"IT PAYS TO ASK...IT PAYS TO KNOW"

Fighting the Opioid Epidemic through Prevention

Presented by:

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- Geneen Burris, Prevention Coordinator, EPISCenter
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Important Reminders

- This webinar is being recorded and will be available on the EPISCenter website in October

- A brief feedback survey will follow the presentation

- To receive updates on future webinars and other events, share your email address

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PAYS Webinar Series

- September 9th   The Evolution of PAYS
- September 16th   Enhancing Your Data Analysis IQ: Advanced Techniques to Help Tell Your Prevention Story
- September 23rd   The PAYS State Report
- September 30th   Fighting the Opioid Epidemic through Prevention

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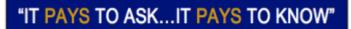# Today's Topics

- PAYS Data: What does it tell us about opioid use?

- Best practices in prevention

- Specific prevention programs

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PAYS Data:

Building a public health approach to substance abuse prevention.

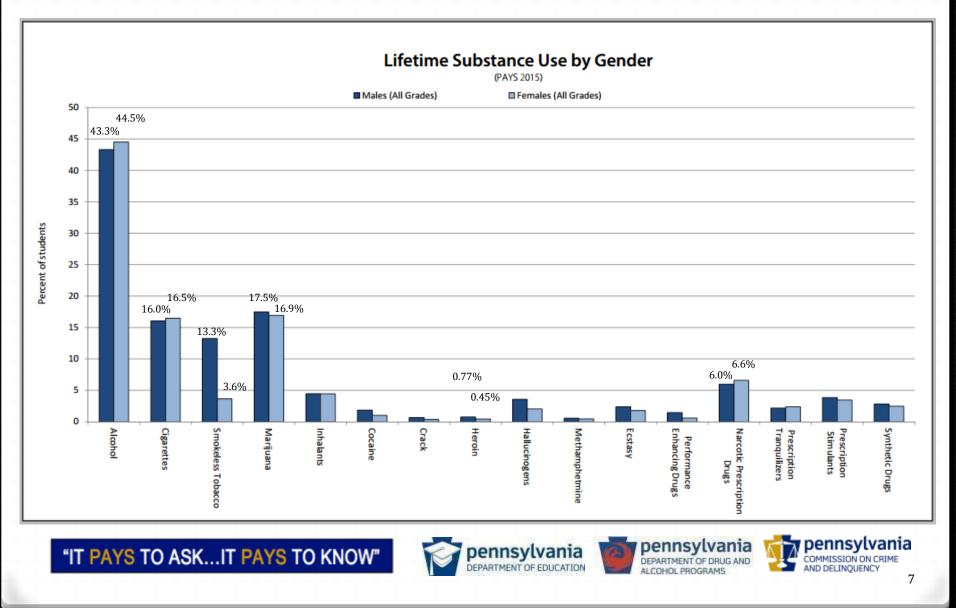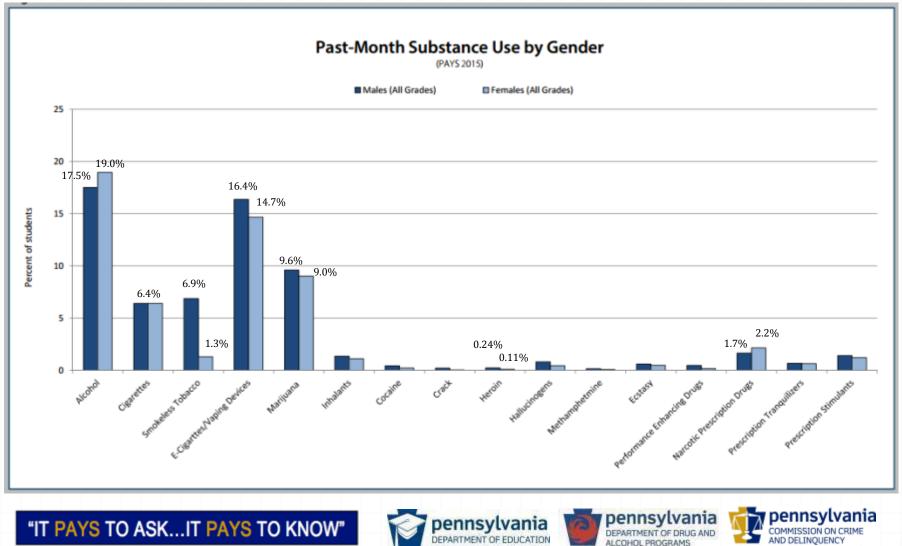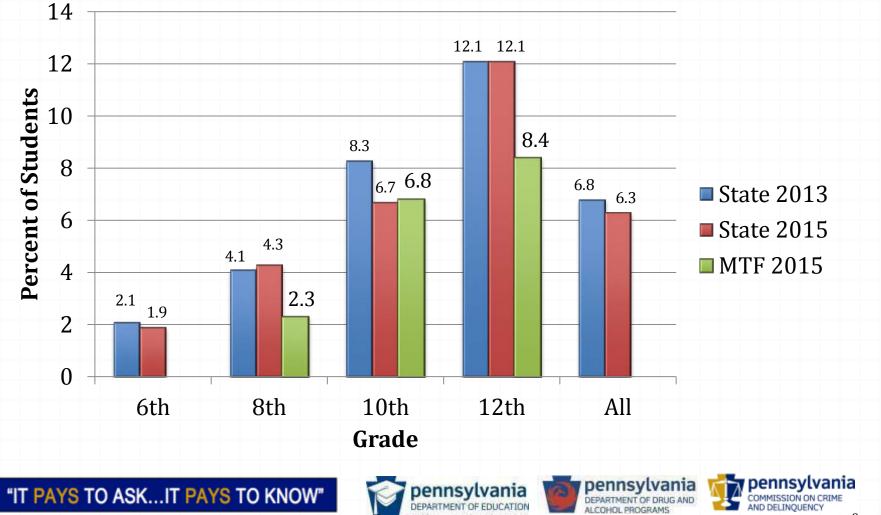# What does the PAYS data tell us about Pennsylvania youth substance use?

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Most frequently used substances- Lifetime: Alcohol, Marijuana, and Cigarettes

Lifetime Substance Use by Gender
(PAYS 2015)

■ Males (All Grades) □ Females (All Grades)

Most frequently used substances- past 30 days: Alcohol, E-Cigarettes, Marijuana, and Cigarettes

Past-Month Substance Use by Gender
(PAYS 2015)

■ Males (All Grades)   ☐ Females (All Grades)

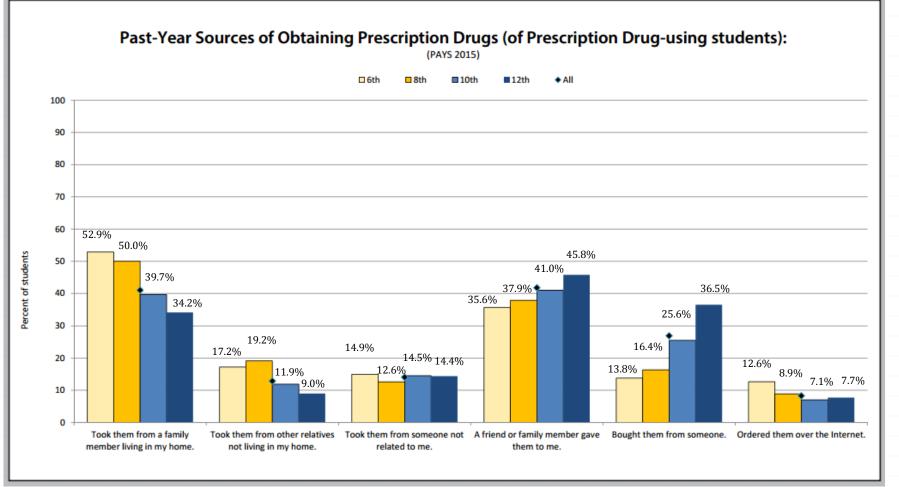# Prescription Narcotic Use in PA: Lifetime

Prescription Narcotic Use in PA: 30 Day

New data about sources of prescription drugs was collected in 2015

Past-Year Sources of Obtaining Prescription Drugs (of Prescription Drug-using students):
(PAYS 2015)

Legend: □ 6th ■ 8th ■ 10th ■ 12th ◆ All

Took them from a family member living in my home.: 52.9%, 50.0%, 39.7%, 34.2%
Took them from other relatives not living in my home.: 17.2%, 19.2%, 11.9%, 9.0%
Took them from someone not related to me.: 14.9%, 12.6%, 14.5%, 14.4%
A friend or family member gave them to me.: 35.6%, 37.9%, 41.0%, 45.8%
Bought them from someone.: 13.8%, 16.4%, 25.6%, 36.5%
Ordered them over the Internet.: 12.6%, 8.9%, 7.1%, 7.7%

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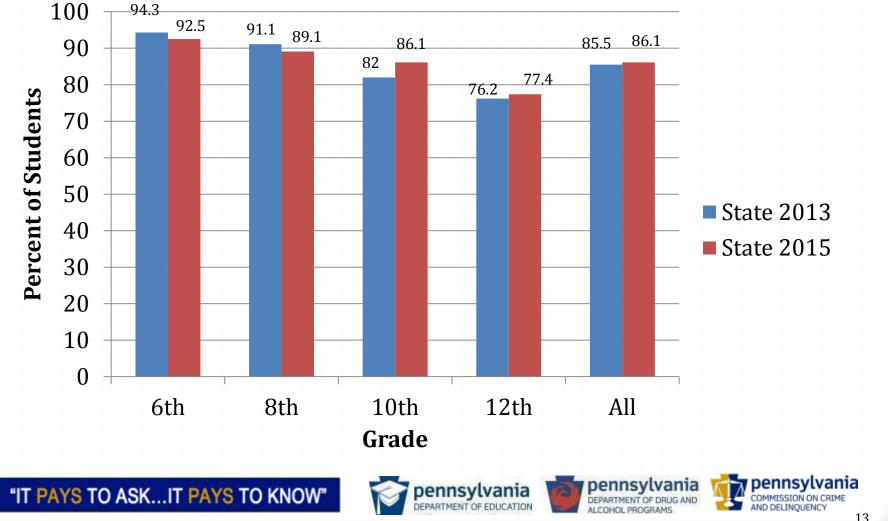
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Ease of access to prescription pain drugs: "Sort of easy"/"Very easy"
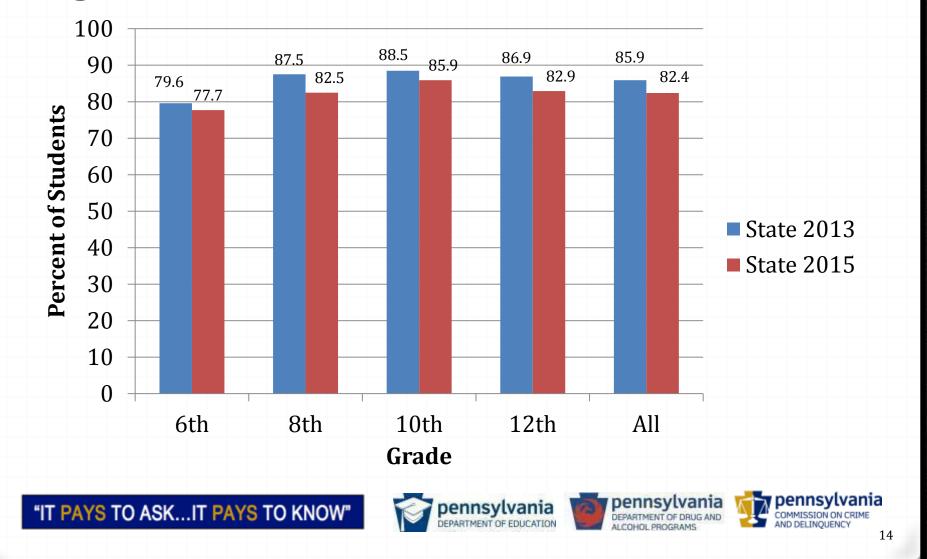
Perception of peer disapproval of non-prescribed prescription drugs: "Wrong"/"Very Wrong"

Perception of risk of non-prescribed prescription drugs: "Moderate Risk"/"Great Risk"

SOCIAL DEVELOPMENT STRATEGY

Opportunities

Skills

Recognition

HEALTHY BEHAVIORS

Clear Standards

Bonding

Individual Characteristics

Community

Family

School

Peer/Individual

Let's Watch a Video:
Introduction to SDS
http://www.communitiesthatcare.net

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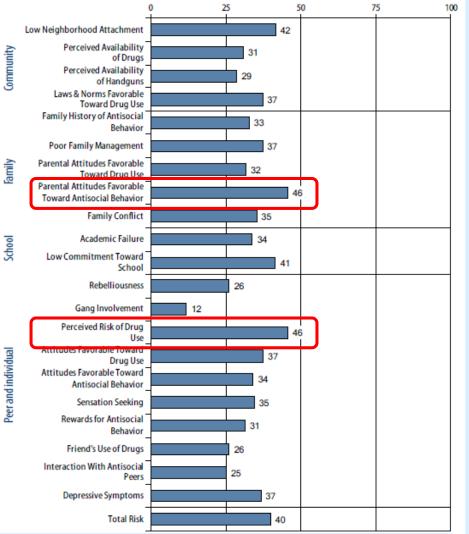
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Understanding Risk and Protection

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout, and/or violence

	Risk Factor	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Availability of Drugs	✓				✓	
Community	Availability of Firearms		✓			✓	
Community	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓	
Community	Media Portrayals of the Behavior	✓				✓	
Community	Transitions and Mobility	✓	✓		✓		✓
Community	Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Community	Extreme Economic Deprivation	✓	✓	✓	✓	✓	
Family	Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family	Family Management Problems	✓	✓	✓	✓	✓	✓
Family	Family Conflict	✓	✓	✓	✓	✓	✓
Family	Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School	Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
School	Lack of Commitment to School	✓	✓	✓	✓	✓	
Peer / Individual	Early & Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Peer / Individual	Rebelliousness	✓	✓	✓	✓	✓	
Peer / Individual	Gang Involvement	✓	✓			✓	
Peer / Individual	Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Peer / Individual	Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓	
Peer / Individual	Early Imitation of the Problem Behavior	✓	✓	✓	✓	✓	
Peer / Individual	Constitutional Factors	✓	✓			✓	✓

NOTE: THE LIST ABOVE REPRESENTS THE CONCEPTUAL MODEL ORIGINALLY ESTABLISHED BY THE RISK AND PROTECTIVE FACTOR MODEL OF PREVENTION. PAYS USES A REFINED AND TARGETED SUBSET OF RISK FACTORS THAT ARE BASED ON THIS MODEL.

Protective factors, also known as "assets," are conditions that buffer youth from risk by reducing the impact of the risks or changing the way they respond to risks.

	Protective Factor	Healthy beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Opportunities for Prosocial Involvement		✓	✓		
Community	Rewards for Prosocial Involvement		✓			✓
Family	Family Attachment		✓			
Family	Opportunities for Prosocial Involvement		✓	✓		
Family	Rewards for Prosocial Involvement	✓	✓			✓
School	Opportunities for Prosocial Involvement		✓	✓		
School	Rewards for Prosocial Involvement		✓			✓
Peer / Individual	Interaction with Prosocial Peers		✓		✓	
Peer / Individual	Prosocial Involvement		✓		✓	
Peer / Individual	Rewards for Prosocial Involvement		✓			✓
Peer / Individual	Belief in the Moral Order	✓				
Peer / Individual	Religiosity	✓				

State of Pennsylvania
Risk Factors, 2015 Pennsylvania Youth Survey

Community
- Low Neighborhood Attachment: 42
- Perceived Availability of Drugs: 31
- Perceived Availability of Handguns: 29
- Laws & Norms Favorable Toward Drug Use: 37

Family
- Family History of Antisocial Behavior: 33
- Poor Family Management: 37
- Parental Attitudes Favorable Toward Drug Use: 32
- Parental Attitudes Favorable Toward Antisocial Behavior: 46
- Family Conflict: 35

School
- Academic Failure: 34
- Low Commitment Toward School: 41

Peer and individual
- Rebelliousness: 26
- Gang Involvement: 12
- Perceived Risk of Drug Use: 46
- Attitudes Favorable Toward Drug Use: 37
- Attitudes Favorable Toward Antisocial Behavior: 34
- Sensation Seeking: 35
- Rewards for Antisocial Behavior: 31
- Friend's Use of Drugs: 26
- Interaction With Antisocial Peers: 25
- Depressive Symptoms: 37
- Total Risk: 40

"TOTAL RISK" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF RISK FACTORS OPERATING IN THEIR LIVES. (6TH AND 8TH GRADES: 5 OR MORE RISK FACTORS, 10TH AND 12TH GRADES: 7 OR MORE RISK FACTORS.)

State of Pennsylvania
Protective Factors, 2015 Pennsylvania Youth Survey

Community
- Rewards for Prosocial Involvement: 46

Family
- Family Attachment: 63
- Opportunities for Prosocial Involvement: 62
- Rewards for Prosocial Involvement: 62

School
- Opportunities for Prosocial Involvement: 51
- Rewards for Prosocial Involvement: 54

Peer and individual
- Belief In The Moral Order: 60
- Religiosity: 42
- Total Protection: 57

93 "TOTAL PROTECTION" IS DEFINED AS THE PERCENTAGE OF STUDENTS WHO HAVE MORE THAN A SPECIFIED NUMBER OF PROTECTIVE FACTORS OPERATING IN THEIR LIVES. (6TH, 8TH, 10TH, AND 12TH GRADES: 3 OR MORE PROTECTIVE FACTORS.)

Key Principles of Effective Prevention

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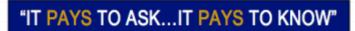COMMISSION ON CRIME
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What Works in Prevention

- **Improving <u>Knowledge</u> + <u>Beliefs/Attitudes</u> + <u>Skills</u>**
  - Learning the facts about problem behaviors; resources for getting help
  - Clarifying norms about prevalence of problem behaviors; changing attitudes about acceptability of problem behaviors
  - Developing competencies, such as assertiveness, managing relationships, coping, etc.
  - The "trifecta" of prevention

What Works in Prevention

- **Strengths-based approaches**
  - Framing in the positive, avoiding a list of "don'ts", warnings, and weaknesses
  - Identifying existing strengths and competencies and building on them
- **Attend to the multiple contexts of development**
  - Individual, peers, family, school, community
- **Are interactive, and hands-on**
- **Include enough time (weeks/hours) to have impact**

Ineffective Approaches

1. Rely on emotional appeals, focused on danger or deterrence
   - Horror stories
   - Dramatization of dangerous/harmful effects
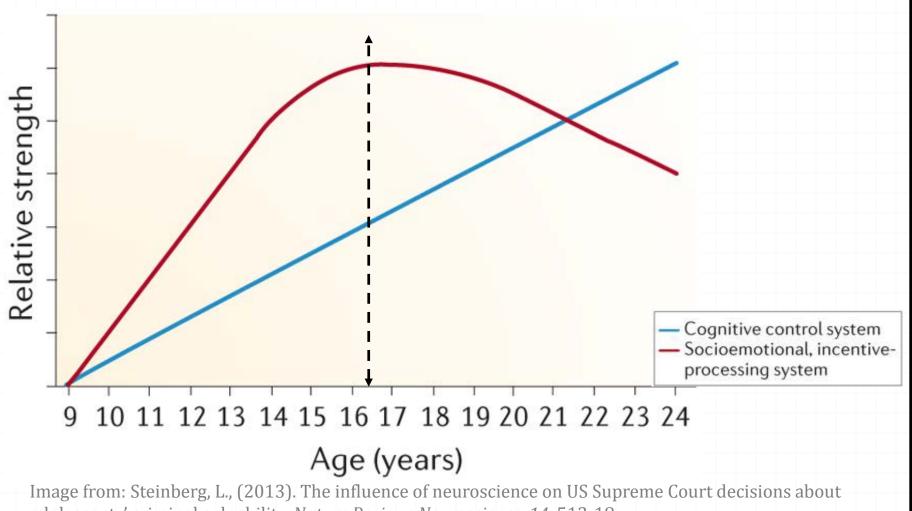   - Gruesome photos or videos
   - Tours of jails; boot camps

Research on these approaches <u>consistently</u> shows their inability to prevent substance use. Youth exposed to these approaches have been shown to be MORE likely to use substances. No scientific debate on these because there is no evidence of effectiveness AND there is evidence of harm.

Adolescent Brain Development

Image from: Steinberg, L., (2013). The influence of neuroscience on US Supreme Court decisions about adolescents' criminal culpability. *Nature Reviews Neuroscience, 14*, 513-18.
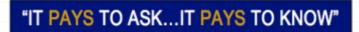
Ineffective Approaches

2. Utilize infrequent or one time presentations
   - Visiting speakers, one day events

3. Incorporate competitive approaches
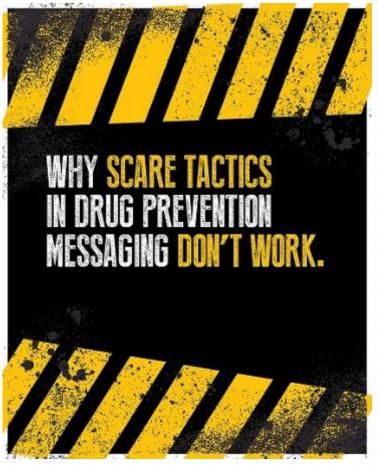   - Poster competitions, lotteries

Unlikely to have much impact.

Drug Free Action Alliance Resource

Order Here:

- https://www.drugfreeactionalliance.org/scare-tactics

Or send an email to asmith@episcenter.org with your mailing address and EPISCenter will send you up to five for free!

WHY SCARE TACTICS IN DRUG PREVENTION MESSAGING DON'T WORK.

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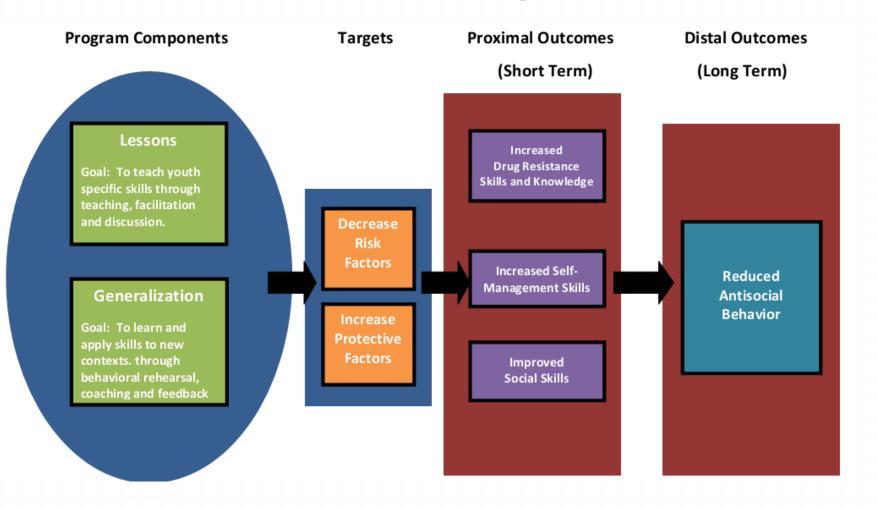pennsylvania COMMISSION ON CRIME AND DELINQUENCY

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Evidence Based Prevention Programs

LifeSkills Training (LST)

Targeted Risk and Protective Factors

Decreases Risk Factors

- Low Perceived Risks of Drug Use
- Early Initiation of Drug Use
- Sensation Seeking
- Rebelliousness
- Friends' Delinquent Behavior
- Friends' Use of Drugs
- Peer Rewards for Antisocial Behavior
- Favorable Attitudes toward Antisocial Behavior
- Favorable Attitudes toward Alcohol, Tobacco and Other Drug Use

Increases Protective Factors

- Social Skills
- Interaction with Prosocial Peers

Population and Structure

The LST Middle School Program is a universal program that targets all middle/junior high school students.

Year 1: 15 sessions (plus 3 optional)

Year 2 : 10 sessions (plus 2 optional)

Year 3: 5 sessions (plus 2 optional)

Example of LST in Action: Lesson 2- Making Decisions

- Part 1: Youth learn the 3C's of effective decision making
  - **Clarify**- ex. "What movie to go to?"
  - **Consider** – "What movies haven't we seen yet?"
  - **Choose** – "What's the best option for me?"
- Scripted and Unscripted Role Plays
  - Incorporate a variety of peer pressure situations
  - Allow for repeated practice of skills
  - Help youth build resistance to negative peer influences

Example of LST in Action: Lesson 2- Making Decisions

- Part 2: Group Conformity Experiment
  - Whole class participates together
  - Demonstrates the power that two or three "leaders" can have on group decision making
  - Helps youth learn to recognize this dynamic
  - Applies the Three C's of good Decision Making from part one to help youth resist the pressure to conform.

LifeSkills Training (LST)

Examples of research findings

When compared with control groups, youth who completed LST showed:

- Lower tobacco use by 87%
- Lower alcohol use by 60%
- Lower marijuana use by 75%
- Lower methamphetamine use by 68%
- Lower poly-drug use by 66%

For more information:
www.blueprintsprograms.com/factsheet/lifeskills-training-lst

* Washington State Institute of Public Policy. (Dec, 2015). *Benefit-cost results: Life Skills Training (LST)* http://www.wsipp.wa.gov/BenefitCost/Program/37 Accessed January 18, 2016.

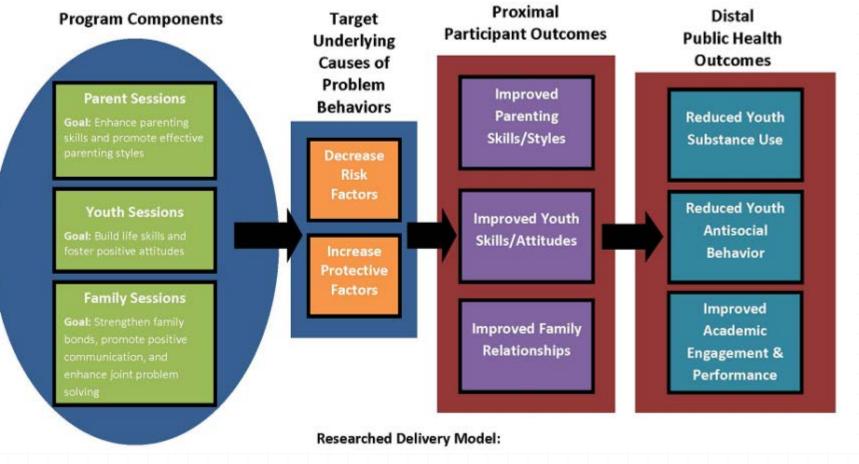"IT PAYS TO ASK...IT PAYS TO KNOW"

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Strengthening Families Program:
For Parents and Youth 10-14 (SFP 10-14)

Targeted Risk and Protective Factors

Decreases Risk Factors

- Negative youth & family management practices
- Youth aggression or withdrawn behaviors
- Favorable attitudes toward problem behaviors & substance use
- Negative peer influences
- Poor social/stress management skills
- Family conflict
- Early initiation & persistent antisocial behaviors
- Poor school performance

Increases Protective Factors

- Positive youth & family management practices
- Effective & empathetic parent-child communication
- Promotion of healthy beliefs & clear standards
- Family bonding & supportive family involvement
- Goals/positive future orientation
- Positive parent-child affect
- Emotion management
- Pro-social family values
- Peer pressure refusal skills

Population and Structure

- Delivered in the community to parents/caregivers and their youth ages 10-14

- 1 weekly session over 7 consecutive weeks

- 2 hours in length-1 hour of caregiver and youth sessions running concurrently, 1 hour of a joint family session

- A family meal is provided approximately ½ hour prior to the sessions to promote family bonding and positive modeling by facilitators

- Interactive programming featuring several modalities of delivery

SFP 10-14 in Action: Multiple Contexts, Interactive

- Youth Session 5- "Dealing with Peer Pressure"
  - Asking questions
  - Naming the problem
  - Telling what could happen
  - Suggesting another route
- Youth Session 6- "Peer Pressure and Good Friends"
  - Say friends name, use "listen to me"
- Family Session 6- "Families and Peer Pressure"
  - Caregivers and youth explore issues and practice skills together

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Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)

" Washington State Institute of Public Policy. (Dec, 2015). *Benefit-cost results: Strengthening Families Program: For Parents & Youth (SFP 10-14)* http://www.wsipp.wa.gov/BenefitCost/Program/138 Accessed January 18, 2016.

Examples of research findings

When compared with control groups, youth who completed SFP 10-14 were less likely to:

- Begin using alcohol, cigarettes or marijuana 2 to 4 years after program completion
- Report past year narcotic (prescription drug) misuse 6 years after program completion.
- Report lifetime narcotic (prescription drug) misuse at 21.

For more information:
www.blueprintsprograms.com/factsheet/strengthening-families-10-14

Prevention Programs Implemented with High Quality Lead to Cost Savings

Figure. Evidence-Based Prevention Programs for 7th Graders Lower Risk for Prescription Opioid Misuse Before 12th Grade
Researchers calculated that participating in Life Skills Training (LST) in 7th grade reduced a child's likelihood of initiating prescription opioid misuse before 12th grade by 4.4 percent. Of the 6 prevention approaches used in the PROSPER study, LST plus Strengthening Families: for Parents and Youth 10–14 (SFP) reduced children's risk of prescription opioid misuse the most.

For every $1 invested in LST and SFP 10-14 combined prevention approach Penn State's PROSPER project saved the state $1.89 in costs associated with the misuse of prescription opioids.

https://www.drugabuse.gov/news-events/nida-notes/2015/12/life-skills-training-shields-teens-prescription-opioid-misuse

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Substance Use Outcomes:
PCCD Prevention Projects 2015-2016

Program Name	Number Served	Number with Pre/Post	Outcomes
Big Brothers Big Sisters	782 Youth	150 Youth	• 5% of Youth surveyed reported decreased intent to use ATOD
Project Toward No Drug Abuse	237 Youth	90 Youth	• 82% of Youth Surveyed Reported Increased Knowledge of ATOD • 64% of Youth surveyed reported decreased intent to use ATOD
LifeSkills Training	3,393 Youth	1,705 Youth	• 18% of Youth Surveyed Reported improved Peer Pressure resistance Skills • 68% of Youth Surveyed Reported Increased Knowledge of ATOD • 9% of youth surveyed reported decreased intent to use ATOD
Strengthening Families Program 10-14	256 Youth 284 Parent/Caregivers	206 Youth 221 Parent/Caregivers	• 61% of Parent/Caregivers Surveyed Reported Improved Substance Abuse Rules and Expectations • 57% of Youth Surveyed Reported Improved Peer Pressure Resistance Skills

Important note the number of adolescent youth who intend to use or who actually use ATODs is small and therefore the outcomes for decreasing intent and use are correspondingly small for these programs.

Programs can be placed along a continuum of confidence based on their evidence or theory

✗ Ineffective
"This program has been evaluated and shown to have no positive or negative effect"

Best Practices
"We've done it and we like it"

✓ Research-based
"This program is based on sound theory informed by research"

Very Confident

HARMFUL   Ineffective   unknown   Promising   EFFECTIVE

Very Confident

✗ Iatrogenic (Harmful)
"This program has been rigorously evaluated and shown to be harmful"

✓ Promising Approaches
"We really think this will work… but we need time to prove it"

✓ Evidence-based
"This program has been rigorously evaluated and shown to work"

- How confident are we that this program or practice is a good use of resources **AND** improves outcomes for children and families?

*Bumbarger & Rhoades, 2012

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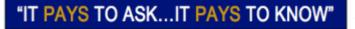
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Two strategies for identifying where a program is on the continuum:

1. Read the research studies on the programs you are considering to determine the following:
   a) Was effectiveness demonstrated in rigorous scientific evaluations? Look for at least one randomized control trial.
   b) Was effectiveness demonstrated in large studies with diverse populations or through multiple replications? Look for two or more studies that show impact with diverse populations, and studies done by independent researchers (i.e. not the developer(s) of the model)
   c) Did the study show significant and sustained effects? Look for follow-up data showing that impacts were sustained at a minimum of 6 months post program.

OR

Strategy Two: Utilize a clearinghouse that has already done some of this work for you!

Rating Source	Area of Focus	Website
Blueprints for Healthy Youth Development	Child welfare, juvenile justice	www.blueprintsprograms.com
California Evidence-Based Clearinghouse for Child Welfare	Child welfare	www.cebc4cw.org/
Coalition for Evidence-Based Policy	Social policy	coalition4evidence.org
CrimeSolutions.gov	Criminal justice	www.crimesolutions.gov/
Promising Practices Network	Child welfare, juvenile justice, social programs	www.promisingpractices.net/programs.asp
What Works Clearinghouse	Education	ies.ed.gov/ncee/wwc/
What Works in Reentry Clearinghouse	Criminal justice	whatworks.csgjusticecenter.org

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Remember: PAYS Data Should Drive Program Selection

- Before selecting a program make sure it targets your community's prioritized risk and protective factors.

- A table of PCCD funded programs and the risk and protective factors they target is available to download in today's Adobe Connect space.

- Also feel free to contact an EPISCenter CTC or Prevention Coordinator for technical assistance around this important program planning process.
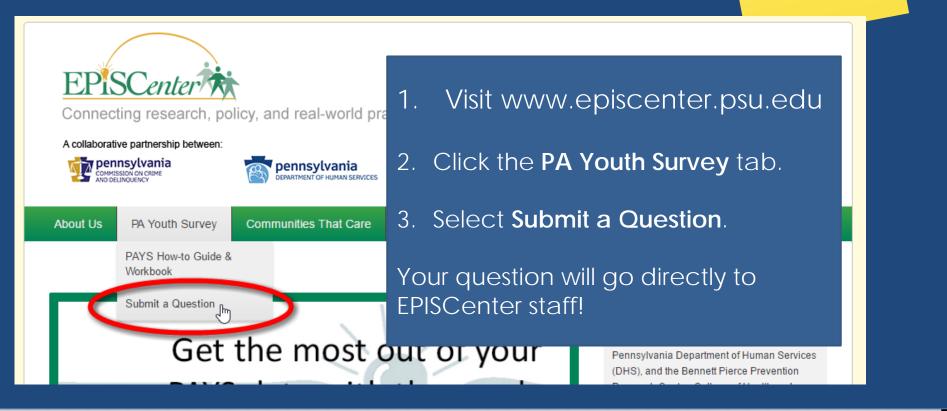www.episcenter.psu.edu/aboutus/staff

Let's Answer Your Questions!

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Have More Questions?
We've got answers!

1. Visit www.episcenter.psu.edu

2. Click the **PA Youth Survey** tab.

3. Select **Submit a Question**.

Your question will go directly to EPISCenter staff!

EPISCenter
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About Us | PA Youth Survey | Communities That Care

PAYS How-to Guide & Workbook

Submit a Question

Get the most out of your

Pennsylvania Department of Human Services (DHS), and the Bennett Pierce Prevention

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More Resources are Available Online!

- EPISCenter PAYS Resources: www.episcenter.psu.edu/pays

- PCCD PAYS Resources: http://www.pays.pa.gov

- EPISCenter Opioid Resources: http://www.episcenter.psu.edu/OpioidResources

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Don't Forget…

- Please take a moment to answer a few survey questions

- Want to stay in the loop? Share your email address to receive updates from the EPISCenter