Looking Over the Wall—The Professionalization of the Field of Prevention

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January 19, 2021
Defining Prevention Science

- Prevention science identifies:
  - the determinants of behaviors that protect or put at risk the social, emotional, and physical health of individuals, families, communities;
  - the processes as to how these determinants operate; and,
  - the strategies that effectively intervene when trajectories are negative and reinforce those trajectories that are positive.

Sources: Standards of Knowledge for the Science of Prevention, Society for Prevention Research, 2011; APSI, 2019; National Prevention Science Coalition, 2019.
The Wall - The Target

Human Behaviors

Positive/Protective Behaviors

Negative/Risky Behaviors
Is multi-disciplinary including the epidemiological, social, psychological, behavioral, medical, statistical, and neurobiological sciences.

Requires a TRANSDISCIPLINARY TEAM.
• U.S. Society for Prevention Research--1991
• Science of Prevention first noted in a journal article—Coie et al., American Psychologist, 1993 but not defined until 2019
• Standards of Knowledge for the Science of Prevention—U.S. Society for Prevention Research—2011
• EU Society for Prevention Research—2010
• New Groups in Australia, Brazil, Others?--2000
Prevention Science Growing Up
To Achieve “Adulthood” as a Field Prevention Science Must Be Accepted Internationally

PREVENTION SCIENCE

Research  Practice

Is multi-disciplinary

Is delivered by transdisciplinary teams

AND

Is International
Next Steps
The Establishment of a Profession

- Systematic body of theory, knowledge, skills, and competencies
- Authority to define problems and their treatment;
- Community sanctions to admit and train its members;
- Ethical codes that stress an ideal of service to others;
- A culture that includes the institutions necessary to carry out its functions.
History of Medicine as a Framework

- Anatomy
- Biochemistry
- Biomechanics
- Biophysics
- Biostatistics
- Cytology
- Endocrinology
- Epidemiology
- ETC....
From 460 BC till the 19th and 20th Centuries (over 2000 years)
Modern Medicine

• 19\textsuperscript{th} century and explosion of science
• 20\textsuperscript{th} century reliable prescription drugs
  – separation from church and the medical field
  – penicillin used to curb sickness
  – modern surgery was coming of age
  – medical curricula and medical schools established
  – modern medicine became an international profession
CAN WE SPEED UP THE PROCESS FOR PREVENTION?
Prevention Profession—A Start
✓ Systematic Body of Theory, Knowledge, Skills, and Competencies

- U.S. and E.U. Societies for Prevention Research
- European Drug Prevention Quality Standards
- International Certification & Reciprocity Consortium
- APSI-Universal Prevention Curriculum
✓ Ethical Codes That Stress An Ideal of Service To Others

- Prevention Think Tank (IC&RC)
- European Drug Prevention Quality Standards
• Definition of prevention-no universally accepted definition
  – SAMHSA-Strategic Planning
  – European Drug Prevention Quality Standards
  – Most embraced is from the United Nations Office on Drugs and Crime

  “Prevention is the application of prevention science to address the health and safety of individuals through improving socialization processes to enhance self-realization and participation in society.”
Authority To Define Problems And Their Treatment (2/2)

- Evidence-based Prevention Interventions and Policies-no universally accepted guidance
  - Registries (BluePrints, EMCDDA Portal)
  - UNODC International Standards for Drug Prevention
Evidence of Limited EBI Implementation
What Do We Know About The Delivery of Evidence-Based Prevention?
Limited Implementation of EBIs — US Surveys (1/3)

- In 2002, **only 19% of school districts** were implementing a “research-based” curriculum with fidelity

**All US School Districts**

- Schools using research-based curricula
- Schools not using research

Source: Halfors & Godette, 2002.
Limited Implementation of EBIs — US Surveys (2/3)

• In 2005, 42.6% of middle schools (grades 5-8; ages 11-14) used an evidence-based program; up 8% from 34.4% in 1999

• From 2001 through 2006, 36.5% of schools offered a “named” EBI in the 7th grade

Sources: Ringwalt et al., 2009; Sloboda et al., 2008.
Limited Implementation of EBIs — US Surveys (3/3)

• In 2005, 10.3% of high schools (grades 9-12; ages 15-18) used evidence-based programs

• Many non-EBI activities were made available to students in class lessons, assemblies, and group activities
  – 49.2% of schools offered these activities in 7th grade
  – Increases to 80% with 11th grade students

Source: Ringwalt et al., 2008; Sloboda et al., 2008;
## Challenges to Getting Evidence-Based Prevention to Those Who Need Them

- Knowledge gaps
- Stigma
- Access to care
- Workforce shortages

- Quality of care and variation in practice
- Fiscal performance
- Payment landscape
- Cultural competency, language, social competency, and related issues

Community Sanctions To Admit And Train Its Members-not Systematic

• No standardized training
• No central credentialing and licensing organization
  – IC&RC
  – U.S. States
  – Other Countries-varies
Challenges-Who are the Workers on the Ground?

- Those who self-identify as prevention professionals
  - Diverse educational levels and focus
  - Diverse prevention experiences
- Those who do not self-identify as prevention professionals but are doing prevention-related work
  - Direct service professionals-social workers, psychologists, teachers, family workers, health workers, law enforcement officers, etc.
Substance Use Prevention—A Start

✓ Systematic body of theory
  – AND with the knowledge, skills, and competencies
    • European Drug Prevention Quality Standards
    • APSI-Universal Prevention Curriculum
  • Authority to define problems and their treatment
  • Community sanctions to admit and train its members—not systematic
✓ Ethical codes that stress an ideal of service to others
  – Prevention Think Tank (IC&RC)
  – European Drug Prevention Quality Standards
! A culture that includes the institutions necessary to carry out all of its functions
  – International Consortium of Universities for Drug Demand Reduction
Reaching Out and Being Inclusive--Formation of an International Workgroup

• The Societies for Prevention Research-U.S. and EU and Others
• The International Consortium of Universities for Drug Demand Reduction
• Other related organizations-Public Health Associations, societies on related fields such as sociology, social work, psychology, criminology, violence, sexually transmitted diseases, suicide,
International Consortium of Universities for Drug Demand Reduction
Kimberly Johnson, Ph.D.
Executive Director
ICUDDR
ICUDDDR Goals and Purpose

1. Network Development: Develop a network of universities that are engaged in the design and implementation of academic curricula and programs in addiction prevention and treatment studies.

2. Education: Engage students and addiction professionals in academic programs of addiction studies and continuing education, promoting career opportunities in prevention and treatment.
ICUDDR Goals and Purpose


4. University-Community Outreach: Enhance partnerships among university programs in addiction studies, addiction professionals, and the addiction science research and practice communities.
5. Advocacy:

• Provide advocacy within universities for the development of academic programs in addiction studies.
• Advocate for policy change to support the development of academic programs in addiction studies, and to enhance addiction prevention and treatment services.
• Develop and advocate for guidelines and standards for academic programs in addiction studies.
Thank you!!

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Next Steps-Discussion