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**INTER-AMERICAN DRUG ABUSE
CONTROL COMMISSION
CICAD**

Secretariat for Multidimensional Security

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**TOWARDS AN INFORMED SELECTION AND IMPLEMENTATION OF EVIDENCE-BASED PREVENTION PROGRAMS FOR
REDUCING SUBSTANCE USE IN ADOLESCENTS**

Towards an informed selection and implementation of evidence-based prevention programs for reducing substance use in adolescents

Eric C. Brown and Pablo Montero-Zamora
University of Miami, Department of Public Health Sciences

Sixty-sixth regular session – CICAD / OAS



Content

- Basic concepts of risk
- Risk and protective factors for adolescent problem behaviors and drug use
- Risk and Protective Factor Approach
- Identifying high risk groups
- The Community Diagnostic Model
- Prevention systems and program selection and implementation

Risk Factors



- **Measureable characteristics** in the individual, group, or environment that **predict and are associated** with a **health outcome** (Kraemer et al., 1997)



Type of Risk Factors



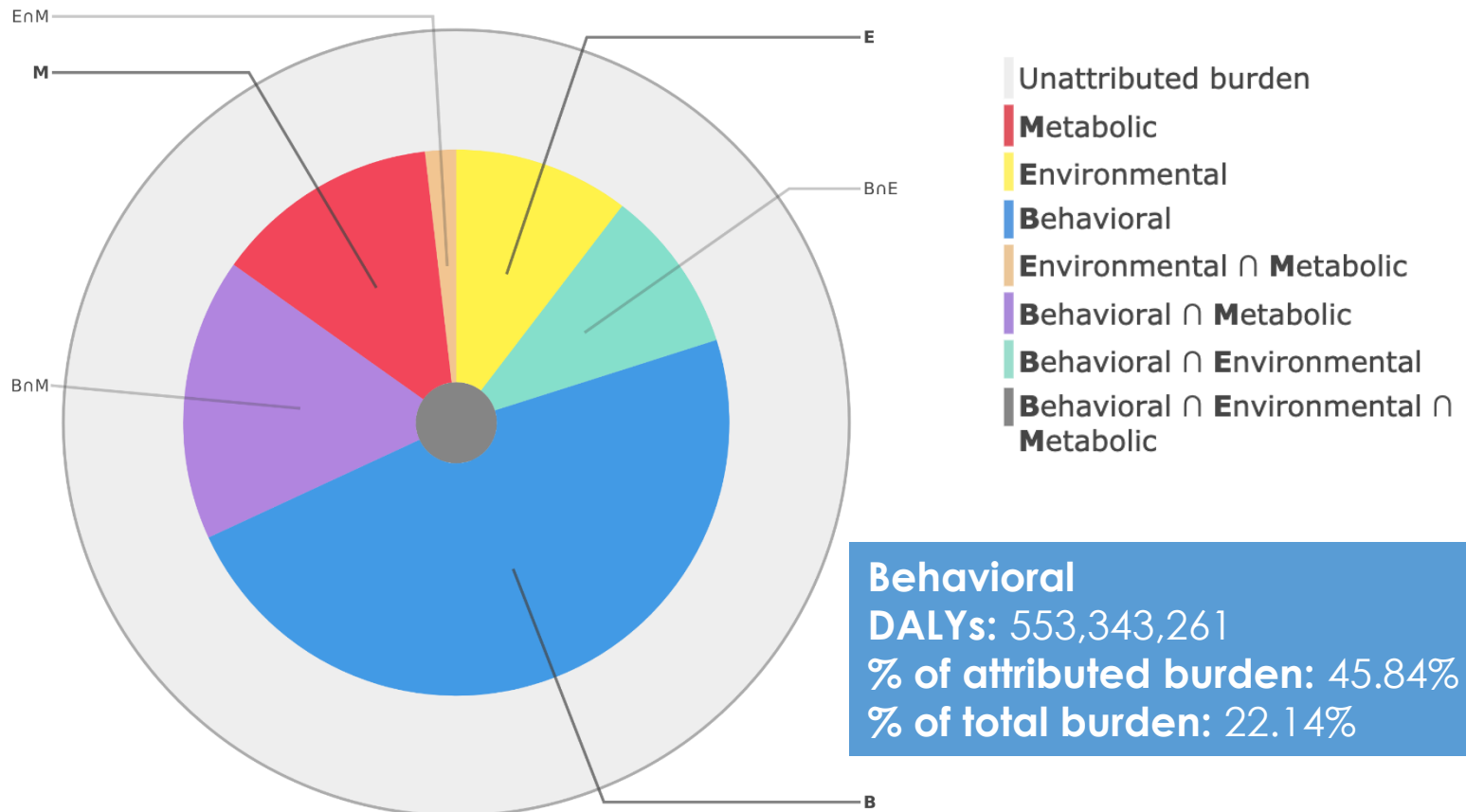
- **Causal risk factor:** “A risk factor that, when changed, is shown to change the outcome” (Kraemer et al., 2001)

Example → unprotected sexual activity and sharing of needles are causal risk factors for acquired AIDS



Burden of Disease Attributable to Risk Factors

**All causes attributable to Risk Factors
Global , Both sexes, All ages, 2017, DALYs**



Risk Factors for Health Problems / Burden of Disease



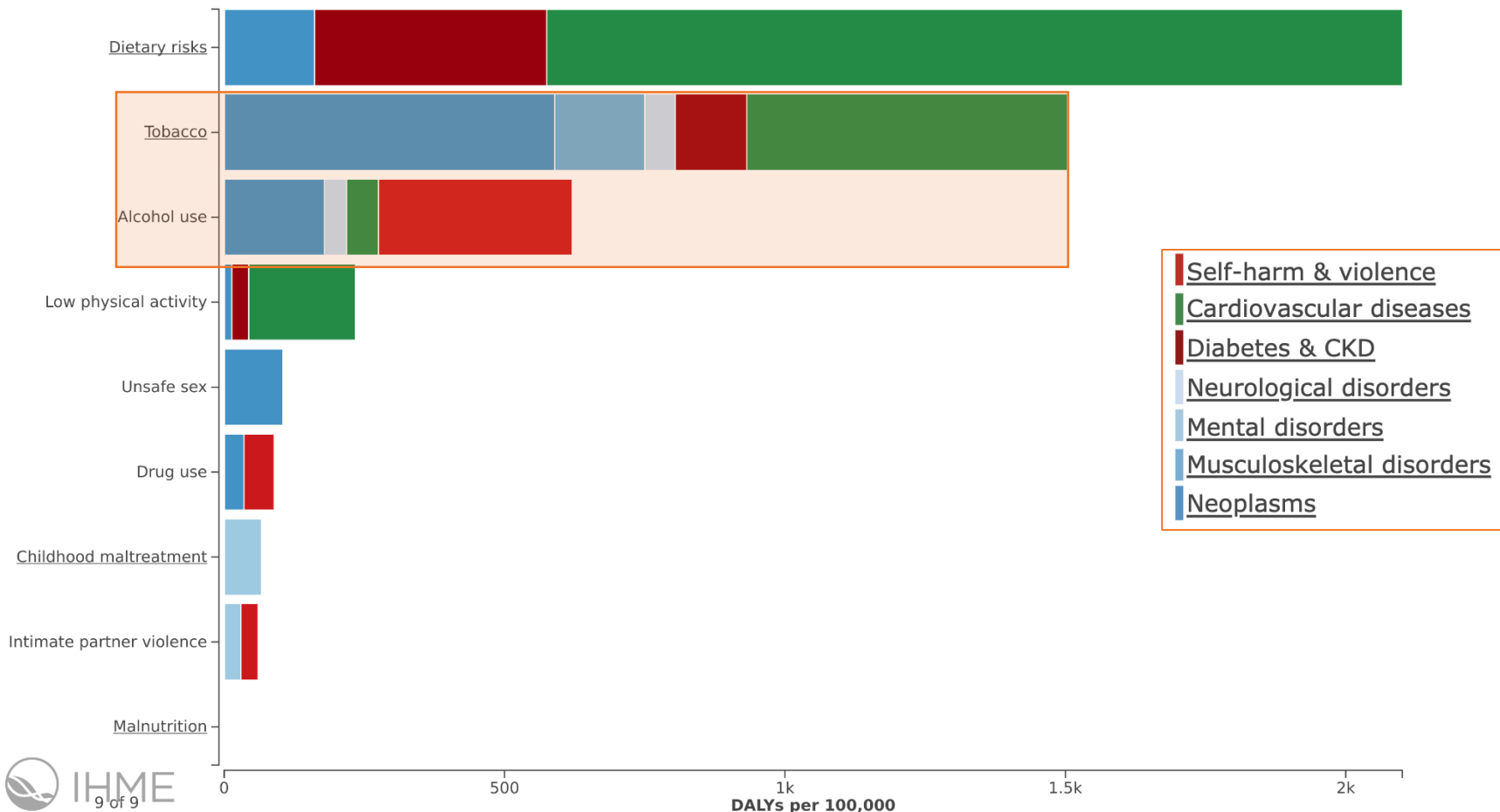
Top 6 causes of health loss. Region of the Americas and Risk Factors, Both sexes, 2017, DALYs

Risk Factors	Cardiovascular diseases	Cancer	Musculoskeletal disorders	Mental disorders	Neurological disorders	Diabetes
Illicit Drug Use	?	✓	?	✓	✓	?
Heavy Alcohol Use	✓	✓	?	?	✓	✓
Cigarette Smoking	✓	✓	✓	?	✓	✓
Overweight / Obese	✓	✓	✓	?	?	✓
Physical Inactivity	✓	✓	?	?	?	✓
Poor Diet	✓	✓	?	?	?	✓
Family History	✓	✓	✓	✓	✓	✓

Source: IHME, Global Burden of Disease, 2019

Risk Factors for the Top 7 Health and Behavioral Problems in the Americas/ Burden of Disease

Region of the Americas, Both sexes, Age-standardized, 2017, DALYs



Source: IHME, Global Burden of Disease, 2019

Risk Factors for Adolescent Problem Behaviors



Risk Factors—Community Level	Substance Abuse	Delinquency	Teen Pregnancy	School drop-out	Violence
Availability of drugs	X				X
Availability of firearms		X			X
Community laws and norms favorable towards drug use, firearms and crime	X	X			X
Media portrayals of violence					X
Transitions and mobility	X	X		X	
Community disorganization	X	X			X
Extreme poverty	X	X	X	X	X

Risk Factors for Adolescent Problem Behaviors



Risk Factors—Family Level	Substance Abuse	Delinquency	Teen Pregnancy	School drop-out	Violence
Family history of the problem behavior	X	X	X	X	X
Family management problems	X	X	X	X	X
Family conflict	X	X	X	X	X
Favorable parental attitudes and involvement in the problem behavior	X	X			X

Risk Factors—School Level					
School failure beginning in the late elementary school	X	X	X	X	X
Lack of commitment to school	X	X	X	X	X

Risk Factors for Adolescent Problem Behaviors



Risk Factors—Individual Level	Substance Abuse	Delinquency	Teen Pregnancy	School drop-out	Violence
Early and persistent antisocial behavior	X	X	X	X	X
Rebelliousness	X	X		X	
Friends who engage in the problem behavior	X	X	X	X	X
Gang involvement	X	X			X
Favorable attitudes towards the problem behavior	X	X	X	X	
Early initiation in the problem behavior	X	X	X	X	X
Constitutional factors	X	X			X

Promotive Factors



- Characteristics and activities that motivate people to take control and improve their health (the opposite of a risk factor)



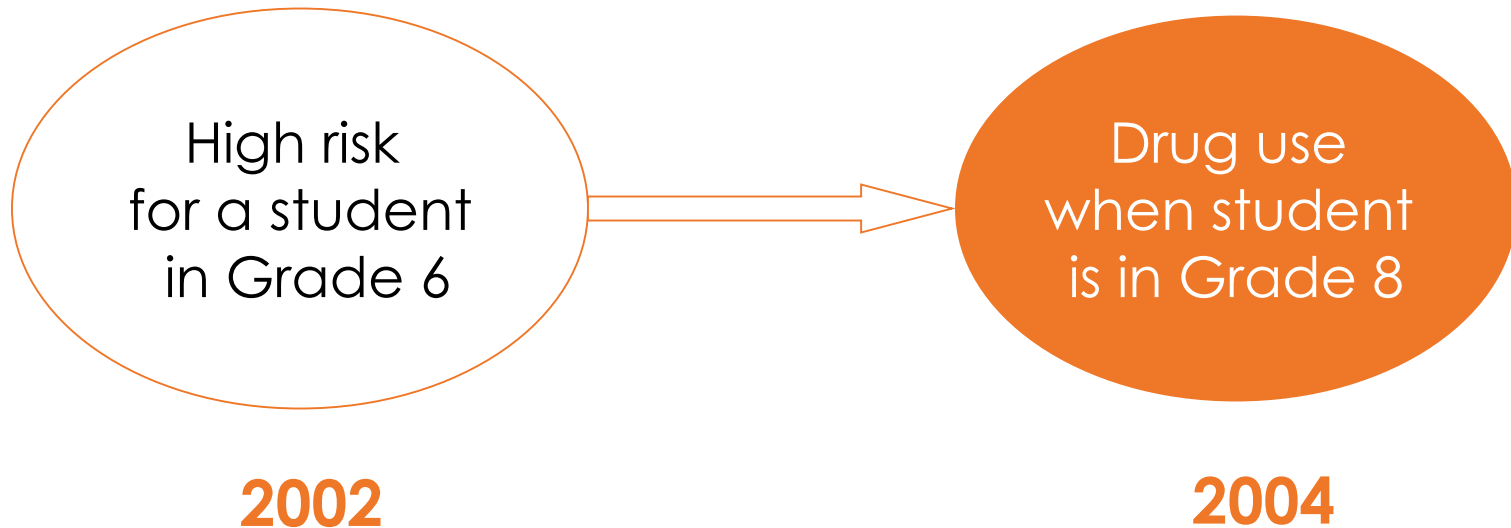
Protective Factors



- A characteristic or process that impedes, moderates, or buffers the effects of a risk factor on an outcome
- Considered by some to be the directional opposite of risk factors: “... characteristics ...that are associates with a lower likelihood of problems outcomes” (O’Connell et al., 2009, Chapter 4)

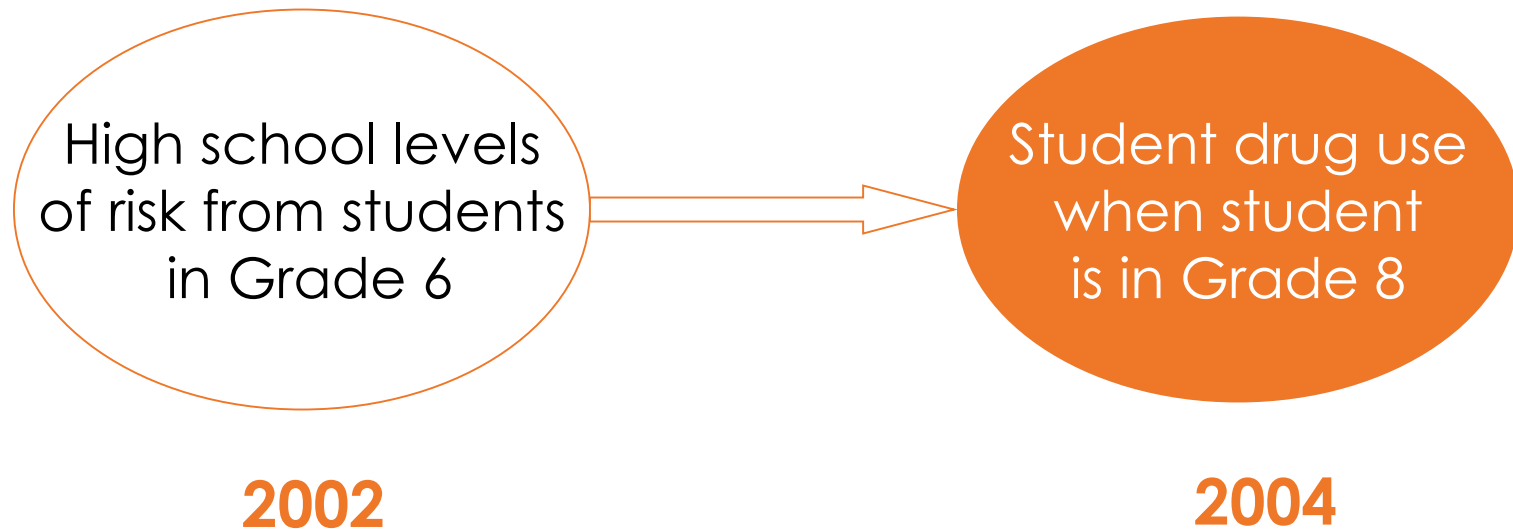


Risk Factors Predict Drug Use among those Same Students



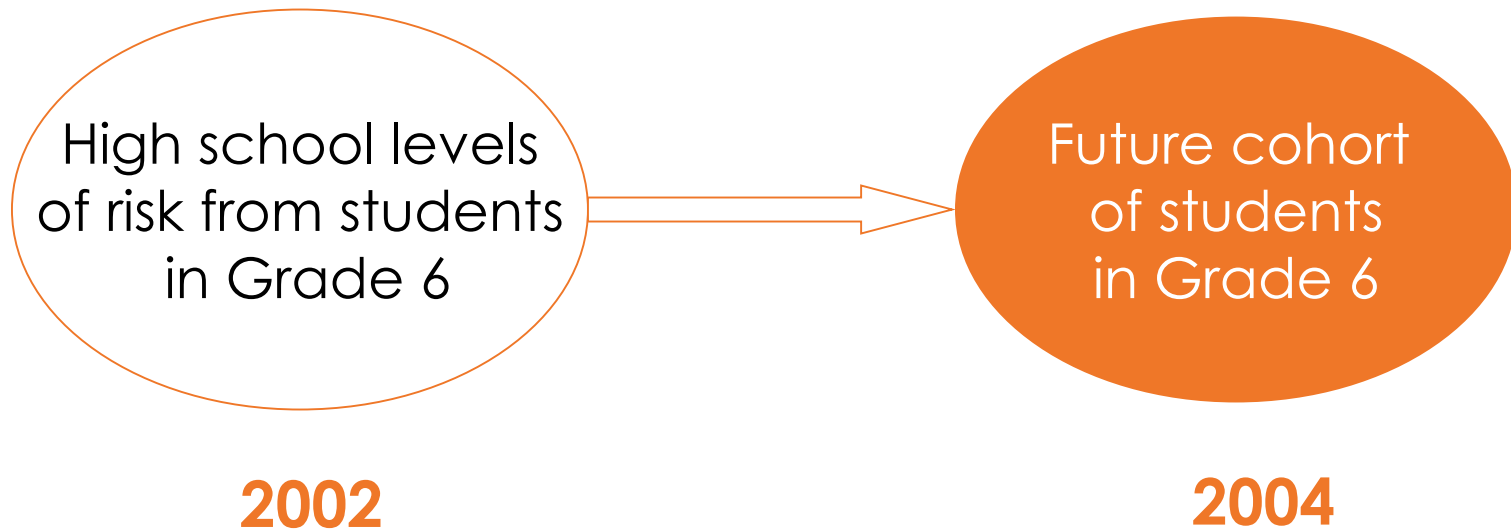
(Briney et al., 2012)

School Levels of Risk Predict Drug Use Among Those Same Students



(Arthur et al., in press)

School Levels of Risk Predicts Drug Use in Future Cohorts of Students



(Fagan et al., 2007)

USA: Sixth-grade Risk Factors Predicting Seventh-grade Marijuana Use



Risk Factors	Past 30-Day Marijuana Use in 7 th Grade		
	Low Risk 6 th Grade (%)	High Risk 6 th Grade (%)	Adjusted Odds Ratio
Community domain			
Low neighborhood attachment	1.1	2.6	2.31
Community disorganization	0.7	3.2	4.7
Laws and norms favorable to drugs	0.4	4.1	9.99
Perceived availability of drugs	0.6	4.8	8.13
Family domain			
Poor family management	0.5	3.5	6.69
Family conflict	1.3	2.3	1.77
Family history of antisocial behavior	0.4	4.1	9.58
Parental attitudes favorable to drug use	0.7	5.6	8.35
P. attitudes favorable to antisocial behavior	0.7	3.2	4.79

Source: Briney, Brown, Hawkins, & Arthur (2012). Predictive validity of established cut points for risk and protective factor scales from the Communities that Care Youth Survey. *Journal of Primary Prevention*, 33, 249-258.

USA: Sixth-grade Risk Factors Predicting Seventh-grade Marijuana Use



Risk Factors	Past 30-Day Marijuana Use in 7 th Grade		
	Low Risk 6 th Grade (%)	High Risk 6 th Grade (%)	Adjusted Odds Ratio
School domain			
School academic failure	0.6	2.8	5.12
Low commitment to school	0.7	3.5	5.06
Peer/individual domain			
Rebelliousness	0.5	3.1	6.05
Attitudes favorable to antisocial behavior	0.6	3.4	6.38
Attitudes favorable to drug use	0.7	6.2	9.66
Perceived risk of drug use	1.0	3.5	3.71
Friends' antisocial behavior	0.3	4.6	18.88
Friends' use of drugs	0.5	6.5	14.13
Rewards for antisocial involvement	0.7	5.3	8.60

Source: Briney, Brown, Hawkins, & Arthur (2012). Predictive validity of established cut points for risk and protective factor scales from the Communities that Care Youth Survey. *Journal of Primary Prevention*, 33, 249-258.

USA: Sixth-grade Protective Factors Predicting Seventh-grade Marijuana Use



Protective Factors	Past 30-Day Marijuana Use in 7 th Grade		
	High Protection 6 th Grade (%)	Low Protection 6 th Grade (%)	Adjusted Odds Ratio
Community domain			
Opportunity for prosocial involvement	1.1	2.4	2.05
Rewards for prosocial involvement	0.7	2.7	4.02
Family domain			
Family attachment	1.0	2.6	2.62
Family opportunities for prosocial involvement	1.1	2.8	2.66
Family rewards for prosocial involvement	0.7	2.9	4.17

Source: Briney, Brown, Hawkins, & Arthur (2012). Predictive validity of established cut points for risk and protective factor scales from the Communities that Care Youth Survey. *Journal of Primary Prevention*, 33, 249-258.

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USA: Sixth-grade Protective Factors Predicting Seventh-grade Marijuana Use



Past 30-Day Marijuana Use in 7th Grade

	High Protection 6 th Grade (%)	Low Protection 6 th Grade (%)	Adjusted Odds Ratio
Protective Factors			
School domain			
School opportunity for prosocial involvement	1.4	2.2	1.63
School rewards for prosocial involvement	1.3	2.5	1.96
Peer Individual domain			
Social skills	0.4	4.5	11.44
Belief in moral order	0.5	4.0	8.24
Interaction with prosocial peers	0.7	2.7	3.96
Prosocial involvement	0.8	2.4	3.03
Rewards for prosocial involvement	1.0	2.8	2.85
Religiosity	1.6	1.9	1.19

Source: Briney, Brown, Hawkins, & Arthur (2012). Predictive validity of established cut points for risk and protective factor scales from the Communities that Care Youth Survey. *Journal of Primary Prevention*, 33, 249-258.



Colombia: Concurrent Validity of Risk Protective Factors Predicting Youth Substance Use

original

adiciones vol. xx, n° x · 2018

Uso de sustancias en adolescentes y su asociación con factores de riesgo y protección. Un análisis exploratorio de la encuesta escolar a gran escala de Comunidades Que se Cuidan, Colombia

Adolescent substance use and its association with risk and protective factors. An exploratory analysis of the large-scale school survey of Comunidades Que se Cuidan, Colombia

PABLO MONTERO ZAMORA*, MARÍA FERNANDA REYES RODRÍGUEZ**,**, FRANCISCO CARDOZO MACÍAS**, ERIC C. BROWN*, AUGUSTO PÉREZ GÓMEZ**, JULIANA MEJÍA TRUJILLO**, JENNIFER TORO**, MAYRA PAREDES AGUILAR**.

* Departamento de Salud Pública. Escuela Miller de Medicina, Universidad de Miami. ** Corporación Nuevos Rumbos, Bogotá, Colombia. *** Facultad de Psicología, Universidad El Bosque, Bogotá, Colombia.

Resumen

Communities That Care (CTC) es un sistema preventivo que busca disminuir comportamientos problemáticos en adolescentes. En Colombia, este sistema ha sido adaptado bajo el nombre de Comunidades Que se Cuidan (CQC). Este estudio validó las asociaciones entre los factores de riesgo y protección (FRP) para el uso de sustancias psicoactivas (SPA) medidos por CQC y las prevalencias de consumo de estas en adolescentes colombianos. Entre 2012 y 2016, se aplicó una encuesta a gran escala en jóvenes de 10 a 19 años (N = 50,946) pertenecientes a 23 comunidades de Colombia. Se analizó de forma transversal la asociación entre los FRP con el consumo de alcohol, cigarrillo, marihuana y otras drogas ilegales en los últimos 30 días, año y alguna vez en la vida. Se realizaron regresiones logísticas, ajustando por edad, sexo y sus interacciones con cada FRP. Todas las asociaciones de los 14 FRP evaluados fueron significativas ($p < .001$). De los efectos observados, 3,0% se consideraron efectos muy pequeños ($0,70 \leq OR \leq 1,43$), 51,7% pequeños ($0,70 \geq OR \geq 1,43$), 42,6% medianos ($0,40 \geq OR \geq 2,48$) y 7,1% grandes ($0,23 \geq OR \geq 4,27$). Se encontraron asociaciones significativas para edad, sexo y sus interacciones con los FRP para la mayoría de FRP. Los hallazgos demuestran la validez de los FRP estudiados para la planificación, el desarrollo y la evaluación futura de sistemas preventivos comunitarios como CQC, los cuales se basan en datos epidemiológicos para la toma de decisiones locales.

Palabras clave: Factores de riesgo; Consumo de SPA; Adolescentes; Prevención.

Abstract

Communities That Care (CTC) is a prevention system aimed at reducing antisocial behaviors in adolescents. In Colombia, this system has been developed and adapted under the name of *Comunidades Que se Cuidan (CQC)*. Successful implementation of CQC depends on valid associations between measured risk and protective factors (RPFs) for substance use and substance use outcomes. This study assessed these associations using large-scale, school-based surveys of Colombian youth. A cross-sectional analysis was performed. Data from 23 communities in Colombia were collected between 2012 and 2016 from young people (N = 50,946) aged 10 to 19 years. Dichotomous alcohol, cigarette, cannabis, and other illegal drug use outcomes were assessed for past 30-day, past-year, and lifetime use. Logistic regression analyses, adjusting for age, gender, and age by RPF, and gender by RPF interactions, were performed for each RPF. All the associations of the 14 RPF evaluated were statistically significant ($p < .001$). Regarding observed effect sizes, 3.0% were considered very small ($0.70 \leq OR \leq 1.43$), 51.7% small ($0.70 \geq OR \geq 1.43$), 42.6% medium ($0.40 \geq OR \geq 2.48$) and 7.1% large ($0.23 \geq OR \geq 4.27$). Significant main effects for age and gender, and their interactions with RPFs were found for most RPFs. Findings from this study demonstrate the viability of RPFs for adolescent substance use as focal points for intervention planning, development, and evaluation of community-based prevention systems like CQC that rely on epidemiologic data for local decision making.

Keywords: Risk factors; Substance use; Adolescents; Prevention.

Recibido: Diciembre 2017; Aceptado: Septiembre 2018.

Findings from this study demonstrate the **viability of RPFs for adolescent substance use** as focal points for intervention planning, development, and evaluation of community-based prevention systems

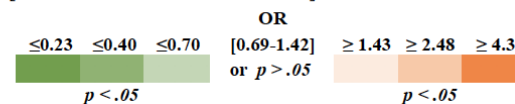


Colombia: Concurrent Validity of Risk Protective Factors Predicting Youth Substance Use

Figure 1. Adjusted odds ratios (OR) by domain for risk and protective factors in the Colombian CQC youth survey and consumption of alcohol, cigarette, cannabis and other illegal drugs, for both sexes.

Domain	Risk factor / Protective factor	Alcohol (OR)			Cigarette (OR)			Cannabis (OR)			Other illegal drugs (OR)		
		Last 30 days	Last year	Lifetime	Last 30 days	Last year	Lifetime	Last 30 days	Last year	Lifetime	Last 30 days	Last year	Lifetime
Community	Availability of Drugs	1.57	1.70	1.75	2.92	2.59	2.56	5.06	4.17	4.02	3.03	2.65	2.65
	Laws and Norms Favorable Toward Substance Use	1.56	1.55	1.56	1.87	1.74	1.75	2.01	1.84	1.82	2.10	1.70	1.76
School	Low Commitment to School	1.59	1.71	1.81	2.70	2.51	2.39	2.89	2.59	2.56	2.60	2.36	2.30
	Recognition for Prosocial Involvement	0.75	0.67	0.62	0.57	0.62	0.60	0.55	0.60	0.58	0.55	0.57	0.54
Family	Family Conflict	1.66	1.64	1.59	3.09	2.71	2.57	3.51	3.08	2.93	2.80	2.52	2.50
	Parental Attitudes Favorable Towards Drug Use	2.93	3.62	3.86	2.48	2.27	2.22	2.81	2.41	2.32	2.35	2.19	2.12
	Parental Attitudes Favorable Towards Antisocial Behavior	1.66	1.86	2.01	2.71	2.54	2.53	3.11	2.90	2.80	2.62	2.73	2.61
	Opportunities to Prosocial Involvement	0.74	0.75	0.75	0.51	0.54	0.56	0.47	0.53	0.55	0.58	0.59	0.59
	Recognition for Prosocial Involvement	0.74	0.69	0.68	0.50	0.54	0.55	0.46	0.49	0.52	0.54	0.56	0.56
Peer-Individual	Low Perceived Risks of Drug Use	2.93	1.70	1.76	2.37	2.07	2.02	4.25	3.40	3.17	3.12	2.57	2.49
	Favorable Attitudes Toward Drug Use	2.41	2.82	2.91	4.45	3.64	3.53	5.59	4.47	4.27	4.16	3.57	3.31
	Favorable Attitudes Toward Antisocial Behavior	1.60	1.82	1.93	2.62	2.40	2.43	3.08	2.65	2.68	2.99	2.69	2.61
	Friend's Antisocial Behavior	1.81	2.02	2.07	2.97	2.74	2.61	3.39	3.24	3.16	3.10	3.06	2.92
	Friend's Use of Drugs	2.89	3.78	4.12	6.33	5.51	5.03	8.64	7.41	7.05	5.25	4.55	4.25

† Odds ratios adjusted by Age; Gender; Age x [Risk Factor or Protective Factor]; Gender x [Risk Factor or Protective Factor]





Colombia: Sixth-grade Risk/Protective Factors Predicting Past-Month 7th-Grade Marijuana Use

Risk Factors	Past 30-Day Marijuana Use in 7 th Grade		
	Low Risk 6 th Grade (%)	High Risk 6 th Grade (%)	Unadjusted Odds Ratio
Community domain			
Laws and norms favorable to drugs	1.0	3.6	3.65
Perceived availability of drugs	0.4	4.9	12.56
School domain			
Low commitment to school	1.5	6.1	4.35
Family domain			
Poor family management	0.7	4.1	6.49
Parental attitudes favorable to drug use	1.7	5.0	2.98
P. attitudes favorable to antisocial behavior	1.4	4.7	3.43

Source: Data provided by the Nuevos Rumbos Corporation.



Colombia: Sixth-grade Risk/Protective Factors Predicting Past-Month 7th-Grade Marijuana Use

Past 30-Day Marijuana Use in 7th Grade

Risk Factors

Individual domain

- Attitudes favorable to antisocial behavior
- Attitudes favorable to drug use
- Perceived risks of drug use
- Interaction with antisocial peers
- Friends' use of drugs

Low Risk 6 th Grade (%)	High Risk 6 th Grade (%)	Unadjusted Odds Ratio
1.3	4.9	3.83
1.0	4.6	4.91
1.1	5.2	5.03
1.3	4.5	3.71
0.5	4.7	10.53

Protective Factors

- Family: Rewards for prosocial involvement
- Family: Opportunities for prosocial involvement
- School: Rewards for prosocial involvement

Low Protection 6 th Grade	High Protection 6 th Grade	Unadjusted Odds Ratio
4.4	1.4	3.28
4.2	1.9	2.27
4.7	1.8	2.72

Source: Data provided by the Nuevos Rumbos Corporation.

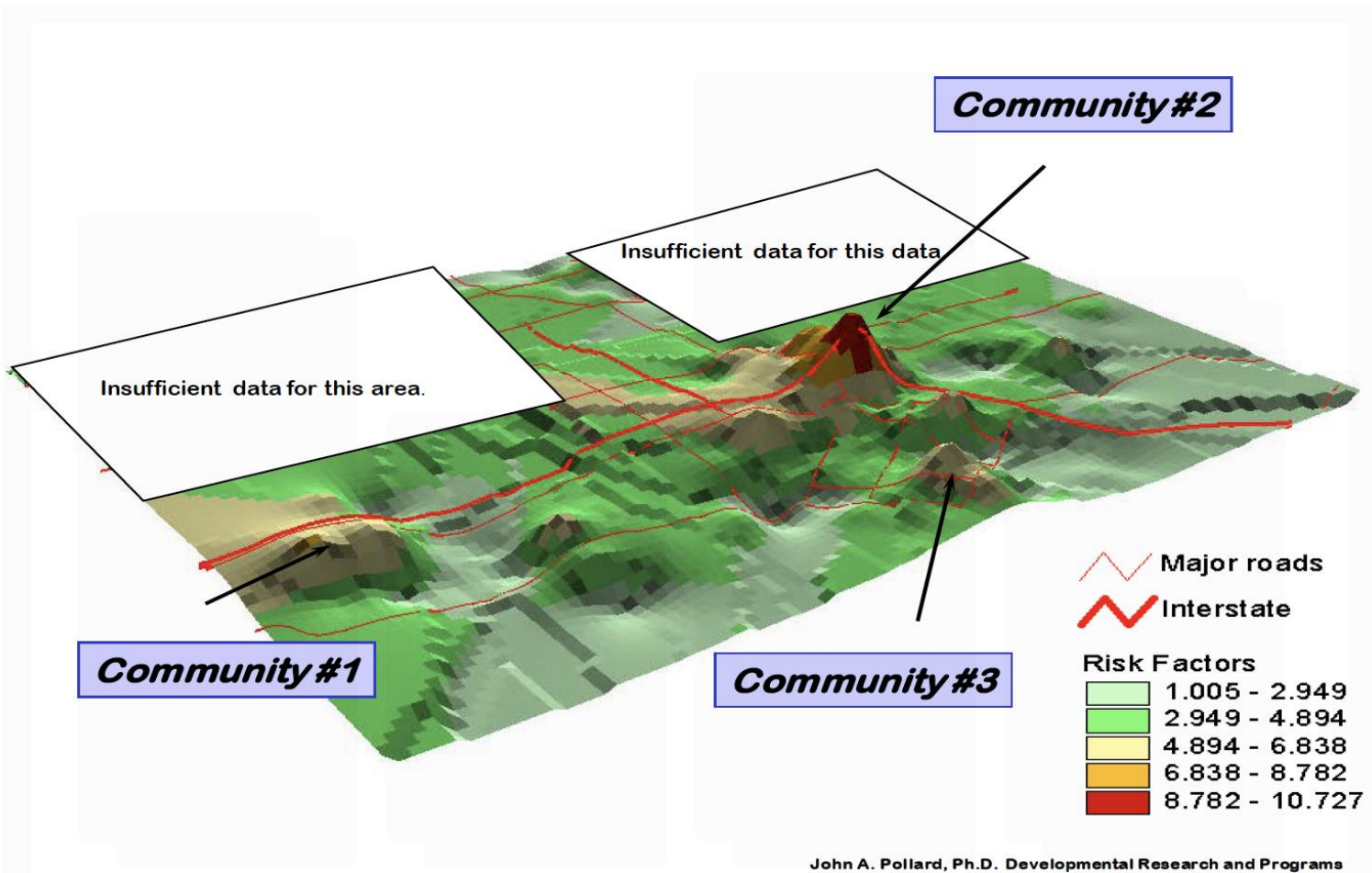
Why Focus on Risk and Protective Factors?



Because Communities and Countries Vary Greatly in Levels and Kinds of Risk and Protection



Distribution of Risk in a City



The Community Diagnostic Model

Using epidemiologic risk and protective factor data in communities, we can identify the degree and types of interventions that are needed prevent health and behavior problems in communities.



See: [Feinberg M. E. \(2012\). Community epidemiology of risk an adolescent substance use: Practical questions for enhancing prevention. *American Journal of Public Health*, 102,\(3\), 457-468.](#)

Community Risk Factors

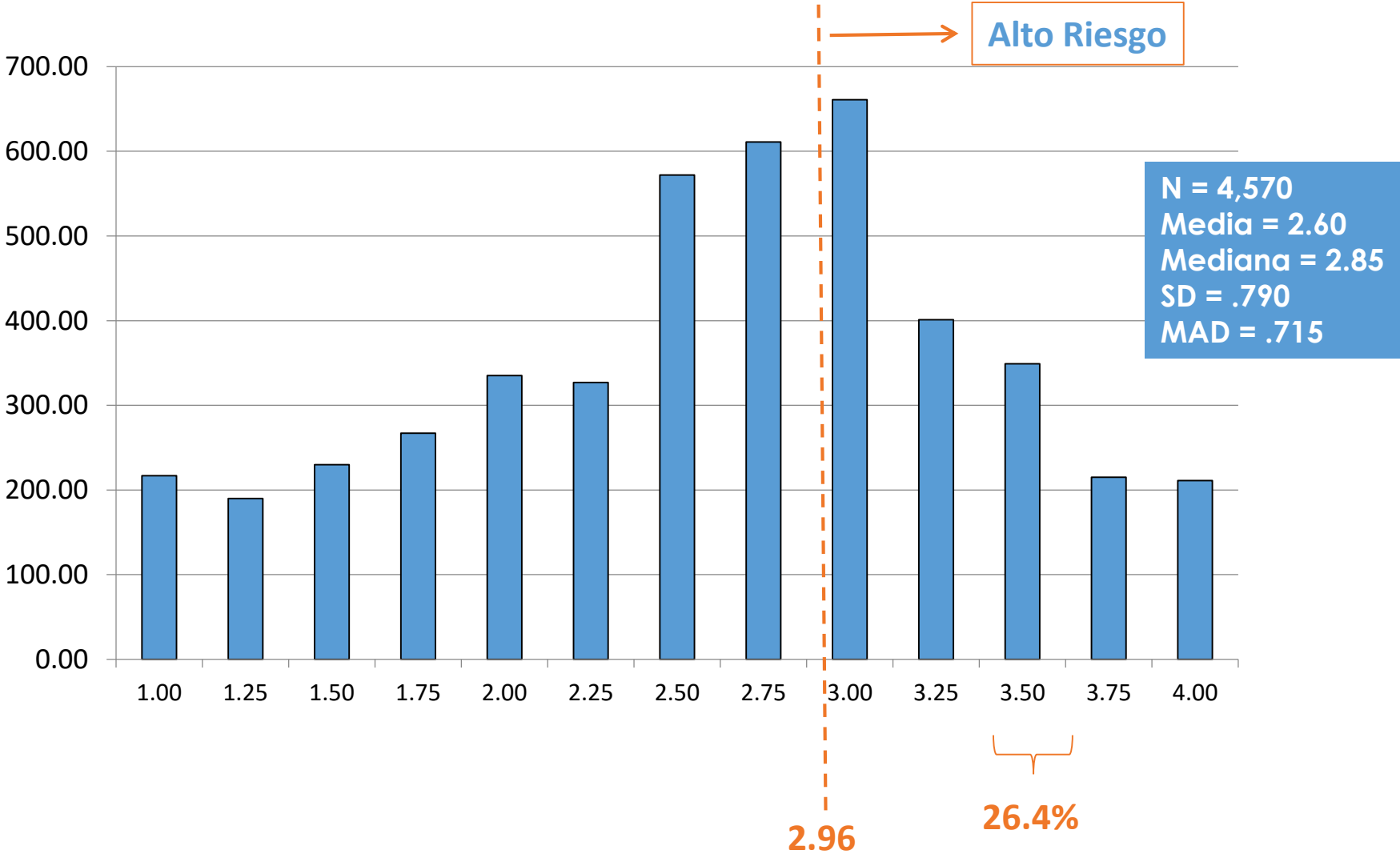
COMMUNITY RISK FACTOR: Perceived Availability of Drugs

CRPAD (4 point scale)

$\alpha=0.8786$

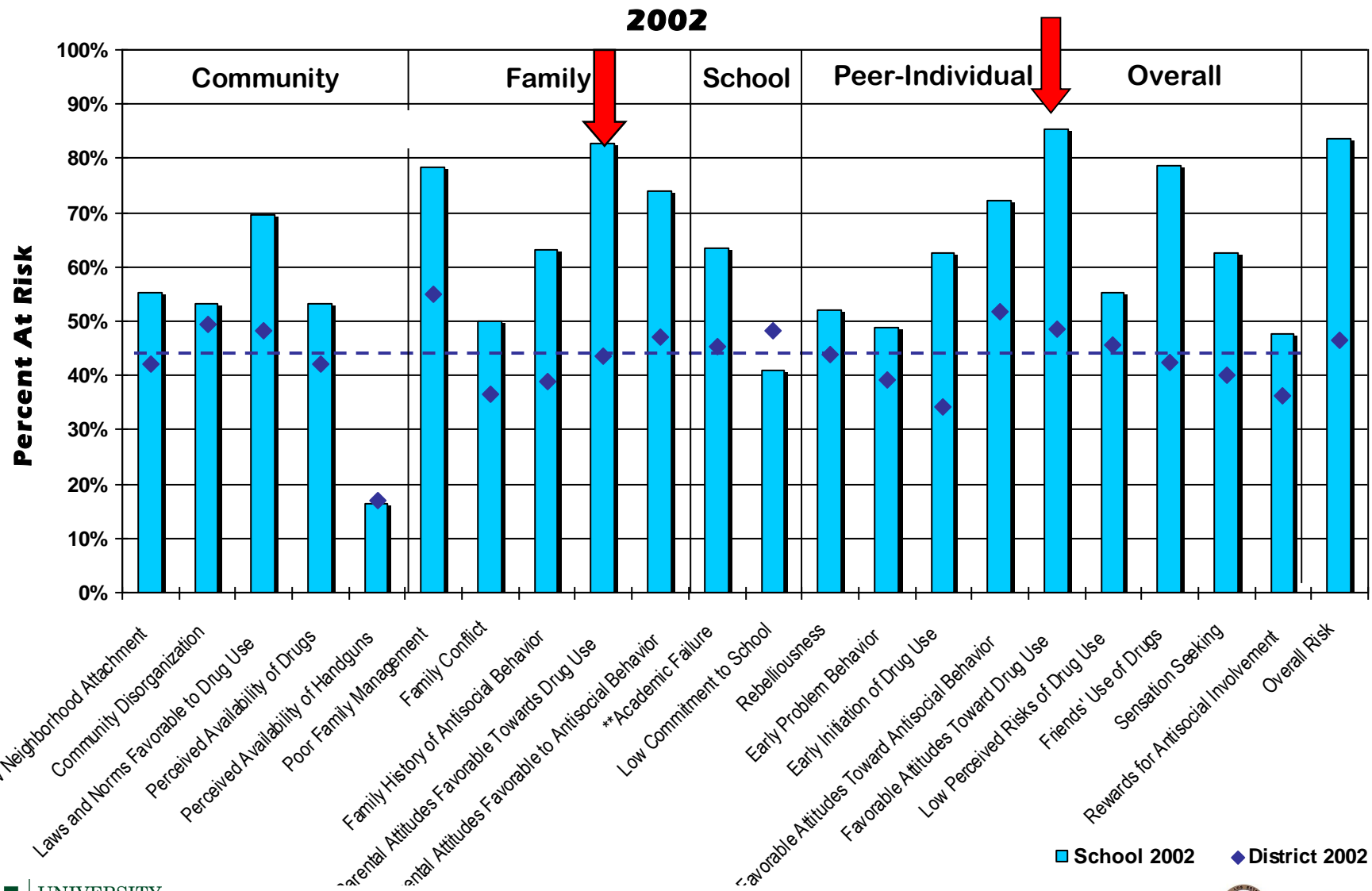
Variable Name	Question	Scoring
GETCIG	If you wanted to get some cigarettes, how easy would it be for you to get some?	Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)
GETALC	If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?	Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)
GETMAR	If you wanted to get some marijuana, how easy would it be for you to get some?	Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)
GETDRUG	If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?	Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

USA: Perceived Availability of Drugs in the Community: Identifying High Risk



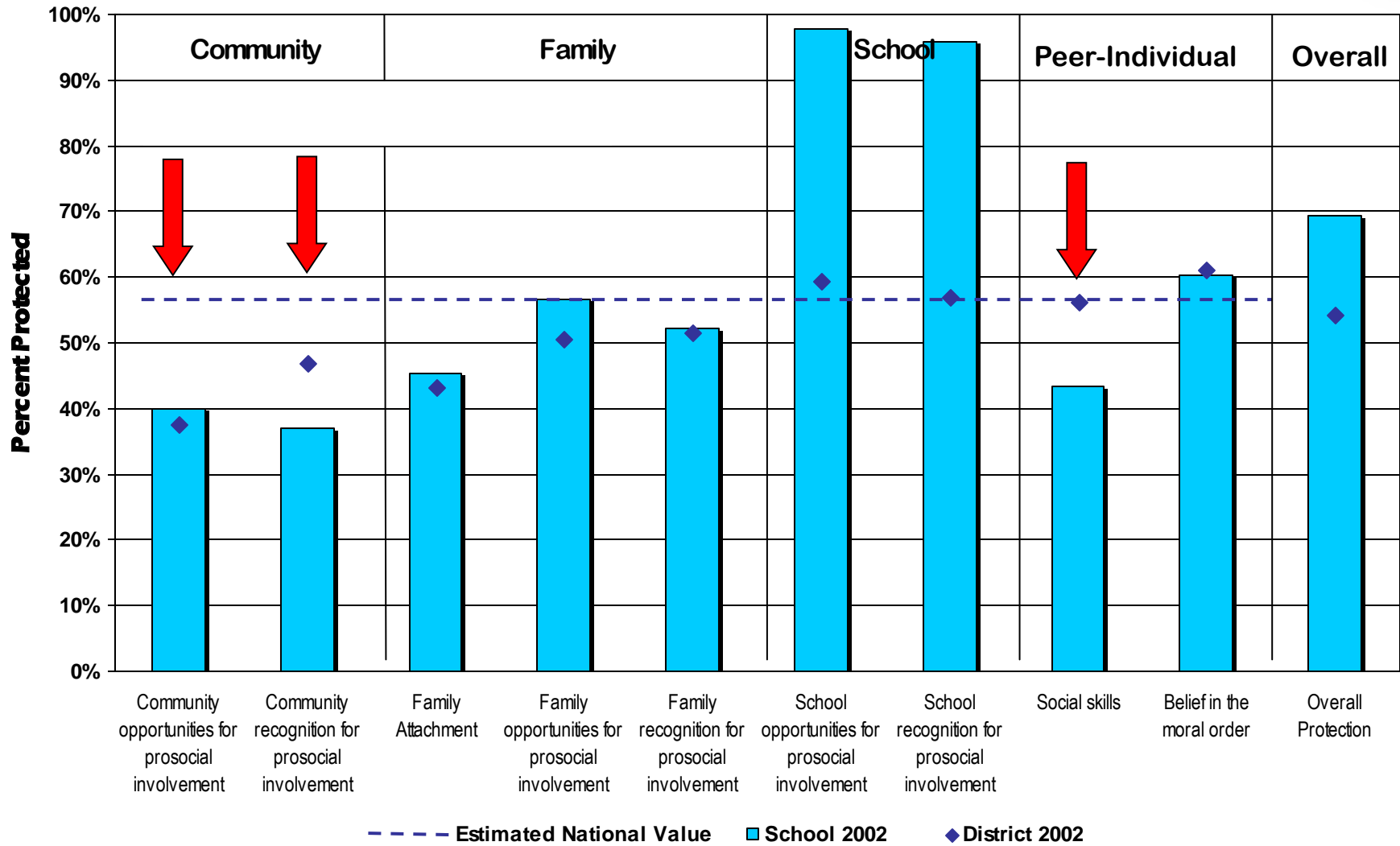


EE. UU: Perfil de riesgo en una comunidad

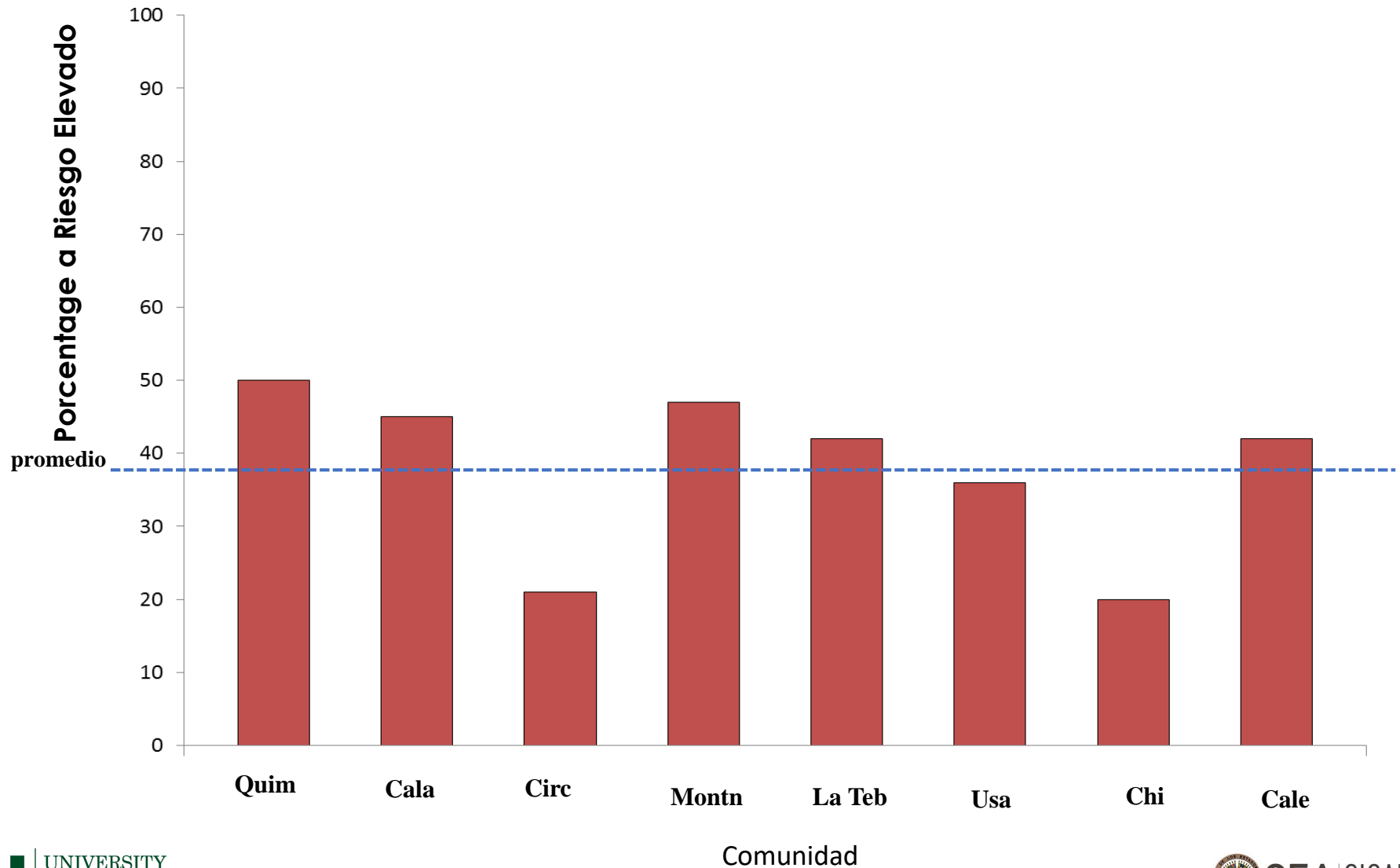




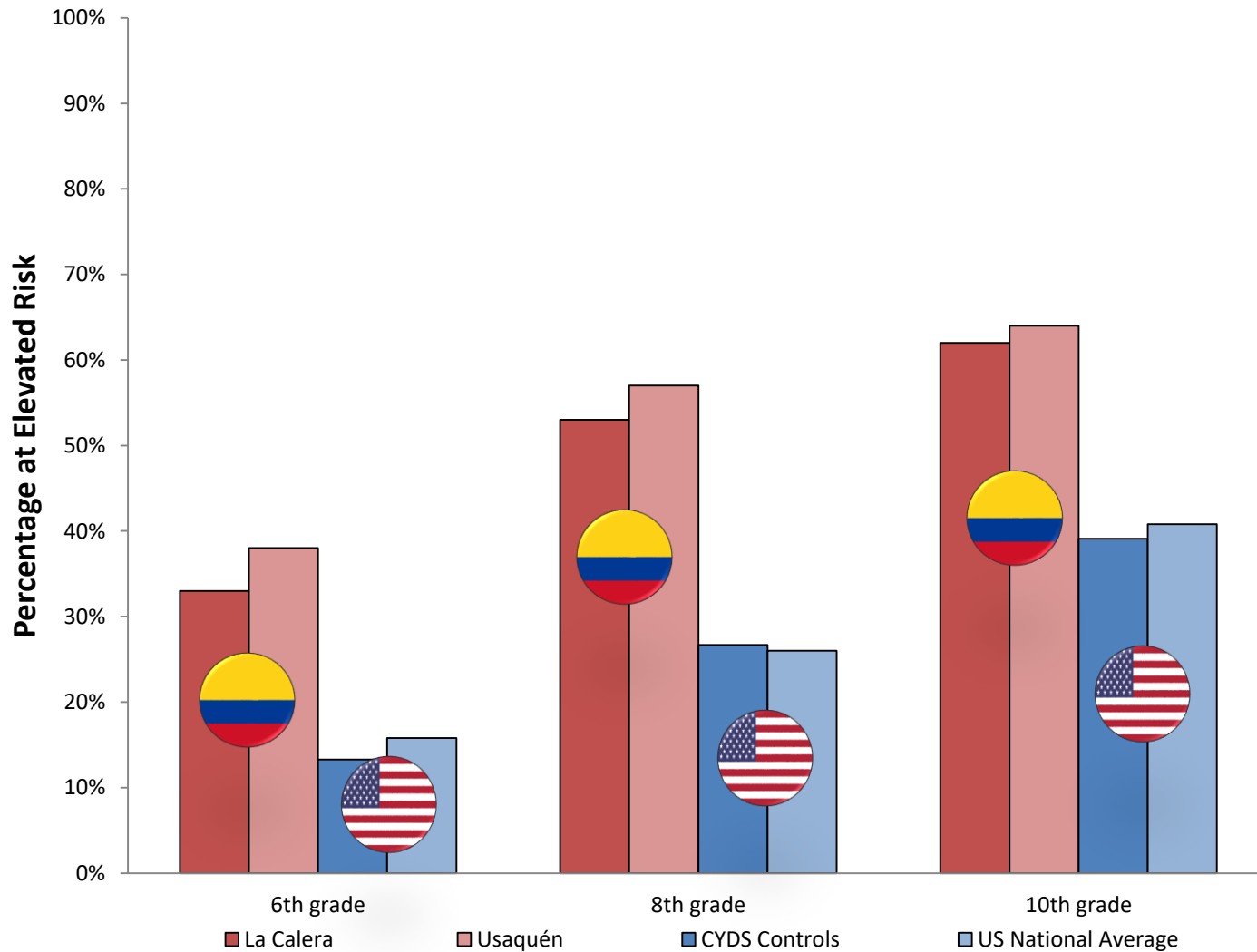
USA: Profile of Protection in a Community



Colombia: Perceived Availability of Drugs in the Community



Colombia vs USA: Family risk factor: Parental attitudes favorable to drug use



Types of interventions to prevent the consumption of psychoactive substances

✓ **Programs**



e.g., Familias Unidas

✓ **Practices/ Strategies**



e.g., Mystery Shopper

✓ **Policies**



e.g., Raise Legal Drinking Age Limit

✓ **Systems**



e.g., Communities That Care

Prevention System



A set of preventive intervention- or implementation-related components that are coupled together in a way that allows the components to function together preferable than the functioning of the separate component parts (Hirsch, Levine, & Miller, 2007; Levine & Fitzgerald, 1992).

Examples

- Systems of Care for Children's Mental Health
- Strategic Prevention Framework (SPF)
- Community Anti-Drug Coalitions of America (CADCA)
- Getting to Outcomes
- Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER)
- Communities That Care (Comunidades Que Se Cuidan)
- Businesses That Care (Empresas Que Se Cuidan)



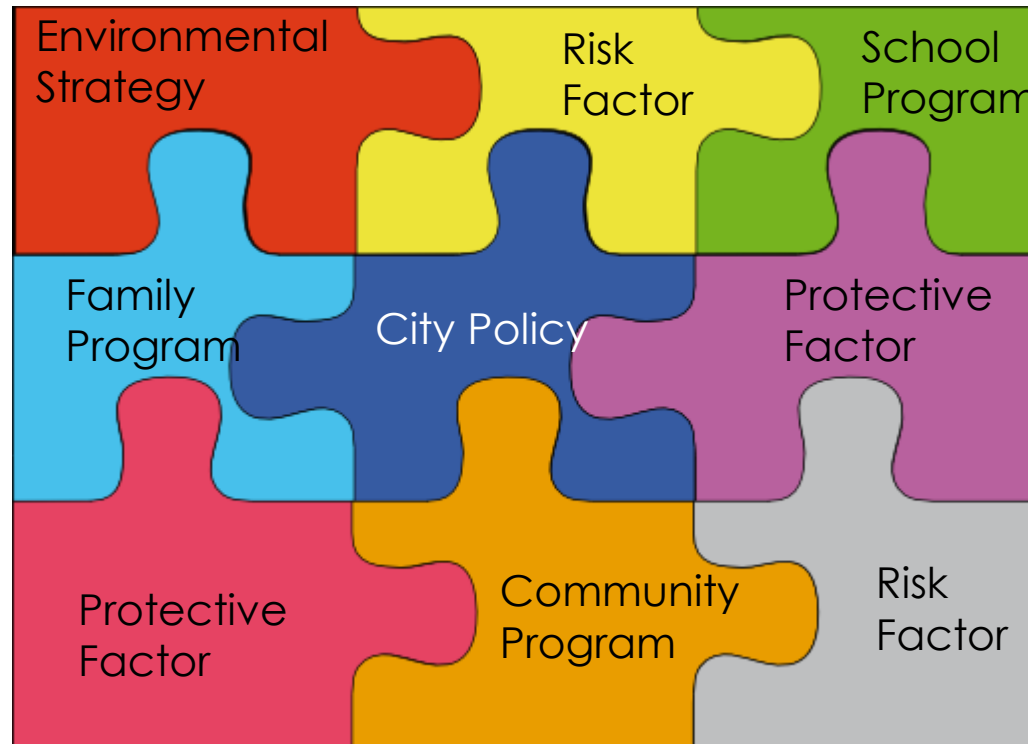
"Bad systems succeed over good programs"

Why?

- Poor selection of interventions according to risk factor and protection profiles.
- Shortage of data in the development and effectiveness of programs.
- Lack of voice of consumers and their families, in the development, implementation and supervision of interventions.
- Implementation of programs without fidelity or adherence.
- The organizational conditions that are needed for success are usually not present:
 - ✓ Leadership
 - ✓ Communication
 - ✓ Collaboration
 - ✓ Shared vision
 - ✓ Collective efficacy

Source: McCarthy, P., & Kerman, B. (2010). Inside the belly of the beast: How bad systems trump good programs. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1), 167-172.

Putting the pieces together...



...into a System of Prevention

Prevention system: Communities That Care

- Prevention science promotion system for the positive development of youth and prevent problems in youth behavior
- Use community boards to provide local control and flexibility to help maintain the system
- Use local diagnosis of protective and risk factors to select policies, programs and practices evaluated and effective
- Focuses on outcomes to ensure success



Adapted prevention system: Business That Care

- It is a system that seeks to prevent the use and abuse of substances through the creation of a network of companies.
- It is based on the Communities That Care prevention system, which is used in more than 500 communities across 7 countries.
- It employs advances in prevention science to ensure the implementation of evidence-based programs with fidelity, efficiency, and sustainability.



Communities That Care: Operating System

5. Implement /Evaluate:

- Form task forces
- Identify and train implementers
- Sustain collaborative relationships
- Evaluate processes and outcomes
- Adjust programming

4. Make a Plan:

- Define outcomes
- Prioritize factors to be targeted
- Select tested and effective interventions
- Create an action plan
- Create and evaluation plan



1. Get started:

- Community readiness assessment
- Identification of Key Leaders

2. Organize:

- Training Key Leaders in CTC
- Building a coalition

3. Develop a Profile:

- Collect Risk and Protective factors data
- Construct Community Profile from the data

Blueprints for Healthy Youth Development

<https://www.blueprintsprograms.org/>

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BLUEPRINTS CERTIFICATION

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PROVIDING A REGISTRY OF

PROGRAM OUTCOMES -

- Problem Behavior**
 - Adult Crime
 - Alcohol
 - Antisocial-aggressive Behavior
 - Bullying
 - Child Maltreatment
 - Conduct Problems
 - Delinquency and Criminal Behavior
 - Externalizing

TARGET POPULATION +

PROGRAM SPECIFICS +

RISK AND PROTECTIVE FACTORS ⓘ +

Program Search

This interactive search enables you to search based on specific criteria and then browse through a wide range of programs that match those criteria. Select only a few criteria of importance, as the number of programs may be reduced by selecting multiple items ACROSS categories, or increased by selecting multiple items WITHIN categories.

See Examples:

Search Across Categories

Search Within Categories

20 Programs

Display All [dropdown] [print icon]

> PROGRAM	∨ RATING	SUMMARY
<p>LifeSkills Training (LST)</p> <ul style="list-style-type: none"> Target Population Outcomes Fact Sheet 	Model Plus	A classroom-based, 3-year, middle school substance abuse prevention program to prevent teenage drug and alcohol abuse, adolescent tobacco use, violence and other risk behaviors. The life skills curriculum teaches students self-management skills, social skills, and drug awareness and resistance skills.

Spanish-language prevention programas from “Blueprints for Healthy Youth Development”

Program	Used in CA/SA?	If so, where?
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	No	
Communities That Care	Yes	Colombia, Mexico, Chile
Coping Power	No	
Familias Unidas	Yes	Chile
Functional Family Therapy (FFT)	No	
Good Behavior Game	Yes	Brasil
Guiding Good Choices	Yes	Mexico
HighScope Preschool	Yes	México, Chile
Incredible Years	No	
Life Skills Training (LST)	Yes	Honduras, México, Nicaragua, Panamá, España, Venezuela, Colombia, Costa Rica
Multisystemic Therapy (MST)	Yes	Chile
Project Northland	No	
Project Towards No Drug Abuse	No	
Promoting Alternative Thinking Strategies (PATHS)	No	
Strengthening Families Program 10-14	Yes	Mexico, Honduras, Peru, Brasil, Colombia
Triple P	Yes	Panamá

Recommendations

- Collect data at a national and community level on of risk and protective factors using internationally established and validated measures.
- Train at the local, state, and national levels in the use of risk/protective factors for prevention programming and evaluation.
- Match program selection to needs assessments based on levels of risk/protective factors.
- Support the use of “evidence-based” and “evidence-informed” programs, strategies, and policies using prevention systems that monitor implementation fidelity.