

2014 Idaho Strategic Prevention Framework

Evidence Based Practice Selection Workbook



Acknowledgements

This workbook is the result of a collaborative effort by the members of the Idaho Strategic Prevention Framework (SPF) Evidence-Based Practices (EBP) Workgroup. The workgroup is made up of the following members and organizations:

Evidence Based Practice Work Group (EBP)	
Name	Agency
Alisha Passey	Bonneville Youth Development Council
Charlotte Combe	Lutheran Community Services
Don Maestas	CAPT West Resource Team
Joni Ward	Idaho Department of Juvenile Corrections
Kerri Wilfong	Kootenai Alliance for Children and Families
Ryan Porter	Idaho Supreme Court
Monty Prow	Dept. of Juvenile Corrections
Janeena Wing	ID State Police
Nathan Drashner	ODP, Epidemiologist/Analyst
Terry Basolo	Blaine Community Anti-Drug Coalition
Tedd McDonald	Boise State University
Sharlene Johnson	ODP, SPF SIG Project Director
Matt McCarter	Dept. of Education
Marianne King	Office of Drug Policy-SAPT Director
Tammy Rubino	Community Coalitions of ID

Sections of this guide were adapted from material developed by the following organizations/sources:

Community Anti-Drug Coalitions of America (CADCA). *Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals* (2010).

Community Anti-Drug Coalitions of America (CADCA). *The Coalition Impact: Environmental Prevention Strategies* (2009).

Substance Abuse and Mental Health Services Administration (SAMHSA). *Identifying and Selecting Evidence-Based Interventions* (2009).

Centers for Disease Control and Prevention (CDC). *Social-Ecological Model* (2007).

Iowa Department of Public Health, *Iowa Strategic Prevention framework State Incentive Grant: Evidence-Based Practice Selection Workbook* (2011).

National Institute for Alcohol Abuse and Alcoholism. *3-In-1 Framework for College Drinking Prevention* (2007).

Nebraska SPF SIG Program. *Strategy Approval Guide* (2009).

North Carolina SPF SIG Program, *Creating a Strategic Plan Based on Your Need Assessment Findings: A How To Guide* (2008).

Maine Office of Substance Abuse, *Maine's Evidence Based Approval Process* (2007).

South Dakota SPF SIG Program. *Evidence-based Prevention Selection Guide* (2011).

US Department of Justice. *OJJDP Blueprints for Violence Prevention* (2001).

Wisconsin SPF SIG Program. *Planning Guidance*.

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Introduction

What is evidence-based practice?

In the substance abuse prevention field, evidence-based practice (EBP) generally refers to approaches to prevention that are validated by some form of documented evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

What is the purpose of this document?

The purpose of this selection guide is to provide Strategic Prevention Framework (SPF) grantees with a set of guidelines to help them select the most appropriate and "best fit" prevention strategies for implementation in their community. This document includes a list of pre-approved EBPs compiled by the EBP Workgroup. Grantees are invited to select EBP's from this listing whenever possible. In the event an EBP is not included on the pre-approved list, the grantee may request approval for another EBP.

How does this document fit within the SPF model?

At this point, you should have completed your assessment process, including the selection of your prevention priorities. Now you will be determining the intervening variables and contributing factors that best match the priorities for your community and then selecting your prevention strategies to complete your logic model for each priority. To ensure a greater likelihood of success for your community, this document is designed to help you to select strategies that build upon what you learned through your assessment process, including needs, community readiness, coalition capacity, and existing prevention efforts. Additionally, this document will complement and enhance the development of the SPF SIG strategic plan by providing clarity to the strategic plan development process.

Who should be involved in your strategy selection process?

Similar to the assessment process, your entire coalition should have input into the selection of your evidence-based prevention strategies. Remember the principle that "people support what they help create." By involving all coalition in the selection process, you will help to ensure that everyone has bought into the ultimate goals of your coalition's strategic plan for prevention.

What if the language or process in this document isn't clear?

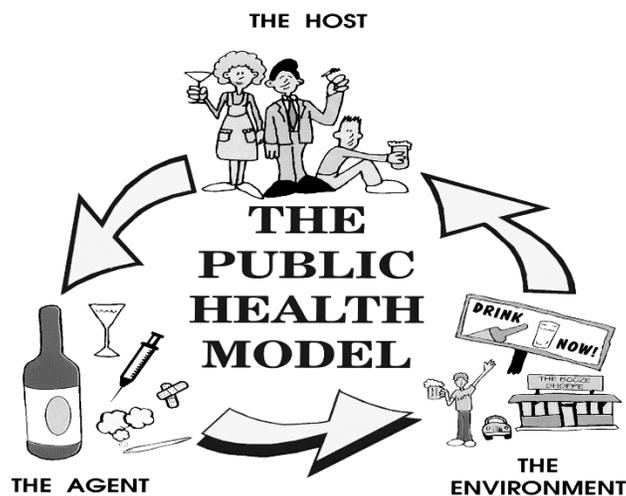
The language used in the field of prevention can sometimes differ between resources which creates potential for confusion. If the language or process documented in this workbook is not clear, or you have any other questions please contact:

Tammy Rubino (CommunityCoalitionsofIdaho@gmail.com), Community Coalitions of Idaho (CCI)

Sharlene Johnson (Sharlene.Johnson@odp.idaho.gov), Idaho Governor's Office of Drug Policy (ODP)

Public Health Model

The Public Health Model embraces a comprehensive approach to community change. Instead of focusing efforts on changing individuals, one at a time, through prevention efforts, the public health model looks at changing the environment that surrounds those individuals.



Source of graphic: New Mexico Assessment Training Manual, July 2006

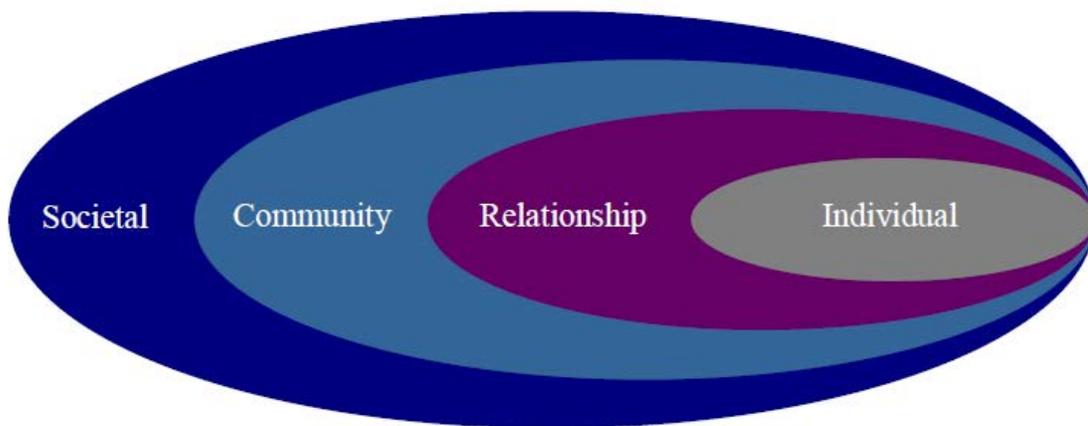
Prior to SPF, grantees may have been encouraged to work within four identified prevention domains: individual, family, school, and community. Under SPF, funded coalitions may continue to work within these domains, but will be required to focus on strategies that will bring about environmental change.

Population Level Behavior Change

Social-Ecological Model

To begin, you need to think about the types of strategies that will stimulate the greatest changes to your intervening variables, and ultimately your prevention priorities. A comprehensive prevention plan should identify a mix of interventions that target your intervening variables in multiple contexts and at multiple levels. The social-ecological model (Bronfenbrenner, 1979) is a multi-faceted public health model grounded in the belief that to achieve sustainable changes in behavior, prevention efforts must target the individuals within the target population at the different levels of influence surrounding them.

Figure 1: Social-Ecological Model



The social-ecological model consists of four levels that a prevention effort should strive to impact. The four levels consist of:

Individual level: This level encompasses the knowledge, attitudes, and skills of the individuals within the target population. This level can be influenced by individual-level interventions (such as educational and skill-building programs) as well as community-wide media and social marketing campaigns. An example of an individual level intervention would be a 6-week program targeted at high-risk students to improve their self-confidence and teach them the skills needed for resisting alcohol and drug use.

Relationship level: This level includes the family, friends, and peers of the individuals within the target population. These persons have the ability to shape the behaviors of the individuals in the target population. This level can be influenced by enhancing social supports and social networks as well as changing group norms and rules. An example of a relationship level intervention would be an educational program targeted at parents of 12-14 year olds to teach them how to better communicate with their children and establish rules around alcohol use.

Community level: This level includes the unique environments in which the individuals in the target population live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. This level can be influenced by changes to rules, regulations, and policies within the different community organizations and structures. An example of a community level intervention would be the adoption of an “alcohol free” policy by a local company for all of their work-related functions and events.

Societal level: This level includes the larger, macro-level factors that influence the behaviors of the individuals in the target population, such as laws, policies, and social norms. This level can be influenced by changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms among the target population as a whole, such as a media campaign. An example of a societal level intervention would be requiring mandatory beverage server training for bars and restaurants. This training teaches waiters and bartenders how to properly identify an individual’s age and intoxication level.

Types of Prevention Strategies

Prevention strategies typically fall into two categories environmental and individual.

Environmental strategies target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies are found in the outer layers (or levels) of the social-ecological model.

Individual strategies target the knowledge, attitudes, and skills of individuals. For the purpose of SPF, environmental strategies are also referred to as community-level strategies while individual strategies are also referred to as program-level strategies.

The social-ecological model promotes a multi-strategy approach targeting the individual, as well as the different levels of influence surrounding them. Particular attention should be given to the implementation of evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Furthermore, these strategies can result in behavior change that reduces problems for the entire community, including those outside the target population.

Environmental strategies can achieve this level of behavior change through changes to policies, practices, systems, and norms. In addition, because environmental strategies require substantial commitment from various sectors of the community, long-term relationships can be established with key community stakeholders. Lastly, costs associated with environmental strategies can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals.

In summary, it is strongly recommended that your coalition use a multi-strategy approach in targeting the SPF priorities, contributing factors and/or intervening variables chosen by your coalition. As part of this multi-strategy approach it is particularly important for you to choose one or more environmental strategies designed to impact the community and societal levels (of the social-ecological model) as well as impacting the individuals in your target population. Failure to implement strategies at different levels of the social-ecological model would greatly decrease your likelihood for achieving long-term successes in your community.

Strategic Plan

The Strategic Plan is a narrative to describe and justify the approach the coalition is taking on each priority. It is an extension of the logic models. Also, it includes dosage and target population information. It summarizes the community capacity and cultural competence related to the implementation of the selected strategies.

Logic Models

During the needs assessment process, Idaho SPF funded grantees will:

- examine the existing data;
- collect data on intervening variables;
- identify the most likely underlying conditions to the related intervening variables.

To help grantees visualize how the priorities, intervening variables, and underlying conditions are all related, they will first create a logic model that connects all these pieces. Each community will submit a logic model.

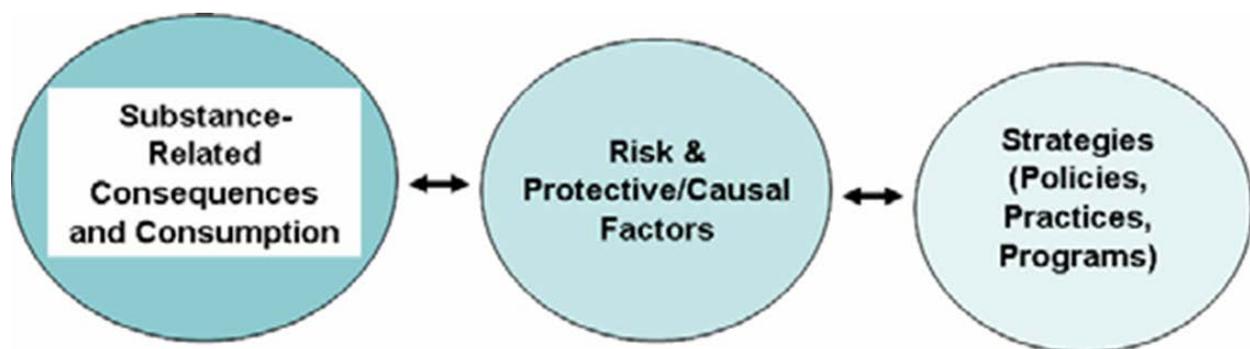
Action Plans

For each logic model a corresponding action plan needs to be developed. The value of a well-detailed action plan is that it will provide the necessary steps and accountability to accomplish the strategies.

Contributing Factors/Intervening Variables

Intervening variables may be known by other names such as risk factors or causal factors. The variables below are for environmental strategies in general.

- Retail Access/Availability
- Social Access/Availability
- Promotion
- Social Norms/Community Norms
- Perceived Risk /Individual Factors
- Enforcement



Intervening variables are what fall between the strategies that will be implemented and the priorities you seek to change. While substance related consequences and consumption can be effected by prevention strategies the risk or protective factors that are intervening variables often at least have an effect on the outcome and should also be kept in mind when planning. If intervening variables are not considered, strategies may not appropriately align with the consequence or consumption measure that is trying to be affected.

Underlying Conditions

Underlying conditions are specific issues in a community that contribute to the problem. These factors provide the reasons an intervening variable exists in the particular community and offer the key link to identifying appropriate strategies. Current assessment data may be useful to determine the exact factor, or more assessment data may be necessary if no data exists about an intervening variable that has been identified. Each intervening variable must have one or more underlying conditions.

Dosage

Dosage for a strategy, as known in a medical model, refers to how many or what percent of the target population needs to receive the service in order for change on the priority or intervening variable to occur. This concept will need to be addressed in the planning step when writing the Action Plan. The same dosage may not work for all strategies or similar populations. Once a strategy has been selected, technical assistance will be available to discuss dosage specific to the strategy and target population.

Ensuring That You Have Actionable Root Causes

Prior to choosing your prevention strategies, take some time to look back at the root causes that you have chosen to address in your community. As a reminder, the root causes are the conditions that underlie and are driving the problem and that an evidence-based prevention strategy will directly try to affect. The root causes that you have chosen should be specific to your community, actionable, and answer the question “Why is this contributing factor a problem in my community?” In some instances, root causes may need further thought and discussion. Let’s look at an example of when this might occur.

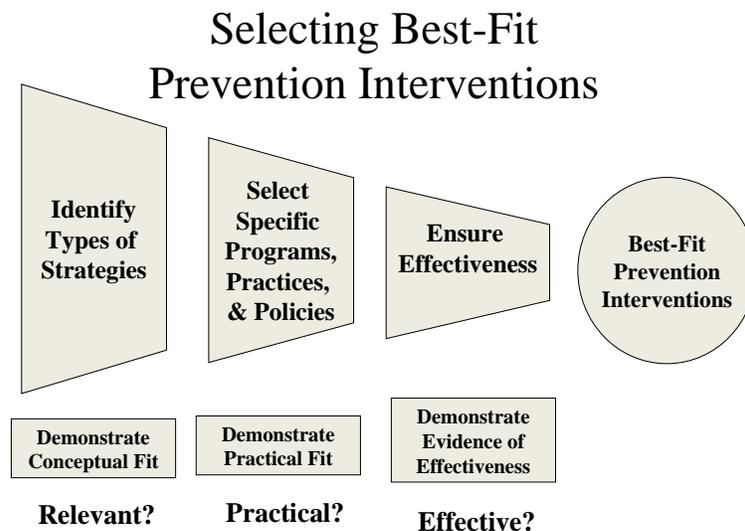
Example: You have identified social availability as one of your contributing factors and parents providing alcohol to their kids as one of the root causes. Let's assume that you determined this to be a root cause of social availability based on results from the Idaho Youth Behavior Survey. While this root cause is important to your community prevention efforts and grounded in solid evidence, it is not actionable without further information. To further define the root cause of parents providing alcohol to their kids, you need to ask yourself the question "Why is this a problem in my community?" This will help you understand why parents think that it is OK to provide alcohol to minors and give you something actionable to address through your prevention strategies. Possible factors for this example could be: parents don't know that it is illegal or do not understand the law; the law is not enforced (which provokes other questions and relates to other contributing factors); or parents believe it is safer for kids to drink at home. The interviews, focus groups, town hall meetings, and other data collection efforts and discussions that took place during your assessment process should help you answer this question. However, it is possible that you may need to obtain additional information through data collection efforts or discussions with coalition or community members to better understand this issue.

Once you feel confident that you have identified specific and actionable root causes in your community, take some time to look back through the results from your coalition capacity assessment, community readiness assessment, needs assessment, and prevention strategy assessment. Reviewing this information may refresh your memory of different elements of your coalition, community, needs, and past efforts that can help you determine if a potential strategy would be a "good fit" for your community.

Selecting “Good Fit” Prevention EBPs

(Adapted from 1- CSAP Guidance: Identifying and Selecting Evidence-Based Interventions, 2- Nebraska NE SPF SIG Strategy Approval Guide, and 3- Selecting From Among Prevention Strategies. Kathryn Stewart. National Center for the Advancement of Prevention “Prevention Planning for Youth Substance Abuse Initiatives” 11th Annual National Prevention Network Research Conference. August 1998)

A more detailed graphic is available at http://download.ncadi.samhsa.gov/csap/SMA09-4205/evidence_based.pdf



To have a “good fit” within your community, it is preferable that prevention EBPs meet several criteria. An EBP must have evidence of past success and it must also fit conceptually with your targeted intervening variables. EBPs must fit practically within your community and coalition and should be able to be implemented in your community with fidelity (meaning implemented as intended by the author). In addition, a “good fit” EBP should be culturally appropriate and sustainable within your community.

Why Is Assessing Fit Important?

- To ensure that the selected strategies match the needs and the characteristics of the target population.

- To ensure that the plan to impact your priority complements the activities/programs of other agencies/organizations and are not in conflict with them.
- To ensure that excessive duplication of effort in the community does not occur.
- To ensure that the community can support the plan to impact your priority.
- To ensure that adequate resources exist to implement your plan properly.
- To ensure sufficient capacity in implementing your plan, thereby increasing the likelihood for success.
- Lastly, by addressing the issue of “fit” during the planning process, there is an opportunity to refine how other local efforts (e.g., community coalitions, environmental strategies, prevention programs) can be utilized as resources to increase community buy-in for your plans to impact the identified priority.

There are six components of a “good fit” EBP and they are described in more detail below:

1. EVIDENCE OF EFFECTIVENESS

All selected EBPs must:

- Have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies; and
- Be effective according to EITHER:
 - a) Idaho’s pre-approved EBP list
 - OR
 - b) Approved by the Evidence-Based Practice Workgroup. The process for submitting an EBP to be reviewed is listed on page 31 of this document.

2. CONCEPTUAL FIT WITH THE COMMUNITIES PREVENTION PRIORITIES

A “good conceptual fit” EBP should:

- Specifically address one or more of the intervening variables and underlying conditions chosen by your coalition.
- Have been shown to drive positive outcomes in your prevention priorities, intervening variable and underlying conditions.
- Ideally have evidence of effectiveness within your target population.
- Have logical “If-Then” statements - “If-then” statements help you connect EBPs to the substance abuse changes that you are striving for in your community. In doing so, this can help you better understand if an EBP fits conceptually into your overall SPF prevention plan. Ultimately you want your EBPs to positively impact your prevention priorities, but there are other milestones along the way that must be reached before this can occur.

For example, you have identified social availability as one of your intervening variables and found that parents are providing alcohol to their children. After further exploration, you conclude that the real issue is that parents don't understand the law. As a result, you want to implement an EBP to help educate parents about the laws related to this in your community.

– *If* we educate parents about the laws, *then* they will be less likely to provide alcohol to their underage children;

– *If* parents are providing less alcohol to their children, *then* minors in your community will have reduced social access to alcohol;

– *If* minors have reduced social access to alcohol, *then* their rates of drinking will decrease.

3. PRACTICAL FIT WITH THE COMMUNITIES READINESS AND CAPACITY

An EBP is a practical fit for your community if:

- Your coalition has the necessary staff and funding.

- Your coalition has the necessary collaboration (police, leaders, etc.).
- Your community will support this EBP (high level of readiness).

4. ABILITY TO IMPLEMENT WITH FIDELTIY

All selected EBPs should be implemented as intended, and where possible include:

- A target population that is similar (in demographics and numbers) to the intended (or previously researched) population;
- Implementation of all elements or facets of the EBP, rather than picking and choosing just some of the elements to implement;
- Implementation using a similar timeline and in a similar method to the documented evidence; and
- Similar data collection processes.

5. CULTURAL FIT WITHIN THE COMMUNITY

An EBP has a cultural fit if:

- The target population for your community is similar to the population targeted for the EBP through documented evaluation and research studies.
- The EBP is applicable and appropriate for culturally diverse populations in your community.
- The EBP takes into account the cultural beliefs and practices of your target population.
- Supportive materials for the EBP are properly translated and/or appropriate for your target population.

6. HIGH LIKLIHOOD OF SUSTAINABILITY WITHIN THE COMMUNITY

An EBP has a high likelihood of sustainability if:

- Documented evaluation and research studies have demonstrated sustainable outcomes.
- Community leaders and stakeholders believe the EBP is important and are committed to sustaining it.
- The EBP can be sustained with little or no direct cost following implementation.

At a minimum, EBPs that you select must be evidence-based, fit conceptually, and fit practically within your community. In addition, your EBPs should be able to be (where possible) implemented with fidelity, culturally appropriate for your target population, and sustainable within your community.

If the EBP you are considering does not meet all the components of a “good fit” EBP, take a moment to think about what is missing and how you could overcome these barriers or limitations. To help you determine whether an EBP is a good fit for your community you will take each proposed EBP through the “test fit” process which is listed below.

Strategy Test Fit Form

This form will help your community determine if the proposed strategy meets the “good fit” criteria. This form does not need to be submitted to IDPH.

What strategy approval category does this strategy fall under? (place an X next to one of the following options)

Pre-approved by the Idaho SPF Project

Not pre-approved (an EBP Approval Process must also be completed for this Strategy; see page 30 for additional information)

Who is the target population for this strategy?

Which of your underlying condition(s) will this strategy try and impact?

Which of your intervening variable(s) will this strategy try and impact?

Complete a theoretical “if-then” proposition for this strategy. (conceptual fit)

Demonstrate that your community has the readiness and capacity to effectively implement this strategy. (practical fit)

Will this strategy be implemented as intended in your community? (ability to implement with fidelity)

Yes, this strategy will be implemented as intended

No, we will be making some changes to how this strategy is implemented...to better address our target population or the readiness/abilities of our community/coalition (discuss below)

Is this strategy culturally appropriate and culturally relevant for your target population? (cultural fit)

Yes, this strategy is culturally appropriate and relevant as intended

Yes, but we have modified it to make it more culturally appropriate and relevant for our community (discuss below)

What will be needed to sustain this strategy in your community beyond the SPF Project? (sustainability)

Additional funding

Strong support from stakeholders

Almost nothing, it should be sustainable on its own

Other, please specify:

IDAHO SPF EBPs

The tables on the following pages reflect strategies and programs that have been identified by the Evidence-Based Practice Workgroup and approved by the Idaho SPF Advisory Council for implementation by Idaho SPF funded grantees.

Prevention Strategies

Prevention Strategies	Target Population	Contributing Factors	CSAP Prevention Strategy Type	CADCA Strategy for Community Level Change	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Strategies for All Priorities										
Increase or change zoning restrictions	All ages	Retail access, Enforcement, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Physical Design, Modify/Change Policies		✓		https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.unomaha.edu/ncenter/documents/aic_citizen_protests.pdf http://www.vyfs.org/images/stories/An_Introduction_and_Overview_for_Environmental_Prevention_Strategies.pdf	Community	Universal direct, Universal indirect
Adopt a noise assembly ordinance	All ages	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf	Community	Universal indirect
Enhance law enforcement capacity and commitment to address substance abuse laws	All ages	Enforcement, Social norms, Low perceived risk	Community based Process, Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.ncjrs.gov/txtfiles/beyond.txt http://profiles.nlm.nih.gov/NN/B/C/Y/C/_/nnbicyc.pdf Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996)	Community	Universal indirect
Strengthen the prosecution, adjudication, and sanctioning of substance abuse laws within the court system	All ages	Enforcement, Social norms, Low perceived risk	Community based Process, Environmental Strategies	Change Consequences, Modify/Change Policies		✓		http://www.ncjrs.gov/txtfiles/beyond.txt http://profiles.nlm.nih.gov/NN/B/C/Y/C/_/nnbicyc.pdf Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations (1996)	Community	Universal indirect
Adopt a policy for referral of patients who are believed to be substance abuse dependent	All ages	Social norms, Low perceived risk	Community based Process, Problem Identification and Referral	Provide Support, Modify/Change Policies	✓	✓		http://www.samhsa.gov/prevention/sbirt/ http://www.annfammed.org/cgi/reprint/2/5/474	Individual, Community	Indicated
Establish or strengthen policies related to alcohol and drug use among employees	Employees	Social access, Enforcement, Social norms, Low perceived risk	Environmental Strategies	Modify/Change Policies		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Enhance enforcement of worksite policies	Employees	Social access, Enforcement, Social norms, Low perceived risk	Environmental Strategies	Modify/Change Policies		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Reprimand supervisors who fail to enforce the policies	Employees	Enforcement, Social norms, Low perceived risk	Environmental Strategies	Change Consequences		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Implement education/awareness campaigns within worksites	Employees	Social norms, Low perceived risk	Information Dissemination, Community based Process, Environmental Strategies	Provide Information		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Work with local healthcare providers and organizations to adopt a policy requiring that screening and brief motivational interventions are part of standard practice	Patients 18 years of age and older	Social norms, Low perceived risk	Information Dissemination, Community based Process, Problem Identification and Referral	Provide Information, Modify/Change Policies	✓	✓		http://www.samhsa.gov/prevention/sbirt/ http://www.annfammed.org/cgi/reprint/2/5/474	Individual, Community	Univ. direct, Selective, Indicated
Substance abuse screening and brief intervention	Patients 18 years of age and older	Social norms, Low perceived risk	Problem Identification and Referral	Provide Information	✓	✓		http://www.samhsa.gov/prevention/sbirt/ http://www.annfammed.org/cgi/reprint/2/5/474	Individual, Community	Univ. direct, Selective, Indicated
Adopt a teen party ordinance	Persons under 21 years of age	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.udetc.org/documents/UnderageDrinking.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.udetc.org/documents/Police%20Service%20Fee%20Muni%20Code.pdf	Community	Universal indirect

Prevention Strategies

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					NREPP	Journal Articles	EBP			
Strategies for All Priorities										
Implement "party patrols"	Persons under 21 years of age	Social access, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.udetc.org/lawenforcementstrategies.htm#Party	Community, School	Universal direct
Consistently apply disciplinary action for rules violation (such as the loss of allowance, grounding, loss of vehicle privileges, etc.)	Persons under 21 years of age living at home	Enforcement, Social norms, Low perceived risk	Environmental Strategies	Change Consequences		✓		http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf	Family, Community	Universal direct
Educate parents, through community, school, athletic, and other club/group newsletters; through parent meetings associated with youth clubs, groups, and athletics; and/or through other venues, about underage drinking in the community, including access to alcohol and effective measures to reduce it	Persons under 21 years of age living at home	Social access, Social norms, Low perceived risk	Information Dissemination	Provide Information		✓		http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf	Family, Community	Universal direct
Establish a network for parents to communicate and be linked with other parents who hold similar beliefs and have home environments that are free from alcohol abuse and easy access to alcohol	Persons under 21 years of age living at home	Social access, Social norms	Community based Process	Provide Support		✓		http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf	Family, Community	Universal direct
Reality Tour	Ages 10-17	Social access, Social norms, Low perceived risk	Information Dissemination, Community based Process, Environmental Strategies	Provide Information	✓	✓		www.realitytour.org	Family, Community	Universal direct
Establish or strengthen school penalties for possession or intoxication on school property or at school-related events	Students	Enforcement, Social norms, Low perceived risk	Environmental Strategies, Problem Identification and Referral	Change Consequences, Modify/Change Policies		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	School	Universal direct
Enforce school penalties for substance possession or intoxication on school property or at school-related events	Students	Enforcement, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative	School	Universal direct
Educate parents, through school newsletters, PTA meeting, or other venues, about substance abuse in the community, including access to substances and effective measures to reduce it.	Students	Social access, Enforcement, Social norms, Low perceived risk	Information Dissemination, Community based Process	Provide Information, Enhance Skills		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Family	Universal direct
Implement an education/awareness campaign within a school or district.	Students	Social norms, Low perceived risk	Information Dissemination, Community based Process, Environmental Strategies	Provide Information		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Community	Universal direct
Revise and strengthen penalties for violation of campus substance abuse policies	Students	Social access, Enforcement, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative	Community	Universal direct

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Prevention Strategies	Target Population	Contributing Factors	CSAP Prevention Strategy Type	CADCA Strategy for Community Level Change	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Strategies for All Priorities										
Distribute the campus substance abuse policies and associated punishments to all incoming and returning students and their parents, as well as publicize them on the campus website and in campus venues such as student housing and sports facilities	Students	Social norms, Low perceived risk	Information Dissemination, Community based Process	Provide Information		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmental-management/change/policy http://www.higheredcenter.org/environmentalmanagement/change/normative	Family, School, Community	Universal direct
Require that all incoming and returning students participate in a brief motivational intervention related to substance abuse	Students	Social norms, Low perceived risk	Community based Process, Environmental Strategies, Problem Identification and Referral	Provide Information, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Community	Universal direct
Reinstate or maintain Friday classes to shorten the elongated weekend	Students	Social norms, Low perceived risk	Environmental Strategies	Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Community	Universal direct
Encourage staff and faculty to live on campus	Students	Social norms	Community based Process	Provide Information, Provide Support		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Community	Universal direct
Expand opportunities for students to make social choices that do not include illegal drugs and alcohol	Students	Social norms	Alternatives, Community based Process, Environmental Strategies	Provide Support		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative	School, Community	Universal direct
Enhance enforcement of drug and alcohol laws and policies on campus property and at campus-sponsored events	Students	Retail access, Social access, Enforcement, Social norms, Low perceived risk	Environmental Strategies	Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/normative http://www.higheredcenter.org/environmental-management/change/policy	School, Community	Universal indirect, Universal direct
Mass media campaigns (e.g., television, radio, billboard, print; including counter-advertising campaigns)	Variable – all ages to specific groups	Retail access (Alcohol), Social access, Social norms, Low perceived risk	Information Dissemination, Community based Process	Provide Information		✓		http://www.collegedrinkingprevention.gov/media/Journal/182-DeJong.pdf	Community, School	Universal indirect, Universal direct
Media advocacy	Variable – all ages to specific groups	Retail access (Alcohol), Social access, Social norms, Low perceived risk	Information Dissemination, Community based Process, Environmental Strategies	Provide Information		✓		http://www.pire.org/documents/mediaadvocacy.pdf http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4D0C-A56CC33DEC7F5A49/0/Media_Advocacy_Manual.pdf https://spinproject.rdsecure.org/downloads/SCPTemplate.pdf	Community, School	Universal indirect, Universal direct
Social norms approaches	Variable – all ages to specific groups	Retail access (Alcohol), Social access, Social norms, Low perceived risk	Information Dissemination, Community based Process, Environmental Strategies	Provide Information		✓		http://www.socialnormsresources.org/pdf/Guidebook.pdf http://www.higheredcenter.org/files/product/hws.pdf	Community	Universal indirect, Universal direct
Strategies for Prescription Drug Use Priority										
Prescription Medication Take-back Programs	All ages	Social Access, Low perceived risk	Community based Process, Environmental Strategies	Change Consequences, Change Physical Design		✓		http://www.deadiversion.usdoj.gov/drug_disposal/takeback/	Community	Universal direct
Strategies for Alcohol Health Outcomes Priority										
Communities Mobilizing for Change on Alcohol (CMCA)	13-20 year olds	Retail access, Social access, Enforcement, Social norms	Community based process, Environmental strategy	Enhance Barriers/Reduce Access, Change Policy	✓	✓		http://www.udetc.org/documents/LocalRegulLandUse.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf	Community	Universal direct

Prevention Strategies

Prevention Strategies	Target Population	Contributing Factors	CSAP Prevention Strategy Type	CADCA Strategy for Community Level Change	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Strategies for Alcohol Health Outcomes Priority										
Establish rules for adult alcohol use in the home, such as prohibiting alcohol at children's parties and other events held in the home	Adults	Social access, Social norms	Community based Process, Environmental Strategies	Provide Information, Modify/Change Policies		✓		http://archives.drugabuse.gov/pdf/monographs/monograph177/monograph177.pdf	Family, Community	Universal direct
Community Trials Intervention to Reduce High-Risk Drinking	All ages	Retail access, Social access, Enforcement, Social norms, Low perceived risk	Community based Process, Environmental Strategies	Enhance Skills, Enhance Access/Reduce Barriers, Change Physical Design, Modify/Change Policies		✓		http://www.pire.org/communitytrials/ProgramMaterials.htm http://www.udetc.org/documents/LocalRegulLandUse.pdf http://www.marininstitute.org/alcohol_policy/local.htm https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf	Community	Universal indirect
Implement responsible beverage server and manager training programs (voluntary or mandatory)	All ages	Retail access	Environmental Strategies, Prevention Education	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.ca-cpi.org/TARP/RBS-final.pdf https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	Community	Universal indirect
Restrict the availability of alcohol at community events, such as sporting and recreational events	All ages	Retail access, Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.faceproject.org/Resources/PDF/Alcohol-Sales-Community-Events-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	Community	Universal indirect
Restrict alcohol on public property	All ages	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Change Physical Design, Modify/Change Policies		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf	Community	Universal indirect
Restrict alcohol advertising and promotion	All ages	Social norms, Promotion	Environmental Strategies	Change Physical Design, Modify/Change Policies		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	Community	Universal direct, Universal indirect
Require alcohol warning signs to be posted at liquor establishments	All ages	Social Norms, Low perceived risk	Information Dissemination, Environmental Strategies	Provide Information, Change Physical Design, Modify/Change Policies		✓		www.health.org/catalog/posters/ www.centurycouncil.org	Community	Universal indirect
Revoke liquor licenses for outlets that do not comply with state laws and local ordinances	All ages	Enforcement, Social norms, Low perceived risk	Environmental Strategies	Change Consequences, Modify/Change Policies		✓		http://www.acpr.gov.au/pdf/drugs/Licensed%20premises.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.udetc.org/documents/AlcoholSales.pdf	Community	Universal indirect
Have law enforcement conduct "walk-throughs" at alcohol outlets	All ages	Retail access, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers		✓		http://www.udetc.org/lawenforcementstrategies.htm#Operations http://www.centurycouncil.org/stop-underage-drinking/initiatives/copsinshops/getinvolved	Community	Universal indirect
Require responsible beverage server practices when alcohol is available at worksite-sponsored events	Employees	Retail access, Social access	Environmental Strategies	Modify/Change Policies		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Enact policies to restrict underage access to alcohol in the workplace	Employees	Social access, Enforcement, Social norms, Low perceived risk	Environmental Strategies	Modify/Change Policies		✓		http://www.rti.org/pubs/bk-0005-1103-cluff.pdf	Community	Universal direct
Restrict hours and days of alcohol sale	Persons 21 and older	Retail access	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.sunrisefl.gov/documents/Ordinance_153-08-C.pdf	Community	Universal indirect

Prevention Strategies

Prevention Strategies	Target Population	Contributing Factors	CSAP Prevention Strategy Type	CADCA Strategy for Community Level Change	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Strategies for Alcohol Health Outcomes Priority										
Prohibit drink discounts, specials, happy hours, and other price promotions at establishments that sell alcohol for on-premise consumption (only if done in collaboration with enforcement)	Persons 21 and older	Retail access, Social norms, Promotion, Low Price	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf	Community	Universal direct
Encourage businesses to adopt policies that decrease personal risk and promote responsible drinking	Persons 21 and older	Retail access, Social norms	Environmental Strategies	Modify/Change Policies		✓		http://www.pire.org/documents/responsible_sales.pdf http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf	Community	Universal direct
Establish a minimum bar entry age equivalent to the minimum legal drinking age of 21 years old	Persons under 21 years of age	Retail access	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf	Community	Universal direct
Establish a minimum-age-of-seller that is equivalent to the minimum legal drinking age of 21 years old	Persons under 21 years of age	Retail access	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://hrb.imaxan.ie/attached/1835-1770.pdf http://www.ca-cpi.org/TARP/EP-Final.pdf	Community	Universal direct
Develop and/or strengthen age identification policies and training for employees of alcohol establishments	Persons under 21 years of age	Retail access	Environmental Strategies	Modify/Change Policies		✓		https://www.faceproject.org/Resources/PDF/Responsible-Alcohol-Service-CAK.pdf http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/ http://www.apolnet.ca/resources/education/presentations/barpoliciesLL09.pdf http://www.pire.org/documents/responsible_sales.pdf	Community	Universal indirect
Create social host ordinances as a criminal and/or civil penalty	Persons under 21 years of age	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.udetc.org/documents/UnderageDrinking.pdf http://www.udetc.org/documents/Tool%20Kit%20to%20Pass%20a%20Local%20Ordinance.pdf http://www.udetc.org/documents/Police%20Service%20Fee%20Muni%20Code.pdf	Community	Universal indirect
Restrict home delivery of alcohol	Persons under 21 years of age	Retail access	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		https://www.stopalcoholabuse.gov/media/ReportToCongress/2012/profile_summaries/18_home_delivery.pdf	Community	Universal direct
Conduct compliance checks at businesses to monitor the sale of alcohol to minors	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences		✓		http://www.udetc.org/documents/AlcoholSales.pdf http://www.udetc.org/lawenforcementstrategies.htm#Compliance	Community	Universal direct
Encourage businesses to conduct internal compliance checks to monitor the sale of alcohol to minors by their employees	Persons under 21 years of age	Retail access, Social norms	Information Dissemination, Community based Process, Environmental Strategies	Provide Information, Enhance Skills, Enhance Access/Reduce Barriers, Change Consequences		✓		http://www.udetc.org/lawenforcementstrategies.htm#Operations http://www.udetc.org/lawenforcementstrategies.htm#FalseID	Community	Universal direct
Implement "shoulder tap" enforcement programs to prevent strangers from purchasing alcohol for minors	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.youthinaction.org/about/shoulderTap/	Community	Universal direct
Implement the "cops in shops" enforcement program	Persons under 21 years of age	Retail access, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.centurycouncil.org/stop-underage-drinking/initiatives/copsinshops/getinvolved	Community	Universal direct
Reduce youth access to alcohol within the home	Persons under 21 years of age living at home	Social access	Information Dissemination, Community based Process	Provide Information, Enhance Access/Reduce Barriers		✓		http://pubs.niaaa.nih.gov/publications/arih26-1/5-14.htm	Family, Community	Universal direct
Prohibit the consumption of alcohol at all school-related events, including adult consumption	Students	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	School, Family	Universal indirect, Universal direct

Prevention Strategies

Prevention Strategies	Target Population	Contributing Factors	CSAP Prevention Strategy Type	CADCA Strategy for Community Level Change	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Strategies for Alcohol Health Outcomes Priority										
Adopt practices to prevent students from bringing alcohol to school or school-related events	Students	Enforcement, Social norms, Low perceived risk	Environmental Strategies	Enhance Access/Reduce Barriers, Change Consequences, Modify/Change Policies		✓		http://www.aep.umn.edu/index.php/publications/underage-alcohol-use-and-access/	School	Universal direct
Require ID checks at all campus events where alcohol is available	Students	Retail access, Social access, Enforcement	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmentalmanagement/change/availability	Community	Universal direct
Prohibit the sale of alcohol on campus and at campus facilities, such as football stadiums, concert halls, and campus cafeterias, restaurants, and pubs	Students	Retail access, Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy	School, Community	Universal indirect, Universal direct
Prohibit alcohol at all campus-sponsored events both on and off campus	Students	Retail access, Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy	School, Community	Universal indirect, Universal direct
Prohibit alcohol kegs on campus and at campus sponsored events	Students	Retail access, Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy	School, Community	Universal indirect, Universal direct
Prohibit alcohol within all student housing	Students	Social access, Social norms	Environmental Strategies	Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/alcohol-free http://www.collegedrinkingprevention.gov/media/FINALHandbook.pdf http://www.higheredcenter.org/environmental-management/change/policy	School, Community	Universal direct
Require responsible beverage service training for campus facilities that sell or provide alcohol, such as sports arenas, concert halls, and campus cafeterias, restaurants, and pubs	Students	Retail access, Social access	Prevention Education, Environmental Strategies	Enhance Skills, Enhance Access/Reduce Barriers, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/availability	School, Community	Universal indirect, Universal direct
Restrict alcohol advertising and promotion on campus	Students	Social norms, Promotion	Environmental Strategies	Change Physical Design, Modify/Change Policies		✓		http://www.collegedrinkingprevention.gov/media/Journal/140-DeJong&Langford.pdf http://www.higheredcenter.org/environmentalmanagement/change/marketing	School, Community	Universal direct
Alcohol warning signs	Variable – all ages to specific groups	Retail access, Social access, Social norms, Low perceived risk	Information Dissemination, Environmental Strategies	Provide Information, Change Physical Design		✓		www.health.org/catalog/posters/ www.centurycouncil.org	Community, School	Universal indirect, Universal direct

Prevention Programs

Prevention Programs	SPF SIG Priorities	Target Population	Contributing Factors	CSAP Prevention Strategy Type	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Across Ages	Alcohol Health Outcome	Ages 6-17	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://acrossages.org/	Individual, Family	Selective
Active Parenting	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Elementary school children and their parents	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.activeparenting.com	Family, School	Universal direct, Selective, Indicated
AllStars	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Middle school students (11-14 years old)	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.allstarsprevention.com	Individual, School	Universal direct, Selective
Als Pals	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 3-8	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.wingspanworks.com/educational_programs	Individual	Universal Direct
ATLAS (Athletes Training and Learning To Avoid Steroids)	Alcohol Health Outcome, Other Drug Use	Male high school athletes	Social norms, Low perceived risk	Prevention Education	✓	✓		http://www.ohsu.edu/hpsm/atlas.cfm	Individual	Selective
Bicultural Competence Skills Program	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Native American adolescents	Social norms, Low perceived risk, Risk and protective	Prevention Education		✓		http://www.socio.com/srch/summary/ysappa/ysa01.htm	Individual, School	Universal direct
Big Brothers Big Sisters Mentoring Program	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	6-18 year olds	Social norms, Low perceived risk, Risk and protective	Prevention Education		✓		http://www.bbbs.org/site/c.djJKYPLvH/b.1539751/k.BDB6/Home.htm	Individual, Family	Selective
Brief Alcohol Screening and Intervention of College Students (BASICS)	Alcohol Health Outcome	High-risk college/university students	Social norms, Low perceived risk	Prevention Education, Problem Identification and Referral	✓	✓		http://depts.washington.edu/abrc/basics.htm	Individual	Selective, Indicated
Brief Strategic Family Therapy	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-17	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.bsft.org/	Individual, Family	Indicated
Building Skills	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-12	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.wnyunited.org/	Individual	Universal Direct
CHOICES	Alcohol Health Outcome	High-risk college/university students	Social norms, Low perceived risk	Prevention Education, Problem Identification and Referral	✓	✓		http://www.changecompanies.net/choices.php	Individual	Selective, Indicated
Class Action	Alcohol Health Outcome	Students in grades 11-12	Social norms, Low perceived risk, Risk and protective	Prevention Education		✓		http://www.hazelden.org/	Individual, School	Universal direct

Prevention Programs

Prevention Programs	SPF SIG Priorities	Target Population	Contributing Factors	CSAP Prevention Strategy Type	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Coping With Work and Family Stress	Alcohol Health Outcome	Employees	Social norms, Low perceived risk, Risk and protective	Prevention Education, Problem Identification and Referral		✓		http://www.theconsultationcenter.org/WFS%20Sessions.pdf	Individual, Family	Universal direct, Selective, Indicated
Familias Unidas	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 12-17	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.blueprintsprograms.com/factSheet.php?pid=6c4c04be8f82a4e053bde03dd716d59c841cfda9	Individual, Family	Universal direct, Selective, Indicated
Families and Schools Together	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-12	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://familiesandschools.org	Individual, School, Family	Universal direct, Selective, Indicated
Family Matters	Alcohol Health Outcome	Ages 12-14	Social Norms, Low perceived risk	Prevention Education	✓	✓		http://familymatters.sph.unc.edu/index.htm	Individual	Universal Direct
Good Behavior Game	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-12	Social Norms, Low perceived risk	Prevention Education	✓	✓		http://www.air.org/goodbehaviorgame	Individual, School	Universal Direct
Guiding Good Choices	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-17	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html	Family, School	Universal Direct
LifeSkills® Training	Alcohol Health Outcome	Upper elementary and middle school (8-14 year olds)	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.lifeskillstraining.com/	Individual, School	Universal direct
Linking the Interests of Families and Teachers	Alcohol Health Outcome	Elementary school children and their parents	Risk and protective	Prevention Education		✓		http://www.oslc.org	Individual, Family, School	Universal direct
Lions Quest Skills for Adolescence	Alcohol Health Outcome, Marijuana Use	Students in grades 6-8 (10-12 year olds)	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.lions-quest.org/index.html	Individual, School	Universal direct
Nurturing Parent Program	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Elementary school children and their parents	Social norms, Risk and protective	Prevention Education	✓	✓		http://nurturingparenting.com	Individual, Family	Selective, Indicated
Positive Action	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Students in grades K-12	Social norms, Low perceived risk, Risk and protective	Prevention Education, Problem Identification and Referral	✓	✓		https://www.positiveaction.net/	Individual, Family, School	Universal direct, Selective, Indicated
Project ALERT	Alcohol Health Outcome, Marijuana Use	Middle school students	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.projectalert.com	Individual	Universal direct, Selective
Project Northland	Alcohol Health Outcome	Students in grades 6-8	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.epi.umn.edu/projectnorthland/Schoolba.Html	Individual, Family	Universal direct
Project SUCCESS	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Middle and high school students (12-18 year olds)	Enforcement, Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.sascorp.org	Individual, School	Universal direct, Selective, Indicated

Prevention Programs

Prevention Programs	SPF SIG Priorities	Target Population	Contributing Factors	CSAP Prevention Strategy Type	Evidence Base			Implementation Resources	Risk or Protective Factor Domains Addressed	Institute of Medicine Categories
					NREPP	Journal Articles	EBP			
Project Towards No Drug Abuse	Alcohol Health Outcome	High school students	Social norms, Low perceived risk, Risk and protective	Prevention Education, Problem Identification and Referral	✓	✓		http://tnd.usc.edu	Individual	Universal direct, Selective, Indicated
Promoting Alternative Thinking Strengths	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 3-12	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.channing-bete.com/paths	Individual	Universal Direct
Protecting You/Protecting Me	Alcohol Health Outcome	Students in grades 1-5 and grades 11-12	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.pypm.org	Individual, Family	Universal direct
SAFEChildren	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Elementary school children and their parents	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.psych.uic.edu/fcrp/safe.html	Individual, Family	Selective
Seattle Social Development Project	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Elementary school children	Risk and protective	Prevention Education	✓	✓		www.depts.washington.edu/ssdp	Individual, Family, School	Universal direct
Second Step	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 6-12	Social norms, Risk and protective	Prevention Education	✓	✓		http://www.cfchildren.org	Individual	Universal Direct
SPORT	Alcohol Health Outcome, Prescription Drug Use, Other Drug Use, Marijuana Use	Ages 12-17	Social Norms, Low perceived risk	Prevention Education	✓	✓		http://www.preventionpluswellness.com	Individual	Universal Direct
STARS for Families	Alcohol Health Outcome	Ages 12-17	Social Norms, Low perceived risk	Prevention Education	✓	✓		http://nimcoinc.com	Individual	Universal Direct
Strengthening Families Program	Alcohol Health Outcome	3-16 year olds	Social norms, Low perceived risk, Risk and protective	Prevention Education, Problem Identification and Referral	✓	✓		http://www.strengtheningfamiliesprogram.org/index.html	Individual, Family	Universal direct, Selective, Indicated
Team Awareness	Alcohol Health Outcome	Employees	Social norms, Low perceived risk, Risk and protective	Prevention Education, Problem Identification and Referral		✓		www.organizationalwellness.com	Individual, Family	Universal direct, Selective, Indicated
Too Good for Drugs	Alcohol Health Outcome, Marijuana Use	Students in grades K-12	Social norms, Low perceived risk, Risk and protective	Prevention Education	✓	✓		http://www.mendezfoundation.org	Individual	Universal direct
Wellness Outreach at Work	Alcohol Health Outcome	Employees	Social norms, Low perceived risk	Prevention Education		✓		http://www.ilir.umich.edu/wellness/	Individual	Universal Direct

Glossary of Terms

SPF SIG Priorities	Which one of the three possible SPF SIG priorities that the strategy/program addresses.
Target Population	Demographic which the strategy/program seeks to address.
Contributing Factors	Beyond the SPF SIG priorities these are factors that will be addressed by the selected strategy/priority.
CSAP Prevention Strategy Type	<p>CSAP developed list of prevention strategies:</p> <p>Information dissemination - pushing out information to create awareness about a community issue, problem or invitation to get involved is readily accomplished via social media</p> <p>Education - depending on how this is done it could be a push or a pull strategy. Social learning puts the individual in the center, making our ability to get noticed and engage people even more important than ever before</p> <p>Alternatives - this strategy is often focused on alternative activities in for specific populations e.g., youth. Social media provides an alternative enabling sharing our thoughts, ideas, experiences, products, artifacts and intentions so it becomes a kind of alternative.</p> <p>Problem ID & Referral - when we see problem we have a unique opportunity to provide support helping people find what they need. A good many social media offer a way to get or give help.</p> <p>Community-based Process - coalitions and providers are often engaged in the process of helping community members engage to envision a better future and a path for getting there. Social media is a way to engage, learn, share, produce and create change.</p> <p>Environmental strategies - policy strategies and social media can play a role in influencing these strategies from documenting rallies in real time to sharing day-to-day conversations about these strategies as they develop.</p>
CADCA Strategy for Community Level Change	<p>CADCA's Seven Strategies for Community Level Change:</p> <p>Providing Information – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).</p> <p>Enhancing Skills – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).</p> <p>Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).</p> <p>Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).</p> <p>Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).</p> <p>Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting).</p>

Glossary of Terms

Term	Explanation
Evidence Base	<p>The basis for the selected strategy/program being declared evidence based.</p> <p>NREPP - National Registry of Evidence-based Programs and Practices is a searchable online registry of more than 320 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.</p> <p>Journal Articles - These programs have been published in peer-reviewed journals documenting their effectiveness.</p> <p>EBP - These programs have been found by the Idaho Evidence Based Practices Workgroup to be effective and in turn are evidence based practices.</p>
Implementation Resources	Where you can go to find out more about the strategy/program in question.
Risk or Protective Factor Domains Addressed	<p>Which risk or protective factor is addressed based on Hawkins & Catalano's Communities that Care model.</p> <p>Community - Includes things like; community transitions and mobility, community disorganization, low neighborhood attachment, laws and norms favorable toward drug use, availability of drugs and opportunities and rewards for prosocial involvement.</p> <p>Family - These strategies/programs address; family history of antisocial behavior and conflict, parental attitudes, poor family management, and family attachment.</p> <p>School - Strategies/programs that are part of the school domain deal with; academic failure, low school commitment, antisocial behavior at school, extracurricular activity participation.</p> <p>Individual - Addresses issues like; favorable attitudes toward antisocial behavior and drugs, age of initiation, perception of peers use of drugs and risk, gang involvement, sensation seeking, religiosity, social skills and ethics.</p>
Institute of Medicine Categories	<p>The IOM category reflects the target population for each strategy based on the level of risk.</p> <p>Universal Direct - These programs/strategies directly serve an identifiable group of participant but who have not been identified on the basis of individual risk. (e.g., school curriculum, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).</p> <p>Universal Indirect - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies). This could also include programs and policies implemented by coalitions.</p> <p>Selective - Selective interventions target those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed. Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group.</p> <p>Indicated - Indicated interventions target those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.</p> <p>Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs.</p>

EBP Approval Process

In order for a program or strategy to be funded by the Idaho Office of Drug Policy (ODP) it must meet the criteria of “Level IV – Well Supported Programs and Strategies” as defined on page 33. The Idaho Evidence Based Practices (EBP) Workgroup is the body which determines if programs and strategies meet such criteria, at which point a program or strategy is added to the Idaho EBP Strategy and Program Selection Guide. If a program or strategy does not appear on this list but is on National Registry of Evidence-based Programs and Practices (NREPP) please notify ODP and it will be added. If you would like the EBP Workgroup to review a program or strategy not on the previous pages the following steps need to be taken:

- Provide explanation and justification to support each feature on the following pages.
- Provide journal articles or research which support the features listed in Level III and IV.

In some cases you may be asked to present the program or strategy in question to the EBP Workgroup via a webinar or in person. The EBP Workgroup will provide you with a response as to if the program will be added to the Selection Guide within 30 days. All the required materials should be submitted to Sharlene Johnson at Sharlene.Johnson@odp.idaho.gov for consideration.

LEVEL I - EMERGING PROGRAMS AND STRATEGIES
The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
The program may have a book, manual, other available writings, training materials, OR The program may be working on documents that specify the components of the practice protocol and describes how to administer it.
The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.
There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
The program is committed to actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

If all the features above are satisfied the program is at least Level I and should go on to assess Level II.

LEVEL II - PROMISING PROGRAMS AND PRACTICES
Written materials specify the components of the practice protocol and describe how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
The local program can demonstrate adherence to model fidelity in program or practice implementation.

If all the features above are satisfied the program is at least Level II and should go on to assess Level III.

LEVEL III - SUPPORTED PROGRAMS AND PRACTICES

The detailed logic model or conceptual framework also depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.

If all the features above are satisfied the program is at least Level III and should go on to assess Level IV.

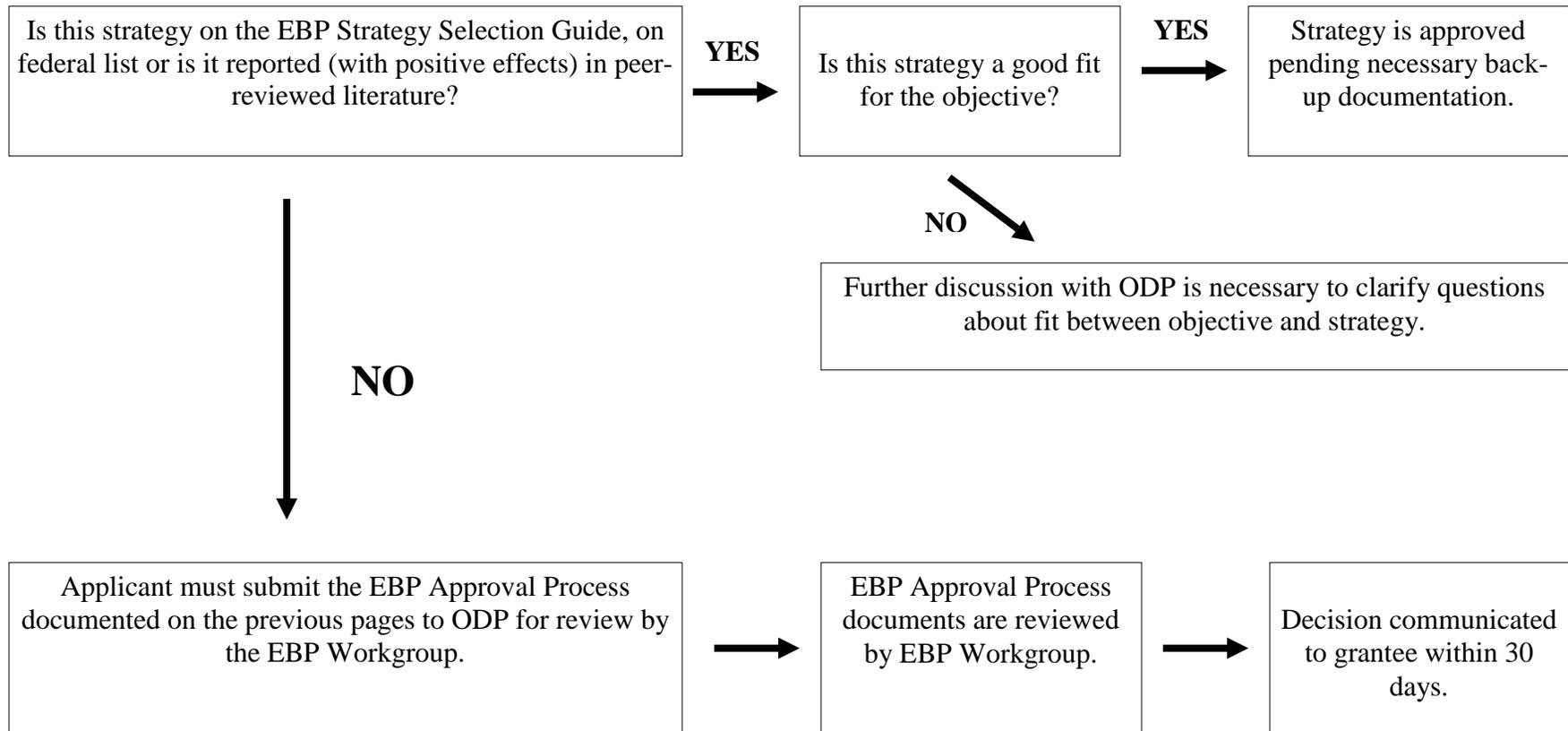
LEVEL IV - WELL SUPPORTED PROGRAMS AND PRACTICES

The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.

EBP APPROVAL PROCESS



Note: If strategies are not approved, grantees must work with ODP to identify other strategies that can be approved as evidence-based for use in the strategic plan.

Example of a Strategy that Would be Approved

Objective	Intervening Variables/ Contributing Factors	Strategy	Theoretical Basis (the theory explains why/how the strategy can be expected to achieve the objective)	Documented positive results through evaluation or other materials
Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers' and dispensers' awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities	Easy availability, particularly related to “doctor shopping” and diversion of prescribed narcotics obtained through health care system Based upon key informant interviews with providers in X County, they have expressed willingness to learn more about the PMP and most dispensers are already participating in PMP	Health Care Provider educational meetings and presentations on the importance of utilizing the PMP system – motivate prescribers to become active users of PMP as a regular practice	By getting more health care providers signed up for and using the PMP system, providers will be better able to identify “doctor shoppers” and not give them additional prescriptions, reducing the amount of excess prescriptions on the street.	<p>An Evaluation of Prescription Drug Monitoring Programs, by Simeone and Holland, 2006 http://www.simeoneassociates.com/simeone3.pdf</p> <p>This Bureau of Justice Assistance-sponsored resource examines the effects of prescription drug monitoring programs on the supply and abuse of prescription drugs.</p>

Example of Strategies that Would not be Approved

Strategy with Examples	Some reasons why these strategies may not be effective	References for more information
<ul style="list-style-type: none"> Self-esteem enhancement activities 	<p>Programs that are characterized by very little drug information but focus on the intrapersonal skills of participants demonstrate little impact on behaviors.</p>	<p>What Does Not Work In Prevention http://www.nde.state.ne.us/federalprograms/sdfs/ATOD/PromisingPreventionPractices.htm#WhatDoesNotWork</p>
<ul style="list-style-type: none"> Mock Car Crashes 	<p>Students tend to remember the destruction, sadness or horror of the experience without relating it to their future behavior, reflection or intention – impact may be strongest on those who have already committed to not using.</p>	<p>Research Supporting Alternatives to Current Drug Prevention Education for Young People http://www.drugpolicy.org/library/skager_drug_ed2003.cfm</p> <p>Don't Do It! Ineffective Prevention Strategies http://www.cde.state.co.us/cdeprevention/download/pdf/Ineffective_Damaging_Strategies.pdf</p> <p>Drug Prevention Programs Can Work: Research Findings http://www.ccapt.org/pagecontent/pdf.tobler92.pdf</p>
<ul style="list-style-type: none"> Fatal vision goggles 	<p>Studies show that the effects of fatal vision goggles disappear after four weeks and do not result in a decrease in drunk driving behaviors.</p>	<p>Jewell J, Hupp SD. Journal of Primary Prevention. 2005 Nov. 26(6):553-65.</p>
<ul style="list-style-type: none"> Making an example of offenders 	<p>Parents and youth are likely to remain silent in order to protect the offender from punitive policies. Observers fear only the associated consequence of the offender</p>	<p>Foster, S. E. & Richter, L. (2001). Malignant Neglect: Substance Abuse and America's Schools. National Center on Addiction and Substance Abuse. Columbia University. http://www.casacolumbia.org/pdshopprov/files/80624.pdf</p>

Resources

Please review the column listed as “Implementation Resources” on the tables on pages 19 through 27.