Module Three
Prevention Program Planning

Time
The anticipated time for the module is 4 hours.

Learning Objectives
Participants will be able to
- Describe the five steps of SAMHSA's strategic prevention framework
- Understand the basic components of completing each step
- Find additional information on completing the five steps
- Understand CSAP and NIDA prevention principles
- Understand the basic components of completing each step
- Enhance a prevention program using these prevention principles

SAMHSA's Strategic Prevention Framework

At-a-Glance

Step 1	Step 2	Step 3	Step 4	Step 5
Profile population needs, resources, and readiness to address needs and gaps.	**Mobilize and build capacity to address needs.**	**Develop a comprehensive strategic plan.**	**Implement evidence-based prevention programs, policies, and practices.**	**Monitor, evaluate, sustain, and improve or replace those that fail.**
Conduct a needs assessment.	Create and maintain partnerships.	Select policies, programs, and practices to implement.	Develop action plans for implementing policies, programs, and practices.	Collect and analyze evaluation data.
Assess your community's readiness for prevention.	Convene key stakeholders, coalitions, and service providers to plan and implement Steps 3 and 4.	Develop logic model and evaluation plan.	Implement policies, programs, and practices.	Write evaluation report.
Develop clear, concise, and data-driven problem statements.	Plan and implement strategies to improve your community's readiness.	Create a comprehensive strategic plan, including strategic goals, objectives, and performance targets.	Implement strategic plan.	Recommend quality improvements based on evaluation data.
Assess organizational, fiscal, and leadership capacity.	Mobilize financial and organizational resources.			
Assess resources and service gaps.				

Defining and Mobilizing the Community

Defining the Community

Before we can address Step 1 of the planning process, we need to define what we mean by "community." The community definition will determine where we will apply the five steps for building a successful prevention plan. A community can be a county, a city, a town, a neighborhood, a reservation, a military reserve, an unincorporated area, a social-service catchment area, a school district, or even an individual school. Once you've defined your community, you can assess its readiness, risk and protective factors, and resources; then you can select programs for it. Your community definition should include geographic, demographic, cultural, service, and organization profiles. Defining your community will also help you identify whom to include in the planning process.

Mobilizing the Community

Mobilizing the community means engaging all sectors of the defined community in a community-wide prevention plan. This involves identifying existing community coalitions, engaging formal and informal leaders from your demographic and cultural profiles, and involving services and organizations active in the community.

The result will be the formation of a community coalition, if one is not already active, or the formation of a subcommittee from an already existing committee or board. Membership may include representatives for young people and parents, cultural groups, law enforcement, juvenile justice, education, civic and faith organizations, social services, and government. Pulling together diverse members with a range of knowledge and skills creates an effective network for accessing diverse populations and increasing awareness of the substance abuse problem. A strategy to periodically reenergize the group with new members should be built into the group process. This coalition or subcommittee will encourage collaboration and oversee the five-step planning process to ensure shared decision making and community ownership of the vision, process, and programs selected for implementation.

Defining the Community

Community definition:

_____

_____

Describe your identified community.

Geographic boundaries:_____

_____

_____

Demographics:_____

_____

_____

Cultural groups:_____

Major service providers:_____

Major organizations:_____

_____

_____

Mobilizing the Community

Identify groups and individuals within the community.

Existing coalitions:

Key community leaders:

Interested youth and parents:

Cultural leaders:

Law enforcement representatives:

Juvenile Justice representatives:

School representatives:

Civic and faith organization representatives:

Social services:

Government representatives:

Stage and Name

1. Community Tolerance/No Knowledge

Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial, or class groups.

2. Denial

There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it."

3. Vague Awareness

There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.

4. Preplanning

There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.

5. Preparation

The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated.

6. Initiation

Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred.

7. Institutionalization/ Stabilization

Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.

8. Confirmation/ Expansion

Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.

9. Professionalization

The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Strategies to Increase Readiness

Stage 1: Community Tolerance/No Knowledge
Strategies:

- Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use

- Small-group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance abuse to change perceptions among those most likely to be part of the group that begins development of programs

Stage 2: Denial
Strategies:

- Educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance abuse

- Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague Awareness
Strategies:

- Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse

- Local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning
Strategies:

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse

- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles

- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

Strategies:

- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented

- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming

- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

Strategies:

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance abuse and the nature of the problem in the local community

- Publicity efforts associated with the kickoff of the program

- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/Stabilization

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies

- Periodic review meetings and special recognition events for local supporters of the prevention program

- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation/Expansion

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies

- Periodic review meetings and special recognition events for local supporters of the prevention program

- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

Strategies:

- Continued in-service training of staff

- Continued assessment of new drug-related problems and reassessment of targeted groups within community

- Continued evaluation of program effort

- Continued update on program activities and results provided to community leaders and local sponsorship groups, and periodic stories through local media and public meetings

- National Institute on Drug Abuse. (1997). *Community readiness for drug abuse prevention: Issues, tips and tools.* Rockville, MD: National Institute on Drug Abuse.

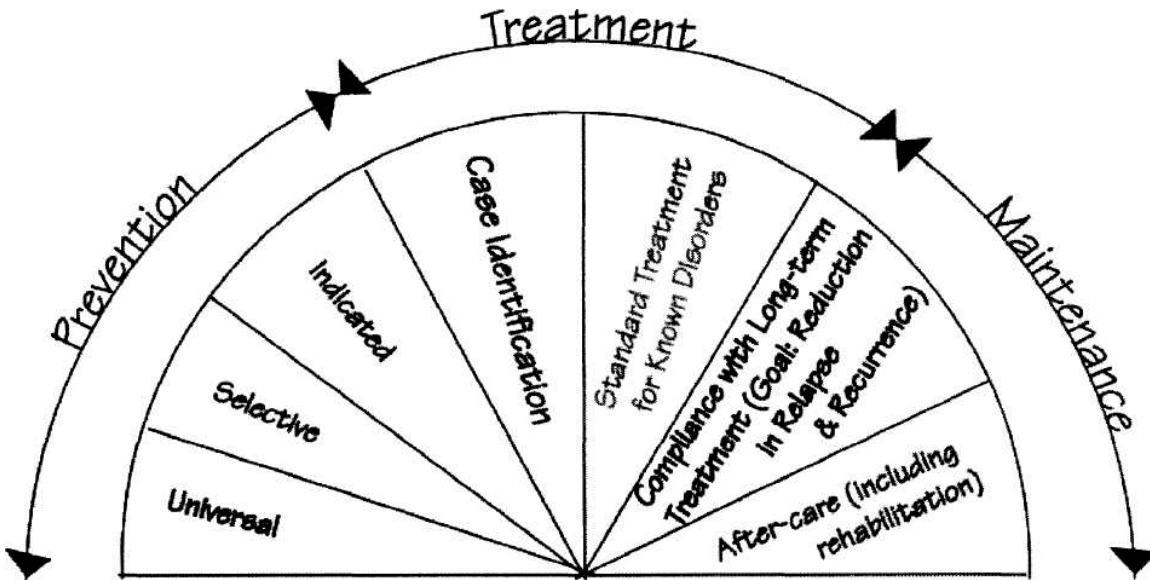For a tool to assess community readiness, please refer to the following Web site: http://captus.samhsa.gov/western/resources/bp/step1/crassess.cfm

For more information and tools on prevention planning, please refer to the following Web site: http://captus.samhsa.gov/western/resources/bp/index.cfm

Institute of Medicine Continuum of Care

Institute of Medicine Continuum of Care – Prevention Definitions

Universal

Universal prevention strategies address the entire population (e.g. national, local community, school, grade, neighborhood, pregnant women, gender groups, elderly, etc.) with messages, policies and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population are seen to share the same general risk for substance abuse, although risk levels may vary greatly between individuals. Universal prevention is delivered to large groups without any prior screening for risk. The entire population is assessed as capable of benefiting from prevention.

Selective

Selective prevention strategies focus on subsets of the total population that are deemed to be exposed to greater levels of risk for substance abuse by virtue of their membership in a particular population segment (e.g. children of substance abusers, students who are failing academically, or those exposed to other risk factors.) Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994) and focused sub-groups may be defined by age, gender, family history, place of residence, such as high drug-use or low-income neighborhoods, etc. Selective prevention focuses on the entire subgroup regardless of the degree of risk of any individuals within the group. One individual in the subgroup may be at low personal risk for substance abuse, while another person in the same subgroup my already be abusing substances. The selective prevention strategy is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the higher risk subgroup.

Indicated

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol or other drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to focus on them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994).

Prevention Strategies for the School, Family, and Community

SITE OF INTERVENTION	UNIVERSAL	SELECTIVE	INDICATED
School	**Information and education:** • media campaigns • health education curricula • school assemblies **Competency skills training:** • social influence • normative education • social skills training **School improvement:**	**Alternative programs:** • skills training • after-school activities • mentoring • special clubs **Competency skills training:** • cultural pride • tutoring **Peer leadership**	**Alternative programs:** • mentoring **Peer leadership and resistance** **Parent-peer groups** **Peer counseling:** • student crisis hot line **In-school suspension** **Alternative classes and schools:** • vocational training
Family	**Parent education:** • prenatal/infancy • early childhood • adolescent/teen **Parent involvement programs**	**Parenting skills training** **Family skills training** **Family case management** **Parent support groups**	**Family skills training** **Parent-peer groups for troubled youth** **Parent self-help groups** **Family therapy**
Community	**Public awareness campaigns** **Information clearinghouses** **Community coalitions** **Health policy changes** **Community policing**	**Alternative programs:** • youth clubs • mentoring **Tutoring:** • community service	**Alternative programs:** • rites of passage programs • gang and delinquency prevention **Skills training:**

U, S, or I?

Assign the appropriate Institute of Medicine (IOM) classification—universal (U), selective (S), or indicated (I)—to each example.

	UNIVERSAL	SELECTIVE	INDICATED
1. Student assistance groups for children whose lives are affected by a drug user			
2. Red-ribbon campaigns			
3. After-school programs for children in very low-income housing communities			
4. Peer- and media-resistance campaigns delivered through schools			
5. Strengthening-families programs implemented through community congregations			
6. Personal-growth curriculum for young people already involved in destructive behaviors			
7. Clean and sober after-prom parties			
8. Student assistance groups for young people identified as drug users			
9. Drug education for adolescents in juvenile detention			
10. Life skills training in school			

National Institute on Drug Abuse. (1997). *Drug abuse prevention: what works.* Rockville, MD: National Institute on Drug Abuse.

CSAP Principles of Effective Substance Abuse Prevention

This section provides a brief listing of the scientifically defensible principles that can help service providers design and implement programs that work. More information on the principles can be found at http://modelprograms.samhsa.gov/pdfts/pubs_Principles.pdf and at http://www.nida.nih.gov/Prevention/principles.html. You can also find information by going to http://modelprograms.samhsa.gov and clicking on "Publications," then "CSAP's guides to science-based practices," then "Principles of substance abuse prevention."

Individual Domain

Prevention interventions implemented at the individual level seek to change knowledge of and attitudes toward substances and substance abuse with the ultimate goal of influencing individual behavior. Effective individual-level substance abuse prevention programs incorporate some common principles, listed below.

- Build social and personal skills.
- Design culturally sensitive interventions.
- Cite immediate consequences.
- Combine information dissemination and media campaigns with other interventions.
- Provide positive alternatives to help young people in high-risk environments develop personal and social skills in a natural and effective way.
- Recognize that relationships exist between substance use and a variety of other adolescent health problems.
- Incorporate problem identification and referral into prevention programs.
- Provide transportation to prevention and treatment programs.

Family Domain

Prevention interventions implemented at the family level seek to reduce family risk factors and increase bonding to family, healthy family beliefs and clear expectations. Common principles of effective family-level substance abuse prevention programs are listed below.

- Target the entire family.
- Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.
- Help minority families respond to cultural and racial issues.

- Develop parenting skills.
- Emphasize family bonding.
- Offer sessions where parents and young people learn and practice skills.
- Train parents to both listen and interact.
- Train parents to use positive and consistent discipline techniques.
- Promote new skills in family communication through interactive techniques.
- Employ strategies to overcome parental resistance to family-based programs.
- Improve parenting skills and child behavior with intensive support.
- Improve family functioning through family therapy when indicated.
- Explore alternative community sponsors and sites for schools.
- Provide videotaped training and educational activities.

Peer Domain

Prevention interventions implemented at the peer level attempt to involve peers in prevention education, provide accurate perceptions of peer involvement with substances, and support non-using peer networks and activities. Common principles of effective peer-level substance abuse prevention programs are listed below.

- Structure alternative activities and supervise alternative events. Incorporate opportunities to build social and personal skills.
- Design intensive alternative programs that include a variety of approaches and a substantial time commitment.
- Communicate peer norms against use of alcohol and illicit drugs.
- Involve young people in the development of alternative programs.
- Involve young people in peer-led interventions or interventions with peer-led components.
- Counter the effects of deviant norms and behaviors by creating an environment for young people with behavior problems to interact with nonproblematic young people.

School Domain

Prevention interventions implemented at the school level seek to increase students' bonding with school, support academic achievement, and create positive school climates. Common principles of effective school-level substance abuse prevention programs are listed below.

- Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
- Correct misconceptions about the prevalence of use in conjunction with other educational approaches.
- Involve young people in peer-led interventions or interventions with peer-led components.
- Give students opportunities to practice newly acquired skills through interactive approaches.

- Help young people retain skills through booster sessions.
- Involve parents in school-based approaches.
- Communicate a commitment to substance abuse prevention in school policies.

Community Domain

Prevention interventions implemented at the community level endeavor to increase young people's bonding to community and address community norms favorable to substance use. Common principles of effective community-level substance abuse prevention programs are listed below.

- Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
- Control the environment around schools and other areas where young people gather.
- Provide structured time with adults through mentoring.
- Increase positive attitudes by providing opportunities for community service.
- Achieve greater results with highly involved mentors.
- Emphasize the costs to employers of workers' substance use and abuse.
- Communicate a clear company policy on substance abuse.
- Include representatives from every organization that plays a role in fulfilling coalition objectives.
- Retain active coalition members by providing meaningful rewards.
- Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
- Ensure planning and clear understanding for coalition effectiveness.
- Set outcome-based objectives.
- Support a large number of prevention activities.
- Organize at the neighborhood level.
- Assess progress from an outcome-based perspective and make adjustments to plan-of-action to meet goals.
- Involve paid coalition staff members as resource providers and facilitators rather than as direct community organizers.

Society/Environmental Domain

Prevention interventions implemented at the society/environmental domain address norms favorable toward substance use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and utilize strategies focus on the environment as a whole. Common principles of effective society/environmental prevention strategies are listed below.

- Develop community awareness and media efforts.
- Use mass media appropriately.
- Set objectives for each media message delivered.

- Avoid the use of authority figures.
- Broadcast messages frequently over an extended period.
- Broadcast messages through multiple channels when the target audience is likely to be viewing or listening.
- Disseminate information about the hazards of a product or industry that promotes it.
- Promote placement of more conspicuous labels.
- Promote restrictions on tobacco use in public places and private workplaces.
- Support clean indoor air laws.
- Combine beverage server training with law enforcement.
- Increase beverage servers' legal liability.
- Increase the price of alcohol and tobacco through excise taxes.
- Increase m minimum purchase age for alcohol to 21.
- Limit the location and density of retail alcohol outlets.
- Employ neighborhood antidrug strategies.
- Enforce minimum-purchase-age laws using undercover buying operations.
- Use community groups to provide positive and negative feedback to merchants.
- Employ more frequent enforcement operations.
- Implement "use and lose" laws.
- Enact deterrence laws and policies for impaired driving.
- Enforce impaired-driving laws.
- Combine sobriety checkpoints with passive breath sensors.
- Revoke licenses for impaired driving.
- Immobilize or impound the vehicle of those convicted of impaired driving.
- Target underage drivers with impaired-driving policies.

References:

Brounstein, P. & Gardner, S. (2001). *Principles of substance abuse prevention.* Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Division of Knowledge Development and Evaluation.

Society/Environmental Domain

Environmental Strategies

One way to categorize prevention strategies is to consider those that attempt to alter the environment in which individual children grow, learn, and mature (individualized environments) and those that attempt to alter environments in which all children encounter threats to their health, including illicit drugs, alcohol, and tobacco (shared environment) (Klitzner, 1998).

Generally, strategies targeting the individualized environment seek to socialize, instruct, guide, and counsel children in ways that increase their resistance to health risks. Specific programs may teach parenting skills to parents or life skills to children, educate parents and children about health risks, or provide specialized services to young people at high risk. All of these individualized strategies seek to prepare and assist individual children in coping with a world that presents myriad temptations and potential threats to their health and well-being (Klitzner, 1998).

The limitations of individualized approaches have led to increased emphasis on the shared environment, the world in which children face and cope with health threats. The shared environment can be a neighborhood, town, city, state, or the nation as a whole. Properly designed and managed, the shared environment can support healthy behavior and thwart risky behavior for all children, regardless of how well prepared they may be by their individualized environments (Klitzner, 1998).

Environmental strategies have been found to be more efficient because they affect every member of a target population. Training store clerks to check ID reduces the availability of tobacco and alcohol for all neighborhood young people regardless whether they are aware that these strategies are being implemented. Environmental strategies also produce more rapid results. Enforcement of the minimum alcohol purchase age can produce more or less immediate reductions in youth alcohol use. Environmental strategies can also enhance the prevention efforts of many communities that already have a number of programs aimed at the individualized environment (Klitzner, 1998).

Environmental Strategies – continued

The following are environmental strategies that have been evaluated and found to be effective:

Price Interventions

- Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption—both the prevalence of use and the amount consumed. It can also reduce various alcohol-related problems, including motor vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality, suicide, and cancer death rates (Sloan, Reilly, & Schenzler, 1994).

Minimum-Purchase-Age Interventions

- Increasing the minimum purchase age for alcohol to 21 has been effective in decreasing alcohol use among young people, particularly beer consumption. It is associated with reductions in other alcohol-related problems, including alcohol-related traffic crashes, suicide, deaths resulting from pedestrian injuries, other unintentional injuries, youth homicide, and vandalism. Outcomes related to minimum-purchase-age laws for tobacco are not known because such laws have only recently begun to be enforced.
- Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors through the use of undercover buying operations (also known as "decoy" or "sting" operations) can substantially increase the proportion of retailers who comply with such laws. Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants are also effective in increasing retailer compliance, as are more frequent enforcement operations.
- "Use and lose" laws, which allow for the suspension of the driver's license of a person under 21 years of age following a conviction of any alcohol or other drug violation (e.g., use, possession, or attempt to purchase with or without false identification), are an effective means for increasing compliance with minimum-purchase-age laws among young people. Penalties should be swift, certain, and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness and, if too severe, law enforcement and judicial officers may refuse to apply them.
- Community awareness and media efforts can be effective tools for increasing perceptions regarding the likelihood of

Environmental

apprehension and punishment and can increase retailer

Strategies – continued

compliance. They also offer a means for changing social norms to be less tolerant of alcohol and tobacco sales to and use by minors, and for decreasing the costs of law enforcement operations.

Deterrence Interventions

- Deterrence laws and policies for impaired driving have been effective in reducing the number of alcohol-related traffic crashes and fatalities among the general population and particularly among young people. Reducing the legal blood-alcohol-content (BAC) limit to .08 or lower has been shown to reduce the level of impaired driving and alcohol-related crashes.
- Enforcement of impaired-driving laws is important to deterrence because it increases the public's perceptions of the risks of being caught and punished for driving under the influence of alcohol.
- Law enforcement efforts to detect and arrest drinking drivers include sobriety checkpoints, which do not result in high levels of detection of drinking drivers, and passive breath sensors, which allow police officers to test a driver's breath without probable cause and substantially increase the effectiveness of sobriety checkpoints.
- Administrative license revocation, which allows for confiscation of the driver's license by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested, has been shown to reduce the number of fatal traffic crashes and recidivism among driving-under-the-influence offenders. Actions against vehicles and tags have been mostly applied to multiple offenders, with some preliminary evidence that they can lead to significant decreases in recidivism and overall impaired driving.
- Impaired-driving policies targeting underage drivers (particularly zero tolerance laws setting BAC limits at .00 to .02 percent for young people) and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience (and maturity), have been shown to significantly reduce traffic deaths among young people.

Environmental Strategies – continued

Interventions Addressing Location and Density of Retail Outlets

- Limitations on the location and density of retail outlets may help contribute to reductions in alcohol consumption, traffic crashes, and certain other alcohol-related problems, including cirrhosis mortality, suicide, and assaults. With respect to illicit drugs, neighborhood antidrug strategies, such as citizen surveillance and the use of civil remedies—particularly nuisance abatement programs, can be effective in dislocating dealers and reducing the number and density of retail drug markets and possibly other crimes and signs of physical disorder within small geographical areas.

Restrictions on Use

- Restrictions on use in public places and private workplaces (also known as "clean indoor air laws") have been shown to be effective in curtailing cigarette sales and tobacco use among adults and young people. Additional benefits of clean indoor air laws are that they reduce nonsmokers' exposure to cigarette smoke, and they help to alter norms regarding the social acceptability of smoking. The effects of restrictions on alcohol use have not been systematically evaluated.

Server-Oriented Interventions

- With respect to alcohol, server training programs have been found to affect beliefs and knowledge, with mixed findings regarding impacts on server practices and traffic safety.
- Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors.
- When server training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in both selling and serving practices.

Environmental Strategies – continued

- Education and training programs are important in teaching servers about laws, the penalties for violation, recognition of signs of intoxication and false identification, and ways to refuse sales, but they generally are not sufficient when used alone to produce substantial and sustained shifts in compliance with laws.

Counter-Advertising

- Counter-advertising campaigns that disseminate information about the hazards of a product or the industry that promotes it may help reduce cigarette sales and tobacco consumption. The limited research on alcohol warning labels suggests that they may affect awareness, attitudes, and intentions regarding drinking but do not appear to have had a major influence on behavior. Studies have suggested that more conspicuous labels would have a greater effect on awareness and behavior.

References:

Brounstein, P., Zweig, J., & Gardner, S. (1998, December) *Science-based practices in substance abuse prevention: A guide.* Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation.

NIDA Prevention Principles

NIDA Prevention Principles

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research.

Risk and Protective Factors

PRINCIPLE 1- Prevention programs should enhance protective factors and reverse or reduce risk factors.

- The risk of becoming a drug abuser corresponds to the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).

- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.

- Early intervention for risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by steering a child's life path (trajectory) away from problems and toward positive behaviors.

- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

PRINCIPLE 2- Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3- Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.

PRINCIPLE 4- Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Prevention Planning

Family Programs

PRINCIPLE 5- Family-based prevention programs should enhance family bonding and relationships and improve parenting skills; provide practice in developing, discussing, and enforcing family policies on substance abuse; and provide training in drug education and information. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training in parent supportiveness of children, parent-child communication, and parental involvement.

- Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training in setting rules; using techniques for monitoring activities; praising appropriate behavior; and applying moderate, consistent discipline that enforces defined family rules.
- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.
- Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

School Programs

PRINCIPLE 6- Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

PRINCIPLE 7- Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

- self-control

- emotional awareness

- communication

- social problem-solving

- academic support, especially in reading

Prevention Planning – continued

PRINCIPLE 8- Prevention programs for students in middle, junior high, and high school should increase academic and social competence by strengthening the following:

- study habits and academic support

- communication
- peer relationships
- self-efficacy and assertiveness
- drug resistance skills
- antidrug attitudes
- personal commitments against drug abuse

Community Programs

PRINCIPLE 9- Prevention programs aimed at general populations at key transition points, such as transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and therefore reduce labeling and promote bonding to school and community.

PRINCIPLE 10- Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

PRINCIPLE 11- Community prevention programs reaching populations in multiple settings—schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

Prevention Program Delivery

PRINCIPLE 12- When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain the following core elements of the original research-based intervention:

- Structure (how the program is organized and constructed)
- Content (the information, skills, and strategies of the program)
- Delivery (how the program is adapted, implemented, and evaluated)

PRINCIPLE 13- Prevention programs should be long term, with repeated intervention (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle-school prevention programs diminish without follow-up programs in high school.

Prevention Program Delivery – continued

PRINCIPLE 14- Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

PRINCIPLE 15- Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

PRINCIPLE 16- Research-based prevention programs can be cost effective. Like earlier research, recent research shows that each dollar invested in prevention can save up to $10 in treatment for alcohol or other substance abuse.

References:

National Institute on Drug Abuse (NIDA). October 2003. (2nd ed.) *Preventing drug abuse among children and adolescents: A research-based guide.* Rockville, MD: U.S. Department of Health and Human Services.

Cultural Competence

Cultural competence is a bit like mercury – you know it's there, you can see it, but it can be hard to get a grip on and examine. Cultural competence is not measured only by the number of cultural competency trainings program staff have participated in (though that can be a part of fostering culturally competent systems, agencies and professionals). The Lewin Group, 2002 identified the following seven domains that reflect cultural competence:

- *Organizational Values*: Are mid- and high-level staff responsible for coordinating cultural competence activities that are reflected in the agency's business and program plan and is funding provided to support their efforts?
- *Governance:* Do formal cultural competence-related policies exist regarding personnel, board development, communication and community/client input?
- *Planning and Monitoring/Evaluation:* Is client satisfaction regarding cultural competence-related planning sought in the development, integration and implementation of cultural competency plans?
- *Communication:* Do staff/professionals demonstrate effective communication with diverse groups? Does the agency engage in two way communication with the community from which its clients come?
- *Staff Development:* Is there investment (monitory and other) in cultural competence training for staff at all levels of the agency? Are staff evaluations conducted in a culturally competent manner?
- *Organizational Infrastructure:* Is the overall budgetary allocation and investment in cultural competence activities aligned with the strategic plan? Are formal and informal alliances/links maintained with the community and other partners to address cultural competence issues?
- *Services/Interventions:* Are tailored outreach and community education initiatives fostered? Do focused prevention plans reflect cultural competence related factors?