

Adolescence Substance Use Prevention Strategies: A Review of Key Interventions

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Abstract

The rise in the prevalence of substance use among adolescents has triggered researchers for more studies on substance use and intervention strategies. The aim of the review is to provide a synthesis of effective preventive strategies in the face of multiple and variant literature on adolescent substance use data. A Google Scholar, and PUBMED academic literature published in English from 2012 to 2022 were included. A Google search of Keywords for the search were adolescent, substance use and preventive strategies. The described principles of prevention science provide examples of efficacious preventive interventions. It describes challenges and potential solutions necessary to take efficacious prevention policies and programs. It tends to scale and conclude with recommendations on how to reduce the burden of adolescent substance use mortality and morbidity worldwide through preventive interventions. Effective strategies share common goals with strengthening 'protective factors,' such as well-developed social skills, strong family bonds, attachment, active involvement, community, and religious organizations, while reducing 'risk factors' that increase vulnerability to substance use. In conclusion, several strategies are positive and effective, while some lack acceptable evidence for interventions. These attributes can help resource-constrained nations mount effective control measures against substance use.

Keywords: *Adolescence; Intervention; Substance Use; Strategies.*

Introduction

The rising prevalence of substance use among adolescents has triggered the researchers for more studies on substance use and intervention strategies. As a public health concern, some of these preventive measures were school-based, family-based, digital literacy, incentives, or policies. Some of these strategies were implemented with little or no scientific proof. Studies also identified strategies that do not appear to change the substance use pattern after implementation of the strategy in adolescent population [1]. Many adolescents directed strategies take place in school settings, as schools provides easy access to a large numbers of adolescents. The school environment is judged to be the primary target population for prevention efforts.

In low, middle, and high income (LMHIC) nations, resource constraints is an impediment towards the deployment of successful control measures which targets numerous risk factors and encourages protective factors on primary prevention.

Method

Review involved identifying, locating, appraising, and synthesizing quality research evidence expected clinicians to use to promote an evidenced-based practice. The question that guided the search and selection of the article was, 'What are some of the existing successful intervention frameworks for preventing adolescent substance use prevention?'

Search was conducted in Google scholar, and PUBMED electronic databases. Articles

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published in English from 2012 to 2022 were included. Published studies on adolescent substance use prevention in school, family, and community. The main findings of each study were summarized, and thematic analysis methods were used to analyze the data to identify consistent theme across the studies.

Result and Discussion

A Study [2] reviewed forty-six studies on interventions for adolescent substance abuse such as smoking/tobacco use, alcohol use, drug use, and combined substance abuse. The study found that school-based interventions, particularly those with combined social competence and social norms curricula. They may reduce substance use initiation, frequency and quantity of use, its prevalence, but may not improve long-term outcomes for these substances. [3] Stated that family- or community-based interventions may lower risk of smoking initiation, alcohol use, and drug use, but are not associated with reductions in the prevalence of smoking. They showed improved outcomes for certain programs such as those that focused on parental involvement and social competence while digital interventions, such as mass media or internet-based interventions, may be effective for reducing substance use prevalence and the frequency or quantity of use.

Clear research questions and inclusion criteria, with a search strategy in adequately stated durations have been found necessary in enunciating suitable substance use prevention strategies. A wide range of approaches that involve schools, families, and communities in prevention efforts uses the elements listed above. These key elements are not mutually exclusive, and most of the programs in this report include more than one key element [4]. Prevention education, mentoring and other supervised activities; special interventions for high-risk adolescence; strengthening families; and empowering communities are shown to have proven effective strategies in substance use prevention.

It need to be stated further that those strategies that have been shown to be ineffective in reducing substance use such as counseling students, particularly in peer-group context as it does not reduce substance use or delinquency, offering alternative activities such as recreation and community service activities without additional comprehensive strategies, and other programs focusing on information dissemination, fear arousal with moral appeal as they are, were also said to be ineffective as a prevention strategies [5].

Longitudinal studies have provided an understanding of risk and protective factors and the construction of developmentally appropriate prevention policies and programmes. These have shown short-term and long-term reductions. And scientific progress has also been greatly facilitated by the articulation of a systematic approach to the development, evaluation, and dissemination of preventive strategies, to implement promising intervention strategies. Health promoters or facilitators of the prevention programs need to determine what is already being done, what the current substance use habits within their adolescent population are and assess their resources and capabilities thereby setting goals based on what they want to see happen or achieved [6]. Furthermore, when organizing a team and building capacity, engaging adolescents during the planning and evaluation process leads to stronger interventions [7]. Facilitators should also consider the personal, cultural, and community-based elements of the targeted community and respect the diversity and differences among the population when implementing their substance use strategies [7].

Besides some alternative activities often are regarded as attractive enhancements of prevention programs, including organized sports and elaborate field trips. These attract adolescent participation in community-based prevention programs and are considered as being effective. The implication is that other activities, which may be more essential components may be

interpreted as unscientific. A national cross-sectional evaluation of community prevention partnerships conducted by CSAP found that alternative activities were cited as the single largest expense in terms of their relative cost. Drug-free recreational and cultural activities often appear to dominate the agenda of community-based substance use prevention but in respect to cost, seems less effective.

The Center for Substance Abuse Prevention believes in conducting more focused research to resolve the issue of the appropriate role for alternative activities in the overall prevention agenda [6]. In the Drug Abuse Resistance Education (DARE) its affirmation does not work to reduce substance use. They posit that program's content, teaching methods, and use of uniformed police officers rather than teachers might each explain its weak evaluations. No scientific evidence suggests that the D.A.R.E. core curriculum as originally designed or revised will reduce substance use in the absence of continued instruction, focused more on social competency development. Any consideration of D.A.R.E.'s potential as a prevention strategy should place D.A.R.E. in the context of instructional strategies in general as it is confirmed empirically that no instructional program is likely to have a dramatic effect on substance use.

In studies involving "information dissemination" approaches which teach primarily about drugs and their effects, "fear arousal" approaches that emphasize the risks associated with drug use, "moral appeal" approaches which teach students about the evils of use, and "affective education" programs which focus on building self-esteem, responsible decision making, and interpersonal growth are largely ineffective for reducing substance use. On the contrary, approaches that include resistance-skills training to teach students about social influences to engage in substance use and specific skills for effectively resisting these pressures alone or in combination with broader-based life-skills training do reduce substance

use. Curricula which focus on general life skills are typically longer than those which focus only on social resistance skills [8].

Information Dissemination Strategy

This provides awareness and knowledge of the nature and extent of substance use and their effects on individuals, families, and communities. It provides knowledge and awareness of available prevention programs and services characterized by one-way communication from the source to the audience. It has limited contact between the two. Activities conducted and methods used for this strategy include Clearinghouse/information resource center(s), Resource directories, Media campaigns, Brochures, Radio/TV public service announcements, speaking engagements, Health fairs/health promotion and Information line [9].

Education Strategy

This is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities. The study reveals a statistically significant improvement in the mean score of knowledge of students [10].

Environmental Strategies

This is aimed at **the** establishment or changes of written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Employing the Promotion of or the establishment or review of substance use policies in schools to be useful it must provide technical assistance to communities towards maximizing local enforcement procedures governing the

availability and distribution of substance use. They modify advertising practices and product pricing strategies [9].

Environmental strategy is shown to affect the incidence and prevalence of substance usage in the general population by establishing or altering both written and unwritten societal standards, codes, and attitudes. These strategies though allow for differentiation between initiatives focused on law and regulation and those that are service- and action-oriented initiatives. Call for critical examination of the communal laws and change in policies—to reduce risk factors and increase protective factors.

Community-Based

This strategy aims at enhancing the ability of the community to be more effective in providing prevention and treatment services for substance use, organizing, planning, and enhancing efficiency and effective service implementation. Several studies have examined the effect of community interventions on youth alcohol consumption across different international contexts, including for example Australia [11], Canada, Iceland, the Netherlands, Sweden, and the USA [12]. According to Zohreh, et al. [13], their results showed a significant reduction in cigarette use at the initial follow-up (6 months) and alcohol use at the first 2 follow-ups (up to 1.5 years); they concluded that a primary prevention programme could reach and influence high-risk adolescents. Here, a strong focus has been directed towards changing social norms and attitudes relating to underage drinking among adolescents [11]. The various principles of primary prevention in substance use show merits when varied intervention strategies are employed over a single selective, or targeted approach. Although evidence for effectiveness exists for various prevention programs in high-income countries (HICs), research from the developing world remains scarce. LMICs interpret interventions from HICs in the light of such findings there is a need to outline and understand the best pathways for

prevention in the various settings, [11] thereby severely limiting prevention activities. Further, the low- and middle-income nations have a substance use policy [14] documenting the national vision and will for a solution to the problem. In these countries, supply reduction as a means of curbing drug use is employed which requires a more concerted effort in terms of laws and policing [15][16], the effectiveness of such interventions from LMICs is currently insufficient to formulate recommendations although some comparative studies and narrative reviews exist [17].

Biblical Counselling Strategy

This is a cognitive method of counseling in which a counselor educates his client with prepared handouts. In it, emphasis is laid on the dangers of drug abuse and practical ways (self-management techniques) that can assist in averting drug abuse/addiction [36]. This, according to [18], prepares the students for future activities and sustainable democracy. Teachers, parents, and guardians can be trained in the act of identifying drug addicts. Signs such as violence, un-cooperative attitude, sudden and dramatic change in discipline, academic work and attendance, neatness, and negative attitude like irrational flare-ups [19]. Drug abusers identified should be referred to a counseling psychologist through drug-free club, who can educate and actively engage the youths in more purposeful activity [20].

School-based

Schools are the focus of most attempts to develop and test evidence-based approaches to adolescent drug abuse prevention. School-based efforts are efficient in that they offer access to large numbers of students. However, many initial attempts at prevention were ineffective because they focused primarily on lecturing students about the dangers and long-term health consequences of substance use [21]. Schools play a fundamental part during intervention program using drug-free clubs, displaying

drama, role play [22] since the most common and utilizing strategy in Nigeria is the use of school counselor. There was some benefit of these programs for decreasing both the quantity of alcohol consumed (effect size (d+random): 0.13, 95% CI 0.07 to 0.19) and the frequency of drinking days (effect size (d+random): 0.07, 95% CI: 0.02 to 0.3) among first-year college students. Since there was no association between school-based programs and heavy drinking or alcohol-related problems, it showed seeming ineffectiveness [23]. However, School-based Interventions were associated with some prevention outcomes (uptake or prevalence of use) including lower risk of substance intake (follow-up under 12 months). There was also an association with decreased frequency and quantity of alcohol use. Lifetime alcohol use and smoking prevalence at long-term follow-up (grade 12, or 18 years of age) were not significantly different. Interventions that combined social competence (e.g., self-esteem, coping, problem solving) and social influence curricula (e.g., dealing with peer pressure, refusal) were associated with improved outcomes, and information-only interventions were ineffective [23]. Other salient interventions include as highlighted below: -

Incentive Interventions

Incentive Interventions consist of rewards in the form of contests, competitions, lotteries, contingent payments, or rewards to third parties such as schools. The review found no association between incentives and smoking uptake at the longest-reported follow-up. Overall, the review by [2] did not find benefits for incentives to prevent substance use and did not find evidence addressing incentives to prevent other substance use [24].

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Strategic Prevention Framework to support effective action to promote mental health and to prevent substance use among people underage [20].

Peer education

Peer education in this strategy, adolescent representatives are selected and trained. It is a cautiously planned and implemented strategy that provides the adolescents with information relating to them with the hope that they will share the information among themselves [25]. The selected and trained adolescent, peer educator, discourage the buying and selling of illicit drugs [22]. Positive peer influence refers to the beneficial impact that friends and peers can have on each other's behaviors and choices. In the context of preventing adolescents from misusing drugs, positive peer influence plays a crucial role in promoting healthy and drug-free lifestyles. Encourage healthy peer interactions and social connections. Teenagers who receive a lot of social support from their peers and practice good habits are less prone to abuse drugs.

Life skill

According to [26] life skills is the abilities that help to promote mental well-being and competence in young people as they face the realities of life. Life skills (LS) also called psychosocial competency are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands, challenges, and stress of everyday life [27]. Therefore, life skills enable adolescents to engage in actions that help them refuse drug abuse, promote health and participate in meaningful social relationships. [28] suggested that the concept of life skills emanates from the inherent desire of mankind to lead a fulfilling life in harmony with the environment. From the above concepts, life skills can be seen as acquired skills that enable adolescents to develop behavioral and social competencies that enhance their development and good interpersonal relationships.

The program has attained several successes in improving self-esteem, developing healthy attitudes, increasing awareness of overall life skills, and in all, promoting positive and healthy personal development [29].

Policy Level Interventions

Most developing nations allocate less resources which significantly restrict preventative efforts. Low- and middle-income countries have a substance use policy, [8] typically employing supply reduction as a strategy to reduce drug consumption, establish an age restriction for purchasing, banning advertising, limiting access, and enforcing laws against drinking and driving. More coordinated efforts in terms of regulations and policing are necessary to reduce the supply of illicit narcotics [30].

Population-level Interventions

Population-level interventions to increase health literacy (knowledge, recognition, and management) and reduce stigma associated with substance use have been shown to be effective in HICs and some LMICs, especially when delivered by media personalities or nationally recognizable public figures [30].

Treatment and Care Interventions

This is used if prevention wasn't successful. Early treatment of substance use disorders prevents not only subsequent physical complications from the current drug use but also escalation to other harder substances or dangerous patterns of drug use such as injection drug use and overdose. Effective treatment prevents additional secondary detrimental life events such as job and economic loss, family dysfunctions, incarceration, and legal infringements [31].

Single Session Interventions

Single-session interventions are quick, targeted treatments intended to deal with a single issue or pattern of behavior in a limited amount of time.

Single-session interventions are short interventions that are intended to prevent or lessen drug use in this demography when it comes to preventing drug use among teenagers [32].

These interventions are often provided by qualified professionals, such as counselors, educators, or healthcare experts, in a one-on-one or small group setting. Teenage drug use prevention is unlikely to be successfully achieved with brief, one-time interventions without ongoing support.

Abstinence-only Education

This approach often applies to topics like sexual education and drug use, where individuals are told to avoid engaging in the behavior entirely. While abstinence is a valid option, providing comprehensive information about risks and safer alternatives tends to be more effective in reducing negative outcomes [33].

One-size-fits-all Interventions

Using the same prevention strategy for all individuals or communities without considering their specific needs, cultural context, or risk factors may not be effective. Tailored and targeted interventions are more likely to succeed [34].

Zero-tolerance Policies

Zero-tolerance policies preventing the use of drugs among adolescents refer to strict and uncompromising approaches that enforce severe consequences for any form of drug use or possession. These policies are designed to send a clear message that drug use is not acceptable under any circumstances, and violations will result in severe penalties, such as suspension, expulsion, legal action, or involvement with law enforcement [35]. Strict zero-tolerance policies that focus solely on punishment and disciplinary measures may deter some, often fail to address the underlying reasons for substance use experimentation and addiction.

Summary and Conclusion

Preventive strategies reviewed showed a strong influence on the substance use across the populations and particularly in adolescence. This strongly suggests that preventive strategies as an

intervention are useful in preventing adolescents from drug abuse. Also, there was a remarkable value added on knowledge on prevention, perception, and reasons for misusing drugs. This indicates that training youngsters would be a better approach in winning the war against drug abuse despite a persistent lack of scientific evidence for their efficacy. Given that, the prevailing burden and impact of drug abuse in children and adolescents is on the increase, effective interventions and delivery platforms for enhancing social skills, problem-solving skills, and self-confidence must be identified and implemented.

However, the stakeholders and authorities should consider some factors before selecting the appropriate intervention because of cultural and religious differences. Also, age and educational exposure are vital factors that should be considered before choosing any intervention strategy.

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