

APPLICATION DOCUMENTS

Principles of the Environmental Approach and Public Policy for the Prevention Specialist

Description:

This information-filled half-day course for coalition leaders and members addresses key principles related to content included in the Public Policy and Environmental Change Domain of the Certified Prevention Specialist credentialing process. The course provides foundational information for key concepts underlying environmental prevention and public policy work. Course content will be provided in a way that enables participants to share the information with their coalitions and more effectively participate in the development and implementation of effective environmental- and public policy-based strategies.

Objectives:

Participants will increase their knowledge and skills related to:

- Describing the Public Health Model, the IOM Model and research supporting comprehensive community initiatives
- Clarifying the coalition's role in the public health model
- Defining and describing environmental approaches to prevention and how they translate to comprehensive environmental strategies implemented by community coalitions
- Describing concepts and processes related to public policy development to affect environmental change

History of Prevention

Time	National Perspective	Strategy	Activities
1950s	Drugs are a problem of the ghetto, used to escape pain and avoid reality	Scare tactics	Films & speakers
Early 1960s	Drugs are used to escape pain and avoid reality, but they're more than just a problem of the ghetto	Scare tactics	Films & speakers
Late 1960s	Drugs are used to intensify life, to have psychedelic experiences. Drug use is considered a national epidemic	Information	Films & speakers
Early 1970s	A variety of drugs are used for a variety of reasons: to speed up experiences, to intensify experiences, to escape, to expand perceptions, to relieve boredom and to conform peers	Drug education	Curricula based on factual information
Mid to Late 1970s	Users become more sophisticated and society develops an increasing tolerance of drug use	Affective education & Alternatives to drug use	Curricula based on communication, decision making, values clarification and self-esteem

History of Prevention (continued)

Time	National Perspective	Strategy	Activities
Late 1970s to early 1980s	Parents begin to form organizations that combat the incidence of drug use	Affective education, alternatives to drug use and training	Social skills curricula, refusal skills training and parenting education
Late 1980s to mid-1990s	Drug use is highly complex	Parent, school and community partnerships	Research-based curricula, linkages and peer programs
Mid-1990s to 2000	The gap between research and application is gradually being bridged	Replication of research-based models and application of research-based approaches	Environmental approaches, comprehensive programs targeting many domains and strategies, evaluation of prevention programs, media campaigns and culturally sensitive programs
2000-2010	Designer drugs, meth production, non-medical use of prescription drugs, medical marijuana, research on effects of drug on brain and development	Coalition-led community problem solving efforts, data-driven decision making, environmental change initiatives	Strategic Prevention Framework, coalition building and comprehensive approaches

Definition of Prevention

#1 – Definition of Prevention

Mississippi does not utilize a single definition of prevention, but recognizes several premises of prevention service delivery, established by CSAP:

- Prevention strategies must be Mississippi does not utilize a single definition of prevention, but recognizes several premises of prevention service delivery, established by CSAP comprehensively structured to reduce individual and environmental risk factors and to increase resiliency factors in high-risk populations.
- Community involvement is a necessary component of an effective prevention strategy.
- Prevention must be integrated with general health care and social services delivery systems, and it must provide a full continuum of services.
- Prevention approaches and activities that are tailored to a variety of subpopulations are most effective

Source: State Prevention Overview—Mississippi

http://www.ncjrs.gov/ondcppubs/publications/prev_inventory/mississippi.pdf

#2- Definition of Prevention

- Prevention is a pro-active process of helping individuals, families, schools, communities, and society to develop the resources needed to promote and maintain healthy lifestyles
- Prevention is a broad-based and comprehensive approach to the reduction of a wide range of correlated at-risk behaviors

Source: Nevada SAPTA Overview

<http://mhds.nv.gov/dmdocuments/SAPTAOverviewPrevention.pdf>

#3 - Definition of Prevention

While there is no single definition of prevention there is general agreement among prevention practitioners on the overall goal of prevention. It is to foster a climate in which:

- Alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal;
- Prescription and over-the-counter drugs are used only for the purposes for which they were intended;
- Other abusable substance (e.g., gasoline or aerosols) are used only for their intended purposes;and
- Illegal drugs and tobacco are not used at all Contra Costa

Source: Contra Costa County, CA (2007). Strategic Plan for Contra Costa County ATOD

http://www.adp.ca.gov/Prevention/pdf/strategic/Contra_Costa.pdf

#4 - Definition of Prevention

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: CSAP Prevention Platform (2010). <https://preventionplatform.samhsa.gov>

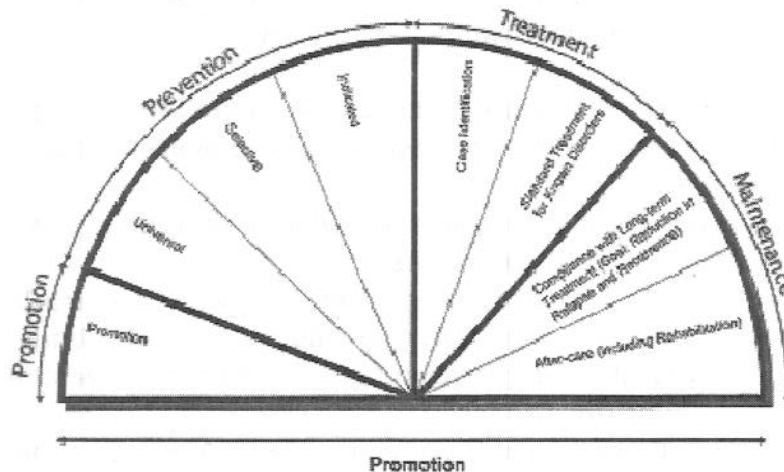
#5 – Definition of Prevention

Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles and by reducing risk factors that contribute to alcohol, tobacco and other drug misuse.

Source: Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP).

<http://kyprevention.org/media/manual.pdf>

Mental Health Intervention Spectrum (IOM Continuum of Care)



Mental health promotion interventions: Usually targeted to the general public or a whole population. Interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks (competence) and a positive sense of self esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Example: Programs based in schools, community centers, or other community-based settings that promote emotional and social competence through activities emphasizing self-control and problem solving.

Universal preventive interventions: Targeted to the general public or a whole population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

Example: School-based programs offered to all children to teach social and emotional skills or to avoid substance abuse. Programs offered to all parents of sixth graders to provide them with skills to communicate to their children about resisting substance use.

Selective preventive interventions: Targeted to individuals or a population subgroup whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder.

Example: Programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes.

Indicated preventive interventions: Targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorder, or biological markers indicating predisposition for such a disorder, but who do not meet diagnostic levels at the current time.

Example: Interventions for children with early problems of aggression or elevated symptoms of depression or anxiety.

Source: National Research Council and Institute of Medicine. (2009).

Primary, Secondary, Tertiary Prevention

Prevention is part of an interrelated continuum of service that also includes intervention and treatment, which are often called secondary and tertiary prevention.

- Primary prevention is differentiated from intervention and treatment in that it is aimed at general population groups who as yet have no substance abuse problems but who may have different levels of risk for substance abuse.
- Secondary prevention (intervention) is concerned with those (usually youths) who have only recently begun to experiment with substances.
- Tertiary prevention, or treatment, is concerned with those who have actually developed a dependence on substances, and tries to arrest their dependency, to prevent it from worsening, and for individuals who have completed treatment and are drug-free, to prevent relapse from occurring.

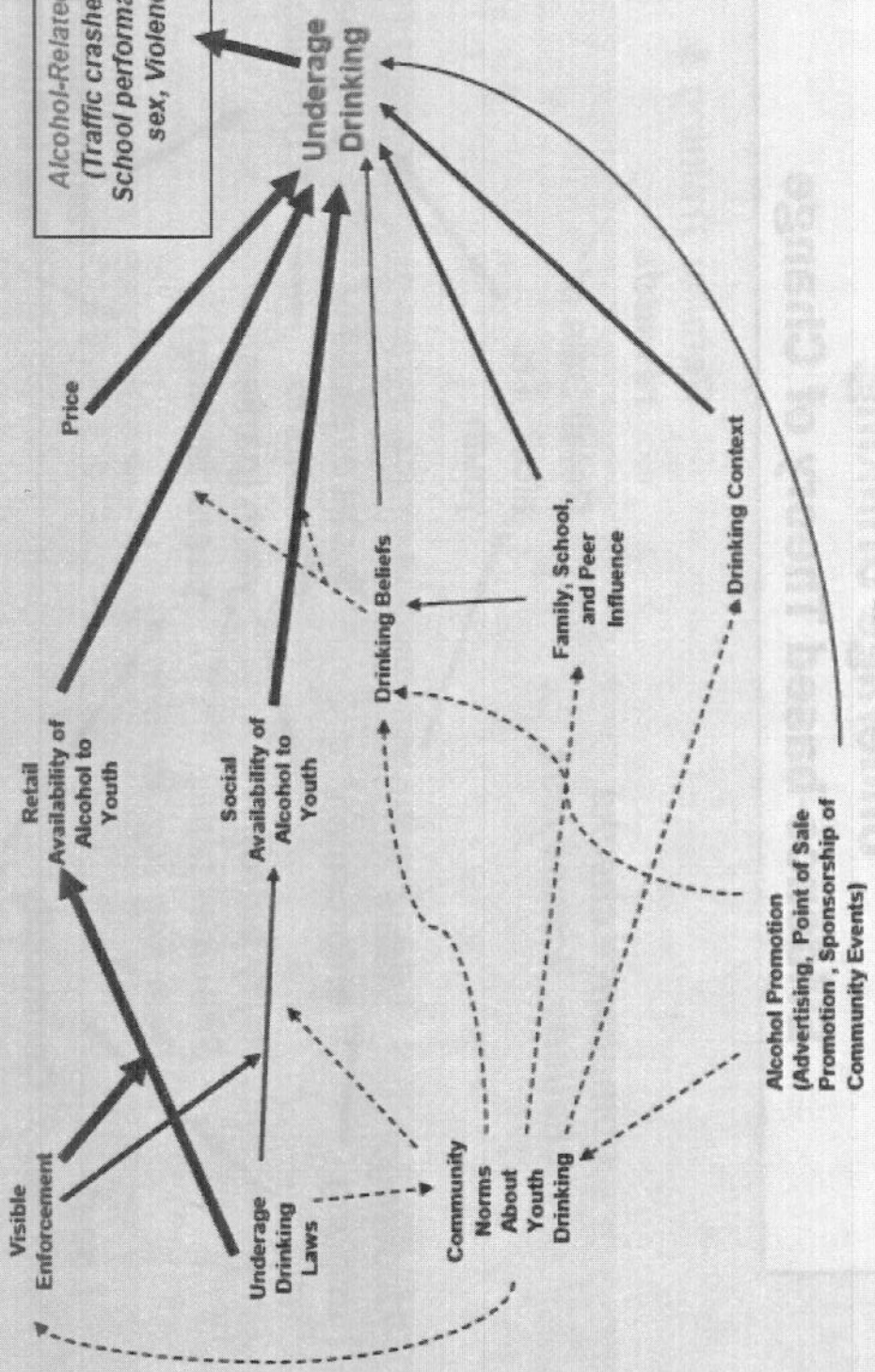
Source: <https://www.preventionidaho.net/Documents/IDHWSAPPDefinitions.pdf>

Underage Drinking: Basic Research

Evidence: Population Prevention Effects

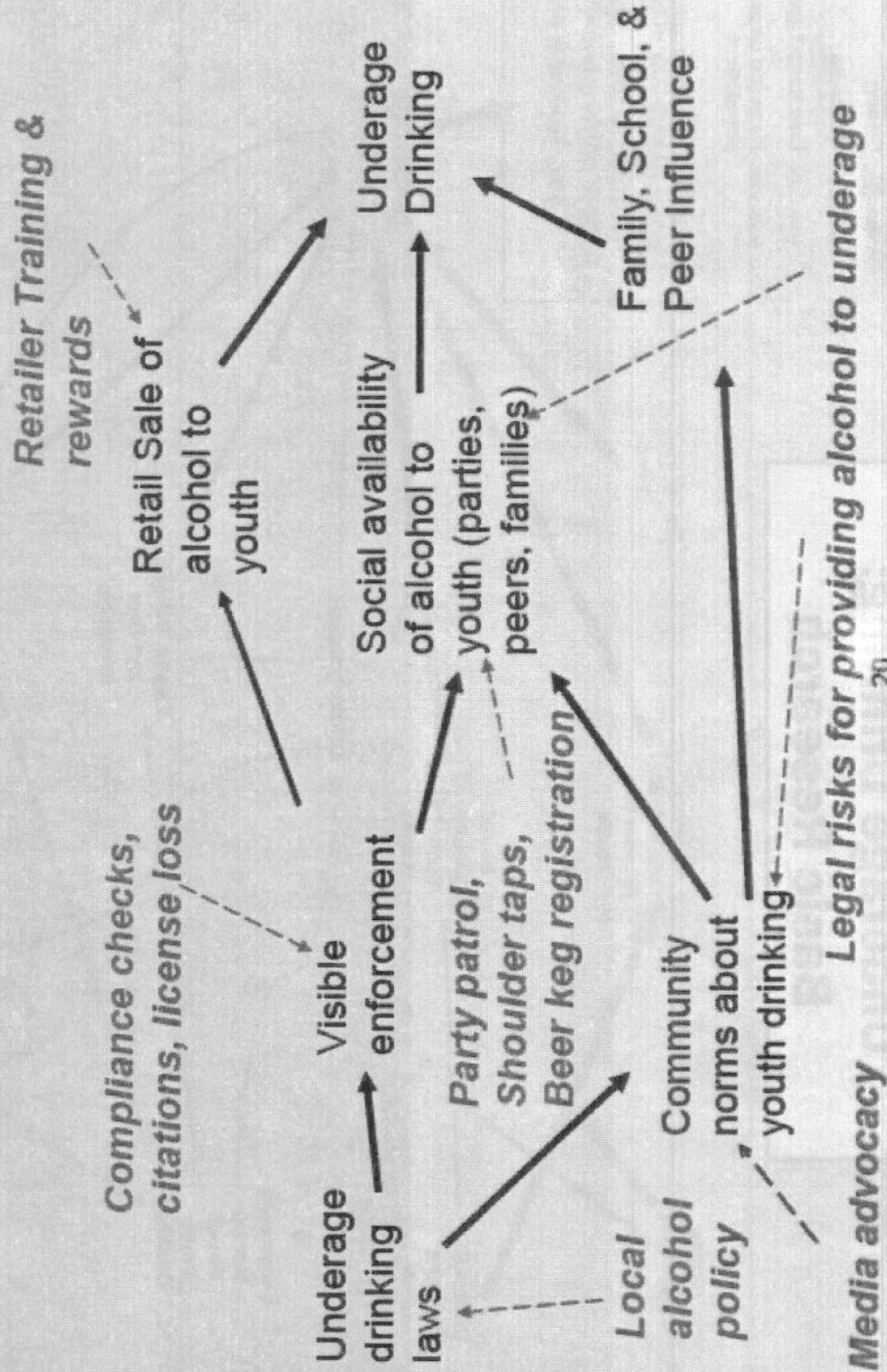
- Strong
- Moderate
- Low (target group only)
- None (no target or population)

Alcohol-Related Problems
(Traffic crashes, injuries, School performance, Unsafe sex, Violence, etc.)



Source: Pacific Institute for Research and Evaluation (PIRE), (2008)

Underage Drinking: Evidence-based Theory of Change



Evidence-Based Strategies – Examples

Underage Drinking

Limitations on Access

- Compliance checks and appropriate sanctions
- Merchant education (TIPS)
- Dram Shop Liability
- Penalties for false IDs
- Cops in Shops
- Keg Registration
- Shoulder Tap
- Social Host Laws
- Increase price (e.g., taxes, limit drink specials)
- Conditional Use Permits
- Outlet Density Restrictions

Community Norms

- Limitations on sales and promotion at community events
- Media campaigns, media advocacy, social norms campaigns, counter-advertising
- Outlet Density
- Sponsorship and promotion of Alcohol free events

School Based Strategies

- School policies –update and consistently enforce
- Prevention curricula and programs

Source: Strategies To Reduce Underage Alcohol Use: Typology and Brief Overview, OJJDP
<http://www.udetc.org/documents/strategies.pdf>

Evidence-based Strategies - Resources

CADCA – Environmental Strategies

<http://www.cadca.org/category/coalition-resourcestools/environmental-strategies>

CADCA – Policy Change Toolbox

http://www.cadca.org/policyadvocacy/prevention_works/policy-change-toolbox

CADCA – Rx Abuse Prevention Toolkit

<http://www.cadca.org/resources/detail/rx-abuse-prevention-toolkit>

National Registry of Evidence Based Programs and Practices (NREPP) – SAMHSA

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

The Community Guide – CDC Alcohol Prevention

<http://www.thecommunityguide.org/alcohol/index.html>

The Six CSAP Prevention Strategies

1. Dissemination of Information

This strategy provides information about the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers
- Resource Directories
- Media Campaigns
- Brochures
- Radio and Television Public Service Announcements
- Speaking Engagements
- Health Fairs

* NOT EFFECTIVE AS STAND ALONE

2. Prevention Education

This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions
- Parenting and Family Management Classes
- Peer Leader and Peer Helper Programs
- Education Programs for Youth Groups
- Groups for Children of Substance Abusers

3. Alternative Activities

This strategy provides for the participation of the target populations in activities that exclude drug use. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities
- Drug-free Dances and Parties

- Youth and Adult Leadership Activities
- Community Drop-in Centers
- Community Service Activities
- Mentoring Programs

*NOT RECOMMENDED AS STAND ALONE

4. Community-Based Processes

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions and networking. Examples of methods used for this strategy include the following:

- Community and Volunteer Training (e.g. neighborhood action training, training of key people in the system)
- Systematic Planning
- Multi-Agency Coordination and Collaboration
- Accessing Service and Funding
- Community Team-Building

5. Environmental Approaches

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and Prevalence of drug abuse in the general population. Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The Review and Modification of Alcohol and Tobacco Advertising Practices
- Product Pricing Strategies
- Social Norms Strategies
- Media Literacy

6. Problem Identification and Referral

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment. Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs



- Employee Assistance Programs
- Student Assistance Programs
- Teen Courts

<http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>

Power Analysis

Assess the individuals who can give you what you want. Who has the power to adopt your policy?

Policy to be adopted: _____

Who are the most important individuals?	With whom must you speak before approaching him/her?	What is his/her self-interest?	If an elected official, how will you influence him/her?	Who should approach this person?

Application Activity - Training Transfer

Topic	What are the key points?	What will be easy to share?	What will be challenging to share?
Part 1: Public Health Approach and Community Level Change			
Part 2: Environmental Approaches			
Part 3: Public Policy and Advocacy			



© Copyright 2014 Community Anti-Drug Coalitions of America

Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy and drug-free communities. The National Community Anti-Drug Coalition Institute works to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the United States. CADCA's publications do not necessarily reflect the opinions of its clients and sponsors.

CADCA® is a registered trademark.

All rights reserved. This publication, in whole or in part, may not be reproduced in any form by any electronic or mechanical means (including photocopying, recording or information storage and retrieval) without written permission. Please cite CADCA's National Coalition Institute in references. Reproduction in any form for financial gain or profit is prohibited.

Published 2014

CADCA National Coalition Institute
625 Slaters Lane, Suite 300, Alexandria VA 22314

Web site: www.cadca.org

Social network: <http://connectedcommunities.ning.com>

Telephone: 703-706-0560, ext. 240

Fax: 703-706-0579

E-mail: training@cadca.org

CADCA's National Coalition Institute is operated by funds administered by the Executive Office of the President, Office of National Drug Control Policy in partnership with SAMHSA's Center for Substance Abuse Prevention.