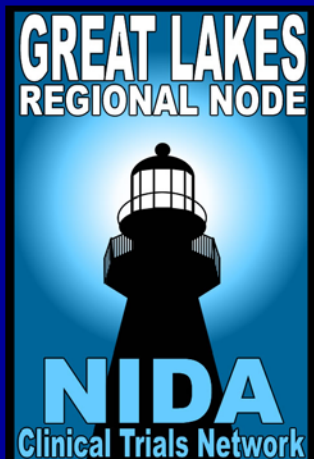


Treatment Interventions to Prevent the Next Generation of Substance Abusers: Family based Approaches

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Prevention for the next generation of substance abusers:

Background and rationale for this next step

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This presentation is supported by National Institute on Alcohol Abuse and Alcoholism grants R37 AA 07065, R01 AA 12217, T32 AA 07477, and National Institute on Drug Abuse grant U10 DA13710

Scope of the problem

**Lifetime (and 12 month) Prevalence of DSM-III-R
Substance Use Disorders Estimated U.S. Population
Rates**

Disorder	Lifetime	(12-Month)
Any substance use disorder	26.6	(11.3)
Alcohol dependent	14.1	(7.2)
Alcohol abuse only	9.4	(2.5)
Any alcohol disorder	23.5	(9.7)
Other drug dependence	7.5	(2.8)
Other drug abuse	4.4	(0.8)
Any other drug disorder	11.9	(3.6)
Any other drug disorder without alcohol disorder	3.1	(1.6)

Note: Source: Kessler et.al. (1994) DSM-III-R diagnoses

Estimated Number and Percentage of Children¹ in the Household² Who Had One or More Parents Dependent on Alcohol and/or Illicit Drugs, by Children's Ages: NHSDA 1996

	Estimated population \leq 17²	Estimated population \leq17² who had one or more parents dependent on alcohol and/or illicit drugs	Percentage of population \leq17² who had one or more parents dependent on alcohol and/or illicit drugs
Ages of children (Years)			
Under 2	8,590,119	867,674	10.1
2 - 5	18,766,120	1,884,394	10.0
6 - 9	18,333,494	1,912,796	10.4
10-13	15,015,264	1,464,345	9.8
14-17	13,801,727	1,353,769	9.8
Total	74,506,723	7,482,978	10.0

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1996.

**What we know that predicts
the next generation of
outcomes**

Early onset of
use as a
trajectory
marker

Early onset (Early first drink: EFD \leq 14 vs. NFD) as a proxy for...

Adult alcoholism: Rate of alcohol dependence 4Xs higher among EFD (Grant and Dawson, 1997)

Lifetime risk of injury: 12X greater (Hingson et al., 2000).

Adolescent problem drinking: More injuries, violence, drunk driving during adolescence (Gruber et al., 1996).

Risk Indicator 2

High risk is detectable behaviorally as early as 3 -5 years of age.

The strongest early indicator is **externalizing behavior (behavioral undercontrol)**.

Michigan Longitudinal Study findings fit with work in 5 other studies, including the Dunedin project, work in Sweden (Cloninger/ Sigvaardson), the Eron/ Huesmman Columbia County NY Study, and the Montreal Longitudinal Study (Tremblay et al.)

**Longitudinal Studies Connecting
Early Child Behavior to AUD
and Alcohol Problem outcomes in**

General Population Population Studies				
Dunedin Health & Develop. Study	Behavioral Undercontrol	3	21	Alcohol Dependence
Montreal Longitudinal Study	Low Fearfulness; Hyperactivity	6 and 10	11 to 15	Earlier drunkenness onset
Columbia County Study	Aggression	8	30	Driving While Intoxicated
Seattle Social Development Project	Externalizing Behavior; Delinquency	10	21	Alcohol abuse & alcohol dep

Risk Indicator 3

High risk is detectable behaviorally as early as 3 -5 years of age.

The other global early indicator is **internalizing behavior (anxiety, depression, behavioral inhibition).**

Michigan Longitudinal Study findings fit with work in 3 other studies, including the Dunedin project, work in Sweden (Cloninger/ Sigvaardson), and the Seattle Social Development Project (Hawkins/Catalano et al.),

Risk Indicator 4

High risk is detectable behaviorally as early as 3 -5 years of age.

Findings from the Michigan Longitudinal Study:

early sleep problems (tiredness, difficulty falling asleep) are predictive of early drug onset (including tobacco, alcohol, as well as illicit drug use) in early adolescence. (Wong et al, 2004)

Risk Indicators 5-8

The most damaged group of children (and those at highest risk) are temperamentally at risk,

....but there are also high risk indicators that are not measures of individual behavior.

Risk Indicators 5-8

Family adversity indicators:

- high alcoholism severity and/or other drug dependence in the parent
- Current rather than past parental diagnosis (i.e., lifetime + current dx)
- familial assortment of the substance use disorder
- presence of antisocial personality disorder in the parent(s).

Zucker, Wong, & Fitzgerald, 2003

- The evidence indicates these most vulnerable youngsters are having earlier drug use onset (alcohol, tobacco, marijuana), and show **developmental consistency** in a behavioral pattern known to be highly predictive of substance use disorder in early adulthood.

Biglan et al, 2004

- As they get older, this is a group who we anticipate will have collateral histories of violence and involvement in risky sexual practices (therefore at elevated HIV risk). They are also more likely to end up in prison.

Biglan et al, 2004

- Estimates indicate that this relatively small (~ 15%) but very high risk population will account for 60-80% of drug health problems.

Biglan et al, 2004

- Because of the seriousness of these problems and their costliness, it would be sensible as well as cost effective to the community to initiate programs of (a) very early identification, and (b) early intervention.

The clinician's problem of finding a suitable treatment venue within which to operate with such patients...

- The prevention community is much more focused on school based prevention programming, which is more likely to have impact on moderate users than this severe, highest risk, school averse group.

Possible pass-through
locations for early
identification, triage,
intervention

- Substance abuse treatment programs are perhaps the most logical point of contact for severe drug abusers (and their high risk families).

- Because of the broad base of substance abuse treatment programs nationally, they provide a potentially very convenient and obvious vehicle within which to initiate such early identification/intervention programming.
- They provide a special point of contact for severe drug abusers (and their families).

- Families of adults in substance abuse treatment are a portal through which a large portion of the next generation of substance abuse clients pass.

The history of prevention work with children

- a. Dealing with children separate from families
- b. Shifting the problem to schools and general population programs
- c. What long term studies tell us

Substance abuse is a contextual problem:

a) drugs are objects in the social environment

b) the problem is one that depends upon availability and cues as well as individual vulnerability

c) the history of efficacy studies over well more than a decade clearly indicates the superiority of family based methods over individual and school based interventions; that is, contexts, but close in.

- 30 years of research findings indicate that the most promising intervention/prevention efforts are likely to be those that are truly ecological in nature—programs that target children within the context of families and that address children and families within the context of their communities...”
Hall and Zigler, 1997, p.141.

Cochrane Collaboration Systematic Review of Longer-term prevention for alcohol misuse in younger people

Identified one program: The Strengthening Families Program, the only one providing longer term promise as an effective preventive intervention over 4+ years.

Foxcroft, D.R., Ireland, D., Lister-Sharp, D.J., Lowe, G., & Breen, R.: Longer term primary prevention foer alcohol misuse in young people: a systematic review.

Addiction, 2003, 98 397-411.

Deborah A. Ellis, Ph.D.

Overview of the Strengthening Families Program (SFP) and review of the clinical trials/outcome data

Karol L. Kumpfer, Ph.D.

Integrating family treatment into clinical practice: Implementation issues, program challenges, and resolutions in the adoption of SFP within the United States and internationally