

# Substance Abuse Prevention: What's Working to Keep Our Youth Drug Free?

By Houkje Ross

Closing the Gap, Substance Abuse Prevention: What's Working to Keep Our Youth Drug Free?  
June/July 2001

Despite a steady decline in rates of illicit drug and alcohol use, from their peak levels in the late 1970s and early 1980s, there are still more deaths, illnesses, and disabilities from substance abuse than from any other preventable condition, according to a recent Robert Wood Johnson Foundation (RWJF) report entitled, *Substance Abuse: The Nation's Number One Health Problem*.

According to the 1999 National Household Survey on Drug Abuse, the highest rate of lifetime illicit drug use was among American Indians/Alaska Natives at 51 percent, followed by persons of multiple race (42.2 percent), and Whites (42 percent). Contrary to popular belief, the lowest rates of lifetime illicit drug use were found among African Americans (38 percent) and Asian Americans, (20.8 percent). However, many minorities are less likely to receive adequate treatment—therefore, suffering from higher morbidity and mortality rates, according to a report from the National Institute on Drug Abuse's (NIDA) Office of Special Populations.

## Attack from all Angles

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) has identified six factors or 'life domains' that can work to either increase or decrease the risk of an individual becoming a substance abuser. These factors are: society, community, school, family, peer, and individual.

Schools, for example, can work to protect youth by providing a sense of community and creating clear standards and rules for appropriate behavior. But schools can also work to increase the risk of substance abuse if they have lax or inconsistent rules and sanctions regarding drug use and student conduct.

Given the right tools, parents, peers, and the community in which youth live can also play a large part in decreasing the risk of substance abuse. In an effort to increase awareness about what's working to prevent substance abuse, CSAP has identified and made available to the public more than thirty-five

model programs that have been proven to be effective in reducing the risk factors for substance abuse.

All work on more than one domain at a time. For example, parents might be taught about the positive impact of basic trust and clear expectations for their children, while youth themselves are being taught problem-solving skills and the consequences of using drugs.

Central to each program's success is a focus on building caring and supportive relationships, says Steven Gardner, deputy director for CSAP's Division of Knowledge Development and Evaluation of Model Programs. Relationship-building can occur among adolescents and mentors, their peer groups, families, schools, or their community. The model program *Dare to Be You*—which targets preschool youth ages 2 to 5 and their families—focuses on increasing protective factors in the individual and family domains.

continued on page 2>>>>

## Facts to Consider

For minorities, risk factors for substance abuse are often compounded by higher rates of poverty, discrimination, a lack of cultural pride, or a lack of resources—yet minorities are less prone to use drugs than Whites. Consider the following facts from a recent study by SAMHSA's Office of Applied Studies entitled, *Risk and Protective Factors for Adolescent Drug Use*:

- ▶ A larger percentage of African American youth ages 12 to 17 reported that it was easy to obtain cocaine, crack, and heroin relative to the percentage of White or Hispanic youth. Even so, a smaller percentage of African American youth reported use of any illicit drug other than marijuana in the past 12 months than did the other two racial/ethnic groups (5 vs. 11 and 8 percent, respectively).
- ▶ A larger percentage of Hispanics (31 percent) than White (24 percent) or African American (24 percent) youth reported that their parents were not strict about homework, which is considered a risk factor for substance use. But Hispanics (13 percent) and African Americans (13 percent) had lower rates of marijuana use in the past year relative to Whites (16 percent). ❖



# Substance Abuse Prevention: What's Working to Keep Our Youth Drug Free?

By Houkje Ross

Closing the Gap, Substance Abuse Prevention: What's Working to Keep Our Youth Drug Free?

June/July 2001

Specifically, it seeks to increase self-esteem, problem-solving skills, and positive parent-child interactions. At the same time that the program works to increase positive factors, program implementers must deal with the risk factors already present—such as families who are economically disadvantaged, or who have mental health problems.

“It’s a constant push and pull between the positive and the negative factors, with the goal of positive factors outweighing the negative ones,” said Gardner.

Other model programs work to combat the negative impact of other risk factors that increase the likelihood of youth drug use—such as run-ins with the juvenile justice system. The *Residential Student Assistance Program* works with 14- to 17- year-old African American and Hispanic teens to increase protective factors in the peer and family domains. One of the program goals is to create positive relationships with non-drug-using peers.

## Mentors Protect Youth

Using mentors can be a great way to build positive relationships. Philadelphia’s *Across Ages* program, for example, pairs older adults (ages 59 to 85) with middle school youth (ages 10 to 13). Many of the children in the *Across Ages* program live in poverty, experience repeated school failure, and have family members involved in drug use—all factors increasing the likelihood of substance abuse in these children. There are four key components of the program:

- Matching each youth with an adult mentor;
- Providing classroom-based life skills curricula;
- Engaging youth in community service activities; and
- Involving family members in weekend workshops and activities.

“What really makes the program a success, is its ability to build relationships between youth and our mentors,” says Andrea Taylor, Ph.D., program developer and director of Temple University’s Center for Intergenerational Learning. Bob Cockrell, a mentor who works with teens in Illinois, said many of the youth he sees crave adult guidance—often because single parents have to work two or three jobs, which leaves kids home alone.

Mentors from *Across Ages* spend time with the youth in the classroom, or by attending sporting and cultural events. The mentors go through a rigorous screening process and a 2-day pre-service training where they learn about listening skills, the role of a mentor, and how to interact with families, according to Dr. Taylor.

But building a relationship takes time and commitment, notes Dr. Taylor. “Usually it takes about six months for a mentoring relationship to form.” The mentors have to be consistent, spending at least 2 to 3 hours per week of face-to-face time with a youth. It is an ideal situation for the seniors, who usually have more time to give.

“Many at this stage in their life—what sociologist Erik Erikson called Generativity—need to know that their lives have had meaning. This program provides that for our mentors. They tell me they think they get more out of the program than the kids,” said Dr. Taylor.

The program works with African American, Asian, Hispanic, and White youth. “Most of our mentors are African American. For some Asian American families, the concept of outside family support is foreign, so we try to have children of these families spend more time in group activities, which are less threatening to the family,” said Dr. Taylor. But Taylor said color doesn’t much matter to the success of a mentor. “The best mentors are the ones who are nurturing, and who understand the child’s culture, community, and family.”

*For more information on CSAP’s model programs, contact CSAP toll-free at (877) 773-8546 or go to <http://www.samhsa.gov/centers/csap/csap.html> and click on CSAP Model Programs. To contact Dr. Andrea Taylor, call the Center for Intergenerational Learning, Temple University, (215) 204-6970. ❖*

