



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services  
Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

### ***Evidence Based Prevention Implementation Strategies***

Specific research based strategies have been identified as efforts that individuals and communities may utilize for effective prevention work. The strategies below are categorized by definition, example, and research findings.

#### **Strategy: Information Dissemination**

**Definition:** This strategy focuses on building awareness and knowledge through one way communication about the nature and extent of mental health issues.

#### **Examples**

- Print and electronic media
- Newsletters
- Clearing houses and other information resource centers
- Resource directories
- Brochures and other publications
- Speakers
- Information booths and displays
- Information and resource lines
- Web-based resources

#### **Research Findings**

- Educational programming regarding alcohol, tobacco, and other drugs can increase knowledge regarding the hazards of substance use and aid in the development of negative attitudes toward alcohol, tobacco, and other drug use.
- Programs that involve booster sessions help youth maintain skills over longer periods of time.
- Workplace programs for drug-free workplace policies can increase community awareness of drug abuse issues.
- Information dissemination campaigns should be viewed as complementary to more, intensive and interactive prevention approaches. Effective use of the media is primarily demonstrated when the intervention is combined with other prevention strategies (e.g., education, enforcement of existing laws).
- Effective use of the mass media to change substance-related knowledge, behavior, and attitudes relies on creating messages that appeal to youth's motives for using substances or perceptions of

substance use, for example, the perception of risk associated with a particular substance.

- Effective use of the mass media requires paying for television and radio "spots" in choice air times, when youth are more likely to be viewing or listening. Public Service Announcements can enhance any media campaign but by themselves are unlikely to have an impact on youth if they air at times when few youth are tuning in.
- Media campaigns should allow for the different viewing habits of younger and older adolescents, utilizing radio and television appropriately. Effective use of the mass media must also recognize the interests of youth vary depending on age and gender, so that the images and sounds should resonate with the target audience.
- Youth-oriented mass media campaigns are more effective if they avoid the use of authority figures and exhortations. Focus group research indicates that overbearing messages are likely to lose the target audience.

### **Strategy: Alternatives**

**Definition:** Strategies that focus on providing opportunities for positive behavior, reducing risk and/or reinforcing protective factors.

#### **Examples**

- Social and recreational prevention
- Youth led prevention
- Youth and adult leadership services
- Community service/service learning
- Mentoring programs
- Cultural programs
- Community events
- Community drop-in center activities

#### **Research Findings**

- Alternatives should be part of a comprehensive prevention plan that includes other strategies with proven effectiveness. Environmental strategies that reduce the availability of alcohol, tobacco, and drugs appear to be among the more effective strategies.
- The appropriateness and effectiveness of alternatives depends in part on the target group. Some research indicates that alternatives are more likely to be effective with high-risk youth who may not have adequate adult supervision or access to a variety of activities and who have few opportunities to develop the kinds of personal skills needed to avoid behavioral problems.

- The effectiveness of alternatives approaches depends on the nature of the alternatives offered. Clearly, if the alternative activity offered is not attractive or appropriate to the target group, it will not garner participation. Recently, preventionists have involved youth in the development of alternatives programs.
- Community service has been related to increased sense of well being and more positive attitudes toward people, the future, and the community and allows youth to "give back" to their community.
- Mentoring programs provide youth with structured time with adults and are related to reductions in substance use and to increases in positivity toward others, the future, and school. Also, participation in these programs is related to increased school attendance:
  - The more highly involved the mentor, the greater the positive results.
  - These programs have broader effects than just on the youth because they involve other community members (such as, elder community members).
  - Provision of organized recreation/cultural activities by community agencies can decrease substance use and delinquency by providing both drug-free alternatives and monitoring and supervision of children.
  - More intensive programs that include a variety of approaches seem to be most effective. Not surprisingly, meta-analyses, as well as individual evaluations, find that those programs that provide intensive interventions, including many hours of involvement in the program and related services, are most effective.
- Alternatives can be part of a comprehensive prevention effort in a community, serving to establish strong community norms against misuse of alcohol and use of illicit drugs. While one-shot community events may not, in themselves, change the behavior of participants, these events can serve as strong community statements that support and celebrate a no-use norm. These events also draw public and media attention to alcohol and drug issues and therefore increase awareness and support for other important prevention efforts. For these alternative activities to be truly effective, however, they must be viewed not as ends in themselves, but rather as a component of an integrated, comprehensive prevention strategy.

### **Strategy: Education**

**Definition:** Such strategies involve two-way communication with the intent of changing knowledge, attitudes and/or behaviors focused primarily on decision making and judgment abilities.

### **Examples**

- Classroom and small group

- Parenting and family education/skills training
- Peer leader and peer education programs
- Education programs for youth/adult groups
- Educational support groups
- After school programs
- Mentoring programs
- eLearning
- Workshops/conferences

## **Research Findings**

- Traditional education about harms and risks associated with substance use and abuse cannot, by itself, produce measurable and long-lasting changes in substance abuse-related behavior and attitudes. Educational approaches that combine the conveyance of information about the harms of substance abuse with the fostering of skills (problem solving, communication) and promoting protective factors have been shown to be more effective.
- Didactic approaches are among the least effective educational strategies. Research suggests that interactive approaches engaging the target audience are more effective. These approaches include cooperative learning, role-plays, and group exercises.
- Educational interventions for youth that are peer led or include peer-led components are more effective. Peer-led programs tend to require extensive prior instruction for peer educators, however.
- Intensively implemented educational programs with youth appear to be more effective. These types of programs usually last an academic year or longer and may involve booster sessions one to several years after the original intervention.
- Social skills training programs target many risk factors across many domains (e.g., individual, family, peer, school) and are related to reductions in the onset and communication of substance use and improvements in communication and goal setting.
- Programs that involve booster sessions help youth maintain skills over longer periods of time. Comprehensive programs designed to last over longer periods of time can result in broader and longer gains.
- Programs that involve interactive teaching where students can actually practice newly acquired skills (e.g., role-play) are beneficial.
- These programs can take place in any environment, so this type of programming is transferable. For instance, social skills can be taught via in-school curricula, individual therapy, after-school mentoring, etc.
- Research shows that educational approaches targeting the family (parents and children) and school-based approaches involving parents or

complementing student-focused curricula can be effective in prevention adolescent substance use.

- Parent and family skills training has had positive effects on measures related to knowledge, parenting skills, communication skills, problem-solving skills, child-management skills, parenting satisfaction, and coping skills. Also, these programs have been shown to decrease parental stress, family conflict, and substance abuse, and improve parent-child bonding and cohesion, and attitudes toward and acceptance of children. For children and youth, positive outcomes have included increases in pro-social behavior and decreases in hyperactivity, social withdrawal, aggression, and delinquency.
- Programs with two sets of workshops that work to improve parent skills along with adolescent skills have positive outcomes for both parents and youth.
- Programs that involve sessions where parents and youth learn and practice skills both separately and together are also beneficial.
- Videotaped training and education can be effective and cost-efficient.
- Providing meals, childcare (for non-target children), and transportation encourages family participation.

### **Strategy: Community Based Process**

**Definition:** Procedures that enhance the ability of the community to provide prevention services.

#### **Examples**

- Community and volunteer training
- Strategic planning
- Capacity building activities
- Multi-agency coordination and collaboration
- Accessing services and funding
- Community team building
- Coalition building
- Technical assistance
- Focus groups
- Surveys
- Training/workforce development

#### **Research Findings**

- Community partnerships can be effective in eliciting change both at the systems level and at the individual behavior level.
- Characteristics of successful partnerships include:
  - A vision of the partnership's objective

- Committed partnership members
  - Participation of groups from all parts of the community
  - Extensive prevention activities that reach a large number of individuals
- Multi-agency activities can increase coordination of efforts between public and private agencies, and between law enforcement and service providers.
  - Groups can work together to secure funding for substance use prevention programming efforts.
  - Inter-agency coordination can increase access to and quality of prevention and treatment services.
  - Active/mobilized communities have shown clear decreases in alcohol, tobacco, and other drug use and changes in perceived norms about substance use. In addition these communities have improved perceptions of neighborhood quality by environmental changes such as, closing crack houses, removing billboards for alcohol and tobacco, etc.
  - Provision of constructive activities for youth can reduce/prevent substance use and delinquency, and increase cultural pride and coping skills.
  - Community-based coalitions should begin with a clear understanding of their purpose. Prevention-oriented coalitions can aim to improve the nature and delivery of services to a community (comprehensive service coordination), generate community activism to address substance-related problems (community mobilization), or both (community linkage). Clarity of purpose will facilitate coalition development and, ultimately, coalition success.
  - Coalition membership must be appropriate to the shared purpose and plan for action. If comprehensive service coordination is the task, organization leaders need to be involved, especially if an organization is expected to be a key contributor to a particular intervention. If community mobilization is the task, grassroots activists and community citizens must be involved. Community linkage coalition models require a mix of both types of community members. This results in diverse expectations and operating assumptions for the coalition that must be resolved in order to avoid conflict and role confusion.
  - Active membership participation depends on meeting the needs of members. Community leaders and professionals seek accomplishments related to their organizational interests and receive rewards through the organizational aspects of the coalition and through the distribution of resources. Citizen activists and members seek a useful application of their time and receive rewards from participation in program activities and not in activities related to organizational maintenance.
  - Appropriate organization can facilitate collective action. Coalition-based community interventions tend to devote a lot of energy, at least initially,

on developing organizational structure and procedures (committees, task forces, roles, responsibilities). Experience indicates that elaborate committee structures are not productive and sometimes are counterproductive. Committees or task forces with specific purposes or responsibility for specified programmatic activity sustain higher membership.

- Leadership is essential and can take different forms. Effective leadership may reside with a dynamic or visionary individual. But one problem associated with this type of leadership is that it is not transferable. Well-functioning coalitions often create opportunities for satisfying and effective participation of members resulting in a "leadership of ideas" demonstrated in a well-articulated plan of action.
- Planning is critical and should be adapted to the coalition's purpose, organization, and membership. A coalition must begin with a clear understanding of the substance-related problems it seeks to change. Information about these problems should be validated through available empirical evidence. Coalition-generated needs assessments are often difficult to conduct or, due to an absence of resources and/or skills, poorly implemented. Once outcome-based objectives are set, specific action plans can be developed.
- Voluntary coalitions should implement proven effective strategies. Community-based approaches are based, in part, on a deep appreciation for local involvement and authority, in choosing and carrying out collective action. This philosophy is embodied by the concept "empowerment," and while this "paradigm shift" in prevention is important, it should not result in barriers to effective coalition action. Research has identified the more effective prevention approaches, and this knowledge must be utilized.
- Facilitating community-based collective action requires appropriate roles for paid staff. Paid coalition staff operates more effectively as resource providers and facilitators rather than as direct community organizers. Paid staff can fill essential clerical, coordination, and communications functions that provide the glue to hold diverse coalitions together. Paid staff can also provide leadership through expertise in strategies and programmatic activities that will further the coalition goals.
- Coalition-based community processes must approach their strategies and programmatic actions from an outcome-based perspective and must be ready to make adjustments to the plan of action in order to meet these outcome-based goals. The effectiveness of community-based processes is not a reflection of coalition's organizational structure or design. It is a function of strategies and activity. If the intervention appears to be ineffective, changes and adjustments in the coalition's action plan, not its organizational structure, are required.
- Clear purpose, appropriate planning and commitment to results will produce effective collective action. Community-based processes will break

the traditional bounds of organizational inertia and pathology only if the primacy of purpose is recognized and an action strategy is shaped by research-based findings on effective interventions.

### **Strategy: Environmental**

**Definition:** Activities designed to modify systems in order to mainstream prevention through formal and informal policies and law.

#### **Examples**

- Establish and review school policies
- Technical assistance to communities
- Review and modification of organizational practices
- Establishing policies/community norms that promote mental health
- Changing environmental codes, ordinances, regulations and legislation

#### **Research Findings**

Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption, both prevalence of use and amount consumed by users. It can also reduce various alcohol-related problems, including motor vehicle fatalities; driving while intoxicated, rapes, and robberies; cirrhosis mortality; and suicide and cancer death rates (Sloan, Reilly & Schenzler, 1994). However, efforts to drive up the price of illicit drugs through law enforcement efforts (source-country crop destruction, interdiction, and disruption of distribution networks) have been relatively ineffective in reducing drug sales.

#### *Minimum Purchase Age Interventions*

- Increasing the minimum purchase age for alcohol to age 21 has been effective in decreasing alcohol use among youth, particularly beer consumption and reducing alcohol-related traffic crashes. It is associated with reductions in other alcohol-related problems, including deaths resulting from suicide, pedestrian injuries, and other unintentional injuries; youth homicide; and vandalism. Outcomes related to minimum purchase age laws for tobacco are not known because such laws have only recently begun to be enforced.
- Enforcement of minimum purchase age laws against selling alcohol and tobacco to minors using undercover buying operations (also known as "decoy" or "sting" operations) can substantially increase the proportion of retailers who comply with such laws. Undercover buying operations conducted by community groups that provide positive and negative feedback to merchants are also effective in increasing retailer compliance.

- More frequent enforcement operations lead to greater reductions in retailer noncompliance.
- "Use and lose" laws, which allow for the suspension of the driver's license of a person under 21 years of age following a conviction of any alcohol or drug violation (e.g., use, possession, or attempt to purchase with or without false identification), are an effective means for increasing compliance with minimum purchase age laws among youth. Penalties should be swift, certain, and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness and, if too severe, law enforcement and judicial officers may refuse to apply them.
- Community awareness and media efforts can be effective tools for increasing perceptions regarding the likelihood of apprehension and punishment and can reduce retailer noncompliance. They also offer a means for changing social norms to be less tolerant of sales to and use by minors and for decreasing the costs of law enforcement operations.

### *Deterrence Interventions*

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

are gradually lifted as the driver gains experience (and maturity) have been shown to significantly reduce traffic deaths among young people.

#### *Interventions addressing location and density of retail outlets*

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

#### *Restrictions on use*

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

#### *Server-oriented interventions*

- With respect to alcohol, server-training programs have been found to affect beliefs and knowledge, with mixed findings of impacts on server practices and traffic safety measures. Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors.
- When server training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in selling/serving practices.
- Education and training programs are important to teach servers about laws, the penalties for violation, how to recognize signs of intoxication and false identification, and how to refuse sales, but they generally are

not sufficient when used alone to produce substantial and sustained shifts in compliance with laws.

### *Counter-advertising*

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

### **Strategy: Problem Identification and Referral**

**Definition:** Refers to intervention-oriented prevention services that target indicated populations to address the earliest indications of a mental health problem.

#### **Examples**

- Student assistance
- Screening and referral
- Service coordination
- Support groups
- Mentoring services
- Insight services
- Risk reduction services

### **Research Findings**

- Before implementing this type of strategy, planners should obtain accurate estimates of the numbers of youth whose substance abuse patterns justify intervention services. These estimates must begin with an acknowledgment of the multidimensional nature of youth substance abuse patterns: patterns that include experimental use that does not progress to abuse or problem behavior. Ultimately, these estimates are needed to answer basic questions concerning the relative emphasis that should be placed on problem identification versus other prevention approaches.
- Incorporating problem identification and referral into prevention programs ensures youth who may already be using at the time of the prevention effort will receive the appropriate treatment to meet their needs.
- Providing transportation to appropriate treatment programs encourages youth to participate (e.g., Alcoholics Anonymous, etc.)
- Problem identification and referral programs should not ignore the relationship between substance use and a variety of other adolescent

health problems such as mental health problems, family problems, early and unwanted pregnancies, sexually transmitted diseases, school failure, and delinquency. This clustering of problems will greatly shape the identification of desired program effects.

- Program planners should be aware that early identification programs could pose risks to the youth involved. Early identification programs target specific individuals for participation and are more intensive in nature than prevention efforts that are directed to the general adolescent population. The labeling associated with this prevention strategy may increase the probability of future deviance. Another risk may result from exposing youth whose patterns of use may be only experimental to youth with more problematic substance abuse and other deviant behaviors.
- Rigorous research on the effectiveness of this prevention strategy limits the degree to which additional implementation guidance can be offered. Research on brief interventions with the general population in health care settings (e.g., tobacco cessation and reducing problem drinking programs delivered in dental and primary care practices) has produced positive results in randomized controlled studies. The application of brief interventions to children and adolescents appears promising. In addition:
  - Family therapy has been shown to be an effective resource for improving family functioning, increasing parenting skills, and decreasing recidivism of juvenile offenders.
  - Family therapy can serve as one part of a multi-component prevention effort.
  - It is not clear if family clinical therapy is as effective with young children as with adolescents. Younger children have less severe behavior problems than adolescents do and much of the research on family therapy has focused on juvenile offenders.

*\*NOTE: Many prevention funding agencies limit the level of activity in this area due to restrictions on the dollars. Please check with your funding agency before implementing a problem identification and referral strategy. The research excerpts taken from Science-Based Practices in Substance Abuse Prevention: A Guide (Center for Substance Abuse Prevention, draft - Sept. 1998) summarizes research in the area of alternatives.*

## **Contact CSAP**

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<http://prevention.samhsa.gov/about/contactus.aspx>

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**Additional Resources JUSTIFICATION:**

**BASIS FOR EVIDENCE IN PREVENTION**

*(Below are the criteria for sufficient evidence that a prevention program is working)*

***Program demonstrates changes or improvements in these three areas:***

- **Knowledge**
- **Skills**
- **And/ or Behaviors among a group of program participants in order for a program to demonstrate that it is actually working.**

**Source:** "Substance Abuse Prevention; The Intersection of Science and Practice", Julie Hogan et al., Allyn & Bacon Press 2003.