

# Youth-Focused Prevention

A NACo Opioid Solutions Strategy Brief

## What does effective youth-focused prevention look like?

**“We all have the power to make a difference when it comes to substance misuse prevention.”**

—Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, U.S. Department of Health and Human Services<sup>1</sup>

Adverse childhood experiences (ACEs), such as poverty, childhood abuse or neglect, and family separation are associated with increased risk of mental health concerns and substance use in adulthood.<sup>2-5</sup> Youth-focused programs, including school-based programs, may help support young people and their families, strengthen community connections and mitigate the long-term negative impacts of ACEs.

Youth-focused programs may involve a variety of components,<sup>6-8</sup> including, but not limited to:

- Health education (e.g., on the impacts of substance use)
- Skills training for youth (e.g., life skills or socio-emotional learning)
- Skills training for parents and caregivers (e.g., behavioral management and socio-emotional development)
- Peer education (e.g., teaching social norms)
- Mentoring strategies (e.g., qualified counselors in school settings)
- Classroom-based programming (e.g., structured behavioral management strategies)
- Afterschool programming (e.g., whole-family events)



Scan the QR code to watch a brief video about how to prevent ACEs and their consequences.



Youth-focused programs can help counties achieve a variety of goals, including reducing the number of youth who begin using substances, reducing the risk of developing a substance use disorder and reducing the risk of overdose among young people who use drugs. Youth-focused prevention can also help counties reduce stigma, promote help-seeking among young people who may be struggling, strengthen families and community connections and improve young people's overall social and emotional wellbeing.

## What does the evidence say about youth-focused prevention?

Though many youth-focused prevention programs have been developed and evaluated, few have proved effective. Of the youth-focused prevention programs that have been evaluated, most take place in school settings. Some have no impact on any type of substance use, while others may only reduce certain types of substance use among some youth.<sup>9</sup> Programs that do impact substance use generally produce modest protective effects (e.g., reducing youth cannabis and other substance use by 15-20 percent) that subsequently fade over time.<sup>8,10</sup> Collectively, the evidence shows that young people may use drugs even after receiving the very best prevention programming.



Visit the [Blueprints for Healthy Youth Development website](#) for searchable database of evidence-based youth-focused prevention programs.

Certain program characteristics are associated with better outcomes. Programs that are delivered through 15 or more sessions, interactive, led by a trained adult other than the participants' school teacher and target high school (as opposed to middle or elementary school) students are moderately effective.<sup>11,12</sup> Limited evidence also supports combining social competence and social influence approaches and adopting a skills-based approach.<sup>8</sup>

The most effective programs are those that adopt social competency and social influence approaches. This includes approaches such as teaching social skills, supporting emotional and behavioral regulation and normalizing delaying or never initiating substance use.<sup>8</sup> Further, different programs are more effective for different age groups. For example, programs focused on emotional and behavioral regulation are most effective among young children. Interventions focused on social norms, such as correcting misperceptions about substance use among peers, are most effective among early adolescents.<sup>6</sup>



## Are there risks to my community or institution if we don't support youth-focused prevention?

### Yes and no.

Childhood and adolescence are ideal periods to invest in the health and wellness of the entire community by responding to ACEs and reducing their impact on young people's lives.<sup>2-5</sup> When implemented appropriately, interventions that promote safe and stable school environments and stronger family connections can positively impact youth health and wellbeing far beyond matters of substance use.<sup>13</sup>

At the same time, prevention efforts that are poorly delivered (e.g., deviating from the standardized intervention or delivered by unqualified adults) or are inappropriate for a particular population or age group can worsen substance use-related outcomes. In particular, programs that target or cluster high-risk students together may succeed in normalizing, rather than preventing, risky behaviors, resulting in higher rates of substance use.<sup>6,14,15</sup> Programs that rely on scare tactics or strict behavioral edicts (i.e., "just say no") have repeatedly been shown to have no impact,<sup>16</sup> or, in some instances, to increase substance use among young people.<sup>17</sup>

### What are best practices for school-based and youth-focused prevention?

- Support age-appropriate school-based strategies that provide different material and activities to address the unique learning needs of students in different grades.<sup>6</sup>
  - Support universal school-based programs that involve the whole student population.<sup>10</sup>
  - Support programs that integrate multiple components (e.g., strategies to support decision-making skills and health education beyond the classroom).<sup>18</sup>
  - Support strategies delivered over 15 or more sessions for adolescents.<sup>12</sup>
  - Support the inclusion of families in prevention programs through parenting or family skills training, home visits, brief family therapy or family education.<sup>19,20</sup>
  - Support programs delivered by persons other than teachers, such as qualified health educators or counselors.<sup>11</sup>
  - Implement these prevention programs as one part of a more comprehensive plan to address ACEs, strengthen families, teach life skills and support healthy socio-emotional development in youth.<sup>8</sup>
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## What are examples of successful school-based and youth-focused prevention programs?

These and many other model programs are described online at the Brandeis Opioid Resource Connector.



**THE GOOD BEHAVIOR GAME** is a collaborative classroom activity designed to teach students in the 1st and 2nd grades to regulate their emotions and behaviors.<sup>21</sup> Though it is designed as a classroom management strategy, program evaluations have found the Good Behavior Game to be associated with lower rates of substance use and substance use disorder in early adulthood among male students who participated in the program as children.<sup>22,23</sup>

**FAST TRACK** is an intervention designed for students in 1st to 10th grades who displayed disruptive behaviors in kindergarten.<sup>24</sup> Fast Track includes home visits, parent mentoring, student tutoring, social skills training and classroom-based socio-emotional learning. The intervention evolves as children grow, supplementing social and emotional learning with group meetings, tutoring sessions, home visits and other developmentally-appropriate interventions across age groups. Evaluations have shown that Fast Track participants were less likely to report substance use in early adulthood.<sup>7,25</sup>

**SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS** is a secondary prevention program for students in 9th and 10th grades that teaches substance awareness and overdose recognition and response.<sup>26</sup> Safety First consists of fifteen 45-minute lessons designed to align with National Health Education Standards and Core Curriculum Standards. Evaluations have shown that Safety First participants can more accurately identify the risks of substance use and are better prepared to effectively respond to overdose and other substance-related emergencies.<sup>27</sup>

### ADDITIONAL RESOURCES:

Please visit the Opioid Solutions Center for a curated list of resources, technical assistance opportunities and the sources referenced in this brief.



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