

Prevention: Connecting Ohio's Youth to the Best of the World around Them

Immediate Strategy for Ohio: Invest in School Based Prevention Services in All Public Schools

Throughout Ohio, schools and community providers are engaged in evidence based prevention services. Many communities also have community coalitions comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. We need to learn from and build on these strategies with policies and investments that support long-term sustainability of these public health approaches to individual and community wellness.

- 1) **Invest in evidence-based prevention services in every public elementary, middle, and high school** in the state of Ohio. According to the [Ohio Department of Education](#), Ohio has nearly 3,600 public schools. Certified providers estimate that it costs \$10,000 per year to have a certified prevention provider in a school building one day a week to provide evidence-based prevention services. This would require an investment of \$36,000,000 annually from federal, state, and local public and private resources.
- 2) **Create a unified state policy on prevention** to support the work of local community coalitions. This unified strategy would serve as a guide for prevention coalitions including ADAMH Boards, public health departments, Family and Children First Councils, school districts and buildings, families, and certified providers in planning for and coordinating resources to ensure sustainable prevention services. Funder collaboratives will consider how to coordinate the use of federal funds such as SAMHSA block grants and Every Student Succeeds Act with state and local, public and private resources to ensure locally-driven, high quality prevention services that monitor outcomes.
- 3) **To ensure the highest quality in the delivery of prevention services**, Ohio must embrace the prevention of substance use and mental illness as a health service and therefore require the use of trained and certified personnel when indicated for the delivery of an evidence-based practice and where required by Ohio law and rule. If a school doesn't have someone meeting state requirements to provide prevention services, then they must be required to collaborate with a community-based prevention provider who meets regulatory requirements.
- 4) **Ohio must rely on research to inform our prevention service delivery**, demanding the use of practices based in evidence to ensure quality and to be good stewards of public and private funds.

The opposite of addiction is connection. - Johann Hari, *Chasing the Scream*

Who we hang out with, where we go, and the activities that we engage in largely inform our quality of life. SAMHSA emphasizes the importance of home, health, purpose, and community in their definition of recovery and wellness. Connection is important in helping youth build the social and emotional skills needed to achieve a positive sense of self-esteem and to strengthen their ability to cope with adversity. Research shows that "prevention programs are most beneficial when they are coordinated with explicit attempts to enhance competence, connections to others, and contributions to their community." (Greenberg, 2003) We need to flip our thinking that problems are a detriment to youth development and begin to act on the knowledge that investing in youth development prevents problems. (Pittman and Fleming, 1991)

Health is more than the absence of disease. Health is the ability to realize your full potential, satisfy your needs, and interact successfully with the world around you. - National Research Council & Institute of Medicine, 2009

When communities invest in evidence based prevention practices over time, they see a positive impact beyond the avoidance of unhealthy alcohol and drug use. Good prevention will positively impact the

choices that Ohio youth make in regards to substance use (underage drinking and tobacco use, illegal drug use), relationships (interpersonal violence, bullying, high risk sexual activity), and overall social and emotional well-being (reducing anxiety, depression, suicide, criminality). When we focus on helping young people realize their full potential, we reduce the stigma associated with talking about addiction and mental illness and create opportunities for families to be more fully engaged. (National Research Council and Institute of Medicine, 2004)

Defining Prevention: What are we actually talking about?

According to the Institute of Medicine (1999), prevention is for a variety of groups of people whose levels of risk for social, emotional, or behavioral problems vary, but they don't have an identified disorder.

Prevention strategies are:

- intentionally designed to reduce risk or promote health before the onset of a disorder.
- targeted to the general public or a whole group of people that has not been identified on the basis of individual risk. (*Universal Prevention*)
- targeted to individuals or a subgroup of the population whose risk of developing mental, emotional or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological psychological, or social risk factors that are known to be associated with a disorder. They can be at the individual, family, or community level. (*Selective Prevention*)

What works in prevention and health promotion?

To be effective, prevention services are not a one-time thing. Good prevention efforts are reinforced across a person's life. Extensive research has been conducted to demonstrate the effectiveness of a variety of prevention strategies. The federal government catalogs these practices, and one list for K-12 strategies can be found [here](#). Ohio should not limit communities to a select number of prioritized practices. Strategies are demonstrated to be effective for different populations in different environments. There is tremendous diversity in the Ohio: geographically, economically, culturally, racially, and more. Local communities can organize in coalitions to determine what will best promote the wellbeing of their citizens and neighborhoods.

[Scare tactics don't work](#) in preventing problematic behaviors in youth. While we are often tempted to share stories and show pictures that emphasize the worst dangers of substance use in hope that fear and anxiety alone will stop risky behaviors, [research](#) shows that it doesn't work and can in fact backfire. Youth do not have the life experience or brain development to fully understand the implications of risky behaviors. Simply put, they think they are infallible and immortal. "It won't happen to me."

Ohio has laws and rules that regulate the provision of prevention services.

Ohio recognizes that the prevention of substance use disorders and the promotion of mental health is a public health issue.

- Ohio Revised Code requires certification of prevention programs through Ohio Department of Mental Health & Addiction Services.
- Ohio Revised and Administrative Code define eligible providers of prevention services and the licensure or certification required to attain and maintain a prevention scope of practice.
- Ohio Revised Code charges ADAMH Boards, public health departments, and Family and Children First Councils with planning for the health and wellness of their communities.

