

Substance Use Prevention in Communities: A Literature Review & My experience

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Community Based & Placed



Epigenetic influences
Exposure to media
Exposure to technology
Peers and social adjustment
Ethnic experiences
School Environment
Community experiences
Family experiences
Growth Opportunities
ECC
Pre-natal, Intra-Natal & Post natal care
Self genes
Parental genes

Self Preserving Skills
Self concept
Decision making
Risk taking
Analytical thought
Coping skills
Discretion
Learning
Resilience

Preventive Strategies

- Universal: Those strategies that consider all to be a potentially vulnerable population. (Media)
- Selective: Focuses on strategies that alleviate indirectly the probability of the social ill. (Working with high risk populations)
- Indicated: Strategies designed to tackle the social ill that has already set in. (Working with students with early exposures).

High Risk Populations

- Selective Preventive strategies
- Children of SUD clients
- Most ignored population
- Deaddiction and Child Guidance Clinics work in tandem
- REBT? CBT? Individual? Group?
- Reach ? Replicability? Training?



Various Models

- Demand reduction model: Decrease social influence and increase social competencies
- Create normative beliefs about substance use
- Target perceptions about possible harm, consequences and voice disapproval about drugs in general.
- Impart problem solving skills

Life Skills Training

56 schools

6th, 7th, 8th std

15, 10, 5 sessions

Two arms:

Video trained with no
further inputs

Vs

personally trained with
inputs

Fidelity cut off= 60%

- 1) High fidelity performed better than low fidelity group in terms of substance use observed upto 11th grade.
- 2) No difference in two arms.

Project ALERT

30 schools
7th & 8th standard
11 sessions

Three arms:

Health assistant driven,
Trained teacher driven,
No intervention

Results:

- 1) Statistical difference in current and regular use of nicotine.
- 2) Statistical difference in current use of marijuana.
- 3) No difference based on who was delivering the content

Positive Action (PA)

Developmental theory based, school integrated K-12, 1200 classroom lessons; student manuals, kits, homework assignments, kits/manuals for counsellors to tackle high risk groups, training for teachers & principals; integration of parents;

Methodologically much more refined, addressing multiple developmental behaviours, self reports & teacher reports.
3 RCTs, 39 studies, 3 states

Statistically significant maintenance of positive behaviours in 6-11 age group

PA reinforces the outcome of meta analysis of 2700 schools' data. Highlighting that:

- 1) all school based programs to focus on learning outcomes and educational achievements.
- 2) All school based programs need to be curricularised and developmental theory based.
- 3) Should cover k-12 classrooms.

United Nations Office on Drugs and Crime Vienna

2004

SCHOOLS

school-based education for drug abuse

prevention

Principle 1- An emphasis on learning outcomes, environmental factors and collaborative partnerships is vital to the success of school-based education for drug abuse prevention

Principle 2- Drug-related learning outcomes should be addressed in the context of the health curriculum or other appropriate learning area that can provide sequence, progression, continuity and links to other health issues that impact on students' lives

Principle 3- The school environment should be conducive to achieving educational outcomes and building productive partnerships.

Principle 4- Collaborative partnerships should be developed for decision-making

Principle 5- Teaching and learning should be interactive

Principle 6- Educational programmes for the prevention of drug abuse should be responsive and inclusive

Principle 7- Training teachers in drug abuse prevention education enhances the impact and sustainability of drug abuse prevention programmes

Principle 8- Programmes, strategies and resources should be designed to support the teacher, to help achieve drug-related learning outcomes and to contribute to the long-term improvement of the school environment and ethos

Principle 9- Drug abuse prevention programmes and their outcomes should be evaluated regularly to provide evidence of their worth and to improve the design of future programmes

Principle 10- Policies and procedures for managing drug-related incidents at schools should be collaboratively developed and widely publicized in order to elicit a positive response

The educational components

- ✓ A programme based on the guiding principles for school-based education for drug abuse prevention
- ✓ A safe and supportive school environment
- ✓ Strategies for ensuring that all members of the school community contribute to and support school policies and procedures for dealing with drug matters
- ✓ Appropriate professional development and training for relevant staff
- ✓ Information and support for parents,
- ✓ Mechanisms for continuous monitoring and review

The intervention components

- ✓ Policies and procedures for dealing with drug incidents
- ✓ Plans for initial and long-term responses to drug incidents
- ✓ A plan for managing drug incidents consistent with local laws
- ✓ A communication strategy for drug incidents
- ✓ A directory of professionals and agencies
- ✓ Agreements with professionals and agencies, including the police.
- ✓ Support for students involved in drug incidents that ensures their continued participation
- ✓ in education programmes
- ✓ Records of drug incidents

Capacity Building

- State: Home, Education, Health & Social Empowerment & Family Welfare Ministry.
- School Management: Drug related policy
- Principals & Teachers: Awareness, primary response capabilities and SOPs for responses.
- School integrated developmental theory based school consoling programs
- Counsellors: Material for crisis intervention, helping high risk populations at individual & group levels.
- Parents: Awareness, basic parenting skills, help seeking guidance,

Fighting Back

Demand Reduction

14 medium sized communities, Universal strategies (media), Selective strategies (youth), Indicated strategies (early detection, intervention, relapse prevention).

Disappointing results.

- 1) Disregard to the multiplicity of community level interactive influences on an individual.
- 2) Communities are never impermeable.

Continued funding to 2000 grants to communities training 9000 volunteers with the expectation of gradual nation wide building of trained volunteers.

Community Based

Universal demand reduction & supply reduction

Media attention, changes
in alcohol serving
practices, age prohibitions
for sales, enforcement of
drunken driving laws,
reduction in alcohol retail
outlets

Reduction in high risk alcohol
drinking and its consequences.

Community Placed

Communities that Care

A Prevention System

24 communities (45000)

a) **Community Initiative:**

6 training workshops, 3-4 field trips; technical assistance, one full time coordinator.

b) **Youth survey**

c) **Community board:**

Decides the focus.

d) **V to X grade f/u.**

Lowered levels of targeted risk factors
Lowered alcohol consumption,
Lowered cigarette use

High rates of implementation fidelity
for School based curriculum driven
programs, and after school and
parent training programs.

**Supported by Centre for
Substance Use Prevention of
Centre for Disease Control**

PROMoting School-college-university Partnership to Enhance Resilience PROSPER

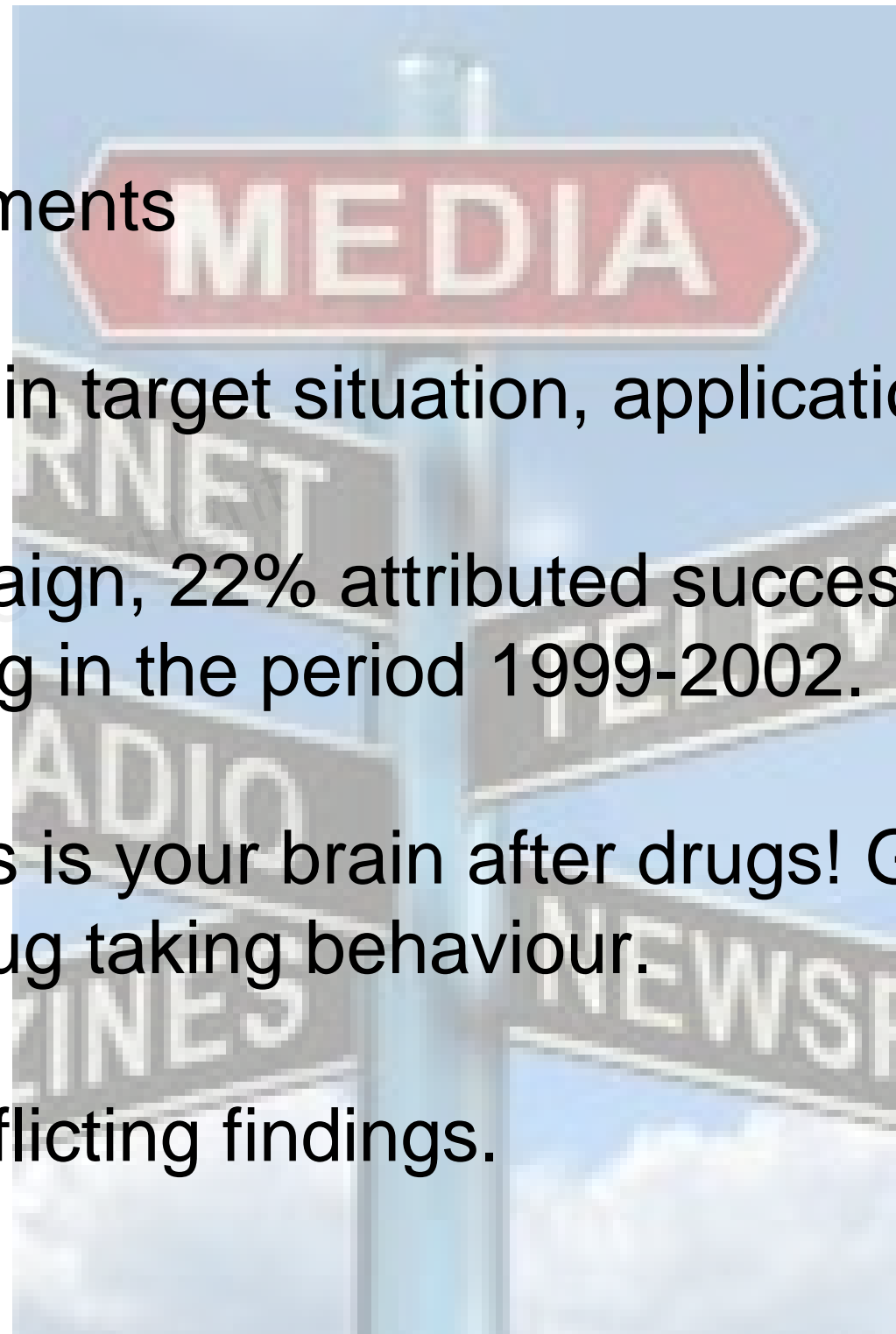
Educational cohort;
Institutional leadership;
Community Extension
Services; & Defined
community stake holders

VI & VII standard intervention
Booster sessions continued
after that
School based Curriculum driven
31.4% reduction in substance use.
High sustainability.

Success reported in selected
populations

Media Based

- Public Service Announcements
- Registration, recall, recall in target situation, application
- Success of TRUTH campaign, 22% attributed success of 18-25% decline in smoking in the period 1999-2002.
- This is your brain- and this is your brain after drugs! Good recall but no change in drug taking behaviour.
- Monitoring the future: conflicting findings.



National Youth Anti-Drug Media Campaign

Office of the National Drug
Control Policy (ONDCP).

- 1) Educate & enable youth
to reject drugs
- 2) Prevent 1st exposure
- 3) Convince occasional
users

Review of effect in period 1999-2004
Message reach of 70%
Increased recall with duration
High brand recognition
**Increased parents talking to their
children about drugs**
Increased within family fun activities
**Changed views about the need
regarding monitoring of children**

But no change in actual monitoring
**Change in the unfavourable
direction in marijuana use.**

Indian Experience

- Rising alcohol consumption
- Taxation, bans, prohibition, regulations
- Media campaigns are weak, surreptitious advertisement is high.
- Preventive measures are innoculatory type, universal in strategy, not integrated in educational system & person centric.
- Maximum single media campaign impact by Satyameva Jayate
- Heading for an epidemic
- There is no or a weak effort at collecting, collating, correlating data and orchestrating a cohesive collective community action.



Review: Three cheers for 'Satyamev Jayate' episode 9 - DNA India

<https://www.dnaindia.com/.../review-review-three-cheers-for-satyamev-jayate-episode...> ▼

Jul 9, 2012 - This episode of **Satyamev Jayate** stands out for the wonderful choice of ... while the enlightening interview with **Dr Ashish Deshpande** dismissed the ... body, but not mind, of **alcohol** makes a powerful case for the importance of ...

Satyamev Jayate Alcohol Abuse - Watch online (July 1) - IndiCine

www.indicine.com/movies/bollywood/satyamev-jayate-alcohol-abuse-watch-online/

Psychiatrist **Dr Ashish Deshpande** says 'alcoholism is not a habit, it's a disease'. ... Watch the July 1st Episode of **Satyamev Jayate** (Episode 9) with subtitles, ...

World Health Organization: Think before you drink: Satyamev Jayate ...

<https://timesofindia.indiatimes.com › TV › News › Hindi> ▼

Jul 2, 2012 - This is why the 11th episode of **Satyamev Jayate** was much needed. Aamir Khan chose to introduce the theme of **alcoholism** on his show to ... Next up on the show was **Dr Ashish Deshpande**, a psychiatrist from Mumbai who ...

Satyamev Jayate - Alcoholism is a disease - Alcohol Abuse (Episode-9)

mrpopat.in/video_detail.php?id=26184 ▼

Jul 2, 2012 - Psychiatrist **Dr Ashish Deshpande** explains that **alcohol** addiction is not a habit but a disease to which certain people are genetically prone.

De-addiction and Rehabilitation Center - Treatment for Alcohol and ...

www.anmoljeevan.org/our-team.html ▼

Dr. Ashish Deshpande - Psychiatrist and Psychotherapist ... to be selected in **Satyameva Jayate** - An Aamir Khan Production show, in the episode on **Alcoholism** ...

to know more about Dr. Deshpande..... - Anmol Jeevan Foundation ...

www.anmoljeevan.org/dr-deshpande.html ▼

The AA Way!

- Class A Trustee
- Public Awareness Camp
- Press Conference
- Multiple lined up awareness programs through: Indian Medical Association, Public Sector Units, Private Sector Units, Media, Teachers, Academic Institutes, Judicial Institutes, etc.

Suggestions

- Need for a body to guide, monitor, evaluate preventive programs
- Collaborative effort with institutional leadership to do so.
- The educational cohort needs to be targeted, as it is the easiest to do, with documentation of the program and subsequent monitoring and evaluation of the same.
- Pressure group against surreptitious advertising, media utilisation for voicing the rising substance use menace and its realistic consequences.
- **No action from the responsible people does not seem to be a choice.**

Support to family

- Initial denial, blame, paranoia, spouse blaming.
- Effort to control: anger driven or guilt driven or externalisation driven.
- Need to reach measures with higher probability of success.
- Need to manage the crisis within.

Dissemination of Experiences

- I should know what my need is!
- I should know how it would help me to fulfil it!
- S/He should be a training resource. (Synopsis of her intervention, replicability of her intervention, monitoring tools for her intervention, monitoring tools for the outcome)

Impact assessment for SU Prevention programs

- Just substance use is a wrong strategy
- Individualised assessments may not be indicative of overall good.
- Integrating with learning outcomes and overall achievements of the whole school.
- Empowerment of responsible adults around children to react to world with PASs.