



# OVERDOSE PREVENTION, HARM REDUCTION, & TREATMENT

## Welcome!

- All participants are muted with webcams off
- Please ask us questions and/or provide constructive comments
  - Ask questions in the Q&A
  - Provide comments in the chatbox
- This session is being recorded
- We will send the recording and slides in a follow up email
- If you need a Certificate of Attendance, please email Meghan King at [mking@wapc.org](mailto:mking@wapc.org)



I acknowledge that we are all on the traditional lands of different peoples. Where I sit (Kevin), I am situated on the ancestral lands of the Duwamish and Costal Salish People.

To identify the stewards of your land, type your location into

<https://native-land.ca/>

Feel free to acknowledge in the chat if you desire

# A Bit about Shared Risk and Protective Factors

Your Host...



**Kevin P. Haggerty**, PhD, MSW  
Endowed Professor of Prevention,  
UW, School of Social Work  
Director, UW Center for Communities that Care  
[haggerty@uw.edu](mailto:haggerty@uw.edu)

Some conversation about....

- What are shared risk and protective factors
- Where did they come from
- A bit about how we can promote protection.

# Region 10 NW Prevention Technology Transfer Center

## Upcoming Events

1. [Middle School Best Practices Webinar Series](#)
2. [Enhanced Prevention Learning Series: Leveraging Systems Change in Substance Misuse Prevention](#)
3. [2021 Virtual Prevention Leadership Academy](#)

Please Participate in the NW PTTC Prevention Workforce Needs Assessment!

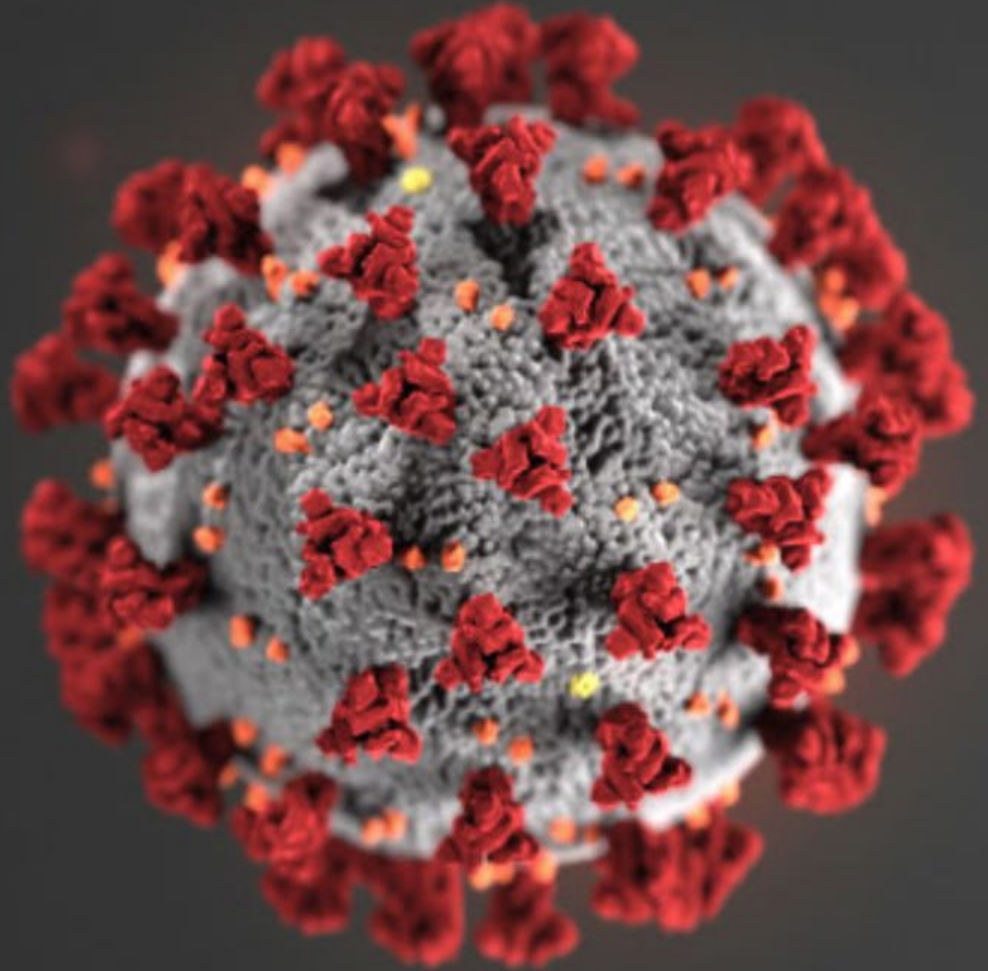
<https://mailchi.mp/pttcnetwork/northwest-pttcs-sept-newsletter?e=aa73a556a7#mctoc1>



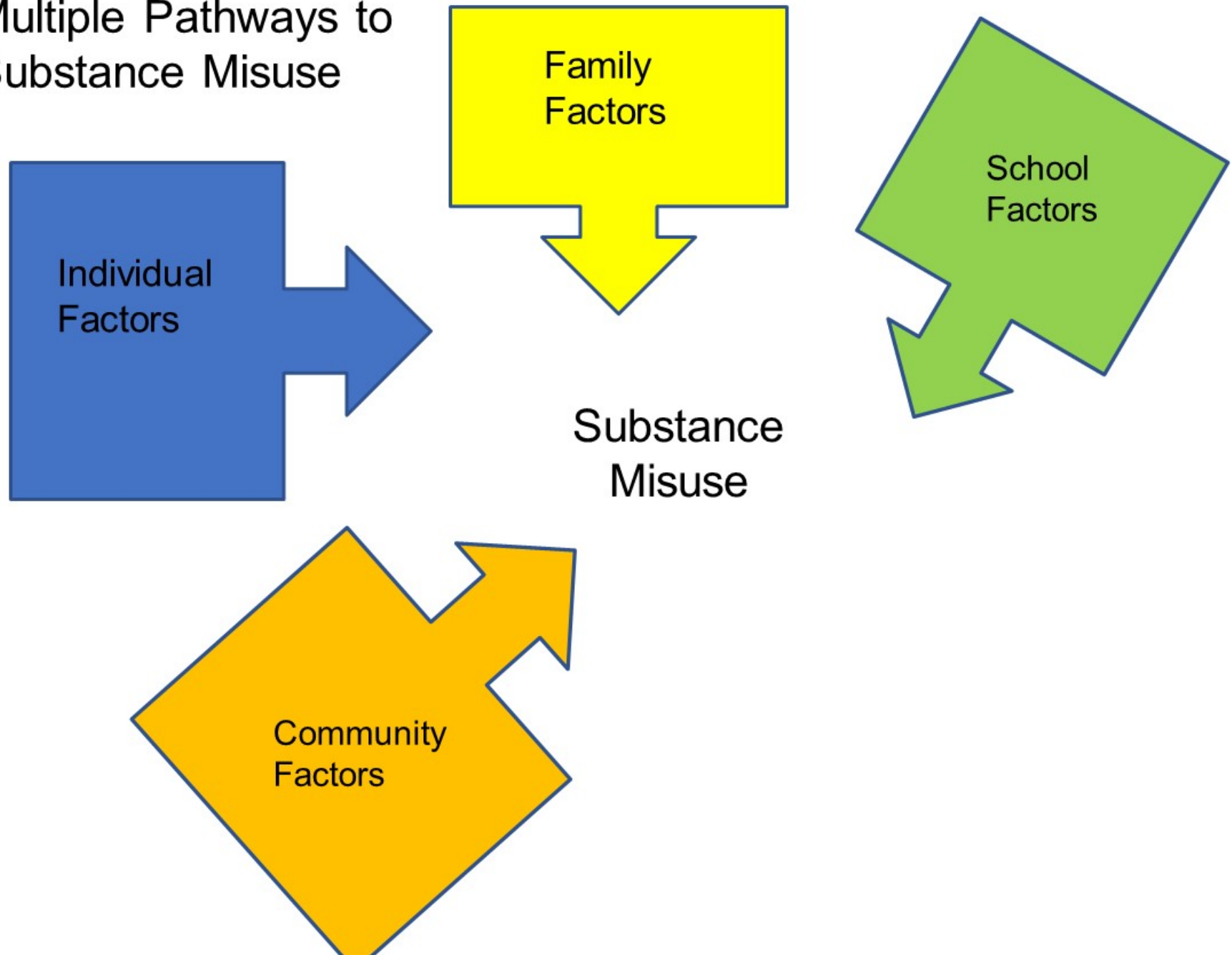
COVID VACCINE in just one year!



Inoculate  
against the  
virus.....



# Multiple Pathways to Substance Misuse

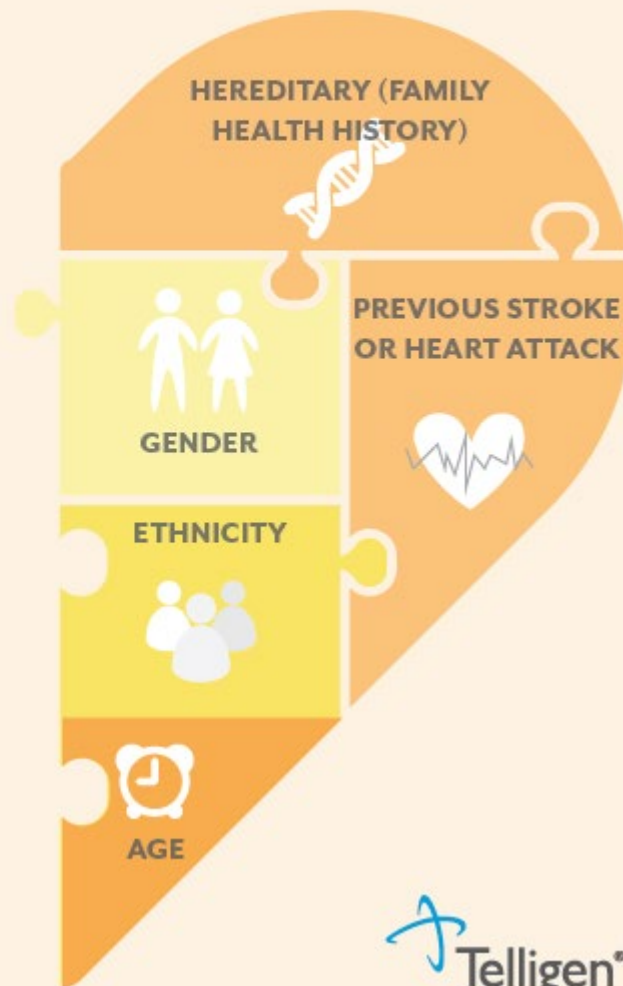


# PREVENT HEART DISEASE AND STROKE

## RISK FACTORS THAT CAN BE MANAGED



## RISK FACTORS YOU CAN'T CONTROL

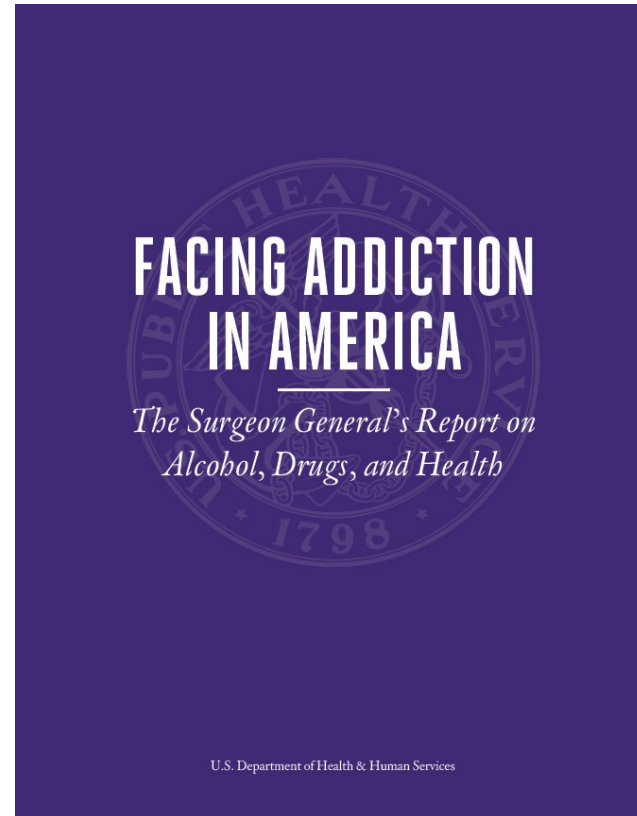








## Surgeon General's Report, 2016



Vivek H. Murthy, M.D., M.B.A.  
Vice Admiral, U.S. Public Health Service  
Surgeon General



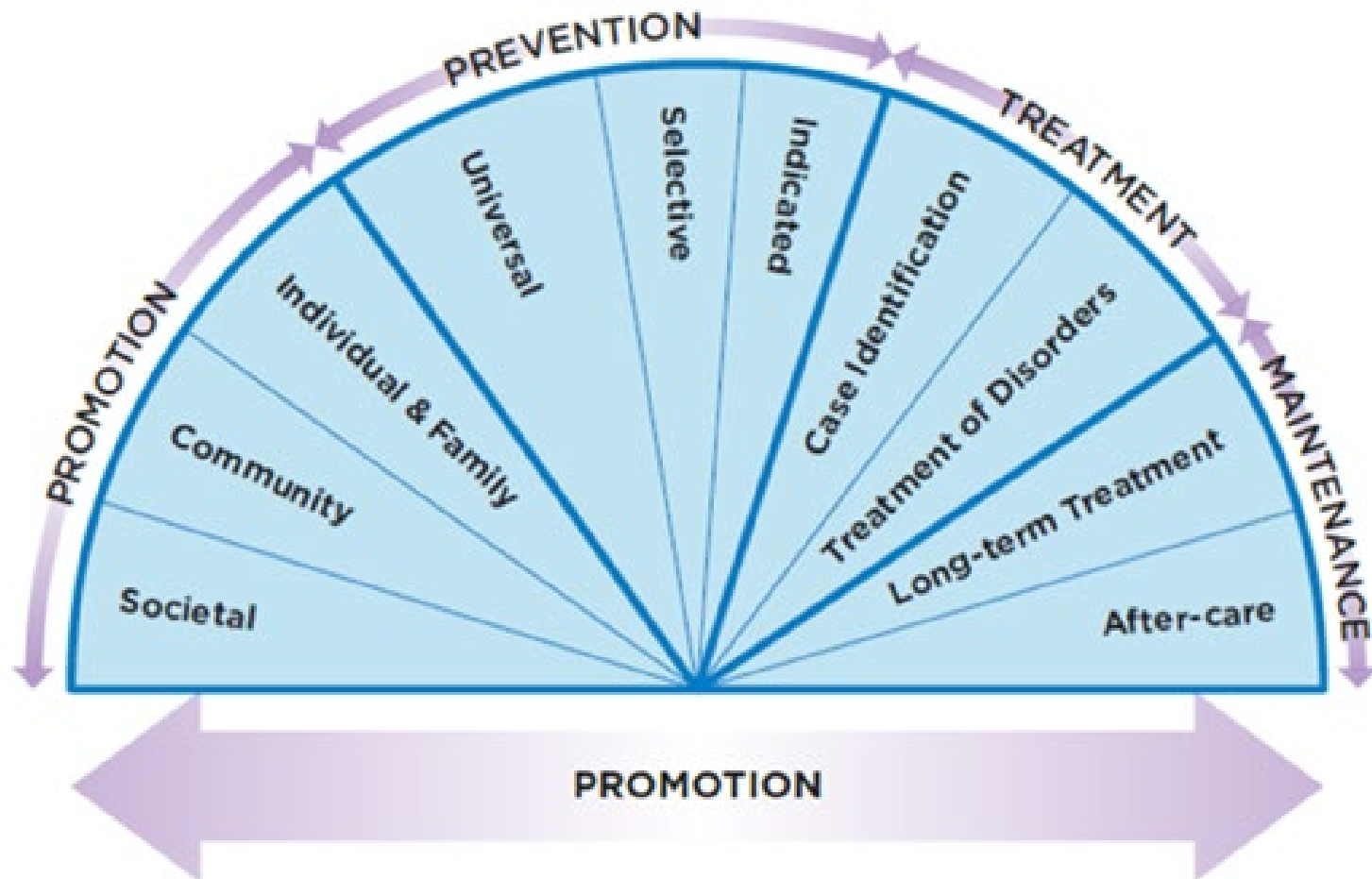
<b>RISK FACTORS</b> Risk factors increase the likelihood young people will develop health and social problems.	<b>DOMAIN</b>
<ul style="list-style-type: none"> <li>• Low community attachment</li> <li>• Community disorganisation</li> <li>• Community transitions and mobility</li> <li>• Personal transitions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

# Why is this foundational to prevention science?

- Address problems **before they start**
- Helps find the **most appropriate prevention responses** to the unique situation for the children and youth in your community
- More bang for your buck: Working at level of risk and protection can **impact multiple outcomes**

“A shared risk and protective factor approach refers to prioritizing risk and protective factors linked to multiple [youth outcomes] **in prevention planning, partnership, and programmatic efforts** (vs focusing on different outcomes separately)\*.”

*\*J Public Health Manag Pract. 2018 Jan-Feb; 24(Suppl 1 INJURY AND VIOLENCE PREVENTION): S32–S41.*



2019 update of the spectrum of MEB interventions



## **Different approaches to identifying risk and protective factors**

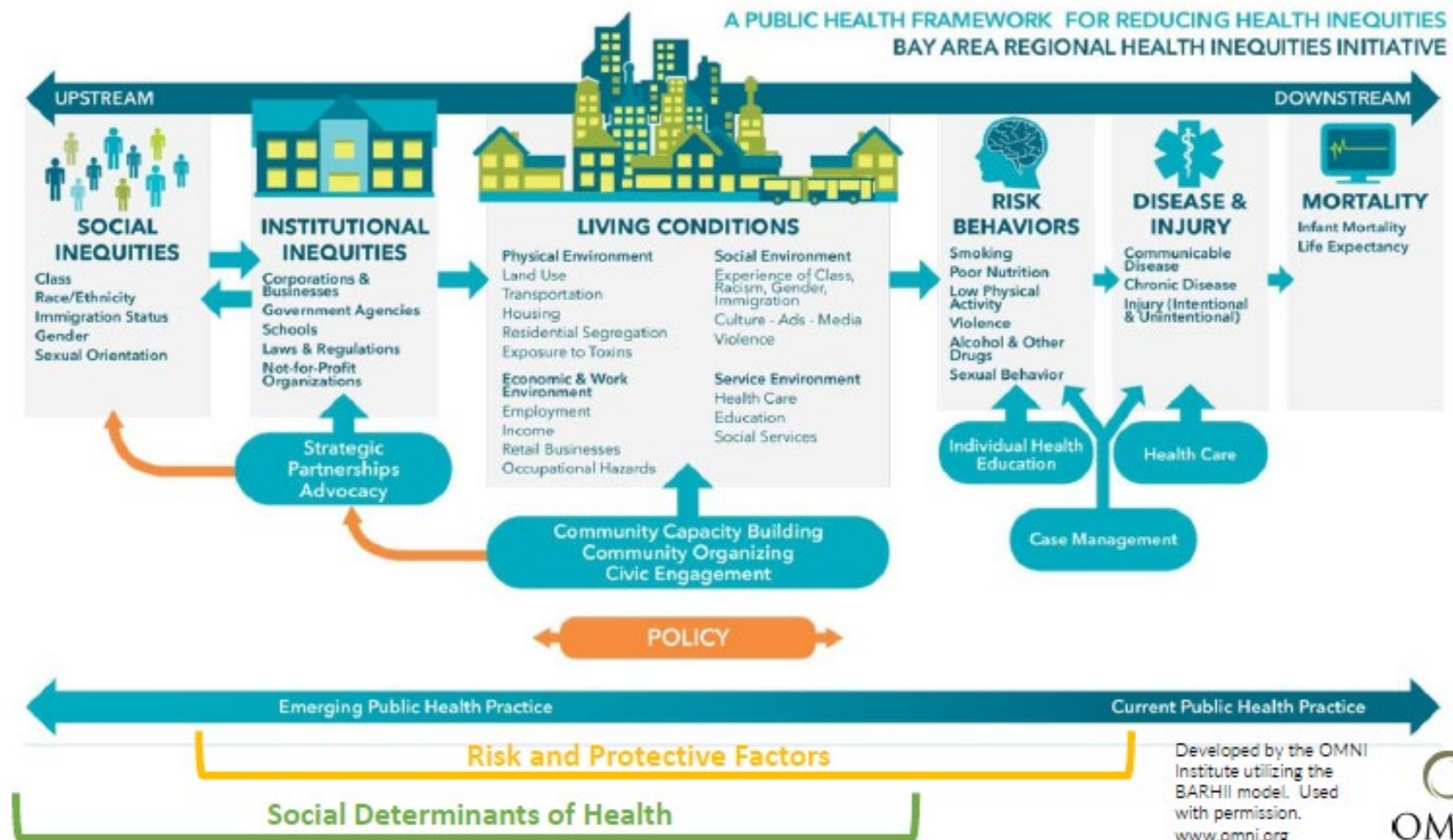
Point-in-time (cross sectional studies)

Retrospective (asking adults to recall their experiences as children)

Developmental (longitudinal studies)



# Structural factors?





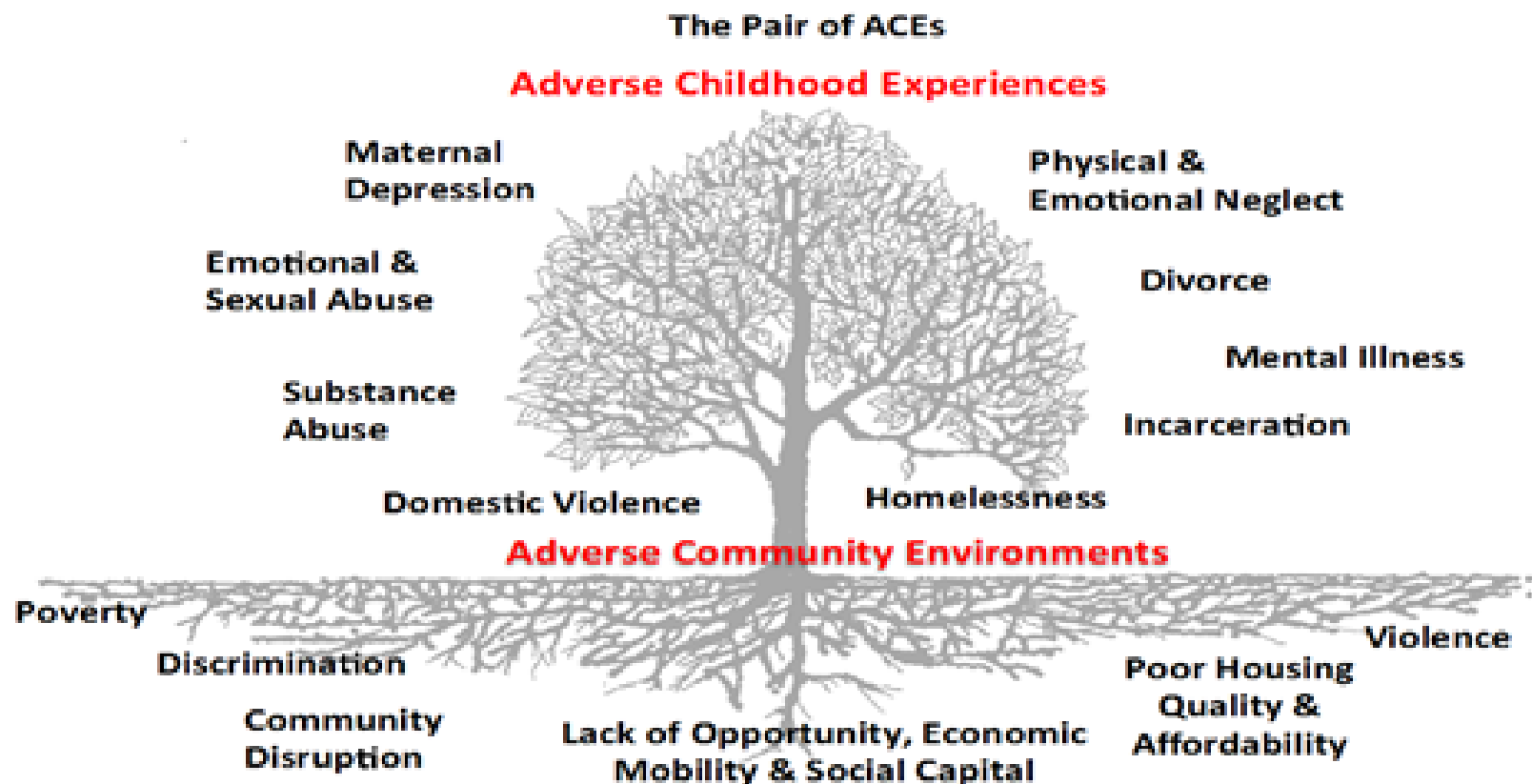
# Structural Racism and Black Mental Health

March 5th, 2021 | 12pm - 1pm EDT

Presenter: Sarah Y. Vinson, M.D., F.A.P.A.

<https://attcnetwork.org/centers/southeast-attc/product/southeast-attc-aabh-x-coe-structural-racism-and-black-mental-health>

# Adverse childhood experiences and community environments

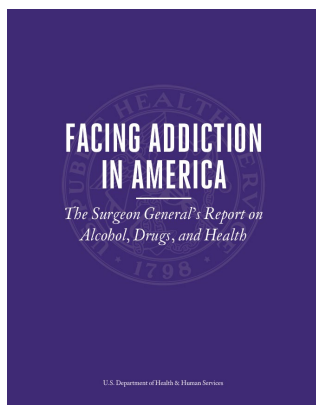


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: [10.1016/j.acap.2016.12.011](https://doi.org/10.1016/j.acap.2016.12.011)

# How do we know? What's the science behind these risk factors?

Broad range of longitudinal studies

Broad range of demographic groups are represented in these studies



2016 Surgeon General's Report

Table 3.1: Risk Factors for Adolescent and Young Adult Substance Use

Risk Factors	Definition	Adolescent Substance Use	Young Adult Substance Use
Individual/Peer			
Early initiation of substance use <sup>46,47</sup>	Engaging in alcohol or drug use at a young age.	✓	✓
Early and persistent problem behavior <sup>48,49</sup>	Emotional distress, aggressiveness, and "difficult" temperaments in adolescents.	✓	
Rebelliousness <sup>48,50</sup>	High tolerance for deviance and rebellious activities.	✓	✓
Favorable attitudes toward substance use <sup>51,52</sup>	Positive feelings towards alcohol or drug use, low perception of risk.	✓	✓
Peer substance use <sup>53-55</sup>	Friends and peers who engage in alcohol or drug use.	✓	✓
Genetic predictors <sup>56</sup>	Genetic susceptibility to alcohol or drug use.	✓	✓
Family			
Family management problems (monitoring, rewards, etc.) <sup>57-60</sup>	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 <sup>61-63</sup>	Conflict between parents or between parents and children, including abuse or neglect.	✓	✓
Favorable parental attitudes <sup>64,65</sup>	Parental attitudes that are favorable to drug use and parental approval of drinking and drug use.	✓	✓
Family history of substance misuse <sup>66,67</sup>	Persistent, progressive, and generalized substance use, misuse, and use disorders by family members.	✓	✓

# Key Findings

## **Risk and Protective Factors Demonstrate:**

- Robust prediction (RPF)
- Consistency across gender, race/ethnicity, income
- Evidence of effective prevention programs and policies that address these risk and protective factors at different stages of lifespan

Also....

- Communities have different levels of RPF
- Communities are important prevention force
- Evidence that laws targeting impaired driving have dramatically reduced alcohol-related traffic deaths since the 1980s



# Definition of ‘shared risk and protective factors’

“A shared risk and protective factor approach refers to prioritizing risk and protective factors linked to multiple [youth outcomes] in prevention planning, partnership, and programmatic efforts (vs focusing on different outcomes separately).”

J Public Health Manag Pract. 2018 Jan-Feb; 24(Suppl 1 INJURY AND VIOLENCE PREVENTION): S32–S41.

<b>PROTECTIVE FACTORS</b>	<b>Substance abuse</b>	<b>Delinquency</b>	<b>Safe Sexual Behavior</b>	<b>School Drop- Out</b>	<b>Violence</b>	<b>Depression &amp; Anxiety</b>
<b>Family, School and Community</b>						
<b>Opportunities for Positive Social Involvement</b>	✓	✓				
<b>Recognition for Positive Behavior</b>	✓	✓			✓	✓
<b>Bonding to Prosocial Others</b>	✓	✓	✓	✓	✓	✓

Risk Factors for Health & Behavior Problems	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	•	•			•	•

# Examples: Risk/protection focused programs address variety of outcomes

Program	Drug use	Delinquency	Violence	School	Risky Sex	Mental health
Life Skills Training	✓	✓	✓		✓	
High Scope Preschool		✓	✓	✓		
FamiliasUnidas	✓	✓	✓		✓	
MST (Multisystemic Therapy)	✓	✓	✓	✓		✓
Good Behavior Game	✓	✓	✓		✓	✓

## A note about labels

Labels on risk factor chart are academic and descriptive  
Please listen carefully for the MEANING of each risk factor  
Communities can develop different names for each factor if the academic labels don't resonate



Pseudotsuga menziesii----  
Douglas Fir----Pine tree.....

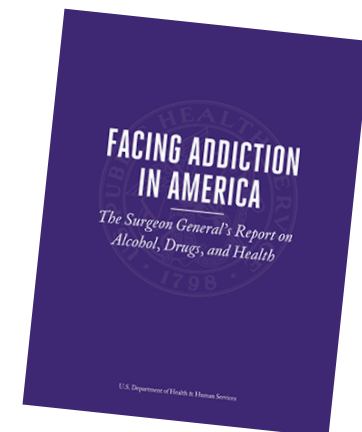




# Protective Factors

Table 3.2: Protective Factors for Adolescent and Young Adult Substance Use

Protective Factors	Definition	Adolescent Substance Use	Young Adult Substance Use
<b>Individual</b>			
Social, emotional, behavioral, <sup>97,98</sup>	Interpersonal skills that help youth integrate feelings, thinking, and actions to	✓	✓
Resiliency <sup>88</sup>	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 <sup>93,94</sup>	Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community.	✓	✓
Recognition for positive behavior <sup>51</sup>	Parents, teachers, peers and community members providing recognition for effort and accomplishments to motivate individuals to engage in positive behaviors in the future.	✓	✓
Bonding <sup>95,97</sup>	Attachment and commitment to, and positive communication with, family, schools, and communities.	✓	✓
Marriage or committed relationship <sup>98</sup>	Married or living with a partner in a committed relationship who does not misuse alcohol or drugs.		✓
Healthy beliefs and standards for behavior <sup>51,99</sup>	Family, school, and community norms that communicate clear and consistent expectations about not misusing alcohol and drugs.	✓	✓



Surgeon General's Report on Alcohol, Drugs, and Health (Addiction, 2017)

Note: These tables present some of the key risk and protective factors related to adolescent and young adult substance initiation and misuse.

# Some Questions about Risk and Protective Factors

How do risk and Protective factors fit into a prevention science framework?

Are risks accumulated, or can they happen all at once?

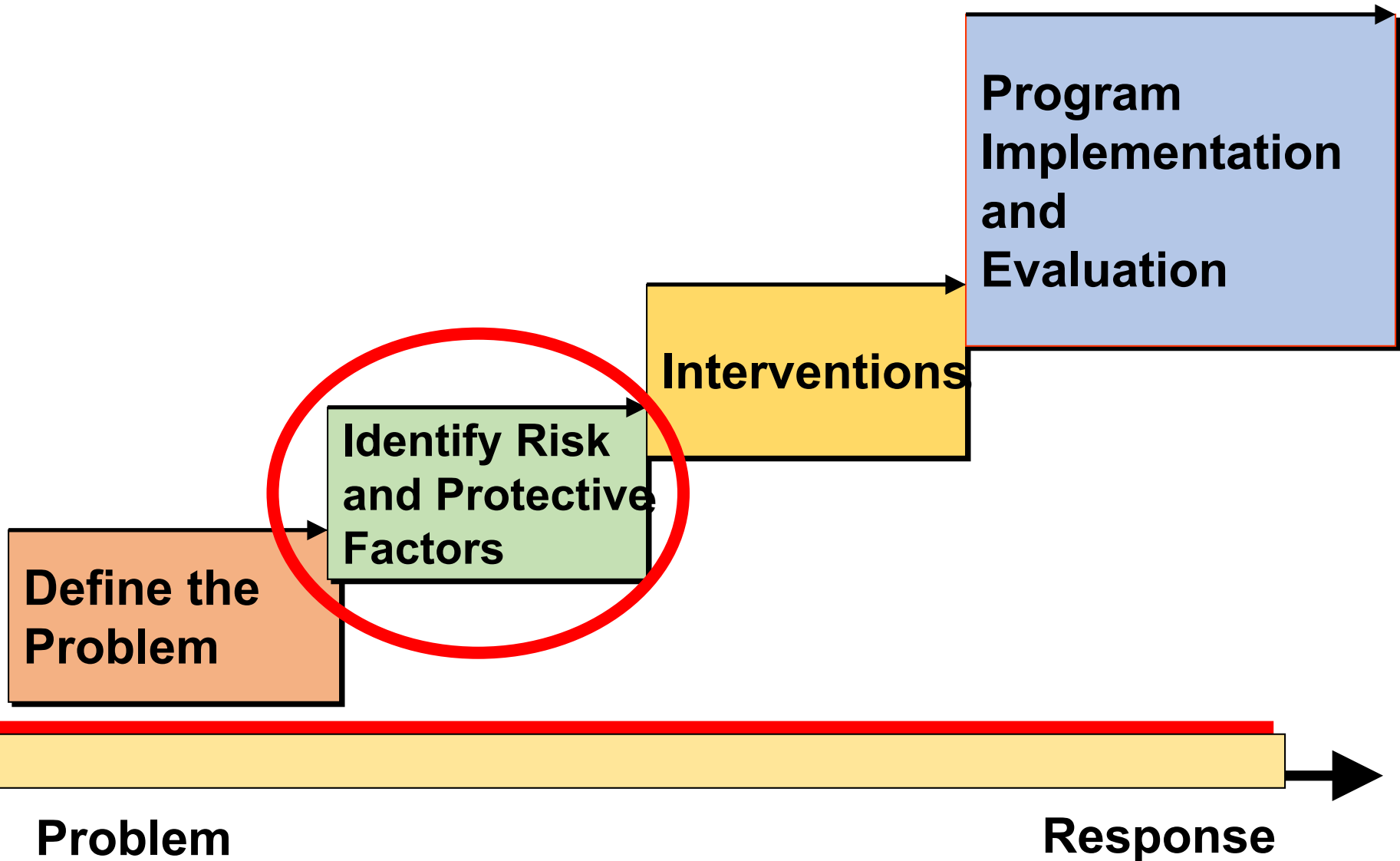
What are the most common prioritized risk factors in communities?

Talk more about specific risks for opioid use

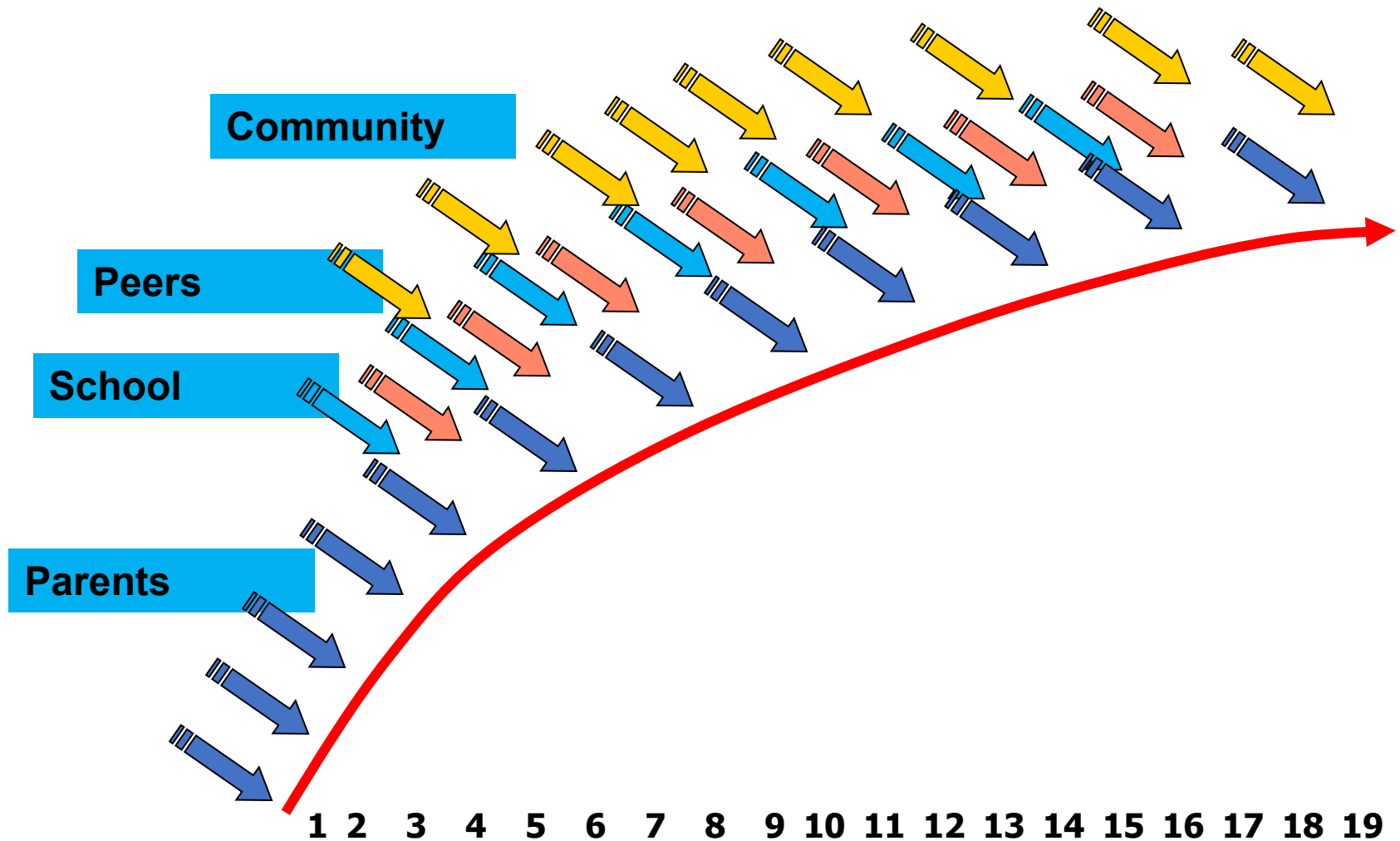
How can you have clear norms and a harm reduction focus at the same time?



# Prevention Science Framework

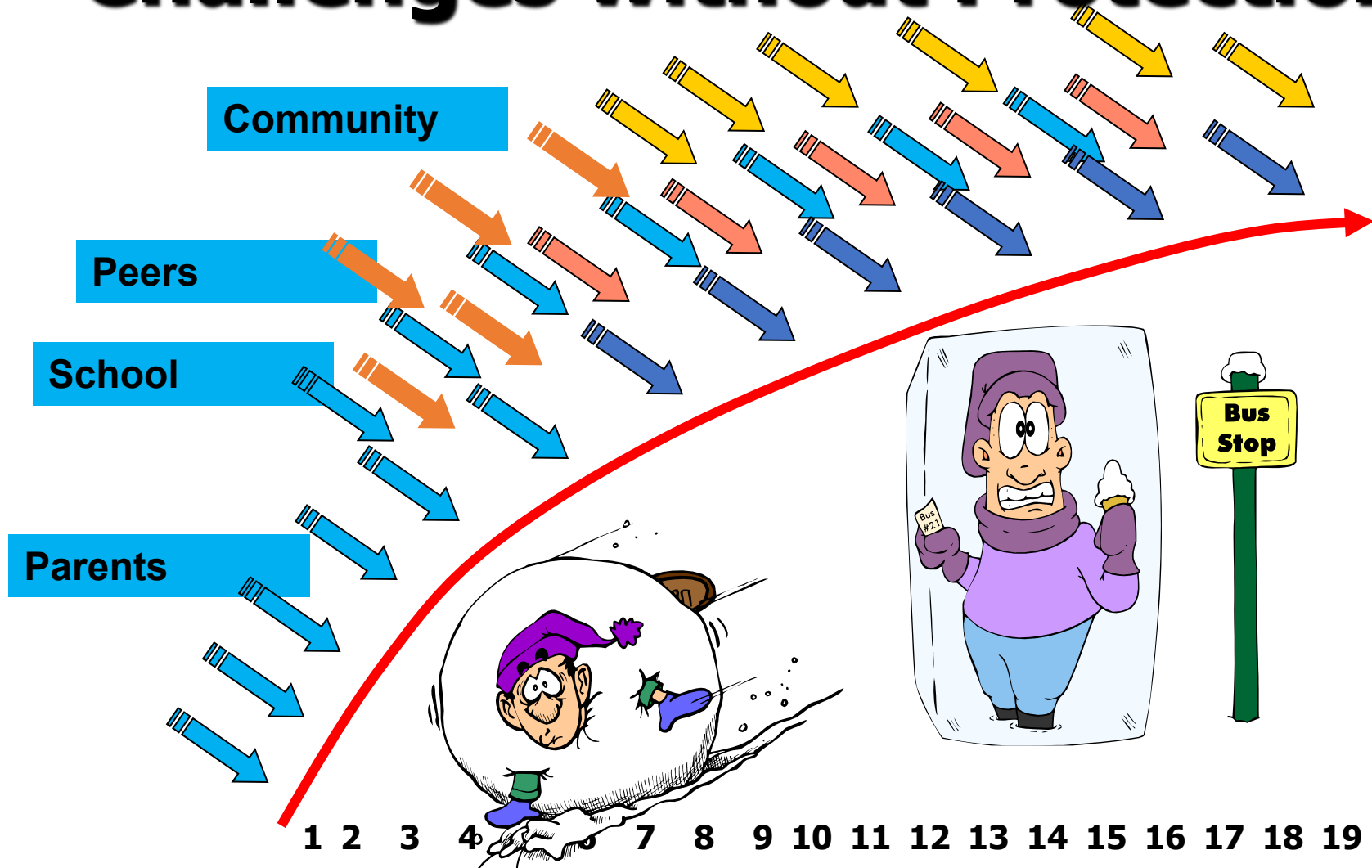


# Factors Shaping Child and Adolescent Development



Structural Family Theory, Ecological Systems Approach, Developmental Psychology, and Models of Problem Behavior without Protection

# Snowball Risk Accumulates through Early Developmental Challenges without Protection



# Common Prioritized Risk Factors Communities

- Parental attitudes favorable to problem behavior
- Low commitment to school
- Favorable attitudes toward problem behavior
- Family management problems
- Friends who engage in problem behavior
- Academic failure
- Rebelliousness
- Laws and norms favorable toward drug and alcohol use
- Family conflict



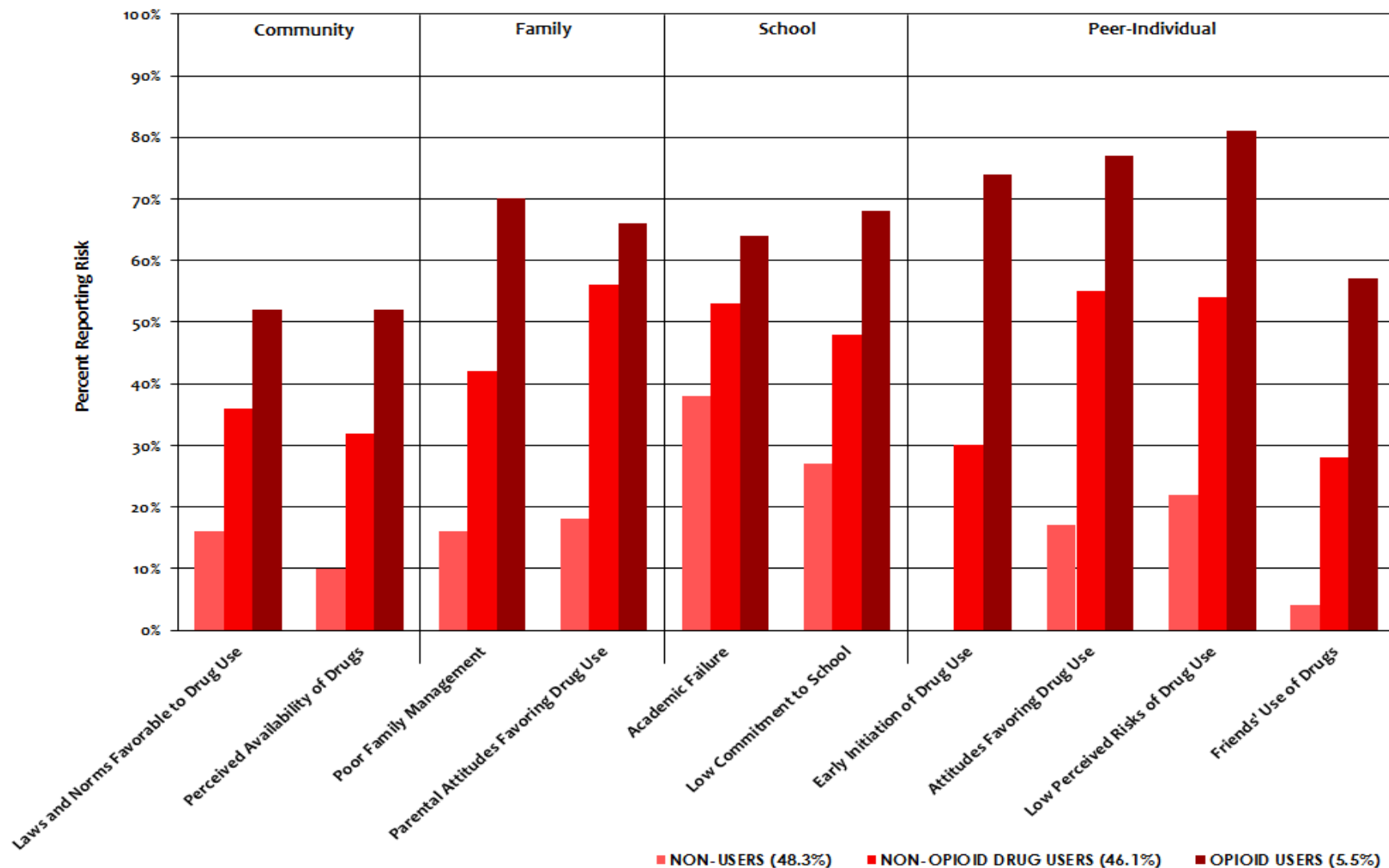
# Nonmedical Prescription Opioid Users Are Multiple Drug Users

\*20 year old suburban sample

	<b>None</b>	<b>&lt;10/yr</b>	<b>&gt;10/yr</b>
Alcohol	82.6	98.9	100.0
Tobacco	42.2	88.6	91.7
Marijuana	45.1	92.6	96.4
Cocaine	4.6	38.3	72.6
Psychedelics	6.1	45.1	64.3
Ecstasy	6.5	41.1	64.3
Amphetamines	3.4	26.9	63.1
Sedatives	0.8	20.6	45.2
Heroin	0.2	4.6	17.9
Any Illicit drug	45.7	94.9	96.4
Any illicit drug exc. mj	11.7	68.6	85.7
Mean number of illicit drugs inc. mj	0.67	2.69	4.23

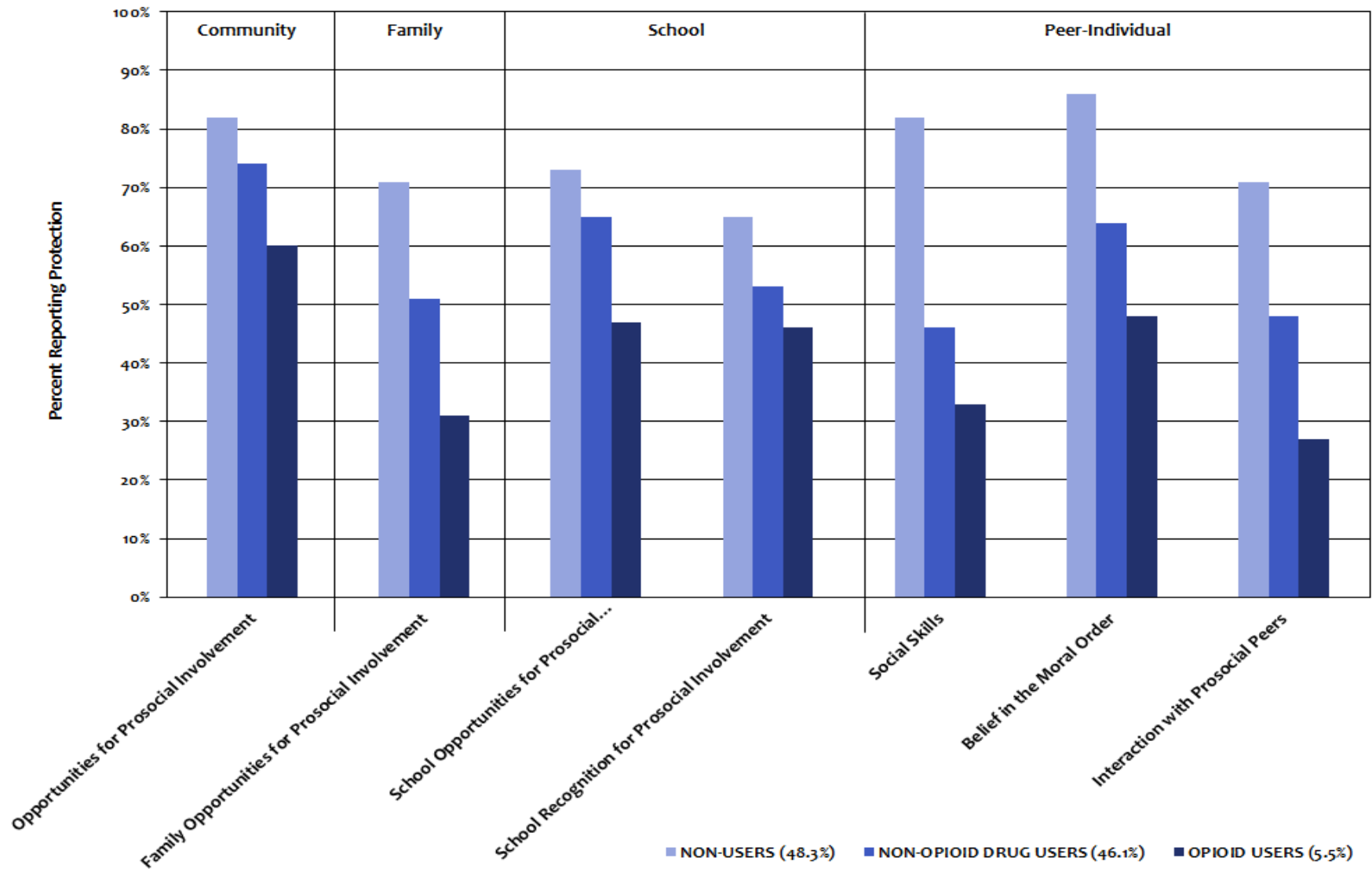
# Opioid Users At Risk

Washington State Healthy Youth Survey Statewide Sample  
Grade 10 Risk by Type of Drug Used

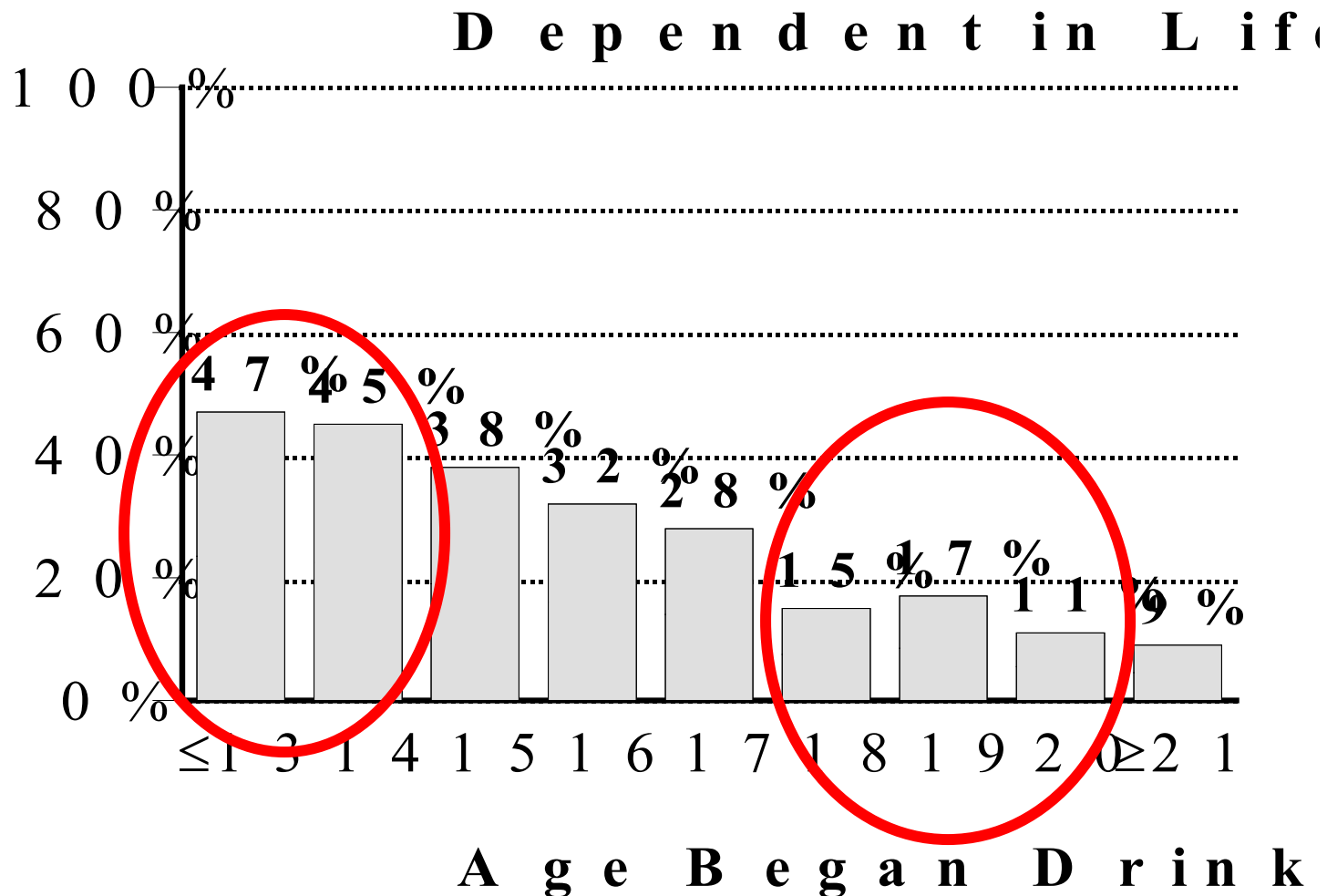


# Opioid Users Not Protected

Washington State Healthy Youth Survey Statewide Sample  
Grade 10 Protection by Type of Drug Used



# Alcohol dependence, by age of drinking onset, among adults (aged 18+)



Hingson, R.W., Heeren, T., and Winter, M.R. "Age at Drinking Onset and Alcohol Dependence," *Archives of Pediatrics and Adolescent Medicine* 160(7):739-746, 2006.

# The Science Behind These Protective Factors

- Broad range of longitudinal studies helped to discover/identify these factors
- Broad range of demographic groups are represented in these studies
  - See the 2016 Surgeon General's Report for references
  - See also the 2020 paper by Catalano, Hawkins, Kosterman et. al, on Social Development Model

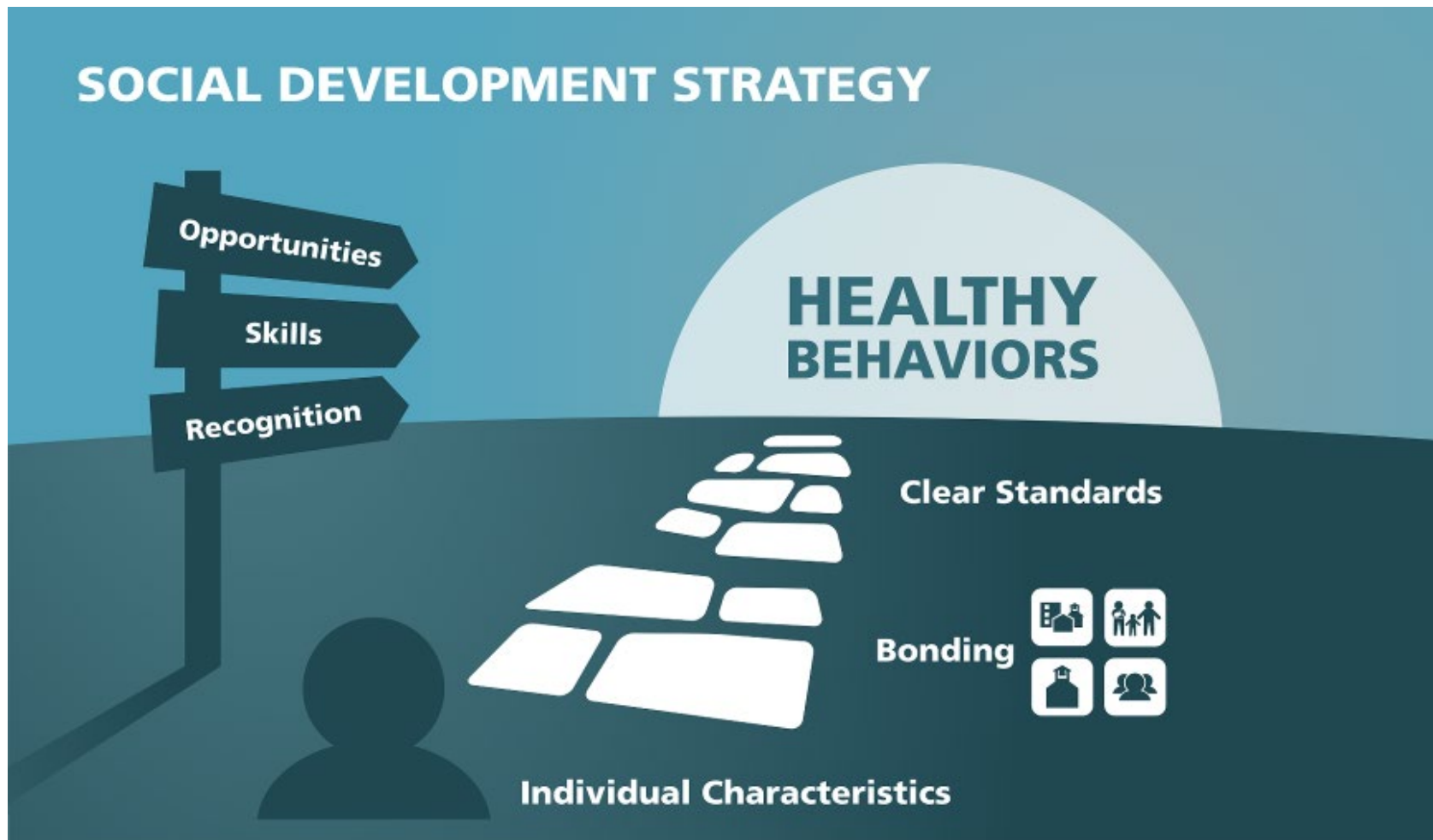
Table 3.2: Protective Factors for Adolescent and Young Adult Substance Use

Protective Factors	Definition	Adolescent Substance Use	Young Adult Substance Use
<b>Individual</b>			
Social, emotional, behavioral, cognitive, and moral competence <sup>87,88</sup>	Interpersonal skills that help youth integrate feelings, thinking, and actions to achieve specific social and interpersonal goals.	✓	✓
Self-efficacy <sup>89,90</sup>	An individual's belief that they can modify, control, or abstain from substance use.	✓	✓
Spirituality <sup>91,92</sup>	Belief in a higher being, or involvement in spiritual practices or religious activities.	✓	✓
Resiliency <sup>88</sup>	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 <sup>93,94</sup>	Developmentally appropriate opportunities to be meaningfully involved with the family, school, or community.	✓	✓
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Note: These tables present some of the key risk and protective factors related to adolescent and young adult substance initiation and misuse.

2016 Surgeon General's Report

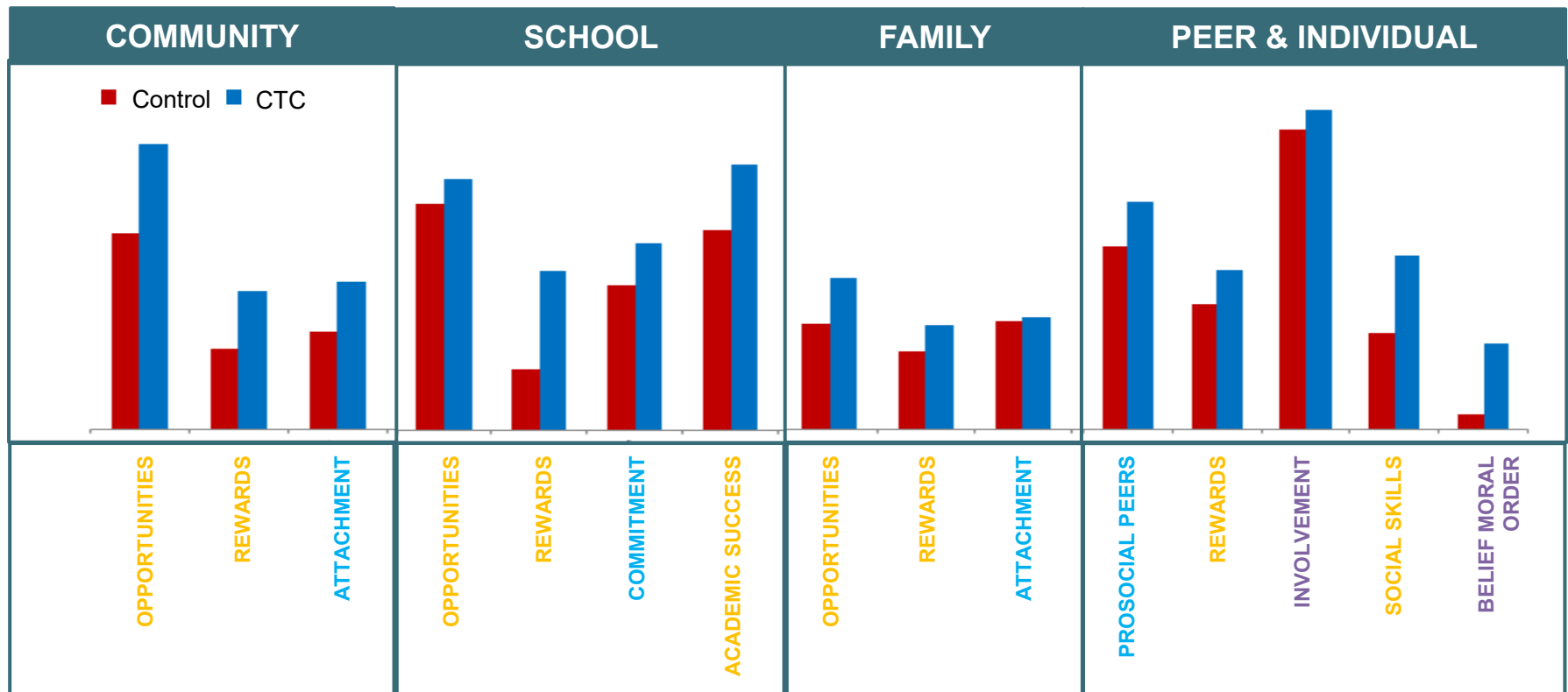
# Five elements of protection





# CTC Enhanced Protection

Grade 8:  $p = 0.021$



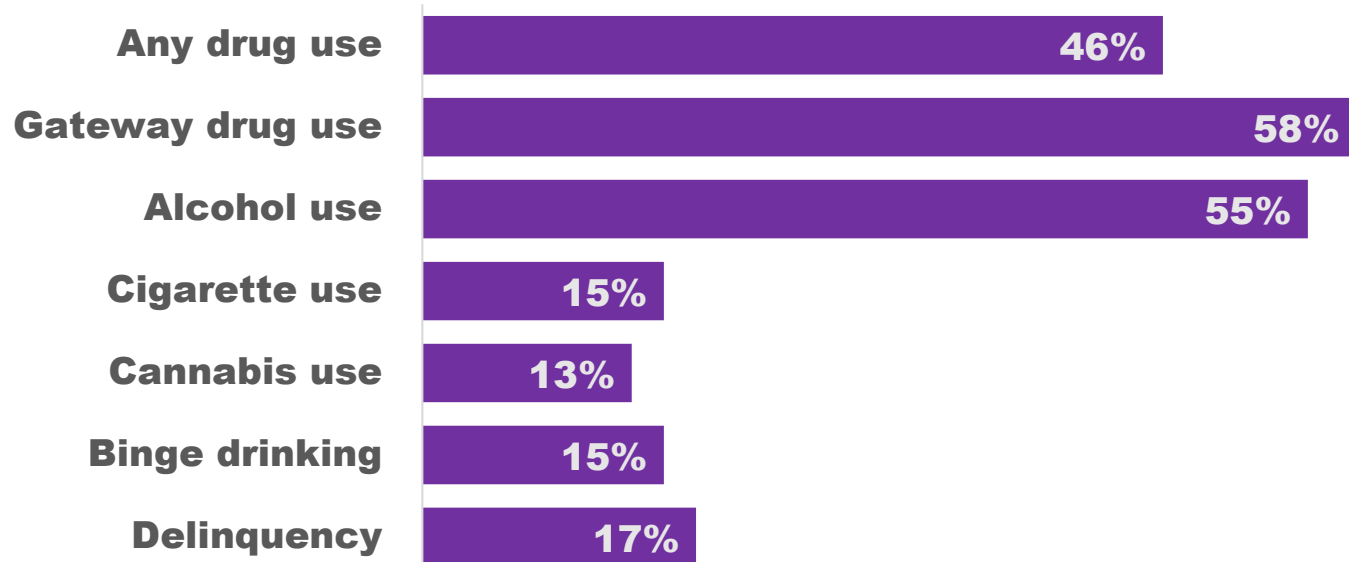
Elizabeth, Gloppen, K. A., Rhew, I. C., Oesterle, S., and Hawkins, J. D. (2015). Effects of the Communities That Care prevention system on youth reports of protective factors. *Prevention Science*, 16(5), 652-662.



- <https://www.washington.edu/boundless/communities-that-care/>

# 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:

Violence 10%

There were also more likely to have completed college:

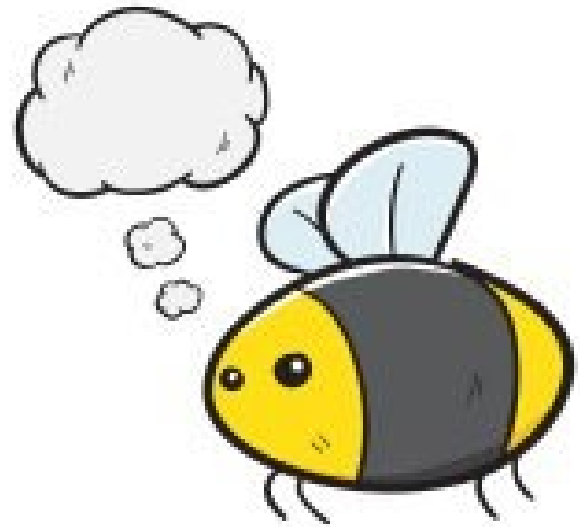
Completed college 20%

\* Values reported are relative risk reductions.

Kuklinski et al., in press, *Prevention Science*.

# Thought Moment

- How can you increase protective factors in your COMMUNITY?
- Jot down a few ideas, if you are willing, jot some in the chat.



# Three core components during grades 1-6

Seattle Social Development Project

**Intervention: *Raising Healthy Children***



## Teacher Training

Proactive Classroom Management  
Social Emotional Learning  
Motivation  
Creating Active Learning  
Environments  
Cooperative Learning



## Parent Workshops

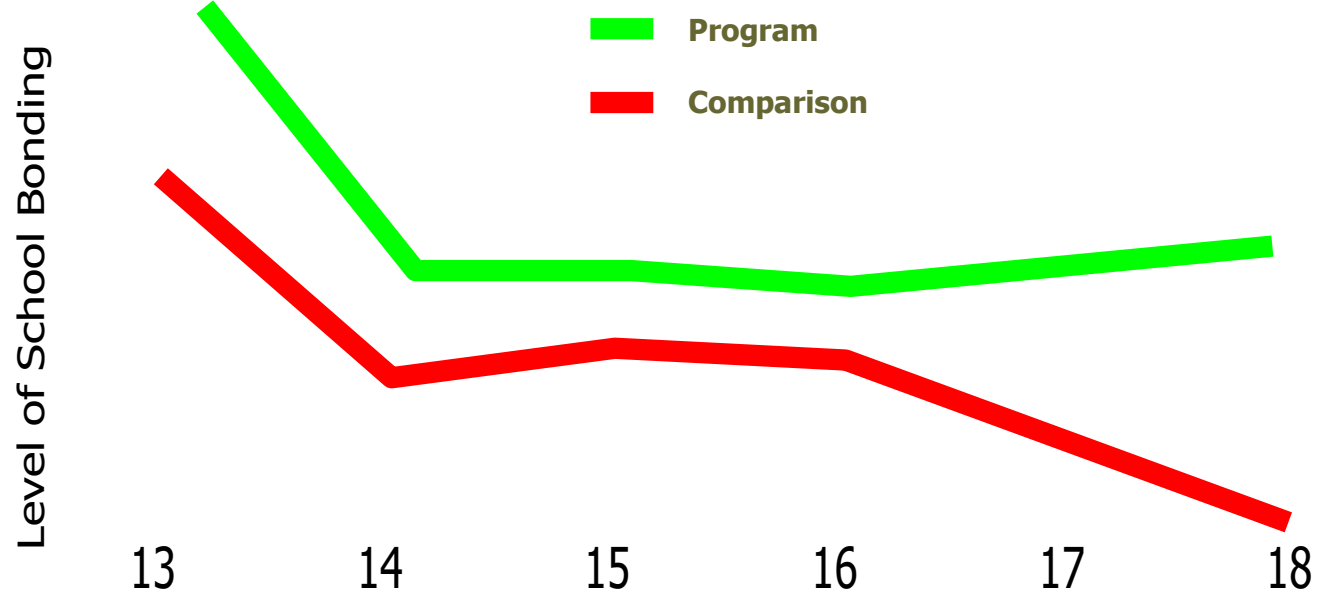
Raising Healthy Children K-2  
Supporting School Success 3-6  
Guiding Good Choices 4-6



## Child Skills Training

*I Can Problem Solve*  
*The Get Alongs Series*

# Evidence of Intervention Effects on School Bonding from Age 13 to 18



Hawkins, Guo, Hill, Battin-Pearson & Abbott (2001)



# Effects of applying social development strategy

## AT THE END OF THE 2<sup>ND</sup> GRADE, FULL INTERVENTION GROUP

- girls were less self-destructive
  - boys were less aggressive
- (Hawkins et al., 1991)*

## BY THE START OF 5<sup>TH</sup> GRADE

- less initiation of alcohol
  - less initiation of delinquency
  - better family management
  - better family communication
  - better family involvement
  - higher attachment to family
  - higher school rewards
  - higher school bonding
- (Hawkins et al., 1992)*



## BY AGE 18

- less heavy alcohol use
  - less lifetime violence
  - less lifetime sexual activity
  - fewer lifetime sex partners
  - higher school bonding
  - higher school achievement
  - less school misbehavior
- (Hawkins et al., 1999)*

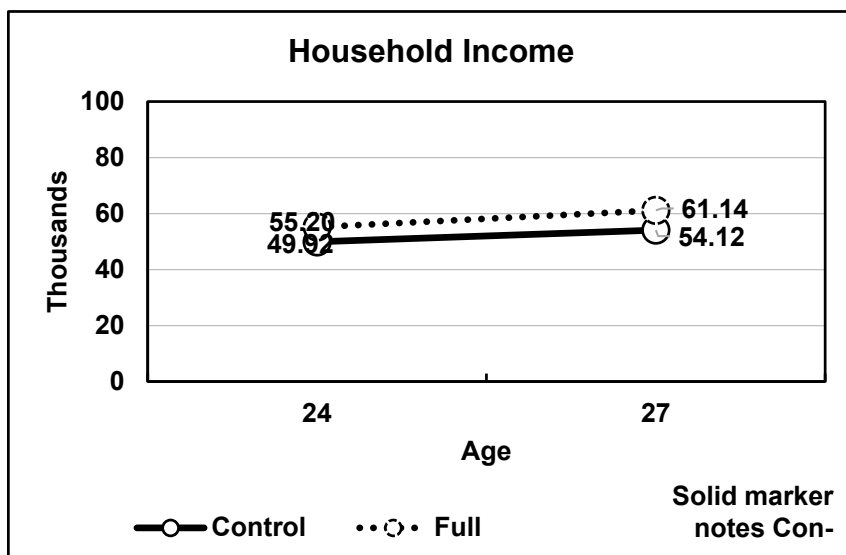
## BY AGE 21

- better emotional and mental health
  - better functioning at school or work
  - more likely to be high school graduate
  - more likely to be attending college
  - less likely to have criminal record
- (Hawkins et al., 2005)*

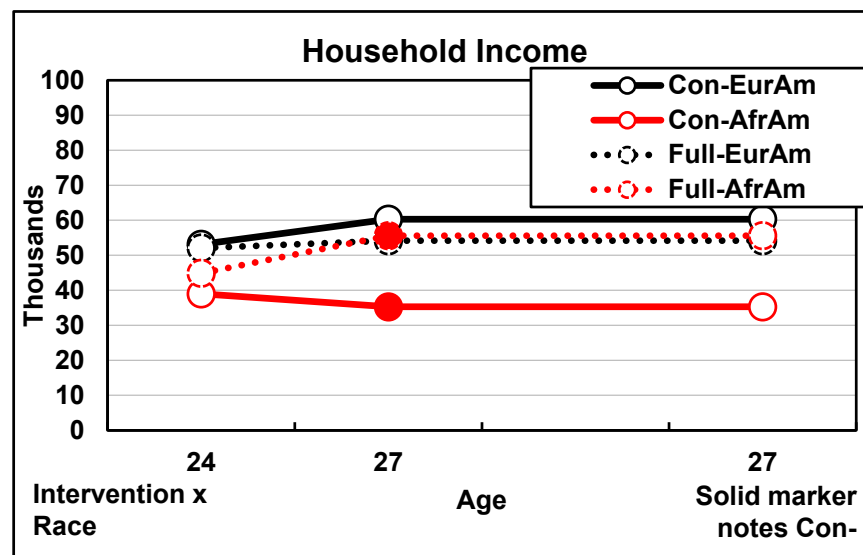
## BY AGE 27

- more educational attainment
  - more economic attainment
  - more civic engagement
  - better mental health
- (Hawkins et al., 2008)*

# SSDP Reduces Racial Disparity in Household Income



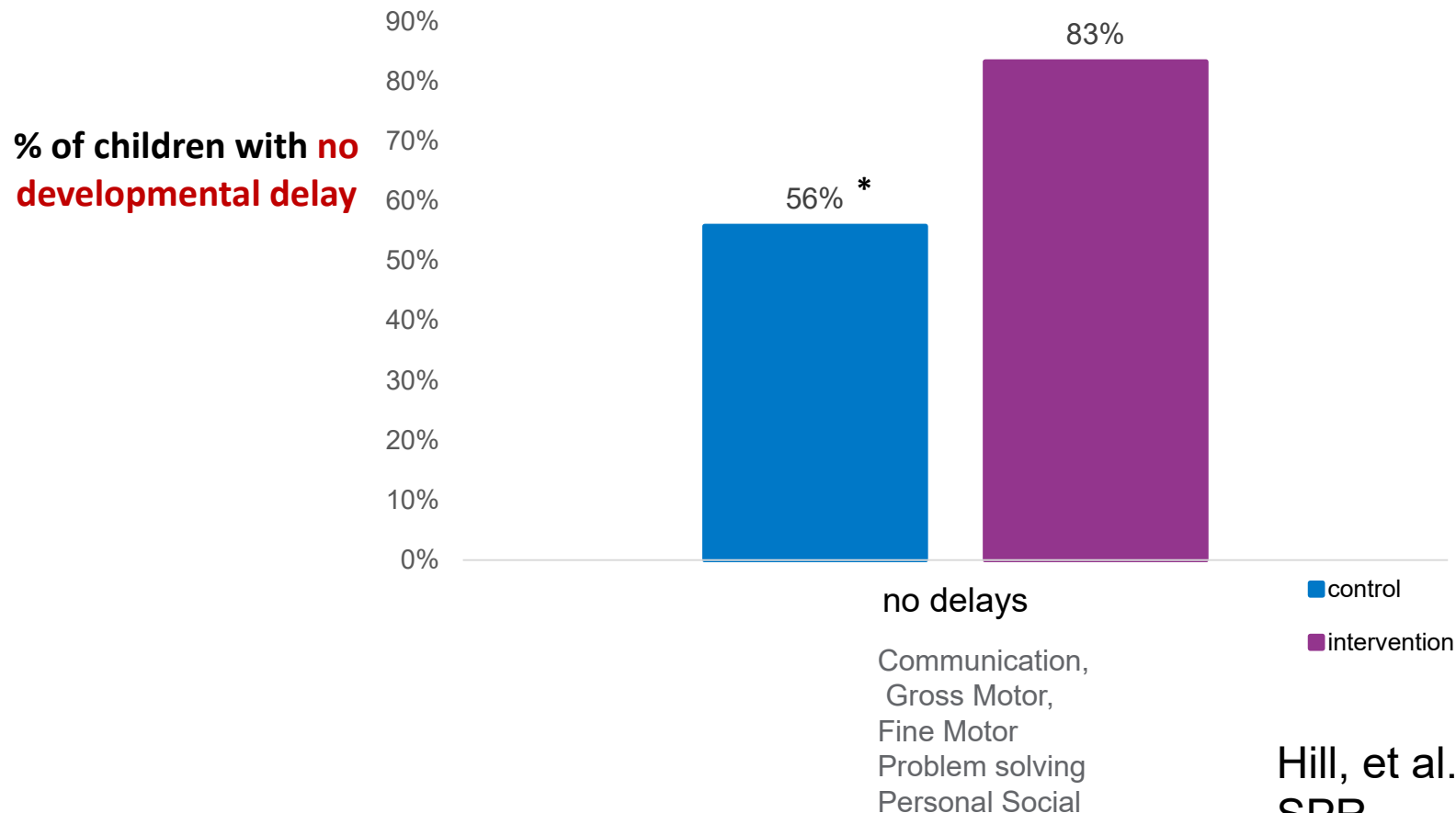
**No overall effect on Household income**



**Age 27**  
**AA F \$55,594**  
**AA C \$35,288**

# 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.



Hill, et al., 2017,  
SPR

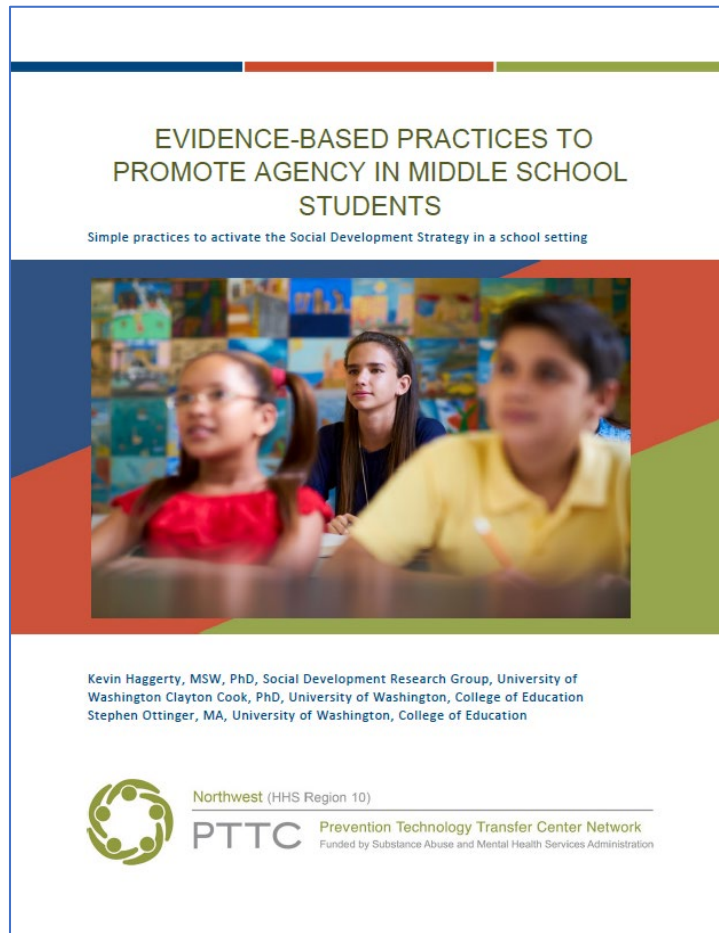
# Effects into the next generation

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.

# Building Protection with Middle School Students



## Evidence-based Practices To Promote Agency In Middle School Students

- Summarizes and aligns sixteen evidence-based practices to the components of the Social Development Strategy

<https://pttcnetwork.org/sites/default/files/2020-09/EvidenceBasedPracticesforMiddleSchool%20%282%29.pdf>

# Thought Moment

- How can you increase protective factors in your SCHOOL?
- Jot down a few ideas, if you are willing, jot some in the chat.





# Family Meal Time



## Study selection

1783 articles reviewed.

## Synthesis

Results show frequent family meals are inversely associated with disordered eating, alcohol and substance use, violent behavior, and feelings of depression or thoughts of suicide in adolescents.

Harrison ME, Norris ML, Obeid N, Fu M, Weinstangel H, Sampson M. Systematic review of the effects of family meal frequency on psychosocial outcomes in youth. *Can Fam Physician*. 2015;61(2):e96-e106.

# Evidence Based Behavioral Parenting Programs

<https://www.blueprintsprograms.org>



# Thought Moment

- How can you increase protective factors in your FAMILY?
- Jot down a few ideas, if you are willing, jot some in the chat.



# Positive Childhood Experiences mitigate Adverse Childhood Experiences

## ACEs

- 1998 study of employed people in the Pacific Northwest
- Patients answered questions about their childhood
- Correlated with mental and physical health

## PCEs

**NEW**

- 2015 population study in Wisconsin
- Part of the BRFSS
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health

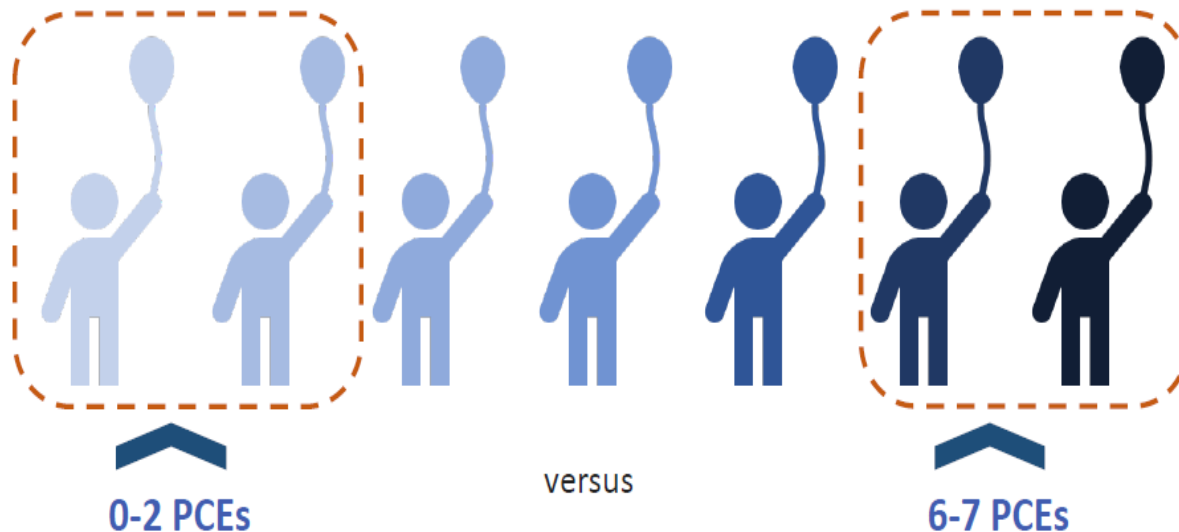


# Positive Childhood Experiences (PCEs) Protect Adult Mental Health



**6-7 vs. 0-2 PCEs:** Adults reporting 6-7 PCEs **have 72% lower odds** of having depression or poor mental health compared to those reporting 0-2 PCEs.

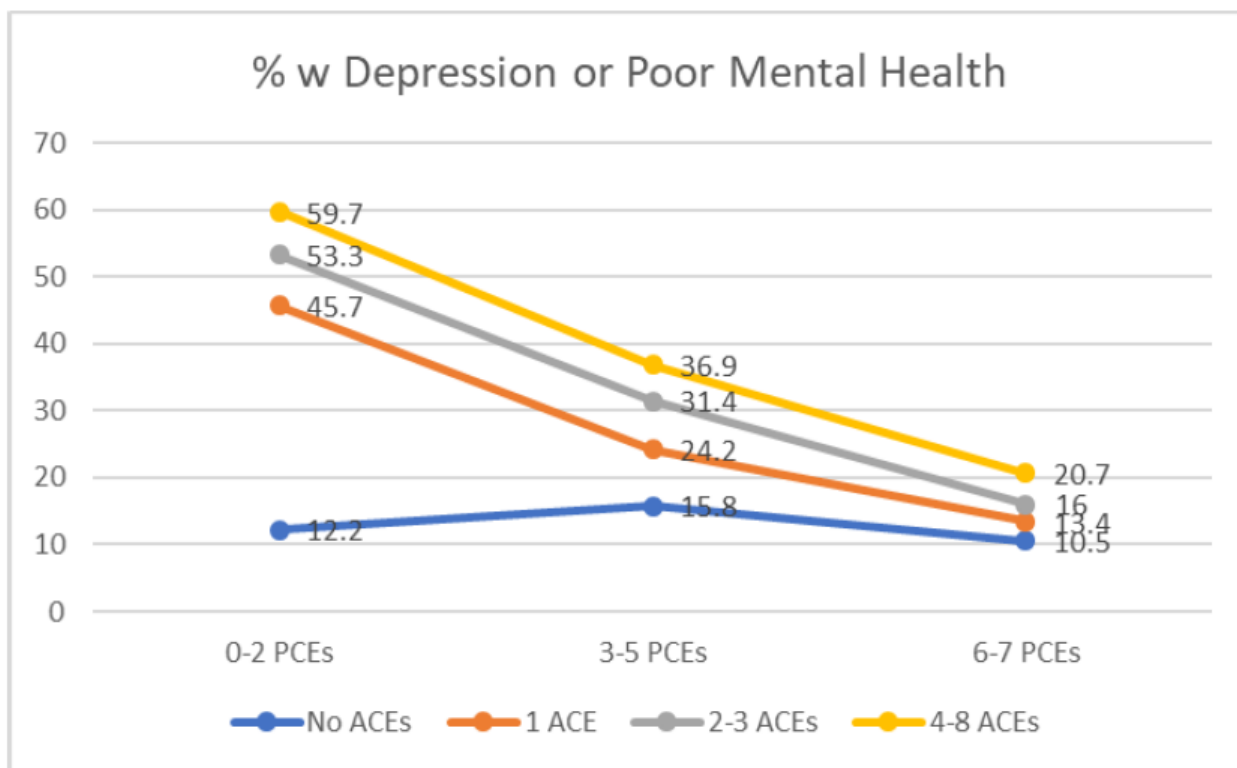
48% v. 12.6%, OR 0.28; 95% CI 0.21-0.39. 3.8x higher rate for 0-2 vs. 6-7 PCEs.



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019:e193007.

HEALTHY OUTCOMES  
from  
POSITIVE EXPERIENCES

## Positive Childhood Experiences Mitigate ACEs Effects



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.

Reference: Jeff Linkenbach, PhD, Montana Institute

# What are 'Positive Childhood Experiences?'



Positive Childhood Experiences (PCEs) questions asked how often respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

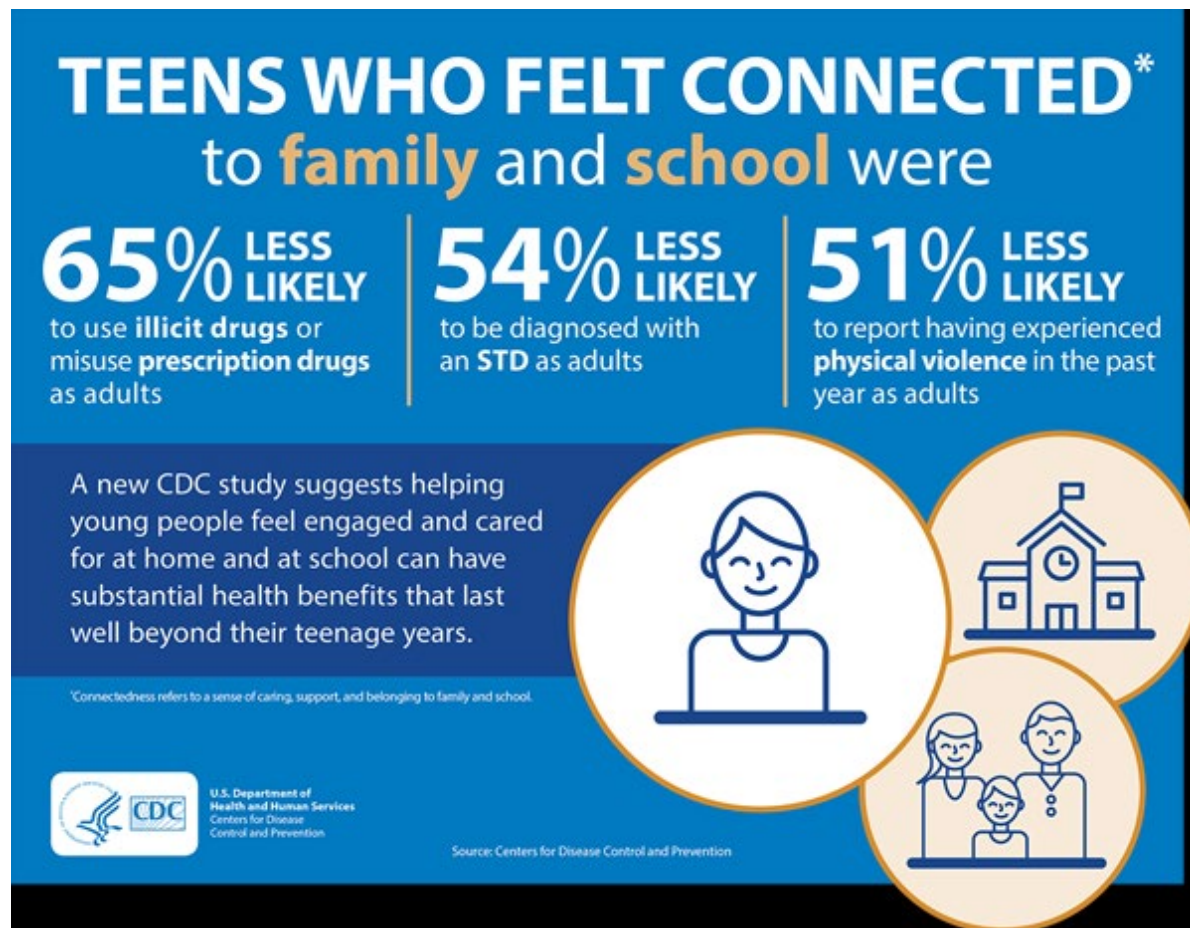


- Internal consistency reliability: 0.77
- Principal components factor analysis: single factor with an Eigenvalue > 1 (2.95).
- Factor loadings ranged from 0.57 ("felt safe/home") to 0.72 ("family stood by/difficult times")

HOPE

*Reference: Jeff Linkenbach, PhD, Montana Institute*





Steiner RJ, Sheremenko G, Lesesne C, et al. Adolescent Connectedness and Adult Health Outcomes. Pediatrics. 2019;144(1):e20183766

# Thought Moment

- How can you increase protective factors in your INDIVIDUAL?
- Jot down a few ideas, if you are willing, jot some in the chat.





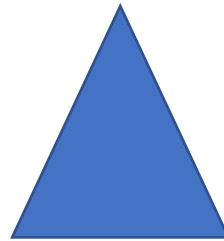
## Four Principles of Prevention Science

1. Community-based
2. Risk and protective factor focused
- 3. Data driven (Youth Survey)**
4. Evidence-based Interventions Inventory

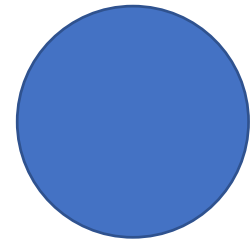
# Final Thoughts



Name one thing  
that “squared” or  
agreed with your  
thinking.



Name one pointed  
thing that stood out  
for you in today’s  
content



Name one thing  
from today that is  
still going around in  
your head



# OVERDOSE PREVENTION, HARM REDUCTION, & TREATMENT

To request a Certificate of Attendance,  
please email Meghan King at [mking@wapc.org](mailto:mking@wapc.org)