

CSAP/NPN

Prevention Works!

Prevention Handbook

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Introduction

This *Prevention Works! Prevention Handbook* replaces the November 2001 *Prevention Backgrounder*, developed as part of the Center for Substance Abuse Prevention (CSAP)-National Prevention Network (NPN) *Prevention Works!* communications training initiative. The *Prevention Handbook* provides States and communities with information about substance abuse prevention, NPN's history and mission, and the resources Substance Abuse and Mental Health Services Administration/CSAP and others offer to support comprehensive, evidence-based substance abuse prevention nationwide.

The *Prevention Works! Prevention Handbook* is intended to meet a variety of State prevention training needs. Possible uses include:

- Orientation for new State prevention staff
- Training for community prevention providers
- Prevention skill-building for community coalitions
- As a resource for Substance Abuse Prevention Specialist training
- As a study guide for those preparing to take Substance Abuse Prevention Specialist exams
- To assist substance abuse Advisory Group members in States and communities
- To aid in responding to questions regarding substance abuse prevention from decisionmakers, community leaders, and media
- As a "desk reference" for NPN members and their staff.

For your convenience, electronic files of the CSAP/NPN *Prevention Works! Prevention Handbook* are posted on the password-protected *Prevention Works!* Web site: <http://pw4nnp.net>. The site is for the use of NPN members only and has archives of other *Prevention Works!* training materials and related information.

Prevention WORKS!

“We must stand with our families to help them raise healthy, responsible children. And when it comes to helping children make right choices, there is work for all of us to do. One of the worst decisions our children can make is to gamble their lives and futures on drugs. Our government is helping parents confront this problem with aggressive education, treatment, and law enforcement. Drug use in high school has declined by 11 percent over the past 2 years.”

President George W. Bush, 2004 State of the Union address to joint session of Congress, January 20, 2004

“Fortunately, today we know more about what works in prevention and education, treatment, and law enforcement. We will put this knowledge to use. But above all, our efforts rest on an unwavering commitment to stop drug use. Acceptance of drug use is simply not an option for this administration.

“...the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. Therefore, this administration will focus unprecedented attention on the demand side of this problem. We recognize that the most important work to reduce drug use is done in America’s living rooms and classrooms, in churches and synagogues and mosques, in the workplace, and in our neighborhoods.”

President George W. Bush, announcing his selection for director of the Office of National Drug Control Policy (ONDCP), May 10, 2001

“Prevention and treatment are key in the Federal strategy. We in the Federal Government will work with our State and local partners, and we will redouble our efforts to deal with drug use in the aftermath of Hurricane Katrina. Clearly the data show by working together as a Nation, we can achieve success in preventing drug abuse.”

Michael O. Leavitt, Secretary, DHHS, SAMHSA Press Release “Youth Drug Use Continues to Decline,” September 8, 2005

“Over the years we have made great progress in reducing tobacco and illicit drug use among our Nation’s young people. Underage alcohol use has been a tougher and more persistent problem. However, I think the solutions are well within our grasp. [We need to] create and sustain a strong national commitment to prevent and reduce underage drinking.”

Michael O. Leavitt, Secretary, DHHS, SAMHSA Press Release “DHHS Secretary Leavitt Unveils National PSA Campaign at Underage Drinking Prevention Summit in Washington, DC,” October 31, 2005

“More than 20 years of research conducted by DHHS’ National Institute on Drug Abuse on drug use prevention has shown that the most effective programs enhance ‘protective factors’ and reduce ‘risk factors.’”

*Vice Admiral Richard H. Carmona, M.D., M.P.H, FACS, U.S. Surgeon General,
U.S. Department of Health and Human Services “Connecting for Children’s Health,” Tuesday,
September 9, 2003*

“Drug abuse, whether directly or indirectly, is now a major vector for the transmission of infectious diseases, including acquired immunodeficiency syndrome (AIDS), hepatitis B, hepatitis C, and tuberculosis. Increasing numbers of such cases are being reported among the partners of intravenous drug users. Most HIV-infected newborns have mothers who acquired this disease through their own drug use or sexual activity with a drug user. In addition, research is demonstrating that minority populations may face unique risks that must be addressed. The National Institutes of Health has developed a strategic plan for reducing and ultimately eliminating health disparities among minority groups, which currently suffer disproportionately from HIV and AIDS. Because drug abuse causes a complex set of health problems, we must continue addressing it through a variety of educational and other prevention efforts, early intervention, treatment, and research.”

*2001 Annual Report and the National Drug Control Strategy: An Overview, Annual Report on
Implementing the National Drug Control Strategy*

National Prevention Network (NPN)



The following section was provided by the National Prevention Network (NPN) members (www.nasadad.org, select Prevention).

NPN is an association of alcohol, tobacco, and other drug prevention professionals. It is dedicated to comprehensive and effective services to reduce the incidence and prevalence of problems associated with alcohol, tobacco, and other drugs and to promote well-being and health. Members of the Network are focused on optimizing State alcohol, tobacco, and other drug and other human service systems to enhance and support national, State, and local prevention services. NPN is a critical partner in development, dissemination, and implementation of prevention policy. NPN consists of State and territorial designees, appointed by their State or territory's Single State Agency (SSA) director or the designated State entity responsible for administering the SAMHSA Substance Abuse Block Grant. NPN is the prevention component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Milestones in NPN History

- 1973 The National Institute on Alcohol Abuse and Alcoholism (NIAAA) funds a position within each State Alcoholism Authority to plan and develop prevention services.
- 1980 The National Institute on Drug Abuse (NIDA) and NIAAA initiate the development of an organization of State Prevention Grant managers to provide a voice from States to the Federal Agencies.
- 1982 The National Prevention Network is created at the NASADAD Annual Meeting in Des Moines, IA.
- 1983 Initial steps are taken to organize and solidify the Network. A mission statement, goals, and a formal affiliation with NASADAD's Prevention Committee are established. NIDA's Prevention Branch agrees to fund additional meetings and informational linkages.
- 1984 The first NPN Conference is held in Denver, CO. NPN officially becomes part of NASADAD.
- 1986 NPN opens its membership by creating an Associate Membership. In 1990, NPN redefines the role of Associate Members to include former NPN State Designees and establishes a membership for organizations with similar prevention goals.
- 1987 NPN launches the Exemplary Prevention Program Project that recognizes excellence in prevention programs. This project has become a collaborative effort with NASADAD and CSAP to recognize both model and promising prevention programs nationwide each year.

- 1988 NPN sponsors the first of its Annual Prevention Research Conferences in Kansas City, MO.
- 1989 A full-time staff position is created within NASADAD for a director of prevention.
- 2000 Elimination of the NASADAD Prevention Committee establishes NPN as the unified prevention voice of NASADAD and the NPN president becomes the vice president for prevention on the NASADAD Board of Directors.

Structure

Officers:

- President
- First vice president
- Vice president for external affairs
- Vice president for internal affairs
- Immediate past president
- Secretary (elected from the regional representatives)
- Treasurer (elected from the regional representatives)
- Regional representatives (Northeast, Southeast, Central, Southwest, and West: Reference the CAPT map of the regions on page 49)

Committees:

Executive: the officers, two NASADAD directors, and a liaison from the National Treatment Network. There are 11 voting members with the immediate past president a non-voting member.

Public Information and Media: serves as a conduit between partner organizations and individual States regarding public relations, information, media campaigns, and new prevention initiatives; partners with SAMHSA/CSAP in the development of **Prevention Works!** communications training initiative materials

Multicultural Affairs: serves as a forum for the transfer of technology related to culturally competent prevention efforts

Research and Evaluation: promotes and facilitates the prevention research and evaluation activities and reviews and disseminates state-of-the-art information on prevention research/evaluation findings and issues. It assists in planning the NPN National Prevention Research Conference

Workforce Development: promotes the ongoing professional development of the NPN membership

Resource Development: identifies and procures resources to enable the NPN to carry out its mission

Participation on NASADAD's Public Policy Committee (President, first vice president, and vice president for external affairs)

Accomplishments of NPN

- National Prevention Research Conference: This annual national conference brings the latest research findings in prevention to a large and diverse audience of prevention professionals. Also, it provides a forum where researchers, practitioners, and Federal agency partners share and learn from one another.
- Exemplary Programs Project, now the Exemplary Substance Abuse Prevention Program Awards: This is an annual national nomination and selection process that identifies, recognizes, and publicizes exemplary prevention programs. NPN and NASADAD partner with CSAP and CADCA to provide the awards.
- Annual Meeting: A national conference is convened each June with NASADAD.
- National Communication Campaign: NPN collaborates with CSAP to create a nationwide communication campaign called "Making Prevention Work in Our State." This *Prevention Handbook* is one product of the ongoing work through the CSAP Prevention Education Branch and the NPN Public Information and Media Committee.

NPN Contact Information

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Washington, DC 20006
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Fax: (202) 293-1250
Web: www.nasadad.org (select Prevention from the homepage)

Additional NPN History

Members of the National Prevention Network developed a more detailed history of NPN that is currently archived on the password-protected *Prevention Works!* Web site at <http://pw4nnp.net> and updated as appropriate by and for the NPN membership. This includes organizational milestones, a listing of all NPN chairs/presidents and their biographies, themes, dates, and locations of the annual NPN Research Conference through the years, and a table of NPN award recipients.

Theoretical Concepts and Models in Prevention

Defining Prevention

Many States and organizations have their own definitions for substance abuse prevention. A formal SAMHSA/CSAP definition is:

“A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.”

(Source:

http://preventionplatform.samhsa.gov/MacroHQ/Glossary2/viewgloss.cfm?action=terms&letter=P&gloss=all§_id=1&topic_id=99&CFID=336820&CFTOKEN=20068893)

But SAMHSA has also defined prevention in broader terms that acknowledge a frequent association of substance abuse and mental health and describe prevention focus and strategies likely to be effective:

“In 1998, the National Institute of Mental Health Ad Hoc Committee on Prevention Research offered a broad definition of prevention activities:

Prevention refers not only to interventions that occur before the initial onset of a disorder, but also to interventions that prevent co-morbidity, relapse, disability, and the consequences of severe mental illness for families (NIMH, 1998).

“This definition acknowledges that prevention strategies may be effective not only in keeping a substance abuse disorder from occurring, but also in delaying onset of a substance abuse disorder or mental disorder, reducing the severity of one or both disorders, or preventing relapse in a person who has experienced one or both disorders. The programs described in this chapter as well as the full range of SAMHSA’s substance abuse disorders and mental disorders prevention activities reflect this more inclusive definition. Thus, consistent with the 1988 IOM Report, disease prevention and health promotion are two key components of the public health approach to healthcare in this country (IOM, 1988). Prevention is an essential part of a continuum that includes treatment and rehabilitation (*Note:* Today, what is referred to as rehabilitation in this source is referred to generally as maintenance and recovery). Prevention efforts may occur at any point along this continuum.

“Research studies reveal that to be effective, prevention programs must be comprehensive, family-focused, and include appropriate cultural, developmental, and gender perspectives. In addition, they need to focus on risk and protective factors that are both identifiable and

modifiable (SAMHSA, 2002c; Davis, 2002; CSAP, 2000; Greenberg, 1999; Olds, 1999; CMHS School Violence Prevention Program, 1999; U.S. NIDA, 1997a; GAO, 1995; Mrazek and Haggerty, 1994).”

(Source: *SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders*, Chapter 3: Prevention Co-Occurring Disorders—Understanding Prevention. November 2002, www.samhsa.gov/reports/congress2002/chap3up.htm)

Concepts in Prevention

A number of overall approaches to preventing substance abuse have been pursued over the past several decades. The 1960s were typified by what are now considered to be scare tactics. The following decade began with more attention to information dissemination and, later in the 1970s, affective education. Alternatives were promoted during the early 1980s and by the end of that decade, there was increasing emphasis on comprehensive prevention approaches. For the past decade or so, comprehensive approaches have become increasingly science-based and outcome-focused. This section offers a brief overview of some of the basic ideas still in use today. (See also SAMHSA’s National Registry of Evidence-based Programs and Practices site at www.modelprograms.samhsa.gov, particularly the 2002 SAMHSA publication *Science-Based Prevention Programs and Principles*.)

Domains

Often called domains, these are areas of activity and include the individual, family, peers, school, community, and environment. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention.

CSAP’s Web of Influence model (see page 23) shows how individuals interact within and across domains and how such interactions may lead to substance abuse and other dangerous behaviors. Since this is an interactive model, the Web of Influence also points to effective matching of protective factors with risks. (*Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs*, DHHS Pub. No. [SMA] 99-3302, includes a comprehensive discussion of the domains, the Web of Influence model, and more. The monograph is accessible in PDF format at <http://modelprograms.samhsa.gov/pdfs/monograph.pdf>.)

CSAP’s publication, “Principles of Substance Abuse Prevention, Volume 3” in the *Guide to Science-Based Prevention* series (2001) offers additional discussion of how scientifically supported prevention interventions may be applied within each of the domains. For each of these, a published reference citation is provided. The *Guide* is available online at http://preventionplatform.samhsa.gov/Macro/Csap/dss_portal/templates_redesign/start1.cfm?sect_id=1&topic_id=99&link_name=Principles%20of%20Substance%20Abuse%20Prevention%20

[%283%29&page=%2Fmacro%2Fcsap%2Fdss%5Fportal%2Fportal%5Fcontent%2F926200115910%2F3Principles%2Epdf&CFID=532871&CFTOKEN=43219147.](#)

Risk and protective factors and an individual's character interact through six life or activity domains. The precise nature of the links between substance use and each of the risk factors identified under the six domains is not yet fully understood. The six domains are:

- Individual
- Family
- Peer
- School
- Community
- Environment (sometimes called "Society" or "Environment/Society" and often included in the Community domain.)

Since these domains interact with each other and change over time (Botvin, et al., 1995; Donaldson, Graham, and Hansen, 1994; Hawkins et al., 1992; Kumpfer, Molgaard, and Spoth, 1996), CSAP uses the Web of Influence model to illustrate the complex interactions occurring between individuals and domains that can result in substance use/problem behaviors. (See page 23; also, *Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs*, DHHS Pub. No. [SMA] 99-3302 at <http://modelprograms.samhsa.gov/pdfs/monograph.pdf>)

Individual

Lack of knowledge of negative consequences of alcohol, tobacco, and other drug (ATOD) use, favorable attitudes toward use, early onset of use, biological or psychological disposition, antisocial behavior, sensation seeking, and lack of adult supervision are all within the individual or personal domain. Interventions usually aimed at the individual seek to change knowledge about and attitudes toward substance abuse as a means of influencing behavior.

- Positive temperament characteristics, which include social skills and social responsiveness, cooperativeness, emotional stability, positive sense of self, flexibility, problem-solving skills, and low levels of defensiveness.
- Social competence is harder to define but perhaps just as important. Social competence includes good communication skills, responsiveness, empathy, caring, a sense of humor, and an inclination toward prosocial behavior (Elias, Zins, and Weissberg, 1997). It also includes problem-solving skills, a strong sense of autonomy and independence, and a sense of purpose and of the future (e.g., goal-directedness).

Family

Family domain risk factors include parental and sibling drug use or approval of use, inconsistent or poor family management practices, and lack of parental involvement in children's lives, family conflict, generational differences in family acculturation, and low family bonding.

Research shows that educational approaches targeting the family (parents and children) and school-based approaches involving parents or complementing student-focused curricula with parent-focused curricula can be effective in preventing adolescent substance use (Dishion, Andrews, Kavanagh, and Soberman, 1996; Hawkins, Catalano, and Associates, 1992; Kumpfer, Molgaard, and Spoth, 1996; Pentz et al., 1989; Pentz, 1995; Walter et al., 1989).

Some of the issues involved in differential family acculturation include the presence and importance of the extended family, influence of immigration or circular migration, different language abilities within families, influence of religion and folk healers, influence of voluntary and social organizations, and stresses experienced by families as a result of socioeconomic status and racism. Prevention interventions that acknowledge and address one or more of these issues have produced positive effects (Kumpfer and Alvarado, 1995; Kumpfer, Williams, and Baxley, 1997).

Selective interventions (interventions that target high-risk populations) with families have been shown to be effective in enhancing protective factors or producing positive substance abuse-related outcomes (Bry, 1994; Olds, 1997). (Selective and Indicated prevention are discussed as part of the IOM Model section of this document on page 22.)

Indicated family-based interventions (with substance-abusing parents) have been shown to improve parenting skills, reduce parents' drug use, improve child behavior, and reduce levels of substance use (Kumpfer et al., 1996). However, these interventions tend to require what some may consider a lengthy period of involvement (at least 12 to 15 sessions and sometimes much longer).

(See also: "Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches: Community Guide [1998, CSAP] [NCADI No. PHD758]; Practitioners' Guide [NCADI No. PHD759]; Resource Guide [NCADI No. PHD760])

Peer

Peer use, peer norms favorable toward use, and peer activities favorable to use are the main risk factors in this domain. High rates of underage use in the community, association with already-using friends, and participation in social activities where use by youth takes place can increase risks for substance abuse.

School

Risk factors in this domain include lack of commitment to education, poor grades/school failure, lack of attachment to school, negative school climate, and lenient school policies or unclear norms regarding use of substances. Many researchers believe risk factors develop or become more pronounced if students do not get satisfaction from academic achievements. Thus, academic skill-building is important in many programs working in this domain. School climate—teacher's instructional methods, classroom management, class size, student-teacher ratios, classroom organization, and educator's attitudes toward students—also deserves special emphasis.

Community

This domain's risk factors are lack of bonding/attachment to social and community institutions, lack of community awareness of substance use problems, community norms favorable to use and tolerant of abuse, insufficient community resources to support prevention, and inability to address substance abuse.

Clearly, community domain prevention taps into community institutions such as religious institutions, Boys and Girls Clubs, and the YMCA. Workplaces within the community, media, law enforcement, health care professionals, and community coalitions also are vehicles for addressing and reducing community domain risk factors.

Environment/Society

Norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws to prevent use and abuse, and inappropriate negative sanctions for use and abuse are risk factors in the environment/society domain. The impact of an environmental focus on society as a whole may be substantial, and environmental systems efforts at change may form an important first line of defense in fighting the spread of substance abuse.

CSAP's 1999 monograph *Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs*, DHHS Pub. No. (SMA) 99-3302, provides a comprehensive discussion of risk and protective factors, the six domains, the Web of Influence model, and resilience. The monograph is accessible in PDF format at <http://modelprograms.samhsa.gov/pdfs/monograph.pdf>.

The Six Prevention Strategies

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multistrategic approach is necessary to provide effective prevention services:

- *Information Dissemination* is used to increase knowledge and change attitudes about substance use and abuse through services such as classroom discussions and media campaigns. This strategy includes information about available prevention programs and services. Typically, this involves one-way communication from source to audience, with limited interaction.
- *Prevention Education (Skills Building)* teaches participants important social skills, such as drug resistance and decisionmaking. This is a more two-way approach intended to affect critical life and social skills, such as decisionmaking, refusal skills, and critical analysis (e.g., of media messages).
- *Alternatives (Positive Activities)* provide opportunities for participation in developmentally appropriate drug-free activities to replace, reduce, or eliminate involvement in substance use-related activities. This strategy assumes that healthy and constructive activities can offset the attraction of drugs and whatever needs drugs might otherwise fill.

- *Environmental Strategies* promote policy changes that reduce risk factors and preserve or increase protective factors such as stepped-up enforcement of legal purchase age for alcohol and tobacco products. Environmental strategies (health protection)—such as safe water, fluoridation, lead abatement, regulations on public smoking, seatbelt laws, and safer highways—generally require societal commitment for the implementation of the extensive interventions needed. Once these changes are made, they require little individual effort from the beneficiary and can have far-reaching impact. Obtaining clinical services or effecting behavioral changes requires that individuals make personal efforts to take necessary actions. Preventive environmental services, on the other hand, are for the most part passive, requiring little or no action on the part of the beneficiary.
- *Community-Based Process* expands community resources dedicated to preventing substance use and abuse through services such as building community coalitions. Organizing, planning, and networking also are included in this strategy's efforts to enhance the community's ability to deliver adequate prevention and treatment services.
- *Problems Identification and Referral* seeks to recognize individuals who have used alcohol, tobacco, or drugs. Determining if an individual's substance abuse behavior can be reversed through education is the prevention focus of this strategy.

Risk/Protective Factors/Resilience

Among the most significant developments in substance abuse prevention in recent years has been a focus on risk/protective factors as a unifying descriptive and predictive framework.

Prevention using a risk/protective factors approach is based on the premise that identifying factors that increase the risk of a problem developing and then finding ways to reduce the risk is effective. Identifying factors that buffer individuals from the risk factors in their environments makes it possible to increase protection. University of Washington-Seattle researchers, led by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D., popularized these social development concepts in the 1980s and have since been joined by other prevention researchers and practitioners.

Young people are exposed to both risk and protective factors for substance abuse. Risk factors place them at greater than average risk for substance use, whereas protective factors buffer youth from beginning or continuing use.

Some risk and protective/resiliency factors are found in all cultures and socioeconomic groups, but the prevalence of these factors will vary from culture to culture and from community to community. (Additional information about resiliency begins on page 17 of this document.)

Not all risk and protective factors are amenable to change—genetic susceptibility to substance use, for example—but research shows that their influence can often be lessened or enhanced.

Risk Factors

The more risk factors a young person has, the more likely it is that he or she will experience substance use and related problems (Bry and Krinsley, 1990; Newcomb and Felix-Ortiz, 1992). "Risk factors include biological, psychological/behavioral, and social/environmental

characteristics such as a family history of substance use, depression or antisocial personality disorder, or residence in neighborhoods where substance use is tolerated.” The more that risks can be reduced—for example, by effectively treating mental health disorders, decreasing school failure, improving parents’ family management skills, or increasing law enforcement—the less vulnerable a child will be to subsequent health and social problems (Hawkins, Catalano, and Miller, 1992).

All young people are exposed to risk factors that vary considerably according to age, psychosocial development, ethnic/cultural identity, and environment. However, the impact of any single risk factor may change over time with the development of the child or changes in his or her environment.

“...risk factors will vary within special populations, such as young adults with mental or physical disabilities and/or alternate lifestyles. For example, lesbian and gay adolescents may begin to use drugs to reduce anxiety and fear of rejection when they become aware of their sexual orientation” (Gibson, 1989).

Youth at high risk tend to live in settings where they are exposed to multiple risks, and they tend to come from families with multiple problems. Significant numbers of these young people are likely to die as a result of injuries, alcohol and drug use, or homicides.

Some general science-based findings about risk factors include:

- Risk factors exist in multiple domains and all areas of life. Addressing a single risk factor in a single area may have little effect; reducing risks across several areas is more productive.
- The more risk factors that are present, the greater the risk. If a community cannot reduce all risk factors present, reducing or eliminating a few may significantly decrease youth problem behaviors.
- Common risk factors predict diverse problem behaviors. Many individual risk factors predict multiple problems. Reducing risk factors is likely to affect a number of problems.
- Risk factors appear consistent across races and cultures. Levels of risk may vary, but the way in which a risk factor works does not appear to do so. Communities may prioritize prevention efforts for groups with higher levels of risk exposure.
- Protective factors may buffer exposure to risk. Protective factors buffer youth from the negative consequences of risks by reducing the impact of the risk or changing the person’s response to the risk. Enhancing protective factors can reduce chances of problem behaviors.

Common Risk Factors by Domain

Individual

- Alienation/rebelliousness
- Friends who engage in the problem behavior
- Favorable attitudes toward the problem behavior

- Early initiation of the problem behavior; delinquency, violence
- Constitutional factors (biological and psychological disposition).

Family

- Family history of problem behavior (substance abuse, violence, etc.)
- Family management problems
- Family conflict
- Parental attitudes and involvement in drug use, crime, and violence.

Peer

- Peer rejection in elementary grades (commonly caused by aggressiveness, shyness, withdrawal)
- Association with ATOD-using peers—time spent with friends who use alcohol, drugs, or both.

School

- Early and persistent antisocial behavior
- Poor academic performance; school failure
- Lack of commitment to school.

Community

- Availability of alcohol, tobacco, or illicit drugs
- Community laws and norms favorable toward use
- Transitions and mobility
- Loss of neighborhood attachment and community disorganization
- Extreme economic deprivation.

Environment/Society

- Convenient access to alcohol, tobacco, or illicit drugs
- Low retail prices of alcohol, tobacco, or illicit drugs
- Exposure to mass media messages that appear to support substance abuse.

Environment/society is not always identified as a separate domain and is addressed within the community domain in a number of sources. However, society is presented as a separate domain in other references, such as CSAP's monograph, *Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs*, available in PDF format at www.modelprograms.samhsa.gov/pdfs/monograph.pdf. The "Background" page on the SAMHSA Model Programs Web site identifies society as a separate domain as well (www.modelprograms.samhsa.gov/template.cfm?page=background).

Protective Factors/Assets/Social Competence

Solid family bonds and the capacity to succeed in school are among protective factors that can keep youth from substance abuse. Exposure to even multiple risk factors does not necessarily mean that substance abuse or other problem behaviors will follow, and many children do grow up problem-free in spite of high-risk families and environments. The presence of protective factors reduces the likelihood that substance abuse will develop (Hawkins, et al., 1992; Mrazek and Haggerty, 1994). Among resilient children, protective factors appear to balance and buffer against the negative impact of risk factors (Anthony and Cohler, 1987; Hawkins, et al., 1992; Mrazek and Haggerty, 1994; Wolin and Wolin, 1995).

One way to consider protective factors is the Assets Approach or Strengths Approach. This is a strategy for reaching universal prevention populations by adding or enhancing strengths or assets, rather than by reducing risks or deficits. It focuses on all youth in a community and avoids labeling anyone as at risk or high risk.

In recent years, there has been increasing emphasis on protective factors and resilience. In prevention, the term originated in the longitudinal studies of Garmezy and Streitman (1974), Emmy Werner (1986), Michael Rutter (1979), and others who examined the developmental qualities of children and youth who prevailed and succeeded despite risk factors such as poverty, substance-abusing parents, and dysfunctional families. Garmezy defined resilience (Hazelden, 1996) as an absence of deviant outcomes regardless of exposure to risk. Wolin and Wolin (1995) defined it as successful adaptation despite risk and adversity. According to one review of the literature (Hazelden, 1996), factors contributing to resilience in young people include:

- A strong relationship with a parent or caring adult who provides a nurturing environment early and consistently.
- Feelings of success and a sense of mastery so young people can name something they do successfully and can build self-respect.
- Strong internal and external resources such as good physical health, self-esteem, a sense of humor, and a supportive network that includes family, school, and community.
- Social skills, including good communication and negotiating skills, and the ability to make good decisions and to refuse activities that may be dangerous.
- Problem-solving and thinking skills that help to generate alternatives and solutions to problems.
- Hope that odds can be overcome with perseverance and hard work.
- Surviving previous stressful situations—each time a young person masters a difficulty, that experience helps him or her face the next difficulty.

Developing resilience in young people and promoting specific strengths such as these within multiple domains were a major focus of the SAMHSA/CSAP High-Risk Youth Demonstration Grant Program. More recently, CSAP's approach is to promote a structured, community-based prevention approach through the five-step Strategic Prevention Framework (SPF) process. CSAP promotes youth development, reduced risk-taking behaviors, building assets and resilience, and preventing problem behaviors across the individual's life span.

The literature on protective factors and resilience is more diffuse than that for risk factors. There is less clarity about which factors are most important in the prevention of substance abuse. But there is a growing consensus that certain protective factors are critically important.

Risk and protective factors are discussed further in CSAP's "Principles of Substance Abuse Prevention, Volume 3" in the *Guide to Science-Based Prevention* series (2001) at http://preventionplatform.samhsa.gov/Macro/Csap/dss_portal/templates_redesign/start1.cfm?sect_id=1&topic_id=99&link_name=Principles%20of%20Substance%20Abuse%20Prevention%20%283%29&page=%2Fmacro%2Fcsap%2Fdss%5Fportal%2Fportal%5Fcontent%2F926200115910%2F3Principles%2Epdf&CFID=532871&CFTOKEN=43219147.

SAMHSA's Communities That Care (CTC) Planning System provides guidance on how to address risk and protective factors. All of the CTC documents can be accessed online through the link provided on CSAP's Prevention Platform, at <http://preventionplatform.samhsa.gov/>.

Since 1989, the nonprofit Search Institute (www.search-institute.org) has conducted research identifying those positive relationships, opportunities, competencies, values, and self-perceptions that youth need to succeed. The Institute's trademarked Developmental Assets approach lists 40 developmental assets necessary for healthy youth development, divided into "external" and "internal" assets. Application of an assets development approach has shown promising results in a number of prevention programs in recent years.

The August 2004 issue of the *American Journal of Public Health* included a report of a survey of the effects of youth assets involving 1,350 adolescents and parents in low-income urban areas. The authors concluded that "there were significant positive relationships between several youth assets and nonuse of alcohol and drugs." (Roy F. Oman, Ph.D.; Sara Vesely, Ph.D.; Cheryl B. Aspy, Ph.D.; Kenneth R. McLeroy, Ph.D.; Sharon Rodine, M.Ed.; and LaDonna Marshall, "The Potential Protective Effect of Youth Assets on Adolescent Alcohol and Drug Use," August 2004, Vol 94, No. 8, *American Journal of Public Health* 1425-1430, © 2004 [American Public Health Association: www.ajph.org/cgi/content/abstract/94/8/1425](http://www.ajph.org/cgi/content/abstract/94/8/1425)).

It is important to note that while any increase to an individual's assets helps overall development, a cumulative effect of multiple asset increases is needed to protect against substance abuse behaviors. The survey reported by Dr. Oman and his associates provides evidence for this as well. Decreasing risk factors also continues to be important.

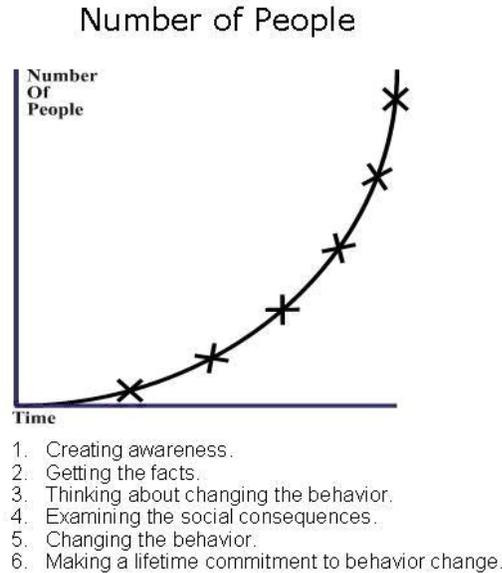
Models of Prevention

Behavioral Change Models

Diffusion of Innovation

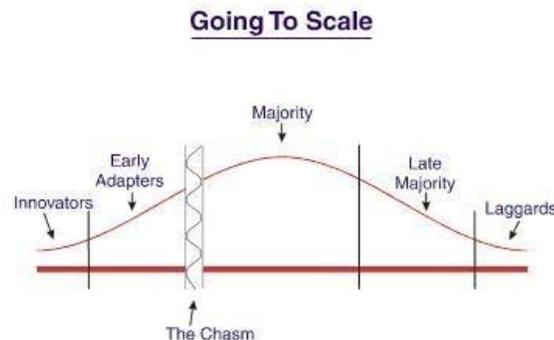
Among prevention models focusing on behavioral change at the individual level, the most familiar is based on the work of Everett M. Rogers. Rogers wrote, "Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system." Much of social marketing is based on the Diffusion of Innovation theory, which

considers how an idea, concept, new behavior, or product is received and used by individuals, families, a community, and a culture. The graph below illustrates the process over time that the percentage of adopters increases through predictable stages.



Source: Rogers, Everett M., Diffusion of Innovations, 1983, page 1.

Individuals embrace the innovation after different time intervals and are considered to be Innovators, Early Adopters, Early Majority, Late Majority, or Laggards. The same individual may fall into any one of these categories depending on the particular innovation. For example, someone who installed the first DVD player in the neighborhood and was an Innovator regarding DVD might not own a cell phone at a time when these devices are commonplace; therefore, this person would be considered a Laggard where cell phone technology is concerned.



Stages of Change Theory/Transtheoretical Model

In the stages of change theory, five sequential stages, or steps, in altering personal behavior patterns result in long-term change:

1. Precontemplation—unaware of or refuse to acknowledge risks
2. Contemplation—begin to consider, weigh the costs and benefits
3. Preparation—decide, plan to change behavior
4. Action—implement plan to change, begin new behavior
5. Maintenance—reinforce and habitualize new behavior practice.

The Health Belief Model

This is another behavioral change model of interest in substance abuse prevention because it directly addresses the well-documented equation of perceived risks and prevalence of ATOD use. The Health Belief Model is broader than this, however, and begins with an assessment of the individual's perception of risk, followed by an exploration of their beliefs concerning a given risk behavior and consequence. This process continues through the individual's recognition of the benefits of taking action, barriers to action, and internal and external cues to such actions.

The Health Locus of Control Theory

This theory relates to the Health Belief Model by focusing on the degree to which individuals believe that internal or external factors control their health. Thus, individuals are categorized as either:

- Internal—believe that internal factors are primary to their health
- Powerful—believe that others determine one's health
- Chance—believe that fate, luck, or chance are at work in one's health or illness

Social Learning/Social Cognitive Theory

The social learning theory, often called "Bandura's Social Learning Theory," holds that behavior change is affected by environmental influences, personal factors, and attributes of the behavior itself, and that any one of these may influence the other two. For behavior change to occur, individuals need to see themselves as capable of performing the new behavior and recognize an incentive to do so. Thus, self-efficacy is crucial and may be increased through instructions, by providing the opportunity for skill development or training, and by modeling the desired behavior (Source: *Health Promotion and Disease Prevention: An Introductory Article*, www.refugeewellbeing.samhsa.gov/PDF/Toolkit/7_Health_Promotion_Article.pdf).

Community Organization Theory

There are also community-level behavioral change models of prevention. Community organization theory, for example, considers empowerment, community competence, participation

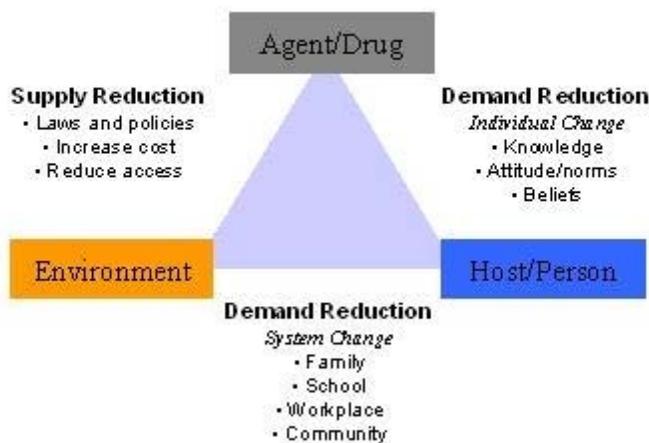
and relevance, issue selection, and critical consciousness. Organization change theory's concepts include problem definition, initiation of action, implementation of change, and institutionalization of change.

For more information on behavioral change models, visit the University of Pittsburgh's *Learning and Models of Behavioral Change* lecture and PowerPoint presentation at www.pitt.edu/~Super1/lecture/lec4241/index.htm. Another useful and well-referenced article: *Behavior Change—A Summary of Four Major Theories*, © Copyright 2002, Family Health International (FHI), is available at www.fhi.org/NR/rdonlyres/ei26vbslpsidmahhxc332vwo3g233xsqw22er3vofqvrjvubwyzclvqjcbdgexyzl3msu4mn6xv5j/BCCSummaryFourMajorTheories.pdf.

The Public Health Model

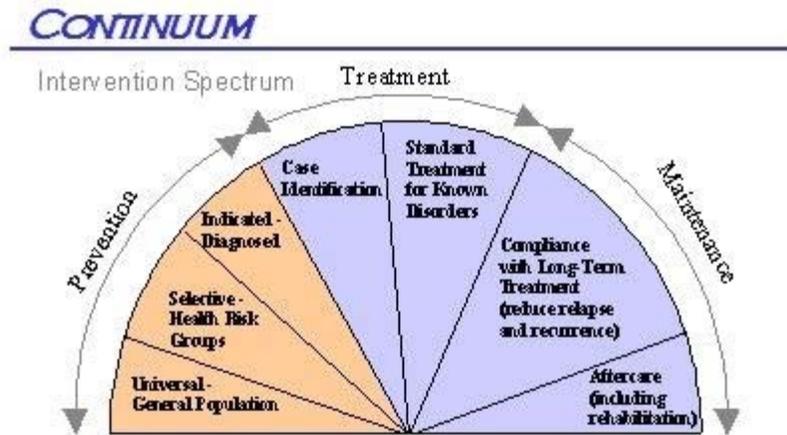
A public health model, which uses the science of epidemiology, stresses that problems arise from interactions among the agent, the host, and the environment. In the case of alcohol, tobacco, and drug problems, the host is the individual user, the agent is the substance (tobacco, alcohol, or a legal or illegal drug), and the environment is the social, cultural, and physical context in which use occurs. To make a lasting difference, prevention efforts need to address all three components in this model.

PUBLIC HEALTH TRIANGLE



SAMHSA's *Principles of Prevention: Part I*, Unit 2: Exploring Prevention Approaches, Section III is devoted to a review of the Public Health Model:

<http://preventiontraining.samhsa.gov/CTW13/MOD2TR.htm>.



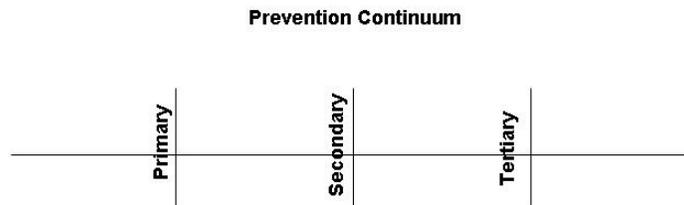
The “IOM Model” of Prevention

The Mrazek and Haggerty model (often referred to as the IOM model and sometimes as a “continuum of services,” “continuum of care,” or “continuum of prevention” model) classifies prevention interventions according to their target populations (Gordon, 1987; Mrazek and Haggerty, 1994) to clarify differing objectives of various interventions and match them to the needs of the targeted populations (Kumpfer, et al., 1997). This model identifies three prevention categories, based on levels of risk:

- Universal programs reach the general population, such as all students in a school or all parents in a community.
- Selective programs target subsets of those at risk, such as children of substance abusers or those experiencing problems at school.
- Indicated programs are for those already beginning to use ATOD or showing signs of other risky behaviors.

The original text describing this model, *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, (1994) by Patricia J. Mrazek and Robert J. Haggerty, Editors; Committee on Prevention of Mental Disorders, Institute of Medicine, is available from The National Academies Press: www.nap.edu/catalog/2139.html. The “IOM Model” is discussed in relationship to substance abuse prevention on page 11 of SAMHSA’s *Science-Based Prevention Programs and Principles 2002*, available online at www.modelprograms.samhsa.gov/pdfs/ScienceReportFINAL.pdf.

An older way of looking at the Continuum is:



Primary Prevention

Primary prevention is the reduction or control of causative factors for a health problem and includes reducing risk factors, such as smoking to prevent lung cancer or sex education to reduce sexually transmitted diseases. This category also includes health-service interventions, such as drug education, parent-child discussions about substance abuse, and public education campaigns.

Secondary Prevention

Secondary prevention involves early detection and treatment, such as mammography for detecting breast cancer or contact tracing for detecting and treating persons with sexually transmitted diseases. Intervening in adolescent drinking, smoking, and drug use are common applications of “secondary prevention.” Programs for DUI offenders not yet in need of addiction treatment are another.

Tertiary Prevention

Tertiary prevention involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life, such as substance abuse counseling programs and both inpatient and outpatient treatment. Aftercare, relapse prevention, recovery support, and programs for family members are all examples of tertiary prevention.

Rational choices can only be made based on valid and timely information on the efficacy, effectiveness, and cost of each prevention strategy. This information allows comparison of alternative approaches for an individual condition—e.g., the relative effects of seat belts, passive restraints, safer highways, or more efficient and available emergency medical services on reducing morbidity and mortality from motor-vehicle crashes. Sound data facilitate difficult choices among disparate conditions, such as physician-patient education and counseling to prevent alcohol-related birth defects or resiliency-building with children of substance-abusing parents and treatment programs for persons with recurring substance abuse problems.

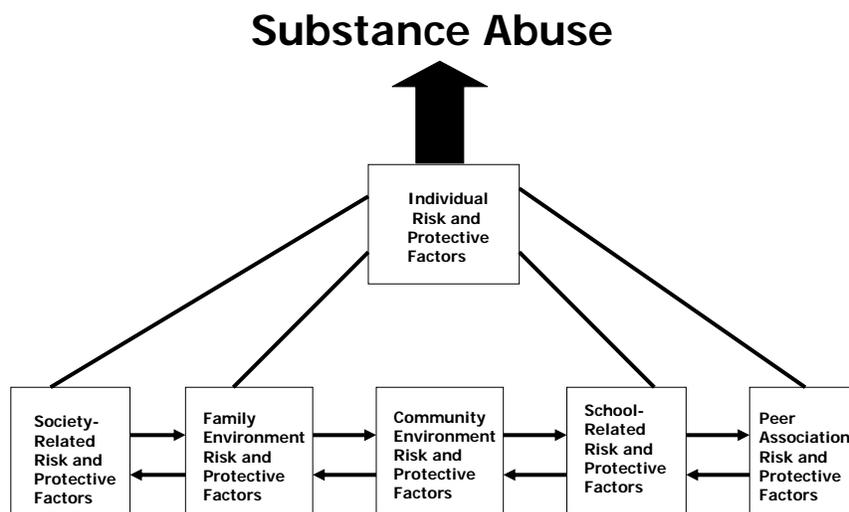
Web of Influence Model

In one straightforward theoretical framework of substance use, six life domains—individual, family, peer, school, community, and environment/society—are used. It is important to note that these domains interact with the individual placed at the core of the model and that all stimuli are

processed, interpreted, and responded to based upon the characteristics the individual brings to the situation. This provides a framework in which to understand the interactive effects of risk and protective factors. Additionally, it provides guidance about which factors should be targeted by a diverse array of prevention programs.

This framework, or the “Web of Influence,” has been used as the organizing principle underlying the identification of domains of influence. While programs work to effect positive change in one or more of these domains, thereby increasing resiliency and enhancing protective factors, the domains are also important in understanding outcomes.

The Web of Influence



Source: CSAP; DHHS Publication No. 99-3301

Evidence-Based Prevention

Today’s funders insist that their money be used wisely. They expect to see measurable outcomes from projects they support, and they want to know that funds are directed to those efforts that have been shown to produce such results. This insistence on accountability has grown alongside knowledge about what works to prevent substance abuse and increased understanding of why some things may fail to do so or lead to increased alcohol, tobacco, and drug problems in their target populations.

Federal and State agencies now call for use of what SAMHSA/CSAP, NPN, and many others refer to most often as “evidence-based” prevention. At times, “evidence-based,” may also be referred to as “science-based” or “research-based.”

What evidence-based prevention refers to is a collection of prevention services that have been shown to be effective in evaluation research. Some of these are aimed at helping individuals

develop the intentions and skills to act in a healthy manner. Others focus on creating an environment that supports healthy behavior. Whatever their focus, for substance abuse prevention to be “evidence-based,” it must:

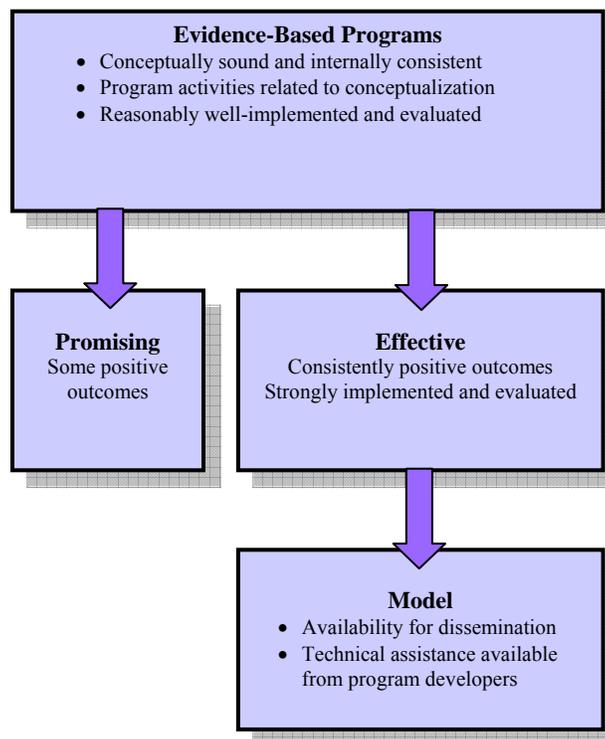
- Be based on academic/scientific theory
- Demonstrate positive outcomes that can be measured
- Continue to produce these same positive effects over time
- Have the capacity to be replicated and disseminated.

(Source: SAMHSA/CSAP Northeast CAPT. Effective Strategies: Building Blocks of Prevention, Module 1, Part 1: What is Evidence-Based Prevention? Copyright 2002, Education Development Center, Inc., <http://captus.samhsa.gov/northeast/science201/week1/module1part1.htm>)

SAMHSA recognizes three levels of evidence-based programs:

- Promising Programs
- Effective Programs
- Model Programs.

Here is a visual presentation of this hierarchy, from SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) (These may be revised over time. Visit SAMHSA’s NREPP site for the latest information: <http://modelprograms.samhsa.gov>. In early 2007, SAMHSA anticipates the launching of a new NREPP Web site at www.nrepp.samhsa.gov).



On March 14, 2006, SAMHSA published a detailed notice of public comments regarding proposed revisions to the NREPP criteria for identifying Model Programs, Effective Programs, and Promising Programs, in the *Federal Register* (Vol. 71, Number 49). These public comments about the existing NREPP system and recommended changes were in response to a notice published in the August 26, 2005, issue of the *Federal Register* and elsewhere. The complete March 14, 2006, *Federal Register* notice is available as a PDF file at www.modelprograms.samhsa.gov/pdfs/FRN%20posting%20March1406.pdf.

To help those working in the substance abuse prevention field understand SAMHSA's plan for revisions to NREPP and the Model Programs system, SAMHSA hosted a Webcast teleconference on March 24, 2006. This generated several questions reflective of field concerns about the coming changes. In response, SAMHSA developed a Questions and Answers document at www.modelprograms.samhsa.gov/pdfs/Webcast-QAs-033106mw.pdf.

SAMHSA also created an online Frequently Asked Questions (FAQ) section on its Model Programs Web site at www.modelprograms.samhsa.gov/textonly.cfm?page=faq, where typical questions from established prevention programs have been posted with brief answers.

SAMHSA's subsequent Federal Register Notice (71 Federal Register 126, June 30, 2006, 37590-37591 PDF) explains how SAMHSA and its three Centers will prioritize interventions submitted for NREPP reviews during fiscal year (FY) 2007. It also provides guidance on the submission process for those seeking to have an intervention reviewed and listed on the new NREPP Web site. This PDF file is available at www.modelprograms.samhsa.gov/pdfs/06-5928.pdf.

Current information about SAMHSA Model Programs and NREPP is located on the SAMHSA Model Programs Web site at www.modelprograms.samhsa.gov. However, a completely revamped Web-based resource is under construction and planned for an early 2007 launch. When that site is finished, its address will be www.nrepp.samhsa.gov.

New NREPP Review Process

Of greatest interest to States and communities seeking to guide their prevention programs toward inclusion in SAMHSA's collection of recognized Model Programs is the new NREPP review process as summarized in response to question 4 in the FAQ section of the SAMHSA Model Programs site:

“A trained Ph.D.-level evaluation specialist at MANILA Consulting Group, Inc., called a Review Coordinator, compiles and summarizes descriptive information about the intervention. The Review Coordinator then arranges a scientific review of the intervention by two independent Ph.D.-level reviewers. Completed review summaries, including descriptive components, reviewer ratings, and explanations are provided to the applicant for approval before they are posted on the NREPP Web site.”

www.modelprograms.samhsa.gov/textonly.cfm?page=faq#q4

Note: Although SAMHSA will eliminate the Model, Effective, and Promising Program labels as part of changes to the Model Programs/NREPP system in progress during 2006, the following definitions, which will be in use until such time, are provided here. They will continue to be

referenced during the transition and will be of historic significance to programs that once met criteria for these labels.

Model Programs

“Model Programs are well-implemented, well-evaluated programs, meaning they have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP) according to rigorous standards of research. Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training, and technical assistance for nationwide implementation. Model Programs score at least 4.0 on a 5-point scale on Integrity and Utility, based on the NREPP review process.”

www.modelprograms.samhsa.gov/textonly_cf.cfm?page=model_list

Effective Programs

“SAMHSA Effective Programs are well-implemented, well-evaluated programs that produce a consistent positive pattern of results (across domains and/or replications). These programs must score at least 4.0 on a 5-point scale on Integrity and Utility, based on the National Registry of Evidence-based Programs and Practices (NREPP) review. (See an explanation of the NREPP Review Process.) The programs listed below [on the Model Programs site] are Effective Programs with all the criteria as the Model Programs on this Web site with one exception. The exception is that their developers have yet to agree to work with SAMHSA/CSAP to support broad-based dissemination of their programs but may disseminate their programs themselves. If and when they agree to work with SAMHSA/CSAP, their status will be adjusted and they will become Model Programs.”

www.modelprograms.samhsa.gov/textonly_cf.cfm?page=effective_list

Promising Programs

“SAMHSA Promising Programs have been implemented and evaluated sufficiently and are considered to be scientifically defensible. They have demonstrated positive outcomes in preventing substance abuse and related behaviors. However, they have not yet been shown to have sufficient rigor and/or consistently positive outcomes required for Effective Program status. Nonetheless, Promising Programs are eligible to be elevated to Effective status subsequent to review of additional documentation regarding program effectiveness. Promising Programs must score at least 3.33 on the 5-point scale on parameters of Integrity and Utility. (See an explanation of the NREPP Review Process.) Originated from a range of settings and spanning many and diverse target populations, Promising Programs are rich sources of guidance for prevention, treatment, and rehabilitation practitioners and designers.”

www.modelprograms.samhsa.gov/textonly_cf.cfm?page=promising_list

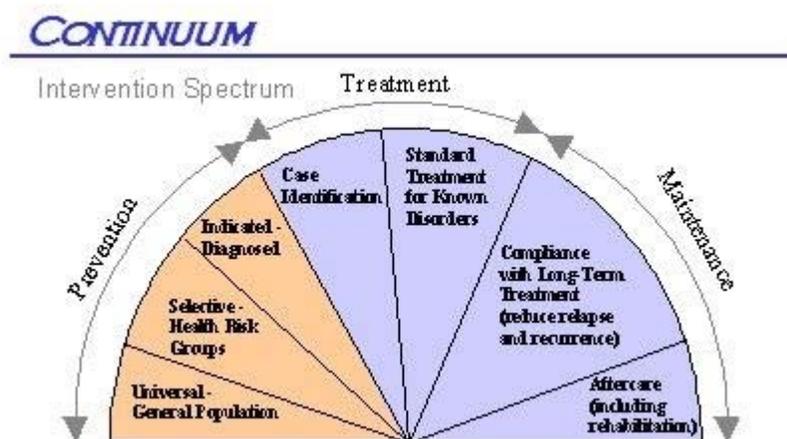
Exemplary Programs

NPN and NASADAD, with support from SAMHSA/CSAP, sponsor the Exemplary Substance Abuse Prevention Program Awards to identify and honor outstanding achievements in substance abuse prevention. To date, more than 150 programs have been selected as Exemplary Award winners. Teens often are the target population of winning programs, but parents and teachers also have been targeted, along with numerous other secondary beneficiaries. In recent years, the activities undertaken by award-winning programs have changed as the field has expanded its understanding of effective prevention strategies and approaches. Exemplary Substance Abuse Prevention Program Awards also have begun to recognize the use of effective environmental strategies.

A Call for Applications and additional information is available in the Prevention section of NASADAD's Web site at www.nasadad.org, along with the names of past award winners.

A Continuum of Prevention

The IOM Model discussion earlier in this *Prevention Handbook* is illustrated with the “fan” (or half-circle) graphic of a continuum of substance abuse services familiar to many users of this document (see graphic below). The IOM’s prevention section of the fan is divided by universal, selective, and indicated levels of intervention, with treatment and maintenance shown as the remaining two sections. The intent is to show how these three—prevention, treatment, and maintenance—are related, interconnected, and applied to an individual at different points during his or her life.



The above model shows the difference between prevention and treatment and how treatment is separate from maintenance. This representation has considerable significance in determining what service delivery systems direct and provide the actions in question, as well as which funding sources support them. When application of indicated prevention strategies results in assessment or diagnosis of a substance abuse problem that is appropriate for referral to services that address chronic problem use of ATOD, then the case moves from prevention to treatment.

Looking at the continuum in this way has limitations. To some, the fan itself suggests beginning (prevention), middle (treatment), and end (maintenance). Yet substance abuse prevention, treatment, or maintenance may be appropriate and applicable at almost any age, depending on individual experience and circumstance. Nor are these finite events, like developmental steps, to be completed and then put behind. Rather, they may be understood as processes that may produce maximum benefit by being integrated and continued throughout life. Such a continuum is not finite and begins at whatever point the individual joins it and might be better represented by a circle rather than a half-circle, or fan.

For example, participants in DUI/DWI programs or in campus-hosted National Alcohol Screening Day sites may have established patterns of chronic substance abuse. Or they may be at an earlier stage, when their participation in these programs may deter further development of such problems. In the case of both Fetal Alcohol Syndrome Disorder (FASD) and HIV/AIDS, the focus often is on risks to the unborn in the first case or for contracting or transmitting HIV in the second, rather than on risks for ongoing substance abuse itself.

While treating individuals who have developed substance abuse problems is obviously the realm of the substance abuse treatment professions and their self-help allies, a systemic view of alcoholism/addiction reveals an urgent need for prevention.

For example, it has long been recognized that family members (“family” used here in a broad sense to include unrelated individuals who are nevertheless in some sort of “familial” relationship to the person in treatment) need, deserve, and benefit from what often is referred to as “family treatment.” What’s more, improved family health may prevent not only relapse of those who receive treatment, but also the development of new substance abuse problems in other family members. In “family treatment,” adults are supported in confronting their own denial, enablement, and co-dependent relationships with addicted people and are given counseling and education to help them alter these behaviors. Children of persons in treatment may be included or may be targeted separately by treatment providers. The SAMHSA Children’s Program Kit provides treatment personnel with information to do this important work.

But families in which there are substance abuse problems, need additional help; usually not offered by or available from the substance abuse treatment community but familiar to the prevention field.

Co-occurring mental health issues also may exist in such families. Early identification of such problems and referral to mental health counseling or prevention services specifically designed to address co-occurring disorders may benefit members of these families.

The 2001 SAMHSA National Survey on Drug Use and Health (NSDUH) reported an estimated 6 *million* children in the United States living within families with adult substance abuse problems, constituting one of the largest identified “at-risk” groups. These children are known to be at much greater risk for developing similar problems in their own lives, but also are known to benefit greatly from resiliency-strengthening interventions. Despite efforts by SAMHSA and such private sector advocacy organizations as the National Association for Children of Alcoholics (NACoA), these vulnerable children do not yet receive the amount of targeted prevention likely to help them toward healthy development.

Finally, the family is but one of the “systems” in which substance abuse develops. Those in recovery often recount the impact on their ATOD decisionmaking of pro-use influences in the larger environment in which their problems began. These influences include peer pressure, community norms regarding ATOD, public policies, availability, access, visibility of prevention resources, and the full range of media messages regarding ATOD. Environmental prevention strategies have emerged to address these influences, and it is while affected individuals are receiving treatment that works to improve the environments in which their recovery is to continue needs to begin.

Attention to families/children of alcoholics (COAs) needs to continue through the post-treatment phases of the continuum, and much of that attention depends on the participation of prevention. Attention to family systems and to what can be provided to partners of substance abusers and to COAs/children of substance-abusing parents (COSAPs) to help them avoid repeating and perpetuating the family cycle of substance abuse needs to be an ongoing process.

An environment conducive to and supportive of an ATOD-free lifestyle is essential to maintaining long-term recovery from addiction. Here, the availability of alternative social activities often identified as an important part of keeping youth away from drugs also supports abstinence among those who have needed substance abuse treatment. Policies addressing marketing, access, and availability and enforcement of these policies support recovery as well as prevention for those who have never engaged in substance abuse. To date, public education has addressed abuse, addiction, and recovery, along with prevention messages primarily targeting young people. Few communications efforts have attempted to establish abstinence from alcohol, tobacco, and other drugs, as a social norm not requiring explanation or justification. This implies that use is *the* norm for all but those who have been identified as having substance abuse “problems.”

Skill-building may be deemed as treatment, rehabilitation, or recovery support if it is provided in adult life, but as prevention when it is delivered to children. However, skill-building may prevent substance abuse problems for people at any age.

Federal Leadership: Substance Abuse and Mental Health Services Administration (SAMHSA)

The members of the National Prevention Network (NPN), described at the beginning of this document, are their respective State agency's leader in coordinating prevention funding and services within their State. In the course of this coordination, they interact with other State agencies, private sector organizations, community agencies and programs, and other partners and collaborators unique to their circumstances. They also interact with numerous agencies of the Federal Government that have various interests in substance abuse prevention and offer funding opportunities, research, data collection, and model guidelines and programs. Nationally, many nongovernmental resources also focus on substance abuse prevention-related issues, offer additional resources, and may have varying kinds of influence on overall U.S. trends in reducing and preventing substance abuse.

This section is a brief introduction to the Federal organization, the Substance Abuse and Mental Health Services Administration (SAMHSA), with which NPN members work, either directly or indirectly, in several key instances. These members act as overseers of Federal monies allocated to their States for preventing alcohol, tobacco, and drug use among youth and substance abuse problems in all populations. Other experienced NPN members can provide helpful directions to those new to the substance abuse prevention field. These pages are intended to provide further guidance.

Authorization

SAMHSA, an agency of the U.S. Department of Health and Human Services (DHHS), was established by an act of Congress in 1992 under Public Law 102-321. This agency, separate and distinct from the National Institutes of Health or any other agency within the DHHS, was created to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders.

SAMHSA works in partnership with States, communities, and private organizations to address the needs of people with substance abuse and mental illnesses as well as the community risk factors that contribute to these illnesses. In FY 2006, SAMHSA's budget was approximately \$3.3 billion.

Organization

SAMHSA includes three Centers that engage in program activities focusing on substance abuse treatment, mental health service, and substance abuse prevention. The Office of Applied Studies

is the focal point for the collection, analysis, and dissemination of national data on practices and issues related to substance abuse and mental disorders.

The **Center for Mental Health Services (CMHS)** seeks to improve the availability and accessibility of high-quality, community-based services for people with or at risk for mental illnesses and their families. While the largest portion of the Center's appropriation supports the Community Mental Health Services Block Grant Program, CMHS also supports a portfolio of discretionary grant programs, called Programs of Regional and National Significance, to apply knowledge about best community-based systems of care and services for adults with serious mental illnesses and children with serious emotional disturbances. Issues of stigma and consumer empowerment are also on the Center's program and policy agenda. The Center collects, analyzes, and disseminates national data on mental health services designed to help inform future services policy and program decisionmaking. SAMHSA's National Mental Health Information Center can be reached toll-free at 1-800-789-2647 or online at www.mentalhealth.samhsa.gov.

The **Center for Substance Abuse Prevention (CSAP)** works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work and school environments, drug- and crime-free neighborhoods, and positive connections with friends and family. The mission of CSAP is to build resiliency and facilitate recovery. CSAP provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug, underage alcohol, and tobacco use. CSAP disseminates effective substance abuse prevention practices and builds the capacity of States, communities, and other organizations to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other Federal, State, public, and private organizations. More information on CSAP is located at www.prevention.samhsa.gov.

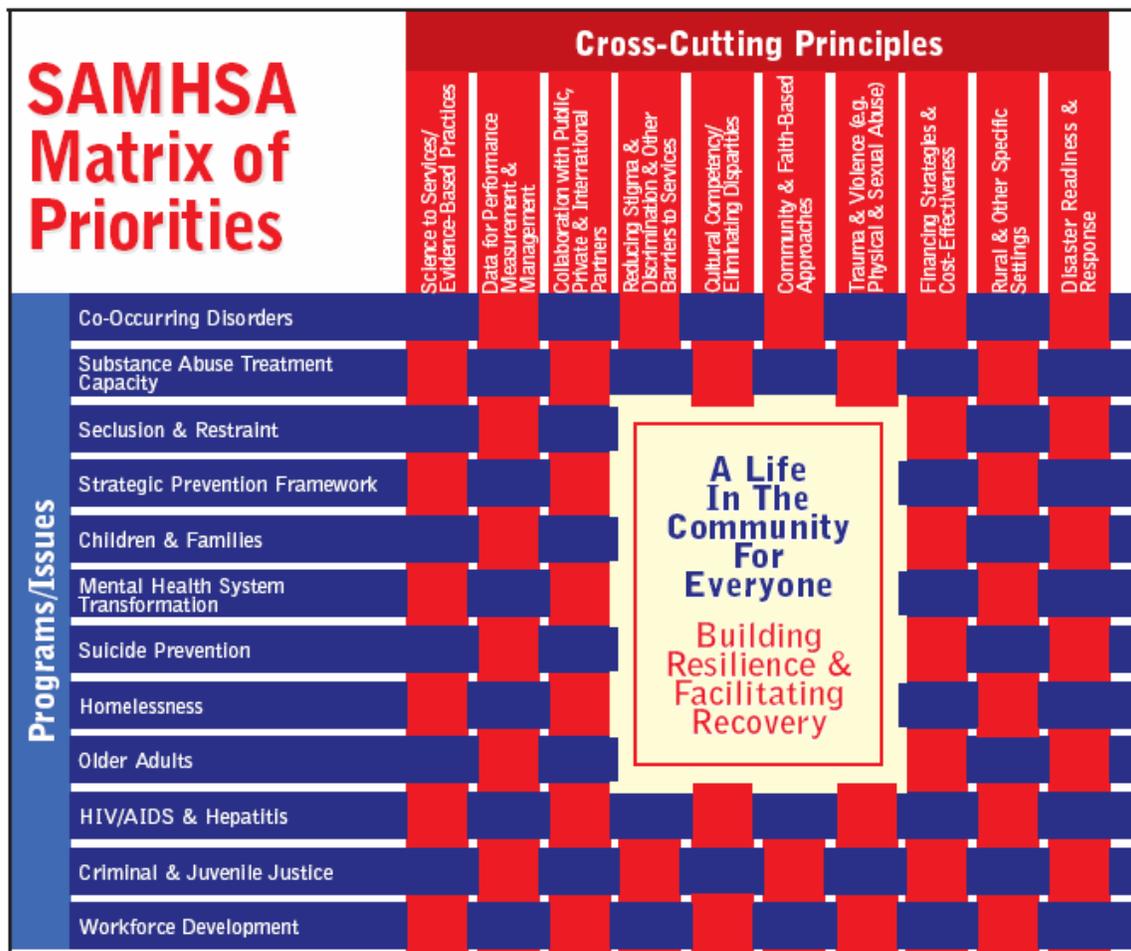
The **Center for Substance Abuse Treatment (CSAT)** promotes the availability and quality of community-based substance abuse treatment services for individuals and families who need them. It supports policies and programs that broaden the range of evidence-based effective treatment services for individuals who abuse alcohol and drugs and that also address other addiction-related health and human services problems. The Center administers the Substance Abuse Prevention and Treatment Block Grant Program. While engaging with States to improve and enhance existing services under the block grant program, CSAT also undertakes significant professional and lay education programs and initiatives to promote best practices in substance abuse treatment and intervention. CSAT also supports SAMHSA's toll-free treatment referral line, 1-800-662-HELP, to link people with the community-based substance abuse treatment services they need. The service also is available online at www.findtreatment.samhsa.gov.

SAMHSA's **Office of Applied Studies (OAS)** gathers, analyzes, and disseminates data on substance abuse practices in the United States. OAS is responsible for the annual *National Survey on Drug Use and Health*, the *Drug Abuse Warning Network*, and the *Drug and Alcohol Services Information Services System*, among other studies. OAS also coordinates evaluation of the service-delivery models within SAMHSA's knowledge development and application programs. You can find more information on the OAS Web site at <http://www.oas.samhsa.gov/>.

Matrix of Priorities

A great deal has changed in substance abuse and mental health since Congress created SAMHSA back in 1992. So, too, has SAMHSA. SAMHSA’s mission and vision are now more sharply focused and aligned with the goals of DHHS and the President’s priorities. The SAMHSA vision reflects the President’s New Freedom Initiative that promotes a life in the community for everyone. SAMHSA is achieving that vision through a mission that is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. SAMHSA collaborates with the States, national and local community-based and faith-based organizations, and public and private sector providers to ensure that people with or at risk for an addictive or mental disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.

This graphical presentation of SAMHSA Matrix of Cross-Cutting Programs and Principles provides a visual reference to today’s SAMHSA:



To bring SAMHSA’s mission and vision from paper to practice, SAMHSA’s budget and its policy and program activities—including discretionary grant programs and communications initiatives—have been aligned to reflect a series of core priority areas, among them: co-occurring mental and substance abuse disorders, criminal justice, children and families, aging, substance abuse treatment capacity, strategic prevention framework for substance abuse, mental health system transformation, homelessness, suicide prevention, workplace development, seclusion and restraint, and HIV/AIDS. The priority program areas are linked to crosscutting principles to help ensure that SAMHSA’s work will meet the highest standards, driven by a strategy to improve Accountability, Capacity, and Effectiveness—ACE. With this strategy, SAMHSA can assure that its resources are used both wisely and well in State and community programs to treat addiction and dependence, to prevent substance abuse, and to provide mental health services.

Promoting Accountability: To promote accountability, SAMHSA tracks national trends, establishes measurement and reporting systems, develops and promotes standards to monitor service systems, and works to achieve excellence in management practices in mental health services, addiction treatment, and substance abuse prevention.

Enhancing Capacity: By assessing resources, supporting systems of community-based care, improving service financing and organization, and promoting a strong, well-educated workforce, SAMHSA enhances the Nation’s capacity to serve people with or at risk for mental and substance abuse disorders.

Ensuring Effectiveness: SAMHSA ensures effectiveness by providing an infrastructure that delivers mental health and substance abuse services and promotes policies, programs, and practices that are evidence-based. SAMHSA’s science-to-services activities, knowledge dissemination, and orientation toward best practices help achieve its effectiveness goal.

Strategic Prevention Framework

The five steps of SAMHSA’s Strategic Prevention Framework are as follows, with cultural competence and sustainability overlaying all five:



Assessment

Data from as many sources as can be identified is reviewed to define what the substance abuse-related problems are in a particular place (i.e., region, State, community, or neighborhood), what resources are in place to address them (including the cultural competence of such services), and what additional resources are needed. Archival data includes school attendance, disciplinary actions, police records, and hospital records. In Strategic Prevention Framework State Incentive Grant (SPF SIG) States, an epidemiological workgroup takes the lead in assembling data available from other sources and generating additional, new data. The sequence of actions during the Assessment phase is as follows:

- Identify area of concern
- Obtain data relevant to concern
- Analyze data
- Prioritize data
- Share data.

Capacity

In this step, those within the target area who have any capability for addressing the problem(s) identified in the assessment exercise come together to pool their resources and improve these capabilities. Partnerships are developed; existing ones are strengthened; cultural competence is examined. Training and education often are used to enlarge and enhance the capacity of those expected to develop and implement an effective prevention plan. The main components of the Capacity part of the SPF process are:

- Identify capacities to address prioritized problems
- Mobilize community capacity
- Reach out to new partners
- Nurture coalition capacity.

Planning

During Planning, a logic model is created and followed to select evidence-based programs, practices, and policies, and to set goals, objectives, and measurable outcomes as part of a strategic plan to address the problem(s) identified by the data examined in the Assessment step. A logic model illustrates the logical connections between program resources, conditions, strategies, and both short-term and long-term outcomes (see Appendix C on page 33 of www.samhsa.gov/Grants/2006/Infrastructure-web.doc for further readings about developing logic models). The Planning phase may be broken down into these subtasks:

- Identify problem and intervening variables
- Identify aim or goal
- Clarify strategic approaches

- Establish benchmarks/objectives
- Identify, adapt, and select services
- Prepare capacity and strengthen plan
- Prepare evaluation plan
- Finalize implementation plan.

Implementation

Simply put, Implementation means doing all the things that were identified and chosen as necessary to reaching goals and objectives during Planning. But more than that, Implementation means documenting and measuring how plans are carried out and how well they work, making course-corrections as needed, and finalizing the evaluation plan. The main activities during Implementation are likely to be:

- Carry out planned services
- Document implementation process
- Analyze and evaluate implementation process
- Modify services.

Evaluation

Measuring the effect of following the SPF process and the effect of what has been implemented is the all-important purpose of Evaluation. Evaluation determines how programs, practices, and policies might be improved to achieve better outcomes, as well as how to use the SPF steps more efficiently in the future. The future is an important concern for Evaluation, in terms of both these lessons learned that can guide other endeavors to greater success, and for the sustainability of what has been put in place. Activities within Evaluation will include:

- Implement evaluation plan
- Collect data
- Analyze data
- Report outcomes
- Use evaluation outcomes to make needed changes.

Cultural Competence

To be effective, providers of all substance abuse prevention services must be culturally competent, regardless of the goals and objectives or the identified target audience. Hence, cultural competence (along with sustainability) is necessary throughout the SPF process.

Defined as “the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people” (*Cultural Competence for Evaluators*, DHHS, 1992), culture shapes how people see their world and structure community and family life. Cultural affiliation often

determines values and attitudes about health issues, responses to messages, and use of alcohol, tobacco, and illicit drugs.

Culture is broader than race and ethnicity, and people often belong to one or more subgroups, influencing what they think and how they act. Geography, lifestyle, age, disabilities, and other characteristics also affect attitudes and behavior.

Cultural competence refers to academic and interpersonal skills, allowing people to increase their understanding and appreciation of cultural differences and similarities within and between groups.

A culturally competent program demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation. Such programs:

- Acknowledge cultures as a predominant force in shaping behaviors, values, and institutions.
- Acknowledge and accept that cultural differences exist and have an impact on service delivery.
- Believe that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various populations.
- Recognize that concepts such as “family” and “community” are different for various cultures and even for subgroups within cultures.
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture.
- Recognize that taking the best of both worlds enhances the capacity of all.

States with SPF SIG grants have specific requirements that are outlined in Slide 7 of the SAMHSA PowerPoint presentation, *Cultural Competence, Sustainability, and the SPF SIG Process*, available at http://download.ncadi.samhsa.gov/csap/spfsig/SPF_NG_Cult_Comp_Final.ppt#691,1,Cultural.

Other States and their funded programs may want to align with the SAMHSA cultural competence requirements, in anticipation of SPF SIG and other Federal support likely to include these requirements. Another SAMHSA PowerPoint available at the SAMHSA/CSAP Prevention Platform provides a step-by-step review of how States, communities, and individual programs establish their cultural competency: *Cultural Competence in Prevention Practice at State, Community, and Programs Levels*: http://preventionplatform.samhsa.gov/macro/csap/dss_portal/portal_content/ccp.ppt?CFID=415557&CFTOKEN=38171315#257.

Sustainability

Like cultural competence, sustainability is an essential element of each step of the SPF. Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital in ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term. Sustainability also encourages the use of evaluation to determine which elements of a prevention program, policy, or service need to be continued and supported to maintain and improve outcomes.

Because sustainability has a major effect on outcomes, States and communities need to make it an important part of the whole planning process. If the aim is to reduce underage drinking by 20 percent, for example, partners in the strategy need to support any programs, arrangements, and adjustments that will make this happen and plan how to sustain the outcomes, not just the programs.

Audiences for sustainability efforts include local officials, leaders, and interest groups as well as those at the State and regional levels whose values and agendas make them natural allies for prevention strategies. Civic groups, service and fraternal organizations, and businesses and corporations also need to be engaged.

Building partnerships and leveraging resources are critical not only to promote a comprehensive approach, but also to achieve sustainability for long-term prevention success.

It is important to communicate strategically. This means emphasizing features of a prevention strategy that will resonate with a particular audience, including:

- Farsighted approach—treating the prevention strategy as an investment to be leveraged for ongoing gains
- Sound design—use of proven, evidence-based methods
- Smooth operation—cost-effective use of resources
- Solid results—documented practical outcomes.

Such themes suggest a larger identity, one that calls not only for continuation, but also for further development, study, and perhaps replication.

When should work begin to assure sustainability? In a word, early! A prevention strategy does not have to have a long history of success before coalitions let people know what is happening. The prospects for success are low for groups that communicate only when they are looking for funding. By starting early with an ongoing dialog, groups can keep current stakeholders and possible partners, including potential funders, informed about the program's purpose and accomplishments.

SAMHSA/CSAP provides links to a number of key resources on sustainability at www.prevention.samhsa.gov/sustainability/default.aspx. The National Community Anti-Drug Coalition Institute has created a Strategic Prevention Framework section, containing links to

numerous documents and resources, on the Institute's Web site at www.coalitioninstitute.org/SPF_Elements/SPFElementsHome.asp.

National Outcome Measures (NOMs)

The SAMHSA Matrix was created as a management system to outline and guide SAMHSA in pursuit of its mission.

The SAMHSA Strategic Prevention Framework provides a process for SAMHSA, the States, and communities to follow to reach measurable outcomes in prevention that meet needs at Federal, State, and local levels. These outcomes are the data each uses to measure and manage performance.

The NOMs are at the center of this strategy. The NOMs set measurable outcomes for mental health services, substance abuse treatment, and substance abuse prevention. The last of these is sometimes referred to as the National Outcome Measures for Substance Abuse Prevention (NOMSAP), or as Substance Abuse Prevention National Outcome Measures (SAP/NOMs).

Over the years, SAMHSA has worked with State substance abuse prevention officials to select and define performance measures for substance abuse prevention services. Since 1990, SAMHSA's CSAP has met regularly with a group of State prevention officials to identify and define the 30+ performance measures currently being addressed by the States as part of the State Incentive Grant (SIG) program. Many of these come from such existing data sources as CSAP's Minimum Data Set (MDS) or its Core Measures Initiative. The current substance abuse prevention NOMs have been adapted from that larger list of measures.

The following chart presents further detail on the final and developmental NOMs for substance abuse prevention.

**Substance Abuse and Mental Health Services Administration
National Outcome Measures (NOMs)**

| DOMAIN | OUTCOME | MEASURES | | |
|----------------------------|---|--|---|---|
| | | Mental Health | Substance Abuse | |
| | | | Treatment | Prevention |
| Reduced Morbidity | Abstinence from Drug/Alcohol Use | NOT APPLICABLE | Reduction in/no change in frequency of use at date of last service compared to date of first service ▶ | 30-day substance use (non-use/reduction in use) ▶ Perceived risk/harm of use ▶ Age of first use ▶ Perception of disapproval/attitude |
| | Decreased Mental Illness Symptomatology | Under Development | NOT APPLICABLE | NOT APPLICABLE |
| Employment/Education | Increased/Retained Employment or Return to/Stay in School | Profile of adult clients by employment status and of children by increased school attendance ▶ | Increase in/no change in number of employed or in school at date of last service compared to first service ▶ | Perception of workplace policy; ATOD-related suspensions and expulsions; attendance and enrollment |
| Crime and Criminal Justice | Decreased Criminal Justice Involvement | Profile of client involvement in criminal and juvenile justice systems | Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶ | Alcohol-related car crashes and injuries; alcohol and drug-related crime |
| Stability in Housing | Increased Stability in Housing | Profile of client's change in living situation (including homeless status) ▶ | Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶ | NOT APPLICABLE |
| Social Connectedness | Increased Social Supports/Social Connectedness ¹ | Under Development | Under Development | Family communication around drug use |
| Access/Capacity | Increased Access to Services (Service Capacity) | Number of persons served by age, gender, race and ethnicity ▶ | Unduplicated count of persons served; penetration rate-numbers served compared to those in need ▶ | Number of persons served by age, gender, race and ethnicity |
| | | | Length of stay from date of first service to date of last service ▶ | |

| | | | | |
|--|--|--|--|--|
| Retention | Increased Retention in Treatment - Substance Abuse | NOT APPLICABLE | Unduplicated count of persons served ▶ | Total number of evidence-based programs and strategies; percentage youth seeing, reading, watching, or listening to a prevention message |
| | Reduced Utilization of Psychiatric Inpatient Beds - Mental Health | Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶ | NOT APPLICABLE | NOT APPLICABLE |
| Perception of Care | Client Perception of Care² | Clients reporting positively about outcomes ▶ | Under Development | NOT APPLICABLE |
| | Cost Effectiveness (Average Cost)² | Number of persons receiving evidence-based services/number of evidence-based practices provided by the State | Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment | NOT APPLICABLE |
| Use of Evidence-Based Practices | Use of Evidence-Based Practices² | | Under Development | Services provided within cost bands |
| | | | | Total number of evidence-based programs and strategies |

¹ For ATR, “Social Support of Recovery” is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends who are supportive of recovery.

² Required by 2003 OMB PART Review.

Source: www.nationaloutcomemeasures.samhsa.gov/outcome/index.asp

Much of the data required of States for the Abstinence domain—no past-30-day use, perceived risk of use, age of first use, and perception of disapproval—are provided by SAMHSA’s National Survey on Drug Use and Health (NSDUH). CSAP has agreed to pre-populate data from its NSDUH but requires the States to report their own data on cost effectiveness (cost bands), use of evidence-based practices, and demographics of populations served. Pilot-testing of developmental measures for substance abuse prevention is being led by SPF SIG States, since the SPF SIG Grants have enabled them to set up epidemiology workgroups and to build capacity to gather comparable data from States, counties, localities, and programs.

Since FY 2001, CSAP has devoted approximately \$80 million to State performance measurement and management activities, including its FY 2006 request. CSAP resources have recently been realigned to support epidemiological data collection by each State relevant to the prevention NOMs. Beginning in FY 2005, States without SPF SIG Grants could receive up to \$200,000 for the State Epidemiological Outcome Workgroup (SEOW) Grant.

Updates about the SAMHSA NOMs and resources to assist States and communities in their application of the NOMs and their adherence to NOMs requirements are available at www.nationaloutcomemeasures.samhsa.gov/welcome.asp.

Grant Programs

SAMHSA supports program, policy, and knowledge development about substance abuse prevention, addiction treatment, and mental health services through three major funding streams: (1) Block and Formula Grants, (2) Targeted Capacity Expansion Grants, and (3) Programs of Regional and National Significance. For detailed information about current grant opportunities, browse the SAMHSA Web site at www.samhsa.gov and click on Grants. Visit regularly for updates. SAMHSA grant application packages may be requested through these sites or from the SAMHSA National Clearinghouse for Alcohol and Drug Information (NCADI) at www.ncadi.samhsa.gov or by toll-free telephone at 800-729-6686. SAMHSA grant announcements also can be found in the Federal Government's one-stop funding Web portal, www.Grants.gov.

Discretionary Grants

Responding to new and emerging challenges in substance abuse and mental health prevention, SAMHSA creates additional discretionary grant programs as needed. A recent example is SAMHSA's awarding of 10 grants from \$300,000 to \$350,000, to support expansion of methamphetamine prevention interventions and/or infrastructure in September 2006.

Drug-Free Communities

SAMHSA/CSAP administers the Drug-Free Communities (DFC) Support Program, established by the Drug-Free Communities Act of 1997 in partnership with The White House Office of National Drug Control Policy (ONDCP). The SAMHSA DFC program supports grants of up to \$100,000 to community anti-drug coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse.

These grants support coalitions of youth; parents; media; law enforcement; school officials; faith-based organizations; fraternal organizations; State, local, and tribal government agencies; health care professionals; and other community representatives. The DFC Support Program makes it possible for coalitions to strengthen their coordination and prevention efforts, encourage citizen participation, and disseminate information about effective programs.

During FY 2005 SAMHSA provided \$70 million in DFC grants to support approximately 700 new and renewing grantees. In order to allow newly emerging coalitions to benefit from the experience of established DFCs, SAMHSA offered \$1.2 million in FY 2006 for 15 DFC Mentoring Grants so that recipient (mentor) DFCs could then "support development and/or expansion of new community coalitions (mentees) that are focused on substance abuse prevention."

The Web site, www.samhsa.gov/grants, offers the latest information regarding all SAMHSA grant programs, including DFC and DFC Mentoring Grants. Further information about the SAMHSA/ONDPCP DFC program is available at <http://www.ondcp.gov/dfc/>.

Strategic Prevention Framework State Incentive Grants (SPF SIGs)

The SPF, illustrated and described elsewhere in this document, provides an effective prevention process, a direction, and a common set of goals to be adopted and integrated at all levels. The SPF is built on a community-based risk and protective factors prevention approach and a set of guiding principles that can be applied at the Federal, State/tribal, and community levels.

The SPF SIG program (authorized under Section 516 of the Public Health Service Act, as amended) is one of SAMHSA's infrastructure grant programs, supporting an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse and/or mental health services.

The SPF SIGs provide funding to implement SAMHSA's Strategic Prevention Framework in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking
- Reduce substance abuse-related problems in communities
- Build prevention capacity and infrastructure at the State/tribal and community levels.

Source: www.samhsa.gov/Grants06/RFA/sp06_002_sig.doc

SPF SIG grantees are funded for up to 5 years to implement the SPF in partnership with community-level organizations in their States/tribes. Tribal applicants may partner with community-level organizations that will provide services to their tribal member populations. SPF SIG applicants are expected to define what constitutes a community in their State/tribe. Although the direct recipients of SPF SIG funds are States, territories, and federally recognized tribes/tribal organizations, SAMHSA envisions that the SPF SIGs will be implemented through partnerships between the States/tribes and communities. A significant requirement for those receiving SPF SIGs is that they must allocate a minimum of 85 percent of their total grant award directly to community-level organizations, or through sub-State mechanism to community-level organizations. As of September 2006, there are SPF grants in 35 States, 5 tribes, and 2 territories.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

CSAP administers the primary prevention component of the SAPT Block Grant. At least 20 percent of the Block Grant funds that States receive must be spent on substance abuse primary prevention services. Specifically, the legislation for the SAPT Block Grant, Public Law 102-321; 42 U.S.C. §§300x-21-300x-35, states: "Not less than 20 percent can be spent on substance abuse education and counseling and other risk reduction services, with priority given to population groups at risk for substance abuse."

Some States rely solely on the SAPT Block Grant's 20 percent set-aside to fund their entire prevention system; others use the funds to target gaps and enhance existing program efforts. Thus, funding for prevention services varies considerably from State to State.

CSAP requires States to use their Block Grant funds to support a range of prevention services in six key areas to ensure that each State offers a comprehensive system for preventing substance abuse. The six areas are:

- Information dissemination
- Community-based process
- Environmental strategies
- Alternative activities
- Education
- Problem identification and referral.

For some time, the SAPT Block Grant funds have been the foundation of most States' prevention systems, driving their prevention planning processes and setting standards and priorities for their overall prevention systems.

(See page 15 of the CSAP section at www.samhsa.gov/budget/FY2006/FY2006Budget.doc.)

Synar Legislation

In 1992, in an effort to delay the initiation and reduce the continued use of tobacco by youth through restricting access, Congress passed the Synar Amendment, named for its sponsor, the late Congressman Michael Lynn (Mike) Synar of Oklahoma. The Synar Amendment's goal was to reduce the rate of illegal purchases by minors to no more than 20 percent in each State. Reducing sales of tobacco to minors through the Synar Regulation reduces both current and future health problems among adolescents and is consistent with the public's support of measures to prevent the use of tobacco by young people. All 50 States and 9 jurisdictions, including the District of Columbia, must meet Synar's requirements.

CSAP oversees implementation of the Synar Amendment, which requires States to have laws in place prohibiting the sale and distribution of tobacco products to persons under age 18 and to enforce those laws effectively. States were required to achieve a maximum sales-to-minors rate of not greater than 20 percent by FY 2003. CSAP has provided States with state-of-the-art materials and technical assistance to help them reach that goal. Across the Nation, States have made great strides in reducing retailer violations of the law as required by the Synar Amendment. Currently, all States are in compliance with the SAMHSA Implementing Regulation pertaining to Synar. As a result of the successes achieved by the States in response to the Synar Amendment, the program is a true success among public health initiatives.

SAMHSA allows use of SAPT Block Grant prevention set-aside funds to pay for the costs associated with developing a sampling mechanism and conducting random, unannounced inspections called for by Synar requirements. In fact, in order to be eligible for SAPT Block Grant funds, *all* States must have a law prohibiting the sale or distribution of tobacco products to minors. But while they may use SAPT money for some Synar-related activities, States may not use SAPT Block Grant funds for other enforcement activities.

States may use funds from the Centers for Disease Control and Prevention's (CDC's) Preventive Health and Health Services Block Grant for sample design, inspections, and other enforcement purposes. They also may implement a system of self-financing licensure and a civil penalty system as a method of offsetting the costs of retailer inspections.

Current information (some of it adapted here) and resources relating to CSAP's oversight of Synar, including required reporting forms, are located at www.prevention.samhsa.gov/tobacco.

SAMHSA Resources

Addiction Technology Transfer Centers (ATTC)

www.nattc.org

The CSAT ATTC is a nationwide, multidisciplinary resource for the treatment field that draws upon the knowledge, experience, and latest work of recognized experts in the addictions field. Launched in 1993 by CSAT, the network is comprised of 13 independent regional centers and a national office. Although the sizes and areas of emphasis of the individual centers may vary, each is charged, as is the Network, with three key objectives:

- Increase the knowledge and skills of addiction treatment practitioners from multiple disciplines by facilitating access to state-of-the-art research and education.
- Heighten the awareness, knowledge, and skills of all professionals who have the opportunity to intervene in the lives of people with substance use disorders.
- Foster regional and national alliances among practitioners, researchers, policymakers, funders, and consumers to support and implement best treatment practices.

In addition, 5 Centers of Excellence are housed within 3 of the 13 regional ATTCs. Web links and full contact information for all of these, as well as additional information regarding the ATTC program, is available from the National Office Web site at www.nattc.org.

Co-Occurring Center for Excellence (COCE)

<http://coce.samhsa.gov/>

As part of a mandate from the *Report to Congress*, SAMHSA created the Co-Occurring Center for Excellence (COCE) as a vital link between the agency and States, communities, and providers. COCE provides the technical, informational, and training resources needed for the

dissemination of knowledge and the adoption of evidence-based practices in systems and programs that serve persons with co-occurring disorders. CSAT and the CMHS are SAMHSA's lead agencies for this initiative.

Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence

<http://www.fascenter.samhsa.gov/>

The SAMHSA/CSAP's FASD Center for Excellence was launched in 2001. Congress authorized the Center in Section 519D of the Children's Health Act of 2000, which included six mandates ([Section b of 42 USC 290bb-25d](#) or [Public Law 106-310](#)). The mandates focus on exploring innovative service delivery strategies; developing comprehensive systems of care for FASD prevention and treatment; training service system staff, families, and individuals with an FASD; and preventing alcohol use among women of childbearing age.

The mission of the FASD Center for Excellence is to facilitate the development and improvement of prevention, treatment, and care systems in the United States by providing national leadership and facilitating collaboration in the field.

National Centers for the Application of Prevention Technologies (CAPTs)

<http://captus.samhsa.gov>

The following is from the homepage of the National CSAP CAPT Web site:

“The primary mission of SAMHSA/CSAP's National Centers for the Application of Prevention Technologies (CAPT) is to bring research to practice by assisting States/Jurisdictions and community-based organizations in the application of the latest evidence-based knowledge to their substance abuse prevention programs, practices, and policies.

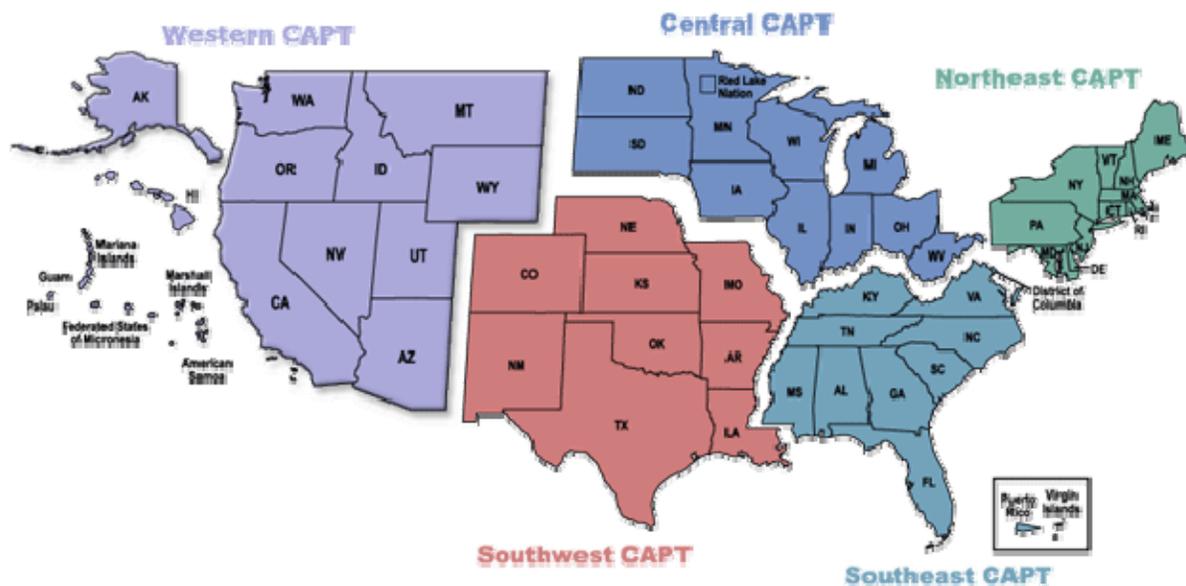
“The CAPTs form one of the cornerstones of SAMHSA/CSAP's efforts to bring effective substance abuse prevention to every community by moving science into services. Under the guidance of SAMHSA/CSAP, the CAPTs work to expand the capacity of the substance abuse prevention field by providing state-of-the-science technical assistance and training to States and communities in planning, implementation, and evaluation of comprehensive prevention systems.

“The overall CAPT program goals are to:

- Expand capacity, increase effectiveness, and strengthen the performance and accountability of substance abuse prevention services at both the State and community levels.
- Provide training and technical assistance to support effective, evidence-based substance abuse prevention programs, practices, and policies so that they can be applied successfully within the diverse contexts of life within communities, States, tribes, and other U.S. Jurisdictions.
- Monitor the delivery and quality of services so that the impact of these services can be assessed in relation to States and communities reaching their goals.”

The National CSAP CAPT Web site provides links to each of the individual Centers that make up the system: Northeast, Central, Western, Southeast, and Southwest.

The following map illustrates the CSAP CAPT system:



National Clearinghouse for Alcohol and Drug Information (NCADI)

www.ncadi.samhsa.gov

SAMHSA's NCADI provides the Nation with a one-stop resource for substance abuse prevention and treatment information. The NCADI information services department responds to alcohol and substance abuse information requests via telephone, e-mail, voice mail, postal mail, TDD, and fax.

SAMHSA's NCADI offers a wide variety of services. Requesters may:

- **Place Publication Orders.** NCADI distributes a wide range of free or low-cost materials, including fact sheets, brochures, pamphlets, monographs, posters, and videotapes. One of many recent publications of particular interest is *Focus on Prevention* (2005, DHHS Publication No. [SMA] 06-4120). This is a practical guide any community can use to begin applying successful prevention strategies to meet their substance abuse prevention needs. The content is user-friendly, easy-to-read, and provides 2-page summaries of 11 substance abuse prevention topics. A detailed model of a start-to-finish timeline for a prevention activity is included. *Focus on Prevention* is available in PDF format at http://download.ncadi.samhsa.gov/prevline/pdfs/FocusOn_Layout_OPT.pdf. Printed copies may be ordered from SAMHSA's NCADI.
- **Speak to an Information Specialist.** Information specialists are trained to answer questions about alcohol and substance abuse prevention, intervention, and treatment.

NCADI information specialists are available 24 hours a day, 7 days a week. TDD and Spanish-language services are also available.

- **Obtain Referrals.** NCADI can refer inquirers to other alcohol- and substance abuse-concerned organizations and centers that can provide them with additional information.

To contact NCADI:

800-729-6686

1-877-SAMHSA-7

TDD: 800-487-4889

Español: 877-767-8432

Older Americans Substance Abuse and Mental Health Technical Assistance Center

<http://www.samhsa.gov/OlderAdultsTAC/index.aspx>

The mission of the Older Americans Substance Abuse and Mental Health Technical Assistance Center is to enhance the quality of life and promote the physical and mental well-being of older Americans through the provision of technical assistance by reducing the risk for and incidence of substance abuse and mental health issues late in life. Through partnerships with State and Federal agencies and community health care providers, the Center serves as a national repository to disseminate information, training, and direct assistance in the prevention and early intervention of substance abuse and mental health problems. Priorities for the Center include prevention and early intervention of:

- Substance abuse
- Medication misuse and abuse
- Mental health disorders
- Co-occurring disorders.

Other SAMHSA Online Resources

Many of SAMHSA's growing lists of publications and online resources developed to assist the States and their communities in the design, implementation, and evaluation of substance abuse prevention are referenced throughout this handbook. All of them can be located through the SAMHSA Web site homepage and many are available on the CSAP Web site at www.prevention.samhsa.gov. The following is a partial listing of contents available through www.samhsa.gov that prevention planners and practitioners are likely to use on a regular basis:

Building Blocks for a Healthy Future

<http://bblocks.samhsa.gov>

Family Guide To Keeping Youth Mentally Healthy & Drug Free

www.family.samhsa.gov

Prevention Pathways

<http://preventionpathways.samhsa.gov/>

Prevention Platform

<http://preventionplatform.samhsa.gov/>

Reach Out Now National Teach-In

www.teachin.samhsa.gov

Too Smart To Start

www.toosmarttostart.samhsa.gov

Underage Alcohol Prevention Initiative Web Portal

www.stopalcoholabuse.gov

The following online course available at the Prevention Platform site deserves a special note:

Foundations of Prevention Online

Foundations of Prevention: An Online Course in the Core Knowledge of Substance Abuse Prevention consists of eight instructional units broken up into separate learning modules. The units are:

- Prevention and the Public Health Model
- Risk and Protective Factors
- Prevention Strategies
- Individual and Social Change
- Health Communication and Social Marketing
- Needs and Resource Assessment
- Planning for Successful Outcomes
- Resources for Prevention Planning.

The course is self-paced and available 24 hours a day. Tests are scored immediately so users know how well they are doing and when they need to review.

<http://preventionplatform.samhsa.gov/fop>

Other Federal Agencies and Resources

Note: These are listed alphabetically by agency acronym.

CDC – Centers for Disease Control and Prevention

www.cdc.gov

Founded in 1946, the CDC is one of 13 major operating components of the U.S. Department of Health and Human Services (DHHS). The agency focuses on public health efforts to prevent and control infectious diseases, injuries, hazards in the workplace, and environmental threats to health. Its Web site homepage is a first step toward CDC's many online resources, including many that address substance abuse and related topics.

NCHM – National Center for Health Marketing

www.cdc.gov/healthmarketing

The mission of the National Center for Health Marketing is to protect and promote health and advance CDC's goals through innovative health marketing programs, products, and services that are customer-centered, high-impact, and science-based. NCHM helps define the future of health marketing within CDC, the Federal sector, and beyond.

NCHSTP – National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention

www.cdc.gov/nchstp/od/nchstp.html

As the Federal Government's lead Agency in combating HIV/AIDS, the CDC is a source of extensive data, public education material, and prevention information accessible through numerous links on its Web site. Statistics and prevention measures relating to HIV/AIDS risks and prevalence among drug users are included.

OSH – Office on Smoking and Health

www.cdc.gov/nccdphp

The Office on Smoking and Health (OSH) is a division within the National Center for Chronic Disease Prevention and Health Promotion, one of the CDC centers.

OSH is responsible for leading and coordinating strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation, protecting nonsmokers from environmental tobacco smoke (ETS), and eliminating tobacco-related health disparities.

The CDC-OSH Web site, www.cdc.gov/tobacco, contains numerous resources such as "Taking Action Against Secondhand Smoke – An Online Toolkit," "CAPS—Community

Actions and Practices,” and “National Tobacco Control Program (NTCP) State Exchange.”

DoEd – U.S. Department of Education

www.ed.gov

As with other major Federal agencies, the U.S. Department of Education (DoEd) has responsibility for numerous activities relating to substance abuse prevention interests to varying degrees.

The following two important DoEd programs are directly involved in substance abuse prevention:

HEC – Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

www.edc.org/hec

Funded by DoEd, the Higher Education Center provides support to all institutions of higher education in their efforts to address alcohol and illicit drug problems.

DoEd established the Center to provide nationwide support for campus alcohol and other drug prevention efforts. The Center works with colleges, universities, and proprietary schools throughout the country to develop strategies for changing campus culture, to foster environments that promote healthy lifestyles, and to prevent illegal alcohol and illicit drug use among students.

The Higher Education Center provides technical assistance, develops publications, and conducts training workshops.

Further information may be obtained from:

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

Education Development Center, Inc.

55 Chapel Street, Newton, MA 02458-1060

Phone: 1-800-676-1730

Fax: (617) 928-1537

E-mail: HigherEdCtr@edc.org

Web: www.edc.org/hec/

OSDFS – Office of Safe and Drug-Free Schools Program

www.ed.gov/offices/OESE/SDFS

The Office of Safe and Drug-Free Schools (OSDFS) administers, coordinates, and recommends policy for improving quality and excellence of programs and activities to prevent violence and substance abuse. The Safe and Drug-Free Schools Program is the

Federal Government's primary vehicle for reducing alcohol, tobacco, illicit drug use, and violence through education and prevention activities in our Nation's schools.

The OSDfS oversees several programs intended to create safe schools, respond to crises, prevent drug abuse and violence, ensure the health and well-being of students and promote development of good character and citizenship. Some of these provide funding to States and communities, while others operate at a national level.

For the latest information on Safe and Drug-Free Schools programs and funding opportunities, visit www.ed.gov/about/offices/list/osdfs/programs.html.
(Source: www.edc.org/hec/abouthec.htm)

DHHS – U.S. Department of Health and Human Services

www.hhs.gov

DHHS/U.S. Department of Agriculture (USDA) – Dietary Guidelines for Americans

www.healthierus.gov/dietaryguidelines

“*Dietary Guidelines for Americans* has been published jointly every 5 years since 1980 by DHHS and the USDA. The *Guidelines* provide authoritative advice for people ages 2 years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs.” Of interest to those engaged in efforts to prevent alcohol abuse and alcohol-related problems are the publication's Chapter 9 guidelines for alcohol consumption, which constitute a de facto “official” definition of moderate or responsible alcohol use. The chapter's key recommendations are:

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

Fact Sheet: Substance Abuse—A National Challenge: Prevention, Treatment, and Research at DHHS

www.hhs.gov/news/factsheet/subabuse.html

This January 13, 2006, DHHS Fact Sheet summarizes recent findings from DHHS substance abuse surveys; DHHS programs, services, and campaigns relating to substance

abuse; DHHS substance abuse prevention and treatment research; and DHHS resources on the subject.

HP2010 – Healthy People 2010

www.healthypeople.gov

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of State and community plans. Like its predecessors, *Healthy People 2010* was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

(Source: www.healthypeople.gov/About/whatis.htm)

Healthy People 2010 is published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (ODPHP/DHHS). The report states two overall goals: to increase quality and years of healthy life and to eliminate health disparities. These are supported by 467 objectives organized within 28 main focus areas, each identifying an overall goal. Twenty-five objectives in Section 26, Substance Abuse, address alcohol and illicit drugs. Tobacco Use, covered in Section 27, offers 21 objectives regarding all tobacco products. However, other topics addressed in *Healthy People 2010* have direct bearing on substance abuse prevention as well. For example, objective 23-17, within Focus Area 23, Public Health Infrastructure, is specific to prevention research and a new Focus Area 11, Health Communications, is specific to using communications strategically to improve health.

Healthy People 2010 is available online. A table of contents makes it possible to link to selected sections of the text and to specific health focus topics and their matching objectives.

DOJ – U.S. Department of Justice

www.usdoj.gov

Given the frequency with which drug and alcohol use are linked with other serious problems addressed by Department of Justice programs, the agency's Web site should be consulted regularly. In addition, several DOJ entities have funding opportunities, programs, data, and other resources directly bearing on substance abuse prevention. A few of these are listed below.

DEA – Drug Enforcement Administration

www.dea.gov

The DEA enforces the Nation's controlled substances laws and regulations. It also recommends and supports non-enforcement programs aimed at reducing the availability

of illicit controlled substances. The DEA has 227 domestic offices located in every State and in Puerto Rico. Demand Reduction is one of the agency's key programs. DEA field office personnel frequently collaborate with States and communities in drug education and prevention activities.

NCJRS – National Criminal Justice Reference Service

www.ncjrs.gov

The DOJ's Office of National Criminal Justice Reference Service (NCJRS) has many types of information about substance abuse in relationship to crime and violence. The NCJRS site's Crime Prevention area has sections of online publications grouped by specific illicit (e.g., methamphetamine) and legal (e.g., alcohol) substances, as well as under "Substance Abuse Indicators," "Testing," and "Treatment." The site provides collections of other publications on subjects such as risk factors and community responses, all within the broader context of criminal justice concerns.

NIJ – National Institute of Justice

www.ojp.usdoj.gov/nij

The Department's National Institute of Justice (NIJ) is its research, development, and evaluation agency. The 2006 *Drug Courts: The Second Decade* is among several useful publications available from the NIJ's Web site.

OJJDP – Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/index.html>

OJJDP, a component of the Office of Justice Programs, U.S. Department of Justice, supports States, communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office seeks to strengthen the juvenile justice system's protection of public safety, hold offenders accountable, and provide appropriate services for youth and their families.

OJJDP sponsors research, program, and training initiatives; develops priorities and goals and sets policies to guide Federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to States to support local programming nationwide through its five components:

- Office of the Administrator
- Child Protection Division
- Demonstration Programs Division
- State Relations and Assistance Division
- Office of Policy Development.

Current and past OJJDP funding are described in a Funding area of the agency's Web site, as are many categories of statistics and practical step-by-step guides. Various OJJDP-funded programs are summarized in the Programs area, and a separate section of the site links to OJJDP contacts within each State.

OJP – Office of Justice Programs

www.ojp.usdoj.gov/substanceabuse/

The Substance Abuse and Crime section of the OJP Web site has many resources, including training and technical assistance opportunities. A PDF file of the 90-page 1990 OJP report *Promising Strategies to Reduce Substance Abuse* can be accessed through the site (www.ncjrs.org/pdffiles1/ojp/183152.pdf).

OJP-BJS – Office of Justice Programs Bureau of Justice Statistics

www.ojp.usdoj.gov/bjs/drugs.htm

Statistics on drugs and crime are summarized and detailed data are offered on the BJS Web site.

DOT's NHTSA – U.S. Department of Transportation's National Highway Traffic Safety Administration

www.nhtsa.dot.gov

The NHTSA has Federal responsibility for the safety of drivers, passengers, and pedestrians on the Nation's highways. The NHTSA Office of Traffic Safety Programs provides leadership in the prevention of alcohol/drug-impaired driving and sponsors public education campaigns on the issue. Within the Office of Traffic Safety Programs, NHTSA's Impaired Driving (Drugs and Alcohol) Safety Program collaborates with partners to prevent deaths, injuries, and economic loss due to alcohol/drug-related highway crashes. A series of downloadable Stop Impaired Drivers Planners linked to various holidays and celebrations throughout the calendar year are archived at

www.nhtsa.dot.gov/people/injury/alcohol/StopImpaired/PlannersArchive/ArchivePlanners.htm.

The Programs and Grants area of the NHTSA Web site contains information on the numerous funding programs for which States are eligible, including some specific to alcohol and/or drug abuse and highway safety. You can find this information at

www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.c5f2b2d02df83a9d304a4c4447108a0c/.

DOT – Blood Alcohol Concentration, State, and Federal Law

www.nhtsa.dot.gov/nhtsa/whatis/bb/2007/pages/NHTSAPerfMeas.htm

It is illegal per se to drive a motor vehicle with a blood alcohol concentration (BAC) at or above a specified level in the United States. The customary level in most States was .10 BAC for drivers aged 21 and above. In a 1992 Report to Congress, NHTSA

recommended that all States lower their illegal per se level to .08 for all drivers 21 years of age and older. As of August 2005, all 50 States, the District of Columbia, and Puerto Rico have set .08 BAC as the maximum level for drivers.

Additional information and other resources for preventing alcohol/drug-impaired driving are available from your State Highway Safety Office, from the NHTSA Regional Office serving your State, or from:

NHTSA Headquarters
Traffic Safety Programs
ATTN: NTS-11
400 Seventh Street, SW.
Washington, DC, 20590
Phone: 202-366-9588
Web: www.nhtsa.dot.gov

NHTSA—see DOT

ONDCP – White House Office of National Drug Control Policy

www.ondcp.gov

ONDCP was established by the Anti-Drug Abuse Act of 1988 within the executive office of the President to set policies, priorities, and objectives for the Nation's drug control program. ONDCP's goals are to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence, and drug-related health consequences.

To achieve these goals, ONDCP's director is charged with producing the National Drug Control Strategy, which directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.

By law, ONDCP's director also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement State and local anti-drug activities. The director advises the President regarding changes in the organization, management, budgeting, and personnel of Federal agencies that could affect the Nation's anti-drug efforts and ensure Federal agency compliance with their obligations under the Strategy.

The purpose of ONDCP is articulated in the agency's mission, core responsibilities, and the National Drug Control Strategy. Files of each year's Strategy document are archived at www.ondcp.gov/publications/policy/ndcs06/.

The Prevention section of ONDCP's site offers information about ONDCP support programs, prevention strategies, prevention principles, research and evaluation, publications, and other resources at www.ondcp.gov/prevent/index.html.

Drug-Free Communities—see the Grant Programs section on page 44.

www.ondcp.gov/dfc/

National Youth Anti-Drug Media Campaign

www.mediacampaign.org

In 1998, with bipartisan support and through the united efforts of Congress and the President, ONDCP created the National Youth Anti-Drug Media Campaign, a multidimensional effort designed to educate and empower youth to reject illicit drugs. The campaign's messages have become ubiquitous in the lives of America's youth and their parents. From network television advertisements to school-based educational materials, from playground basketball backboards to Web sites, and from parenting skills brochures to ads in movie theaters, the campaign's messages reach Americans wherever they live, work, learn, and play. The campaign's primary Web site contains the history of the campaign since its inception. Links to other resources and to other ONDCP-sponsored sites also are provided as well as sites for parents and for teens.

National Resources

Numerous national private sector, not-for-profit organizations offer resources and collaboration in substance abuse prevention. It would not be possible to list all of them in the space available here, nor is this selection intended to imply that those included are recommended any more than others that are not. Brief descriptions of a few of these organizations and their Web site addresses are listed below, as well as some online lists of links to similar groups and of community-based coalitions active in substance abuse prevention.

Note: Because of its unique leadership role in the Nation's substance abuse prevention efforts, detailed information about the National Prevention Network (NPN) appears separately in the first section of this document.

American Council for Drug Education (ACDE)

www.acde.org

ACDE was founded in 1977 to provide the public with scientifically valid materials about drugs. The group offers education programs, a magazine for teachers and storybooks for preschoolers, and operates www.drughelp.org as a private nonprofit referral network. Since 1995, ACDE has been affiliated with the Phoenix House Foundation.

American Legacy Foundation (Legacy)

www.americanlegacy.org

Legacy is a national, independent, public health foundation located in Washington, DC. Legacy works with other organizations that are interested in decreasing the use of tobacco by Americans. Among Legacy's top priorities are to reduce tobacco use by young people and to support programs that help people quit smoking. Legacy also works to limit people's exposure to secondhand smoke.

Legacy has a national grants program; provides support for State and local tobacco prevention, education, and cessation; and funds small organizations or individuals for innovative ideas that might foster future programs to reduce tobacco use.

Legacy also has a research and evaluation program that is charged to fund studies and publish reports on tobacco prevention matters, including the factors that influence youth tobacco use. Legacy actively reaches out to minority communities, especially those most devastated by cigarette smoking or other tobacco use. Legacy supports the Tobacco Technical Assistance Consortium (TTAC) to help develop and evaluate new tobacco prevention programs and provide technical support.

American Public Health Association (APHA) — Alcohol, Tobacco, and Other Drugs Section

www.hhd.org/apha

The goals of the Alcohol, Tobacco, and Other Drugs (ATOD) Section of APHA are to: (1) develop, foster, and advocate for sound research, policy, and practice in the fields of ATOD epidemiology, prevention, and treatment and (2) enhance communications concerning ATOD issues among the Section membership and between the membership, the APHA leadership, and the wider community.

The site offers downloadable newsletters, each year's program for the ATOD Section at the APHA Convention, and a "Leadership Directory" of e-mail links to active members of the ATOD Section.

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

The Campaign for Tobacco-Free Kids is the largest nongovernmental initiative to protect children from tobacco addiction. This site provides recent news and information and links to sites with research data online.

Center for Science in the Public Interest (CSPI)

www.cspinet.org

CSPI is a nonprofit education and advocacy organization that focuses on improving the safety and nutritional quality of our food supply and on reducing the damage caused by abuse of alcoholic beverages. CSPI seeks to promote health through educating the public about nutrition and alcohol; it represents citizens' interests before legislative, regulatory, and judicial bodies; and it works to ensure advances in science are used for the public good.

CSPI's Alcohol Policy Project addresses a range of issues regarding underage drinking and alcohol abuse. This area of the CSPI Web site (www.cspinet.org/booze) archives the Project's alerts, news releases, fact sheets, and other resources helpful to those engaged in environmental alcohol prevention.

College and Universities

DoEd's Higher Education Center's Web site: "What Campuses Are Doing"

www.edc.org/hec

This section includes links to colleges and universities providing various types of substance abuse programs and services, grouped within categories:

- www.prev.org is the Web site of the Prevention Resource Center in Berkeley, CA, a project of the Pacific Institute for Research and Evaluation.

- www.uky.edu/RGS/PreventionResearch is the online resource for the Center for Prevention Research at the University of Kentucky.
- www.ria.buffalo.edu is maintained by the Research Institute on Addictions located at the State University of New York in Buffalo.
- www.usc.edu/schools/medicine/departments/preventive_medicine/divisions/behavior/research/index.html is a Web site operated by the Institute for Health Promotion and Disease Prevention Research, University of Southern California School of Medicine, Los Angeles.
- <http://depts.washington.edu/sdrg> is the Web address for the University of Washington's Social Development Research Group, directed by J. David Hawkins, Ph.D.
- <http://captus.samhsa.gov>, CSAP's CAPTs Web site, also provides links to university-based substance abuse research centers.
- Also, the "Hot Links" option leads to the Higher Education Center's extensive alphabetical links list. Included are many college/university-based substance abuse research projects.

Center for Substance Abuse Research (CESAR)

www.cesar.umd.edu

CESAR is a research center within the College of Behavioral and Social Sciences, University of Maryland, College Park. CESAR's primary mission is to collect, analyze, and disseminate information on the nature and extent of substance abuse and related problems in Maryland and nationwide. In addition, CESAR conducts policy-relevant research on specific initiatives to prevent, treat, and control substance abuse and evaluates prevention and treatment programs. CESAR also provides technical assistance and training to State and local government agencies. CESAR receives annual funding for many of its activities through a grant from the Governor's Office of Crime Control and Prevention.

CESAR provides three primary information services:

- The weekly CESAR Fax provides a one-page overview of a timely substance abuse topic.
- The CESAR Web site, www.cesar.umd.edu, provides substance abuse-related information.
- The CESAR library serves as an information clearinghouse on substance abuse and related topics.

Community Anti-Drug Coalitions of America (CADCA)

<http://cadca.org>

CADCA's mission is to create and strengthen the capacity of new and existing coalitions to build safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, conferences, and special events. CADCA partners with a number of significant private and public organizations.

Annually, CADCA hosts a National Leadership Forum, usually in February, and it is the Nation's largest training conference for community coalition activists and substance abuse professionals, featuring more than 75 workshops on some of today's most pressing prevention issues. Since 2005, CSAP has sponsored Community Prevention Day, which is held prior to the beginning of the Forum. Prevention Day provides community organizations, prevention leaders, and public health activists an opportunity to share experiences and information and establish new relationships in regional/State working sessions. In 2007, the entire focus of Prevention Day will be on underage drinking.

Drug Strategies

www.drugstrategies.org

“Drug Strategies promotes more effective approaches to the Nation's drug problems and supports private and public efforts to reduce the demand for drugs through prevention, education, treatment, law enforcement, and community initiatives.” The group has issued numerous reports assessing the effectiveness of various public and private substance abuse prevention efforts.

Elks Drug Awareness Resource Center

www.elks.org/drugs

Since 1983, the Elks Drug Awareness Program has worked to prevent youth drug use through education. The Elks have the resources—in dollars, facilities, and volunteers—to work with the experts to ensure that young people know the facts about drugs. In addition to sponsoring seminars, workshops, and drug-free functions, the organization has printed and distributed literature developed by authorities on drug awareness.

In 2006, the Elks collaborated with DHHS/SAMHSA (serving as a content consultant) and Marvel Entertainment, Inc. on the comic book, *Spiderman and the Fabulous Four in Hard Choices*. This comic book features Marvel super heroes and Elroy the Elk in a battle against underage drinking.

Employee Assistance Professionals Association (EAPA)

www.eap-association.com

EAPA is the largest and oldest professional association for people in the employee assistance program field. EAPA represents more than 5,000 individuals with an interest in employee assistance around the globe.

Founded in 1971, EAPA works to develop and maintain the best possible workplace relationships for workers everywhere. EAPA members follow professional standards and a strict code of ethics, which includes a firm commitment to protect and uphold confidentiality.

Links to EAPA chapters in several communities are included in the EAPA Web site. EAPA publications on a wide variety of employee assistance-related topics can be ordered from the site as well.

Employee Assistance Society of North America (EASNA)

www.easna.org

EASNA was founded in 1985 as an association for Employee Assistance Program (EAP) professionals and organizations. EASNA's EAP accreditation program, membership services, and professional training opportunities promote standards of employee assistance practices. EASNA is an international group of professional leaders with competencies in such specialties as workplace and family wellness, employee benefits, and organizational development.

Information about EASNA's *Journal of Workplace Behavioral Health*, briefs, and a monthly trend report are among the group's publications accessible through their Web site.

Facing Alcohol Concerns through Education (FACE® Initiative)

www.faceproject.org

FACE® is a national nonprofit organization focused on alcohol issues. It works in media development and training for the reduction of alcohol-related problems. In 1989, FACE® stood for Facing Alcohol Concerns through Education. It retains this acronym because it is widely known, but it has added Truth and Clarity on Alcohol. In 1998, the group filed a new trademark and is now known as FACE®—Truth and Clarity on Alcohol.

FACE® concepts are focus tested in rural, urban, and suburban environments and with culturally diverse groups, including African American, Latino, and Native American individuals.

FACE® offers trainings and products, including full-color bookmarks, posters, and cards.

Join Together

www.jointogether.org

Join Together, founded in 1991, is a project of the Boston University School of Public Health, funded by grants from The Robert Wood Johnson Foundation and others to help community-based policy, prevention, and treatment efforts in substance abuse and violence. Its Web site contains numerous resources of use to substance abuse prevention interests, and Join Together Online (JTO) offers a variety of services and information products. Among these is its popular JTO Direct subscription service, through which subscribers receive daily news summaries via e-mail.

Leadership to Keep Children Alcohol-Free

www.alcoholfreechildren.org

Jointly founded by the National Institute on Alcohol Abuse and Alcoholism and the Robert Wood Johnson Foundation, Leadership is a coalition of Governor's spouses and public and private organizations. The group's purpose is to prevent use of alcohol by children between the ages of 9 and 15.

Marin Institute for the Prevention of Alcohol and Other Drug Problems

www.marininstitute.org

This policy-focused advocacy organization offers training and publications primarily concerned with alcohol marketing practices and counter strategies. The Marin Institute works closely with the World Health Organization as well as many groups in the United States to promote environmental prevention.

Mothers Against Drunk Driving (MADD)

www.madd.org

MADD was founded by a group of California mothers in 1980 to “look for effective solutions to drunk driving and underage drinking problems, while supporting those who have already experienced the pain of these senseless crimes.” State and local MADD chapters are accessible via the national organization’s Web site.

National Alliance for Hispanic Health

www.hispanichealth.org

As the oldest and largest network of health and human service providers serving Hispanic/Latino consumers in the United States, the Alliance operates an HIV/AIDS Community Technical Assistance program funded by the CDC and *Nuestras Voces*, a Hispanic Youth Tobacco Policy and Leadership Initiative supported by the CDC’s Office on Smoking and Health. Information about these and other programs can be located on the Web site.

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

www.napafasa.org

NAPAFASA was founded in 1988 as a private, nonprofit membership organization addressing alcohol, tobacco, and illicit drug issues among Asian and Pacific Islander (API) populations on the continental United States, Hawaii, the six Pacific Island jurisdictions, and elsewhere. NAPAFASA involves service providers, families, and youth in efforts to reach API communities to promote health and social justice and reduce substance abuse and related problems.

Information about recent NAPAFASA activities and services, conferences, and funding news is on their Web site.

National Association for Children of Alcoholics (NACoA)

www.nacoa.org

NACoA is a national nonprofit membership organization working on behalf of children of alcohol- and drug-dependent parents. NACoA’s mission is to advocate for all children and families affected by alcoholism and other drug dependencies through awareness raising, public policy, advocacy for education and prevention services, and advancing professional knowledge and understanding.

NACoA has affiliate organizations throughout the country and in Great Britain; publishes a bi-monthly newsletter; distributes videos, booklets, posters, and other educational materials; mails

information packets; offers training and technical assistance, and maintains a toll-free phone line, 888-55-4COAS.

National Association of Drug Court Professionals (NADCP)

www.nadcp.org

Founded in 1994 by drug court Judge Jeffrey Tauber, NADCP seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and by providing for collection and dissemination of information, technical assistance, and mutual support to association members.

The NADCP Web site offers downloadable resource guides and other publications to help communities seeking to establish drug courts and identify Federal, State, and local monies available for the purpose.

National Association of Lesbian & Gay Addiction Professionals (NALGAP)

www.nalgap.org

NALGAP is a membership organization founded in 1979 and dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian/gay/bisexual/transgender (LGBT) communities. NALGAP's mission is to confront homophobia and heterosexism in the delivery of services to LGBT people and to advocate for LGBT-affirming programs and services. NALGAP provides information, training, networking and advocacy, and support for addiction professionals, individuals in recovery, and others concerned about LGBT health.

NALGAP organizes LGBT substance abuse sessions at annual conferences and has contributed to the development of major publications on substance abuse among LGBT populations, including the LGBT Companion Document to *Healthy People 2010*. Links to these and additional resources are included on the Web site.

National Association of State Alcohol and Drug Abuse Directors (NASADAD) and National Prevention Network (NPN)

www.nasadad.org

NASADAD is a private, not-for-profit educational, scientific, and informational organization originally incorporated in 1971 to serve State drug agency directors and expanded in 1978 to include State alcoholism agency directors. NASADAD's basic purpose is to foster and support the development of effective alcohol and illicit drug abuse prevention and treatment programs throughout every State. The Washington, DC, office is headed by an executive director and includes research and program applications, prevention services, public policy, and financial and management information systems.

NASADAD also serves as the administrative home for the National Prevention Network (NPN) and includes NPN news and information on its Web site. NPN, an organization of State alcohol and other drug abuse prevention representatives, is a component of NASADAD, and provides a national advocacy and communication system for prevention. State prevention representatives work with their respective State agency directors for alcohol and other drug abuse to ensure the

provision of high quality and effective alcohol, tobacco, and illicit drug abuse prevention services in each State. The NPN president serves as the NASADAD vice president of prevention on the NASADAD board of directors. For more information on NPN, please see the first section in this handbook.

National Association on Alcohol, Drugs & Disability (NAADD)

www.naadd.org

NAADD promotes awareness and education about substance abuse among people with co-existing disabilities. The mission of NAADD is to create public awareness of issues related to alcoholism, drug addiction, and substance abuse faced by people with other co-existing disabilities and to provide a peer approach to enhance access to services, information, education, and prevention through the collaborative efforts of interested individuals and organizations nationwide.

National Black Alcoholism and Addictions Council (NBAC)

www.nbacinc.org

NBAC was established in 1978 as a means for Blacks interested in combating alcoholism to exchange ideas, provide services, and coordinate and facilitate programs operating in the interests of Black Americans. The group encourages prevention and treatment efforts by government and private groups, sponsors an intensive Black Alcohol & Addictions Institute, holds educational forums, collects and distributes educational materials, and collaborates with public and private partners in solving community problems associated with alcoholism/addictions and substance abuse.

National Black Child Development Institute (NBCDI)

www.nbcdi.org

Since 1970, NBCDI, a nonprofit organization, has provided and supported programs, workshops, and resources for African American children, their parents, and communities in early health education, elementary and secondary health education, child welfare, and parenting.

National Center on Addiction and Substance Abuse at Columbia University (CASA)

www.casacolumbia.org

The Center was founded in 1992 by former Secretary of Health and Education Joseph A. Califano, Jr. and boasts an interdisciplinary staff of more than 60 professionals.

The CASA mission is to:

- Inform Americans of the economic and social costs of substance abuse and its impact on their lives.
- Assess what works in prevention, treatment, and law enforcement.
- Encourage every individual and institution to take responsibility to combat substance abuse and addiction.

- Provide those on the frontlines with the tools they need to succeed.
- Remove the stigma of abuse and replace shame and despair with hope.

CASA convenes meetings; publishes reports, surveys, and other documents; and advocates through media for prevention and policies relating to substance abuse problems.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

www.ncadd.org

NCADD was founded in 1946 to fight the stigma and the disease of alcoholism and other drug addictions and to refer those in need to available resources. NCADD's Web site provides objective information, statistics, facts, referral, and advocacy, and it highlights awareness and prevention programs and campaigns.

NCADD affiliates can be found in many communities. A directory, including e-mail contacts, is included on the Web site. These affiliates and many other State and local organizations participate in the observance of NCADD's traditional Alcohol Awareness Month Campaign and Alcohol-Free Weekend in April.

National Families in Action (NFIA)

www.nationalfamilies.org

NFIA was founded in Atlanta, GA, in 1977. Its mission is to help families and communities prevent drug use among children by promoting policies based on science.

The NFIA Web site includes the group's "Guide to the Drug-Prevention Movement," "Guide to the Drug-Legalization Movement," "Guide to Drug-Related State-Ballot Initiatives," and many substance-specific fact sheets about the effects of each drug on the brain. The site also offers the *NFIA Drug Abuse Update* digest.

In 2004, the Corporation for National and Community Service awarded NFIA a 3-year, \$4.2 million grant to create and operate Parent Corps, a Federal initiative to help parents prevent drug use by their children.

National Family Partnership (NFP)

www.nfp.org

NFP is best known for the annual Red Ribbon Campaign it has coordinated since 1986. The NFP national office serves as a resource for parents and for its partners and offers prevention materials, parent information, and networking opportunities. The national office also offers technical assistance to community groups through its many partners.

The Red Ribbon Celebration is an awareness campaign. Each year in October, Americans support NFP's mission by wearing red ribbons and young people across the country send red ribbons to the President of the United States with their personal messages and pleas for healthy, safe, drug-free lives and communities.

More recently, NFP has added an annual “Plant the Promise” tulip-planting campaign as another way for children and adults to support the Red Ribbon Campaign.

Note: In 2005, SAMHSA issued a *Red Ribbon Community Action Guide* to help States and communities achieve increased benefits from supporting and participating in the annual observance. The guide is available in PDF format at http://download.ncadi.samhsa.gov/Prevline/pdfs/Red_Ribbon_CAG.pdf.

National Inhalant Prevention Coalition (NIPC)

www.inhalants.org

NIPC coordinates National Inhalants and Poisons Awareness Week each spring, often in collaboration with Federal partners. The NIPC Web site contains facts about inhalant abuse in English and Spanish. (*Note:* Most of the NIPC products are for adults. They could inform youth of abusable products. For additional education and media resources, see <http://mass.gov/dph/bsas>).

National Organization on Fetal Alcohol Syndrome (NOFAS)

www.nofas.org

NOFAS is a nonprofit organization founded in 1990 and dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected. NOFAS, the only national organization focusing solely on fetal alcohol syndrome (FAS), piloted many of its programs in Native American communities and takes a multicultural approach to prevention and healing.

NOFAS focuses on national and community-based public awareness campaigns, a curriculum for medical and allied health students, training workshops and seminars for professional and lay audiences, youth outreach and peer education initiatives, and the NOFAS information, resource, and referral clearinghouse.

National Prevention Network (NPN)—See separate section on page 5.

www.nasadad.org

National Women’s Health Resource Center (NWHRC)

www.healthywomen.org

Since the late 1980s, NWHRC has provided women with information and education about the health topics that concern them the most. The nonprofit organization, dedicated to helping women make informed decisions about their health, encourages women to embrace healthy lifestyles to promote wellness and prevent disease. The provided information is supported by an advisory council comprised of leading medical and health experts.

The NWHRC Web site offers an extensive alphabetical listing of health topics—such as HIV/AIDS, substance abuse, smoking, and violence against women—that provide science-based information on their topics. Each section includes a link to the source reference documents used for developing the topic materials.

Partnership for a Drug-Free America (PDFA)

www.drugfreeamerica.org

Established in 1987, PDFA is a nonprofit coalition of professionals from the communications industry whose mission is to help teens reject substance abuse. Through its national anti-drug advertising campaign and other forms of media communication, the Partnership works to decrease demand for drugs and other substances by changing societal attitudes that support, tolerate, or condone drug use. PDFA is a partner with ONDCP and the advertising firm, Foote, Cone and Belding, in the ONDCP National Youth Anti-Drug Media Campaign.

PDFA's Methamphetamine Information & Resource Center pages—www.drugfree.org/Portal/DrugIssue/MethResources/default.html—include public service messages, fact sheets, and many other communications resources specific to methamphetamine.

The PDFA site provides an interactive map with links to PDFA affiliates in every State.

Partnership for Prevention (PFP)

www.prevent.org

An alliance of private organizations, PFP members include employers, health-related professional and trade associations, universities and academic health centers, nonprofit policy and research institutions, health plans, and State health departments. The organization seeks to coordinate and focus the efforts of members to make prevention a visible and viable means to improve the Nation's health. The PFP Web site includes a Tools and Resources area with archived files of publications of interest to substance abuse prevention professionals and advocates, such as *What Policymakers Need to Know About Cost Effectiveness* and *Guide to Smart Prevention Investments*, both published in 2002.

Remove Intoxicated Drivers (RID)

www.rid-usa.org

RID was formed in 1978 to deter alcohol-impaired driving and teen binge drinking. The organization, including independent chapters and coordinators in 41 States, supports lowering of BACs and other policy measures. The group publishes a newsletter. Contact information is available on their Web site.

Robert Wood Johnson Foundation (RWJF) Substance Abuse Resource Center

www.rwjf.org

RWJF is the Nation's largest philanthropy in the area of health and healthcare for Americans. The Foundation supports grants—including unsolicited grant proposals—and publishes information and research on health-related topics, including substance abuse and violence.

Society for Prevention Research

www.preventionresearch.org

The Society for Prevention Research is a professional organization focused on the advancement of science-based prevention programs and policies through empirical research. The

organization's members include scientists, practitioners, advocates, administrators, and policymakers. The group holds an annual meeting and publishes *Prevention Science Journal*.

Substance Abuse Librarians and Information Specialists (SALIS)

www.salis.org

SALIS is an international association of individuals and organizations with special interests in the exchange and dissemination of alcohol, tobacco, and other drug information, created in 1978 with assistance from NIDA and NIAAA. In 1986, Librarians and Information Specialists in Addictions (LISA), the Canadian counterpart, merged with SALIS.

SALIS holds an annual conference of professional education and skill-building sessions, publishes a quarterly newsletter, and maintains a members-only listserv facilitating rapid exchanges of substance abuse information. The group works closely with its counterpart association in Europe, ELISAD (www.elisad.eu).

The SALIS Web site resources section includes *How to Organize and Operate an Information Center on Alcohol, Tobacco, and Other Drugs: A Guide*.

White Bison

www.whitebison.org

The vision of White Bison is to bring 100 Indian communities into sobriety and wellness by the year 2010. Since 1998 the group has promoted sobriety, recovery, and addictions prevention, and has offered wellness/Wellbriety learning resources to the Native American community nationwide. The Wellbriety movement was conceived more than 10 years ago in an effort to bring the message of sobriety and physical, mental, emotional, and spiritual wellness to Native American communities. This message also encourages people to recover their ancient traditions, teachings, and ceremonies. White Bison also provides programs and resources to develop treatment, prevention, recovery, and intervention strategies that will lead to both sobriety and wellness. While focused on the needs of Native Americans, White Bison welcomes the participation of non-Native people and organizations.

Working Partners for an Alcohol- and Drug-Free Workplace

www.dol.gov/dol/workingpartners.htm

The U.S. Department of Labor (DOL) established Working Partners for an Alcohol- and Drug-Free Workplace in an effort to raise awareness about the impact of substance abuse in the workplace, especially among small businesses. Working Partners has facts and figures about alcohol and drug abuse and information on how to establish an alcohol- and drug-free workplace. In addition, Working Partners offers a kit of industry-specific materials designed to help small businesses understand how substance abuse impacts workplace safety and productivity. DOL's Working Partners also features the fully searchable Substance Abuse Information Database (SAID), which contains hundreds of reports, studies, and surveys that relate to workplace substance abuse. Summaries of laws and regulations also are included in SAID. Working Partners offers free subscriptions for e-mail updates of news and information.

Data Sources

States and communities frequently need up-to-date and accurate statistics and other reliable data about various aspects of substance use, abuse, prevention and treatment, and influence on other health and social problems. Data are used in the development of budgets and funding proposals, to inform decision-makers and the public about alcohol, tobacco, and drug problems and progress made in combating them, and in working with media.

A great deal of substance abuse data is collected within communities and States, although the particular sources and data collecting methods and instruments vary from place to place. This section looks primarily at those nationwide data sources from both government and nongovernmental sources most often referenced in the day-to-day work of substance abuse prevention at every level—local, State, regional, and national.

Links to several key data sources can be found in the Assessment area of the SAMHSA/CSAP Web site at <http://prevention.samhsa.gov/assessment/default.aspx>.

Communities That Care (CTC) Youth Survey

www.preventionplatform.samhsa.gov

Communities That Care (CTC) provides research-based tools to help communities mobilize to support the positive development of youth and to prevent problems including substance abuse, delinquency, teen pregnancy, school failure, and violence.

The CTC Youth Survey measures prevalence rates and identifies problem behaviors by measuring risk and protective factors that affect a community's adolescent population. It offers a way to understand why these problem behaviors occur and what can be done in communities to prevent them. The CTC Youth Survey was developed by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D., has been endorsed by several Federal agencies, and is now used in many States.

In September 2005, SAMHSA purchased all of the CTC materials in order to make them available to everyone concerned with effective substance abuse prevention. CTC instruments are posted on the SAMHSA Prevention Platform site at the URL listed above and are also located on NCADI's Web site at

www.preventionplatform.samhsa.gov/Macro/Csap/dss_portal/templates_redesign/start1.cfm?page=http%3A%2F%2Fncadi%2Esamhsa%2Egov%2Ffeatures%2Fctc%2Fresources%2Easpx&topic_id=0§_id=1&CFID=431259&CFTOKEN=43481925&link_name=Communities%20That%20Care%26reg%3B.

Drug Abuse Warning Network (DAWN)

<https://dawninfo.samhsa.gov/default.asp>

DAWN is an ongoing drug abuse data collection system sponsored by SAMHSA's Office of Applied Studies. DAWN collects data from two types of respondents: (1) hospital emergency

departments (EDs) and (2) medical examiners (MEs). The DAWN ED component relies on a nationally representative sample of hospital EDs to produce information on the number and characteristics of drug abuse-related visits to such EDs in the coterminous United States and in 21 metropolitan areas. The DAWN ME component produces information on drug abuse-related deaths, based on reports from participating medical examiners. DAWN cases (drug-related ED visits or deaths) include detailed information about the abuse of illicit drugs or legal substances when used for nonmedical purposes.

Special DAWN reports, such as the *DAWN Report on Major Drugs* and the *Dawn Report on Club Drugs*, can be accessed through this Web site, along with each of the main DAWN reports.

Fatality Analysis Reporting System (FARS)

www.nhtsa.dot.gov/people/ncsa/fars.html

The National Highway Traffic Safety Administration has a cooperative agreement with an agency in each State government to provide information in a standard format on fatal crashes in the State. Data are collected, coded, and submitted into a micro-computer data system and transmitted to Washington, DC. Quarterly files are produced for analytical purposes to study trends and evaluate the effectiveness of highway safety programs.

FARS contains data on a census of fatal traffic crashes within the 50 States, the District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public and must result in the death of a person (occupant of a vehicle or a non-occupant) within 30 days of the crash. FARS has been operational since 1975, has collected information on more than 989,451 motor vehicle fatalities, and collects information on more than 100 different coded data elements that characterize the crash, the vehicle, and the people involved.

Monitoring the Future (MTF)

www.monitoringthefuture.org

MTF is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th, and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual followup questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation.

The MTF Study is funded by research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. MTF is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

Preliminary highlights of the current year MTF Study are usually announced at a press event in Washington in mid-December. The CSAP-NPN *Prevention Works!* communication training materials include Rapid Response Advisory MTF packet of news releases, fact sheets, and other resources to assist NPN in meeting the needs of media, decision-makers, and prevention organizers in their States.

National Private Organizations

In addition to the numerous government data sources, national private-sector organizations also report data on substance abuse and related problems based on their own polls, surveying and data analysis techniques, or by producing new analysis of government data. These data sources include, but are not limited to:

CADCA – Community Anti-Drug Coalitions of America

<http://cadca.org>

CASA – National Center on Alcohol and Substance Abuse at Columbia University

www.casacolumbia.org

KFF – The Henry J. Kaiser Family Foundation

www.kff.org

RWJF – Robert Wood Johnson Foundation

www.rwjf.org

National Survey of Substance Abuse Treatment Services (N-SSATS)

<http://oas.samhsa.gov/dasis.htm#nssats2>

N-SSATS is an annual survey of all facilities in the Inventory of Substance Abuse Treatment Services (I-SATS), which collects information on location, characteristics, services offered, and utilization. Information from the N-SSATS is used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator. The N-SSATS includes a periodic survey of substance abuse treatment in adult and juvenile correctional facilities. (See also Uniform Facility Data Set, UFDS.)

National Survey on Drug Use and Health (NSDUH)

www.oas.samhsa.gov/nsduh.htm

The SAMHSA Office of Applied Science (OAS) conducts SAMHSA's annual National Survey on Drug Use and Health [formerly called the National Household Survey on Drug Abuse (NHSDA)]. Conducted since 1972, this is the Federal Government's primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illicit drug use and abuse in the general U.S. civilian non-institutionalized population, age 12 and older.

The SAMHSA OAS issues a series of brief reports summarizing NSDUH findings, The *NSDUH Report*, which is useful in preparing briefings for media and decisionmakers, writing newsletters and online information, and placing State and local issues in a national data context. The reports are archived at <http://oas.samhsa.gov/facts.cfm>.

Preliminary highlights of the preceding year's National Survey on Drug Use and Health are usually announced at a press event in Washington in early September. The CSAP-NPN *Prevention Works!* communication training materials include a Rapid Response Advisory

NSDUH packet of news releases, fact sheets, and other resources to assist NPN in meeting the needs of media, decisionmakers, and prevention organizers in their States.

Pride Surveys/International Survey Associates (PRIDE)

www.pridesurveys.com

“Pride Surveys is independently owned by International Survey Associates... In 1998 a Federal law designated Pride Surveys as an official measurement of adolescent drug use in America.”

Today, Pride Surveys query an estimated 6 million students in 8,000 school districts on a number of behaviors that can affect “learning, family, discipline, safety, activities, gangs, and more.” Highlights of Pride Surveys are reported in company news releases; data from the complete surveys is available for purchase, and ordering information is provided at the Web site.

State Alcohol and Drug Abuse Agencies Online

What are often called the Single State Authorities (SSAs), the agency within each State responsible for providing substance abuse services, can be reached from the “Our Members” area on the homepage at www.nasadam.org.

Within these State Web pages can be found many kinds of valuable, State-generated reports, surveys, studies, other data, and links to programs and services. State-sponsored or endorsed public education messages and campaigns are linked to some SSA sites. Other State agencies also can be sources of information of direct benefit to substance abuse prevention interests. For example, the Massachusetts Department of Education’s Web site (www.doe.mass.edu/cnp/hprograms/yrbs/) houses particulars about and findings from that State’s Youth Risk Behavior Survey conducted in collaboration with the CDC. Moreover, in States like California, information important to tobacco prevention is found at tobacco-specific sites. In California’s case, this information is available through the California Department of Health Services’ Tobacco Control Section (www.dhs.ca.gov/tobacco), which includes access to valuable data from evaluations of the State’s anti-smoking public education campaigns.

SAMHSA Assistance to the States

SAMHSA now provides an online map of the United States and Guam, plus links to other U.S. possessions, enabling users to click on a particular State or other jurisdiction to view a summary of recent and current SAMHSA funding to that State/jurisdiction. The map can be reached from www.samhsa.gov by clicking on the Summaries of SAMHSA Assistance to States link, or by going directly to www.samhsa.gov/StateSummaries/index.aspx. On CSAP’s Web site at <http://prevention.samhsa.gov/assessment/stateprofiles.aspx>, you can find a map linking to the 50 States; Washington, DC; U.S. Virgin Islands; Puerto Rico; and the territories’ prevention profiles.

Treatment Episode Data Set (TEDS)

www.oas.samhsa.gov/dasis.htm#teds2

TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to substance abuse treatment. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.

Youth Risk Behavior Surveillance System (YRBSS)

www.cdc.gov/HealthyYouth/yrbs/index.htm

CDC's National Center for Chronic Disease Prevention and Health Promotion operates the YRBSS in collaboration with Federal, State, and private-sector partners. This voluntary system includes a national survey and surveys conducted by State and local education and health agencies. For the 2005 YRBSS, 44 States, 4 territories, and 23 U.S. cities participated.

YRBSS measures tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; and behaviors that may result in violence and unintentional injuries (e.g., motor vehicle crashes).

YRBSS determines prevalence and age of initiation of health risk behaviors; assesses whether health risk behaviors increase, decrease, or remain constant; examines co-occurrence of health risk behaviors in youth; provides comparable national, State, and local data; and monitors progress toward *Healthy People 2010* objectives, leading health indicators, and the National education goals.

Individual State YRBSS information can be found through the State's Health Department in most States. The CDC Web site includes an interactive map of annual State participation in the YRBSS at www.cdc.gov/HealthyYouth/yrbs/map.htm. At this writing, the map provides State information for the 2005 Survey and the 2007 Questionnaires.

Youth Tobacco Survey (YTS) 2004

www.cdc.gov/tobacco/NYTS/nyts2004.htm

CDC conducted the most recent YTS in 2004, and findings can be used to help estimate the current use of tobacco products and certain indicators associated with middle school- and high school-student tobacco use. These data are available online and can be used to come up with national tobacco use estimates according to a number of possible demographic variables. The data are now available in SAS[®] and in Microsoft Access[®] formats.

A State table of 2004 tobacco use for both adult populations and youth in grades 9 through 12 is included in the CDC Tobacco Prevention and Information Source (TIPS) pages on Sustaining State Programs for Tobacco Control at www.cdc.gov/tobacco/datahighlights/page4.htm.

A July 2006 CDC fact sheet, *Youth and Tobacco Use: Current Estimates*, is available at www.cdc.gov/tobacco/research_data/youth/Youth_Factsheet.htm.

Funding Sources

Since 2002 the Federal Government has provided a Web portal containing tools for locating and managing information regarding Federal grants available across all of its agencies at www.grants.gov/aboutgrants/about_grants_gov.jsp.

What follows here is a quick reference to the current Web sites where information about key Federal substance abuse prevention funding information can be found.

Note: These are listed alphabetically by agency acronym.

DoEd – U.S. Department of Education

www.ed.gov/funding.html

Higher Education Programs

www.ed.gov/about/offices/list/ope/hep.html

Office of Safe & Drug-Free Schools

www.ed.gov/about/offices/list/osdfs/programs.html

DHHS – U.S. Department of Health and Human Services

www.hhs.gov/grants/index.shtml#funding

Centers for Disease Control and Prevention

www.cdc.gov/about/funding.htm

Indian Health Service

www.ihs.gov

National Institute on Drug Abuse/National Institutes of Health

www.nida.nih.gov/Funding.html

National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health

www.niaaa.nih.gov/ResearchInformation/ExtramuralResearch/PAs/

SAMHSA Funding Opportunities (CSAP, CSAT, CMHS)

www.samhsa.gov/grants/

(Note: The site does not currently have a separate funding information area; such information is located by searching other sections, particularly within the Nationwide Programs and Initiatives area of the site.)

DOJ/OJP – U.S. Department of Justice/Office of Justice Programs

www.ojp.usdoj.gov/funding/

Bureau of Justice Assistance

www.ojp.usdoj.gov/BJA/grant/index.html

National Institute of Justice

www.ojp.usdoj.gov/nij/funding.htm

Office of Juvenile Justice and Delinquency Prevention

<http://ojjdp.ncjrs.org/funding/funding.html>

Weed and Seed Program

www.ojp.usdoj.gov/ccdo/ws/welcome.html

DOT/NHTSA – U.S. Department of Transportation/National Highway Traffic Safety Administration

www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.c5f2b2d02df83a9d304a4c4446108a0c/

HUD – U.S. Department of Housing and Urban Development

www.hud.gov/grants/index.cfm

(Note: See also the HUD Initiatives pages at www.hud.gov/initiatives/index.cfm.)

ONDCP – White House Office of National Drug Control Policy

www.ondc.gov/funding/index.html

Foundations

According to the Foundation Center, a foundation is:

“A nongovernmental, nonprofit organization having a principal fund of its own, managed by its own trustees and directors, and established to maintain or aid charitable, educational, religious, or other activities serving the public good, primarily making grants to other nonprofit organizations.”

There are four general kinds of foundations:

- Independent/family foundations (the largest of the four)
- Community foundations (specifically intended to support communities/regions)
- Corporate foundations (funded by a company’s pre-tax earnings)
- Operating foundations (usually not grant-making; operates their own programs/services).

Many foundations in each of these categories support substance abuse prevention activities, either through direct funding or by developing prevention guidelines, models, trainings, and educational materials of their own. However, some organizations addressing substance abuse decline funding from corporate foundations supported by alcohol, tobacco, or pharmaceutical businesses as a matter of principal.

Action Without Borders, Inc.

www.idealists.org

An international nonprofit organization, Action Without Borders, Inc. makes it possible to access the sites of tens of thousands of organizations worldwide. Included is a search feature from which lists of links and descriptions of organizations can be produced by State. The word “foundations” can be entered in the search window of the Idealist homepage. In the summer of 2006, results included a listing of more than 5,000 foundations, complete with summary descriptions and links. The site has an entire area devoted to Tools for Nonprofits—www.idealists.org/tools/tools.html—including a Fundraising page of links to General Fundraising Resources and to In-Kind Donations Resources.

CSAP’s Prevention Pathways Web site

http://www.preventionpathways.samhsa.gov/res_funding.htm

This Web site includes links to foundation centers, Federal funding agencies, and documents and online training tools likely to help substance abuse prevention programs and agencies in their fundraising efforts.

Join Together Online (JTO)

www.jointogether.org/news/funding

JTO, sponsored by the Robert Wood Johnson Foundation, lists grants and news about funding opportunities in substance abuse and violence prevention, including relevant links. There is also a sidebar search feature, and entering “foundations” produces pages of summarized articles.

Substance Abuse Funding Week

www.cdpublications.com

This subscription newsletter is published 48 times annually, reporting new public and private funding opportunities together with contact information. The publisher also offers a twice-monthly *Children & Youth Funding Report*, which includes substance abuse funding coverage. Subscription information and a sample issue can be located through the Newsletters link.

University of Washington’s Alcohol and Drug Abuse Institute’s (ADAI’s) Library and the Substance Abuse Librarians & Information Specialists (SALIS)

Other journals and newsletters about substance abuse and mental health often include funding news. One list of more than 300 of these publications, from both government and nongovernmental sources, is included in collaboration between the University of Washington’s ADAI’s SALIS, and may be searched at <http://lib.adai.washington.edu/salissearch.htm>. Clicking on any title in the list produces a page of details, including a link to the publication’s Web site (where available). A special section on Grants & Funding is also available from ADAI’s homepage, <http://depts.washington.edu/adai>, and includes a listing of ATOD research funding sources.

Acronyms

Many organizations and agencies are concerned with alcohol, tobacco, and illicit drug use prevention. Also, a great deal of legislation has been directed at responding to alcohol, tobacco, and illicit drug issues. Agencies and legislation are often referred to by acronyms. The following list of commonly used acronyms can help prevention practitioners decipher the “alphabet soup” of the alcohol, tobacco, and illicit drug prevention field.

| | |
|---------|--|
| AA | Alcoholics Anonymous |
| AACD | American Association for Counseling and Development |
| AAFS | African American Family Services |
| AAMFT | American Association for Marriage and Family Therapy |
| ABA | American Bar Association |
| ACA | American Council on Alcoholism |
| ACAP | American Council on Alcohol Problems |
| ACCA | American College Counseling Association |
| ACDE | American Council for Drug Education |
| ACF | Administration for Children and Families |
| ACHA | American College Health Association |
| ACoA | Adult Children of Alcoholics |
| ACOG | American College of Obstetrics and Gynecology |
| ACPA | American College Personnel Association |
| ADA | Americans with Disabilities Act |
| ADAM | Arrestee Drug Abuse Monitoring Program |
| ADPA | Alcohol and Drug Problems Association of North America |
| AFDC | Aid to Families with Dependent Children |
| AHA | American Hospital Association |
| AHRQ | Agency for Healthcare Research and Quality |
| AI | Advocacy Institute |
| ALA | American Lung Association |
| ALF | American Liver Foundation |
| AMA | American Medical Association |
| AMERSA | Association of Medical Education and Research in Substance Abuse |
| AMHCA | American Mental Health Counselors Association |
| AMSA | American Medical Student Association |
| AMSAODD | American Medical Society on Alcoholism and Other Drug Dependencies |
| ANA | Administration for Native Americans |
| AOD | Alcohol and Other Drugs |
| APA | American Psychiatric Association |
| APA | American Psychological Association |
| APHA | American Public Health Association |
| ASAM | American Society of Addiction Medicine, Inc. |
| ASCA | American School Counselor Association |
| ASI | Addiction Severity Index |

| | |
|---------|---|
| ATF | (see BATF) |
| ATID | Alcohol, Tobacco, and Illicit Drugs |
| ATOD | Alcohol, Tobacco, and Other Drugs |
| ATSDR | Agency for Toxic Substances and Disease Registry |
| AYWC | American Youth Work Center |
| BAC | Blood Alcohol Concentration |
| BADD | Business Against Drunk Drivers |
| BATF | Bureau of Alcohol, Tobacco, and Firearms |
| BCA | Boys Clubs of America (see also BGCA) |
| BGCA | Boys & Girls Clubs of America (formerly BCA) |
| BIA | Bureau of Indian Affairs |
| BJS | Bureau of Justice Statistics |
| BSA | Boy Scouts of America |
| CADCA | Community Anti-Drug Coalitions of America |
| CAMY | Center for Alcohol Marketing & Youth |
| CAPT | Center for the Application of Prevention Technology |
| CASA | (National) Center on Addiction and Substance Abuse at Columbia University |
| CBO | Community-Based Organization |
| CC | Century Council |
| CCB | Child Care Bureau |
| CDC | Centers for Disease Control and Prevention |
| CESAR | Center for Substance Abuse Research |
| CHID | Combined Health Information Database |
| CMHC | Community Mental Health Center |
| CMHS | Center for Mental Health Services |
| CNC | Crime and Narcotics Center |
| COA | Children of Alcoholics/Children of Addicts |
| COAF | Children of Alcoholics Foundation |
| COPS | Office of Community Oriented Policing Services |
| COSA | Children of Substance Abuse(rs) |
| COSAP | Children of Substance-Abusing Parents |
| COSSMHO | National Coalition of Hispanic Health and Human Services Organizations |
| CSAP | Center for Substance Abuse Prevention |
| CSAT | Center for Substance Abuse Treatment |
| CSE | Office of Child Support Enforcement |
| CSPI | Center for Science in the Public Interest |
| DARE | Drug Abuse Resistance Education |
| DATOS | Drug Abuse Treatment Outcome Study |
| DATSS | Drug Abuse Treatment Systems Survey |
| DAWN | Drug Abuse Warning Network |
| DCCTAP | Drug Court Clearinghouse & Technical Assistance Project |
| DCPP | Drug Court Partnership Program |
| DDRP | Drug Demand Reduction Program |
| DEA | Drug Enforcement Administration |
| DEC | Drug-Endangered Children |
| DFC | Drug-Free Communities |

| | |
|-------------------|---|
| DFSCA | Drug-Free Schools and Communities Act |
| DFZ | Drug-Free Zone |
| DHHS | Department of Health and Human Services |
| DISCUS | Distilled Spirits Council of the United States |
| DOD | Department of Defense |
| DoEd | Department of Education |
| DOJ | Department of Justice |
| DOL | Department of Labor |
| DOT | Department of Transportation |
| DUF | Drug User Forecasting Program |
| DUI | Driving Under the Influence |
| DWI | Driving While Intoxicated |
| EAPA | Employee Assistance Professionals Association |
| EASNA | Employee Assistance Society of North America |
| EIC | Entertainment Industries Council, Inc. |
| ELISAD | European Association of Libraries and Information Services on Alcohol and Other Drugs |
| EPA | Environmental Protection Agency |
| FACE [®] | Facing Alcohol Concerns through Education |
| FARS | Fatality Analysis Reporting System |
| FBCI | Faith-Based and Community Initiatives |
| FBI | (also F-BI) Faith-Based Initiative |
| FBI | Federal Bureau of Investigation |
| FDA | Food and Drug Administration |
| FGP | Foster Grandparents Program |
| FYSB | Family and Youth Services Bureau |
| GFWC | General Federation of Women's Clubs |
| GIS | Geographic Information Systems |
| GSUSA | Girl Scouts of the U.S.A. |
| GPO | Government Printing Office |
| GPO | Government Project Officer |
| HAB | HIV/AIDS Bureau |
| HEC | (DoEd's) Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention |
| HP | Healthy People |
| HRSA | Health Resources and Services Administration |
| HSB | Head Start Bureau |
| HUD | Department of Housing and Urban Development |
| ICAA | International Council on Alcohol and Addictions |
| ICCPUD | Interagency Coordinating Committee on the Prevention of Underage Drinking |
| ICPA | International Commission for the Prevention of Alcoholism and Drug Dependency |
| IHS | Indian Health Service |
| IOM | Institute of Medicine, National Academy of Science |
| JTO | Join Together Online |
| KFF | Kaiser Family Foundation |

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| LKCAF | Leadership to Keep Children Alcohol Free |
| MADD | Mothers Against Drunk Driving |
| MAP | Musician's Assistance Program |
| MAPP | Multidimensional Addictions and Personality Profile |
| MAPS | Mapping and Analysis for Public Safety |
| MCHB | Maternal and Child Health Bureau |
| MI | Marin Institute |
| MMWR | Morbidity and Mortality Weekly Report |
| MOD | A Matter of Degree (see American Medical Association) |
| MTF | Monitoring the Future |
| NAADD | National Association on Alcohol, Drugs and Disability |
| NAADAC | National Association of Alcoholism and Drug Abuse Counselors |
| NABSW | National Association of Black Social Workers |
| NAC | National AIDS Clearinghouse |
| NACO | National Association of Counties |
| NACoA | National Association for Children of Alcoholics |
| NACOP | National Association of Chiefs of Police |
| NADAP | National Association on Drug Abuse Problems, Inc. |
| NADCP | National Association of Drug Court Professionals |
| NALGAP | National Association of Lesbian/Gay Addiction Professionals |
| NAN | National Association of Neighborhoods |
| NANACOA | National Association for Native American Children of Alcoholics |
| NAPAFASA | National Asian Pacific American Families Against Substance Abuse, Inc. |
| NAPARE | National Association for Perinatal Addiction Research and Education |
| NAPPA | National Association of Prevention Professionals and Advocates, Inc. |
| NARMH | National Association for Rural Mental Health |
| NASADAD | National Association of State Alcohol and Drug Abuse Directors |
| NASBE | National Association of State Boards of Education |
| NASMHPD | National Association of State Mental Health Program Directors |
| NASW | National Association of Social Workers |
| NBAC | National Black Alcoholism and Addictions Council |
| NBCDI | National Black Child Development Institute |
| NCADD | National Council on Alcoholism and Drug Dependence |
| NCADD | National Commission Against Drunk Driving |
| NCADI | National Clearinghouse for Alcohol and Drug Information |
| NCAP | National Center for the Advancement of Prevention |
| NCCAN | National Clearinghouse on Child Abuse and Neglect Information |
| NCCDPHP | National Center for Chronic Disease Prevention and Health Promotion |
| NCD | National Council on Disability |
| NCHS | National Center for Health Statistics |
| NCIPC | National Center for Injury Prevention and Control |
| NCPADD | National Committee for the Prevention of Alcoholism and Drug Dependency |
| NCPC | National Crime Prevention Council |
| NCJA | National Criminal Justice Association |
| NCJRS | National Criminal Justice Reference Service |
| NCY | National Collaboration for Youth |

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| NDCI | National Drug Court Institute |
| NDIC | National Drug Intelligence Center |
| NEDS | National Evaluation Data Services |
| NEI | Narcotics Education, Inc. |
| NFIA | National Families in Action |
| NFP | National Family Partnership |
| NGA | National Governors' Association |
| NGO | Non-Government Organization (European; sometimes used in the United States) |
| NHIC | National Health Information Center |
| NHSDA | National Household Survey on Drug Abuse (now NSDUH) |
| NHTSA | National Highway Traffic Safety Administration |
| NIA | National Institute on Aging |
| NIAAA | National Institute on Alcohol Abuse and Alcoholism |
| NIDA | National Institute on Drug Abuse |
| NIGC | National Indian Gaming Commission |
| NIMH | National Institute on Mental Health |
| NIPC | National Inhalant Prevention Coalition |
| NLM | National Library of Medicine |
| NMA | National Medical Association |
| NNSA | National Nurses Society on Addictions |
| NOFAS | National Organization for Fetal Alcohol Syndrome |
| NOMs | National Outcome Measures |
| NORC | National Opinion Research Center |
| NPN | National Prevention Network |
| NRHA | National Rural Health Association |
| NSDUH | National Survey on Drug Use and Health (formerly NHSDA) |
| NSBA | National School Boards Association |
| N-SSATS | National Survey of Substance Abuse Treatment Services |
| NTIES | National Treatment Improvement Evaluation Study |
| NTN | National Treatment Network |
| NWHRC | National Women's Health Resource Center |
| NYSCA | National Youth Sports Coaches Association |
| OAR | Office of AIDS Research |
| OAS | (SAMHSA) Office of Applied Studies |
| OCDETF | Organized Crime Drug Enforcement Task Force |
| OFBI | (White House) Office of Faith-Based Initiatives |
| OJJDP | Office of Juvenile Justice and Delinquency Prevention |
| OJP | Office of Justice Programs |
| OMH | Office of Minority Health |
| ONDCP | (White House) Office of National Drug Control Policy |
| OPM | Office of Personnel Management |
| ORHP | Office of Rural Health Policy |
| OTS | Office of Traffic Safety |
| OVC | Office for Victims of Crime |
| OWH | Office on Women's Health |

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| PDFA | Partnership for a Drug-Free America |
| PHPS | Public Health Prevention Services |
| PHS | Public Health Service |
| PI | Principal Investigator |
| PIP | Partners in Prevention |
| PO | Project Officer |
| PRIDE | Parents' Resource Institute for Drug Education, Inc. |
| PTA | National Parent Teacher Association |
| RADAR | Regional Alcohol and Drug Awareness Resource Network |
| RIC | Rural Information Center |
| RICHS | Rural Information Center Health Service |
| RID | Remove Intoxicated Drivers |
| RSA | Research Society on Alcoholism |
| RSVP | Retired and Senior Volunteer Program |
| RWJF | Robert Wood Johnson Foundation |
| SADD | Students Against Destructive Decisions |
| SAFE | Solvent Abuse Foundation for Education |
| SALIS | Substance Abuse Librarians & Information Specialists |
| SAMHDA | Substance Abuse and Mental Health Data Archive |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAPT | Substance Abuse Prevention and Treatment (block grant) |
| SG | Surgeon General (of the United States) |
| SIG | State Incentive Grant |
| SPF | Strategic Prevention Framework |
| SPF SIG | Strategic Prevention Framework State Incentive Grant |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TCE | Targeted Capacity Expansion |
| TEAM | Training and Education on Alcohol Management |
| TEDS | Treatment Episode Data Set |
| TOPS | Treatment Outcomes Prospective Study |
| UCR | Uniform Crime Reporting Program |
| USBA | United States Brewers Association |
| UFDS | Uniform Facility Data Set |
| USCG | United States Coast Guard |
| USIA | United States Information Agency |
| VA | Department of Veterans Affairs |
| VAWO | Violence Against Women Office |
| VHA | Veterans Health Administration |
| WHO | World Health Organization |
| WI | Wine Institute |
| YRBS | Youth Risk Behavior Survey |
| YRBSS | Youth Risk Behavior Surveillance System |

Appendix

Selected Readings

The following list has been copied from the National CAPT Library pages. At the CAPT online library, links are provided to those titles accessible on the Internet. But the CAPT library should be revisited often for additions and revisions at

<http://captus.samhsa.gov/national/resources/library.cfm>.

Collaboration

Torres, G. W. and Margolin, F. S. (2003). *The collaboration primer: Proven strategies, considerations, and tools to get you started*. Chicago, IL: Health Research & Educational Trust.

This straightforward manual describes different types of collaborative relationships and ways to organize for success. It includes a checklist of questions and issues to consider before embarking on a collaborative arrangement, examples of model collaborations, and a tool to assess the status of your collaborative effort.

Walsh, J. (1998). *The Eye of the Storm: Ten Years on the Front Lines of New Futures*. An Interview with Otis Johnson and Don Crary. Baltimore, MD: Annie E. Casey Foundation.

Johnson and Crary, two pioneers in the community-building field, provide candid and instructive reflections and recommendations about the work of comprehensive community change and their experiences with the Foundation's New Futures initiative.

Epidemiology

Coggon, D., Rose, G., and Barker, D.J.P. (1997). [*Epidemiology for the uninitiated*](#). BMJ Publishing Group.

This epidemiology primer offers a straightforward and jargon-free introduction to the principles of epidemiology. Though the book focuses primarily on the application of epidemiology in the health care setting, these concepts translate easily to public health applications, as well.

Evaluation

Schwandt, T. A. (2005). The centrality of practice to evaluation. *American Journal of Evaluation* 26 (1): 95–105.

This article discusses two different ways in which notions of evidence-based, practice, and evaluation are related and suggests what a genuinely practice-oriented approach to evaluation entails.

Fidelity and Adaptation

Center for Substance Abuse Prevention. (2002). *Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

Attention to both program fidelity and adaptation during the complex process of program implementation is critical to successful, sustained implementation of evidence-based substance abuse prevention programs. This document proposes an initial set of guidelines for program implementers for balancing fidelity and adaptation issues.

Dusenbury, L., Brannigan, R., Falco, M., and Hansen, W.B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education and Research* 18(2): 237–256.

This article presents findings from a review of the fidelity of implementation research literature. Inconsistencies of definitions and measures of fidelity across studies are discussed.

Leadership Development

Kotter, J.P. (Fall 1998). Winning at change. *Leader to Leader* 10:27–33.

Focusing on the process of leading change, this article suggests three key tasks for change leaders: managing multiple timelines, building coalitions, and creating a vision.

Prevention Principles and Strategies

Lang, C. and Krongard, M. (1999). *Strengthening Families and Protecting Children from Substance Abuse, Appendix B: Improving the Larger Environment*. Newton, MA: CSAP's Northeast Center for the Application of Prevention Technologies.

This practical guide focuses on what families, with the support of practitioners, can do to support the healthy development of their children and youth from birth to age 17. Its purpose is to assist practitioners in selecting effective prevention strategies and adopting, adapting, and/or designing programs that are likely to achieve the outcomes they and their clients want.

Robertson, E.B., David, S.L., and Rao, S.A. (2003). *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders*, second edition. Bethesda, MD: National Institute on Drug Abuse.

This guide, organized around the 16 prevention principles, provides useful information on topics such as risk and protective factors, planning for drug abuse prevention in the community, and applying prevention principles to drug abuse prevention programs. It also includes examples of evidence-based drug abuse prevention programs and selected resources and references.

Rothschild, M. (1999) Carrots, sticks and promises: A conceptual framework for the management of public health and social issues behavior. *Journal of Marketing* 63: 23–47.

This article presents a framework for considering public health and social issues behavior based on self-interest, exchange, competition, free choice and externalities. The author maintains that influencing lifestyle can do more to increase the health of a population and reduce the costs of health care than treating illness.

Snyder L.B., Hamilton, M.A., Mitchell, E.W., Kiwanuka-Tondo, J., Fleming-Milici, F., and Proctor, D. (2004). A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication* 9: 71–96.

The authors conducted a meta-analysis of studies of media campaigns to determine their effectiveness in creating health-related behavior change.

Research to Practice

Center for Substance Abuse Prevention. (2001). *Closing the Gap between Research and Practice: Lessons of the First Three Years of CSAP's National CAPT System*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

This manual presents lessons learned related to motivating the field to embrace proven or promising methods for prevention planning, implementation, and evaluation; promoting application of evidence-based approaches to prevention practice; and supporting the ongoing implementation of evidence-based prevention in day-to-day prevention practice.

Dearing J.W. (2004). Improving the state of health programming by using diffusion theory. *Journal of Health Communication* 9: 21–36.

This article outlines implementation steps for narrowing the widening gap between what is known about health behavior change and what is actually put into practice in social programming.

Plested, B., Edwards, R., and Jumper-Thurman, P. (2003). *Community Readiness: The Key to Successful Change*. Tri-Ethnic Center for Prevention Research.

Understanding the concept of community readiness and how to use knowledge of readiness to garner community support can significantly increase the potential for successful change. This easy-to-use field guide presents a model for assessing readiness according to six dimensions: existing community efforts, the community's knowledge of these efforts, leadership, overall community climate, knowledge/awareness of the issue within the community, and resources.

U.S. Department of Education. (2004). *Prevention Terminology: A Guideline for Effective Communication* (draft).

This report is intended to provide guidance on the language of the alcohol and other drug problem prevention field that is thoughtful and reflective. It is designed to help people understand the impact that language and terminology can have on the messages they are trying to communicate.

Sustainability

Johnson, K., Hays, C., Center, H., and Daley, C. (2004). Building capacity and sustainable prevention innovations: A sustainability planning model. *Evaluation and Program Planning* 27:135–149.

This article presents a five-step planning model for sustaining program infrastructure and interventions within organizational, community, and State systems. A sustainability action strategy and tools to assist in implementation also are presented.

Meadows, D. (1999). *Leverage Points: Places to Intervene in a System*. The Sustainability Institute.

The paper explores the kinds of actions that really make a difference in changing the behavior of a system. Many interventions that seem logical often turn out to be counter-productive. Understanding the systems and dynamics involved provides a clearer context for determining actions.

Banda, J.; Kaye, G.; Wolff, T.; Trasolini, S.; Cassidy, A. (1995). W.K. Kellogg Foundation and The Healthcare Forum. *Sustaining Community Based Initiatives: Developing Community Capacity, Module One*, available online in PDF format in the Publications and Resources section of the Foundation's Web site, at www.wkkf.org/.

This is the first of three modules designed to help Kellogg grantees build capacity within their community-based organizations and sustain the work they do.

Other Selected Readings

Gladwell, M. (2000). *The Tipping Point: How Little Things Can Make a Big Difference*. Boston-New York-London: Little, Brown and Company. ISBN: 0-316-31696-2 (see also www.gladwell.com).

Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin* 112(1):64–105.

Jaker, J. (undated, circa 2000). *Early & Often: How Social Marketing of Prevention Can Help Your Community*. Minnesota Institute of Public Health.

Rogers, Everett M. (May 1995). *Diffusion of Innovation*, Fourth edition. Free Press, ISBN: 0029266718.

Witte, K.; Meyer, G.; and Martell, D. (2001). *Effective Health Risk Messages: A Step-by-Step Guide*. Sage Publications.

For a detailed account of the early history of substance abuse prevention science, see Richard I. Evans' "A Historical Perspective on Effective Prevention," chapter two of NIDA Research Monograph No. 176, "Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy" (1998). The following chapter of this document,

written by Gilbert J. Botvin, Elizabeth M. Botvin, and Hirsch Ruchlin, discusses more recent, primarily school-based prevention efforts.

www.nida.nih.gov/pdf/monographs/monograph176/059-082_Botvin.pdf

Glossary

Like every discipline, substance abuse prevention has developed its own language. Although there is not yet universal agreement within the broad prevention field about specific terms and labels, CSAP and NPN have contributed to progress toward a standardized frame of reference.

SAMHSA/CSAP provides a glossary of current substance abuse prevention terminology at its Prevention Platform Web site at <http://preventionplatform.samhsa.gov/>.

An excerpted version of the Prevention Platform glossary is available in PDF format from the SAMHSA/CSAP Southwest CAPT at <http://captus.samhsa.gov/southwest/resources/documents/PreventionTermsGlossary.pdf>.

A short glossary of prevention evaluation terms is available from SAMHSA/CSAP's Western CAPT at <http://captus.samhsa.gov/western/resources/bp/step7/eval8.cfm>.