

FAMILIES UNITED

By Dennis D Embry PhD

Everyone in the country has heard about or knows the alarming news about: Alcohol and drug use (marijuana, Ecstasy) are up in multiple national surveys: the Pride Survey, Monitoring the Future, from the Partnership for A Drug Free America. This means delinquency and criminal behavior will increase, too, among youth and young adults. This means more already hard-pressed states, communities, businesses and families will have to “shovel up” for the astounding short and long-term costs of these trends—unless we collectively act.

These trends ought not to be surprising since other mental, emotional and behavioral problems have become more common and serious in the past two decades among our country’s children and youth.¹ Rapidly reducing these problems would substantially improve the economic, public health and public safety conditions of every state and community in the Union. This problem and the possibility have not been openly discussed until now.

A diverse group of passionate individuals is now launching a cost effective, coherent, sensible plan to act that, ultimately, will reduce our collective tax burden and help us to work smart, spend wisely and make our kids, schools and communities safer and healthier. We call this effort “*Families United*”—uniting all families, communities, and states, the private and public sectors, health-care, schools and the media in concerted action using simple, scientifically proven, low-cost prevention strategies. We call them prevention “evidence-based kernels” or “behavioral vaccines” (e.g., like car safety seats) when used repeatedly to improve health, safety or wellbeing.²⁻⁴

The Possibility & Promise: Recent research and new understandings now make it possible to reduce the problems of alcohol and drug use, delinquency and criminal behavior, quickly, using low-cost strategies that can be spread right away across communities. Now, more than ever, this possibility could significantly help every state and community. First Spouses of governors and mayors (an impressive group who have historically demonstrated non-partisan efforts), for example, can convene and lead this transformation, improving all our futures.

Families United reignites the parent-networking strategy, by combining tested and proven strategies to reduce the risk of alcohol, tobacco, drug use and related problems with modern networking technologies and mass media. *Families United* leverages existing infrastructure of communities (e.g., coalitions, Drug Free Communities, Weed & Seed, CADCA, United Ways) and state governments (e.g., National Guard, Extension, Land Grant Colleges) to maximize reach and low-cost proven evidence-based kernels and behavioral vaccines to maximize reach and penetration.

Equipped with low-cost, proven, evidence-based prevention kernels and behavioral vaccines to address major risk and protective factors, multiple groups and organizations can be mobilized to make sure every family has access to these scientifically proven, yet simple strategies—like communities did for hand-washing around the H1N1 flu or for car-safety seats for new babies that have proven to protect us and our families. In the same way, prevention kernels and behavioral vaccines are easy, make common sense, conserve our fiscal resources in tight, difficult times and provide protection as well.

These very low-cost prevention kernel strategies, or behavioral vaccines, are unlike what people have come to know as prevention programs. Although they are thoroughly researched and meet evidence-based criteria, they are easy to explain, simple to use and sustain, and can be spread by word of-mouth. These strategies—like hand washing or car seats—can be sustained locally, too. Prevention kernels and behavioral vaccines also have shown measurable, yet quick, effects and long-lasting results.

The Cost Efficiency & Savings: Each state can use a specially designed spreadsheet to compute the cost efficiency and savings across multiple problems, using the proposed strategies. For example, the largest populated state (California) could save \$336 million, and the smallest state (Wyoming) would save \$5.1 million. Cost savings come from reduced health-care costs such as prescription psychotropic drugs, unaddressed earning disabilities, accidental injuries, delinquency and crime, addictions, etc. Prior studies suggest that such cost savings and lives saved are measureable in two years. (Work on a community level spreadsheet that every neighborhood can use is under construction as well.)

Governments and families give medical vaccines to prevent public health problems mumps, measles and polio. Governments and families can now offer “behavioral vaccines”, in the form of scientifically proven prevention kernels to prevent mental, emotional, behavioral and addictive problems in children and youth.

Consider this simple cost comparison of medical and behavioral prevention. The cost of reaching every child with effective behavioral vaccines in *Families United* to prevent these most painful and costly problems affecting 25% to 35% of our nation’s future is less than a Big Mac—about \$5. This behavioral vaccine and evidence-based kernels costs less than common medical vaccines such the one for Diphtheria (about \$15) or Measles, Mumps, Varicella and Rubella (\$125). Behavioral vaccines can protect against the most costly and traumatic family and community connected problems: adolescent addictions, delinquency, violence exposure, crime, mental illness, suicide and school failure.^{1 3 5 6} These same behavioral vaccines can reduce the need for prescription medications, prescribed to 7% of children in America compared to countries like Germany and the Netherlands, where only 2% - 2.9% of the children take such medications.⁷ The same meds that are now being widely abused in America.⁷ Many of our economic competitors do provide such behavioral vaccines, but not America, and US prescription psychotropic drug costs and use for children are skyrocketing.^{8 9}

Deploying Five Evidence-Based Kernels to Every Parent for Large Effects

This plan involves offering “behavioral vaccines” via evidence-based prevention kernels—the smallest unit of behavioral influence, scientifically proven in one or more high-quality published studies.² When used by many, such small units of change can address serious problems like methamphetamine use^{10 11} and even alter conditions in entire communities or states.^{4 12} *Families United* deploys five types of kernels to alter the context of risk and protective factors predicting youth alcohol, tobacco, and drug use along with related problems of delinquency, violence, poor academics, early sexual behavior, and some mental illnesses. The five prevention kernels to be promoted for all children, adapted to age and developmental stage, between the ages of 5 and 18 involve:

1. **Increasing Positive Family Monitoring.** The clear voice of positive parental and family commitment to children about not using alcohol, tobacco and other drugs (ATOD) and equally clear expectation about a child's friends not using alcohol, tobacco and drugs as well nor engaging in delinquency or related problems.¹³⁻¹⁵ This includes a commitment to speak to the child's friends' parents. This clarity and commitment can significantly reduce ATOD use and related delinquency.¹⁶
2. **Rewarding Not Using nor Breaking Rules.** Family recognition and reinforcement of children and teens doing the right thing (e.g., not using ATOD nor engaging in deviant behaviors associated with ATOD) has been widely shown to reduce problematic behavior more effectively than punishments.^{2 17-21} The same procedure can dramatically reduce ATOD use, if a child has already started using—based on studies from the National Institute on Drug Abuse.²²⁻²⁴ Such rewards increase parent-child warmth, key to children's disclosure to parents.^{15 25}
3. **Reducing Sleep Deprivation.** Ensuring a child has good sleep patterns, by limiting access to electronic media before bedtime and other times, has multiple positive effects on risk and protective factors associated with ATOD use, school success, family relationships, mental health, aggression and obesity.²⁶⁻³⁴ Indeed, just simple advice about this from a child's doctor works.³⁵
4. **Changing Fatty Acid Ratios in a Child's Diet.** Based on extensive data the National Institute on Alcohol and Alcohol Abuse reported through the Institute of Medicine's Report on the *Prevention of Mental, Emotional and Behavioral Disorders*, that increasing children's "brain food" (omega-3 found in fish oil) and reducing omega-6 found in processed foods protects a child's basic brain function, brain receptors and brain chemistry from the risk of ATOD as well as other problematic behaviors including depression, aggression and suicide.³⁶⁻⁴⁹
5. **Increasing Parent Networking Among the Families of Children's Friends.** Sharing and communicating the previous four prevention kernels with five of the parents of one's child's friends fosters a community norm—strengthening and reinforcing these protective factors by all families to benefit all children in the community. Such simple but effective action provides a population-level public health and safety benefit.

Next Steps for Bringing *Families United* to Every American Community

Beginning in April, the partners in this effort will begin hosting *Families United* webinars free of charge. Each webinar will be limited to 45 participants. The specific action for communities to take will be laid out step-by-step. New sustainable funding streams will be discussed. The beginning of the 2010-2011 school year will mark the launch. *Families United* webinars will cover the following:

1. How to use existing coalitions and bring new stakeholders to mobilize evidence-based prevention kernel efforts for measureable prevention outcomes (e.g., local mass media, local business sponsors, National Guard, local doctors/health care, both political parties).
2. How the effort will meet the goals of many federal and state initiatives such as SPF-SIG; Drug Free Communities; the new "Prevention Prepared Communities"; the Department of Education's new efforts on Successful, Safe, and Healthy Students

program, Race to the Top, dropout prevention; the Promise Neighborhood grants (e.g., like the Harlem Children's Zone, Federal Parity Law on medical and behavioral health, as well as the White House obesity prevention effort and more.

3. How to recruit new stakeholders for fiscal sustainability of prevention in your state.
4. How to plan and implement *Families United*, while also creating a new method of self-sufficient, culturally-competent community-based prevention.
5. How existing archival data (e.g., delinquency, ER use, prescription meds, etc.) and student data (e.g., the Pride Surveys, Communities That Care or Prevention Needs Assessment data) can be used locally to demonstrate that prevention works.
6. How to blend Families United with other prevention, intervention and treatment efforts. And,
7. How to answer the inevitable doubts with hard data and examples, as well as with the profound but simple question, "How will doing nothing new or just what we have been doing make the future better for all our children, families and communities?"

To express your interest in this effort, please send an email to Miriam@paxis.org with the subject line of "*Families United*". Miriam Willmann may also be reached at the PAXIS Madison Wisconsin office at 608-772-0289 608-772-0289 during normal business hours (CST), M-F.

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