Prevention 101

What is Prevention?

The goal of any Prevention program in a health setting is to intervene before a negative health effect occurs. Regarding substance use, Prevention efforts focus on preventing substance use before it even begins. These efforts are typically focused on youth populations, but there are also strategies aimed at individuals and groups surrounding and supporting our youth. Parents, community members, teachers (and more) all play an important role in prevention efforts.

The main goal of Prevention is to empower youth to make healthy decisions for themselves by building their knowledge and skills, shifting attitudes, and illustrating the importance of paying attention to the environment around them.

Effective Prevention Characteristics

Ongoing	Effective Prevention efforts are not "one and done". Ongoing Prevention messaging provided in a variety of ways over time helps youth make healthier choices related to substance use.
Evidence-based	Prevention is based in science and backed by research. So, using evidence-based curriculum, campaign messaging, etc. means that there is data supporting that the program has been proven effective in preventing youth substance use.
Comprehensive	Prevention programming uses multiple strategies to impact the topic. Everyone learns in a different way, so addressing the same topic in multiple ways helps to ensure that the program is effective to the entire target population. For example, a comprehensive campaign would deliver messaging in print, social media, verbal announcements, advertisements, giveaway items, etc.
Multifaceted	Prevention programming should not be subject specific. In the case of substance use prevention, we would want to talk about more than just substances. What does that mean? Yes, informing youth about substances and their impact is important, but it is also important to cover skills that will assist them in making healthy decisions. That is why evidence-based Prevention programs cover topics like goal setting, decision making, refusal skills/peer pressure, healthy relationships, and more. We teach them the skills to make good decisions about their health!
For everyone!	Most Prevention programs are designed for universal populations, meaning that they should be provided to everyone in a given population. So, for school programs, every student in a grade level should receive the program, not just those who have been indicated to be at a higher risk for substance use.

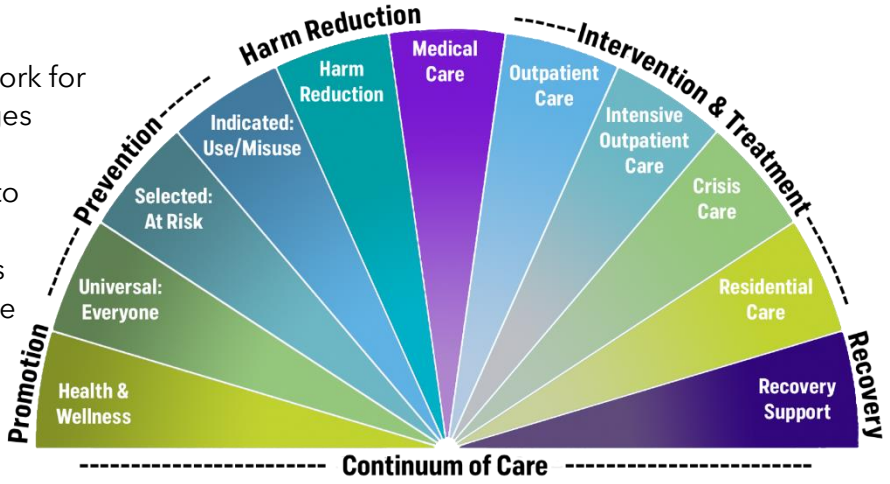
Youth Prevention Programming

Youth's brains have some key differences that make them more susceptible to substance use and other risky behaviors. Some of these key differences include:

- The brain continues to develop until at least the age of 25. The last part to come "online" is the prefrontal cortex, which is the executive functioning and decision-making center of the brain. We actually have to learn the skill, "think before we act".
- The brain is primed for both new and social experiences. It loves new and novel things and can tend to focus more on peer relationships and social experiences.
- This emphasis on peer relationships combined with a still developing prefrontal cortex makes teens more likely to engage in risky behaviors.
- The brain is very adaptable because it is still developing. The type of activity youth engage in can affect the wiring, the motivation system, and the reward system of the brain which can carry into adulthood. Due to this, youth's brains can respond differently to stress. Additionally, the consequences of substance use while the brain is still developing can be more severe.

Prevention In the Continuum

The continuum of care is a structured framework for addressing substance use across various stages of care, ensuring comprehensive support for individuals and communities. It is important to note that this is a continuum, which means that movement can be fluid, and won't always go in one direction. Additionally, not everyone will be exposed to all parts of the continuum.



Prevention practices and strategies do exist across the continuum. For example, overdose prevention (Naloxone, safe use education, etc.) exists in the Harm Reduction area. In the Recovery area of the continuum, education on coping skills, stress management, and avoiding triggers are commonly implemented to prevent a return to use. However, Prevention, which is towards the beginning of the continuum, is made up of three strategies:

Universal programs are delivered to the general population. An example of this would be substance use education that is provided to all students at a school.

Selective programs are for groups who have specific factors that put them at increased risk of drug use. For example, substance use education being provided to youth that have a parent who struggles with substance use.

Indicated programs target specific groups of people who are already using substances. An example of this would be cessation programs for youth that are caught vaping or smoking on school grounds.

Risk & Protective Factors

Risk and protective factors help to explain why a behavioral health problem exists. All people have biological and psychological characteristics that can make them more vulnerable to, or resilient in the face of, potential behavioral health issues. These characteristics exist within multiple levels and can influence one another. Effective Prevention focuses on reducing those risk factors and strengthening protective factors that are related to the problem being addressed. These factors can and will be unique to each individual and community.

Individual Level: factors unique to that individual

Family & Peer level: factors that come from the individual's, parents, siblings, friends, classmates, etc.

Community Level: factors associated with an individual's schools, workplaces, neighborhood, etc.

Societal Level: factors associated with laws, customs, policies, media, systems-level bias

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood, and have been linked to chronic health problems, mental illness, and substance use in adulthood. Positive Childhood Experiences (PCEs) have the power to potentially prevent or protect children from traumatic events and stem from safe, stable, nurturing relationships and environments.

	Risk Factor Examples	Protective Factor Examples
Individual	• Genetic predisposition to addiction • Prenatal alcohol exposure	• Having a positive self-image
Family & Peers	• Having parents or friends that struggle with substance use	• Parental involvement and support • Healthy friendships
Community	• Poverty • Experiencing neighborhood violence	• Living in a safe neighborhood • Available after school activities • Feeling safe at school
Societal	• Racism • Laws favorable to substance use	• Policies limiting the availability of alcohol

Less Effective Prevention Practices

One-time presentations or events – Youth need repitition in order to remember information long term, and one-time presentations and events do not allow for this.

Moral appeals –This would include messaging or education that indicates someone who uses substances is a "bad" person. Not only do these messages increase stigma, but they are also ineffective.

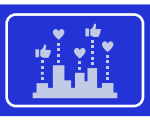
Scare tactics – Scare tactics would include any messaging for youth that focuses on how drugs can hurt them, kill them, or ruin their lives; often accompanied by gruesome imagery. Messaging that focuses on scaring youth away from drugs can potentially make the substance more appealing. It can also give the misperception that everyone is using substances and/or that substance use is unavoidable.

Making the Connection Between ROSC & Prevention

Current Prevention Initiatives & Programs in Illinois		
Local Prevention Coalitions or Drug Free Community (DFC) Projects	Groups that work to establish and strengthen collaboration among communities to support the efforts of preventing and reducing substance use among youth.	Illinois Prevention Coalition Map
Substance Use Prevention Services (SUPS) Providers	Work with schools within their service area to provide evidence-based Prevention services to youth, including curriculum, campaigns, etc.	SUPS Provider Directory
Illinois Youth Survey (IYS)	A self-report survey administered in 8th, 10th, and 12th grades every two years that is designed to gather information about a variety of health and social indicators, including substance use and mental health.	IYS County Reports
Regional Substance Use Integration Centers	Focus on integrating substance use prevention into existing youth serving programs within their assigned service areas.	RSUPIC Directory

How Can ROSCs Support Prevention Efforts?

Connect to Prevention providers and partners in your area. Invite them to attend your meetings! Perhaps attend their meetings if there is a Prevention coalition in your area.



Share resources and information to inform each other's work. This could include data, observed trends, contacts, etc.

Partner with providers to include information about recovery resources in the community. Look for opportunities to collaborate on expanding Prevention and recovery information, resources, and services.

Advocate for Prevention programs if they don't exist and for their expansion, if they do.

If some of these services are not available in your communities, you may be asking yourself, how can my ROSC support Prevention efforts? Please understand that it is not expected that the ROSCs fill any gaps when it comes to Prevention services or programs. The ROSCs cannot fix everything and fill every gap that exists within a community. What you CAN do is stay informed about Prevention service opportunities, serve as a connection to existing Prevention resources, and ensure that all information that your ROSC council develops or shares about Prevention utilizes best practices!

CCE Center for Community Engagement at Chestnut Health Systems

STATEWIDE ROSC

These services are funded in full or in part through a State Opioid Response Grant (TI085769) to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.