

Research-Based Strategies and Approaches

Source: Preventing Drug Use Among Children and Adolescents, A Research-Based Guide, NIDA (National Institute on Drug Abuse), 1997

Prevention Principles for Children and Adolescents:

- **Prevention programs should be designed to enhance “protective factors” and move toward reversing or reducing known “risk factors.”**
- **Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.**
- **Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency, in conjunction with reinforcement of attitudes against drug use.**
- **Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.**
- **Prevention programs should include a parents’ or caregivers’ component that reinforces what the children are learning—such as facts about drugs and their harmful effects—and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.**
- **Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.**

Program Review Criteria

1. **Theory:** the degree to which findings are grounded in sound theory, reflect clearly stated hypotheses, and are operationally relevant
2. **Sampling strategy and implementation:** the quality of sampling design and implementation and strength of evidence concerning sample quality (e.g., data on attrition)
3. **Measures:** operational relevance, psychometric quality of measures used in the evaluation, and quality of supporting evidence
4. **Data collection:** quality of data collection implementation (e.g., amount of missing data)
5. **Fidelity of interventions:** evidence of high fidelity implementation of program, as designed, and sufficiency of dosage (e.g., duration, intensity, frequency) to effect positive change
6. **Analysis:** appropriateness and adequacy of statistical techniques used in analysis
7. **Plausible threats to validity:** degree to which evaluation design and implementation address and eliminate reasonable alternative hypotheses about program effects and warrant strong causal attributions
8. **Integrity:** overall level of confidence in project findings based on the research design and implementation
9. **Utility:** strength of findings and strength of evaluation to determine if findings were consistent with respect to expectations or predictions from theory

- **Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.**
- **Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.**
- **Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.**
- **Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.**
- **Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.**
- **The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.**
- **Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.**
- **Effective prevention programs are cost-effective.**