**Parents and substance abuse prevention:**

**Current state and global challenges**

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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 parents’ 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?

*Keywords:* substance abuse, prevention, parents, international

Imagine the three edges of a triangle along which intensive shifts, back and forth, are constantly made. Now review the scientific literature on substance abuse prevention and a similar picture will emerge in your mind. The three edges of the (imaginary) substance abuse prevention effort "triangle" represent (1) gradual exposure of new mechanisms to reduce a predisposition to substance misuse/abuse (e.g., Life Skills) (2) constant debates regarding the best ways to ensure prevention program implementation's fidelity (e.g., in school settings) and (3) periodically addressing new challenges that enforce restatement of substance prevention efforts, goals and best procedures (e.g., marijuana legalization; Shover & Humphreys, 2019). While shifting between the three edges has its own vividness and advantages, it may lead to frustration and inefficiency at times (Israelashvili, 2017).

An exploration of current knowledge on the family’s role in youth substance abuse prevention somehow leads to a similar "intensive triangular feeling"; i.e., much has been learnt and a lot is being done, yet major challenges should still be addressed.

The purpose of the current review is to provide an updated portrayal of current knowledge on the role of the family in children and youth’s substance abuse prevention. This will be followed by conclusions and generalizations, which will be drawn based on the various models, goals and practices reviewed. Then, special attention will be given to the global state of family-focused interventions efforts, and limits of current knowledge. Finally, several challenges to the international community of prevention scientists and practitioners will be outlined.

**The increasing role of family-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. Family 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 family’s 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 family 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 family-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 time larger than prevention approaches for children alone (Kumpfer, Alvarado, & Whiteside, 2003).

**Programs that address the Family**

The increasing evidence on the utility of implementing family-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 family. 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 (including: PsyINFO, Google Scholar and ERIC). 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 ages10-14 (SFP10-14) (Riesch et al.,2012)
17. *IY*: The Incrediable 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 family-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, family-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 family 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 use a seven-chapter (108 pages) family 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 family 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) family 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 family 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.

**An international perspective on family-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 family-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; Chamratrithirong, 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 (Mejia, 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) findings 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.

**The future of family-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:

***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 benefitted 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 family-focused substance abuse prevention interventions (e.g., Hogue, Liddle, Singer, & Leckrone, 2005).

***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, & Younoszai, 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.

***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).

***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).

***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., UNDODC) 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 adaption 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).

References

ADLOMICO (2010). *The 20th Anti-Drug Liaison Officials' Meeting for International cooperation (ADLOMIC).* https://www.unodc.org/documents/southeastasiaandpacific//2010/10/adlomico/ED\_Message\_3\_Oct\_2010.pdf

Aktan, G. B. (1998). Evolution of a substance abuse prevention program with inner city African-American families. *Drugs & Society, 12*, 39-52. http://dx.doi.org/10.1300/J023v12n01\_04

Al-Halabí D. S., & Pérez, J. M. E. (2009). Use of small incentives for increasing participation and reducing dropout in a family drug-use prevention program in a Spanish sample. *Substance Use & Misuse, 44*, 1990-2000. http://dx.doi.org/10.3109/10826080902844870

Allen, D., Coombes, L., & Foxcroft, D. R. (2006). Cultural accommodation of the strengthening families programme 10–14: UK Phase I study. *Health Education Research, 22*, 547-560.‏

Allen, M. L., Garcia-Huidobro, D., Porta, C., Curran, D., Patel, R., Miller, J., & Borowsky, I. (2016). Effective parenting interventions to reduce youth substance use: A systematic review. *Pediatrics, 138*, e20154425.‏

Australia Ministerial Drug and Alcohol Forum (www.health.gov.au/drugstrategy) - *National Drug Strategy 2017–2026*. https://beta.health.gov.au/resources/publications/national-drug-strategy-2017-2026

Ayón, C., Peña, V., & Naddy, M. B. G. (2014). Promotoras' efforts to reduce alcohol use among Latino youths: Engaging Latino parents in prevention efforts. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice, 23*, 129-147. http://dx.doi.org/10.1080/15313204.2014.903137

Bates G, Jones L, Maden M, Corchrane M, Pendlebury M and Sumnall H (2017) The effectiveness of interventions related to the use of illicit drugs: prevention, harm reduction, treatment and recovery. A ‘review of reviews’. *HRB Drug and Alcohol Evidence Review 5*. Dublin: Health Research Board

Bauman, K. E., Ennett, S. T., Foshee, V. A., Pemberton, M., King, T. S., & Koch, G. G. (2002). Influence of a family program on adolescent smoking and drinking prevalence. *Prevention Science, 3*, 35-42.‏

Bauman, K. E., Foshee, V. A., Ennett, S. T., Hicks, K., & Pemberton, M. (2001). Family Matters: A family-directed program designed to prevent adolescent tobacco and alcohol use. *Health Promotion Practice, 2*, 81-96.‏

Baumann, A.A., Powell, B. J.; Kohl, P. L.; Tabak, R. G.; Penalba, V., Proctor, E.K., Domenech-Rodriguez, M. M.; & Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and Youth Services Review, 53*, 113-120. http://dx.doi.org/10.1016/j.childyouth.2015.03.025

Beach, S. R. H., Lei, M. K., Brody, G. H., & Philibert, R. A. (2018). Prevention of early substance use mediates, and variation at SLC6A4 moderates, SAAF intervention effects on OXTR methylation. *Prevention Science, 19*, 90-100. http://dx.doi.org/10.1007/s11121-016-0709-5.

Bodin, M. C & Strandberg, A. K. (2011). The Orebro prevention programme revisited: a cluster-randomized effectiveness trial of programme effects on youth drinking. *Addiction, 106*, 2134-2143. DOI:10.1111/j.1360-0443.2011.03540.x

Brody, G. H., Chen, Y., Kogan, S. M., Yu, T., Molgaard, V. K., DiClemente, R. J., & Wingood, G. M. (2012). Family-centered program deters substance use, conduct problems, and depressive symptoms in black adolescents. *Pediatrics, 129*, 108-115.

Bruce, C. & Emshoff, J. (1992). The SUPER II program: An early intervention program. *Journal of Community Psychology, 20*, 10-21.

Byrnes, H. F., Miller, B. A., Chamratrithirong, A., Rhucharoenpornpanich, O., Cupp, P. K., Atwood, K. A., Fongkaew, W., Rosati, M. J., & Chookhare, W. (2011). Neighborhood perceptions and parent outcomes in family based prevention programs for Thai adolescents: The role of program engagement. *Journal of Drug Education, 41*, 161-181. http://dx.doi.org/10.2190/DE.41.2.c

Byrnes, H. F., Miller, B. A., Aalborg, A. E., & Keagy, C. D. (2012). The relationship between neighborhood characteristics and recruitment into adolescent family-based substance use prevention programs. *The Journal of Behavioral Health Services & Research, 39*, 174-189. http://dx.doi.org/10.1007/s11414-011-9260-0.

Byrnes, H. F., Miller, B. A., Aalborg, A. E., Plasencia, A. V., & Keagy, C. D. (2010). Implementation fidelity in adolescent family-based prevention programs: Relationship to family engagement. *Health Education Research, 25*, 531-541. http://dx.doi.org/10.1093/her/cyq006

Catalano, R. F., Gainey, R. R., Fleming, C. B., Haggerty, K. P., & Johnson, N. O. (1999). An experimental intervention with families of substance abusers: one‐year follow‐up of the focus on families project. *Addiction, 94*, 241-254.‏

Cervantes, R., Goldbach, J., & Santos, S. M. (2011). Familia Adelante: A multi-risk prevention intervention for Latino families. *The Journal of Primary Prevention, 32*, 225-234. http://dx.doi.org/10.1007/s10935-011-0251-y

Chamratrithirong, A., Miller, B. A., Byrnes, H. F., Rhucharoenpornpanich, O., Cupp, P. K., Rosati, M. J., Fongkaew, W., Atwood, K. A., & Chookhare, W. (2010). Spirituality within the family and the prevention of health risk behavior among adolescents in Bangkok, Thailand. *Social Science & Medicine, 71*, 1855-1863. ttp://dx.doi.org/10.1016/j.socscimed.2010.08.020

Chartier, K., G., Negroni, L., K., Hesselbrock, M., N. (2010). Strengthening Family Practices for Latino Families. *Journal of Ethnic & Cultural Diversity in Social Work, 19*, 1-17.

Cohen, D. A. & Rice, J. C. (1995). A parent-targeted intervention for adolescent substance use prevention: Lessons learned. *Evaluation Review, 19,* 159-180. http://dx.doi.org.rproxy.tau.ac.il/10.1177/0193841X9501900203

Connell, A. M., Dishion, T. J., Yasui, M., & Kavanagh, K. (2007). An adaptive approach to family intervention: linking engagement in family-centered intervention to reductions in adolescent problem behavior. *Journal of consulting and clinical psychology, 75*, 568-579. [http://dx.doi.org/10.1037/0022-006X.75.4.568](https://psycnet.apa.org/doi/10.1037/0022-006X.75.4.568).‏

Cox Jr., R. B., Blow, A. J., Maier, K. S., & Cardona, J. R. P. (2010). Covariates of substance-use initiation for Venezuelan youth: Using a multilevel approach to guide prevention programs. *Journal of Studies on Alcohol and Drugs, 71*, 424-433. http://dx.doi.org/10.15288/jsad.2010.71.424

Darling, N., & Tilton-Weaver, L. (2019). All in the family: Within-family differences in parental monitoring and adolescent information management. *Developmental psychology, 55*, 390.‏

Dishion, T. J., & Kavanagh, K. (2000). A multilevel approach to family-centered prevention in schools: Process and outcome. *Addictive Behaviors, 25*, 899-911.‏

Dishion, T., & McMahon, R. (1998). Parental monitoring and the prevention of child and adolescent problem behaviors: a conceptual and empirical formulation. *Clinical Child and Family Psychology Review, 1*, 61-75.

Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009) Pilot Study to Gauge Acceptability of a Mindfulness-Based, Family-Focused Preventive Intervention. *Journal of Primary Prevention 30*, 605-618. DOI:10.1007/s10935-009-0185-9

Dusenbury, L. (2000). Family-based drug abuse prevention programs: A review. *The Journal of Primary Prevention, 20*, 337-352. http://dx.doi.org.rproxy.tau.ac.il/10.1023/A:1021366721649

Elliott, L., Orr, L., Watson, L., & Jackson, A., (2005). How Effective are Secondary Prevention Interventions for Young Drug Users? *Family Therapy, 32*, 15-30.

EMCDDA - European Drug Report (2018): Trends and Developments. <http://www.emcdda.europa.eu/publications/edr/trends-developments/2018>

Fang, L., & Schinke, S. P. (2013). Two-year outcomes of a randomized, family-based substance use prevention trial for Asian American adolescent girls. *Psychology of Addictive Behaviors, 27*, 788-798. http://dx.doi.org/10.1037/a0030925

Fang, L., & Schinke, S. P. (2014). Mediation effects of a culturally generic substance use prevention program for Asian American adolescents. *Asian American Journal of Psychology, 5*, 116-125. http://dx.doi.org/10.1037/a0035928

Felner, R. D., Brand, S., Mulhall, K. E., Counter, B., Millman, J. B., & Fried, J. (1994). The parenting partnership: The evaluation of a human service/corporate workplace collaboration for the prevention of substance abuse and mental health problems, and the promotion of family and work adjustment. *The Journal of Primary Prevention, 15*, 123-146. http://dx.doi.org/10.1007/BF02197143

Forgatch, M. S., & DeGarmo, D. S. (1999). Parenting through change: An effective prevention program for single mothers. *Journal of Consulting and Clinical Psychology, 67*, 711-724. http://dx.doi.org/10.1037/0022-006X.67.5.711

Forgatch, M. S., & Kjøbli, J. (2016). Parent management training—Oregon model: Adapting intervention with rigorous research. *Family Process, 55*, 500-513. http://dx.doi.org/10.1111/famp.12224

Fox, D. P., & Gottfredson, D. C. (2003). Differentiating Completers from Non-Completers of a Family-Based Prevention Program. *The Journal of Primary Prevention, 24*, 111-124. http://dx.doi.org/10.1023/A:1025988227486

Gest, S. D., Osgood, D. W., Feinberg, M. E., Bierman, K. L., & Moody, J. (2011). Strengthening prevention program theories and evaluations: Contributions from social network analysis. *Prevention Science, 12*, 349-360.

Gewirtz, A. H., & Youssef, A. M. (2017). Family-based prevention: Efficacy, effectiveness, and widespread implementation of parenting programs to reduce child behavior problems. In M. Israelashvili and J. L. Romano (Eds.), *The Cambridge Handbook of International Prevention Science*. Cambridge, UK: Cambridge University Press.

Ghayour‐Minaie, M., King, R. M., Skvarc, D. R., Satyen, L., & Toumbourou, J. W. (2019). Family, cultural diversity, and the development of australian adolescent substance use. *Australian Psychologist*. Advance online publication. http://dx.doi.org/10.1111/ap.12391

Gutiérrez, M; Villatoro, J; Gaytán, L; Álamo, A (2009). *Manual del programa de prevención de habilidades sociales “Dejando huellitas en tu vida*”. Segunda edición. Retrieved March 3, 2015, from http://www.uade.inpsiquiatria.edu.mx/pagina\_contenidos/libros/huellitas.pdf

Haas, A. L., Zamboanga, B. L., Bersamin, M., & Hyke, T. (2018). Perceived access and parental monitoring as moderators of impulsivity and marijuana use among adolescents. *The Journal of Primary Prevention, 39*, 155-169.‏

Haggerty, K. P., Skinner, M., Fleming, C. B., Gainey, R.R., & Catalano, R. F. ‏(2008). Long‐term effects of the Focus on Families project on substance use disorders among children of parents in methadone treatment‏. *Addiction, 103*, 2008-2016

Haggerty, K. P., Barkan, S. E., Skinner, M. L., Packard, W. B., & Cole, J. J. (2016). Feasibility of Connecting, a substance-abuse prevention program for foster teens and their caregivers. *Journal of the Society for Social Work and Research, 7*, 639-659. http://dx.doi.org/10.1086/686986

Haggerty, K. P., Skinner, M. L., Catalano, R. F., Abbott, R. D., & Crutchfield, R. D. (2015). Long-term effects of Staying Connected with Your Teen® on drug use frequency at age 20. *Prevention Science, 16,* 538-549. http://dx.doi.org.rproxy.tau.ac.il/10.1007/s11121-014-0525-8

Hahn, E. J., Hall, L. A., & Simpson, M. R. (1998). Drug prevention with high risk families and young children. *Journal of Drug Education, 28*, 327-345.‏

Hahn, E. J., Hall, L., A., Rayens, M. K., Myers, A. V., & Bonnel, G. (2007). School- and home-based drug prevention: Environmental, parent, and child risk reduction. *Drugs: Education, Prevention & Policy, 14*, 319-331. http://dx.doi.org.rproxy.tau.ac.il/10.1080/09687630601157618

Harrell Stigler, M., Perry, C. L., Smolenski, D., Arora, M., & Srinath Reddy, K. (2011). A mediation analysis of a tobacco prevention program for adolescents in India: How did project MYTRI work? *Health Education & Behavior, 38*, 231-240. http://dx.doi.org/10.1177/1090198110372330

Haslam, D. M., & Mejia, A. (2017). Accommodating race and ethnicity in parenting interventions. In M. R. Sanders and T. G. Mazzucchelli, (Eds.), *The power of positive parenting: Transforming the lives of children, parents, and communities using the Triple P system* , (pp. 332-343). New York, NY: Oxford University Press.

Hill, L. G., Goates, S. G., & Rosenman, R. (2010). Detecting selection effects in community implementations of family-based substance abuse prevention programs. *American Journal of Public Health, 100*, 623-630. http://dx.doi.org/10.2105/AJPH.2008.154112

Hogue, A., Liddle, H. A., Singer, A., & Leckrone, J. (2005). Intervention Fidelity in Family-Based Prevention Counseling for Adolescent Problem Behaviors. *Journal of Community Psychology, 33*, 191-211. http://dx.doi.org/10.1002/jcop.20031

Horigian, V. E., Anderson, A. R., & Szapocznik, J. (2016). Family-based treatments for adolescent substance use. *Child and Adolescent Psychiatric Clinics of North America, 25*, 603-628. http://dx.doi.org/10.1016/j.chc.2016.06.001

Israelashvili, M. (2015). The unspoken shift from quality to quantity standards in substance use(r) treatment and prevention: A challenge to unfinished intervention business. *Substance Use & Misuse, 50*, 1079-1082

Japan Council for Promoting Measures to Prevent Drug Abuse (2010). *Drug Abuse Prevention Strategy Acceleration Plan*. https://www.mhlw.go.jp/file/06-Seisakujouhou-11120000-Iyakushokuhinkyoku/plan-e.pdf.

Japan Council for Promoting Measures to Prevent Drug Abuse (2013). *The Fourth Five-Year Drug Abuse Prevention Strategy*. https://www.mhlw.go.jp/file/06-Seisakujouhou-11120000-Iyakushokuhinkyoku/4\_5strategy-e.pdf.

Jason, L. A., Pokorny, S. B., Kohner, K., & Bennetto, L. (1994). An evaluation of the short-term impact of a media-based substance abuse prevention programme. *Journal of Community & Applied Social Psychology, 4*, 63-69. http://dx.doi.org.rproxy.tau.ac.il/10.1002/casp.2450040111

Jenkin, C. & & Bretherton, D. I. (1994). *PACE: Parenting Adolescents, a Creative Experience*. Melbourne, Australia: ACER.

Jensen, M. R., Wong, J. J., Gonzales, N. A., Dumka, L. E., Millsap, R., & Coxe, S. (2014). Long-term effects of a universal family intervention: Mediation through parent-adolescent conflict. *Journal of Clinical Child & Adolescent Psychology, 43*, 415-427.‏

Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2017). *Monitoring the Future National Survey Results on Drug Use, 1975-2016: Overview, Key Findings on Adolescent Drug Use*. Institute for Social Research.‏ The University of Michigen.

Kaminski, R. A., Stormshak, E. A., Good III, R. H., & Goodman, M. R, (2002). Prevention of substance abuse with rural head start children and families: Results of project STAR. *Psychology of Addictive Behaviors, 16,* S11-S26. http://dx.doi.org/10.1037/0893-164X.16.4S.S11

Kelly A.B., Weier M., Hall W.D. (2019) The Age of Onset of Substance Use Disorders. In: de Girolamo G., McGorry P., Sartorius N. (Eds.) *Age of Onset of Mental Disorders.* Springer, Cham

Kirk, S., Beatty, S., Callery, P., Gellatly, J., Milnes, L., & Pryjmachuk, S. (2013). The effectiveness of self‐care support interventions for children and young people with long‐term conditions: A systematic review. *Child: Care, Health and Development, 39,* 305-324. http://dx.doi.org/10.1111/j.1365-2214.2012.01395.x

Koning, I. M., Vollebergh, W. A., Smit, F., Verdurmen, J. E., Van Den Eijnden, R. J., Ter Bogt, T. F., ... & Engels, R. C. (2009). Preventing heavy alcohol use in adolescents (PAS): cluster randomized trial of a parent and student intervention offered separately and simultaneously. *Addiction, 104*, 1669-1678.‏

Kosterman, R., Hawkins, J. D., Spoth, R., Haggerty, K. P., & Zhu, K. (1997). Effects of a preventive parent-training intervention on observed family interactions: Proximal outcomes from preparing for the drug free years. *Journal of Community Psychology, 25*, 337-352. http://dx.doi.org.rproxy.tau.ac.il/10.1002/(SICI)1520-6629(199707)25:4<337::AID-JCOP3>3.0.CO;2-R

Kumpfer, K. L., & Alvarado, R. (2003). Family-Strengthening Approaches for the Prevention of Youth Problem behaviors. *American Psychologist, 58*, 457– 465. DOI: 10.1037/0003-066X.58.6-7.457

Kumpfer, K. L., Alvarado, R., & Whiteside, H. O. (2003). Family-Based Interventions for Substance Use and Misuse Prevention. *Substance Use & Misuse, 38*, 1759-1787. http://dx.doi.org/10.1081/JA-120024240

Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science, 3*, 241-246. http://dx.doi.org/10.1023/A:1019902902119

Kumpfer, K. L., Magalhães, C., & Greene, J. A. (2016). Strengthening Families Program. In J. J. Ponzetti, Jr. (Ed.), *Textbooks in family studies series. Evidence-based parenting education: A global perspective* (pp. 277-292). New York, NY, US: Routledge/Taylor & Francis Group.

Kumpfer, K. L., Molgaard, V., & Spoth, R. (1996). The Strengthening Families Program for the prevention of delinquency and drug use. In R. DeV Peters and R. J. McMahon (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquenc*y (pp. 241-267). Thousand Oaks, CA: Sage.

Kumpfer, K. L., Xie, J., & O’Driscoll, R. (2012). Effectiveness of a culturally adapted strengthening families program 12–16 years for high-risk Irish families. *Child & Youth Care Forum, 41*, 173-195).‏

LoBraico, E. J.; Fosco, G. M.; Crowley, D. M., Redmond, C., Spoth, R. L., & Feinberg, M. E. (2019). Examining intervention component dosage effects on substance use initiation in the strengthening families program: For parents and youth ages 10–14. *Prevention Science*, Advance online publication. http://dx.doi.org/10.1007/s11121-019-00994-7

Lochman, J. E., & van den Steenhoven, A. (2002). Family-based approaches to substance abuse prevention. *The Journal of Primary Prevention, 23*, 49-114. http://dx.doi.org/10.1023/A:1016591216363

Lohrmann, D. K., Alter, R. J., Greene, R., & Younoszai, T. M. (2005). Long-Term Impact of a District-Wide School/Community-Based Substance Abuse Prevention Initiative on Gateway Drug Use. *Journal of Drug Education, 35*, 233-253. http://dx.doi.org/10.2190/FP99-BJ5N-KHQN-01LA

Lv, B., Lv, L., Yan, Z., & Luo, L. (2019). The relationship between parental involvement in education and children's academic/emotion profiles: A person-centered approach. *Children and Youth Services Review,‏ 100,* 175-182

Madon, S., Guyll, M., Scherr, K. C., Willard, J., Spoth, R., & Vogel, D. L. (2013). The role of the self‐fulfilling prophecy in young adolescents' responsiveness to a substance use prevention program. *Journal of Applied Social Psychology, 43*, 1784-1798. http://dx.doi.org/10.1111/jasp.12126

Magalhães, C. & Kumpfer, K. L. (2015). Effectiveness of culturally adapted Strengthening Families Programme 6-11 years among Portuguese families. *Journal of Children's Services, 10*, 151-160. DOI:10.1108/JCS-02-2014-0010

Malmberg, M., Kleinjan, M., Overbeek, G., Vermulst, A., Monshouwer, K., Lammers, J., Vollebergh, W. A., & Engels, R. C. (2014). Effectiveness of the 'Healthy School and Drugs' prevention programme on adolescents' substance use: a randomized clustered trial. *Addiction, 109,* 1031-1040. doi: 10.1111/add.12526.

Marsiglia, F. F., Ayers, S. L, Han, S. Y., & Weide, A. (2018). The role of culture of origin on the effectiveness of a parents-involved intervention to prevent substance use among latino middle school youth: Results of a cluster randomized controlled trial. Prevention Science, http://dx.doi.org/10.1007/s11121-018-0968-4

Marsiglia, F. F., Ayers, S. L., Robbins, D., Nagoshi, J., Baldwin‐White, A., & Castro, F. G. (2018). The initial assessment of a community‐based intervention with mexican‐heritage parents in boosting the effects of a substance use prevention intervention with youth. *Journal of Community Psychology, 47,* 195-209. doi: 10.1002/jcop.21723. Epub 2018 Nov 8. http://dx.doi.org/10.1002/jcop.21723

Martinez, C. R., Jr., & Eddy, J. M. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. *Journal of Consulting and Clinical Psychology, 73,* 841-851. http://dx.doi.org/10.1037/0022-006X.73.5.841

Martinho, S. S., Moura, A., Freitas, D., Martins, A. M., Silvestre, A. R., & Negreiros, J. (2017). Community intervention: Assessment of parental training of a family prevention programme of substance use and associated risk behaviours. *Universitas Psychologica, 16.* (see also - https://www.ordemdospsicologos.pt/ficheiros/programas\_prevencao/asd41asg4\_manual\_ecos.pdf)

Mejia, A., Ulph, F., & Calam, R. (2016). The Strengthening Families Program 10–14 in Panama: Parents’ perceptions of cultural fit. *Professional Psychology: Research and Practice, 47*, 56-65. http://dx.doi.org.rproxy.tau.ac.il/10.1037/pro0000058

Miller, B. A., Aalborg, A. E., Byrnes, H. F., Bauman, K., & Spoth, R. (2012). Parent and child characteristics related to chosen adolescent alcohol and drug prevention program, *Health Education Research, 27,* 1–13. https://doi.org/10.1093/her/cyr109

Miller-Heyl, J., MacPhee, D., & Fritz, J. J. (1998). DARE to be you: A family-support, early prevention program. *The Journal of Primary Prevention, 18*, 257-285. http://dx.doi.org/10.1023/A:1024602927381

Mishra, A., Arora, M., Stigler, M. H., Komro, K. A., Lytle, L. A., Reddy, K. S., & Perry, C. L. (2005). Indian Youth Speak about Tobacco: Results of Focus Group Discussions with School Students. *Health Education & Behavior, 32*, 363-379. http://dx.doi.org/10.1177/1090198104272332

Nagoshi, J., Nagoshi, C., Small, E., Okumu, M., Marsiglia, F. F., Dustman, P., & Than, K. C. (2018). Families Preparing a New Generation: Adaptation of an Adolescent Substance Use Intervention for Burmese Refugee Families. (*Journal of the Society for Social Work and Research, 9*, 615-635.

Nash, S. G., McQueen, A., & Bray, J. H. (2005). Pathways to adolescent alcohol use: Family environment, peer influence, and parental expectations. *Journal of Adolescent Health, 37*, 19-28.

Navsaria, N., & Hong, J. S. (2017). Prevention in early childhood: models of parenting interventions among immigrants. In M. Israelashvili and J. L. Romano (Eds.), *The Cambridge Handbook of International Prevention Science*. Cambridge, UK: Cambridge University Press.

Nelson, P. T. (1989). Involving families in substance abuse prevention. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 38*, 306-310. http://dx.doi.org/10.2307/585057

Newton, N. C., Champion, K. E., Slade, T., Chapman, C., Stapinski, L., Koning, I., ... & Teesson, M. (2017). A systematic review of combined student‐and parent‐based programs to prevent alcohol and other drug use among adolescents. *Drug and alcohol review, 36*, 337-351.‏

Okulicz-Kozaryn, K. (2015). Skuteczność polskiej adaptacji Strengthening Families Program (SFP10-14) (Effectiveness of the Polish version of Strengthening Families Program (SFP10-14), *Polskie Forum Psychologiczne, 20*, 78-100.

Orte, C., Ballester, L., March, M., Amer, J., Vives, M., & Pozo, R. (2015). The Strengthening Families Programme in Spain: a long-term evaluation. *Journal of Children's Services, 10*, 101-119. DOI:10.1108/JCS-03-2013-0010

Ortega, E., Giannotta, F., Latina, D., & Ciairano, S. (2012). Cultural adaptation of the strengthening families program 10–14 to Italian families. *Child & Youth Care Forum, 41*, 197-212.‏

Ortega, E., Giannotta, F., Latina, D., & Ciairano, S. (2012). Cultural adaptation of the strengthening families program 10–14 to Italian families. *Child & Youth Care Forum, 41*, 197-212. http://dx.doi.org/10.1007/s10566-011-9170-6

Ostaszewski, K., Bobrowski, K., Borucka, A., Okulicz-Kozaryn, K., & Pisarska, A. (2000). *Evaluating innovative drug-prevention programmes: Lessons learned. In Evaluation - a key tool for improving drug prevention* (pp. 75-85). EMCDDA Scientific Monograph Series No 5, European Commission, EMCDDA.

Pérez, J. M. E., Díaz, S. A-H., Villa, R. S., Fernández-Hermida, J. R., Carballo, J. L., & García-Rodríguez, O. (2009). Prevención familiar del consumo de drogas: El programa "Familias que funcionan." / Family-based drug use prevention: The Families that work program. *Psicothema, 21*, 45-50.

Pérez-Gómez, A., & Mejía-Trujillo, J. (2017). The evolution of alcohol and drug prevention strategies in Latin America. In M. Israelashvili & J. L. Romano (Eds.), *The Cambridge handbook of international prevention science* (pp. 753-779). New York, NY, US: Cambridge University Press. http://dx.doi.org/10.1017/9781316104453.033

Perrino, T., Estrada, Y., Huang, S., George, S. S., Pantin, H., Cano, M. Á., ... & Prado, G. (2018). Predictors of participation in an eHealth, family-based preventive intervention for Hispanic youth. *Prevention Science, 19*, 630-641.‏

Perry, C. L., Stigler, M. H., Arora, M., & Reddy, K. S. (2008). Prevention in Translation: Tobacco Use Prevention in India. *Health Promotion Practice, 9,* 378–386. https://doi.org/10.1177/1524839906289222

Perry, C. L., Stigler, M. H., Arora, M., & Reddy, K. S. (2009). Preventing tobacco use among young people in India: Project MYTRI. *American Journal of Public Health, 99*, 899-906. http://dx.doi.org/10.2105/AJPH.2008.145433

Perry, C. L., Williams, C. L., Komro, K. A., Veblen-Mortenson, S., Stigler, M. H., Munson, K. A., ... & Forster, J. L. (2002). Project Northland: Long-term outcomes of community action to reduce adolescent alcohol use. *Health education research, 17*, 117-132.‏

Pilgrim, C., Abbey, A., Hendrickson, P., & Lorenz, S. (1998). Implementation and impact of a family-based substance abuse prevention program in rural communities. *The Journal of Primary Prevention, 18*, 341-361. http://dx.doi.org/10.1023/A:1024659012360

Prado, G., & Pantin, H. (2011). Reducing substance use and HIV health disparities among Hispanic youth in the USA: The Familias Unidas program of research. *Psychosocial Intervention, 20*, 63-73.‏

Prado, G., Estrada, Y., Rojas, L. M., Bahamon, M., Pantin, H., Nagarsheth, M., Gwynn, L., Ofir, A. Y., Forster, L. Q., Torres, N., & Brown, C. H. (2019). Rationale and design for eHealth Familias Unidas Primary Care: A drug use, sexual risk behavior, and STI preventive intervention for hispanic youth in pediatric primary care clinics. *Contemporary Clinical Trials, 76*, 64-71. https://doi.org/10.1016/j.cct.2018.11.005.

Reddy, K. S., Arora, M., Kohli, A., Prabhakaran, D., Perry, C. L., Nair, B., ... & Stigler, M. (2002). Tobacco and alcohol use outcomes of a school-based intervention in New Delhi. *American Journal of Health Behavior, 26*, 173-181.‏

Riesch, S. K., Brown, R. L., Anderson, L. S., Wang, K., Canty-Mitchell, J., & Johnson, D. L. (2012). Strengthening Families Program (10-14) effects on the family environment. *Western Journal of Nursing Research, 3*4, 340-376.‏

Riper, H., Bolier, L., & Elling, A. (2005). The home party: "Development of a low threshold intervention for 'not yet reached' parents in adolescent substance use prevention". *Journal of Substance Use, 10*, 141-150. http://dx.doi.org.rproxy.tau.ac.il/10.1080/14659890500038756

Rulison, K. L., Feinberg, M., Gest, S. D., & Osgood, D. W. (2015). Diffusion of intervention effects: The impact of a family-based substance use prevention program on friends of participants. *Journal of Adolescent Health, 57*, 433-440. http://dx.doi.org/10.1016/j.jadohealth.2015.06.007

Salvo N, Bennett K, Cheung A and Bowlby A (2012). Prevention of drug use in children/adolescents with mental disorders: A systematic review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry /Journal de l’Académie canadienne de psychiatrie de l’enfant et de l’adolescent, 21*, 245-252.

Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the Triple P-Positive Parenting Program. *Annual Review of Clinical Psychology, 8,* 345-379.‏

Sandler, I., Wolchik, S., Berkel, C., Jones, S., Mauricio, A., Tein, J.-Y., & Winslow, E. (2017). Effectiveness trial of the new beginnings program for divorcing parents: Translation from an experimental prototype to an evidence-based community service. In M. Israelashvili & J. L. Romano (Eds.), *The Cambridge Handbook of International Prevention Science* (pp. 81-106). New York, NY, US: Cambridge University Press. <http://dx.doi.org/10.1017/9781316104453.006>

Scull, T. M., Kupersmidt, J. B., & Weatherholt, T. N. (2017). The effectiveness of online, family-based media literacy education for substance abuse prevention in elementary school children: Study of the Media Detective Family Program. *Journal of Community Psychology, 45*, 796-809. http://dx.doi.org/10.1002/jcop.21893

Shortt, A., Toumbourou, J., Power, E., & Chapman, R. (2006). The Resilient Families Program: Promoting Health and Wellbeing in Adolescents and Their Parents during the Transition to Secondary School. *Youth Studies Australia, 25*, 33-40.

Shover, C. L., & Humphreys, K. (2019) Six policy lessons relevant to cannabis legalization, *The American Journal of Drug and Alcohol Abuse*. Advance online publication DOI: 10.1080/00952990.2019.1569669

Simons-Morton, B., Haynie, D., Saylor, K., Crump, A. D., & Chen, R. (2005). The effects of the going places program on early adolescent substance use and antisocial behavior. *Prevention Science, 6*, 187.‏

Skärstrand, E., Larsson, J., & Andréasson, S. (2008). Cultural adaptation of the strengthening families programme to a Swedish setting. *Health Education, 108,* 287-300.‏

Skeer, M. R.; Yantsides, K. E.; Eliasziw, M., Carlton-Smith, A. R. Tracy, M. R., & Spirito, A. (2016). Testing a brief substance misuse preventive intervention for parents of pre-adolescents: Feasibility, acceptability, preliminary efficacy. *Journal of Child and Family Studies, 25*, 3739-3748. http://dx.doi.org.rproxy.tau.ac.il/10.1007/s10826-016-0525-3

Sparks, S. N., Tisch, R., & Gardner, M. (2013). Family-centered interventions for substance abuse in hispanic communities. *Journal of Ethnicity in Substance Abuse, 12*, 68-81.

Spoth, R., Goldberg, C., & Redmond, C. (1999). Engaging families in longitudinal preventive intervention research: Discrete-time survival analysis of socioeconomic and social–emotional risk factors. *Journal of Consulting and Clinical Psychology, 67*, 157.‏

Spoth, R., & Redmond, C. (1994). Effective recruitment of parents into family-focused prevention research: A comparison of two strategies. *Psychology & Health, 9*, 353-370. http://dx.doi.org/10.1080/08870449408407494

Spoth, R., Redmond, C., Mason, W. A., Schainker, L. M., & Borduin, L. (2015). Research on the Strengthening Families Program for Parents and Youth 10-14: Long-term effects, mechanisms, translation to public health, PROSPER partnership scale up. In L. M. Scheier (Ed.), PhD *Handbook of Adolescent Drug Use Prevention: Research, Intervention Strategies, and Practice* (pp. 267-292). Washington, DC: American Psychological Association.

Stolle, M., Stappenbeck, J., Wendell, A., & Thomasius, R. (2011). Family-based prevention against substance abuse and behavioral problems: Culture-sensitive adaptation process for the modification of the US-American Strengthening Families Program 10–14 to German conditions. *Journal of Public Health, 19,* 389-395. http://dx.doi.org/10.1007/s10389-011-0405-7

Szapocznik, J., Santisteban, D., Rio, A., Perez-Vidal, A., Santisteban, & Kurtines, W. M. (1989). Family Effectiveness Training: An Intervention to Prevent Drug Abuse and Problem Behaviors in Hispanic Adolescents. *Hispanic Journal of Behavioral Sciences, 11*, 4-27. DOI:10.1177/07399863890111002

Tein, J. (2017). Methodology and Statistical Approaches for Conducting Valid and Reliable Longitudinal Prevention Science Research. In M. Israelashvili & J. Romano (Eds.), *The Cambridge Handbook of International Prevention Science* (pp. 179-205). Cambridge: Cambridge University Press. doi:10.1017/9781316104453.010

UNODC (2018). *World Drug Report* (E.18.XI.9). https://www.unodc.org/wdr2018/prelaunch/WDR18\_Booklet\_1\_EXSUM.pdf

Van Hasselt, V. B., Hersen, M., Null, J. A., Ammerman, R. T., Bukstein, O. G., McGillivray, J., & Hunter, A. (1993). Drug abuse prevention for high-risk African American children and their families: A review and model program. *Addictive Behaviors, 18*, 213-234. http://dx.doi.org/10.1016/0306-4603(93)90051-A

Van Stelle, K. R., Allen, G. A., & Moberg, D. P. (1998). Alcohol and drug prevention among American Indian families: The Family Circles Program. *Drugs & Society, 12*, 53-60. http://dx.doi.org/10.1300/J023v12n01\_05

Velleman, R. & Templeton, L. (2003). Alcohol, Drugs and the Family: Results from a long-running research programme within the UK. European Addiction Research, 9 (3), 103-112.

Vermeulen-Smit E, Verdurmen JEE and Engels RCME (2015) The effectiveness of family interventions in preventing adolescent illicit drug use: A systematic review and meta-analysis of randomized controlled trials. *Clinical Child and Family Psychology Review, 18*, 218-239.

Webster-Stratton, C., & Reid, M. J. (2004). Strengthening social and emotional competence in young children—The foundation for early school readiness and success: Incredible Years Classroom Social Skills and Problem-Solving Curriculum. *Infants & Young Children, 17,* 96-113.‏ http://www.incredibleyears.com/wp-content/uploads/strengthening-emotional-competence-child\_04.pdf

Webster-Stratton, C., & Reid, M. J. (2007). Incredible Years Parents and Teachers Training Series: A Head Start Partnership to Promote Social Competence and Prevent Conduct Problems. In P. Tolan, J. Szapocznik, & S. Sambrano (Eds.), *Preventing youth substance abuse: Science-based programs for children and adolescents* (pp. 67-88). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/11488-003

West, B., & Abatemarco, D., Ohman-Strickland, P., Zec, V., Russo, A., & Milic, R. (2008). Project Northland in Croatia: Results and Lessons Learned. *Journal of Drug Education. 38.* 55-70. 10.2190/DE.38.1.e.

Whitesell, M., Bachand, A., Peel, J., & Brown, M. (2013). Familial, Social, and Individual Factors Contributing to Risk for Adolescent Substance Use. *Journal of Addiction*, 2013, ID 579310, doi: 10.1155/2013/579310

Willoughby, T, & Hamza, C. (2011). A longitudinal examination of the bidirectional associations among perceived parenting behaviors, adolescent disclosure and problem behavior across high school years, *Journal of Youth and Adolescence, 40,* 463-478.

Winters, K. C., Botzet, A., Dittel, C., Fahnhorst, T., & Nicholson, A. (2015). Can parents provide brief intervention services to their drug-abusing teenager? *Journal of Child & Adolescent Substance Abuse, 24,* 134-141. http://dx.doi.org.rproxy.tau.ac.il/10.1080/1067828X.2013.777377