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Prevention, family, and community

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ABSTRACT

Keywords:

Community support

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The “Prevention, family, and community” session was chaired by Dr Joseph Jrer-Serk Cheng, who is an expert in community psychiatry and mental health policy and is Superintendent of the Bali Psychiatric Center in Taipei. Dr Shu-Lung Yang, Dean of Student Affairs and Professor/Director of the Crime Research Center, National Chung Cheng University in Chiayi, Taiwan, served as the discussant. The two presenters were Dr Louise Ann Rohrbach, who presented on “Prevention of alcohol and other drug abuse: Science, practice, critical issues, and future direction,” and Dr Dennis Daley, who spoke on “Family and social aspects of drug abuse: Implications for treatment and recovery.” Dr Rohrbach is Associate Professor of Preventive Medicine and Director of the Master of Public Health (MPH) Program at the University of Southern California (USC) Keck School of Medicine, Los Angeles, CA, USA. Dr Daley is Professor of Psychiatry at the University of Pittsburgh School of Medicine in Pittsburgh, PA, USA.

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1. Introduction

To control substance use and to increase recovery rates, prevention interventions and family involvement are essential. Furthermore, resources are needed to sustain the efforts and cooperation between the fields of prevention practice, medical care, supervision, and psychosocial interventions.

2. Presentations

Dr Louise Rohrbach’s talk covered the epidemiology of substance use, primary prevention approaches, and evidence-based interventions, and she concluded with future

directions for prevention research. Several recent surveys have shown that the substances most used by adolescents in the USA are cigarettes, alcohol, and marijuana, followed by other substances such as amphetamines and tranquilizers; prescription drug use is a more recent problem among this age group. Therefore, drug abuse prevention often targets the use of “gateway” drugs such as tobacco and alcohol by adolescents and young adults, because the use of these substances typically precedes use of marijuana and other illicit drugs. Also, multiple levels of risk and protective factors for substance abuse need to be targeted or considered, including individual (perceptions of risk, attitudes, temperament, delinquency, and demographic factors), peer (friends’ use and perceived norms), family (family management and conflict, and parents’

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attitudes), school (commitment to school and academic performance), community (drug availability), and some more general factors (social support and religious beliefs).

The primary aims of prevention programs targeting adolescents generally include: (1) delaying initiation (onset) of drug use, and/or (2) reducing the frequency and amount of drug use among those who have initiated use. Years of prevention research have provided evidence for many effective prevention programs that have been designed to be delivered in specific settings, for example, school-based (Good Behavior Game [1], Life Skills Training [2], and Project Towards No Drugs [3]); family-based (Nurse Family Partnership [4] and Strengthening Families Program [5]); and community-based (Mass Media Campaigns [6] and The Midwest Prevention Program [7]). Nevertheless, these evidence-based programs are not widely used. In order to incorporate current knowledge into practice and achieve population-level impact, evidence-based interventions must be translated or implemented widely, with a high level of quality and in a broad range of schools and communities [8]. A key challenge is to build the necessary infrastructure and capacity in health and social service delivery systems to take evidence-based interventions to scale. Research is needed to address how best to translate effective interventions into wider practice. In addition, there is a need to develop new and more effective interventions, including those that are more comprehensive and address risk factors associated with multiple problem outcomes (such as substance use and risky sexual behavior).

Dr Dennis Daley emphasized that drug abuse has an adverse effect on the individual drug abuser as well as his/her family (or significant others). Numerous family and social problems are caused or worsened by drug abuse. Dr Daley's presentation reviewed these effects, as well as treatment approaches to help drug abusers and their families, and specific recovery issues related to social and family functioning. Specifically, there are many evidence-based treatment approaches that address family and social issues, including individual therapy (e.g., cognitive behavioral therapy and individual drug counseling), group therapy (group drug counseling and group relapse prevention), the Matrix Model, relapse prevention, and marital and family therapies. Dr Daley stressed the importance of addressing the social aspects of treatment and recovery, such as family and social relationships, support systems, community supports, and social skills. The presentation was based on information from evidence-based practices and recovery literature, with a focus on the roles of professional services as well as community-based mutual support programs. Greater detail can be found in the paper by Daley [9] in this special issue.

3. Discussion

Based on the two presentations above and further examination of his own previous studies, Dr Shu-Lung Yang provided the following comments and suggestions. The two papers addressed prevention research and practice, and family and social issues in the treatment of addiction and recovery. Both presentations did a good job of providing scientific evidence and dealing with the prevention and psychosocial

interventions in a practical way. Dr Rohrbach reviewed her research regarding prevention efforts and science-based prevention, and Dr Daley revealed the complexity of family and social issues related to the treatment of addiction and recovery. These two papers indicated that both prevention and psychosocial interventions for drug users are important. However, drug addicts today are facing a more complex environment and societal scorn, which are more challenging than previously experienced. All of these challenges require the cooperation of the government, the private sector, and citizens. Both the research covered and the presentations were fascinating in their elaboration of the complex prevention and family and social issues for drug offenders, said Dr Yang.

Dr. Yang then offered his research and experience regarding prevention research and family and social issues facing drug addicts as follows.

- (1) The first step for prevention is the "promotion of health" concept. The former Executive Director of the United Nations Office on Drugs and Crime (UNODC), Antonio Maria Costa, in his address for World Drug Day in June 26, 2009, pointed out that each year ~5 million people die from smoking, 2 million from alcohol consumption, and 200,000 from substance abuse. Therefore, said Dr Yang, substance abuse should be seen as a health problem that can be prevented and controlled. In particular, substance abuse in Taiwan requires further efforts.
- (2) Secondly, prevention is better than cure and should be further promoted. Research from the United States National Institute on Drug Abuse (NIDA) tells us that every dollar spent on prevention saves \$10 in health, social, and crime expenses [10].
- (3) Science-based prevention means working with families, schools, and communities. Yury Fedotov, the current UNODC executive director (2013/03/13), mentioned that the UNODC showed its value at the 56th Session of the Commission on Narcotic Drugs through its release of the *International Standards on Drug Use Prevention*, which recognizes that science-based prevention means working with families, schools, and communities.
- (4) Effective prevention requires creativity within programs as well as public awareness and participation. The ECHINACEA CAMPAIGN in Taiwan, which includes nongovernmental organizations and universities, tends to be creative in its approach to substance abuse prevention. The campaign is tailored to the needs of young people and is in accordance with Taiwan's current social, religious, and recreational activities. Nevertheless, more resources should be sought to sustain its long-term efforts. With regard to the complex family and social issues facing drug addicts, efforts should be made to improve the quality of psychosocial interventions – in particular, ones to deal adequately with financial and co-dependency problems, improve family attachments, and help solve employment problems. All of these efforts require investment of resources.
- (5) As for the situation in Taiwan, the Taiwan government has added an extra division – "psychosocial intervention" – to the classification of the National Strategy for Fighting Substance Abuse at the Executive Yuan level. This division

is related to psychosocial interventions. Nevertheless, the necessary professional personnel and budget have not yet been endorsed and instituted. This requires a further plan of action.

- (6) Furthermore, for the Taiwan government, the Drug Prevention/Control Center has launched a series of prevention and family interventions for drug offenders; however, these have not yet been fully implemented. They require further action and expansion to schools and the community. The local government should invest more and adequately address this issue based on scientific evidence.
- (7) Hong Kong and Macau have done a good job in psychosocial interventions, and they see drug users as patients. In Taiwan, the view of drug users combines the criminal and patient side. This makes medical and prevention practices for substance abuse more difficult. In the long run, for drug users to successfully return to society, a change in their legal status is necessary.
- (8) The effects of psychosocial interventions have been evaluated in some advanced countries; however, the scientific evidence for the relevant programs is largely unknown in Taiwan. Therefore, there is an urgent need to conduct evaluative research to improve psycho-social interventions in this area.

In summary, the above two papers have revealed important information about prevention and psychosocial interventions for drug addicts. In accordance with Dr Yang's viewpoint, the better the resources for psychosocial prevention and intervention, the more prosperous will be the results. As NIDA has indicated, there is a 10 to 1 savings from substance abuse prevention and treatment efforts with regard to social and criminal costs. In the case of Taiwan, a comprehensive plan and a reallocation of resources are required in this area. Second, the best model for controlling substance abuse and increasing recovery rates is cooperation between the fields of prevention practice, medical care, supervision, and psychosocial interventions; all of which are important at this moment.

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