Best Practices for Preventing Underage Drinking

Zoom Webinar

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12:00-1:30 PM

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Overview

❖ State and national trends in underage drinking

❖ Evidence-based practices to prevent and reduce underage drinking

❖ Measurement of outcomes of underage drinking prevention efforts

Current Prevalence and Trends

Monitoring the Future Results

- Annual survey of 8th, 10th, and 12th graders
- Conducted by researchers at the Institute for Social Researcher at the University of Michigan, Ann Arbor (NIDA funded)
- Since 1975, the survey has measured how teens report their drug, alcohol and cigarette use and related attitudes in 12th grade
- In 2021:
  - 32,260 students in 319 public and private secondary schools participated in the study
  - 11,446 in 8th grade
  - 11,792 in 10th grade
  - 9,022 in 12th grade.

http://monitoringthefuture.org/data/21data.htm

Decrease in **ALL** Substance Use
Between 2020 and 2021
…2022 holding steady

- Prior years- steady declines in the use of many illicit substances
- 2021 findings represent <u>the largest one-year decrease</u> in overall illicit drug use reported since the survey began in 1975.
- **Alcohol:**
  - **Eighth graders:** 17.2% reported using alcohol in the past year in 2021, <u>remaining steady</u> compared to 20.5% in 2020 (not a statistically significant decrease)
  - **10th graders:** 28.5% reported using alcohol in the past year in 2021, a statistically significant <u>decrease</u> from 40.7% in 2020
  - **12th graders:** 46.5% reported using alcohol in the past year in 2021, a statistically significant <u>decrease</u> from 55.3% in 2020

2022 Data shows….
Rates generally holding steady

2021 data:

- broad declines in substance use in

2022 data:

- Lowered levels of cannabis use and nicotine vaping continued i
- Alcohol use rebounded to pre-pandemic levels (2019).

What changed in 2021 to bring about that amount of decline in substance use?

Data Results

- Concurrent changes in perceived risk, personal disapproval, and perceived availability

Social changes

- Many were not in school
- Some were locked down at home
- Likely more had a parent at home during the school week who could monitor their behavior
- Many were told not to mingle with their friends or other teens—and the decline in social events removed adolescents from parties and other social activities where drug use is likely to be occurring.

"We have never seen such dramatic decreases in drug use among teens in just a one-year period. These data are unprecedented and highlight one unexpected potential consequence of the COVID-19 pandemic, which caused seismic shifts in the day-to-day lives of adolescents.

Moving forward, it will be crucial to identify the pivotal elements of this past year that contributed to decreased drug use – whether related to drug availability, family involvement, differences in peer pressure, or other factors – and harness them to inform future prevention efforts."

Nora Volkow, M.D., NIDA Director

"The Biden-Harris Administration is committed to using data and evidence to guide our prevention efforts so it is important to identify all the factors that may have led to this decrease in substance use to better inform prevention strategies moving forward.

The Administration is investing historic levels of funding for evidence-based prevention programs because delaying substance use until after adolescence significantly reduces the likelihood of developing a substance use disorder."

Dr. Rahul Gupta, Director of the White House Office of National Drug Control Policy (ONDCP)

Exhibit 2.17: Binge Drinking in the Past Month Among People Ages 12–20 by Race/Ethnicity and Gender, Annual Averages: 2015–2016 Combined Data NSDUH (CBHSQ, 2017c)
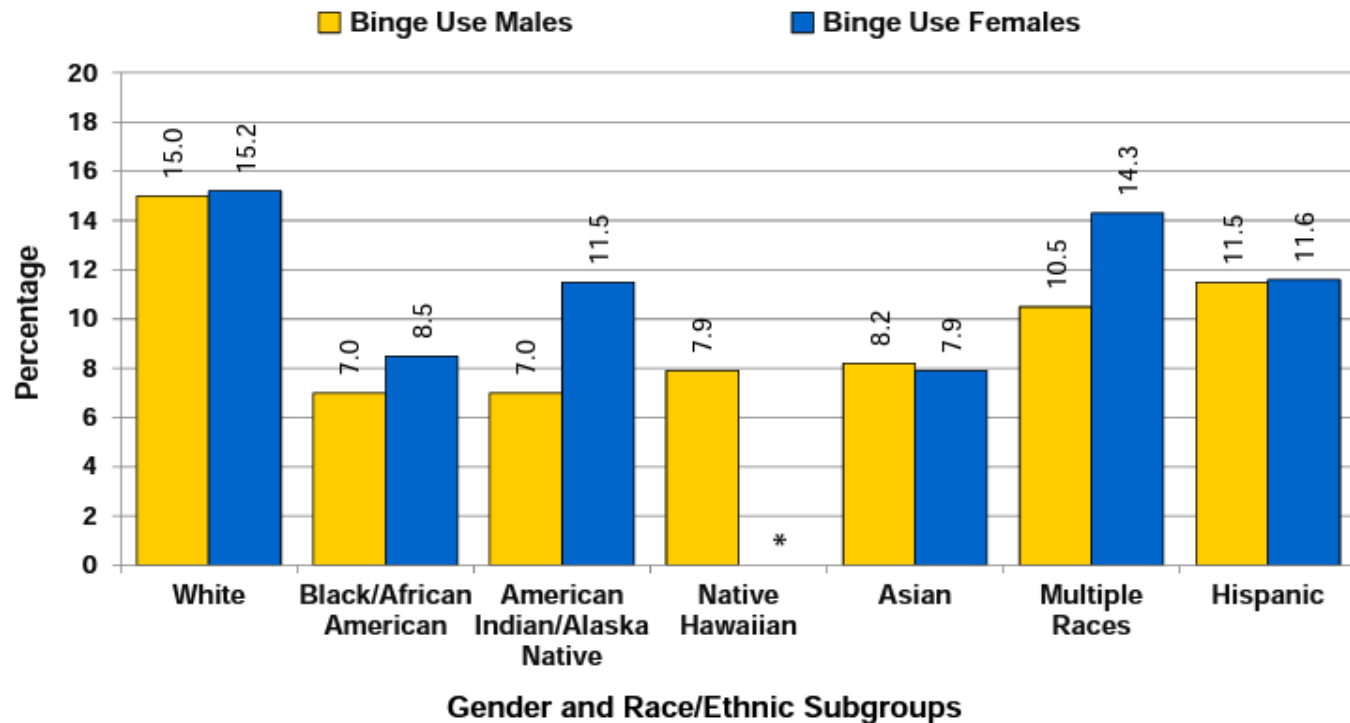

Legend: ■ Binge Use Males ■ Binge Use Females

Gender and Race/Ethnic Subgroups	Binge Use Males	Binge Use Females
White	15.0	15.2
Black/African American	7.0	8.5
American Indian/Alaska Native	7.0	11.5
Native Hawaiian	7.9	*
Asian	8.2	7.9
Multiple Races	10.5	14.3
Hispanic	11.5	11.6

FIGURE 3.4 Alcohol Use in the Past Year among People Aged 12 or Older, by Race/Ethnicity: 2015–2019, Annual Averages
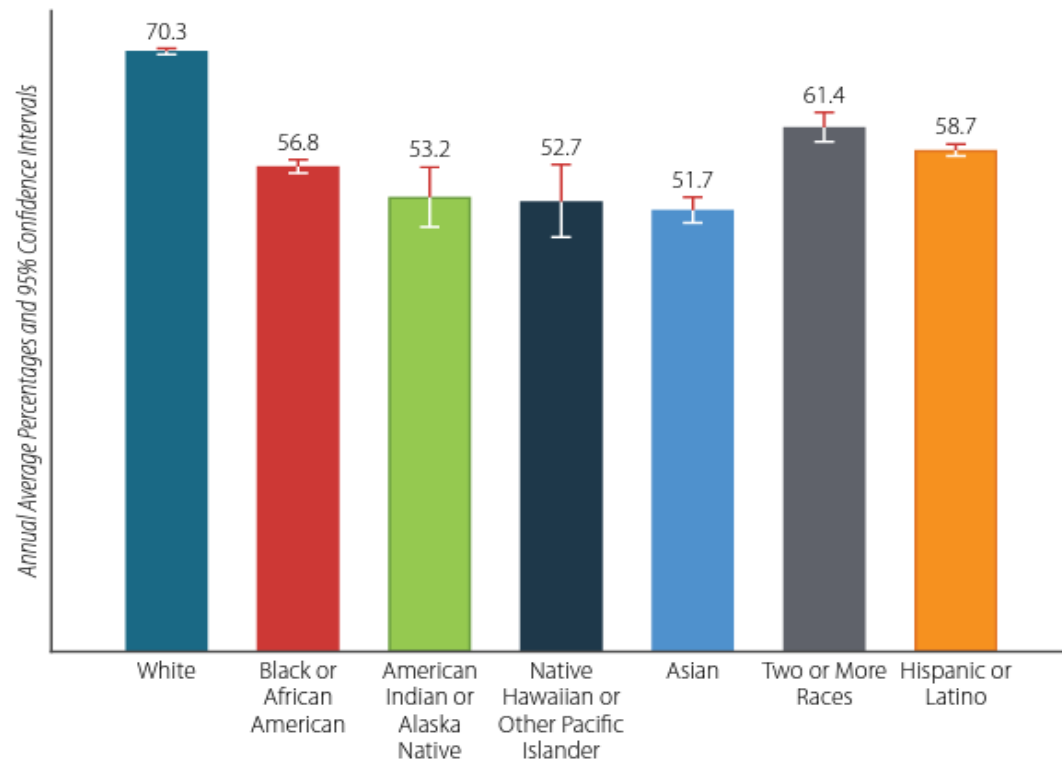
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019.
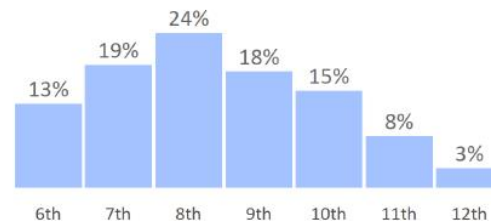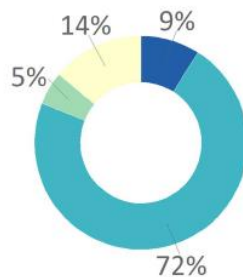
Demographics

Grade

8th grade had the most responses

20,411
students participated in the survey*

| 13% | 19% | 24% | 18% | 15% | 8% | 3% |
| 6th | 7th | 8th | 9th | 10th | 11th | 12th |

Sexual Orientation

14% 9%
5%
72%

Bisexual
Gay or Lesbian
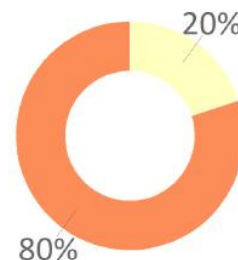Heterosexual
Not Sure

Gender Identity

3% 4%
44%
49%
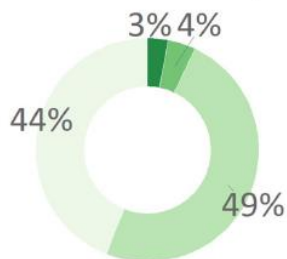
Female
Male
Other
Prefer not to answer

Race

6% 2%
16%
2%
74%
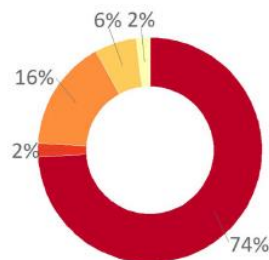
American Indian/Alaska Native
Asian American
Black/African American
Native Hawaiian and other Pacific Islander
White

Hispanic or Latino

20%
80%
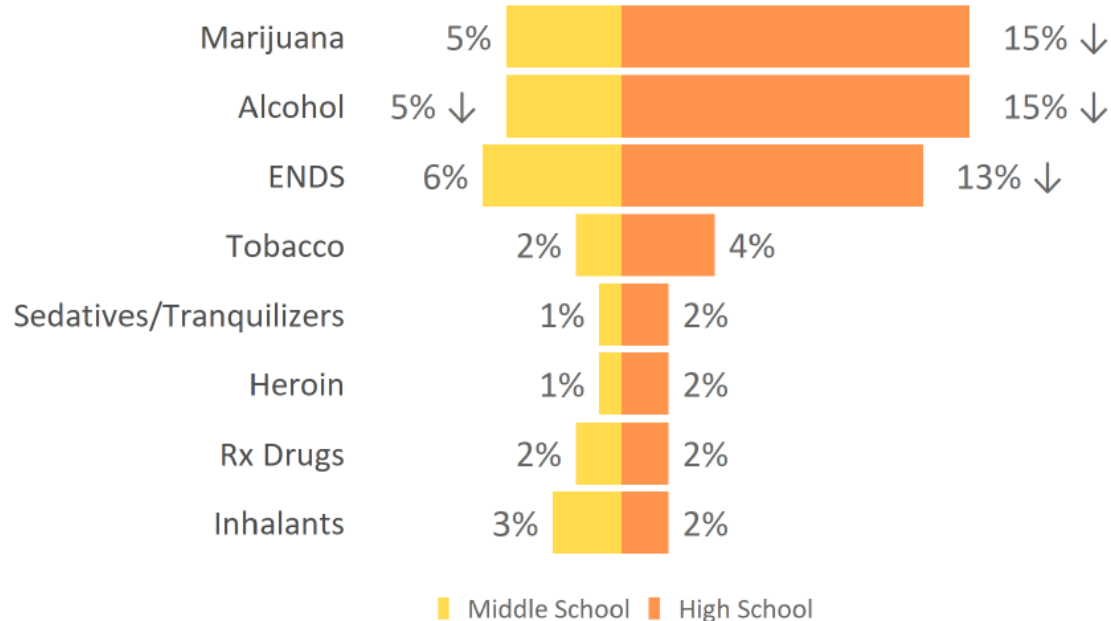
No
Yes

741 (4%) of students identified as transgender

*Number of students surveyed from school districts listed on page 1. Note: Providence School District does not participate in RISS and opts for the Youth Experience Survey.

Substance Use

Past 30-Day Use

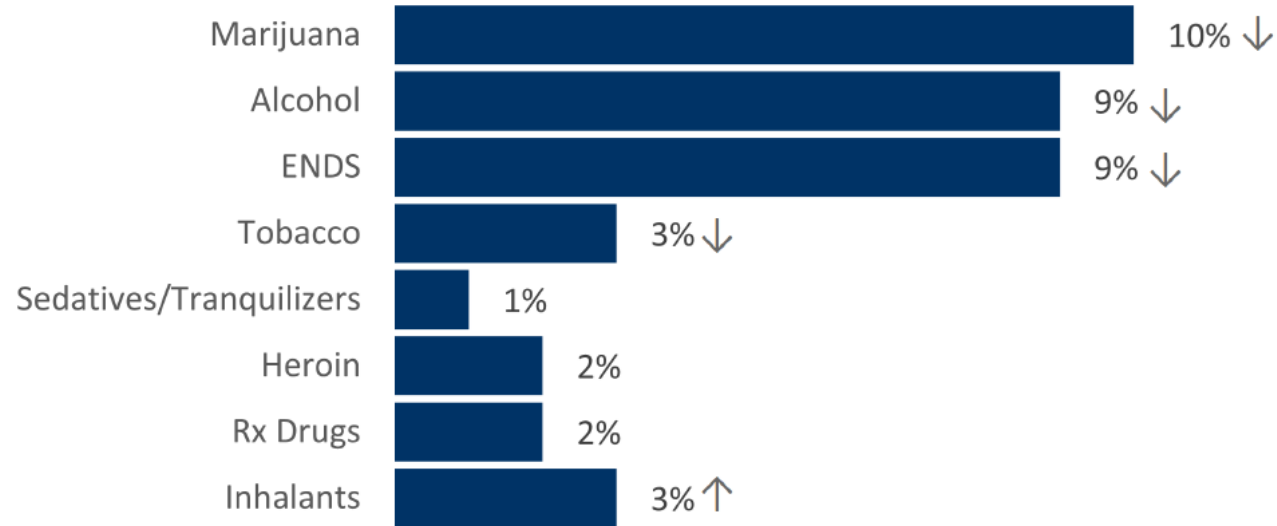| Substance	Middle School	High School
Marijuana	5%	15% ↓
Alcohol	5% ↓	15% ↓
ENDS	6%	13% ↓
Tobacco	2%	4%
Sedatives/Tranquilizers	1%	2%
Heroin	1%	2%
Rx Drugs	2%	2%
Inhalants	3%	2%

■ Middle School ■ High School

Among high school students, there was a statistically significant decrease in use of alcohol, marijuana, and Electronic Nicotine Delivery Systems (ENDS), also known as e-cigarettes or vape pens or devices.
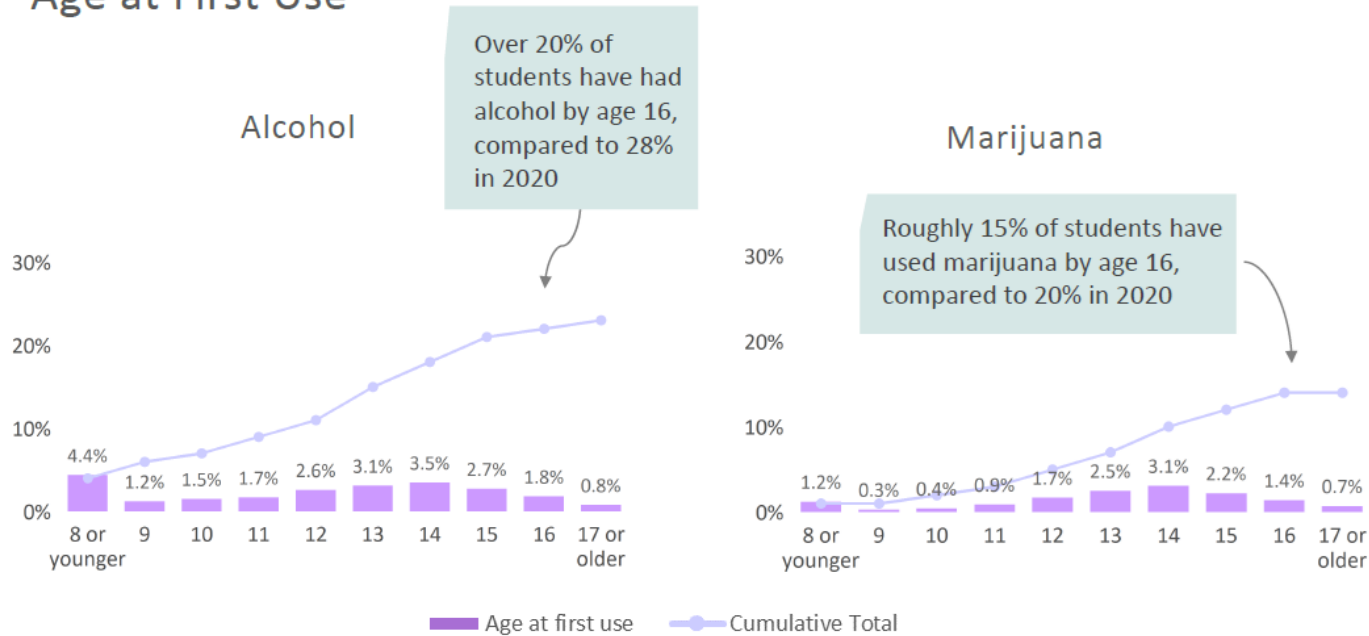
Substance Use

Past 30-Day Use

Substance	Percentage	Trend
Marijuana	10%	↓
Alcohol	9%	↓
ENDS	9%	↓
Tobacco	3%	↓
Sedatives/Tranquilizers	1%	
Heroin	2%	
Rx Drugs	2%	
Inhalants	3%	↑

Among all students, there was a statistically significant decrease in use of alcohol, marijuana, and ENDS, yet a significant increase in use of inhalants.
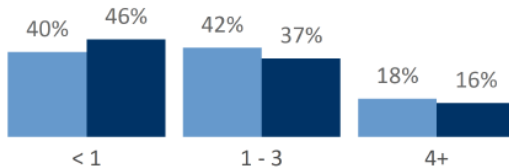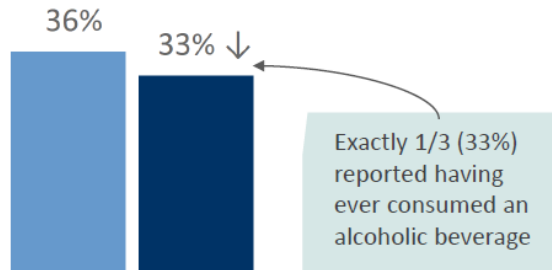
JSI

Access and Availability

Alcohol

Among high school students...

■ 2020 ■ 2022

Most reported obtaining alcohol from a family member for free

36% **33% ↓**

Exactly 1/3 (33%) reported having ever consumed an alcoholic beverage

40% 46% **42% 37%** **18% 16%**

< 1   1 - 3   4+

High school students are consuming less drinks on average compared to previous years.

	2020	2022
A family member gave it to me for free	30%	32%
A friend gave it to me for free	34%	31%
Other	17%	15%
I took it from someone	13%	14%
I bought it from a friend	18%	13% ↓
I asked someone to buy it for me	11%	10% ↓
A store sold it to me without an ID	3%	4%
I bought it from a family member	4%	4%
I took it from a store	2%	3% ↑
I bought it from a store with a fake ID	3%	3%
I bought it on the Internet	2%	2%

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NIDA's Adolescent Brain Cognitive Development (ABCD) Study Survey

- Overall rate of drug use among a younger cohort of people ages 10-14 remained relatively stable before <u>and</u> during the first 6 months of the COVID-19 pandemic.

- Shifts in the drugs used
  - Alcohol use declining
  - Use of nicotine products and misuse of prescription medications increasing

- Adolescents who experienced pandemic-related severe stress, depression, or anxiety, or whose families experienced material hardship during the pandemic, or whose parents uses substances themselves were most likely to use them too.

What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic?

Methods:

- 1,054 Canadian adolescents (Average ag = 16.68)
- Online survey: frequency of alcohol use, binge drinking, cannabis use, and vaping in the 3 weeks before and directly after social distancing practices had taken effect

Results:

- For most substances, the **percentage of users** decreased
- The **frequency** of both alcohol and cannabis use increased
  - solitary substance use (49.3%),
  - using substances with peers via technology (31.6%) and,
  - face to face with peers (23.6%).
- Depression and fear of the infectivity of COVID-19, predicted using solitary substance use during the pandemic.

Dumas, T. M., Ellis, W., & Litt, D. M. (2020). What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, *67*(3), 354–361. https://doi.org/10.1016/j.jadohealth.2020.06.018

More Teens Allowed to Drink at Home During Quarantine

Methods

- 456 parents with 2 children around 2.5 years apart from Illinois, Indiana, Ohio, Pennsylvania and Wisconsin.

Results

- All surveyed parents reported that they did not allow their children to drink prior to quarantine

- 1 in 6 reported allowing 1 or more of their teens to have alcohol during the lockdown at home. Of the 16%:
  - 46% allowed both children to drink
  - 24% allowed only the older sibling
  - 4% allowed only the younger sibling

- Parent alcohol permissiveness

and early drinking are risk factors

for binge drinking

Jennifer L. Maggs, Jenna R. Cassinat, Brian C. Kelly, Sarah A. Mustillo, Shawn D. Whiteman, (2021). Parents Who First Allowed Adolescents to Drink Alcohol in a Family Context During Spring 2020 COVID-19 Emergency Shutdowns, Journal of Adolescent Health, Volume 68 (4), 816-818.

Evidence-based Strategies Prevent and Reduce Underage Drinking

Category of Evidence	Publication of Evidence	Number of Locations	Results	Potential Use
Evidence-Based	A review study of the approach in a peer-reviewed publication.	Approach tried in more than one location or setting.	Overall results were positive for the approach, may vary by setting/ location.	Useful in all formal contexts.
Effective	Reported in a peer-reviewed publication.	May include a single location/ setting or multiple.	Reported results were positive.	Citing in formal project proposals & grant applications when there is a lack of relevant evidence-based research/ programs.
Promising	A formal program evaluation was conducted and results are available publicly OR have been confirmed by RHIhub staff and are available on request from the program contact.	Typically includes only a single location or setting.	Program evaluation shows positive results.	Can be used in FORHP grant proposals when there is a lack of evidence-based or effective programs available.
Emerging Any projects not labeled as evidence-based, effective, or promising are considered part of this category.	Anecdotal account of a program, without documentation of a formal evaluation.	Typically includes only a single location or setting.	Program result may be positive (success story), negative (lesson learned), or mixed.	- Inspiration. - Connecting with and learning from others who have attempted to address similar issues. - Locating programs applicable to a specific or niche topic, issue, or population.

NOT Evidence-Based Practices

- Fear Arousal – Scary Images and Scare Tactics

- One-time Assemblies and Events

- Personal Testimony from People in Recovery

- Mock Car Crashes

- Reinforcing Exaggerated Social Norms

- The Illusion of Truth Effect: Myth Busting

- Drug Fact Sheets and Knowledge-based Interventions

- Role Play that Conditions Youth to be Drug Users or Dealers

- Moralistic Appeals

- Grouping At-Risk Youth Together

Effective Prevention Strategies for Children

Innovative programs for children should focus on strategies and activities that build social

competence, self-regulation and academic skills.

Specifically, prevention programs should focus on developing these skills:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading

Evidence Based Programs

- Prevention Programs for Youth and Families

- Community Coalition Prevention Models

- Communication Campaigns

- Prevention Policies

Effective Prevention Strategies for Adolescents

Focus on increasing academic and social competence by teaching the following skills:

- study habits and academic support;

- communication;

- peer relationships;

- self-efficacy and assertiveness;

- drug refusal skills;

- reinforcing anti-drug attitudes; and

- strengthening personal commitment against drug abuse.

Effective Prevention Strategies for Families

Focus on strategies and activities that enhance family bonding and positive relationships

- Use of good parenting skills –supportiveness, communication, involvement, monitoring and supervision

- Practice developing, discussing and enforcing family policies on substance abuse

- Drug education and information for parents to enhance opportunities for family discussion

Effective Prevention Strategies within Programs

- Building Social and Personal Skills

- Cite Immediate Consequences

- Communicate Positive Peer Norms

- Involve Youth with Peer-led Components

- Use Interactive Approaches

Examples of Evidence-Based and Promising Prevention Programs for Youth

- **Fast Track i**s a comprehensive, long term prevention program for children entering kindergarten that continues through tenth grade.

- **The LifeSkills Training (LST) Program** is a universal, classroom based prevention program implemented among middle school students.

- **All Stars** is a school and community-based intervention that targets middle school students.

- **The Narconon Truth About Drugs Video Program** is a universal prevention program targets both middle and high school students with a multimedia curriculum consisting of eight sessions.

Examples of Evidence-Based Prevention Programs for Parents and Families

- **The Strengthening Families Program:** For Parents and Youth 10–14 (SFP 10–14) is a universal, family-centered program that includes seven two-hour sessions and four optional booster sessions where youth and parents attend the first hour separately and the second hour together.

- **Strong African American Families (SAAF)** is a seven-week program targeting rural African American families with children from 10 to 14 years old.

- **Guiding Good Choices** is a universal, parent-focused intervention (formerly Preparing for the Drug-Free Years) consisting of five two-hour sessions that teach parents about setting clear expectations, monitoring children, teaching children how to cope with peer pressure, adopting positive conflict management strategies, and enhancing family bonding.

- **The Nurse-Family Partnership Program** involves trained nurses who provide intensive, in-home visits to at-risk, first-time mothers during their pregnancy.

Addressing Diversity and Equity in Prevention and Treatment Efforts

- Ensure youth
  - Feel safe
  - Have basic needs met
  - Feeling secure—understood culturally and not threatened

- Adapting evidence based practices may be needed

- OR- culturally centered approaches may be best approach

When Evidence Based Programs are Not Available

Barriers to implementing evidence based programs:
- Cost
- Training
- Community
- Partner readiness
- Appropriateness to local conditions

Guides to help plan for and deliver <u>researcher based</u> prevention strategies

- **SAMHSA:** Principles of Substance Abuse Prevention: A Guide to Science-based Practices

- **NIDA:** Preventing Drug Use among Children and Adolescents

Common Questions in Evaluation

- Who is being served, and what are their needs?
- How are services triaged or matched to those in need?
- To what extent is a process or intervention being implemented as planned?
- Is there evidence of health disparities, service gaps, or policies that can be addressed to improve implementation?
- How is the degree of implementation related to outcomes?
- What does the intervention cost to implement well?
- Which of two or more approaches are more effective?
- Which of two or more approaches are more cost-effective?

Two Types of Evaluations

Outcome (Effectiveness)

- Measures program effects in the target population by assessing the progress in the outcomes or outcome objectives that the program is to achieve

Process (Implementation)

- Determines whether program activities have been implemented as intended and resulted in certain outputs

Outcome Evaluation Questions

- Which outcomes are being measured and why? (e.g., behavior change or change in knowledge or awareness)

- How will these outcomes be measured, specifically?

- What is the desired proportion of participants who will have undergone a change as a result of the intervention?

- Has this number been reached?

Process Evaluation Questions

- What is required to deliver the program in terms of resources, products, and services?

- How are individuals implementing the intervention trained?

- How are participants selected and recruited?

- What are considered the program's strengths/weaknesses?

- What is the feedback from participants/partners about the implementation of the program?

Planning an Evaluation

- Identify the purpose of evaluation.
- Determine the appropriate approach to evaluation, depending on its purpose and available resources.
- Clearly define resources available and resources needed. This will determine whether evaluation will be conducted internally or by external experts, as well as its duration and follow-up.
- Develop evaluation methodology by identifying:
- Target group(s) for evaluation results
- Parameters for data collection (e.g., sample size, timeline for data collection and follow-up)
- Appropriate questions

Data Collection

- Gather baseline data for future comparison (in outcomes- and impact-based evaluations).

During the Intervention

Data Collection (continued)
- Track how widely materials have been distributed and assess expenditure of time and resources.
- Gather information about intervention recipients.

After the Intervention

Data Collection (continued)
- Conduct post-intervention data collection to compare with baseline.
- Where appropriate, conduct a second wave of data collection at a later point to assess whether intervention effects persist over time and whether changes can be sustained.

Data Analysis and Interpretation
- Analyze data and compare with baseline.
- Interpret evaluation findings.
- Identify implications of findings.
- Report and disseminate evaluation findings.

Types of Data Collection

Qualitative data

- Descriptive and cannot be measured in absolute terms. They can be obtained from respondents' verbal answers to interview questions, focus group discussions, or written commentaries and responses to open-ended questions.

Quantitative data

- Measurable and definable and can be converted into numbers and statistics. They are useful in showing absolute differences in what is being measured, such as percent changed. These data are derived from ratings, rankings, or "yes" and "no" answers to questionnaires. Both types of data are useful.

Where possible, it is often helpful to supplement objective, quantitative measures with more subjective and descriptive qualitative data.

Credibility	Type of evaluation	Cost	Time [2]	Considerations
+	Internal evaluation	$	++++	• Good practice in evaluation. • Internal data collection and reporting. • Generates useful lessons and insights.
	Internally managed, with external input	$$	+++	• Better practice in evaluation. • When done right, will more likely be positively viewed in an external audit. • Results can be shared with wide audience or group of stakeholders, especially when rigor has been validated.
	Externally led, internally supported	$$$	++	• Generally considered best practice in evaluations. • Best for reporting to widest audience or stakeholders.
++++	Independent external evaluation	$$$$	+	• Adds credibility and objective assessment. • Will more likely be positively viewed in an external audit.

Case Study:
Evaluating an Awareness
Campaign around the Use of Designated Drivers

Objective

- To raise awareness about and encourage the use of designated drivers

Target Audience

- Young people of legal drinking and driving ages who are likely to go out and consume alcohol in entertainment areas and venues such as bars, cafés, and nightclubs

Approach

- Information and educational material, including pamphlets and other reading materials and tools developed
- and distributed in venues where young people are most likely to gather

Phase 1: Planning and Inception
The Purpose of Evaluation

This evaluation may have different purposes.

1. To evaluate the impact of campaign on any or all of the following:
    a. Awareness of designated driver concept
    b. Use of designated drivers
    c. Incidence of alcohol-related traffic crashes

2. To share the results of the evaluation with key external stakeholders as a demonstration of responsibility and
commitment to reducing alcohol-related harm.

3. To provide funders with evidence of performance and impact.
It is important to decide what the evaluation is intended to achieve so that it can be crafted accordingly.

Phase 1: Planning and Inception
Identifying Stakeholders

External stakeholders may include:

- The target audience for the campaign, i.e., young people
- Partners who may be involved in developing the promotional materials (e.g., police, health professionals, insurance companies)
- Retail sector—those who own, manage, and work in the venues and establishments where the campaign will be implemented
- Media

Internal stakeholders may include:

- Program funders
- Organization's Board of Directors or governance bodies

Phase 2: Data Collection

The methodology needed for evaluation requires measurement of output, outcome, and impact. The data need to be collected at three different points:

1. Before the campaign
2. During the campaign
3. After the campaign

This allows measurements and data to be compared so as to determine impact

Phase 2: Data Collection
Establishing a baseline

Some possible questions include:
- What is the general level of awareness around drinking and driving?
- What is the level of awareness among respondents around designated driver schemes?
- How many respondents have used / are likely to use designated drivers?
- How many respondents have themselves been designated drivers / are likely to be designated drivers?

There are various ways to gather these data:
- Surveys conducted in premises where campaign was carried out
- One-on-one interviews with target audience, also on premise
- Focus groups drawn from target audience

Information is also needed on the demographics of the respondents.
- What age groups are represented among the respondents?
- What is the gender composition?
- Information on drinking patterns of respondents.
- Information on those who drink and drive.
- Information on those who are familiar with or likely to use designated driver schemes.

Phase 2: Data Collection
Measuring Output

The materials used and the number of respondents targeted should be carefully tracked while the campaign is in progress

- How many brochures or other promotional materials were printed or otherwise produced?
- How many were given to the target audience?
- How many separate venues were involved in promotion?
- How many times was information distributed?

Phase 2: Data Collection
After the campaign

After the campaign is finished, a second round of information-gathering will help with assessment of outcomes (and impact)

- Surveys conducted in premises where the campaign was carried out
- One-on-one interviews with target audience(s), also on premise
- Focus groups drawn from target audience(s)

Phase 2: Data Collection

Measuring outcomes

- Were the materials read by their intended audience? Was there interest in them?

- Are target audience members aware of the campaign and the information contained in the materials?

Phase 3: Reporting and Dissemination

Analysis of Findings

Final Report

Dissemination Strategy

SAMHSA and NIDA Resources

- **"Talk. They Hear You."® Campaign.** SAMHSA's national youth substance use prevention campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use.
  - **https://www.samhsa.gov/talk-they-hear-you**
- **Principles of Substance Abuse Prevention: A Guide to Science-based Practices.** SAMHSA. Definitive guide for infusing principles of effective substance abuse prevention into innovative programs.
  - https://theathenaforum.org/CSAPprinciple
- **Substance Misuse Prevention for Young Adults.** SAMHSA. Guide describes relevant research findings, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers useful resources.
  - https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1
- **Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide.** This brief guide highlights seven evidence-based principles of prevention for use in the early years of a child's life (prenatal through age 8), developed from research funded in full or in part by NIDA. This guide also lists evidence-based prevention and intervention programs that work with different populations and age groups.
  - https://nida.nih.gov/sites/default/files/early_childhood_prevention_march_2016.pdf

Other Resources for Evidence Based Prevention Programs

- **PREVENTION TOOLS What works, what doesn't.** Washington State Health Care Authority- 2019
    - https://www.hca.wa.gov/assets/program/px_tool_what_works_what_doesnt.pdf

- **Prevention Programs for Youth and Families- Rural Health Information Hub.** Provides evidence-based examples, promising models, program best practices, and resources that can be used by your organization to implement substance use disorder prevention and treatment programs. There are seven modules in this toolkit. Each module contains resources and information that your organization can use to develop, implement, evaluate, and sustain rural programs to prevent and treat substance use disorder.
    - https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/prevention/youth-and-families

Registries of Evidence Based Practices

- Substance Abuse and Mental Health Administration's Evidence-Based Practices (EBP) Resource Center
- National Institute of Justice's CrimeSolutions.gov database
- Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps program database
- Community Preventive Services Task Force's Community Guide
- The Surgeon General's Report on Alcohol, Drugs, and Health
- The Washington State Health Care Authority, Division of Behavioral Health and Recovery maintains an up-to-date listing of evidence-based practices on their website for prevention professionals, the Athena Forum. You can view the Excellence in Prevention Strategies list here: TheAthenaForum.org/EBP
- The University of Colorado at Boulder maintains the Blueprints for Healthy Youth Development registry of evidence-based programs at BlueprintsPrograms.com.

Resources for
Evaluation of Prevention Programs

- **A Guide to Evaluating Prevention Programs**
  https://www.iard.org/getattachment/97394c62-d6e5-4837-981e-e44c6690a5a3/tk-evaluating-prevention-programs.pdf

- **Rural Health**
  https://www.ruralhealthinfo.org/toolkits/substance-abuse/5/evaluation-considerations
  - Developing a Logic Model
  - Stakeholder Involvement
  - Evaluation Questions
  - Evaluation Objectives
  - Evaluation Measures
  - Data Collection Tools
  - Barriers and Facilitators

Thank you!

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