

NIDA'S 16 Prevention Principles

This month, JNLA focuses on prevention, especially among children and adolescents. NIDA, the National Institute on Drug Abuse, has published the 16 Prevention Principles that are derived from long-term research studies on the origins of drug abuse behaviors. The purpose of this information is to guide parents, educators, and community leaders in their thinking, planning, and delivery of programs at the community level. Prevention programs tend to be designed for specific settings such as school, home, or correctional setting but, through the 16 Principles, can be adjusted to others. Most programs also tend to be designed with a specific target audience in mind such as youngsters who have not yet sampled drugs, or those who are abusers but not yet addicted, or educators, or parent groups.

Principle 1: Prevention Programs should enhance protective factors and reverse or reduce risk factors.

Principle 2: Prevention Programs should address all forms of drug abuse, including the underage use of legal drugs, and the inappropriate use of legally obtained substances (e.g. inhalants).

Principle 3: Prevention Programs should address the type of drug abuse problem in the local community and target modifiable risk factors.

Principle 4: Prevention Programs should be tailored to address risk factors specific to the target population, with a focus on age, gender, ethnicity, etc.

Principle 5: Family-based prevention programs should enhance family bonding and parenting skills, and include role-play and practice in discussing and enforcing family policies on substance abuse.

Principle 6: Prevention Programs can be designed to intervene as early as preschool to address risk factors for drug abuse such as aggressive behavior, poor social skills, and academic difficulties.

Principle 7: Prevention Programs for elementary school children should target improving academic and social-emotional learning to address aggression, academic failure, and school dropout. The following skills have been highlighted: self-control, emotional awareness, communication, social problem-solving, and academic support, especially in reading.

Principle 8: Prevention Programs for middle school and high school should increase academic and social competence via the following skills: communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, and reinforcement of anti-drug attitudes.

Principle 9: Prevention Programs aimed at general populations at key transition points, such as transition to middle school, can produce beneficial effects even among high-risk families and children. These interventions do not single out risk populations and therefore promote bonding to school and community.

Principle 10: Community Prevention Programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

Principle 11: Community Prevention Programs reaching populations in multiple settings - schools, clubs, churches - are most effective when they present simple, consistent messages in each setting.

Principle 12: When communities adopt programs to match their specific needs, or differing cultural requirements, they should retain the core elements of the original research-based interventions which include: structure, content, and delivery (how the program is implemented and evaluated) (Spoth et al, 2002).

Principle 13: Prevention Programs should be long-term with repeated interventions (i.e. booster programs). Research shows that the benefits from middle school prevention programs fade without follow-up programs in high school (Scheier et al, 1999).

Principle 14: Prevention Programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior that then fosters motivation, achievement, and school bonding.

Principle 15: Prevention Programs are most effective when they employ interactive techniques such as peer discussion groups and parent role-playing (Botvin et al, 1995).

Principle 16: Recent and earlier research has shown that for each dollar invested in prevention, a savings of up to \$10 in treatment costs can be realized (Spoth et al, 2002; Aos et al 2001; Hawkins et al, 1999, Pentz, 1998).

Research shows that early intervention can prevent many adolescent risk behaviors. These 16 Principles address all stages of child development and a mix of audiences and settings, including families, schools, and communities.

[A collection of articles on Drug Abuse Prevention Research and the Community is available on request. (Editor)]