

MAXIMIZING PREVENTION

Educators

Drug use is a global problem. Prevention starts with a community that cares about the vulnerable and it involves families, teachers, youth leaders, and mentors among others. We must start to think globally and act locally to curb drug use and drug trafficking. Together we can work towards effective problem-solving strategies, teaching communities how to assess their local substance abuse-related problems and develop a comprehensive plan to address them. [1]
- Yury Fedotov, UNODC, Executive Director

The abuse of alcohol and drugs costs the Canadian economy billions of dollars each year; however, we could not begin to put a price on the emotional cost that family members and loved ones must bear. The question then is, what can be done to eliminate or even control the abuse of drugs? Do prevention efforts work? Can we as family members, friends, schools, workplaces, communities make a difference?

Over the last several decades, researchers have identified different principles that have proven effective and numerous programs developed for parents, schools and communities have shown great promise. In this section of the website, we provide suggestions for schools and communities. Information for parents and caregivers can be found on our Power of Parents page.

When thinking about preventing substance abuse and addiction, it is important to keep in mind that prevention is a process rather than a destination. There are also no one-size-fits-all solutions or strategies.

THE BIG PICTURE

It is universally accepted that, like any other commodity, the two main areas of concern when it comes to substance abuse prevention are Supply and Demand. Most countries have initiatives aimed at reducing both the supply of drugs and the demand for them. However, in recent years, there has been a stronger focus on reducing the harm caused by substance abuse.

- Supply reduction aims to limit the amount of drugs available to the user through interdiction, legal penalties, and incarceration.
- Demand reduction tries to reduce craving and drug demand through primary, secondary, and tertiary prevention strategies. Refinements of these strategies include universal, selective and indicated prevention.
- Harm reduction aims to limit the harm users do to themselves and to society. It focuses on techniques to minimize the personal and social problems associated with drug use rather than making abstinence the primary goal.

Each of these areas are important and have their place in society. However, it is important to keep in mind that in order to prevent something – in this case substance abuse – we must look at the root cause and take actions that might help prevent that use, or at least delay the onset of use (as science tells us that the earlier the onset, the greater the risk of harm).

Another way to think about prevention is what's referred to as "Upstream Thinking". [CLICK HERE](#) for a link to a You Tube video that illustrates what is meant by the term "Upstream Thinking".

Researchers and others working in the prevention arena often refer to three types of prevention: primary, secondary, and tertiary and it can be helpful to understand the difference:

- Primary prevention efforts are designed to anticipate and prevent or delay initial drug use. Many studies have demonstrated that the age of first use is the strongest predictor of future drug or alcohol problems.
- Secondary prevention seeks to halt drug use once it has begun and adds intervention strategies to education and skill building.
- Tertiary prevention seeks to stop further damage from habituation, abuse, and addiction to drugs and to restore an abuser to health. [1]

Much more on the three types of prevention, and other excellent information about drugs can be found in a book called: Uppers, Downers, All Arounders. [Click Here](#)

RISK AND PROTECTIVE FACTORS

Researchers have made great strides in identifying what works and what doesn't when it comes to addressing substance abuse within the family, in schools, and in the community. They refer to this as "risk and protective factors" with a goal to designing programs that strengthen protective factors and reduce risk factors.

Some examples of protective factors include developing strong social skills, strong and positive family bonds, attachment to school, and strong bonds with institutions such as school and religious organizations. Examples of risk factors include chaotic home environments (particularly where a parent abuses substances or suffer from mental illnesses), lack of parent-child attachments, failure in school performance and poor social coping skills that increase vulnerability to drug abuse.

It should be noted that research has shown that many of the same factors apply to other behaviours such as youth violence, delinquency, school dropout, teen pregnancy and more. Also, all children may be exposed to some mix of risk and protective factors, and some children are more resilient and able to avoid getting into difficulty.

For a more complete list of potential risk and protective factors from early childhood to young adulthood, [CLICK HERE](#)

PREVENTION STRATEGIES FOR SCHOOLS

Schools have a powerful role to play when it comes to prevention because they are often the first to see warning signs of possible drug problems, such as poor attendance and declining academic performance. Most effective school programs teach youth to resist drugs by developing personal and social skills such as decision-making, stress management, communication skills, conflict resolution and assertiveness. With these new skills and understandings, youth are better able to resist the pressure to use drugs.

The Canadian Centre on Substance Abuse (CCSA) developed a document entitled “Canadian Standards for School-Based Youth Substance Abuse Prevention” as part of a broader strategy, the Drug Prevention Strategy for Canada’s Youth. The Standards serve as a roadmap to help schools reflect on where they are now, where they wish to go, and what areas of program development will prove beneficial in their prevention efforts.

The document states that the best prevention efforts are woven into the core mission of health promoting schools. A health-promoting school is one that is constantly strengthening its capacity as a healthy setting for learning, working, and playing. [2]

Administrators and staff in such schools understand that:

- the many attributes of a health-promoting school help prevent problematic substance use by students and staff;
- efforts to prevent substance abuse and promote student well-being contribute directly to academic success; and
- effective prevention doesn’t necessarily mean working more, but refocusing resources to what has been shown to work. [3]

The CCSA report goes on to say that to maximize effectiveness, school-based strategies work best when situated alongside community-wide strategies that reach young people in other parts of the system, such as families, recreational environments, post-secondary institutions, youth media, workplaces and bars.

For additional information on school programs, please refer to our Resources Page. We have prepared [a chart](#) comparing three similar school-based programs that make good “foundational programs” from which to build a strong school-based prevention strategy. In addition, we have prepared [a chart](#) that compares these three programs to the BC School Curriculum Core Competencies.

PREVENTION STRATEGIES FOR COMMUNITIES

One of the realities of prevention is that there is no quick fix. One of the biggest mistakes made in the field is to think that any single, stand-alone program can, by itself, be effective in reducing substance abuse. No single program should be expected to accomplish what it takes a Comprehensive Prevention Strategy (CPS) to achieve. Although there are many great programs available, they are all much more effective when used as part of a CPS. A CPS consists of a number of programs or initiatives with a common message from many different sources, continued over a long period of time.

Examples of successful CPS's in other areas are: anti-smoking, drinking and driving, and wearing seatbelts. Each of these efforts has taken almost half a century and has taught us the following:

- First knowledge must change, then attitudes, and finally practices.
- The job is never complete and needs to be repeated with each new generation.
- Over time, prevention efforts become more difficult to sustain.
- No single approach works consistently.

The above-noted CPS's received input from national, provincial and community-based organizations. However, there is ample evidence that a community-based CPS can be effective. An example of a British Columbia community-based CPS can be found [HERE](#).

Setting up a community-based CPS requires some basic steps. First, someone takes the initiative to call a meeting of like-minded community partners and then take the following steps:

- Bring people together
- Identify the issue(s)
- Develop a vision (what you would like to see in the future)
- Document what is currently being done
- Identify gaps/needs or areas for improvement (Think Upstream)
- Search for ways and means to fill gaps (potential solutions, programs/initiatives)
- Choose and Implement best options available for your community (consider capacity to deliver)
- Evaluate, adjust and involve

It helps to have some sort of matrix to record information and identify gaps. The goal is to fill in as many initiatives/programs as possible. A school could simply use a matrix of the grades from K to 12. For an example of a matrix used for a geographic community which could easily be adapted, [CLICK HERE](#).

Other sources of information about a community-based CPS for substance abuse can be found at these sites:

- [United Nations International Prevention Standards](#)

- [CADCA Building Drug Free Communities](#)

REFERENCES

1. United Nations Office on Drugs and Crime, World Drug Campaign, Global Action for Healthy Communities. Web
2. Canadian Centre on Substance Abuse. (2010). Building on our strengths: Canadian standards for school-based youth substance abuse prevention (version 2.0). Ottawa, ON: Canadian Centre on Substance Abuse. P. 19
3. Ibid, P. 3
4. Inaba, Darryl and William E. Cohen. Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs. Ashland, Or.: CNS Publications, 2000. Chapt. 8.
5. Ibid.