

PARENTS AND SUBSTANCE ABUSE PREVENTION: CURRENT STATE AND FUTURE CHALLENGES

PADRES Y PREVENCIÓN DE CONSUMO DE DROGAS: ESTADO DE LA CUESTIÓN Y RETOS DE FUTURO

OS PAIS E A PREVENÇÃO DO ABUSO DE SUBSTÂNCIAS: ESTADO ATUAL E DESAFIOS FUTUROS

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Received date: 02.V.2019
Reviewed date: 26.V.2019
Accepted date: 08.VII.2019

KEY WORDS: substance abuse prevention parents family.	ABSTRACT: The purpose of the current review is to provide an updated portrayal of current knowledge concerning the role of the family in children and youth's substance abuse prevention. A review of the literature highlights the notion that incorporating parental involvement in youth's substance abuse prevention is highly accepted. Accordingly, many programs have been developed incorporating parental involvement, some of which are internationally popular. While there is evidence that these parent-focused programs have significant utility, several topics still need further elaboration including: What is the best timing (in terms of children's age) for parental engagement in the process of preventing children's substance abuse? What new paths can be identified for intervention? How can family' participation be fostered? And especially, how can a balance be reached between generic principals of positive parenting and appropriate, local and sensitive, ways to implement them among non-western populations?
PALABRAS CLAVE: consumo de drogas prevención padres familia	RESUMEN: El objetivo del artículo es proporcionar una descripción actualizada del conocimiento sobre el papel de la familia en la prevención del consumo de drogas en niños y jóvenes. La revisión de la literatura parte de la premisa que la incorporación de los padres a la prevención en los jóvenes es altamente aceptada. Se han desarrollado diferentes programas que incorporan la participación de los padres, algunos de los cuales reconocidos internacionalmente. Si bien hay evidencia que estos programas parentales son eficaces, varios temas aún necesitan mayor elaboración, incluyendo: ¿cuál es el mejor momento (en términos de la edad de los niños) para la participación de los padres en el proceso preventivo de los niños? ¿Qué nuevos caminos se pueden identificar para intervenir? ¿Cómo se puede fomentar la participación de la familia? Y especialmente, ¿cómo se puede alcanzar un equilibrio entre los principios genéricos de parentalidad positiva y las formas apropiadas, locales y sensibles de implementarlos entre las poblaciones no occidentales?

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PALAVRAS-CHAVE: Abuso de substâncias Prevenção Pais Família	RESUMO: O propósito desta revisão é fornecer um retrato atualizado do conhecimento atual sobre o papel da família na prevenção do abuso de substâncias por crianças e jovens. Uma revisão da literatura destaca a noção que incorporar o envolvimento dos pais na prevenção do abuso de substâncias pelos jovens é altamente aceito. Da mesma forma, muitos programas foram desenvolvidos incorporando envolvimento parental, alguns dos quais são internacionalmente populares. Enquanto há provas de que esses programas focados nos pais têm uma utilidade significativa, vários tópicos ainda precisam de mais elaboração incluindo: Qual é o melhor momento (em termos de idade da criança) para o envolvimento dos pais no processo de prevenção de abuso infantil de substâncias? O que novos caminhos podem ser identificados para intervenção? Como a participação da família pode ser promovida? E, especialmente, como pode ser alcançado um equilíbrio entre princípios genéricos da parentalidade positiva e formas apropriadas, locais e sensíveis, de implementá-las entre as populações não ocidentais?
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1. Introduction

The important role that the family plays in both the emergence and the prevention of problem behavior is repeatedly highlighted (e.g., Romano & Israelashvili, 2017). Yet, the increasing number of suggested interventions, in this context, call for even more awareness to the danger of expanding from solid to rather unjustifiable incorporation of the family in prevention activities (Israelashvili, 2017). Such an awareness is further needed in light of the new challenges that enforce restatement of substance prevention efforts, goals and best procedures (e.g., marijuana legalization; Shover & Humphreys, 2019).

In pursuit of improving future explorations and interventions in this context, the purpose of this review is to provide an updated portrayal of current knowledge on the role of the family in children and youth's substance abuse prevention. The review starts with advocating the increasing attention to family role in substance abuse prevention. Following this, a review of existing parents-focused interventions is supplied. Then, special attention will be given to the global state of parents-focused interventions efforts that have been administered outside of North-America, and limits of current knowledge. Based on the various models, goals and practices reviewed the programs review and analysis, several conclusions and generalizations are drawn, indicating the limited utility of existing parents-focused substance prevention programs while addressing non-western populations. Finally, several challenges to the international community of prevention scientists and practitioners, once addressing the family role and incorporation in substance abuse prevention efforts, will be outlined.

2. The increasing role of parents-focused prevention in substance abuse

According to the recent United Nations World Drug Report (UNODC, 2018), among people aged

15-64 years in the world: 11-21 million inject drugs; 16-38 million are “problematic drug users”; and 155-250 million “have used drugs at least once in the past year”, mostly cannabis. Internationally, these numbers represent a rate of 5.6% among people aged 15-64 in the world that are involved (in various levels) of drug consumption. Clearly, when the use of other substances is taken into account (e.g., alcohol; pills) the scope of reference for substance abuse prevention efforts becomes much larger.

Interestingly, moving beyond the global rate of substance abuse, major differences are found between various parts of the world, both in the general annual rate of drug consumption and in the relative use of different kinds of drugs (e.g., cocaine). These international differences exist for comparisons between continents (e.g., USA vs. Europe) as well as between different nations within the same continent (e.g., Greece, Germany, Hungary vs. Spain, Italy, UK).and In light of these findings, unsurprisingly, substance abuse prevention is a major issue in many nations' ministries of health and education, with the United Nations Office on Drug and Crime (UNODC) making active efforts to promote international collaboration in the establishment of anti-drug policy and effective activities (e.g., ADLOMICO, 2010). Notably, while a gradual change in many governments' anti-drug policy is occurring - i.e., the current trend of cannabis/marihuana legalization - universal prevention of children and youth's substance abuse remains a major mission for many nations. For example, the Australian Ministerial Drug and Alcohol Forum (2017) declared that one of the nation drug strategies in 2017-2026 is to “prevent uptake and delay first use” (p. 13). Another example is the *Japanese Council for Promoting Measures to Prevent Drug Abuse's* (2010) statement that its first objective is “to eradicate drug abuse by young people and boost normative consciousness to deny drug abuse” (p. 3), a statement that was later (2013) updated saying “..it remains essential to provide students in elementary, junior high and high schools

with complete guidance and enhanced education for preventing drug abuse..." (p. 10).

Parallel to educational and health systems' efforts, at an early point in the journey to prevent youth's substance abuse, researchers (e.g., Lochman, & van den Steenhoven, 2002; Nelson, 1989) noted the importance of incorporating the family in prevention efforts. Furthermore, substance abuse was described as a disease that includes "both genetic and family environmental causes" (Kumpfer, Alvarado, & Whiteside, 2003). In line with this notion, the UNODC published several items regarding the importance of working with parents (<https://www.unodc.org/unodc/en/prevention/familyskillstraining.html>), such as guidelines to implement family skills training programs for drug abuse prevention (2009) and a recent publication (2018) on "The role of parents in preventing drug use".

From a scientific point of view, an indication of the growing importance that is attributed to the family in substance abuse prevention efforts is represented by the number of scientific publications that have been published on this topic. An analysis of the annual average number of publications that deal with the terms "substance abuse prevention" and "family" – as cited by *PsycINFO*, *Google Scholar* and *ERIC* databases – has gradually increased from 35 in 1969-1982, to 256 in 1988-1990, to 555 in 2000-2003 and up to 850 in 2015-2018. The increasing shift from prevention efforts that address youth alone to prevention efforts that incorporate the family is global. For example, Ortega et al.'s (2016) description of substance abuse prevention programs in Italy demonstrates this trend. According to Ortega et al. (2016), recent surveys among youth have indicated that cannabis use is slightly more common among Italian youth in comparison to youth from other European nations, with 1 out of 5 Italian school students having used cannabis at least once (EMCDDA, 2018). However, most prevention programs that has been implemented in Italy were either not theory-driven or lacked a solid evaluation of their effectiveness and efficacy. In response, Ortega et al. carefully adapted the Strengthening Families Program 10-14 (10-14 SFP) for administration among Italian families (see below).

Several reasons can be suggested to explain the growing attention to the role of the family in substance abuse prevention, including:

1. Counter-preventive family circumstances: Sometimes one of the family members uses drugs of different kinds (e.g., drugs, alcohol, cigarettes; Catalano, 1997). In addition, family members may be addicted to various unhealthy materials (e.g., soft drinks; sweets

or other addictive behavior (e.g., work). Hence, in these families the child has a negative role model that might foster, rather than prevent, the tendency to explore drugs. Naturally, preventive interventions that address these at-risk children have to focus on both the child and his/her family (e.g., Catalano, 1997; Haggerty, 2008).

2. Problems within the family: Problems within the family may sometimes lead a child to abuse drugs in an attempt to achieve a sense of calmness and relief from the problem. A major example of this is parental conflicts that (are about to) lead to divorce (Kelly, Weier, & Hall, 2019). Another example would be a mental health problem, such as depression among one of the family members (Hahn, 1998). Thus, it is essential to guide the family members in how to deal with the problem they are encountering while not putting/shifting too much pressure on to the child (e.g., Sandler, 2017); otherwise the child may escape this pressure through drug use.
3. Parents monitoring of the child: Many virtues of proper parental monitoring of the child are outlined in the literature (e.g., Darling, & Tilton-Weaver, 2019; Lv, Lv, Yan, & Luo, 2019; Willoughby, & Hamza, 2011). One of them is the parents' ability to identify early use of drugs, by inspecting changes in the child's regular behavior (Dishion, & McMahon, 1998; Haas, Zamboanga, Bersamin, & Hyke, 2018). Accordingly, incorporating the parents in efforts to prevent children's substance abuse would help parents (or other family members) acquire better knowledge of how to identify and cope with children's preliminary experience with drugs.
4. Support in implementing the prevention program: Naturally, prevention programs always have a limited number of sessions (or activities). Moreover, frequently the program developers rely on the program participants' explorative implementation of the various component being suggested to them (i.e., as an alternative to drug use). This would be the case especially if the program is based on cognitive behavioral therapy (CBT; e.g., Salvo, Bennett, Cheung, & Bowlby, 2012). Hence, incorporating the parents in substance abuse prevention programs actually recruits them as an aid to ensure that the child will keep up with the program's requirements. In addition, parental involvement in the program has the potential to enlist them as a valuable source of

support for the child when coping with daily hassles, especially those circumstances that might lead to substance use.

5. There is some evidence showing that the value of intervention among adolescents is greater when the adolescents know that a parallel substance abuse prevention intervention is being implemented among their parents (e.g., Madon et al., 2013; Nash, McQueen, & Bray, 2005).
6. Accumulation of evidence: Accumulating findings from various evaluation studies indicate the positive impact of parents-focused intervention on the prevention of child's and adolescent's substance abuse prevention (e.g., Allen et al., 2016; Bates et al., 2017; Brody et al., 2012; Jensen et al., 2014; Kumpfer & Alvarado, 2003; Lochman, & van den Steenhoven, 2002; Lohrmann, Alter, Greene, & Younoszai, 2005; Pilgrim, Abbey, Hendrickson, & Lorenz, 1998; Skeer et al., 2016). Moreover, it has been suggested that the effect of familial approaches to substance abuse prevention is up to 2-9 times larger than prevention approaches for

children alone (Kumpfer, Alvarado, & Whiteside, 2003).

3. Programs that address the parents

The increasing evidence on the utility of implementing parents-focused preventive interventions has served as a buffer for the development of additional ones. Thus, the literature reports a relatively large number of prevention programs that address the parents. For the current review, based on the selection criteria of "substance abuse prevention" and "family", family-focused preventive interventions for substance abuse were searched for on major databases. The search in the data files was conducted for the combination of the words "Drug abuse" AND "intervention" AND "parents". The search of these words was performed twice: firstly, as "Everywhere in the articles; secondly, as Keywords. As presented in Table 1, results of these searches yielded more than 6,000 references (some of them overlapping) out of them 446 papers in which these search words appeared as Keywords.

TABLE 1. Search words and number of manuscripts found (everywhere) and reviewed (by keywords) on the topic of: parent-focused interventions in reducing or preventing adolescent tobacco, alcohol, and illicit substance use

Date File	Search words	Identified	
		Everywhere	In Keywords and Reviewed
PsychNET	Drug abuse AND intervention AND parents	128	128
Psychiatry Online	Substance abuse AND intervention AND parents	89	89
	Drugs abuse AND intervention AND Parents	2200	140
PubMed	Substance abuse AND intervention AND parents	2332	54
ProQuest	(Subject) drug abuse AND (subject) intervention AND (subject) parents	353	24
Eric	Drugs abuse AND (mainsubject) intervention AND (subject) parents	122	4
Scopus	Drugs AND abuse AND intervention AND parents	80	7
Total			446

For the purpose of the current review, we checked the abstract of these 446 papers in search of either a comprehensive description or an evaluation of a documented (elsewhere)

program to prevent substance abuse by addressing (sometimes - also) the parents.

Based on this review, the following (alphabetically) list of programs were identified:

1. *ADF*: Alcohol, Drugs and the Family (Velleman & Templeton, 2003)
2. *ATP*: The Adolescent Transitions Program (Connellet al., 2007; Dishion, & Kavanagh, 2000)
3. *BABES*: Beginning Alcohol and Addictions Basic Education Studies (Hahn, Hall, Rayens, Myers, & Bonnel, 2007)
4. Celebrating Families (Celebrando Familias; Sparks, Tisch, & Gardner, 2013).
5. *DTBY*: DARE to be You (Miller-Heyl, MacPhee, & Fritz, 1998).
6. eHealth Familias Unidas Primary Care (Perrino et al., 2018; Prado et al., 2019)
7. *FPNG*: Families Preparing the New Generation (Nagoshi et al., 2018; Familias Preparando la Nueva Generación; Marsiglia et al., 2018)
8. Family Circles Program (Van Stelle, Allen, & Moberg, 1998)
9. Family Matters (Bauman, Foshee, Ennett, Hicks, & Pemberton, 2001)
10. *FET*: Family Effectiveness Training (Szapocznik et al, 1989)
11. Focus on Families Project (Catalano, et al., 1999; Haggarty, 2008)
12. Going Places program (Simons-Mortonet, Haynie, Saylor, Crump, & Chen, 2005)
13. Health-Related Information and Dissemination Among Youth (HRIDAY;) intervention (Perry, Stigler, Arora, & Reddy, 2008)
14. Home Based (Winters, Botzet, Dittel, Fahnhorst, & Nicholson, 2015)
15. *HSD*: Healthy School and Drugs program (Malmberg et al., 2014)
16. *ISFP*: Iowa Strengthening Families Program (Kumpfer, Molgaard, & Spoth, 1996; Spoth, Goldberg, & Redmond, 1999;) + Strengthening Families Program for Parents and Youths ages 10-14 (SFP10-14) (Riesch et al., 2012)
17. *IY*: The Incredible Years (Webster-Stratton, & Reid, 2007).
18. *MBI*: Media-based intervention (Jason, Pokorny, Kohner, & Bennetto, 1994).
19. Media Detective Family Program (Scull, Kupersmidt, & Weatherholt, 2017)
20. *OPP*: Orbero prevention program (Bodin & Strandberg, 2011)
21. *PAS*: Prevention of Alcohol Use in Students program (Koning et al. 2009)
22. *PDFY*: Preparing for the Drug Free Years (Kosterman, Hawkins, Spoth, Haggerty, & Zhu, 1997)
23. *PMTO*: Parent Management Training - Oregon Model (Forgatch, & DeGarmo, 1999; Forgatch, & Kjøbli, 2016)
24. Project *ECOS* - Estratégias Comunitárias de Observação Social (Martinho et al. 2017)
25. Project Northlands (Perry et al., 2002)
26. *PACE*: Parenting Adolescents: A Creative Experience (Jenkin & Bretherton, 1994)
27. *SAAF*: The Strong African American Family (Beach, Lei, Gene., & Philibert, 2018)
28. Safe Haven Program (Aktan, 1998)
29. *SAFE*: Project for a Substance Abuse-Free Environment (Van Hasselt et al., 1993)
30. Staying Connected with Your Teen (Haggerty, Skinner, Catalano, Abbott, & Crutchfield, 2015)
31. *SUPER II* program (Bruce, & Emshoff, 1992)
32. Triple-P (Sanders, 2012)

Generally speaking, models of intervention among parents focus on the reduction of coercive parenting through the teaching of positive parenting strategies (Gewirtz, & Youssef, 2017). In relation to substance abuse prevention, previous research has suggested that parents' importance in drug use prevention programs stems from their potential positive impact on the protective and risk factors that might lead to substance abuse (Horigian, Anderson, & Szapocznik, 2016). However, it should be noted that the variance among the various substance abuse prevention programs is large in terms of their major goal (i.e., some of them are universal prevention programs, while others declare that they focus on selective prevention, indicative prevention, or even comprehensive family therapy), their secondary goals (i.e., talking with children, eating family meals, using specific criteria for success, etc.), their frame of reference, their ways of intervening, etc.

In their 2003 review of the Family-Strengthening Program for the Prevention of Youth Problem Behaviors, Kumpfer and Alvarado (2003) identified 13 principles that should be embedded in an effective parents-focused intervention, as follows:

1. Comprehensive multicomponent interventions, rather than a single component
2. Emphasis on family strengths, resilience, and protective processes rather than deficits
3. Addressing strategies for improving family relations, communication, and parental monitoring
4. Producing cognitive, affective, and behavioral changes in the ongoing family dynamics and environment
5. Increased dosage or intensity among higher risk families
6. Adaptation to the child's age
7. Beginning early in life if the parents are very dysfunctional

8. Addressing developmentally appropriate risk and protective factors when participants are receptive to change
9. Cultural adaptation to the family's traditions
10. Using incentive to encourage parents' participation
11. Using trained personnel
12. Using more interactive and less didactic sessions
13. Encouraging participant's initiation of possible solutions

Review of the more recent family-focused programs in the area of substance abuse prevention indicates that they fit most of these principles, and highlights additional principles, including:

Fostering parents to be more involved in the child's life

- Encouraging communication between family members
- Fostering parents' - sometimes as well as children's - social skills
- Instructing parents regarding ways of identifying their child's substance abuse
- Reducing risk factors and promoting protective factors within the family; e.g., providing a sense of security; keeping-up with home regulations; reducing chaotic family climate; encouraging children's adaptive coping behavior; stopping parental maltreatment (if it exists); being highly responsive to the child(ren); supplying warmth, consistency, age-appropriate expectations and praise for accomplishments; encouraging children's positive social interaction with peers; supplying and encouraging opportunities for physical exercise. In addition the parents are guided to monitor the possible emergence of individual (i.e., in the child) risk factors, such as bullying, deviant peer relationships and depression (Whitesell, Bachand, Peel, & Brown, 2013).

Generally speaking, interventions among families aim to achieve these goals through the use of one or several of the following components (see, for example, Allen et al., 2016): Booklets; Sessions (for either the parents alone; the children alone; and/or parents+children; or a combination of the various types of sessions); Newsletters/leaflets; Online sessions; Videos; Telephone calls; Notebook exercises; Audio CDs; Family visits; Individual motivational interviews; Consultation; Recess games; and, last but not least, payment for participation in the program (e.g., Haggerty, Skinner, Catalano et al., 2015). Naturally, most of the parent-focused prevention programs target several of the

above mentioned goals and use a combination of components to change parental behavior and, as a result, the child's inclination to substance abuse. Below are three examples.

eHealth Familias Unidas Primary Care (Prado et al., 2019) is an Internet-based, parents-centered, Hispanic-specific, evidence-based prevention intervention that has been implemented and evaluated in South Florida (USA). The intervention is implemented by trained interns, clinic volunteers, social workers, mental health counselors, students, and nurses. *eHealth Familias Unidas Primary Care* targets the parent (only), uses the Internet as a vehicle for intervention delivery, and is delivered by professionals (i.e., nurses, social workers, mental health counselors), students (i.e., master's and doctoral level psychology, social work, and public health students) and trained volunteers. The program is an Internet adaptation of the *Familias Unidas* face-to-face intervention (Prado & Pantin, 2011). The intervention consists of 4 parents sessions, delivered in Spanish or English via web conferencing software and 8 e-parent group video sessions in Spanish that are accessed via a website.

With reference to the syntonic telenovela/soap opera episodes, the 8 e-parent video group sessions deal with the following contents: encouragement of parental engagement in the prevention program; acquaintance with adolescent risk factors in the family, peer, and schools. enhancement of communication skills; supplying support alongside effective discipline; parental monitoring of adolescents' peer activities; strategies to prevent adolescent drug use; teaching the child effective management of peer pressure to engage in drug use; involvement in the adolescent's school world; fostering adolescent's safe sexual practices; communicating the dangers and consequences of risky sexual behavior; and review of the intervention program, highlighting the importance of parental involvement, family communication, family support, and parental monitoring in combating these risks. Finally, the e-parent group discussions provide the parents with the opportunity to practice the skills learned in the 8 e-parent group sessions with their adolescent.

Another example, is the *Staying Connected with Your Teen*® prevention program. *Staying Connected with Your Teen*® is a family-centered intervention that is offered to parents and their eighth-grade child, that aims to reduce family stressors and conflicts, and increase parental communication and involvement in the child's life. The program tries to make a change in parental behavior and family management, by drawing their attention to proper guidelines, monitoring

and consequences in their interactions with the child. The program uses a seven-chapter (108 pages) parents workbook and a video (117 minutes), divided into 18 sections, that is used in conjunction with each of the workbook's chapters. The program addresses risk factors, such as family conflict and parental attitudes toward drug use, alongside the development of protective factors, such as taking advantage of opportunities and rewarding strategies (Catalano and Hawkins 1996). Notably, the participating families receive up to \$100 for their participation in the program activities. Recent evaluations (Haggerty et al., 2015) have demonstrated the utility of the Staying Connected with Your Teen® program among US families. Accordingly, exploration of the program among children in foster families has indicated the positive impact of the Staying Connected with Your Teen® program, in terms of stronger family management, better communication between the caregivers and adolescent child, more teen participation in setting family rules, and a decline in positive teen attitudes toward antisocial behavior (Haggerty, Barkan, Skinner, Packard, & Cole, 2016).

Another and last example is *The Strengthening Families Program (SFP)*. SFP is a highly structured, evidence-based parents skills training preventive intervention. While originally the program was developed to help families of juvenile offenders and prevent these children from using drugs (Kumpfer, Molgaard, & Spoth, 1996), in their recent publications, the program developers (Kumpfer, Magalhães, & Greene, 2016) describe their major goal in more general terms; i.e., "to improve the happiness and quality of life of families".

A later version of the SEP is the Strengthening Families Program for Parents and Youths ages 10-14 (SFP10-14). The program focuses on the advancement of good parenting skills and positive family relationships, the reduction of aggressive, hostile behavior, and substance abuse in adolescence and improvement of family relationships. The program is taught in the evenings, with about 7-10 families over seven weeks, and uses narrated videos portraying typical youth and parent situations with diverse families. The program is composed of three major blocks: (1) parent effectiveness training, (2) child skills-building, and (3) parents sessions. Parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and do family projects. The parent sessions consist of parental skill-building activities; The youth sessions include social bonding activities; and the following parents sessions address topics like: family bonding, positive communication, and family problem solving. Evaluation

studies have indicated that the program provides solid support for American families (e.g., Gest, Osgood, Feinberg, Bierman, & Moody, 2011; Spoth, Redmond, Mason, Schainker, & Borduin, 2015). Interestingly, there is evidence that administration of the SFP10-14 has positive impact beyond the participants themselves, and has also contributed to the participants' peers (Rulison, Feinberg, Gest, & Osgood, 2015).

Further explorations of the SFP10-14 program's contribution (LoBraico et al., 2019) have highlighted three components: parental monitoring and behavior, management strategies, and positive family relationships as the most essential for achieving a reduction in children's substance abuse.

5. An international perspective on parents-based prevention

Several substance prevention programs have been developed for youth of the various ethnic groups within the USA and their families. For example, *The Strong African American Families Program* (Broday et al., 2006) is a 7-week family skills training program that aims to prevent substance and alcohol use through the promotion of protective factors among rural African-American 11-year-olds and their primary caregivers. Referring to Asian-American families, Fang and Schinke (2013) suggested a prevention program that is directed to adolescent girls and aimed to strengthen the girls' positive relationships with their mothers, as well as increasing the girls' self-efficacy and resilience to resist substance use. Notably, Fang and Schinke (2014) mention the existing differences within the Asian-American population, in terms of cultural backgrounds, native languages, nationalities and acculturation levels. Yet, they believe that their program is relevant to all Asian-American families in the USA.

Importantly, most of the parents-oriented substance prevention interventions that have been implemented in other nations, outside of the USA, have used adapted versions of programs that were originally developed for populations in the USA. One example is the US *Family Matters* program (Bauman, Foshee, Ennett, Hicks, & Pemberton, 2001; Bauman et al., 2002), which has been adapted for the Thai population and been implemented in Thailand (Byrnes et al., 2011; Chamrathirong, 2010). Another example is *Project Northlands* that has been adapted to Croatia (West et al., 2008).

However, it seems that the most prominent example of using a US-originated family-focused substance abuse prevention program is the above described *Strengthening Families Program*. The

SFP, especially in its revised form (SFP10-14), has been adapted and implemented in 25 nations across the globe (<https://www.extension.iastate.edu/sfp10-14/>), such as Poland (Okulicz-Kozaryn, 2015), the UK (Allen, Coombes, & Foxcroft, 2006), Germany (Stolle, Stappenbeck, Wendell, & Thomasius, 2011), Ireland (Kumpfer, Xie, & O'Driscoll, 2012), Spain (Pérez et al., 2009; Orte et al., 2015), Sweden (Skärstrand, Larsson, & Andréasson, 2008), Panama (Mejía, Ulph, & Calam, 2016), Peru (Pérez-Gómez, & Mejía-Trujillo, 2017; Kumpfer & Alvarado, 2003), Portugal (Magalhães, & Kumpfer, 2015), Puerto Rico (Chartier, Negroni, & Hesselbrock, 2010), Italy (Ortega, Giannotta, Latina, & Ciairano, 2012) and more. Notably, when adapting the program for the German population, Stolle, Stappenbeck, Wendell and Thomasius (2011) concluded that the adaptation – later on entitled *Familien stärken* – could not lean solely on its US and UK versions, but required attention to the following four aspects: (1) taking into account the specific regional social structures (e.g., risk population; migration background; socioeconomic status; family structure) (2) adaptation to the German language (colloquial language, idiomatic expressions, non-verbal language), (3) considering the local (German and newcomers) norms concerning parents' and children's expected behavior, and (4) finding proper ways to incorporate the program into the local support system. In some ways, these notions challenge the validity of the wide international dissemination of the SPP and SFP10-14. Namely, while the basic utility of these programs seems to be unquestionable, it is unclear whether their adaptation to each and every nation was gradual enough, and evidence-based, in order to achieve the best local/cultural version.

The need for prevention programs that are tailored specifically to the local (e.g., national) group of parents is especially important when dealing with countries in which the populations which inhabit it share a partially similar ethnicity, but are different in many other terms, such as nations in South America and the Middle-East.

Hispanic youth demonstrate higher levels of drug use and sexual risk behaviors than their non-Hispanic counterparts (Cervantes, Goldbach, & Santos, 2011; Johnston, O'Malley, Miech, Bachman, & Schulenberg, 2017). Hence, prevention efforts among youth and parents whose origin is in South-American countries should be more cautious in adopting prevention programs that have not been developed with regard to the antecedents of this (above) notion (Pérez-Gómez, & Mejía-Trujillo, 2017). Moreover, even within the Latino population there is considerable variance. For example, US Latino youth

include at least two separate groups: (1) those who were born, raised and currently live in the USA and (b) those whose origin, and maybe even birthplace, is from Latino nations (e.g., Mexico; Argentina) but are currently living in the USA. Thus, it could be expected that a large variety of differential programs should be suggested. Unfortunately, in practice, most of the existing programs for Latino families have been developed in the USA and address mainly those parents who live in the USA (e.g., Marsiglia, Ayers, Han, & Weide, 2018; Marsiglia, et al., 2018).

Importantly, there is literature on studies that have demonstrated the differences in the determinants of American vs. non-American youth's inclination to abuse drugs (e.g., Venezuela; Cox, Blow, Maier, & Cardona, 2010). Moreover, there are already indications that the parents' origin plays a role in shaping the impact of substance abuse prevention programs, such as in the case of the cultural adaptation of the Parent Management Training - Oregon Model (PMTO; Forgatch, & Kjøbli, 2016).

Originally, the PMTO program was directed toward parents of children who exhibit antisocial behavior. Later on, it was adopted as a general model for developing parental skills, including in the case of substance abuse prevention. The core components of the program are: teaching through encouragement, positive involvement with children, effective family problem solving, monitoring and supervision, and setting boundaries effectively. Martinez and Eddy (2005) adapted this program for Spanish-speaking Latino parents with middle-school-aged youth at risk of problem behaviors. The evaluation results indicated a positive impact on both the parents and the children, including reduced likelihood of smoking and use of alcohol, marijuana, and other drugs. Yet, the researchers indicated that differential effects of the intervention were based on youth's nativity status.

Hence, it seems that even though reports on interventions among Latino parents indicate a positive impact, it seems that much more can be done to improve the programs' effectiveness. An example of a unique characteristic that may be essential in making a change in Latino parents' behavior is the "que son madres" component – i.e., perception of the facilitators as "mothers". This characteristic, that may be unrelated to parents' different origin, has been identified as one of the major features that has led Latino parents to be more engaged in substance prevention program (Ayón, Peña, & Naddy, 2014). This rather small example represents the general need to develop a differential set of evidence-based prevention programs that would be better tailored to the various

sub-groups of Latino families, as well as to other fragments of international society.

Several exceptional projects do exist, in which a theory-driven substance abuse prevention program was developed specifically for non-US parents. Below are several examples: The Portuguese project ECOS (Estratégias Comunitárias de Observação Social; Martinho et al. 2017) that used US-originated models as its theoretical basis but established a new multi-group intervention (i.e., individual and family support; parental training; Diversification of Cultural Experiences Programme; children's group intervention; and youngsters' group intervention) that has been directed especially for Portuguese families of complex social circumstances. Additional examples are the Swedish Örebro Prevention Programme (ÖPP; Bodin, & Strandberg, 2011), which was developed in the late 1990s in response to a governmental call for universal alcohol prevention programs that could be administered at low cost within the limitations of existing community resources (see also its adapted version to the Netherlands – PAS; Koning et al. 2009); or the *Health-Related Information and Dissemination Among Youth* in India (HRIDAY; Reddy et al., 2002), a part of the MYTRI Project (Mobilizing Youth for Tobacco Related Initiatives in India) that gradually (e.g., Harrell Stigler et al., 2011; Mishra et al. 2005) identified the role of parents and parental collaboration in shaping Indian youth's cigarette smoking. Both of these projects (and several others) consider generic knowledge on positive parenting but implement them only after exploration of the specific nation's circumstances, mentality and youth characteristics.

6. The future of parents-based interventions for substance abuse prevention

The above literature review highlights that (1) It is highly accepted that substance abuse prevention should address youth's parents; (2) Accordingly, there are many programs that have been developed to address this need, some of which are internationally popular; (3) There is evidence of these parent-focused programs' utility. (4) Nevertheless, the question of cultural and national adaptation seems to be partially resolved.

While paying homage to the current parent-focused prevention programs and their positive impact, it seems that there are still several challenges that prevention efforts among parents should (re)consider, in pursuit of achieving higher contribution to substance abuse prevention. Below are listed several of these challenges:

6.1. Further exploration of proper parent-child incorporation

Developers of the SFP program perceive its effectiveness as stemming from the co-participation of parents and children in two-hour weekly family group sessions (Kumpfer, Magalhães, & Greene, 2016). Accordingly, Allen et al. (2016) suggest that effective interventions with parents should include at least 12 contact hours and must be implemented through sessions that include parents and youth. Indeed, following a review of the literature on combined student-parent interventions, Newton and colleagues (Newton et al., 2017) concluded that combined student-parent-based programs exist they yield promising results. Notably, there are other prevention programs that highlight the benefits of either partially separated sessions for parents and children or even parent-only participation (e.g., Sandler). Thus, a question arises as to the proper design of intervention sessions and whom they should address. This question is rather a complicated one, as there is evidence to indicate that it is likely that both parental characteristics and the child's problems shape the parents' preferences for the type of prevention program they would benefit from, with parents with lower education levels and children with more severe problems preferring face-to-face sessions (Miller, Aalborg, Byrnes, Bauman, & Spoth, 2012). Thus, these findings indicate the emerging need for comprehensive design of the "best practice" (or differential practices) for parental involvement in substance abuse prevention. Needless to say that once such best practices are suggested, other prominent problems will need to be addressed, such as the common problem of proper implementation and program fidelity (i.e., ensuring that the intervention was implemented as designed; Byrnes, Miller, Aalborg, Plasencia, & Keagy, 2010). Indeed, the topic of program fidelity has already been raised with regard to parents-focused substance abuse prevention interventions (e.g., Hogue, Liddle, Singer, & Leckrone, 2005).

6.2. Timing of family intervention in terms of children's age

While most family-focused programs have been directed toward either secondary or high school students (Lohrmann, Alter, Greene, & Younsozai, 2005), other programs address elementary school students, such as the Mexican program *Leaving Marks in your Life* (Dejando Huellitas en tu vida - http://www.uade.inpsiquiatria.edu.mx/pagina_contenidos/libros/huellitas.pdf), designed for elementary school students between 2nd and

5th grades. The general goal of the program is to prevent addiction and promote mental health. The program includes parents, teachers and health professionals and highlights skill promotion (Gutiérrez, Villatoro, Gaytán & Álamo, 2009). Finally, there are programs that address parents of younger ages, including preschoolers, such as the Incredible Years Program (Webster-Stratton, & Reid, 2004) and others (e.g., Kaminski, Stormshak, Good & Goodman, 2000; Miller-Heyl, MacPhee, & Fritz, 1998).

Hence, a major question, that the current literature on preventive interventions among parents doesn't supply a comprehensive answer to, is what is the best timing for parental engagement in the process of preventing children's substance abuse. Even though the intuitive answer would be ASAP, i.e., already in early childhood (Dusenbury, 2000; Hahn, Hall, & Simpson, 1998), some programs have already demonstrated their utility with a certain age cohort, such as Project Northland that proved to be most successful when the students were young adolescents (Perry et al., 2002). Moreover, in light of the possibility (Kirk et al., 2013) that parents may be unable to transfer knowledge gained with reference to a given circumstance (e.g., infancy) to other circumstances (e.g., adolescence), a debate concerning the effectiveness and utility of such early intervention is warranted.

6.3. Finding new paths for intervention

A major and long-standing problem in intervention targeting parents is the low rate of positive cooperation with invitations to collaborate with school staff or with health agencies (e.g., Felner et al., 1994; Spoth, & Redmond, 1994). Moreover, frequently those parents who are especially in-need of further guidance – due to either their child's problematic condition or due to their (physical and/or psychological) abusive behavior – are especially reluctant to attend meetings and sessions with the school staff. Hence, new ways of engaging parents in efforts to prevent their child's involvement in substance abuse should be explored. For example, Prado et al. (2019) suggested providing mental and behavioral prevention services in primary care settings. Primary care settings are an example of infrastructures that supply a rich professional, and easily accessible, environment in which evidence-based interventions could be presented to various populations, leading to recruitment of future participants into prevention programs, such as drug abuse prevention. The same goes for emergency rooms in hospitals and family courts (see Sandler et al., 2017). Another example is the possible incorporation of the component

of mindfulness and mindful parenting (Duncan, Coatsworth, & Greenberg, 2009). Finally, attention should be drawn to reframing the context of parents' enrollment in prevention efforts, such as the Australian program "PACE: Parenting Adolescents: A Creative Experience" that basically deals with the same components of parent-adolescent relationship but title it and present it in a more "creative – i.e., challenging – way (Jenkin & Bretherton, 1994/2015; Shortt, Toumbourou, Power, & Chapman, 2006).

6.4. Fostering parents' participation

The rate of parents who participate in prevention programs is, generally speaking, unsatisfactory; the same goes for substance abuse prevention (e.g., Cohen, & Rice, 1995). Moreover, there is a reason to believe that those parents who attend substance abuse prevention programs do not represent the whole spectrum of families that may be in need for such intervention (Hill, Goates, & Rosenman, 2010). Several explanations have been suggested to explain parents' recruitment and participation, such as the parents' preliminary (realistic) expectations (Fox & Gottfredson, 2003) and the community characteristics (Byrnes, Miller, Aalborg, & Keagy, 2012). Thus, currently, little is still known about cultural and community differences. Notably, it is not the lack of general knowledge about ways to incorporate parents in preventions efforts but rather more differential ways of doing so, as applied to each culture, as well as subgroups within each culture. While small financial incentives can always be useful (Al-Halabí & Pérez, 2009) and use of the "Tupperware technique", in which programs begin with a party in order to recruit and maintain parental participation in an intervention (Riper, Bolier, & Elling, 2005), it seem more advisable to conduct a preliminary study of the parents' and children's characteristics, in order to identify the most suitable program to offer parents, as the parents' willingness to participate is determined by the type of program offered to them (Miller, Aalborg, Byrnes, Bauman, & Spoth, 2012).

6.5. Finding the balance between generic principals and local implementation

Referring to youth's substance abuse prevention, it is generally agreed that effective prevention interventions should take characteristics of the family, the child and the environmental context into account (e.g., Ghayour-Minaie, King, Skvarc, Satyen, & Toumbourou, 2019). Yet, the distance between this notion and its practice seems to be large and

challenging. Following their review on the cultural adaptation of substance abuse prevention programs that incorporate parents, Kumpfer, Alvarado, Smith and Bellamy (2002) note that very few family interventions have been adapted to be culturally sensitive to different ethnic groups. Unfortunately, in spite of the many years that have passed, Baumann and colleagues (2015) came to a similar conclusion. After reviewing a total number of 610 articles, including four of the more prominent prevention programs, Baumann et al. (2015) revealed that only 8 of the studies documented a rigorous cultural adaptation process, and only 2 examined the intervention's effectiveness through the use of rigorous research designs. In light of these findings, the researchers emphasize the "urgent need for better cultural adaptation". Haslam and Mejia (2018) join this call and demonstrate how such an adaptation could be done, while referring to the case of adaptation of the Triple P program. Notably, the long distance between a proper analysis of the problem to be prevented, the characteristics of the (local) youth and their parents, the best practices to deliver the prevention messages and a comprehensive evaluation of the prevention program efficacy and effectiveness is an expensive and highly demanding process.

Thus, establishing a rigorous prevention program is extremely difficult. Hence, the alternative option - i.e., using a program that has been developed and validated by someone else (who lives and works in a different nation) - is tempting (for both the "provider" and the "customer"). Some organizations (e.g., UNODC) even recommend not developing new programs, but rather, using well-established one. This, however, might lead to unjustifiable shortcuts and mistakes that would raise questions regarding the adapted program's fidelity; i.e., ensuring that the intervention was implemented as designed (Byrnes, Miller, Aalborg, Plasencia, & Keagy, 2010). This possible problem

has already been mentioned with regard to the case of parent-focused interventions (e.g., Hogue, Liddle, Singer, & Leckrone, 2005).

Naturally, the golden path would be to rely on existing theoretical approaches and practical applications, and yet to seriously explore what changes must be made in order to meet the local (national, etc.) group of participants' needs and circumstances, alongside careful evaluation of the suggested program before implementation. However, even the act of cultural adaptation is relatively long, as attention should be given to many aspects, such as those listed by Navsaria and Hong (2017) in their discussion of parenting interventions among immigrants: translation of written materials into the native language; use of bilingual and bicultural staff and clinicians; use of translators when content is presented in English; cultural competency training which is specific to the particular ethnicity for staff and clinicians; introduction of a motivational/supportive phase to increase potential for engagement before evidenced-based intervention begins; grounding key components of intervention in cultural values, beliefs and constructs by using culture-specific examples, vignettes and visuals; building trust among the families, schools and community through involvement of respected community agencies and trusted cultural brokers; and providing extra booster sessions, phone consultations and home visits to provide support, reinforce information learned and clarify any misunderstandings. An additional and much neglected aspect is the need for adaptation of evaluation measurements to the target (ethnic and national) group. Namely, to be highly cautious in using western-composed scales and measurements, as often, the ways (e.g., expressions) in which people express their attitudes, feelings and behavioral intentions differ (slightly or to a great extent) according to their nationality and culture (Cervantes, Goldbach, & Santos, 2011; Tein, 2017).

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HOW TO CITE THE ARTICLE

Israelashvili, M. (2019). Parents and substance abuse prevention: current state and future challenges. *Pedagogía Social. Revista Interuniversitaria*, 34, 45-62. DOI:10.7179/PSRI_2019.34.04

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