

SCHOOL OF SOCIAL WORK
UNIVERSITY *of* WASHINGTON



Effectiveness of programs to prevent youth substance

SDRG Presentation Gaming and Commerce Committee

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WHO WE ARE





Expertise Built Over 40 Years

- **World leaders in prevention science**
- **Dissemination and implementation**
- **Prevention workforce development**

Mission: To promote healthy behaviors and positive social development among diverse populations by using prevention principles rooted in rigorous science.

Current Prevention Intervention Research Studies at SDRG

- **Guiding Good Choices** ---in Primary Care
- **Connecting**—Foster Caregiver training for caregivers with teens
- **Communities that Care**— Long term impact
- **Friends of the Children**-- Impact of Paid Professional Mentoring Program,
- **The Intergenerational Study**—2nd generation effects of RHC intervention
- **POST study**— Opioid prevention for youth transitioning out of juvenile care
- **First Years Away From Home** (Laura Hill, WSU)







Research To Practice







What Do We Know About the Effectiveness of Prevention

40 Years of Prevention Science Research Advances: From Nothing Works to Effective Prevention

- 1 **Risk and protective factors** that predict substance use problems are reliable targets for prevention
- 2 Over **60 prevention programs and policies have** been shown to prevent substance use problems in rigorous research (see Surgeon General's report *Facing Addiction*, 2016)
- 3 **Communities are an effective organizing force** for bringing effective policies and programs to scale to improve the public health
- 4 Its **never too early or too late**, prevention programs have been found to be effective from conception to aging populations.

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN
<ul style="list-style-type: none"> ▪ Low community attachment ▪ Community disorganisation ▪ Community transitions and mobility ▪ Personal transitions and mobility ▪ Laws and norms favourable to drug use ▪ Perceived availability of drugs <ul style="list-style-type: none"> ▪ Economic disadvantage (not measured in youth survey) 	
<ul style="list-style-type: none"> ▪ Poor family management and discipline <ul style="list-style-type: none"> ▪ Family conflict ▪ A family history of antisocial behaviour ▪ Favourable parental attitudes to the problem behaviour 	
<ul style="list-style-type: none"> ▪ Academic failure (low academic achievement) <ul style="list-style-type: none"> ▪ Low commitment to school ▪ Bullying 	
<ul style="list-style-type: none"> ▪ Rebelliousness ▪ Early initiation of problem behaviour <ul style="list-style-type: none"> ▪ Impulsiveness ▪ Antisocial behaviour ▪ Favourable attitudes toward problem behaviour ▪ Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> ▪ Sensation seeking ▪ Rewards for antisocial involvement 	

Risk Factors for Adolescent and Young Adult Substance Use

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> ▪ Low community attachment ▪ Community disorganisation ▪ Community transitions and mobility ▪ Personal transitions and mobility ▪ Laws and norms favourable to drug use ▪ Perceived availability of drugs <ul style="list-style-type: none"> ▪ Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> ▪ Opportunities for prosocial involvement in the community <ul style="list-style-type: none"> ▪ Recognition of prosocial involvement ▪ Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> ▪ Poor family management and discipline <ul style="list-style-type: none"> ▪ Family conflict ▪ A family history of antisocial behaviour ▪ Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> ▪ Attachment and bonding to family ▪ Opportunities for prosocial involvement in the family ▪ Recognition of prosocial involvement
<ul style="list-style-type: none"> ▪ Academic failure (low academic achievement) <ul style="list-style-type: none"> ▪ Low commitment to school ▪ Bullying 		<ul style="list-style-type: none"> ▪ Opportunities for prosocial involvement in school ▪ Recognition of prosocial involvement
<ul style="list-style-type: none"> ▪ Rebelliousness ▪ Early initiation of problem behaviour <ul style="list-style-type: none"> ▪ Impulsiveness ▪ Antisocial behaviour ▪ Favourable attitudes toward problem behaviour ▪ Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> ▪ Sensation seeking ▪ Rewards for antisocial involvement 		<ul style="list-style-type: none"> ▪ Social skills ▪ Belief in the moral order <ul style="list-style-type: none"> ▪ Emotional control ▪ Interaction with prosocial peers

Evidence Based Programs supported by SDRG

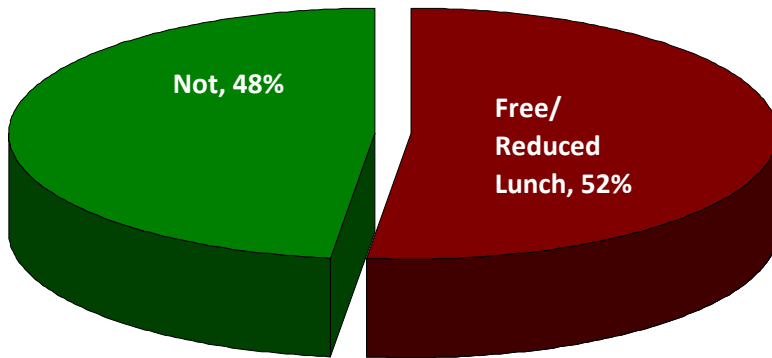
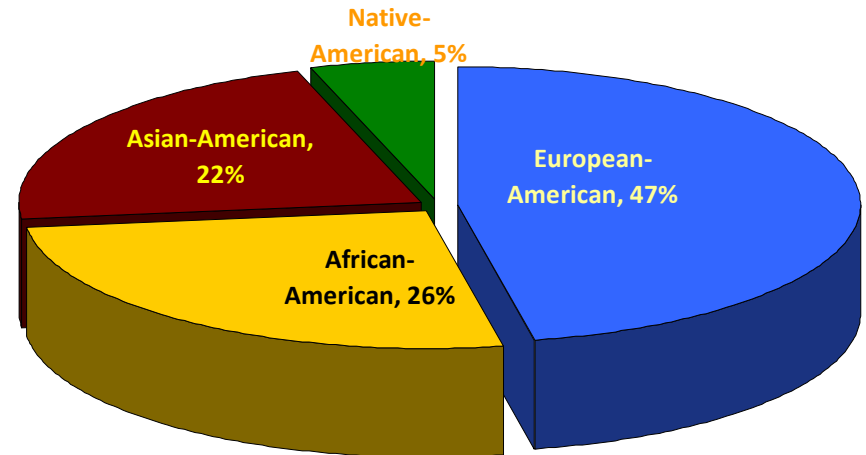
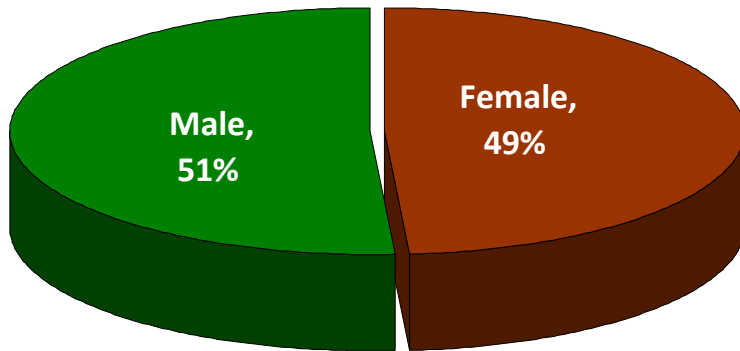
EBPs Supported by the SDRG	Age of Child				For Whom	
	Early	Mid- dle	Teen	Young Adult	All	High Risk
Parenting and Family Programs						
Raising Healthy Children - Parent	✓	✓			✓	
Families Facing the Future (Opioid addicted parents)	✓	✓				✓
Supporting School Success		✓			✓	
Guiding Good Choices		✓	✓		✓	
Staying Connected with Your Teen			✓		✓	
Connecting (Foster Caregivers with Teens)			✓			✓
First Years Away from Home (with WSU IMPACT lab)				✓	✓	
School-based Program						
Raising Healthy Children - School	✓	✓			✓	



An Example from the Seattle Social Development Study



SSDP Sample: Gender, Ethnicity & SES



Full treatment group=149
Control group=206

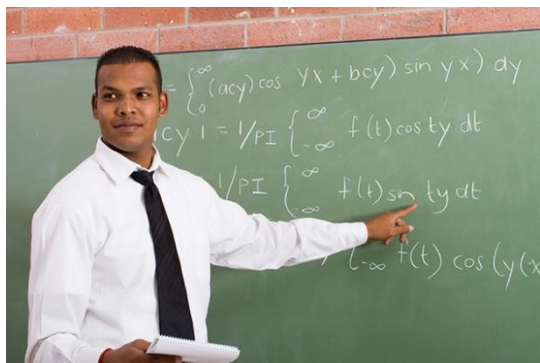
Poverty: Eligible for free/reduced lunch (5th, 6th or 7th grades)



Three core components during grades 1-6

Seattle Social Development Project

Intervention: *Raising Healthy Children*



Teacher Training



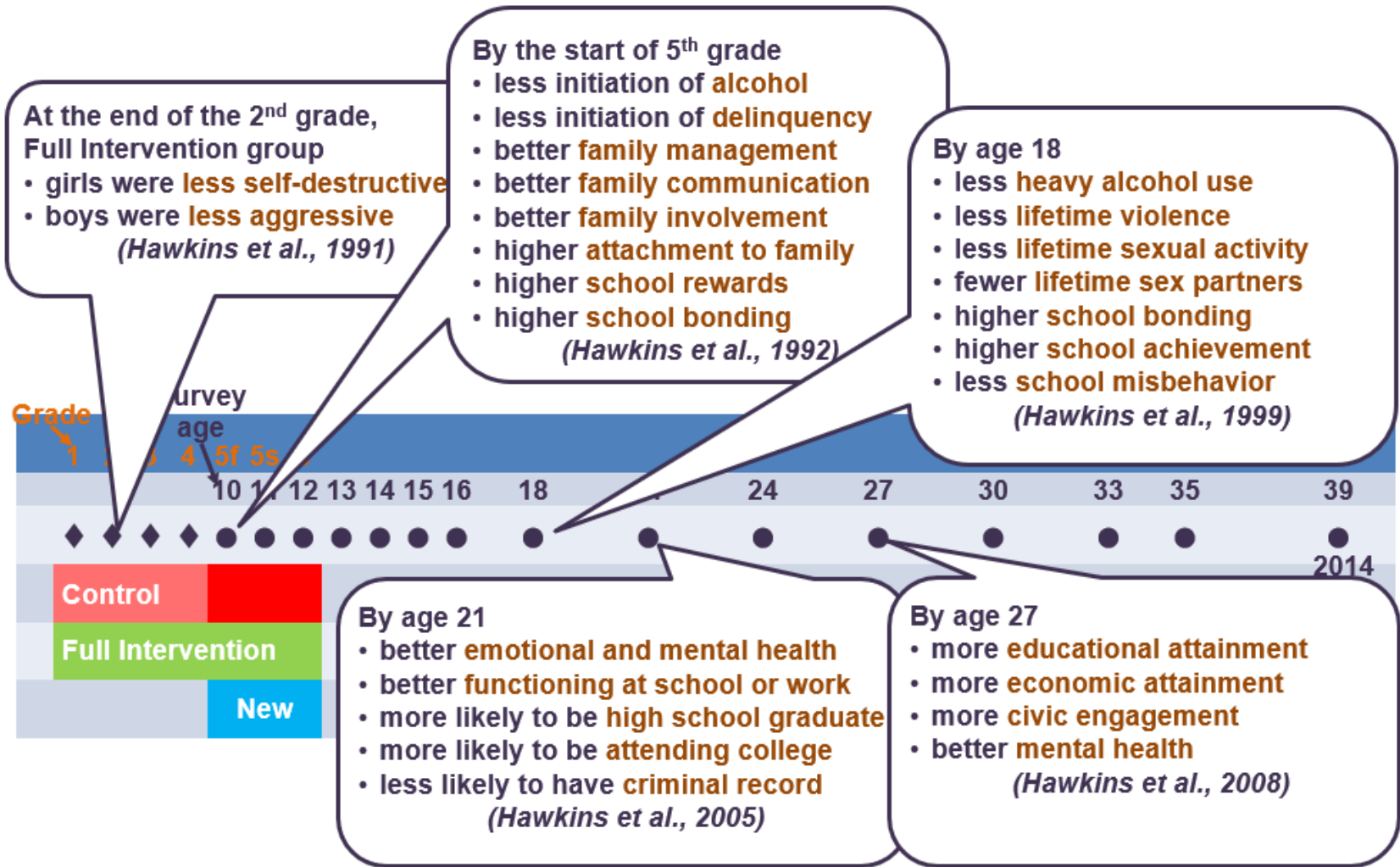
Parent Workshops



Child Skills Training



History of SSDP Intervention Effects





Summary of Impacts Through Age 39

More than 18 years later...

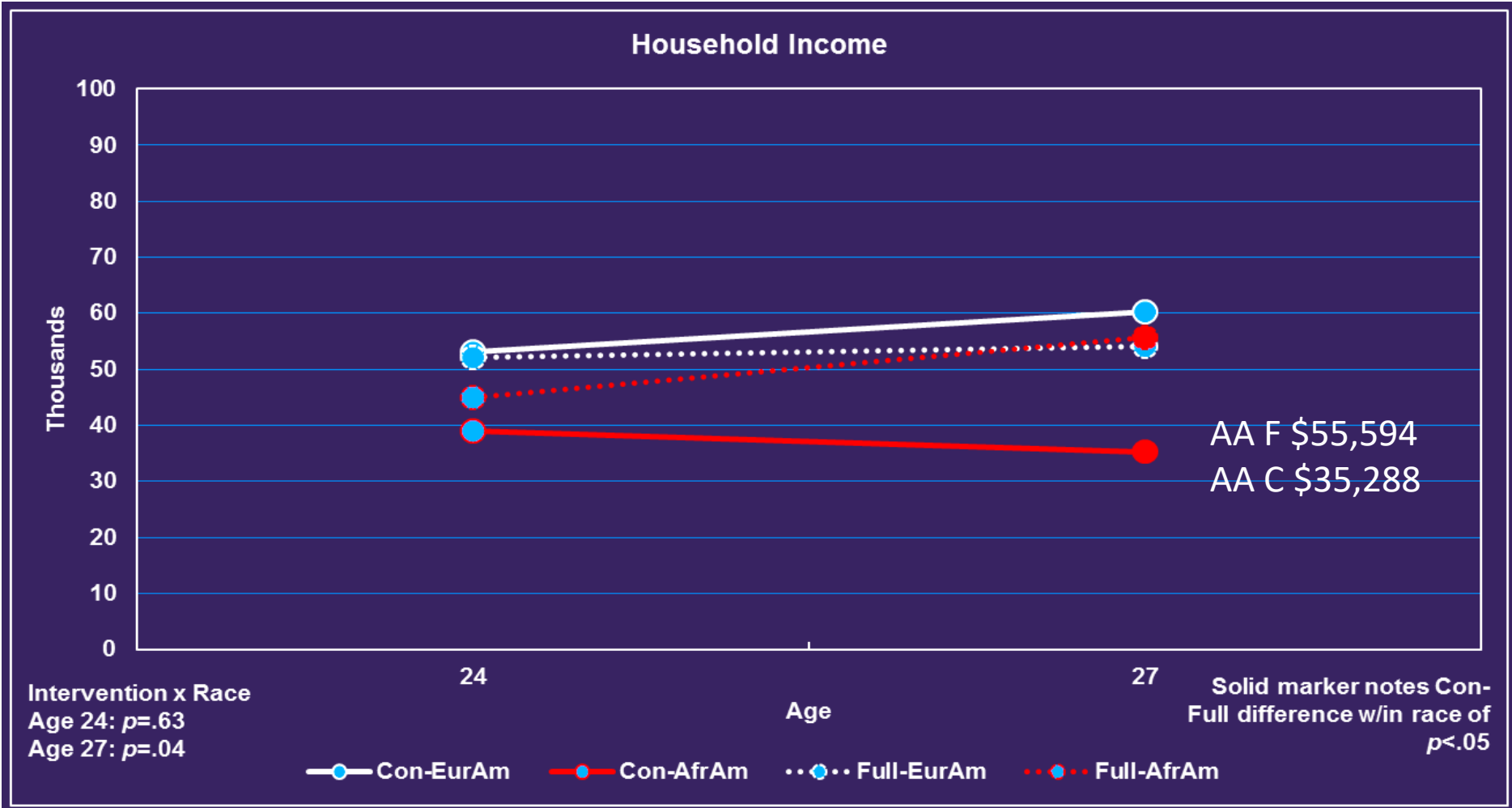
- All differences in expected direction
- Significant effects of full intervention on...
 - Health maintenance
 - Mental health
 - Overall adult health & success



Kosterman, R., Hawkins, J. D., Hill, K. G., Bailey, J. A., Catalano, R. F., & Abbott, R. D. (2019). Effects of social development intervention in childhood on adult life at ages 30 to 39. *Prevention Science, 20*(7), 986-995.



SSDP Reduced Racial Disparity in Household Income



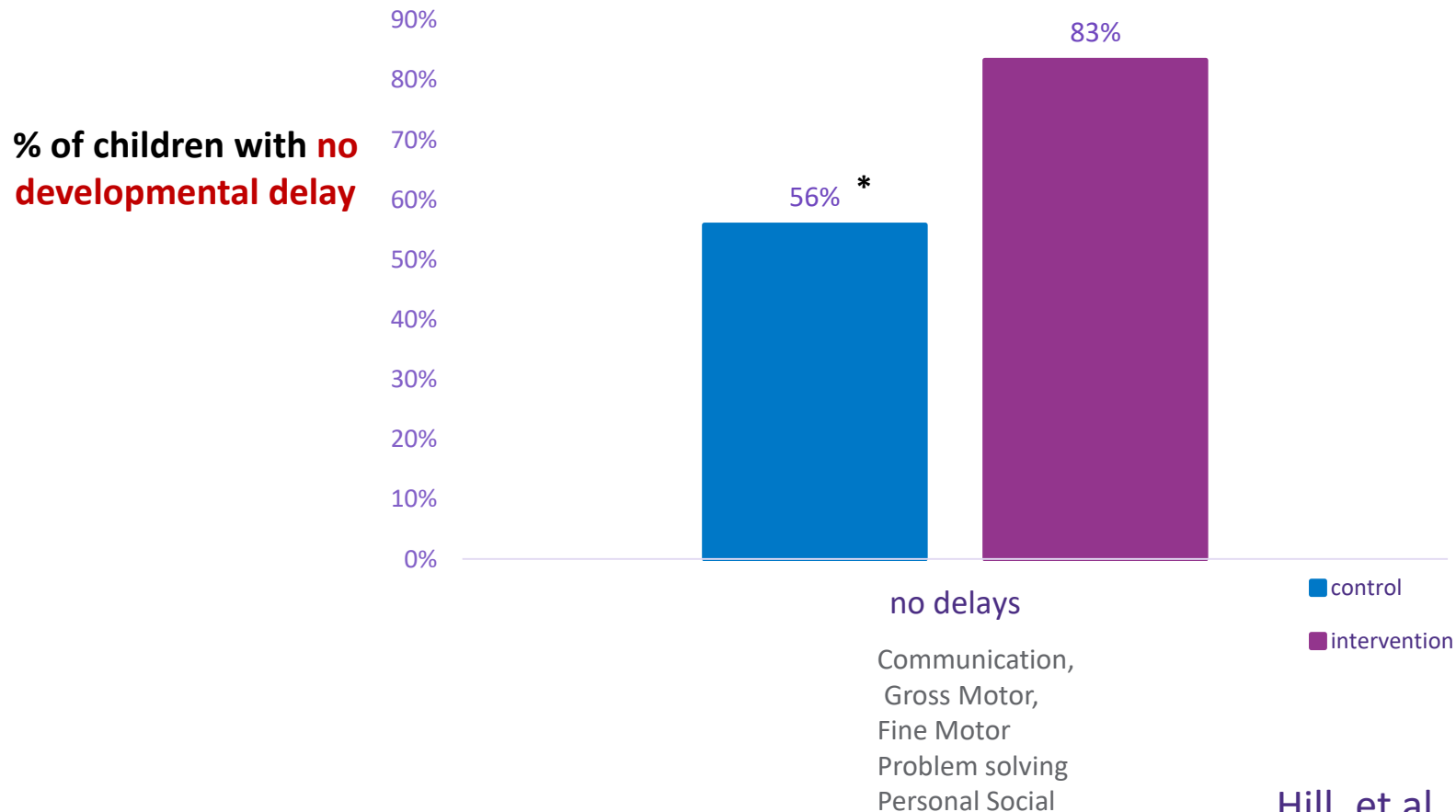
Hawkins, J. David, Rick Kosterman, Richard F. Catalano, Karl G. Hill, and Robert D. Abbott. "Effects of social development intervention in childhood 15 years later." *Archives of pediatrics & adolescent medicine* 162, no. 12 (2008): 1133-1141.



Effects into the Next Generation:

Parents who were in the SSDP intervention in childhood grow up to have children with....

...fewer **developmental delays** in the first five years of life.



Effects into the next generation

Parents who were in the SSDP intervention in childhood grow up to have children with....



1. Fewer **developmental delays** in the first five years of life.
2. Fewer teacher-rated **child behavior problems** ages 6-18 years.
3. Higher teacher-rated **academic skills and performance** ages 6-18 years.
4. Lower youth self-reported **alcohol and drug onset** ages 6-18 years.



Increasing the Reach of Effective Prevention: Communities that Care



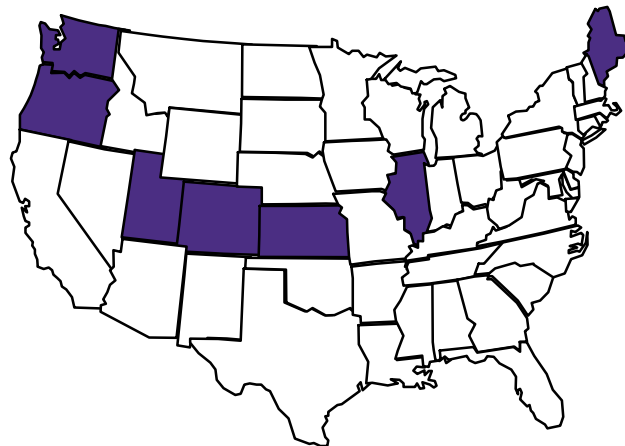
A 5-Phase Community Change Process Built on Science





Community Youth Development Study

- **Community randomized trial of CTC**
- **24 communities in 7 states – 4 in WA State**
- **Prevention programs: Grade 6 – Grade 9**
- **Longitudinal study is ongoing: Grade 5 through Age 28**





More EBPs, More Children and Families Served

Outcomes	Baseline (2002)		Year 4 (2007)		Year 7 (2010)	
	CTC	Control	CTC	Control	CTC	Control
ADOPTION: <i>Number of programs</i>	17	11	44	19	43	26
PARTICIPATION: <i>Number of participants</i>	3,454	3,333	11,261	3,864	20,932	5,220

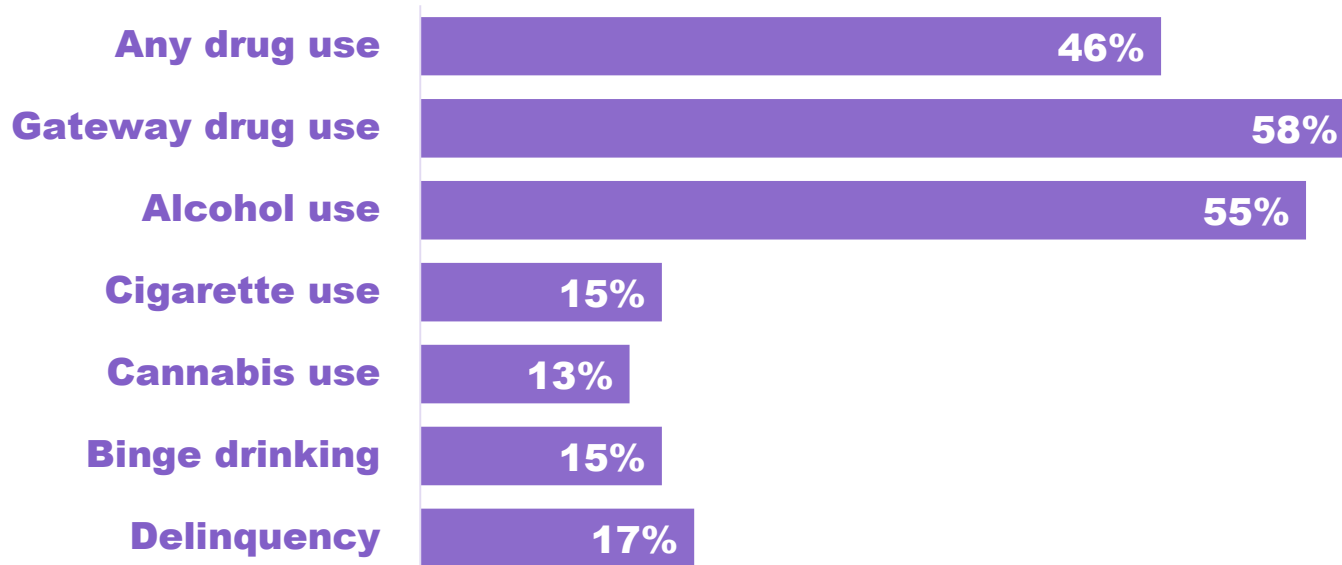
Findings represent significant differences ($p < 0.10$) between CTC and C sites





CTC Increased Lifetime Abstinence from Substance Use and Delinquency Through Age 23

At age 23, CTC participants were more likely to have abstained from:



They were less likely to have ever been involved in violence:



There were also more likely to have completed college:



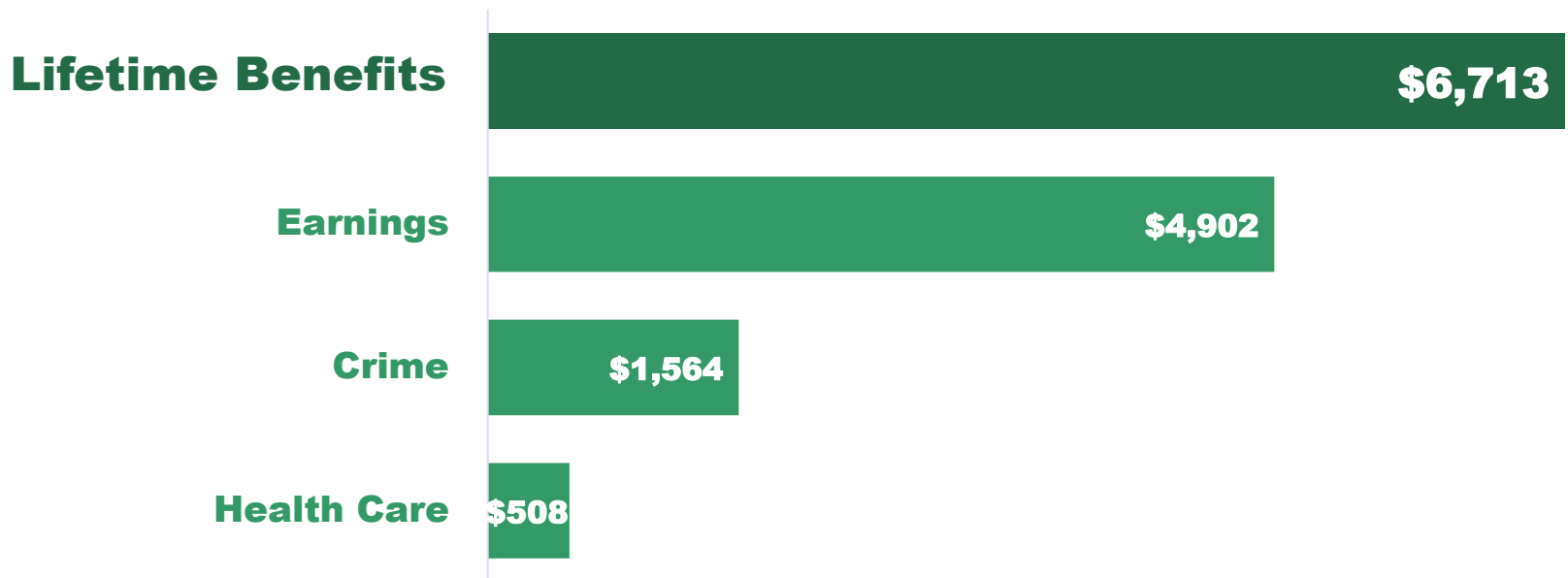
* Values reported are relative risk reductions.





Age 23: CTC Returns \$11.14 in Benefits per \$1.00 Invested

CTC Benefits Per Youth



* 2017 USD. Kuklinski et al., in press, *Prevention Science*. Additional benefits from property loss, mortality, and deadweight costs of taxation are not shown here.





Three Key Take Away

- (1) Strong prevention science base exists.**
Risk and protective factors **and** effective prevention, programs, practices and policies—across the lifespan
- (2) Prevention works and is cost effective**
- (3) Prevention systems** like CTC can help local coalitions implement more with high quality and greater reach