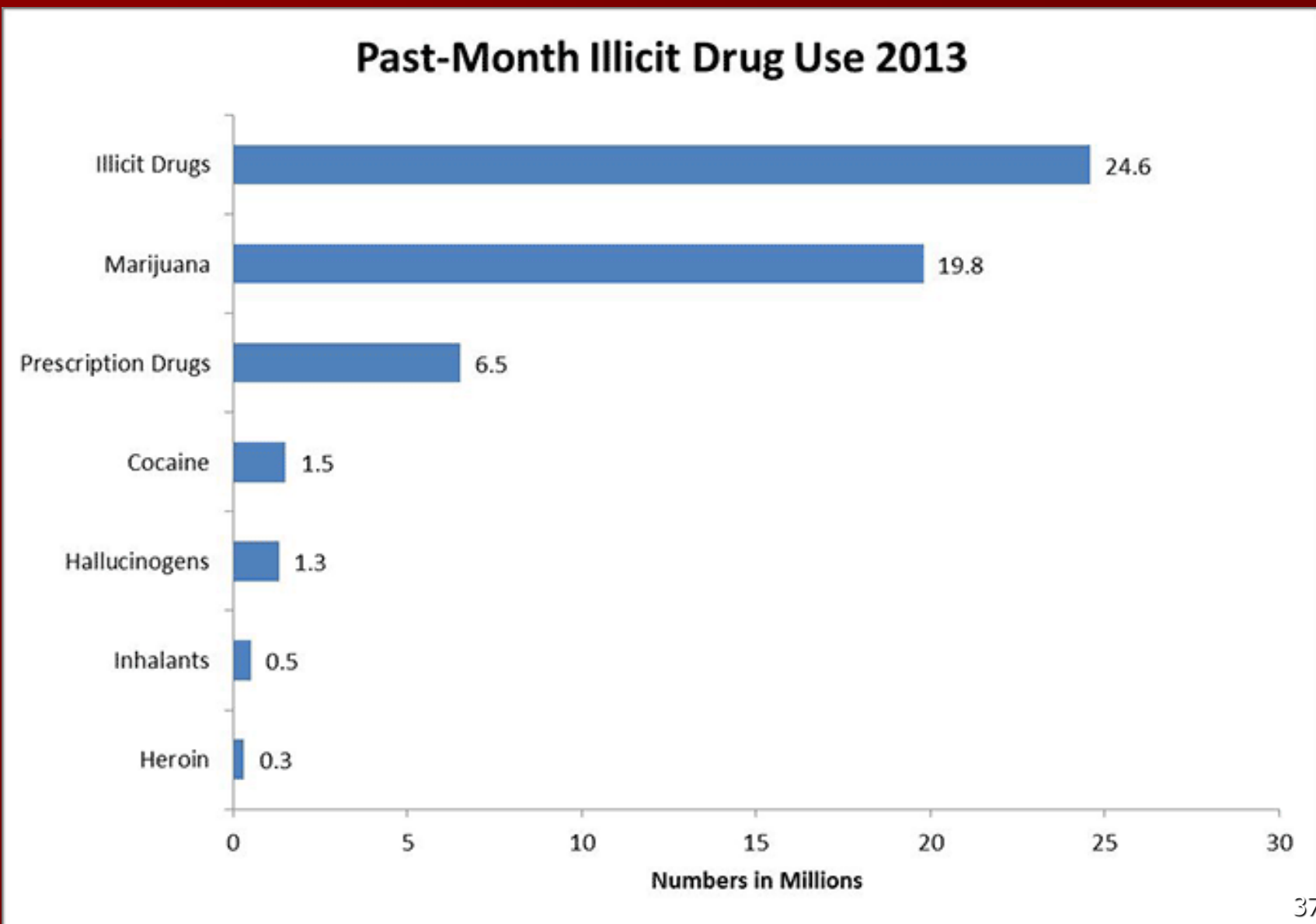

Institute of Medicine (IOM) Model

Continuum of Care Cont.

- **Promotion:** programs, practices, or environmental strategies that enable people to "increase control over, and to improve, their health."

- **Prevention:** interventions that occur prior to the onset of a disorder and which are intended to prevention the occurrence of the disorder or reduce risk for the disorder.
  - **Universal:** interventions that focus on the general public or a population subgroup that have not been identified on the basis of risk (e.g., community policies)

  - **Selective:** interventions that focus on individuals or subgroups of the population whose risk is higher than the general population.

  - **Indicated:** interventions that focus on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow BH disorders.
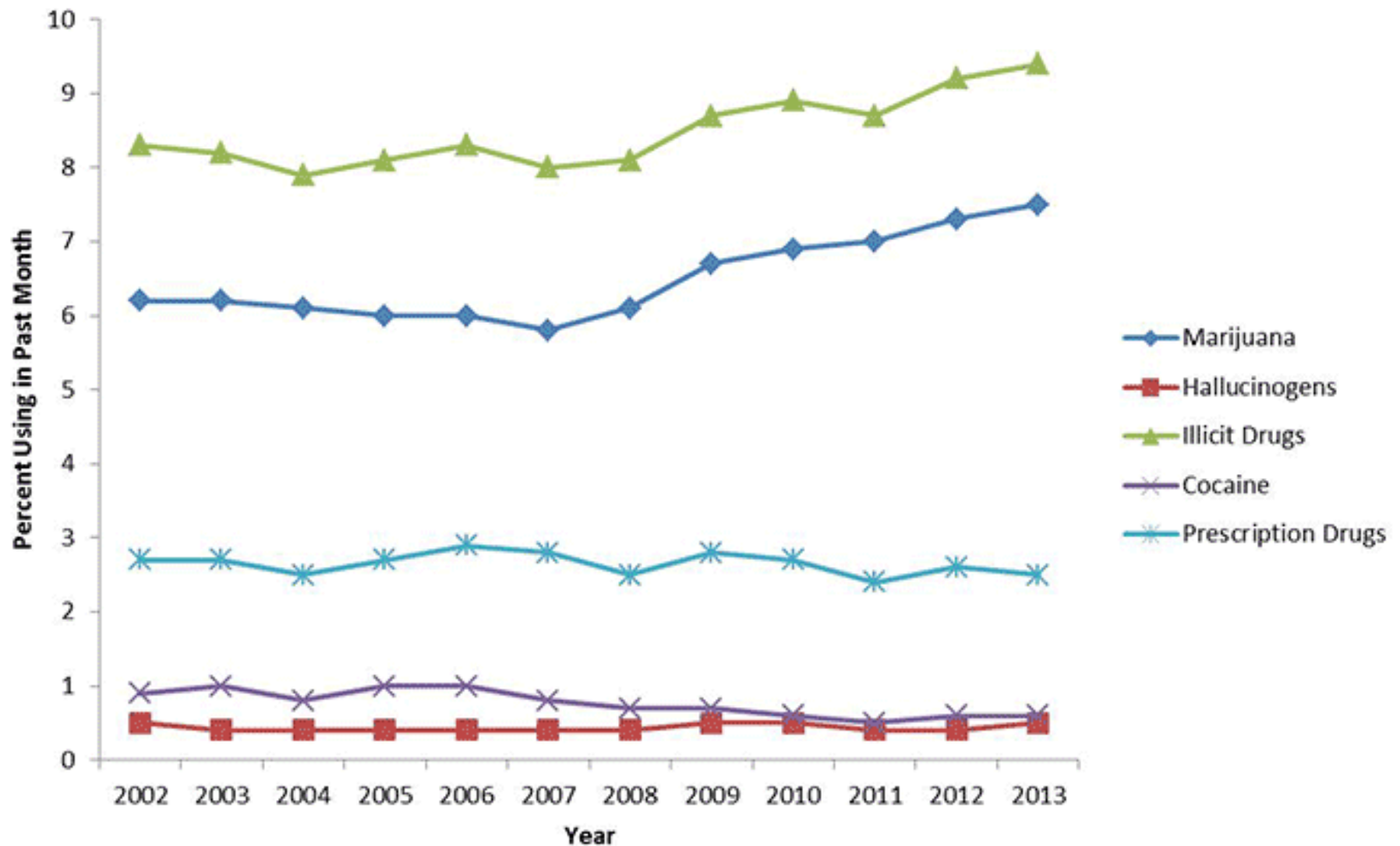
Continuum of Care Cont.

- **Treatment:** interventions that include case identification and standard forms of treatment (e.g., detoxification; outpatient treatment; inpatient treatment; medication-assisted treatment).

- **Maintenance:** includes interventions that focus on compliance with long-term treatment to reduce relapse and support recovery.
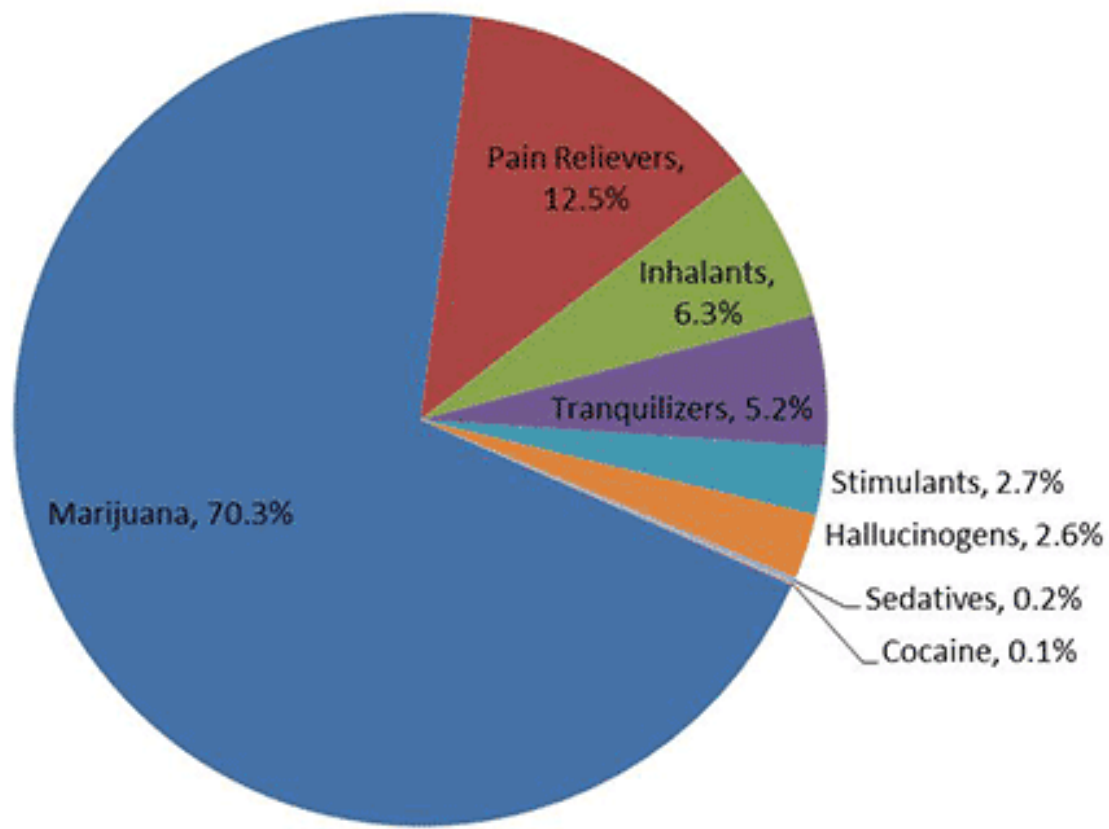
Past-Month Illicit Drug Use 2013

Past-Month Use of Selected Illicit Drugs

First Specific Drug Associated with Initiation of Illicit Drug Use 2013

Pain Relievers, 12.5%

Inhalants, 6.3%

Tranquilizers, 5.2%

Stimulants, 2.7%

Hallucinogens, 2.6%

Sedatives, 0.2%

Cocaine, 0.1%

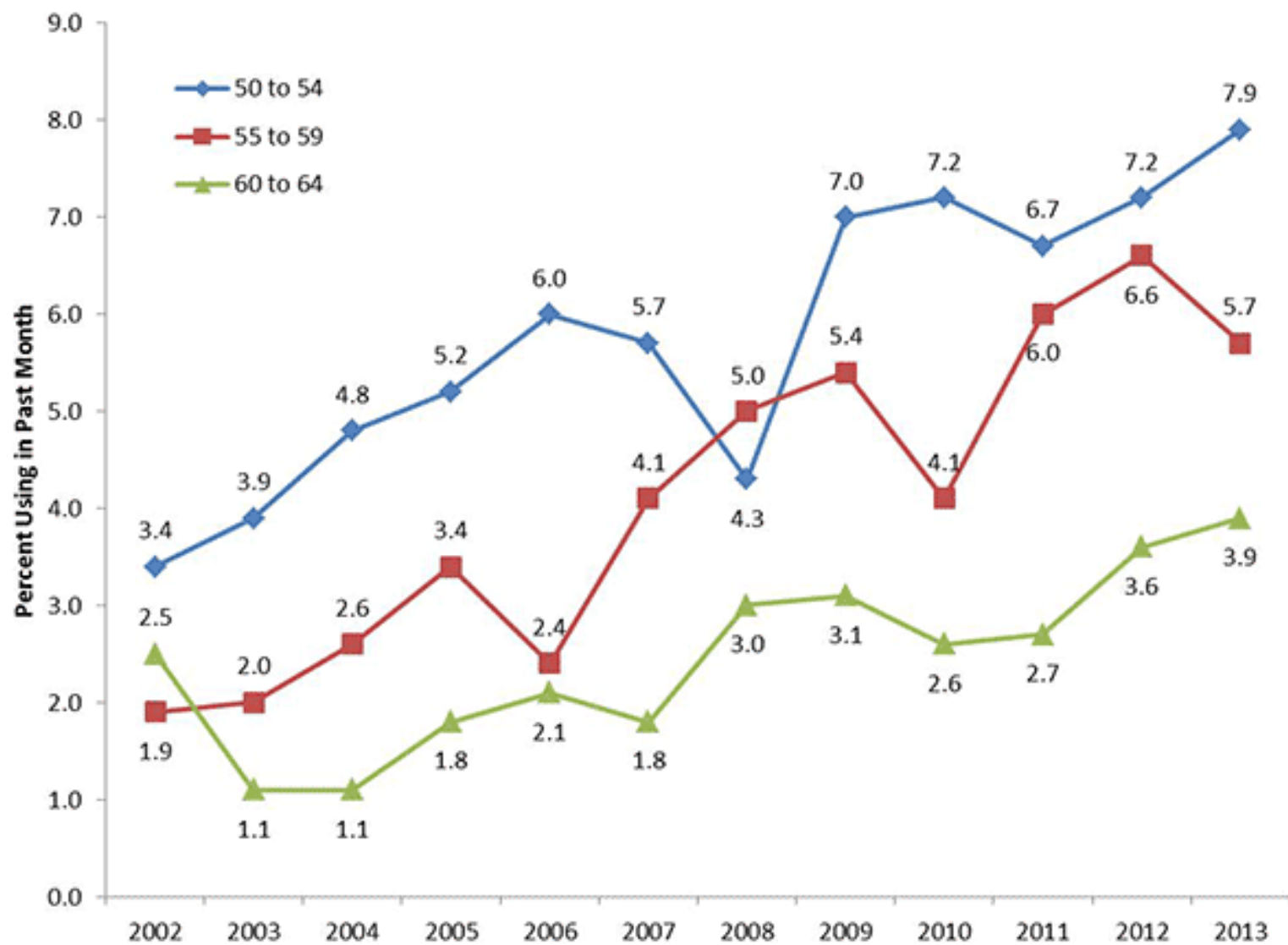Marijuana, 70.3%
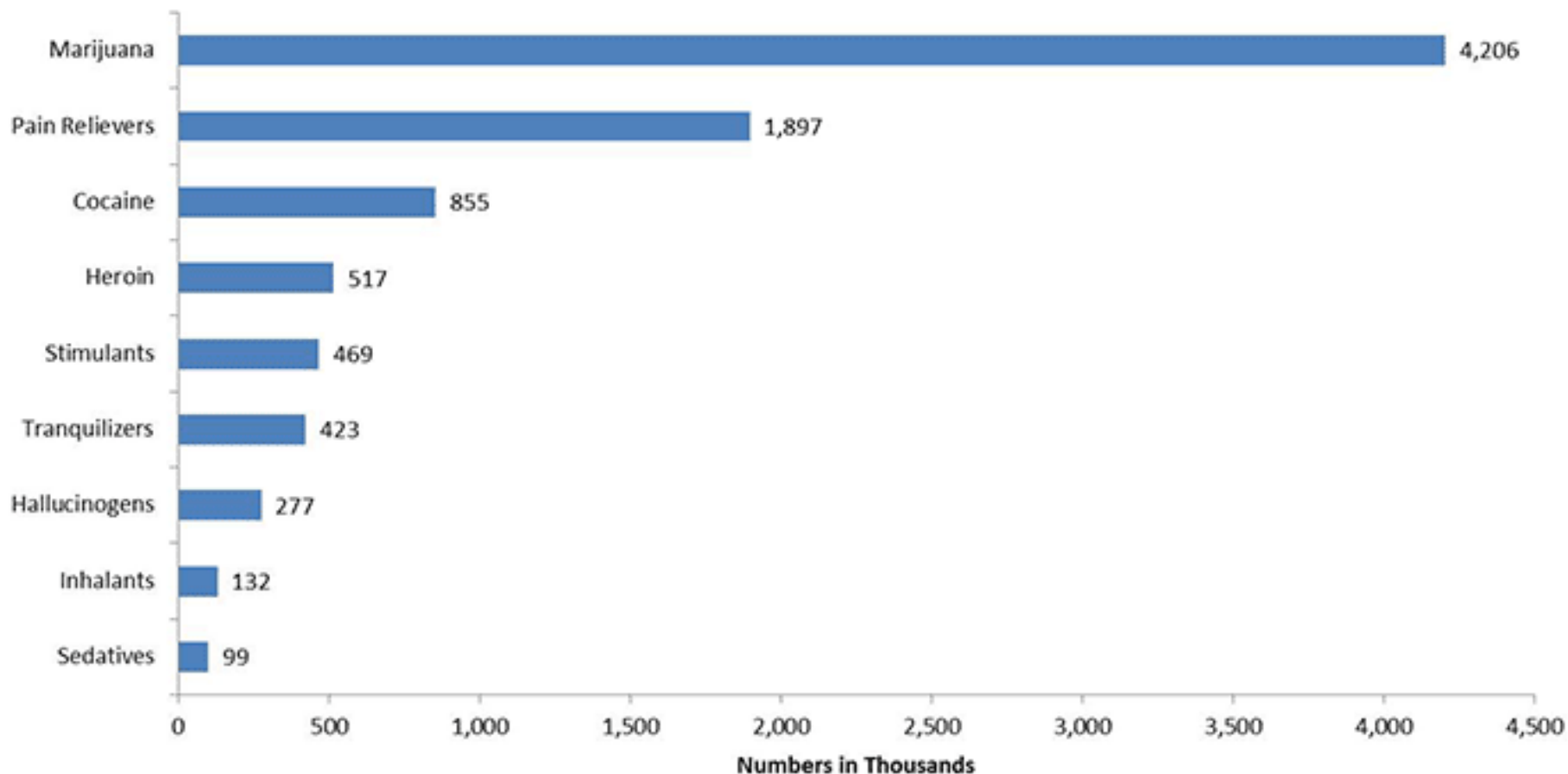
2.8 million initiates of illicit drugs

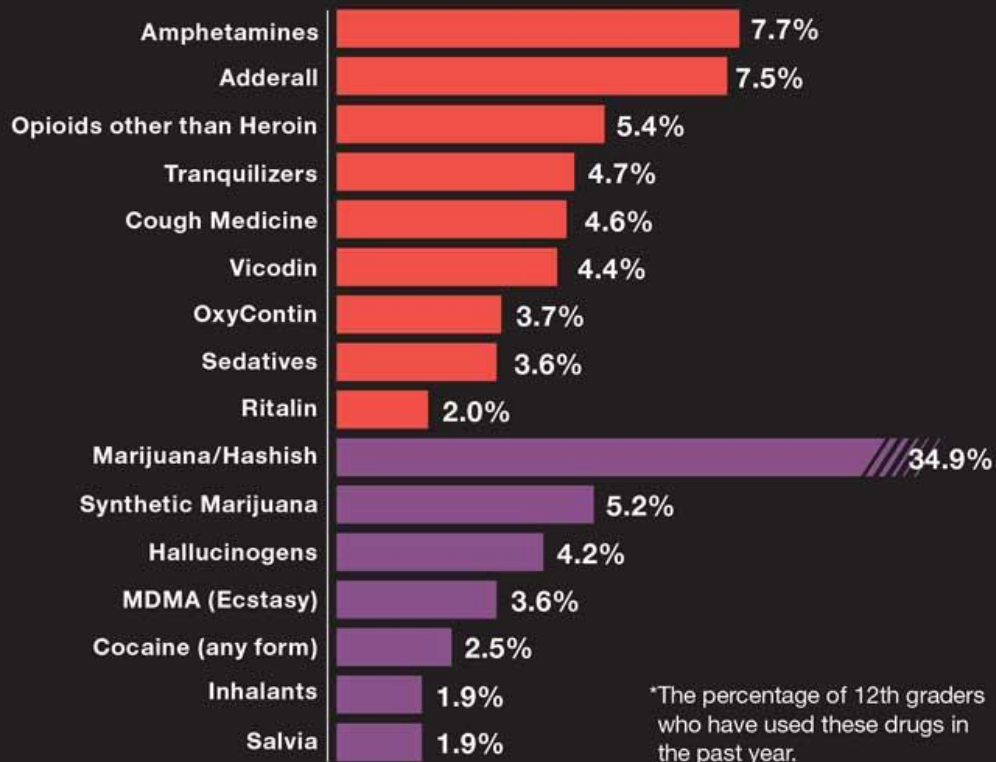Past-Month Illicit Drug Use by Age 2012 and 2013
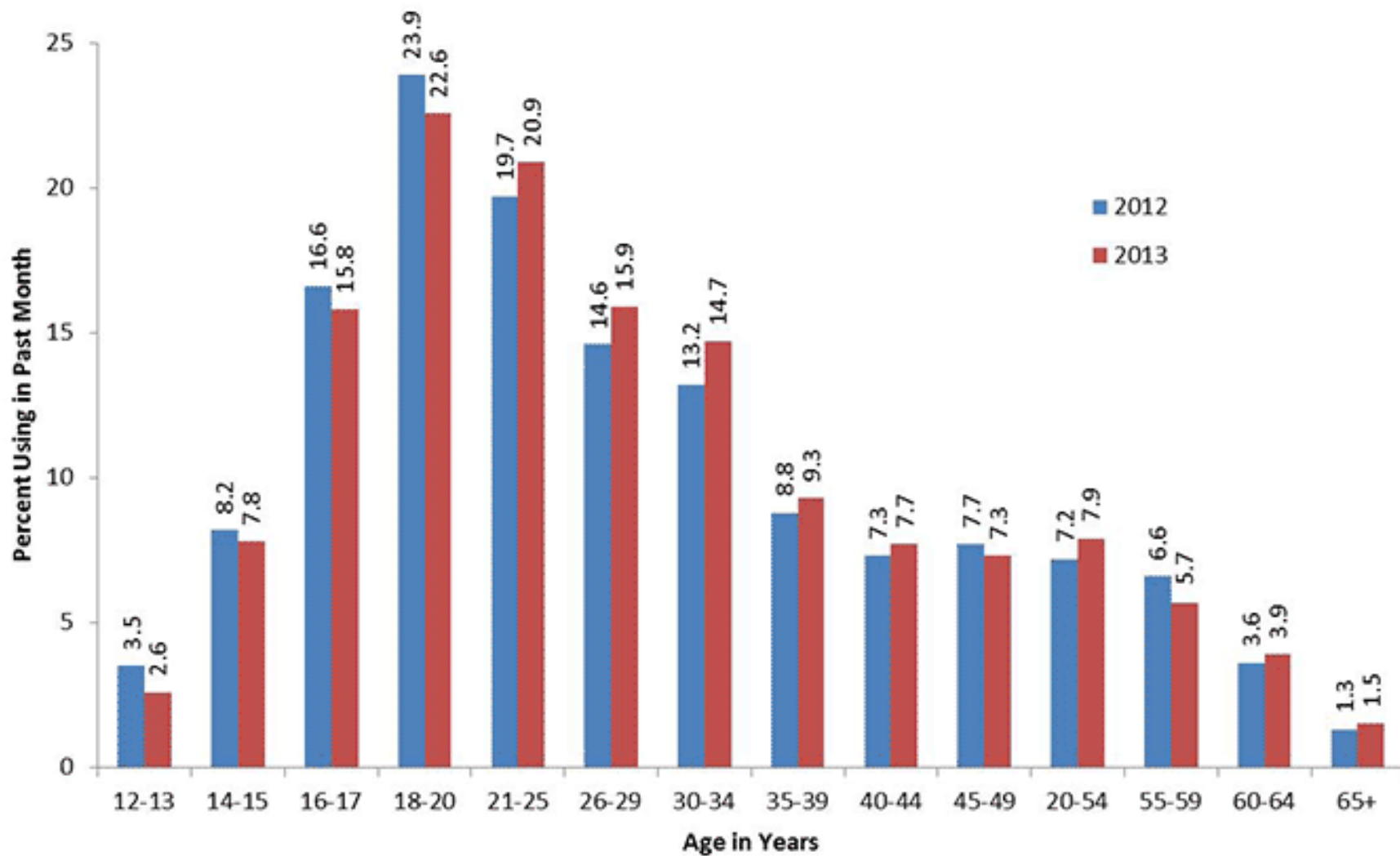
Past-Month Illicit Drug Use Among Adults Aged 50 to 64

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Specific Illicit Drug Dependence or Abuse in the Past Year 2013

PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS*

Drug	Percentage
Amphetamines	7.7%
Adderall	7.5%
Opioids other than Heroin	5.4%
Tranquilizers	4.7%
Cough Medicine	4.6%
Vicodin	4.4%
OxyContin	3.7%
Sedatives	3.6%
Ritalin	2.0%
Marijuana/Hashish	34.9%
Synthetic Marijuana	5.2%
Hallucinogens	4.2%
MDMA (Ecstasy)	3.6%
Cocaine (any form)	2.5%
Inhalants	1.9%
Salvia	1.9%

*The percentage of 12th graders who have used these drugs in the past year.

PRESCRIPTION/OTC   ILLICIT DRUGS

Despite the ongoing opioid overdose epidemic, past-year use of opioids other than heroin has decreased significantly each year over the past 5 years among the nation's teens.

Heroin use has also decreased over the past 5 years and is at the lowest rate since the MTF survey began.

National Institute on Drug Abuse

WWW.DRUGABUSE.GOV

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Individual Strategies vs Environmental Strategies

Individual: short term action focused on behavior change

+

Environmental: longer term potentially permanent changes that have broader reach

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Best Approach: mixes both
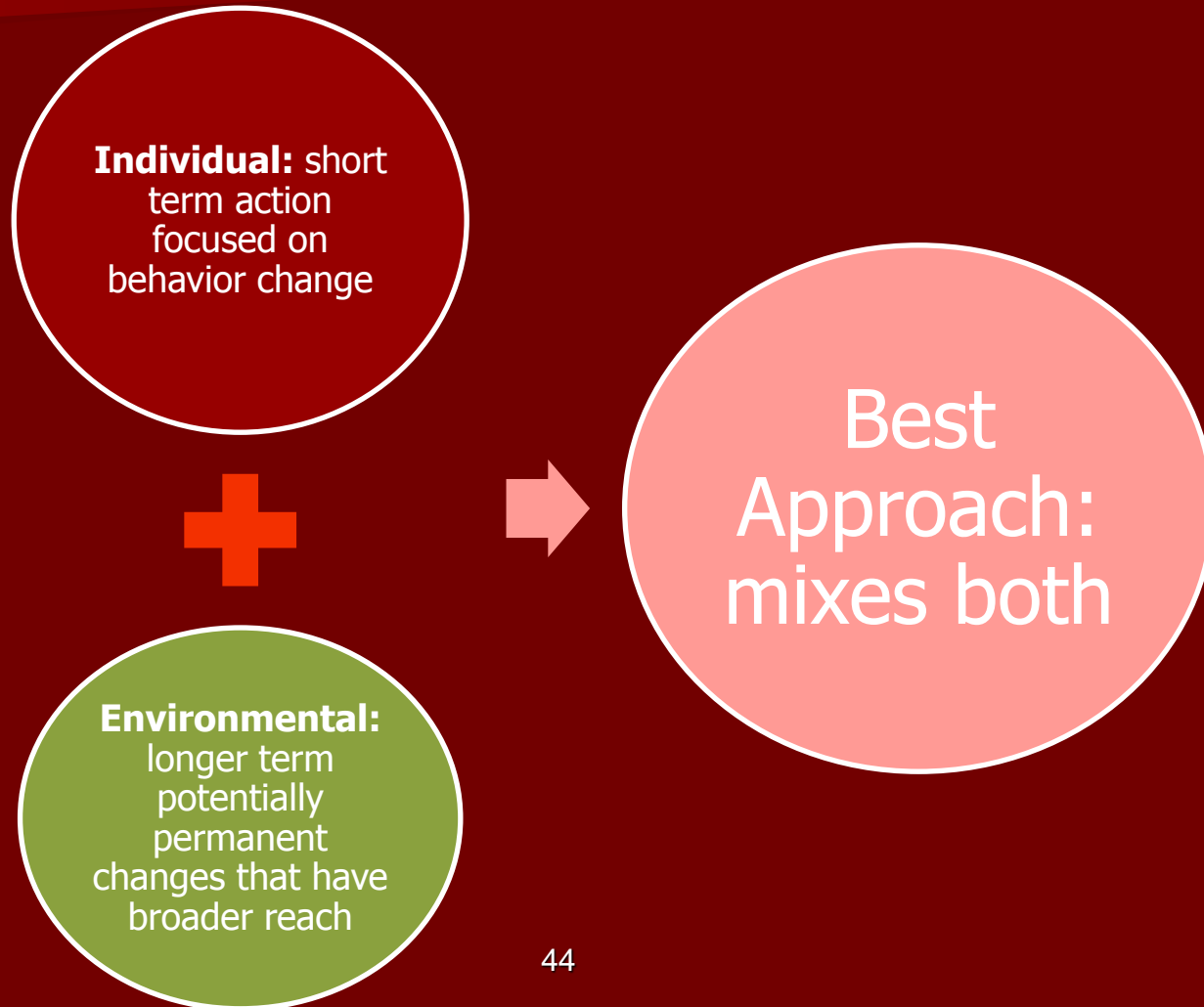
Alter Two Kinds of Environments

- **Individualized Environments**
  - the environments in which *individuals* grow, learn, and mature
- **Shared Environment**
  - the environment in which *all* people encounter threats to their health–including licit & illicit drugs, alcohol, and tobacco

Environmental Prevention is an Approach

...that Utilizes:

- Data

- Community Organizing

- Action

- Policies

Public Health Model
Substance Abuse Prevention

Host

Agent   Vector

Environment

Public Health Approach

Key Characteristics:

- **Promotion and Prevention:** promotes the conditions that foster health and wellbeing, and preventing the occurrence of disease.

- **Population-based:** concentrates on the health of entire populations, rather than at the individual level.

- **Risk and Protective Factors:** addresses determinants of health.

- **Multiple Contexts:** looks at the context to understand what might be influencing the problem and determine how to make changes within that context.

- **Developmental Perspective:** considers developmental stage of life of the population that is the focus of an intervention.

- **Planning Process:** utilizes a planning process that is active, deliberate, and ongoing.

Behavioral Health

- Defined as: "a state of emotional/mental being and/or choices and actions that affect health and wellness."

- Individuals engage in behavior and make choices that affect their wellness.

- Communities can impact choices and actions that affect wellness.

- BH problems include: substance abuse and misuse; alcohol and drug addiction; mental and substance use disorders; serious psychological distress; and suicide.

Source: SAPST Training Manual

Environmental Prevention

- The PMO is charged with employing a community-based public health approach – or environmental prevention.

- Policy, systems and environmental (PSE) change is a type of prevention that seeks to change the environment/context in which people make individual health-related decisions. This approach can be applied to substance misuse/abuse, tobacco use, as well as nutrition and physical activity.

Strategic Prevention Framework

Strategic Prevention Framework

It *is* Evidence-Based Public Health

SPF

EBPH

A Model to Follow

Strategic Prevention Framework (SPF) – What is it?

Systematic approach to state, territory, and community level public health planning.

Resource: http://pmowyo.org/spf-resources-for-communities/

1 Assessment

Provides the ability to:
 • Review existing consequence, consumption (incidence/prevalence),
   and risk/protective factors data surrounding the issue(s)

 • Quantify the issue

 • Develop a concise statement of the problem

 • Guide limited resources to maximize benefit to community(ies)

 • Begin understanding partnerships that need to be in place, if they
   aren't already

1 Assessment

Resources:

- Alcohol, Tobacco, Other Drug/Suicide Prevention Needs Assessments
- Cost of Substance Abuse Report
- Wyoming Survey and Analysis Center (WYSAC) Products
    - Tobacco website
    - Prevention Needs Assessment (PNA) website
    - State Epidemiological Outcomes Workgroup (SEOW)
- Crime in Wyoming Reports
- Report on Suicide
- Alcohol/Tobacco Compliance Checks
- Access to Data
    - SEOW Profiles; PNA; Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Pregnancy Risk Assessment Monitoring System (PRAMS); SAMHSA; CDC; Vital Records; National Survey on Drug Use and Health (NSDUH); Web-Based Injury Statistics Query and Reporting System (WISQARS), Suicide Prevention Resource Center (SPRC), WY Health Matters; County Health Rankings; KidsCount; Census
- Coalition/Community Readiness Assessment

Resource: http://pmowyo.org/needs-assessment/
Exercise: brainstorm local data sources

2 Capacity

Provides the ability to:

- Assess internal capacity

- Assess internal and external partnerships

- Maintain current capacity, while also building new partnerships

- Mobilize partners, thus increasing your ability to produce desired change

- Increase support for your efforts

2 Capacity

Resources:
- Organizational/Statewide Partners
- Local Level Partners
- Key Stakeholder Buy-In/Involvement
    - Evaluating Your Coalition
    - Coalition Effectiveness Inventory
    - Inclusivity Checklist
    - Meeting Effectiveness Inventory
- Engagement Considerations
- Circle of Influence Worksheet
- Capacity Primer
- Difficult Conversations Worksheet
- Acronym List

Resource: http://pmowyo.org/capacity/

3 Planning

Provides the ability to:

- Research and identify strategies that are proven (or evidence-based) at the individual, social, organizational, and/or environmental levels

- Prioritize strategies based on current needs and capacity

- Clearly identify goals, SMART objectives, and associated tasks

- Develop a logic model, which will link the *planning* step with the *evaluation* step (Step 5)

3 Planning

Resources:

- Causal Areas (alcohol)
- Goals (tobacco)
- Domains (chronic disease)
- Identifying Evidence-Based Strategies
  - 'Harvey Ball' Strategy Guide (ATOD); SPx Coming Soon
  - Chronic Disease Prevention Strategy Guide
  - Community Guide
  - Suicide Prevention Pyramid
  - CDC Tobacco Best Practices
  - Community How To Guide on Underage Drinking
  - Suicide Prevention Resource Center – Best Practice Registry
  - National Registry of Evidence-Based Programs and Practices (NREPP)
  - Compendium of Proven Community-Based Prevention Programs
  - What Works for Health
  - United States Preventive Service Task Force (USPSTF)

  Resource: http://pmowyo.org/planning/

3 Planning

Resources:
- Tracking Form
- Strategic Use of Data
- Strategic Use of Media and Research-Based Messaging (Also: 5Ps – Product; Price; Place; People; Promotion: for social marketing, health communication)
- Timelines and Planning Tools
- Evaluation Considerations
    - Process, Impact, Outcome Data
    - Baselines, Targets
- Budget Considerations

Strategic Prevention Framework

Strategic Planning – Causal Area Model (example: alcohol)

Consequences	Consumption	Causes	Strategies
• Alcohol-related crime • Alcohol-related car crashes • Alcohol dependence and abuse	• Underage Drinking	• Retail Availability • Social Availability • Economic Availability • Criminal Justice • Promotion • Community Norms • Individual Factors	• Evidence-based policies, practice and programs addressing causal area ('Harvey Ball' Doc)

4 Implementation

Provides the ability to:
- Develop an implementation timeline/calendar
- Adapt strategy within the cultural context

4 Implementation

Resources:
- County Strategic Plan and Timeline
- Community Anti-Drug Coalitions of America (CADCA) Guidelines for Advocacy
- CADCA Policy Change Toolbox
- Media
- Fidelity
- Cultural Adaptations

Resource: http://pmowyo.org/implementation/

5Evaluation

5 Evalution

Provides the ability to:

- Decide which type of evaluation will be most effective based on what you're measuring (Step 3 – SMART objectives)
    - Process, Impact, or Outcome Evaluation
    - Qualitative or Quantitative Evaluation
- Determine if your efforts were successful
- Identify areas in need of improvement
- Measure effectiveness and demonstrate accountability

5 Evaluation

Resources:
- PIPR (process data)
- Quality Data Geeks (QDG) – SPx Evaluation
- Strategic Planning Evaluation Considerations – based on the planning process, what needs to be evaluated and how?
    - Epi and evaluation support?

Resource: http://pmowyo.org/evaluation/

Cultural Competency and Sustainability

Cultural Competency:

- Principles of cultural competence (SAMHSA):
    - Ensures community involvement
    - Uses a populations-based definition of community
    - Stresses the importance of relevant, culturally appropriate prevention approaches
    - Employs culturally-competent evaluators
    - Promotes cultural competence in the workforce
    - Includes the focus population in all aspects of prevention planning.

Sustainability:

- Aim is to sustain outcomes
- Creates a prevention system that becomes the norm, and is integrated into ongoing operations
- Vital to ensuring prevention values and processes are firmly established, partnerships are strengthened, and financial/other resources are secured over the long-term

16 Principles of Evidence-Based Prevention Programs
(NIDA, 2003)

- 1. enhancing protective factors and reversing/reducing risk factors

- 2. addressing all forms of drug abuse

- 3. addressing the type of drug abuse problem in the local community

- 4. addressing risks of the specific population served

- 5. enhancing family bonding, including practicing parent skills.

- 6. intervening as early as infancy
- 7. improving academic learning for school children
- 8. improving social-emotional learning for school children
- 9. aiming at the general population at key transition points in children's lives
- 10. partnering with other school and community programs to be effective
- 11. presenting consistent, community-wide messages

- 12. retaining core elements of original research-based intervention through fidelity checking
- 13. being long-term with repeated interventions
- 14. training leaders
- 15. employing interactive techniques
- 16. being research-based