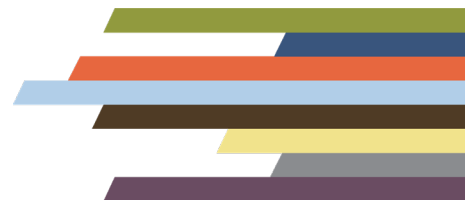


SAMHSA'S Pacific Southwest Prevention Technology Transfer Center

# The Power of Prevention: Risk and Protective Factors for Substance Misuse

*A Curriculum Infusion Package*



### ***Disclaimer***

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**August 2023**

### ***About the Curriculum Infusion Packages***

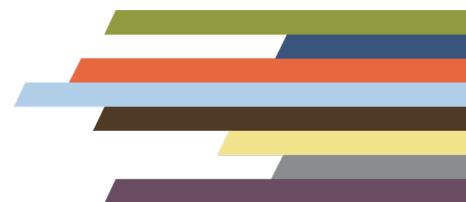
The Pacific Southwest PTTC formed an Academic Advisory Work Group comprised of faculty and highly experienced prevention professionals from the Pacific Southwest region including Arizona, California, Hawaii and Nevada. This group met to develop prevention science curriculum that could be flexibly infused into existing curriculum or course.

The primary goal of these Curriculum Infusion Packages, is to teach the next generation of health professionals the power of prevention science in promoting public health.

We would like to thank the members of the Pacific Southwest PTTC's Academic Advisory Work Group that has collaborated with our team and provided feedback on the development of these materials.

### ***How to use the Curriculum Infusion Package***

This Curriculum Infusion Package was designed using the flipped classroom model. Each lesson will contain a recorded presentation which students should watch prior to class. Pre-session learning activities as well as classroom activities can be found in the following pages.



# The Power of Prevention: Risk and Protective Factors for Substance Misuse

## *Purpose*

To create a dynamic and engaging learning experience where students can explore, discuss, and apply their understanding of the factors influencing substance use and misuse through individual and interactive activities.

## *Lesson Objectives*

- Define Risk and Protective Factors associated with substance misuse and other problem behaviors among adolescents and young adults
- Identify four key characteristics associated with risk and protective factors
- Explain how risk and protective factors for substance misuse may change across the lifespan

## *Pre-Session Learning Activity*



**Time:** 30 minutes

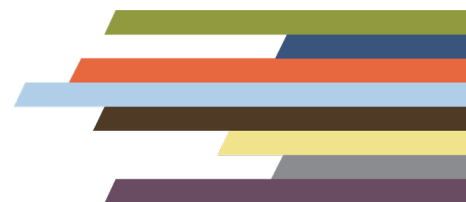
**Points:** TBD

## Required Materials

- **Recorded presentation: The Power of Prevention: Risk and Protective Factors for Substance Misuse**
- **Internet access**
- **Pre-session Learning Packet**

## Additional Reading

Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health [Internet, Nov. Chapter 3, Prevention programs and policies, 3-6:3-7]. Washington (DC): US Department of Health and Human Services; Available from: <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>






**PART I: Prior to Class**

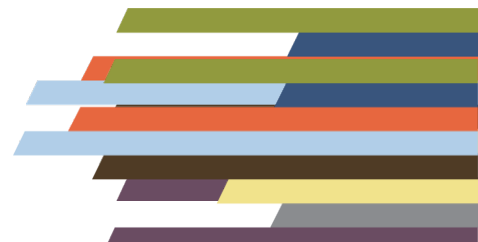
**Instructions for Students**

1. **Watch** *The Power of Prevention: Factors Risk and Protective Factors for Substance Misuse*
2. **Answer** the questions in the Shape-Up Activity

**SHAPE-UP ACTIVITY**

Provide answers to each of the questions and be prepared to share your thoughts with the group.

	<b>Questions</b>	<b>Your Reflections</b>
	How does the research on risk and protective factors square, or align with your personal experiences or what you're currently studying?	
	What are three takeaways from the CDC's video on applying the socio-ecological model to preventing ACEs that can likewise be extended to the realm of substance misuse prevention?	
	Has captured your curiosity, sparked surprise, or is currently lingering in your thoughts about the content covered in the module?	

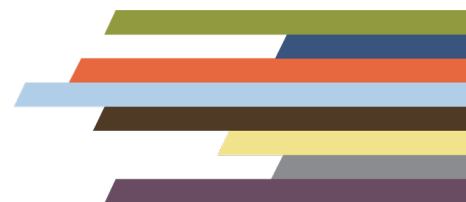


**Handouts**

**Handout 1: Research-based Risk Factors for Adolescent Substance Initiation and Misuse**

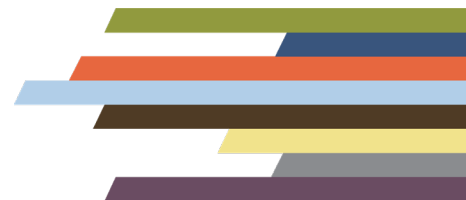
The following table from *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*<sup>i</sup> shows some of the key research-based risk factors related to adolescent and young adult substance initiation and misuse in the individual/peer, family, school, and community domains.

Risk Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
<b>Individual/Peer</b>			
Early initiation of substance use	Engaging in alcohol or drug use at a young age	✓	✓
Early and persistent problem behavior	Emotional distress, aggressiveness, and "difficult" temperaments in adolescents	✓	
Rebelliousness	High tolerance for deviance and rebellious activities	✓	✓
Favorable attitudes toward substance use	Positive feelings towards alcohol or drug use, low perception of risk	✓	✓
Peer substance use	Friends and peers who engage in alcohol or drug use	✓	✓
Genetic predictors	Genetic susceptibility to alcohol or drug use	✓	✓



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<b>Family</b>			
Family management problems (monitoring, rewards, etc.)	Poor management practices, including parents' failure to set clear expectations for children's behavior, failure to supervise and monitor children, and excessively severe, harsh, or inconsistent punishment	✓	✓
Family conflict	Conflict between parents or between parents and children, including abuse or neglect	✓	✓
Favorable parental attitudes	Parental attitudes that are favorable to drug use and parental approval of drinking and drug use	✓	✓
Family history of substance misuse	Persistent, progressive, and generalized substance use, misuse, and use disorders of family members	✓	✓
<b>School</b>			
Academic failure beginning in late elementary school	Poor grades in school	✓	✓
Lack of commitment to school	When a young person no longer considers the role of the student as meaningful and rewarding, or lacks investment or commitment to school	✓	✓
<b>Community</b>			
Low cost of alcohol	Low alcohol sales tax, happy hour specials, and other price discounting	✓	✓
High availability of substances	High number of alcohol outlets in a defined geographical area or per a sector of the population	✓	✓
Community laws and norms favorable to substance use	Community reinforcement of norms suggesting alcohol and drug use is acceptable for youth, including low tax rates on alcohol or tobacco or community beer tasting events	✓	✓
Media portrayal of alcohol use	Exposure to actors using alcohol in movies or television	✓	
Low neighborhood attachment	Low level of bonding to the neighborhood	✓	
Community disorganization	Living in neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime	✓	
Low socioeconomic status	A parent's low socioeconomic status, as measured through a combination of education, income, and occupation	✓	
Transitions and mobility	Communities with high rates of mobility within or between communities	✓	

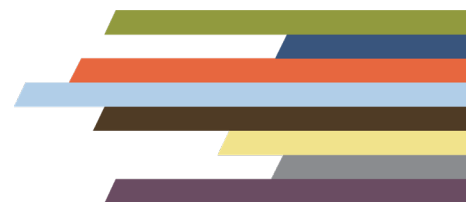


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### Handout 2: Research-based Protective Factors for Adolescent and Young Adult Substance Initiation and Misuse

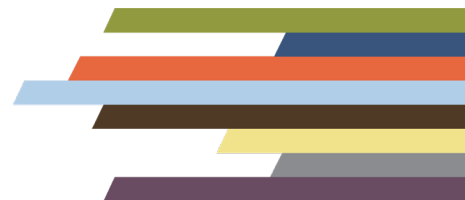
The following table from *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* shows some of the key protective factors related to adolescent and young adult substance initiation and misuse.

Protective Factor	Definition	Adolescent Substance Use	Young Adult Substance Use
<b>Individual</b>			
Social, emotional, behavioral, cognitive, and moral competence	Interpersonal skills that help youth integrate feelings, thoughts, and actions to achieve specific social and interpersonal goals	✓	✓
Self-efficacy	An individual's belief that they can modify, control, or abstain from substance use	✓	✓
Spirituality	Belief in a higher being, or involvement in spiritual practices or religious activities	✓	✓
Resiliency	An individual's capacity for adapting to change and stressful events in healthy and flexible ways	✓	✓
<b>Family, School, and Community</b>			
Opportunities for positive social involvement	Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community	✓	✓
Recognition for positive behavior	Parents, teachers, peers, and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future	✓	✓
Bonding	Attachment and commitment to, and positive communication with, family, schools, and communities	✓	✓
Marriage or committed relationship	Married or living with a partner in a committed relationship who does not misuse alcohol or drugs		✓
Healthy beliefs and standards for behavior	Family, school, and community norms that communicate clear and consistent expectations about not misusing alcohol and drugs	✓	✓



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**Handout 3: Shared Adolescent Risk and Protective Factors for Adolescent Problem Behaviors**





Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
<b>Family</b>						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
<b>School</b>						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
<b>Individual/Peer</b>						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

Protective Factors	Substance Abuse*	Delinquency+	Risky Sexual Behavior*	School Drop-Out+	Violence+	Depression & Anxiety+
<b>Individual</b>						
Cognitive Competence	✓	✓	✓	✓	✓	✓
Emotional Competence		✓				
Social/Behavioral Competence	✓	✓	✓		✓	✓
Self-Efficacy			✓			
Belief in the Future	✓	✓	✓		✓	✓
Self-determination			✓			
Pro-social Norms	✓	✓	✓		✓	✓
Spirituality	✓	✓	✓			
<b>Family, School and Community</b>						
Opportunities for Positive Social Involvement	✓	✓				
Recognition for Positive Behavior	✓	✓			✓	✓
Bonding to Prosocial Others	✓	✓	✓	✓	✓	✓

**\*Substance Use and Risky Sexual Behavior: Systematic evidence.** The list of protective factors known to buffer against these outcomes comes from systematic reviews of the literature, finding a minimum of 2 high quality longitudinal studies and a preponderance of evidence documenting the predictive relationship between each protective factor and outcome. Substance use was comprehensively reviewed in a review of evidence for the Surgeon General's report on Facing Addiction in America, 2017. Risky sex was comprehensively reviewed in a special issue on positive youth development and sexual and reproductive health in 2010 in the Journal for Adolescent Health Volume 46 (3 supplement).

**+Delinquency, Violence, School Drop-out & Depression/Anxiety: Developing evidence.** The list of protective factors for these outcomes was developed by examining all the research published by SDRG. A check under these outcomes means that there are at least 2 high quality longitudinal studies that document the predictive relationship between the protective factor and the outcome.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/>

*A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health*, Loretta E. Gavin M.P.H., Ph.D.; Richard F. Catalano, Ph.D.; Corinne David-Ferdon, Ph.D.; Kari M. Gloppen, M.P.H. Christine M. Markham, Ph.D., *Journal of Adolescent Health*, Vol 46, Issue 3, Supplement, March 2010, Pages S75-S91.

Protective Factor	Definition	Measured on the CTCYS (scale name)
<b>Individual</b>		
<b>Cognitive Competence</b>	Includes a broad range of cognitive abilities, including academic performance, logical/analytic thinking, problem-solving, decision-making, planning, goal-setting and self-talk skills.	We have some measures but they are risk factors-academic failure
<b>Emotional Competence</b>	The ability to identify and respond to feelings and emotional reactions in oneself and others. Includes skills for identifying feelings, managing emotional reactions or impulses, building youth's self-management strategies, empathy, self-soothing, frustration tolerance.	
<b>Social/Behavioral Competence</b>	The range of interpersonal skills that help youth integrate feelings, thinking and actions to achieve social and interpersonal goals. Includes skills such as communication, assertiveness, refusal and resistance, conflict resolution, interpersonal negotiation strategies, effective behavior choices and action patterns.	Social skills
<b>Self-Efficacy</b>	The perception that one can achieve desired goals through one's own action. Includes personal goal-setting, coping and mastery skills, techniques to change self-defeating cognitions.	
<b>Belief in the Future</b>	The internalization of hope and optimism about possible outcomes. Includes belief in one's own future potential, goals, options, choices or long range hopes & plans and healthy and productive adult life.	
<b>Self-determination</b>	The ability to think for oneself, and to take action consistent with that thought. Includes youth capacity for empowerment, autonomy, independent thinking, self-advocacy, and ability to live and grow by self-determined internal standards and values.	
<b>Pro-social Norms</b>	Clear and explicit standards for behavior that minimize health risks and support prosocial involvement.	Belief in the moral order
<b>Spirituality</b>	Includes concepts such as belief in a higher power, internal reflection or meditation, exploring a spiritual belief system or sense of spiritual identify, meaning or practice.	Religiosity
<b>Family, School and Community</b>		
<b>Opportunities for Positive Social Involvement</b>	Existence of accessible events and activities across different social environments that are health or development promoting including opportunities for prosocial actions. Includes ability for youth to actively participate, make a positive contribution, and experience positive social exchanges.	Opportunities for prosocial involvement
<b>Recognition for Positive Behavior</b>	Rewarding, recognizing or reinforcing children's prosocial efforts, behaviors, and accomplishments.	Rewards for prosocial involvement
<b>Bonding to Prosocial Others</b>	Strong relationships of attachment to prosocial peers and adults in the environment and strong investments or commitment to prosocial institutions. t.	Attachment to parents low neighborhood attachment, low commitment to school

Definitions from: *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs*, Richard F. Catalano, M. Lisa Berglund, Jeanne A. M. Ryan, Heather S. Lonczak, and J. David Hawkins, *Prevention & Treatment*, Volume 5, Article 15, posted June 24, 2002

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### Handout 4: Risk and Protective Factors for Older Adults Alcohol and Substance Misuse

The following are risk factors related to alcohol misuse in late life as detailed in SAMHSA's Treatment Improvement Protocol series, *Treating Substance Use Disorder in Older Adults*.<sup>ii</sup>

#### Physical risk factors:

- Long-lasting pain
- Physical disabilities or problems getting around
- Changes in care or living situations
- Poor health status
- Chronic physical illness
- Multiple prescription drugs

#### Mental risk factors:

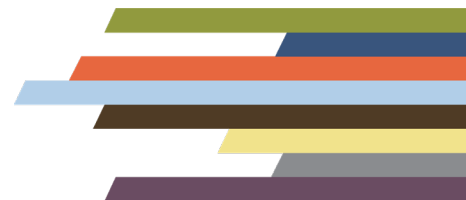
- Avoidance coping style (e.g., drinking to cope with stressful events)
- History of alcohol misuse
- Past or co-occurring SUDs (including tobacco use disorder)
- Past or co-occurring mental disorders

#### Social risk factors:

- Financial stress, including having a fixed income and having difficulty obtaining Medicare/ Medicaid and other health benefits
- Bereavement
- Unexpected or forced retirement
- Social isolation

The following are risk factors for substance misuse in older adults as detailed in SAMHSA's Treatment Improvement Protocol series, *Treating Substance Use Disorder in Older Adults*.

- Retirement (when not voluntary)
- Loss of spouse, partner, or family member
- Environment (e.g., relocation to assisted living)
- Physical health (e.g., pain, high blood pressure, sleep and mobility issues)
- Previous traumatic events
- Mental disorders (e.g., disorders related to depression and anxiety)
- Cognitive decline (e.g., Alzheimer's disease)
- Social changes (e.g., less active, socially disconnected from family and friends)
- Economic stressors (rising medication and healthcare costs, living on reduced income)
- Lifetime or family history of SUDs
- High availability of substances
- Social isolation

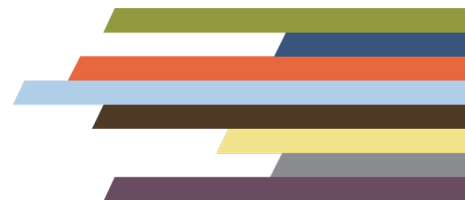


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The following are protective factors for substance misuse in older adults as detailed in SAMHSA's Treatment Improvement Protocol series, *Treating Substance Use Disorder in Older Adults*.

- Resiliency
- Marriage or a committed relationship
- Supportive family relationships
- Retirement (when voluntary)
- Ability to live independently
- Access to basic resources such as safe housing
- Positive self-image
- Well-managed medical care and proper use of medications
- Sense of identity and purpose

Supportive networks and social bonds



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<sup>i</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/chapter-3-prevention.pdf>

<sup>ii</sup> Substance Abuse and Mental Health Services Administration. *Treating Substance Use Disorder in Older Adults*. Treatment Improvement Protocol (TIP) Series No. 26, SAMHSA Publication No. PEP20-02-01-011. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020

