

# Bringing an Earlier and Broader Approach to Prevention to Local Schools and Communities

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**PARTNERSHIP TO END  
ADDICTION**

# WHO WE SERVE

## The Helpers

### Parents

We work closely with parents which can include concerned loved ones, such as a family member, grandparent, aunt/uncle, coach, friend, etc., who are playing the role of a parent.

### Professionals

We partner with professionals who work with parents, adolescents and young adults such as providers, health systems and government agencies, policymakers, employers, community and youth serving organizations.



# Learning Objectives

1. Recognize the importance of implementing an early and broad approach to prevention in schools and communities.
2. Describe the opportunity opioid settlement funding and state/local mental health funding present for expanding the prevention workforce.
3. Understand how to help train a local community prevention workforce with varying degrees of knowledge and experience in key principles of prevention science and effective practice.

# What Do We Mean By “Early Prevention”?

# Prevention Can Be:



Having a conversation with kids about stress or anxiety



A school assembly where students listen to the stories of those in recovery



Locking away prescription medications



Prohibiting advertising of tobacco, alcohol, and marijuana products near schools

# But Prevention is ALSO:



Access to affordable childcare



Policies that reduce poverty, offer paid family leave, and guarantee health insurance coverage



Social and emotional learning education in school



Engaging & accessible extracurricular activities



Safe neighborhoods & social capital

# RETHINKING SUBSTANCE USE PREVENTION

An Earlier and Broader Approach

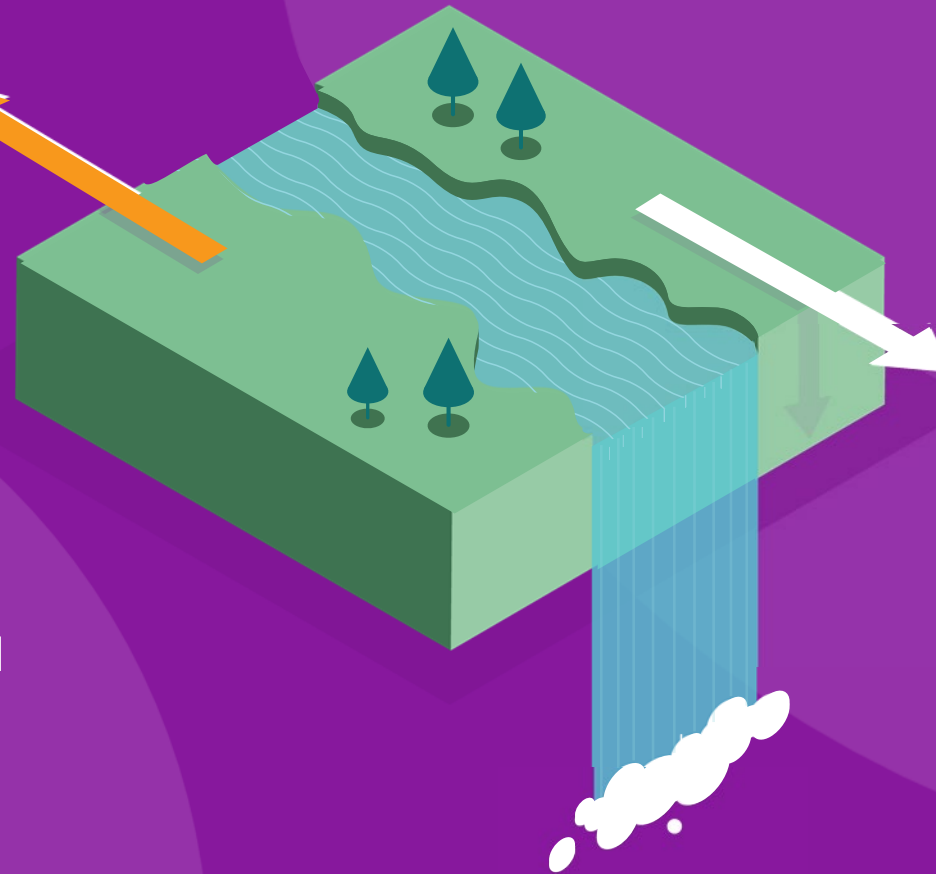




# EARLY, SOON, AND PROACTIVE

## Prevention (UPSTREAM)

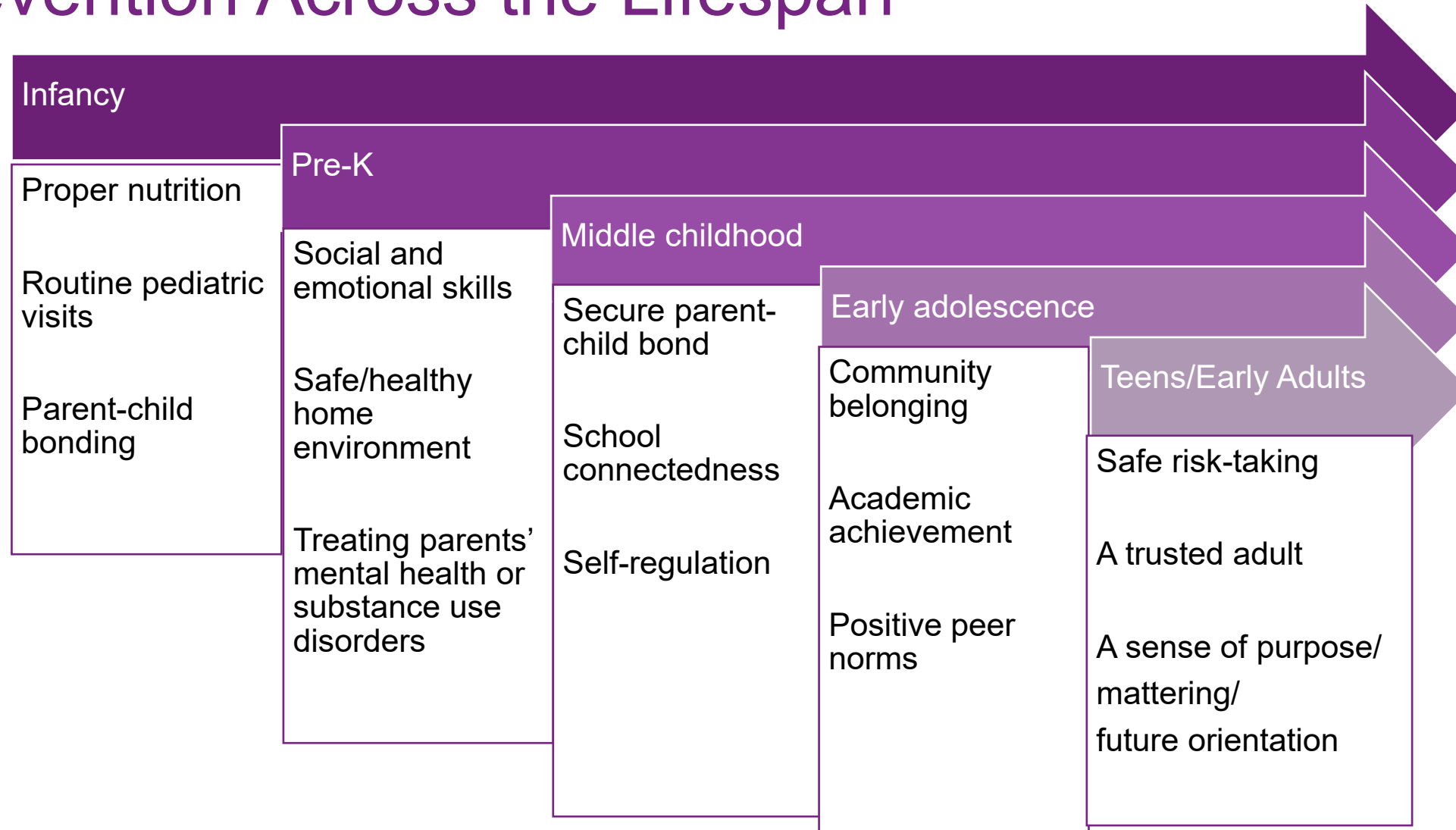
- Implementing social safety net programs
- Treating parental addiction and mental illness
- Screening for childhood mental health problems



## Reaction (DOWNSTREAM)

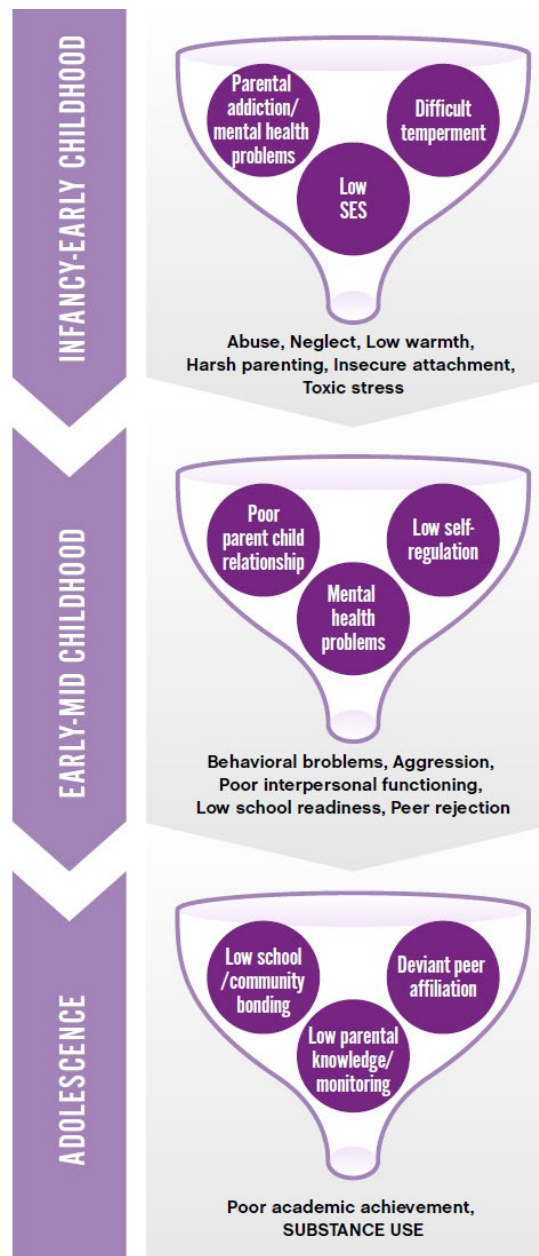
- Counseling for childhood trauma
- Treating teen behavioral disorders and addiction
- Training teachers to use naloxone for overdoses

# Prevention Across the Lifespan



# The Risk Cascade

Risk factors in a young person's life can build up and compound the likelihood that mental health and behavioral problems, including substance use, will emerge over time.

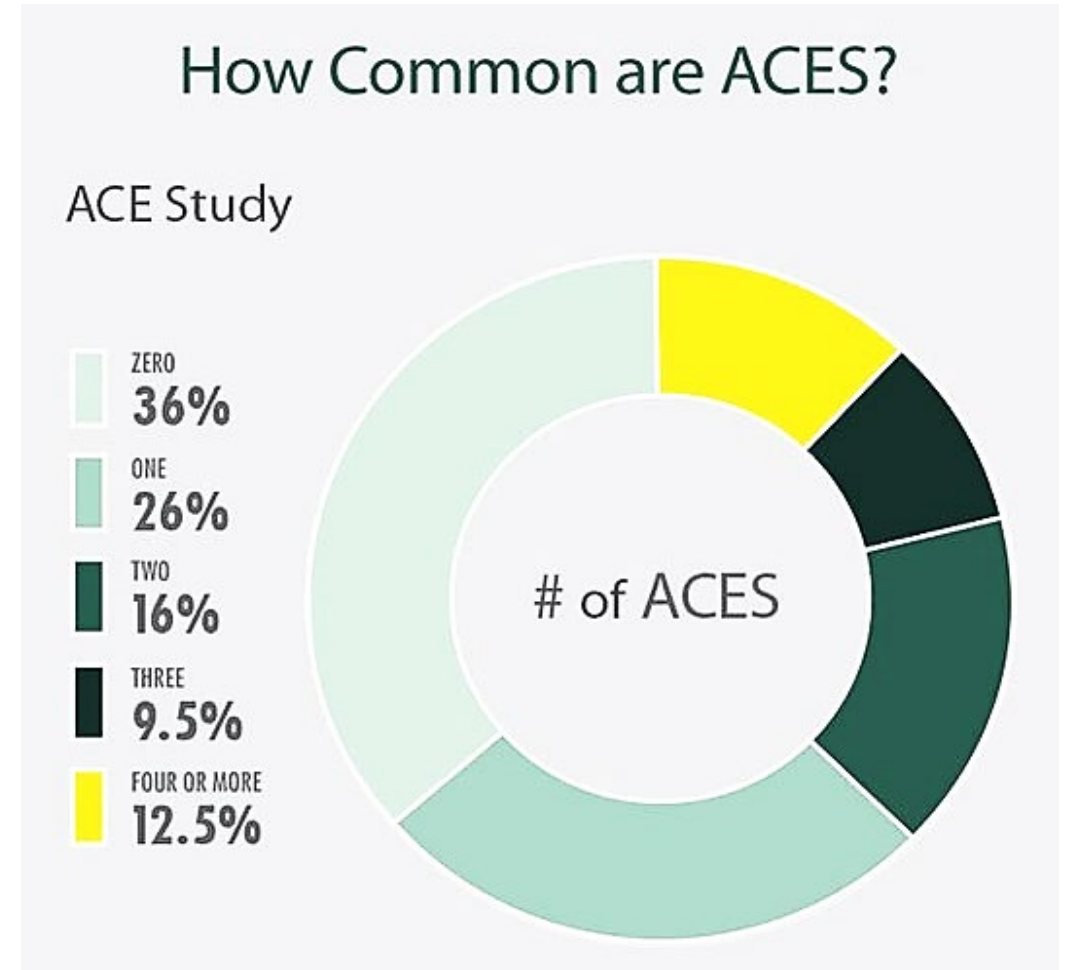


# Adverse Childhood Experiences (ACEs)

Affect ~ 35M children

- Physical, emotional, sexual abuse or neglect;
- Family mental illness, addiction;
- An incarcerated relative;
- A mother who was treated violently;
- Parental divorce or separation

The more ACEs, the higher the risk



# Other Risk Factors/Vulnerabilities

Frequent moving, disruptive life transitions

Poor parent-child relationship

Mental health or behavioral problems

Early pubertal development

Low school attachment

Peer victimization, bullying

Marginalized identity, discrimination

Disorganized, high-crime neighborhood

# 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:

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

# Why Prevention Efforts Mostly Focus on Adolescents

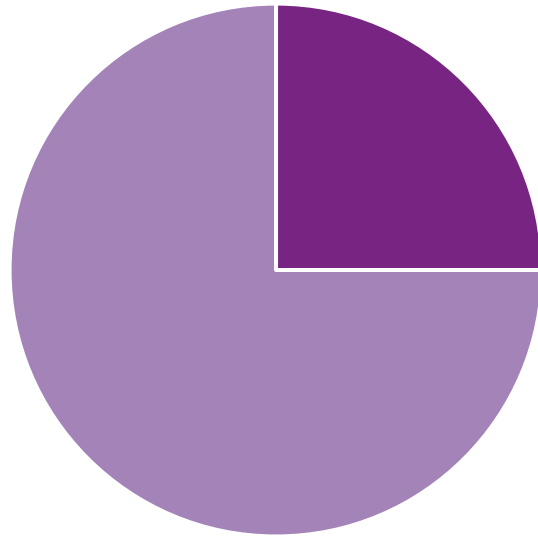
- A period of intense and transformative brain development
- Allows youth to take risks so they can encounter new experiences, learn from them, and be better prepared for adulthood
- But the risk-taking developing brain is not yet equipped with the cognitive controls needed to rein in potentially harmful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

**Adolescence is the developmental stage most vulnerable to initiating and experimenting with substance use and experiencing the consequences.**

# Adolescence: Critical Period For Addiction Risk

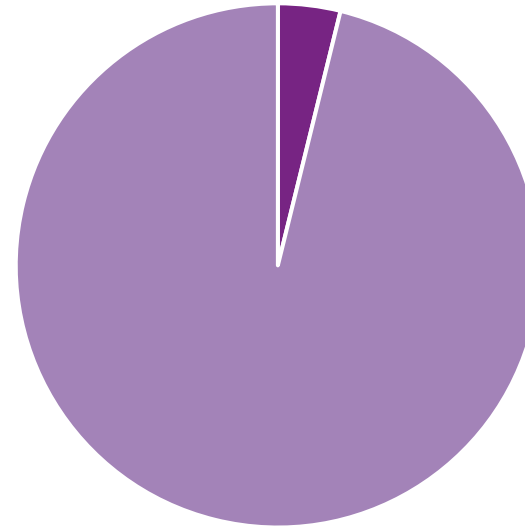
First use before age 18

1 in 4 chance of  
developing addiction



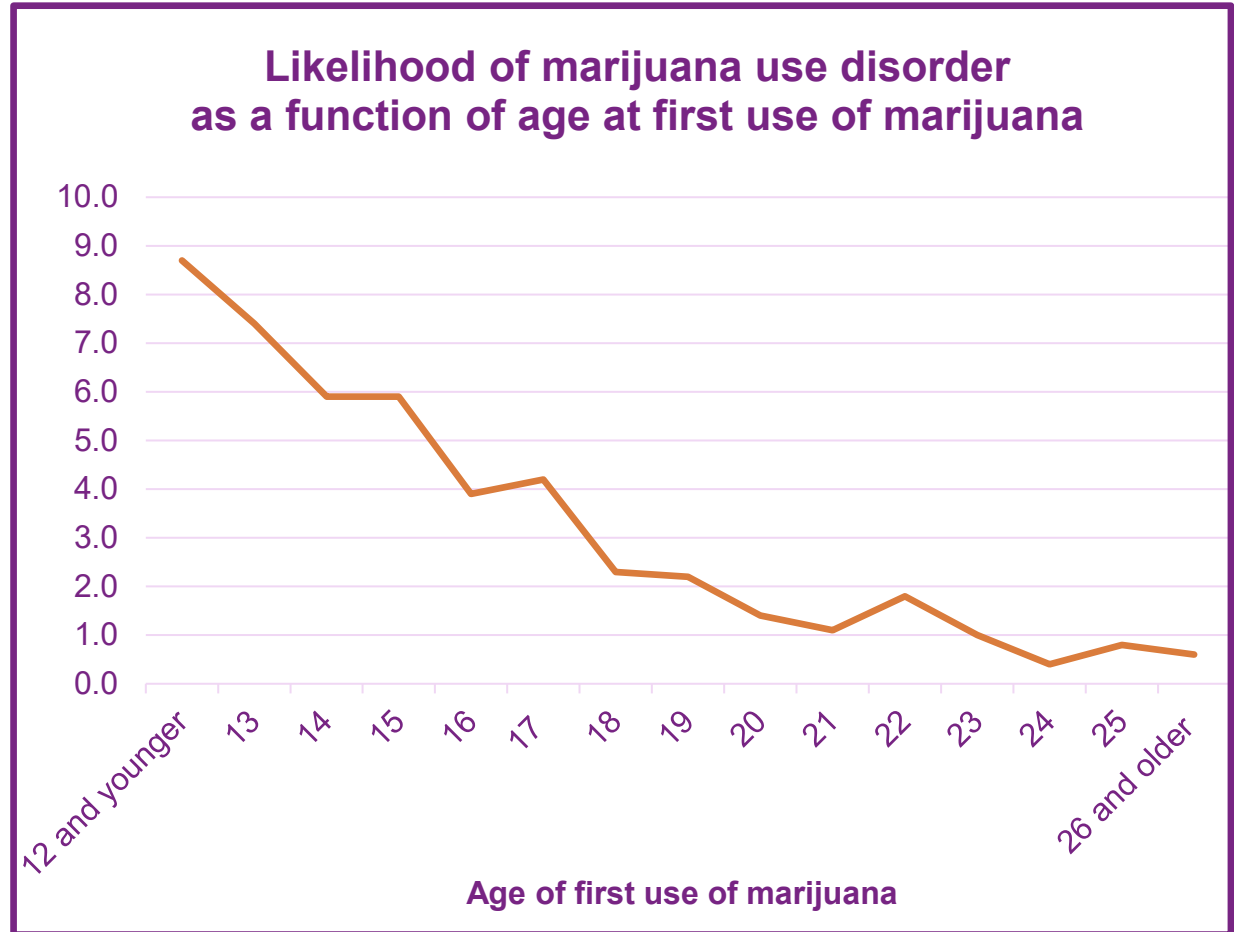
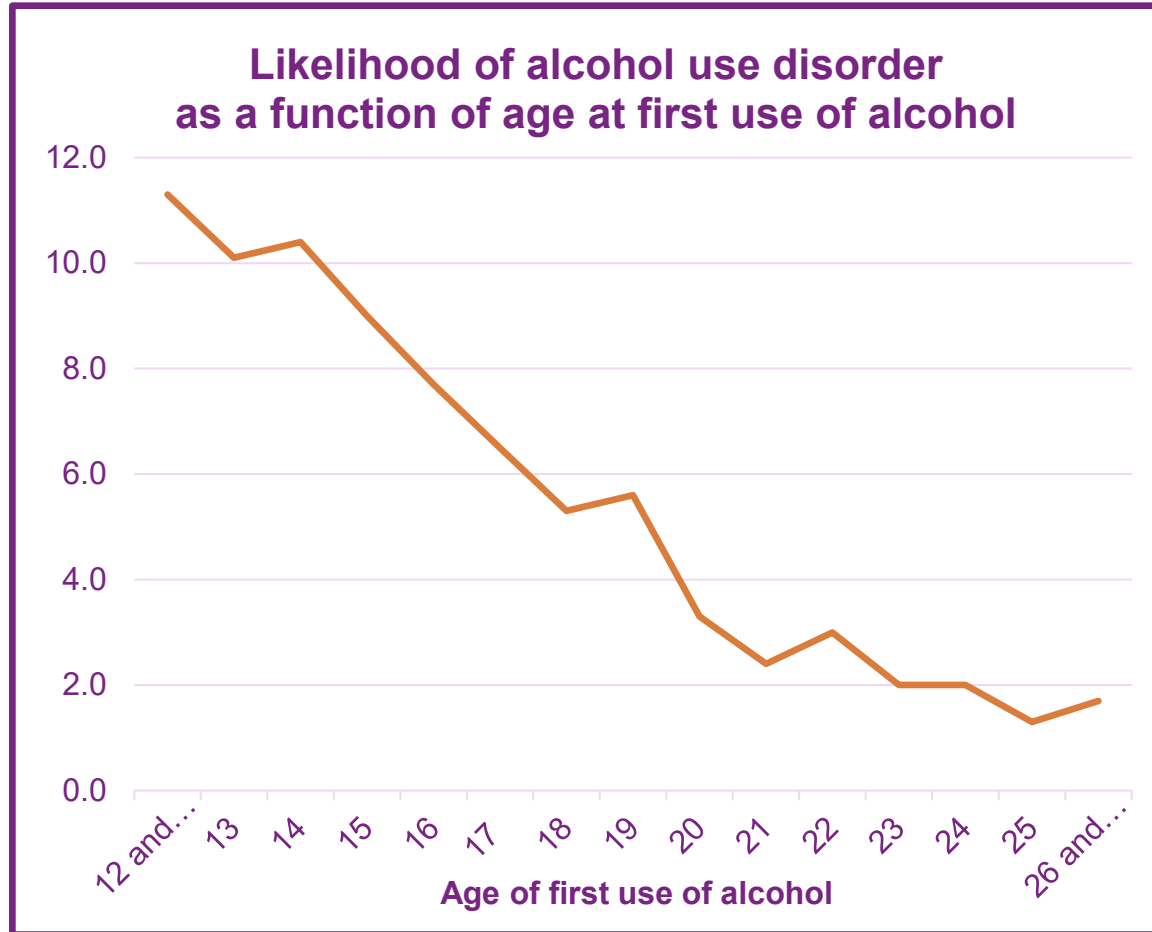
First use after age 21

1 in 25 chance of  
developing addiction



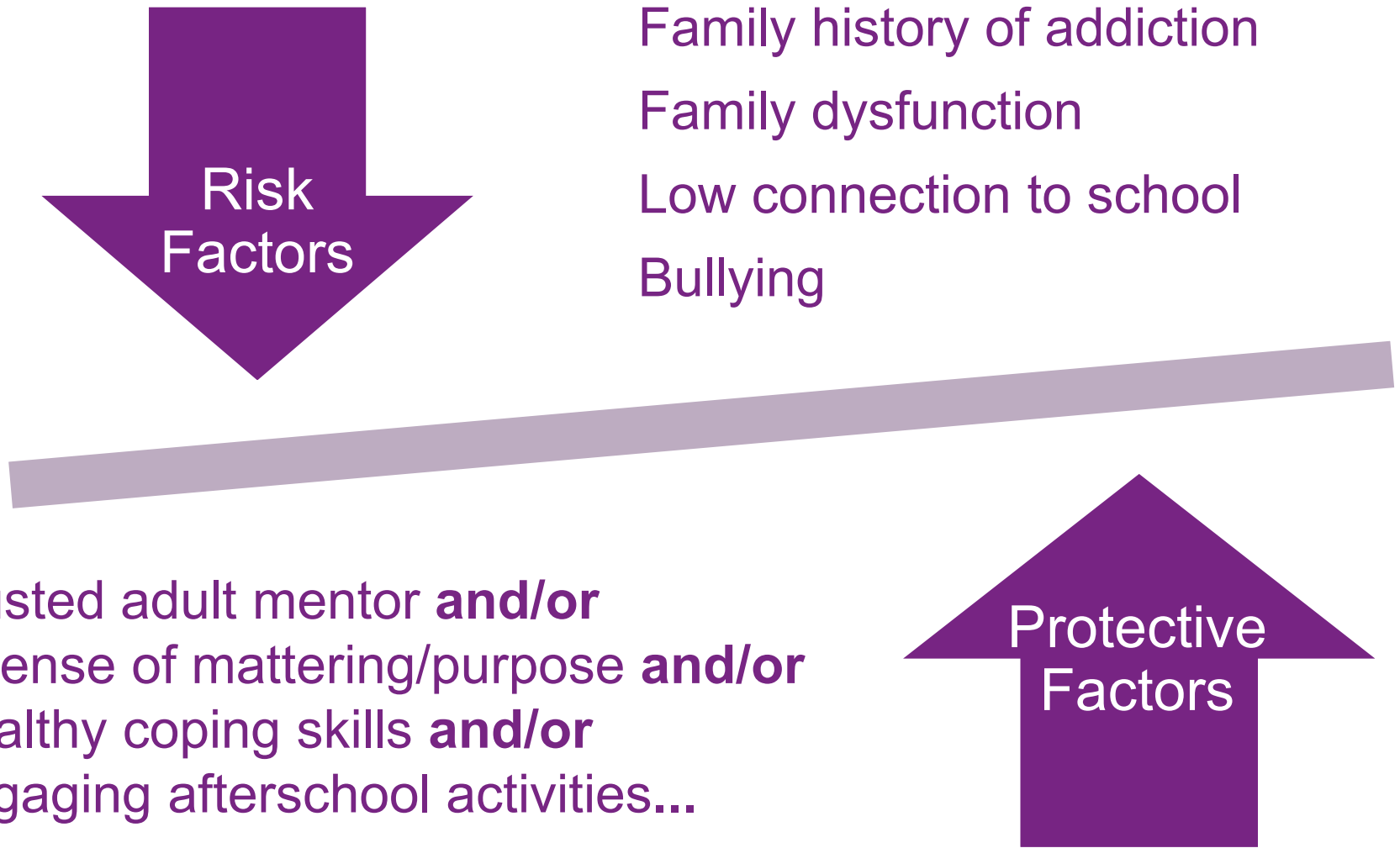


# Early Use → Significantly Heightened Risk of Addiction

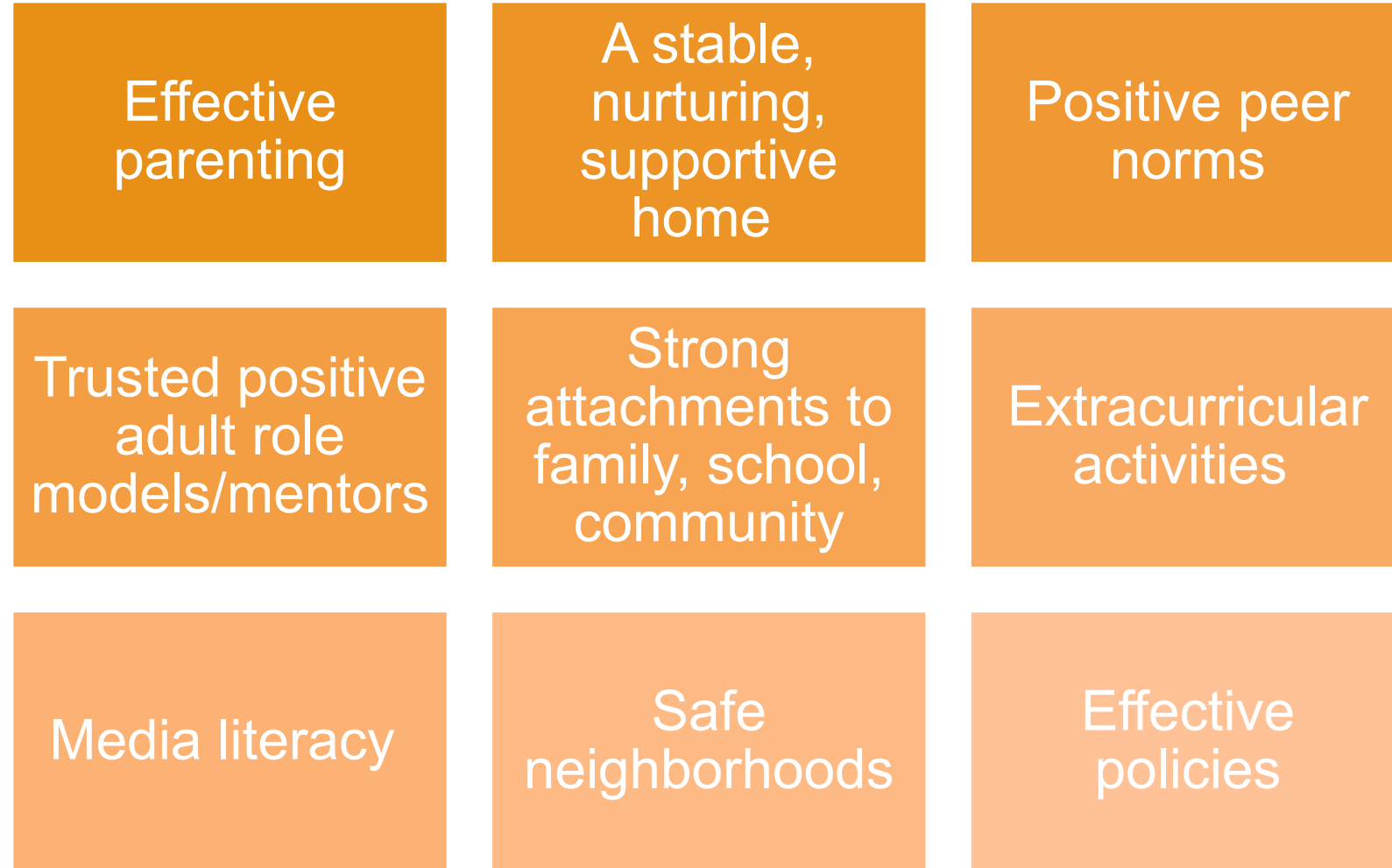


Source: Partnership's analysis of 2018 NSDUH data

# Early Prevention is Not Necessarily Explicitly Focused on Substance Use

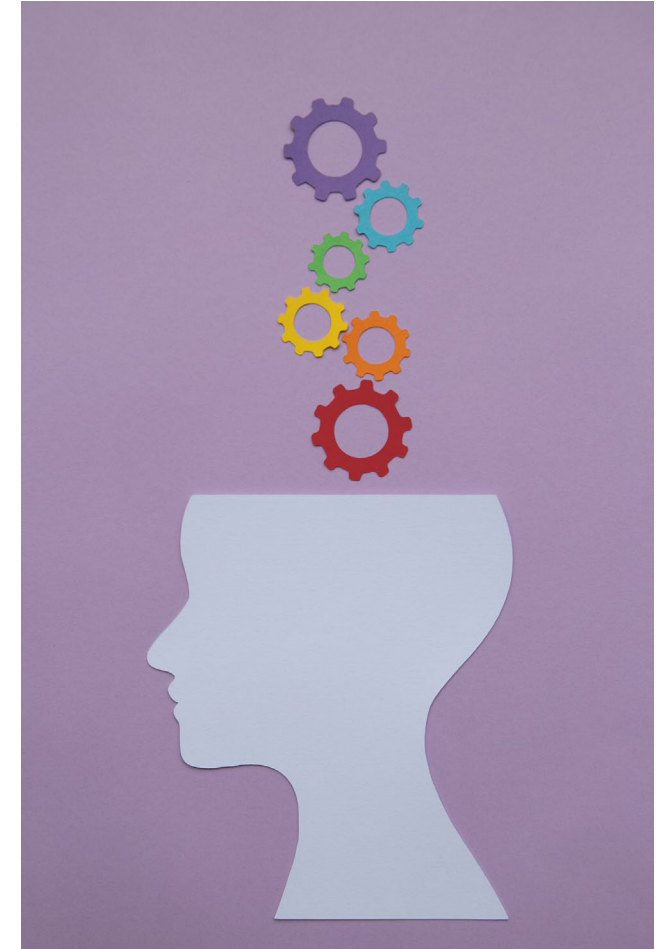


# Key Protective Factors



# Take a Health vs. Punitive Approach

- Focus on promoting children's health and safety, not punishing undesired or unhealthy behaviors.
- Recognize that young people's undesirable or unhealthy decisions happen for rational, developmentally-appropriate reasons.
- Understand the motivation behind behaviors to help the child satisfy that need with healthier and safer alternatives.

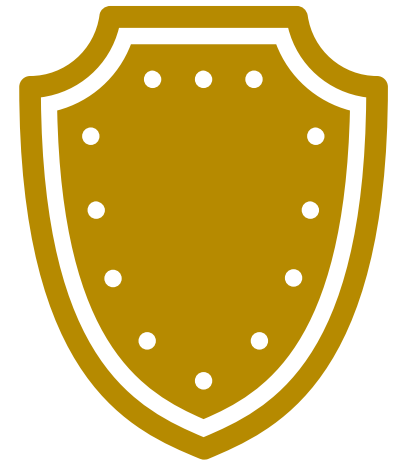


# Resilience

**The crucial ability to withstand, overcome, and rebound from a challenging situation or experience**

To build resilience, it is the **responsibility of all adults who interact with children** to help provide a consistent, stable, nurturing, and supportive environment that:

- promotes child mental and physical health,
- provides a protective shield against adversity, and
- fosters strength, future orientation, and wellbeing



# Resilience

- Strong social and emotional skills to successfully navigate difficult situations and benefit from social interactions and opportunities
- Good coping skills in the face of challenges
- A sense of purpose/mattering



# Resilience Skills Can be Learned

- Resilience is a **dynamic process** and can change over time.
- Schools, community members, and parents can teach skills to help build resilience in youth.
- **Modeling:** children learn about how to face the world more by watching adults than by listening to what they say.



# Protective Social Emotional Skills Can be Learned

- Social and emotional skills help children thrive even in the face of obstacles.
- Practicing SEL skills helps to **strengthen resilience**—positive feedback loop.



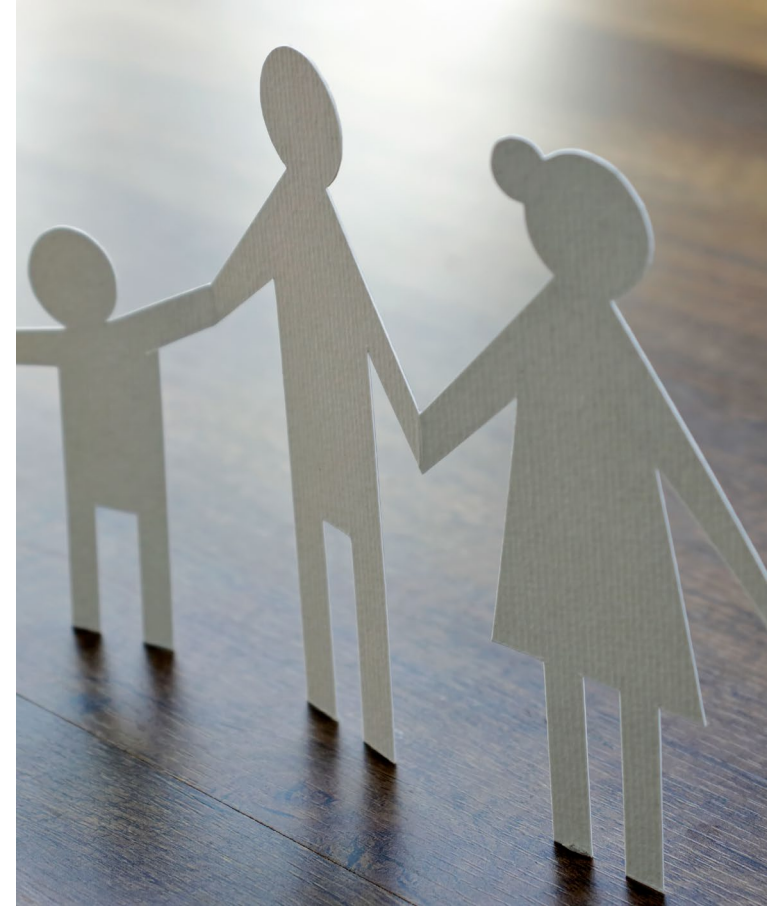
# Emotion Regulation Can be Learned

- Emotion regulation: the **ability to recognize, control, and express emotions** in a measured and appropriate manner.
- Children can learn to express both positive and negative emotions in a way that is proportional and not persistent or overwhelming.



# Coping Skills Can be Learned

- Coping skills can also be learned and nurtured and good coping skills are critical for staying off substance use and related problems.
- Even children with significant ACEs or who face broader societal challenges can thrive in the face of obstacles with good coping skills.
- Adults can model and teach the importance of taking care of oneself and normalize the act of seeking help and support when it's needed.



# Foster Connections to Family, Peers, School, Community

**Youth who feel connected to family, peers, and their school and community are significantly less likely to experience substance use, mental health challenges, sexual risk behavior, or violence**

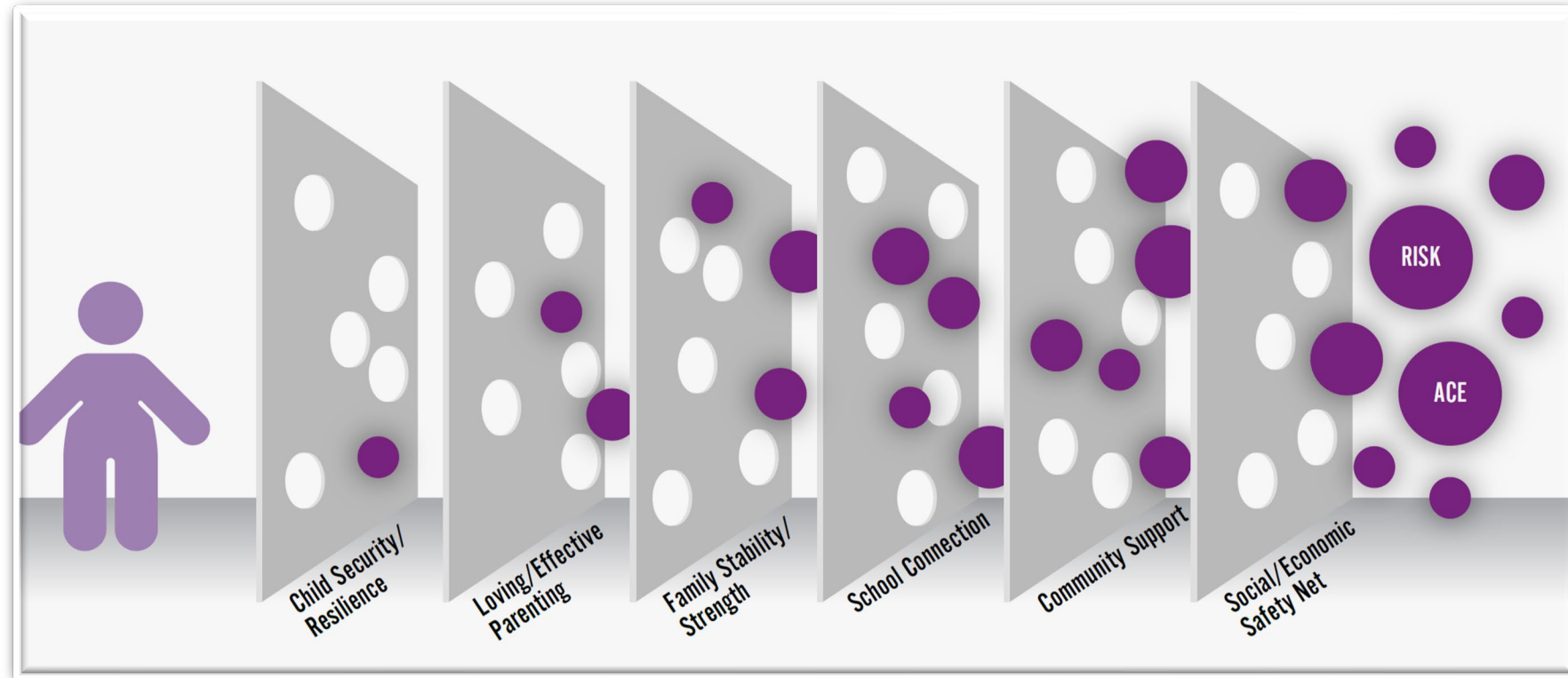
# Recommendations to Support an Earlier, Broader Approach in Schools and Communities

# Broaden the Focus

- Current efforts are **necessary but not sufficient**.
- Broaden interventions to address other factors besides only substance use.
- Provide a more comprehensive approach to **take some of the burden off parents and other caregivers**.
- Provide an earlier approach to primary prevention to **take some of the burden off school counselors and community clinicians**.

# Apply the “Swiss Cheese” Model

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



# Take Advantage of the Current Policy Climate

There is unprecedented government attention to the value of investing state and federal funds and opioid settlement dollars in early social determinants of health, childhood mental health, and healthy youth development.

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

MENTAL HEALTH | SUBSTANCE USE | MENTAL DISORDERS | PANDEMICS | CAREGIVERS

## How To Invest Opioid Settlement And Federal Funding To Prevent Substance Use And Promote Youth Mental Health

[Linda Richter](#), [Lindsey Vuolo](#), [Tamar Mendelson](#)

MARCH 7, 2022

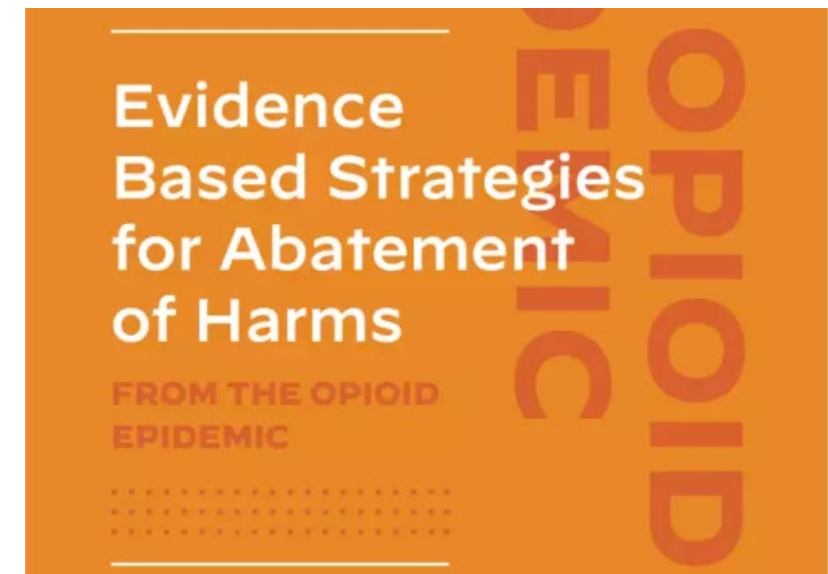
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# Dedicate Opioid Settlement Funds to Prevention

- State and local governments to receive >\$50B from opioid litigation settlements to spent up to 18 years.
- While investing in treatment and recovery support services is critical, it is equally important to move upstream and invest in prevention.
- Investing in effective prevention relieves some of the burden on treatment and recovery systems over time.
- An unprecedented opportunity to hire and train a new cadre of prevention professionals, which could reap dividends for generations.



# Dedicate State Mental Health Funding to Prevention

- The COVID pandemic highlighted the need for improved mental and behavioral health services for youth across the country.
- Some states have responded with dedicated funding for innovative, comprehensive, prevention and early intervention programming
- Two model state initiatives are:
  - **New Jersey's** Department of Children and Families: New Jersey Statewide Student Support Services (NJ4S)
  - **California's** Master Plan for Kids' Mental Health/Children and Youth Behavioral Health Initiative: Certified Wellness Coaches Program

# Use Funds to Educate and Build a Prevention Workforce



Opportunity to invest in building a sustainable prevention infrastructure.



Key element is a well-informed and trained workforce.



Funds can be used for training and professional development for prevention/behavioral health specialists who can be embedded in schools and communities.



Relieve burden and ease the workload of counselors and clinical staff tasked with serving higher-needs youth.

# NJ4S Statewide Student Support Services



- New Jersey program (~\$43 million) to support youth mental wellness and promote prevention and early intervention services.
- Behavioral health organizations across the state serve as ‘hubs’ and provide evidence-based prevention education, intervention, and services to the ‘spokes,’ or specific school districts and communities in their service area.
- Firmly rooted in a Multi-tiered Systems of Support (MTSS) model: programming is spread across the 3 levels of public health prevention and targets parents and school faculty in addition to students.

# Maricopa and Mojave Counties, AZ



- A local behavioral health organization, notMYkid, received opioid settlement funds for prevention efforts in two counties in Arizona.
- notMYkid has hired a team of prevention consultants with diverse backgrounds and levels of prevention experience and expertise.
- This is an innovative use of opioid settlement funds that will ensure a sustainable prevention delivery system in the schools and communities served by the organization.

# Our Work with Prevention Consultants to Implement Effective Prevention

We provide:

- **Training to primary prevention consultants** on key topics, presentation and communication skills, professionalism, ethics, and health promotion.
- **Training to counselors and clinical staff** in school and youth-serving organizations in parent and student engagement and in principles of screening, early intervention and referral to treatment, when needed.
- **Consulting and technical assistance** on implementing best practices, data monitoring, evaluation, and quality improvement.
- **Products and services** to enhance parent engagement (e.g., webinars, automated text messaging programs, support services)

# Examples of Trainings for Professionals



## Professional Training Objective

*To provide professional development training to prevention specialists, educators, mental health counselors, and other youth-serving professionals with the goal of promoting the healthy development of children and adolescents.<sup>1</sup>*

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## Core Professional Development Trainings

Training includes both theory and skill-based topics and is interactive.

Key principles of prevention science and practice

Professionalism, ethics, and effective communication skills

Building youth resilience

Substances deep dives

Co-occurring mental health & substance use disorders

Loneliness & social isolation

Bullying & cyberbullying prevention

Addressing social isolation and loneliness

Promoting health through school & community connection

Key considerations of effective interventions

# Lessons Learned from Year One

- There are many dedicated professionals eager to acquire the knowledge and skills needed to provide research-based prevention services to youth and their families.
- Each community is different and there is no one-size-fits-all approach to training.
- Effective training must involve translating prevention research and experience into practices that best match the local community needs and priorities.
- Effective training must evolve to incorporate lessons learned from on-the-ground experiences and challenges.



# Q&A

# CONTACT

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[www.drugfree.org](http://www.drugfree.org)  
**for more information  
and resources**



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