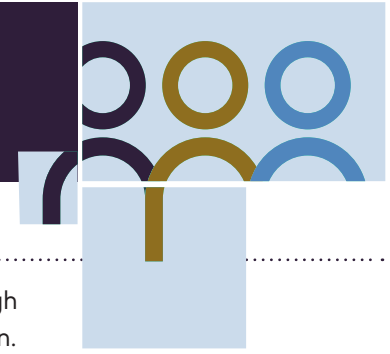


PLANNING

STEP 3 of the Strategic Prevention Framework SPF*



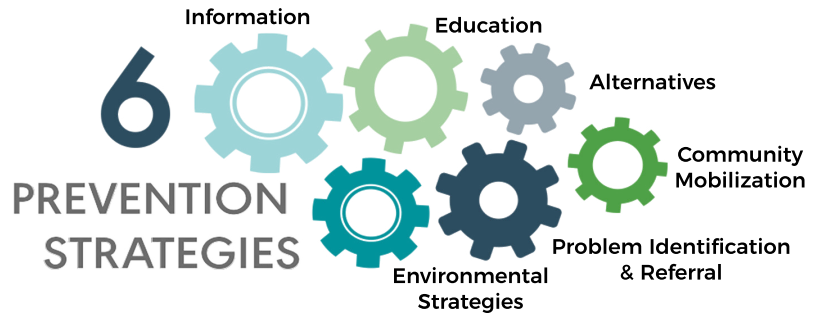
The Overall Focus

Substance use/misuse prevention aims to delay or stop the initiation of use/misuse through individual and environmental approaches designed to reduce risk and increase protection. Effective substance use/misuse prevention is grounded in science and is comprehensive in nature.

QUESTION #1: What are the Strategies?

The **U.S. Center for Substance Abuse Prevention (CSAP)** has identified six prevention strategies, some of which occur on an individual level and some which focus on the broader community/environment.

Research has demonstrated that a comprehensive approach employing a number of these strategies together is the most effective prevention approach.

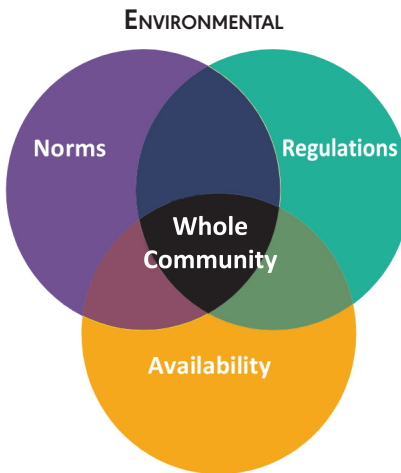


In order to “move the needle” to create a safe and healthy community, coalitions, organizations, and key stakeholders must identify and implement **comprehensive strategies that include both individual and environmental strategies.**

ENVIRONMENTAL strategies are aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies that shape behaviors. The sidebar to the right provides examples of environmental strategies.

The Advantages and Challenges:

- Produce quick wins and instill commitment toward long-term impact on practices and policies within a community.
- Create lasting change in community norms and systems, producing widespread behavior change and, in turn, reducing problems for entire communities.
- Require substantial commitment from various sectors of the community to contribute to sustainable community change.



Examples of Environmental Strategies¹

- Hours/days of sale
- Clean air laws
- Happy hour ordinances/laws
- Advertising ordinances/laws
- Social host ordinances
- Compliance checks
- Party patrols
- Prescribing guidelines
- Restrictions on “pill mills”
- Outlet density reduction
- Open container ordinances
- Restrictions on sales/consumption at community events
- Shoulder tap enforcement
- Drug courts
- Rx drug monitoring systems
- Controlled party dispersals
- Restrictions on marijuana dispensaries
- Paraphernalia ordinances

¹ Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute. *Community Coalitions Handbook Primer Handbook*. https://www.cadca.org/sites/default/files/resource/files/community_coalitions.pdf

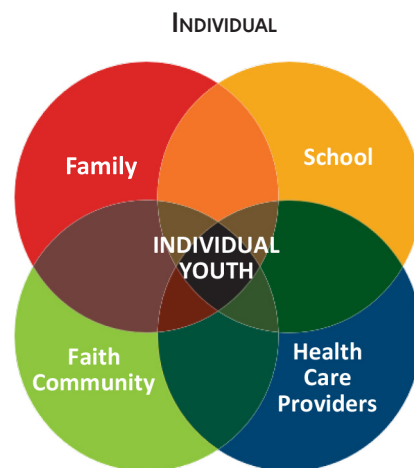
*The Strategic Prevention Framework (SPF) of the Substance Abuse and Mental Health Services Administration (SAMHSA) is a community-based approach to prevention. (www.samhsa.gov) The SPF consists of 5 steps: 1) Needs Assessment, 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. Through all the steps, there is an expectation of Cultural Competence and Sustainability.

The Strategies (continued)

INDIVIDUAL-focused strategies, such as prevention education classes, are based on the premise that disorders may be the result of a need to build knowledge about negative consequences, enhance resistance skills, develop decision-making skills, and improve academic achievement. But these efforts, while important in a multiple-strategy approach, do little to independently alter the overall environment in which people live and work. Therefore, they must be coupled with the previously mentioned strategies that alter the environment in ways that support the change desired.

Some of the most widely used individual-focused strategies are curricula used in schools.

Before there was adequate evidence of their lack of effectiveness, schools resorted to scare tactics to dramatize alcohol, tobacco, or other drug use and its consequences. Instead of scare tactics, more effective strategies support students' needs at each developmental stage. For a description of strategies for different developmental stages, see below.²



School-based prevention programs for **elementary** students should target social-emotional learning and focus on the following skills:

- Self-control
- Emotional awareness
- Communication
- Social problem-solving
- Academic support (especially in reading)
- Decision making
- Healthy relationships

School-based prevention programs for **middle school** students should focus on academic and social-emotional learning, while strengthening the following skills:

- Study habits and academic support
- Communication
- Peer relationships
- Self-efficacy and assertiveness
- Drug-resistance
- Reinforcement of anti-drug attitudes
- Personal commitments against drug use/misuse
- Help-seeking behaviors

All age groups are susceptible to social influences. Prevention programming should help students recognize and resist external pressure – such as from advertising, role models, and peers. Critical components for both age groups:

- Normative education, which helps students realize that the use of alcohol, nicotine, and other drugs is not the norm
- Social skills, which help students handle social situations
- Perceived harm, which helps students understand the risks and short- and long-term consequences of alcohol, nicotine, and other drug use
- Protective factors, which support and encourage the development of positive aspects of life
- Resiliency, which helps students manage difficult times, cope with change, manage stress, and learn from setbacks.
- Refusal skills, which teach students ways to refuse alcohol, nicotine, and other drugs effectively and still maintain friendships
- Stigma reduction, which teach students skills to seek help and help their peers who may be struggling with substance-use and/or mental-health issues



² Ohio Attorney General's Office. *Protecting Ohio's Families: Drug Use Prevention Resource Guide*, 2018, pp. 4-7. https://www.ohioattorneygeneral.gov/Files/Briefing-Room/News-Releases/DrugAbusePreventionResourceGuide_Final_18-06-18_Lo

QUESTION #2: Are the Strategies Evidence-Based?

The strongest evidence exists within prevention strategies that are comprehensive and address individual risk and protective factors and skills; family attributes and parenting skills; and community determinants of health. It is a combination of all of these factors that can influence both substance using behaviors and mental health of individuals across the lifespan, but particularly at ages that are associated with experimenting and then adopting substance using behaviors.

What is "Evidence-Based"

The operational definition of "evidence-based" states that a program's effectiveness must be supported by: 1) Inclusion in Federal registries of evidence-based interventions; 2) Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or 3) Documented in other sources, as well as the consensus judgment of informed experts

Generally, evidence-based refers to approaches to prevention that have been validated by scientific methods. Usually, this evidence is obtained through experimental studies, but other types of evidence are occasionally used. These programs, policies, and practices are termed "evidence-based." Although innovation will always be needed, the emphasis on applying the body of knowledge is a focus for prevention science and for directing limited financial resources.

Registries/Resources that include evidenced-based practices in prevention:

- 1) SAMHSA Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>
- 2) Blueprints for Healthy Youth Development
- 3) Office of Juvenile Justice and Delinquency Prevention (OJJDP)/Office of Justice Programs (OJPC) – both registries utilize the same database
- 4) CDC Promising Practices
- 5) Community Health Rankings & Roadmaps – What Works for Health
- 6) Institute of Education Sciences – What Works Clearinghouse

QUESTION #3: Are the Strategies a Good Fit?

Prevention strategies typically are undertaken at the community level. A community can be a school, neighborhood, county, state or larger entity that has an identity to which the inhabitants relate. Regardless of the size, communities are unique, and the factors that make a community unique must be considered in determining the strategies that have the greatest likelihood of being successful. When thinking about ways in which the character and characteristics of your community might affect the acceptability and utility of a program, consider:

- Demographic makeup
- Cultural makeup
- Geographic features
- Risk and protective factors (youth, family, older adults)
- Available resources, including available skills

Best-fit prevention programs and practices are those with strong conceptual fit, practical fit, and evidence of effectiveness. The

following checklist includes some key considerations in each of these areas.

Conceptual Fit

- Alignment with priority problem: Does the program/practice address the specific substance use-related problem the community has prioritized?
- Alignment with priority factor(s): Does this program/practice directly address one or more of the specific risk or protective factors the community has prioritized?
- Alignment with focus population(s): Is this program/practice designed for use with the community's focus population(s) for prevention efforts?
- Evidence of outcome(s) of interest: Has this program/practice been formally evaluated to determine its impact on the community's anticipated short- and/or long-term prevention outcome(s)?

Practical Fit

- Implementation guidance: Does the program/practice come with



training, materials, technical assistance that specify content, requirements, and cost?

- Support of key stakeholders: Is this program/practice likely to be supported by those it will serve, those who will be responsible for its implementation, and others with relevant decision-making power in the community?
- Support of the broader community: Is this program/practice likely to be supported by other key stakeholders in the community (parents, teachers, civic leaders)?

- Feasibility of implementation: Is it likely that the implementation site will have sufficient capacity to meet this program's/practice's requirements for use—including funds for materials and training, time and space, and access to qualified staff and evaluators as well as intended participants?
- Synergy with other prevention efforts: Does this program/practice align well with the mission and does it support/enhance other prevention efforts?

Evidence of Effectiveness

- Has the program/practice been evaluated and found to be:
 - well-supported by evidence (model/exemplary)?
 - Supported, promising, or emerging (weaker yet still favorable evidence of effectiveness)?

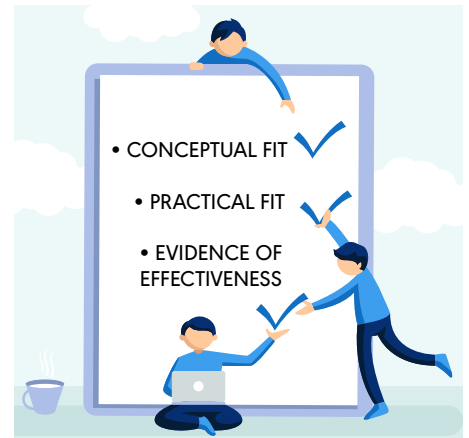
If neither response is affirmative, abandon this strategy and search for other, more effective strategies for your community.

If you responded yes, continue, and assess the following four aspects of the evidence.

- Implementation fidelity: In the studies documenting program effectiveness, was the program/practice implemented with strict adherence to its original design?
- Study design: Did the study or studies use a scientifically rigorous research design? (Randomized control studies are the gold standard. Comparison group design is less rigorous but often found in these programs.)
- Study outcomes: Are the outcomes produced by program/practice relevant to your goals for prevention in your community?

- Study participants: Were the study participants similar to our community's focus population(s)?

Based on this checklist, determine if each strategy you are considering appears to have strong conceptual fit, practical fit, and evidence of effectiveness.³



Cautionary Notes/Reminders

Regardless of the level of evidence, no single strategy can be the sole answer to preventing substance use/misuse. Strategies should be part of a comprehensive plan that includes both individual and environmental strategies.

In addition to the adoption of evidence-based strategies, communities must consider:

- how a single evidence-based program, practice or policy fits into overall goals;
- if the outcome or risk/protective factor to be changed by the program matches the needs of the community, and if the

study population matches the characteristics of the community's target population;

- which evidence-based programs, practices and policies are likely to lead to the desired outcomes;
- what capacity the community has to adopt the evidence-based program, practice or policy; and
- the acceptability of the evidence-based prevention program, practice or policy to the community in which it is to be implemented.

Unlike prescribed programs or curricula with defined fidelity measures, environmental strategies are

less prescriptive and more complicated to evaluate. With environmental strategies, fidelity measures are harder to define and apply and often rely on the application of best practices. These strategies warrant a skillful and comprehensive needs and capacity assessment, and careful planning. However, they can be key to population-level change, within a school, community, state, or nation; and, they should be part of the community's comprehensive approach to preventing substance use and misuse and the related consequences.

Once the strategies have been selected, the next steps involve implementation.

³ Substance Abuse and Mental Health Services Administration. *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners.* https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf