Risk and Protective Factors in Drug and Alcohol Abuse Prevention

In more than 20 years of drug abuse research, the National Institute on Drug Abuse (NIDA) has identified important principles for prevention programs in the family, school, and community. Prevention programs are often designed to enhance “protective factors” and to reduce “risk factors.” Protective factors are those associated with reduced potential for drug abuse. Risk factors are those that make drug use more likely. Research has shown that many of the same factors apply to other behaviors such as youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy.

Researchers have found that the more risk factors a child or youth experiences, the more likely s/he will experience substance abuse and related problems in adolescence or young adulthood. Researchers have also found that the more the risks in a child’s life can be reduced, the less vulnerability that child will have to subsequent health and social problems (Hawkins, Catalano, & Miller, 1992).

However, research has also demonstrated that exposure to even a significant number of risk factors in a child’s life does not necessarily mean that substance use or other problem behaviors will inevitably follow. Many children and youth growing up in presumably high-risk families and environments emerge relatively free of problems. The reason for this, according to many researchers, is the presence of protective factors in these young people’s lives. Protective factors balance and buffer risk factors (Hawkins et al., 1992).

Risk and protective factors exist at every level at which an individual interacts with others and the society around him or her. Five life domains in which interactions occur have been identified, as listed below. Within each domain, subdomains of risk and protective factors have been identified through decades of research.

* Individual (biological and psychological dispositions, attitudes, values, knowledge, skills, problem behaviors)
* Peer (norms, activities)
* Family (function, management, bonding)
* School (bonding, climate, policy, performance)
* Community/Society (bonding, norms, resources, awareness/mobilization, policy/sanctions)
INDIVIDUAL

RISK FACTORS

* Thinks most friends use drugs/alcohol
* Association with drug-using peers
* Certain physical, emotional or personality traits
  – inherited genetic vulnerability
  – low self-esteem
  – psychological disturbances
  – inappropriate coping responses
  – violence/aggression
  – risk taking propensity/impulsivity
  – alienation and rebelliousness
  – rejection of pro-social values/religion
  – lack of peer refusal skills
* Early and persistent problem behaviors
  – early sexual activity/teen pregnancy
  – begins using at a young age
  – early anti-social behavior
  – peer rejection in elementary grades
* Academic Failure
* Less involved in recreational, social and cultural activities
* Lack of information on positive health behaviors
* Lack of information on drug-related topics

PROTECTIVE FACTORS

* Knowledge regarding risks associated with substance abuse/use
* Negative attitudes toward substances and substance use
* Bonding to pro-social culture
* Positive relationships with adults – views parents, teachers, doctors, law enforcement officers and other adults as allies
* Social competence
* Youth involvement in alternative activities
* Sense of well-being/self confidence
* Has positive future plans

PEERS

RISK FACTORS

* Reinforcement of negative norms and expectations within peer group
* Thinks alcohol and drug use is “cool”
* Inappropriate sexual activity among peers
* Ties to deviant peers/gang involvement

PROTECTIVE FACTORS

* Involved in substance-free activities
* Friends disapprove of alcohol and other drug use
**FAMILY**

**RISK FACTORS**
* Family members with a history of alcohol/drug abuse
* Family members don’t spend much time together
* Parents have trouble keeping track of teens (who with, where going)
* Lack of clear rules and consequences regarding alcohol/drug use
* Parent use drugs, involve youth in their use (“Get me a beer.”) or tolerate use by youth
* Parents have trouble setting consistent expectations and limits
* Loss of employment

**PROTECTIVE FACTORS**
* Close family relationships
* Consistency of parenting
* Education is valued and encouraged, and parents are actively involved
* Copes with stress in positive way
* Clear expectations and limits regarding alcohol and other drug use
* Encourages supportive relationships with caring adults beyond immediate family
* Share family responsibilities, including chores and decision making
* Family members are nurturing and support each other

**SCHOOL**

**RISK FACTORS**
* Lack of clear expectations both academic and behavioral
* Students lack commitment of sense of belonging at school
* High numbers of students who fail academically at school
* Parents and community not actively involved

**PROTECTIVE FACTORS**
* Positive attitudes towards school: school bonding, regular school attendance
* Communicates high academic and behavioral expectations
* Encourages goal setting, academic achievement and positive social development:
  – tutoring available
  – Positive instructional climate
  – Provides leadership and decision-making opportunities for students
* Fosters active involvement of students, parents and community members
* Sponsors substance-free events
* School responsive to students’ needs
**COMMUNITY/SOCIETY**

**RISK FACTORS**

- Alcohol and other drugs readily available
  - irresponsible servers and sellers
  - drugs/alcohol affordable
- Laws and ordinances are unclear or inconsistently enforced
- Norms are unclear or encourage use
- Residents feel little sense of “connection” to community
- Neighborhood disorganization
- Rapid changes in neighborhood populations
- High unemployment
- Residents at or below poverty level
- Extreme economic deprivation
- Lack of strong social institutions
- Lack of monitoring youth’s activities
- Inadequate media portrayals
  - misleading advertising
- Pro-use messages

**PROTECTIVE FACTORS**

- Opportunities exist for community involvement
- Community religious composition
- Laws/ordinances consistently enforced
- Informal social control
- Policies/norms encourage non-use
- Community service opportunities
- Resources (housing, healthcare, childcare, jobs, recreation, etc.) are available
- Comprehensive risk focused programs
  - Programs for parents of children and adolescents
  - early childhood and family support programs
  - widely supported community prevention efforts exist